

# NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

## **Who Will Follow This Notice**

This Notice describes the legal obligations of the Marathon Petroleum Health Plan, Health Plan, Dental Plan, Pre-65 Retiree Dental Plan, Vision Plan, Vision Plan, Employee Assistance Program, Health Care Flexible Spending Account Plan, and Exchange Health Reimbursement Account Plan (individually, called a “Plan”, and collectively, the “Plans”), under the Health Insurance Portability and Accountability Act of 1996 and the Health Information Technology for Economic and Clinical Health Act (in this Notice these two laws are referred to as “HIPAA”). Individuals who are enrolled in the Kaiser HMO coverage option under the Marathon Petroleum Health Plan will receive a separate Notice of Privacy Practices from Kaiser.

We are required to provide this Notice of Privacy Practices (“Notice”) to you pursuant to HIPAA.

## **Effective Date**

This Notice is effective March 1, 2024 and it replaces the prior version of the Notice.

## **Our Commitment Regarding Medical Information**

Marathon Petroleum Company LP and the administrators of the Plans (referred to in this Notice as “we”) understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the health claims reimbursed under the Plans for plan administration purposes. This Notice applies to all medical records we maintain under the Plans. Your personal doctor or health care provider may have different policies and notices regarding the doctor’s use and disclosure of your medical information created in the doctor’s office or clinic. The Plans are required by law to:

- Maintain the privacy of your Protected Health Information (“PHI”);
- Provide you a copy of the Plans’ uses and disclosures of PHI;
- Provide you with certain rights with respect to your PHI;
- Inform you of your right to file a complaint with the respective Plan and to the Secretary of the U.S. Department of Health and Human Services; and
- Inform you of the person or office to contact for further information about the respective Plan’s privacy practices.

The term “PHI” includes all individually identifiable health information (including genetic information) created, collected or received by a health care provider, a health care clearinghouse, a health plan or your employer on behalf of a group health plan and regardless of form (oral, written, electronic), that relates to your past, present or future physical or mental health or condition; the provision of health care to you; or the past present or future payment for the provision of health care to you.

## **SECTION 1: NOTICE OF PHI USES AND DISCLOSURES**

The Plans are permitted by HIPAA to use and disclose your PHI without written authorization for certain legally permitted purposes or in certain situations, as described below. In all instances, the Plans will limit the use or disclosure of your PHI to the “minimum necessary” use or disclosure.

### **Required PHI Uses and Disclosures**

Upon your request, each Plan is required to disclose to you certain PHI in order to inspect and copy it. We are also required, upon request, to provide you with an accounting of most disclosures of your PHI if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the PHI was not disclosed pursuant to your individual authorization.

Use and disclosure of your PHI may be required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine the respective Plan’s compliance with the HIPAA privacy regulations.

### **Uses and Disclosures to Carry Out Treatment, Payment and Health Care Operations**

As permitted by law, the Plans and their respective business associates will use PHI without your consent, authorization, or an opportunity to agree or object to carry out treatment, payment and health care operations. The Plans also will disclose PHI to the “Plan Sponsor,” Marathon Petroleum Company LP, and its subsidiaries for purposes related to treatment, payment and health care operations. The Plan Sponsor has amended the respective Plan document to protect your PHI as required by federal law. All of the ways we are permitted to use and disclose information will fall into one of the below-described categories.

**Treatment** is the provision, coordination or management of health care and related services. It also includes, but is not limited to, consultations and referrals between one or more of your providers. For example, the Plans may disclose to a treating orthodontist the name of your treating dentist so that the orthodontist may ask for your dental X-rays from the treating dentist.

**Payment** includes, but is not limited to, actions to make coverage determinations and payment (including billing, claims management, subrogation, plan reimbursement, reviews for medical necessity and appropriateness of care and utilization review and pre-authorizations). For example, the Plans may tell a doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Plans.

**Health care operations** include, but are not limited to, quality assessment and improvement, reviewing competence or qualifications of health care professionals, underwriting, premium rating and other insurance activities relating to creating or renewing insurance contracts. It also includes disease management, case management, conducting or arranging for medical review, legal services and auditing functions including fraud and abuse compliance programs, business planning and development, business management and general administrative activities. The Plans are prohibited from using or disclosing PHI that is genetic information about an individual for underwriting purposes.

For example, the Plans may use information about your claims to refer you to a disease management program, project future benefit costs or audit the accuracy of its claims processing functions.

**Business Associates.** The Plans may contract with individuals or entities to perform various functions on the Plans’ behalf or to provide certain types of services (“Business Associates”). To perform these functions, the Business Associate will receive, create, and maintain your

PHI, but only after, the Business Associate agrees in writing with the Plan to implement appropriate safeguards regarding protection of your PHI. These uses and disclosures are necessary to administer each Plan. For example, the Plan may give your information to a Business Associate to refer you to a disease management program, project future benefit costs, or audit the accuracy of its claims processing, but only after the Business Associate enters into a Business Associate Agreement with Plan.

**As Required By Law.** The Plans will disclose PHI about you when required to do so by federal, state or local law. For example, the Plans may disclose medical information when required by a court order in a litigation proceeding such as a malpractice action.

**To Avert a Serious Threat to Health or Safety.** When consistent with applicable law and standards of ethical conduct if the Plans, in good faith, believe the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat. For example, the Plans may disclose your PHI in a complaint proceeding regarding the licensure of a physician.

## Special Situations

In addition to the above, the following categories describe other possible ways that the Plan may use or disclose your PHI. Not every use or disclosure in a category will be listed; however, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**Organ and Tissue Donation.** If you are an organ donor, the Plans may release PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans.** If you are a member of the armed forces, the Plans may release PHI about you as required by military command authorities. The Plans may also release PHI about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation.** The Plans may release PHI about you to the extent necessary to comply with Workers' Compensation or other similar programs established by law. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.** The Plans may disclose PHI about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading disease or condition;
- to notify the appropriate government authority if the Plan believes a Plan participant has been the victim of abuse, neglect or domestic violence. The Plan will only make this disclosure if you agree or when required or authorized by law;
- to notify a school of proof of immunization related to an individual who is a student or prospective student of the school.

**Health Oversight Activities.** The Plans may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, the Plans may disclose PHI about you in response to a court or administrative order. The Plans may disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement.** The Plans may release PHI if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, the Plans are unable to obtain the victim's agreement;
- about a death if the Plan believes the death may be the result of criminal conduct;
- about criminal conduct; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** The Plans may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. The Plans may also release PHI about patients of the hospital to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** The Plans may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, the Plans may disclose PHI about you to the correctional institution or law enforcement official. This disclosure must be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**Research.** The Plans may disclose your PHI to researchers when: (1) the individual identifiers have been removed; or (2) when an institutional review board or privacy board has (a) reviewed the research proposal; and (b) established protocols to ensure the privacy of the requested information, and approves the research.

## Required Disclosures

The following is a description of disclosures of your PHI we are required to make.

**Government Audits.** We are required to disclose your PHI to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the Privacy Rule.

**Disclosures to You.** When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected

health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

## **Other Disclosures**

**Personal Representatives.** You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of such authority may take one of the following forms:

- A power of attorney for health care purposes, notarized by a notary public;
- A court order of appointment of the person as the conservator or guardian of the individual; or
- An individual who is the parent of a minor child.

The Plans retain discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. This also applies to personal representatives of minors.

**Spouses and Other Family Members.** With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under a Plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested restrictions or confidential communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for restrictions or confidential communications.

**Authorization.** Other uses or disclosures of your protected health information not described above will only be made with your written authorization. For example, in general and subject to specific conditions, we will not use or disclose psychiatric notes about you; we will not use or disclose your protected health information for marketing; and we will not sell your protected health information. You may revoke written authorizations at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

**Uses and disclosures that require an opportunity to agree or disagree prior to use or release.** Disclosure of your PHI to family members, other relatives and your close personal friends is allowed if:

- The information is directly relevant to the family or friend's involvement with your care or payment for that care; and
- You have either agreed to the disclosure or have been given an opportunity to object and have not objected.

**Note:** *Your consent may be obtained retroactively in emergency situations.*

## **SECTION 2: YOUR RIGHTS**

You have certain rights in regard to your protected health information. These rights include:

### **Right for Access to your PHI**

Upon your request, the Plans are required to give you access to certain PHI in order to inspect and copy it. If PHI is maintained electronically, it must provide access to the electronic information in the electronic form and format requested. If the form requested is not readily producible, you must be offered another readable, electronic format.

### **Right to Request Restrictions on PHI Uses and Disclosures**

You may request the Plans to restrict uses and disclosures of your PHI to carry out treatment, payment or health care operations, or to restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. However, the Plans are not required to agree to your request. The Plans will accommodate reasonable requests to receive communications of PHI by alternative means or at alternative locations.

The disclosure of PHI to a Plan can be restricted if the disclosure is not for one of the treatment, payment or health care operations activities stated above, is not required by law, and pertains solely to a health care item or service for which the individual (or someone on behalf of the individual) has paid out-of-pocket in full.

You or your personal representative will be required to complete a form to request restrictions on uses and disclosures of your PHI.

Such requests must be sent to:

MPC Benefits  
Attn: HIPAA Privacy Officer  
539 South Main Street  
Findlay, OH 45840  
Phone: 419-422-2121  
E-Mail: [Privacy@MarathonPetroleum.com](mailto:Privacy@MarathonPetroleum.com)

### **Right to Inspect and Copy PHI**

You have a right to inspect and obtain a copy of your PHI contained in a "designated record set," for as long as the Plans maintain the PHI.

"*Designated Record Set*" includes the medical records and billing records about individuals maintained by or for a covered health care provider; enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a health plan; or other information used in whole or in part by or for the covered entity to make decisions about individuals. Information used for quality control or peer review analyses and not used to make decisions about individuals is not in the designated record set.

The requested information will be provided within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Plans are unable to comply with the deadline. You or your personal representative will be required to complete a form to request access to the PHI in your designated record set.

A request for access to PHI must be sent to:

MPC Benefits  
Attn: HIPAA Privacy Officer  
539 South Main Street  
Findlay, OH 45840  
Phone: 419-422-2121  
E-Mail: [Privacy@MarathonPetroleum.com](mailto:Privacy@MarathonPetroleum.com)

If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise those review rights and a description of how you may complain to the Secretary of the U.S. Department of Health and Human Services.

### **Right to Amend PHI**

You have the right to request the Plans to amend your PHI or a record about you in a designated record set for as long as the PHI is maintained in the designated record set. The Plans have 60 days after the request is made to act on the request. A single 30-day extension is allowed if the Plans are unable to comply with the deadline. If the request is denied in whole or in part, the Plans must provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI.

A request for amendment of PHI in a designated record set must be sent to:

MPC Benefits  
Attn: HIPAA Privacy Officer  
539 South Main Street  
Findlay, OH 45840  
Phone: 419-422-2121  
E-Mail: [Privacy@MarathonPetroleum.com](mailto:Privacy@MarathonPetroleum.com)

You or your personal representative will be required to complete a form to request amendment of the PHI in your designated record set.

### **Right to Receive an Accounting of PHI Disclosures**

At your request, the Plans will also provide you with an accounting of disclosures of your PHI during the six years prior to the date of your request. However, such accounting need not include PHI disclosures made:

1. To carry out treatment, payment or health care operations;
2. To individuals about their own PHI; or
3. Prior to the compliance date.

If the accounting cannot be provided within 60 days, an additional 30 days is allowed if the individual is given a written statement of the reasons for the delay and the date by which the accounting will be provided. If you request more than one accounting within a 12-month period, the Plans will charge a reasonable, cost-based fee for each subsequent accounting.

**Right to Receive a Copy of this Notice**

With respect to the Plans, we maintain a website describing our customer service and benefits. On this site, we also post the most recent Notice of Privacy Practices which describes how your health information may be used and disclosed, as well as the rights you have in regard to your health information. You have the right to request a copy of this Notice and may receive a paper copy or an electronic copy via email.

To request a copy of this Notice, contact:

MPC Benefits  
Attn: HIPAA Privacy Officer  
539 South Main Street  
Findlay, OH 45840  
Phone: 419-422-2121  
E-Mail: [Privacy@MarathonPetroleum.com](mailto:Privacy@MarathonPetroleum.com)

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to:

MPC Benefits  
Attn: HIPAA Privacy Officer  
539 South Main Street  
Findlay, OH 45840  
Phone: 419-422-2121  
E-Mail: [Privacy@MarathonPetroleum.com](mailto:Privacy@MarathonPetroleum.com)

We will not ask you the reason for your confidentiality request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

**Right to Receive Notice of a Breach**

You have a right to receive a notification of any breach of your individual unsecured PHI.

**SECTION 3: THE PLANS' DUTIES**

The Plans are required by law to maintain the privacy of PHI and to provide individuals with notice of its legal duties and privacy practices.

The Plans are required to comply with the terms of this Notice. However, the Plans reserve the right to change privacy practices and to apply the changes to any PHI received or maintained by the Plans prior to the above date. If a privacy practice or this Notice has a material change, we will post information regarding this change to the website [www.myMPCbenefits.com](http://www.myMPCbenefits.com) for your review. In addition, a revised version of this Notice will be provided to all individuals, as required. Such revised Notice will be either sent by U.S. Mail, intra-company mail, by e-mail, or a combination of the above.



**SECTION 4: YOUR RIGHT TO FILE A COMPLAINT WITH THE PLANS OR THE HHS SECRETARY**

If you believe that your privacy rights have been violated, you may file a complaint to the Plans in care of:

MPC Benefits  
Attn: HIPAA Privacy Officer  
539 South Main Street  
Findlay, OH 45840  
Phone: 419-422-2121  
E-Mail: [Privacy@MarathonPetroleum.com](mailto:Privacy@MarathonPetroleum.com)

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights, by sending a letter to 200 Independence Avenue S.W., Washington, D.C. 20201. You may also call 1-877-696-6775 or visit this website: [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).

All complaints must be in writing.

The Plans will not retaliate against you for filing a complaint.

**SECTION 5: WHOM TO CONTACT FOR MORE INFORMATION**

If you would like to have a more detailed explanation of your rights as described in this Notice, if you would like to exercise one or more of these rights, and/or if you have questions regarding this Notice or the subject addressed in it, contact:

MPC Benefits  
Attn: HIPAA Privacy Officer  
539 South Main Street  
Findlay, OH 45840  
Phone: 419-422-2121  
E-Mail: [Privacy@MarathonPetroleum.com](mailto:Privacy@MarathonPetroleum.com)