

MARATHON PETROLEUM COMPANY - QUALIFIED MEDICAL CHILD SUPPORT ORDER (“QMCSO”) PROCEDURES

This document sets forth the procedures to be followed by Marathon Petroleum Company LP’s (“MPC”) group health plans upon receipt of qualified medical child support orders (each a “QMCSO”), including any National Medical Support Notices (each a “NMSN”).

1. What is a QMCSO and who decides whether the order is “qualified”?

A QMCSO is a judgment, decree or order issued by a court or through a state administrative process that requires group health plan coverage for the child of a plan participant (called an “alternate recipient”) and meets certain legal requirements. Such an order typically is issued as part of a divorce or as part of a state child support order proceeding.

The Plan Administrator for the applicable plan determines whether a medical child support order (including a NMSN) meets the requirements for treatment as a QMCSO. The Plan Administrator for the MPC group health plans has designated certain individuals within the MPC Benefits Service Center to receive all medical child support orders and NMSNs delivered to MPC and to follow these procedures.

2. What is a National Medical Support Notice (“NMSN”)?

Certain state child support enforcement agencies are required by federal law to use the National Medical Support Notice when enforcing the provision of health care coverage to children under an employment-related group health plan. When properly completed, the NMSN will constitute a QMCSO.

3. What procedures are followed upon receipt of a medical child support order or NMSN?

The Plan Administrator or designee will promptly notify the plan participant and each alternate recipient (at the address specified in the order), and any legal representatives, of the receipt of the order/Notice and provide a copy of these QMCSO procedures.

The Plan Administrator or designee will review the order to determine if it meets the legal requirements of a QMCSO.

Within 40 business days after receipt of the order or Notice, or sooner if reasonable, the Plan Administrator or designee will notify the plan participant and alternate recipient (and any legal representatives) that either: (a) the order is a QMCSO; or (b) the order is not a QMCSO, along with an explanation of the defective or missing provisions. For

NMSNs, the state agency and any other parties indicated in the Notice will also be notified, using the spaces indicated on the Notice. For NMSNs, the Plan Administrator or designee will complete and follow the instructions provided in the “Plan Administrator Response” section of the Notice.

If the order or NMSN is determined to be a QMCSO, additional information will be provided, such as the effective date of the child’s coverage, the steps necessary to effectuate coverage, a description of the coverage, and any forms or documents necessary for plan enrollment.

4. What are the procedures for determining whether medical child support orders and NMSNs are QMCSOs?

The Plan Administrator or designee will review medical child support orders and NMSNs to determine whether the order or Notice—

- Is a judgment, decree, or order (including approval of a settlement agreement) which provides for child support with respect to a child of a group health plan participant or provides for health benefit coverage to such a child, and is made pursuant to a state domestic relations law (including a community property law), and relates to benefits under such plan, or is made pursuant to a law relating to medical child support described in section 1908 of the Social Security Act with respect to a group health plan.
- Creates or recognizes the existence of an alternate recipient’s right to, or assigns to an alternate recipient the right to, receive benefits for which a participant or beneficiary is eligible under a group health plan.
- Specifies the name and last known mailing address of the plan participant and the name and mailing address of each alternate recipient (the name and mailing address of an official of a State or a political subdivision thereof may be substituted for the mailing address of any alternate recipient).
- Includes a reasonable description of the type of coverage to be provided by the plan to each alternate recipient, and the period to which such order applies.
- Does not require the plan to provide any type or form of benefit, or any option, not otherwise provided under the plan, except to the extent necessary to meet the requirements of a law relating to medical child support described in section 1908 of the Social Security Act.

5. What are the procedures for administering the provision of benefits under QMSCOs?

- Each alternate recipient under a QMCSO will be treated as a beneficiary under the plan for all purposes of ERISA, specifically including ERISA's reporting and disclosure requirements (i.e., receipt of summary plan descriptions and summaries of material modifications).
- The alternate recipient will be added (or will remain) as a dependent of the plan participant for purposes of member contributions and deductibles.
- Payment for benefits made by a group health plan pursuant to a QMCSO in reimbursement for expenses paid by an alternate recipient or an alternate recipient's custodial parent or legal guardian shall be made to the alternate recipient or the alternate recipient's custodial parent or legal guardian or to an official of a State or political subdivision thereof whose names and address have been substituted for the address of an alternate recipient in a QMCSO.

6. Designation of Representative

Alternate recipients may designate a representative for receipt of copies of notices that are sent to the alternate recipient.