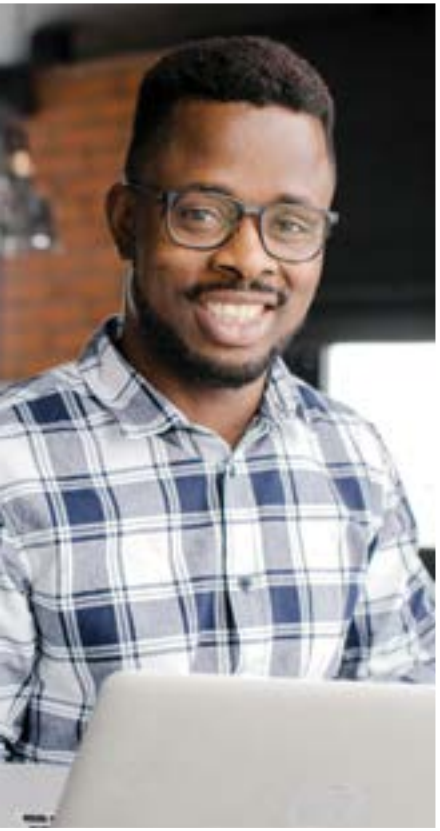
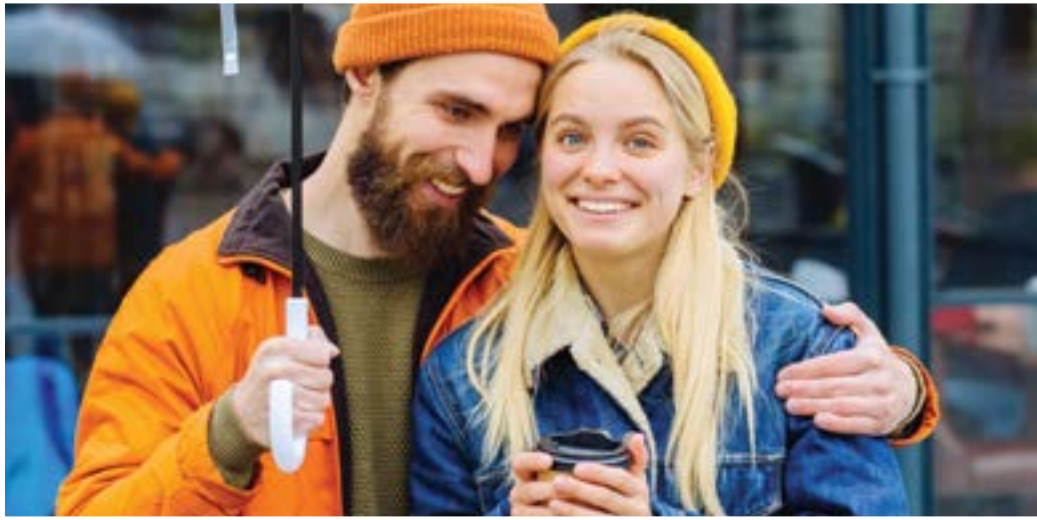
# 2021 Benefits eGuide

## TEAM MEMBER






MAPCO

MAPCO provides a wide variety of benefits to help you save money, protect you financially, and support the needs of you and your family. This guide provides an overview of your benefits. If you would like more detail than this guide provides, see **my.ADP.com**, MAPCO Connect, and/or your Summary of Benefits and Coverage (SBC).

# Benefits Basics

## ELIGIBILITY

### You

If you are a full-time salaried Manager, Driver, or Store Support Center (SSC) employee scheduled to work at least 30 hours per week, you are eligible for the benefits described in this guide on your date of hire (or upon promotion to an eligible position).

### Your dependents

If you are a full-time team member and enroll yourself, you may also enroll your eligible dependents for medical, dental, vision, voluntary life/AD&D, and the supplemental medical plans. Eligible dependents are generally defined as:

- Your legal spouse
- Your child(ren) up to age 26 (biological, step, foster, legally adopted or placed for adoption, children for whom you have legal guardianship, and children for whom you are required to provide coverage under a Qualified Medical Child Support Order)

## ENROLLING

Generally, there are two times you can enroll for benefits: when you first become eligible and during Open Enrollment. Once you enroll, your choices remain in effect for the entire plan year. You cannot change your benefits during the year unless you have a qualifying life event, described to the right.

To enroll for your 2021 benefits:

1. Sign in to **my.ADP.com**.
2. Verify your information is correct.
3. Follow the prompts to review/select your plans.
4. Write down your confirmation number.

**NEED HELP ENROLLING?**

Call the MAPCO Benefits Center at 866-421-0626.

## MAKING CHANGES

Open Enrollment is your once-a-year opportunity to change your benefits for the upcoming year. Outside of Open Enrollment, you can generally only change your benefits if you experience a qualifying life event. Examples include:

- Marriage, divorce, or legal separation
- Birth, adoption, or placement for adoption of a child
- Change in work schedule that affects benefits eligibility (e.g., full-time to part-time)
- Gain or loss of coverage through your spouse's employer
- A change in your child's eligibility for benefits
- Eligibility for Medicare or Medicaid
- Death of a spouse or covered child

You have 31 days from the date of a qualifying life event to notify the Benefits Center and/or make changes to your coverage on **my.ADP.com**. Qualifying life events must be entered on or after the date of the event. The benefit change(s) must be directly related to your life event, and you may be asked to provide documentation such as a marriage license or birth certificate. If you miss the 31-day window, you generally have to wait until the next Open Enrollment window to change your benefits.

## WHEN COVERAGE ENDS

In most cases, your benefits coverage ends on your last day of work. Under certain circumstances, you may continue your healthcare coverage for a period of time under COBRA.

# Need Help?

## Cigna One Guide®

Understanding and using your health insurance is not always easy. Often, it can be downright confusing.

Meet Cigna One Guide. It's a free service that makes healthcare simpler.

With One Guide, you get a live, personal guide who is there to walk you through the healthcare system and help you avoid costly missteps. Your guide can help you:

- Better understand your medical plan options
- Choose the best plan for you
- Find the best provider for your needs
- Find the lowest cost for a specific medical procedure (based on your actual plan coverage)
- Navigate complex healthcare needs
- Understand your bill
- Resolve problems

Call **888-806-5042**, visit **myCigna.com** or download myCigna app to get started.

## ADP Decision Tool

Need help deciding which medical plan is best for you? The ADP Decision Tool considers your age, family size, how much you use healthcare, your risk tolerance, and more to help you find the right fit. Find it on **my.ADP.com**.


## MAPCO BENEFITS CENTER

The MAPCO Benefits Center can help you with all things enrollment. Representatives can:

- Answer general benefits questions
- Direct you to the right benefits carrier (if more detail is needed)
- Help you log on to make your enrollment choices
- Help troubleshoot any problems you encounter

Call **866-421-0626.**

# Your 2021 Costs

You and MAPCO share the cost of your benefits. Costs shown below are for full-time employee benefits, unless otherwise noted.

## MEDICAL PAGE 7

| | Bi-weekly | | | Weekly | | |
|---|---|---|---|---|---|---|
| Cigna | Regular Plan ($4,500 deductible) | Plus Plan ($3,000 deductible) | Premium Plan ($1,500 deductible) | Regular Plan ($4,500 deductible) | Plus Plan ($3,000 deductible) | Premium Plan ($1,500 deductible) |
| Employee only | $35.85 | $59.34 | $130.10 | $17.92 | $29.66 | $65.05 |
| Employee + spouse | $128.98 | $158.29 | $306.41 | $64.49 | $79.15 | $153.20 |
| Employee + child(ren) | $112.38 | $138.02 | $267.08 | $56.19 | $69.01 | $133.54 |
| Family | $192.51 | $228.51 | $442.38 | $96.25 | $114.25 | $221.19 |


## DENTAL PAGE 14

| Cigna | Bi-weekly | Weekly |
|---|---|---|
| Employee only | $3.85 | $1.93 |
| Employee + spouse | $7.25 | $3.63 |
| Employee + child(ren) | $9.61 | $4.80 |
| Family | $15.27 | $7.63 |

## VISION PAGE 14

| Davis Vision | Bi-weekly | Weekly |
|---|---|---|
| Employee only | $1.72 | $0.86 |
| Employee + spouse | $3.45 | $1.72 |
| Employee + child(ren) | $3.01 | $1.51 |
| Family | $4.74 | $2.37 |

## LIFE & AD&D (Lincoln Financial) PAGE 17

- Basic employee life and AD&D is provided by MAPCO at no cost to you.
- Your cost for voluntary and spouse life/AD&D is based on the employee's age and can be found on **my.ADP.com**.
- Voluntary child life is $0.69 bi-weekly ($1.38 weekly) for all covered children (not per child).

## DISABILITY (Lincoln Financial) PAGE 18

- Disability coverage is provided by MAPCO at no cost to you.

**Continued on next page**

# Your 2021 Costs *continued from previous page*

## INDEMNITY PLAN PAGE 20

An alternative to the core Cigna medical options

| Symetra | Bi-weekly | Weekly |
|---|---|---|
| Employee only | $18.89 | $9.44 |
| Employee + spouse | $37.32 | $18.66 |
| Employee + child(ren) | $29.31 | $14.65 |
| Family | $50.95 | $25.47 |

## GAP PLAN PAGE 21

To supplement coverage in the Plus and Regular plans

| Symetra | Bi-weekly | Weekly |
|---|---|---|
| Employee only | $2.86 | $1.43 |
| Employee + spouse | $6.08 | $3.04 |
| Employee + child(ren) | $4.68 | $2.34 |
| Family | $8.47 | $4.23 |

## ACCIDENT PAGE 22

| Lincoln Financial | Bi-weekly | Weekly |
|---|---|---|
| Employee only | $4.37 | $2.18 |
| Employee + spouse | $7.08 | $3.54 |
| Employee + child(ren) | $8.07 | $4.03 |
| Family | $10.78 | $5.39 |

## CRITICAL ILLNESS PAGE 22

» Your cost for critical illness coverage is based on coverage level and the age of the covered person, and can be found on **my.ADP.com**.

# Medical

You have three options for medical coverage, administered by Cigna. Under all three plans, you can go to any provider you choose, but benefits are highest when you see a network provider. Visit **myCigna.com** to locate network providers.

The **Plus and Regular plans (formerly $3,000 and $4,500 Deductible Plans)** are HDHPs (high-deductible health plans). These plans do not have copays and pay benefits only after you meet the deductible. But they offer a variety of advantages:

- Lower employee premiums
- Lower-cost virtual office visits through Cigna telemedicine
- A list of no-cost preventive drugs (for ongoing conditions like allergies, diabetes, and high blood pressure)
- A Health Savings Account (HSA) that allows you to set aside tax-free money to pay eligible expense, including a company contribution to your HSA

The **Premium Plan (formerly $1,500 Deductible Plan)** has office visit and prescription drug copays and the highest benefit levels of the three plans, but it also has the highest employee premiums.

In addition to the above plans, you have several low-cost **Supplemental Medical Plans** that can help lower your out-of-pocket medical costs. Some plans work with your medical coverage; others can be used standalone for a low-cost alternative to regular coverage. See **pages 19-22** for details.

**New for 2021:** The Patient Assistance Program now offers diabetic supplies at a lower cost for those on the Regular and Plus medical plans. Turn to **page 9** for more details.

Turn to **pages 8-13** to compare your options.

**Continued on next page**

You owe it to yourself to learn about all your medical options. You may even need to do a little math to determine which plan is right for you. If you've always chosen the plan with the lowest deductible, you may be missing the boat. This does not necessarily translate to the lowest out-of-pocket costs. That's because the lowest deductible plan also has the highest employee contributions.

**Did you know that only 27% of MAPCO employees enrolled in the $1,500 plan met their deductible last year? The other 73% paid extra premiums for coverage they didn't even use.**

# Medical *continued from previous page*

| Medical Benefits | Regular Plan (HSA eligible) | | Plus Plan (HSA eligible) | | Premium Plan | |
|---|---|---|---|---|---|---|
| | In-network | Out-of-network[1] | In-network | Out-of-network[1] | In-network | Out-of-network[1] |
| MAPCO HSA contribution if you take the Cigna Health Assessment (see **page 11**) | $250/team member<br>$500/TM + spouse | | $250/team member<br>$500/TM + spouse | | N/A | |
| **Annual deductible**[2]<br>Individual<br>Family | <br>$4,500<br>$9,000 | <br>$9,000<br>$18,000 | <br>$3,000<br>$6,000 | <br>$6,000<br>$12,000 | <br>$1,500<br>$3,000 | <br>$3,000<br>$6,000 |
| **Out-of-pocket maximum**[3]<br>Individual<br>Family | <br>$6,650<br>$13,300 | <br>$13,300<br>$26,600 | <br>$6,000<br>$12,000 | <br>$12,000<br>$24,000 | <br>$4,000<br>$8,000 | <br>$8,000<br>$16,000 |
| **You pay...** (after deductible unless otherwise indicated[2]) | | | | | | |
| Preventive care | $0 | 50% | $0 | 50% | $0 | 50% |
| **Office visits**<br>Primary care<br>Specialist<br>Telemedicine visits | <br>30%<br>30%<br>$30 | <br>50%<br>50%<br>Not covered | <br>20%<br>20%<br>$30 | <br>50%<br>50%<br>Not covered | <br>$30<br>$50<br>$30 | <br>50%<br>50%<br>Not covered |
| X-rays/lab work | 30% | 50% | 20% | 50% | 20% | 50% |
| Outpatient surgery (per visit)[3] | 30% | 50% | 20% | 50% | 30% | 50% |
| Hospital care (per admission)[3] | 30% | 50% | 20% | 50% | 20% | 50% |
| Emergency room (per visit) | 30% | 30% | 20% | 20% | 20% | 30% |
| Mental health/substance abuse (inpatient and outpatient) | 30% | 50% | 20% | 50% | 20% | 50% |

[1] *Out-of-network services are subject to reasonable and customary (R&C) limits. If you go out-of-network, you will be responsible for paying amounts exceeding R&C limits. Network providers have agreed not to exceed R&C limits.*

[2] *The deductible must be met before coinsurance applies. If a service is covered with a per-visit copay, the deductible does not apply. All plans have an embedded deductible. This means a covered individual does not have to meet the full family deductible before coinsurance begins. Each individual only has to meet the individual deductible, then the plan begins to pay benefits (per applicable coinsurance).*

[3] *Once you reach the out-of-pocket maximum, the plan will pay 100% for covered services for the remainder of the calendar year. The out-of-pocket maximum includes amounts paid toward the deductible.*

*Note: This is not a complete list of covered services. See your Summary Plan Description (SPD) for a complete list.*

**Continued on next page**

# Medical *continued from previous page*

| Prescription Drug Benefits | Regular Plan (HSA eligible) | | Plus Plan (HSA eligible) | | Premium Plan | |
|---|---|---|---|---|---|---|
| | In-network | Out-of-network | In-network | Out-of-network | In-network | Out-of-network |
| Retail (up to 30-day supply)<br>Generic<br>Preferred brand<br>Non-preferred brand | On preventive list: $0, no deductible<br><br>Non-preventive: 30% after deductible | Not covered | On preventive list: $0, no deductible,<br><br>Non-preventive: 20% after deductible | Not covered | $10<br>$35<br>$60 | Not covered |
| Retail or mail order (up to 90-day supply)<br>Generic<br>Preferred brand<br>Non-preferred brand | | | | | $20<br>$70<br>$120 | |
| **Medical lifetime maximum benefit** | **Unlimited** | **Unlimited** | **Unlimited** | **Unlimited** | **Unlimited** | **Unlimited** |

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## PATIENT ASSISTANCE PROGRAM

**New for 2021:** Cigna's Patient Assistance Program provides employees taking essential medications greater affordability and cost predictability — with the goal of better health. The program reduces out-of-pocket costs on qualifying drugs to as little as $25 per 30-day supply to remove the barrier for people taking essential medications for a chronic condition. Contact Cigna for details.

# Medical *continued from previous page*

## CIGNA TELEMEDICINE

*With Cigna's telemedicine services, you pay a flat cost per visit; deductible not required!.*

Have you ever been faced with a sick child in the middle of the night? Or just wanted care without leaving home? You have a convenient alternative for minor conditions such as sore throat, fever, colds and flu, allergies, rashes, etc. Cigna members can connect with a board-certified doctor via secure video chat or phone.

All three medical options include telemedicine services through MDLIVE for a $30 copay per visit. Pre-register now to be ready when you need telemedicine: Visit **MDLIVEforCigna.com** or call **888-726-3171**.

### SUMMARY OF BENEFITS AND COVERAGE

In accordance with the Affordable Care Act, MAPCO and Cigna have created a Summary of Benefits and Coverage (SBC), which provides additional information about your medical plan. You can find the SBC on **my.ADP.com** (Benefits > Benefits Documents).

# Choosing a Medical Plan

## HOW HDHPs WORK

The Plus and Regular plans (formerly $3,000 and $4,500 Deductible Plans) require that you meet the deductible before the plan pays benefits for non-preventive care. There are no copays.

Before you say, "No copays? No way!" consider this:

A higher deductible, coinsurance-only plan does NOT mean you will pay more. It's important to understand how an HDHP works and how a Health Savings Account (HSA) helps you pay expenses. It's also important to remember that what's coming out of your paycheck matters too. Depending on how you use healthcare services, an HDHP may cost you less!

Here's a closer look at how the HDHP works with an HSA:

## GAP PLAN

The Symetra Gap Plan can be paired with coverage in an HDHP to provide an additional safety net for large expenses, like hospitalization. See **page 21**.

## Contributions

**HSA dollars from MAPCO— *It's free money!***

- If you take a confidential Health Assessment at **myCigna.com** by **October 31, 2021**, MAPCO will make a lump-sum, tax-free contribution to an HSA in your name*:
- Employee only: $250/year
- Employee+dependents coverage: $500/year (covered spouse must also take Health Assessment)

You can also contribute your own pre-tax money to your HSA via payroll deduction, up to annual IRS limits. (You cannot contribute to a Healthcare FSA if you are enrolled in an HSA.) Shortly after enrollment, you will receive an HSA debit card in the mail. It works like a bank debit card at any vendor that accepts healthcare cards.

## Spend

**You can use your HSA money to:**

- Pay for eligible non-preventive expenses like doctor visits, prescription drugs, dental and vision care, etc., incurred by you and your eligible dependents
- Help meet your deductible

## Build a Reserve

**There's no "use it or lose it"**

Any money left in your HSA at year-end rolls over to future years and is yours to use toward future healthcare expenses — even if you leave the company or switch to another plan. It continues to grow in your account tax-free. You can even invest balances over $1,000.

## Deductible

Once you meet your deductible with any combination of HSA dollars or your own money, the plan pays a percentage of the cost of services. If you reach your out-of-pocket maximum, the plan pays 100% for the remainder of the calendar year.

* *You must be enrolled in the Plus or Regular plan to be eligible for the contribution. If you enroll in the Healthcare FSA instead of the HSA, MAPCO will contribute the same amount to your FSA. However, unlike the HSA, FSA funds do not roll over from year to year; you must spend the money toward eligible expenses in 2021 or they will be forfeited. You cannot enroll in both an HSA and an FSA.*

# Choosing a Medical Plan

Which medical plan is right for you? Here are two examples to help you compare:

## Example #1: Consider what is coming out of your paycheck

Look how much you could save on weekly payroll deductions if you elect the Plus Plan instead of the Premium Plan.

Weekly payroll deductions

| | Plus Plan ($3,000 plan) | | Premium Plan ($1,500 plan) | | You Save | |
|---|---|---|---|---|---|---|
| | Weekly | Annually[1] | Weekly | Annually[1] | **Weekly** | **Annually[1]** |
| Employee only | $29.66 | $1,542 | $65.05 | $3,383 | **$35.39** | **$1,840** |
| Employee + spouse | $79.15 | $4,116 | $153.20 | $7,966 | **$74.05** | **$3,851** |
| Employee + child(ren) | $69.01 | $3,589 | $133.54 | $6,944 | **$64.53** | **$3,356** |
| Family | $114.25 | $5,941 | $221.19 | $11,502 | **$106.94** | **$5,561** |

**Did you know** that when you choose the Plus Plan ($3,000 deductible plan), you save $107/paycheck on family coverage? That's $5,561/year! If you elect the Regular Plan ($4,500 plan), you save even more.

[1] *Annual figures rounded to the nearest dollar*

Turn the page to see example #2.

# Choosing a Medical Plan

*continued from previous page*

## Example #2: Don't forget MAPCO's HSA contribution

Let's continue the example from **page 12** where you chose the Plus Plan instead of the Premium Plan. Say you put just HALF of your annual premium savings in your HSA. Add in MAPCO's company contribution to your HSA, and look how much you would have available to cover expenses.[1]

| | ½ of annual premiums savings[2] | | MAPCO's annual HSA contribution[3] | | Available money |
|---|---|---|---|---|---|
| Employee only | $920 | + | $250 | = | **$1,170** |
| Employee + spouse | $1,925 | + | $500 | = | **$2,425** |
| Employee + child(ren) | $1,678 | + | $500 | = | **$2,178** |
| Family | $2,780 | + | $500 | = | **$3,280** |


Putting some or all of your premium savings in the HSA helps ensure you have money available to pay out-of-pocket expenses. But the best part is: If you don't spend it all, it's yours to use later.[1]

That's why it's important to choose a plan that matches how you use healthcare services, because you don't get a refund on your premiums if you don't use your medical coverage!

This amount can be used to help satisfy your deductible:

- $3,000/person
- $6,000/family

If you spend less, the unused money carries over to next year.

# Dental

The Dental Plan is provided through Cigna and covers preventive care to help protect your dental health, as well as restorative services and orthodontia (for your children). You can go to any dentist you choose, but you pay less out of pocket when you use Cigna network providers. Visit **myCigna.com** to locate participating providers.

| | Cigna Dental PPO (In-network) |
|---|---|
| You pay: | |
| Annual deductible | $50/person; $150/family |
| Preventive/diagnostic (exams, cleanings, bitewing x-rays, fluoride treatments) | $0 |
| Basic (fillings, simple extractions, anesthetics, sealants, denture repair) | 20% after deductible |
| Major (crowns, bridges, dentures, complex oral surgery, root canals, periodontics) | 50% after deductible |
| Orthodontia for dependents up to age 19 | 50% — $1,500 lifetime maximum benefit |
| **Annual benefit maximum** | **$1,500** |

# Vision

The Vision Plan is provided through Davis Vision. You can see any vision provider you choose, but benefits are highest when you use a network provider. Visit **davisvision.com** for a list of network providers.

| | In-network |
|---|---|
| You pay: | |
| Annual deductible | $0 |
| Eye exams (one per 12 months) | $20 copay |
| Frames (one pair per 24 months) | $0 up to $130 retail allowance |
| Lenses (once per 12 months) | $30 copay |
| Contacts (in lieu of lenses/frames; includes fit and follow-up) | Elective: $0, up to $100 allowance<br>Necessary: $0 |

*Note: Davis Vision provides a frame and contacts collection covered at 100%.*

# Flexible Spending Accounts

MAPCO offers two flexible spending accounts (FSAs) — a Healthcare FSA and a Dependent Daycare FSA. The FSAs are administered by ConnectYourCare.

## HOW FSAS WORK

With FSAs, you set aside tax-free money from your paycheck to pay for out-of-pocket expenses like deductibles, copays, coinsurance, childcare, and adult daycare. You pay less for these expenses because the money is not taxed when it is deducted from your paycheck or when you use it to pay for eligible expenses.

You can contribute to one or both of the FSAs. You do not have to be enrolled in other coverage to participate. You cannot contribute to the Healthcare FSA if you are enrolled in a Health Savings Account (HSA).

| | Healthcare FSA | Dependent Daycare FSA |
|---|---|---|
| You can contribute... | As little as $125 or as much as $2,750/year – tax-free | As little as $125 or as much as $5,000/year[1] – tax-free |
| To pay for... | Eligible healthcare expenses that would be paid out of your pocket (rules apply) | Day care expenses for your eligible dependents (rules apply) |

[1] *If you're married and file separate tax returns, the maximum you can contribute is $2,500/year.*

## ELIGIBLE EXPENSES

Below are some examples of eligible expenses:

### Healthcare FSA

- Out-of-pocket medical, dental, vision, hearing, and prescription drug expenses
- Certain over-the-counter medicines if prescribed by a physician
- Over-the-counter health-related supplies
- Other out-of-pocket health expenses considered tax-deductible by the IRS

### Dependent Daycare FSA

- Day care fees and associated expenses for your children under age 13
- Dependent care fees for a disabled spouse or child, or a tax-dependent parent or elderly person

**The Dependent Daycare FSA is NOT for dependent healthcare expenses.**

Turn the page to learn how to get started with the FSAs.

# Flexible Spending Accounts *continued from previous page*

## FSA RULES

Because FSAs offer such favorable tax breaks, certain rules apply:

### Use it or lose it

Be careful not to overestimate your expenses for the calendar year. You must use all the money in your Dependent Daycare FSA by year-end and submit all claims no later than March 31 of the following year. Otherwise, remaining funds will be forfeited.

Your Healthcare FSA offers a grace period to help you avoid the IRS "use it or lose it" rule. You can continue to incur healthcare expenses until March 15 of the following year, file claims and get reimbursed. So if you overestimate the amount you put in your Healthcare FSA, you can use the funds in the next calendar year, before they are forfeited.

### No contribution changes

Once you decide how much to contribute to each account, you can't change it until the next Open Enrollment (unless you experience a qualifying life event).

### No transfers

If you participate in both FSAs, you cannot transfer money between your two accounts or use money in one to pay expenses for the other.

## HOW TO GET STARTED

1. Estimate your healthcare and dependent care expenses separately for 2021.
2. Decide how much to contribute to each account. Be careful not to overestimate your expenses as unused funds at year-end are forfeited.
3. Your contributions will be deducted from your paycheck before taxes are taken out of your check and deposited into your account(s).
4. Use the debit card you will receive in the mail to pay for eligible expenses.

You must re-enroll every year (during Open Enrollment) to keep participating in the FSAs, even if you wish to keep your same contribution.

# Life and AD&D

Life insurance and Accidental Death and Dismemberment (AD&D) insurance provide financial protection in the event you or a covered family member dies or becomes seriously injured in an accident. Coverage is provided through Lincoln Financial.

## BASIC COVERAGE

MAPCO automatically provides full-time team members with basic life and AD&D coverage equal to 2 times your annual base earnings, up to $1,000,000, at no cost to you.

## VOLUNTARY COVERAGE

Full-time team members can purchase voluntary life and AD&D to supplement your basic coverage. If you elect voluntary life for yourself, you can also elect it for your family, as follows:

| | You may purchase: |
|---|---|
| For you (full-time): | Up to 5x your annual salary or $500,000, whichever is less (in $10,000 increments) |
| For your spouse: | Up to $250,000 (in $5,000 increments)[1] |
| For each dependent child: | $15,000 per child[1] |

[1] *Spouse life cannot exceed 50% of employee's voluntary life amount. Voluntary employee life must be elected to enroll in child life. For children under 6 months, benefit is $500.*

## WHAT IS AD&D?

AD&D coverage essentially doubles the value of your life insurance coverage if you die in an accident. AD&D coverage also provides benefits if you survive an accidental injury but lose the use of a body part (such as the loss of an eye or limb).

## PROOF OF GOOD HEALTH

In certain cases, you (and/or your spouse) may be required to submit proof of good health (e.g., answer medical questions) and be approved before coverage becomes effective. Proof of good health is required if:

- You decline voluntary coverage when first eligible but wish to elect it at a later date
- You elect to increase your or your spouse's coverage
- Your voluntary coverage exceeds $300,000 or your spouse's coverage exceeds $50,000

If proof of good health, also known as evidence of insurability (EOI), is required, you will be advised when you visit **my.ADP.com** to enroll.

# Disability

MAPCO automatically provides you with disability coverage, administered by Lincoln Financial, at no cost to you. Short-term disability extends a portion of your paycheck if a serious illness or injury keeps you from working. Long-term disability coverage generally picks up where short-term disability coverage leaves off to protect you financially if your disability continues for an extended period.

| | Short-term Disability | Long-term Disability |
|---|---|---|
| Benefits begin: | After 7 days of disability<br>Exception: Benefits for maternity leave begin 2 weeks before birth of child | After 90 consecutive days of disability |
| Play pays:[1] | 60% of your base pay, up to $1,500/week | 60% of your base pay, up to a maximum benefit amount of $6,000/month |
| Benefits continue:[1] | Up to 12 weeks | Until your disability ends or you reach Social Security normal retirement age (benefits are reduced if disability begins at age 63 or older) |

[1] *Limits may apply*

# Supplemental Medical Plans

Supplemental medical coverage can help protect you from high out-of-pocket healthcare expenses. In most cases, supplemental plans are intended to enhance your medical plan, but some can be used as a standalone plan. Below is an overview. For more details see the individual plan brochures on **my.ADP.com** (Benefits > Benefits Documents).

| | Indemnity Plan | Gap Plan | Accident | Critical illness |
|---|---|---|---|---|
| Pays benefits for: | A variety of medical services | Hospitalization | Accidental injury | Covered critical illnesses |
| Can be paired with: | N/A | Plus or Regular medical plans | Any medical plan | Any medical plan |
| Used as a standalone plan? | Yes | No | Yes | Yes |
| Family coverage available? | Yes | Yes | Yes | Yes |
| Pays in addition to any insurance you have? | Yes | Yes | Yes | Yes |
| Wellness benefit available? | No | No | Yes (see **page 22**) | Yes (see **page 22**) |
| Required to answer medical questions to purchase coverage? | No | No | No | No |


# Indemnity Plan

The Indemnity Plan, through Symetra, is a low-cost alternative to major medical insurance (like that provided through our core medical plan). The plan provides fixed-payment benefits for a variety of healthcare services. You can see any provider you choose. There are no deductibles, copays, or coinsurance; the plan pays a flat dollar amount per service. For example:

| Service | Plan pays: | Benefit limit: |
|---|---|---|
| Office visits (including telemedicine, diagnostic lab/x-ray, preventive care service) | $65/day | Combined 10 days/person per calendar year |
| Hospital admission | $500/admission | Once/person per calendar year |
| Hospital stay | $200/day | 10 days/person per calendar year |
| Intensive care unit | $400/day | 10 days/person per calendar year |
| Outpatient surgery doctor's office | $75/day | Combined $2,000/person per calendar year |
| Outpatient surgical facility | $525/day | |
| Prescription drugs | $5/day | 10 days/person per calendar year |

*The Indemnity Plan is not an ACA-qualified medical plan. If you enroll in this plan, you cannot participate in a Health Savings Account (HSA).*

## TELEMEDICINE BENEFIT

The Indemnity Plan covers telemedicine office visits, connecting you to a licensed, board-certified doctor 24/7 by calling **866-799-2728** or downloading the Health Advocate app on your mobile device.

Telemedicine is a convenient way to get care for many common conditions, such as colds, flu, upset stomach, allergies, eye infections, minor injuries, and more! Providers can evaluate your issue, provide a diagnosis and treatment plan, even send a prescription to your pharmacy, if needed.

The Indemnity Plan also includes an employee assistance program (EAP), a 24-hour nurse line, wellness coaching, and more. See the Indemnity Plan brochure on **my.ADP.com** (Benefits > Benefits Documents) for more details.

# Gap Plan

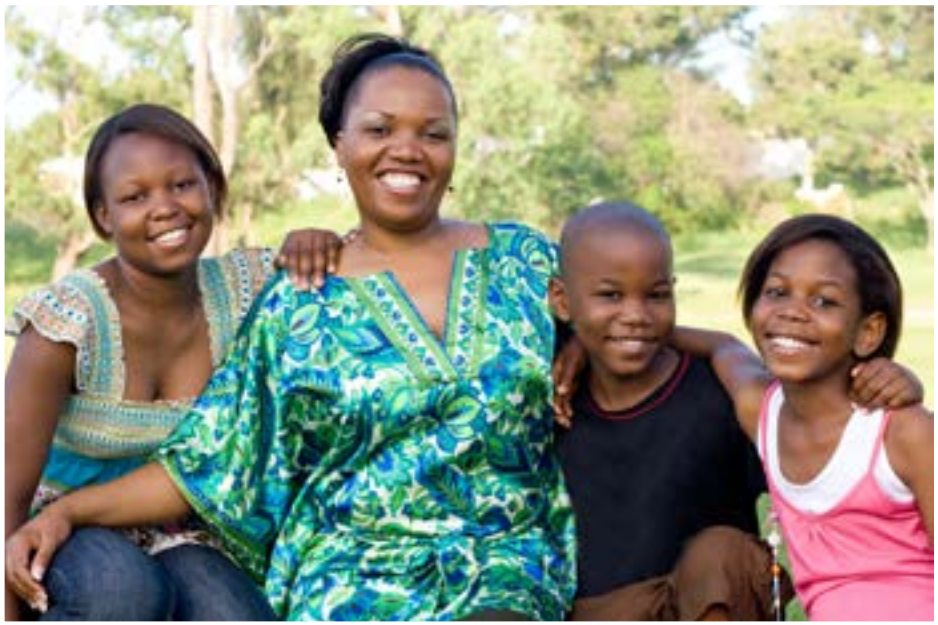
The Gap Plan, through Symetra, is designed to be paired with coverage in the Plus or Regular medical plans to help cover out-of-pocket expenses — either before you meet your medical plan deductible or to help pay your share of coinsurance.

This plan can serve as a valuable safety net against large expenses, like hospitalization. It provides a daily cash benefit (also called a fixed payment) for various types of hospital stays. For example:

| Service | Plan pays: | Benefit limit: |
|---|---|---|
| Hospital stay | $200/day | 5 days/person per calendar year |
| Intensive care unit | $400/day | 5 days/person per calendar year |
| Substance abuse facility | $200/day | 5 days/person per calendar year |
| Mental health facility | $200/day | 5 days/person per calendar year |
| Nursing facility | $100/day* | 60 consecutive days per calendar year |

** Benefit paid only if following a covered hospital stay of at least 3 consecutive days and insured is under age 65*

See the Gap Plan brochure on **my.ADP.com** (Benefits > Benefits Documents) for more details.



## SAFETY NET

The Gap Plan can be paired with an HDHP to provide additional coverage for large expenses.

# Accident

You can't always avoid accidents, but you can protect yourself from costs associated with them. Accident coverage, through Lincoln Financial, pays cash benefits when an accidental injury occurs. You can use the money to pay for expenses not covered by insurance, such as your deductible or coinsurance, and living expenses like mortgage, rent, and transportation. Below are some examples of covered injuries. See the plan document for a complete list.

| Service | Plan pays[1]: |
|---|---|
| Ambulance (ground) | $150 |
| Ambulance (air) | $750 |
| Emergency room | $100 |
| Hospital admission | $1,000 |
| Hospital stay | $200/day |
| Intensive care unit | $400/day |
| Lacerations | $25-$200 |
| Concussion | $100 |
| Traumatic brain injury | $2,500 |

[1] *Amount paid is based on injury and service required. Limits apply.*

# Critical Illness

When a serious illness strikes, this coverage can provide vital financial help. The plan, provided through Lincoln Financial, pays a lump-sum cash benefit you can use to pay expenses not covered by your medical plan. You can also use the money for everyday expenses like housekeeping, transportation, and day care. Covered critical illnesses include:

- Benign brain tumor
- Blindness
- Cancer (invasive)
- Carcinoma in situ*
- Coma*
- Heart attack
- End-stage kidney failure
- Major organ failure
- Paralysis
- Stroke

** Covered at 25% of your coverage amount*

| | Plan pays upon diagnosis: |
|---|---|
| Full-time employee | Option 1: $5,000 or Option 2: $10,000 |
| Spouse* | $5,000 |
| Child(ren)* | $5,000 |

** Dependent coverage is available to full-time team members only.*

## GET PAID TO GET A CHECK-UP

The critical illness and accident plans will each pay every covered person a $50 wellness benefit for getting a wellness screening, like a physical, mammogram, or certain screening blood test. And these screenings are typically covered at 100% under the medical plan. All you have to do is submit the bill and Lincoln Financial will send you a check. Limit one per person per plan each year.

# Team Member Assistance Program

Need help dealing with a personal or work-related issue? EmployeeConnect℠ provides confidential counseling services to you and your household family members. Services are free and available 24/7. You do not have to be enrolled in other benefit plans to participate.

The program, offered through Lincoln Financial, can help with issues such as family or marital problems, workplace concerns, parenting, elder care, depression, anxiety, or other emotional problems, drug or alcohol dependence, eating disorders, and grief and loss. The program can also help with financial and/or legal concerns, including up to a 25% discount on select fees.

EmployeeConnect covers up to 5 counseling sessions per person, per issue, per year. To get started, visit **guidanceresources.com** (user name: LFGSupport / password: LFGSupport1) or call **888-628-4824**. If you need additional assistance, you may be referred to your medical plan's behavioral health benefits.

# Team MAPCO Reward$

When you use your Team MAPCO card at MAPCO stores, you get:

- Double points on all in-store purchases (does not include age-restricted items)
- 3¢ standard guest fuel discount PLUS an additional team member 3¢ off per gallon
- 10% discount on qualifying merchandise purchases
- Eligibility for additional rewards through MAPCO MY Reward$ emails and promotions

Visit **mapcorewards.com** for details.

# Perks at Work

Perks at Work gives you and your family members discounts on movie tickets, theme park admission, dining, travel, fitness, many everyday items, and much more. Visit **perksatwork.com** to view available discounts and activate your account.

# Verizon Discounts

MAPCO has partnered with Verizon to save team members up to 19% plus an extra 3% if you sign up for autopay. Visit **verizonwireless.com/discounts** to register or renew your discount. Or bring a copy of your pay stub to a Verizon store.

# Enterprise Discounts

Get:

- 5% off car and truck rentals
- 10% off moving trucks, vans, and other large commercial vehicles
- Access to great used vehicles for sale
- Financing for new and used vehicles

Visit **this link** for details.

# 401(k)

MAPCO's 401(k) Retirement Savings Plan, administered through Principal, is an easy, tax-advantaged way to save for your future. All team members age 21+ are eligible to participate on the first of the month following 45 days of employment. Here are some highlights:

- You choose how much to contribute, up to IRS limits each year (for 2021, this amount is $19,500).
- Your election amount is deducted from your paycheck each pay period on a pre-tax basis.
- If you are age 50+, you may be able to make additional catch-up contributions.
- MAPCO matches your contributions dollar for dollar on the first 6% of pay you contribute, beginning with your first contribution to the plan! (limits apply)
- Principal offers a variety of investment options.
- Loans and hardship withdrawals are available.

For more details about the plan, visit **principal.com** or download the Principal app on your mobile device.

## DISCOVER THE ADVANTAGE OF SAVING BEFORE-TAX

One of the advantages of participating in the 401(k) is your contributions are deducted from your pay before taxes are withheld. This reduces your taxable income and, in turn, you pay less in taxes than you would if you saved after-tax dollars in a regular savings account.

Assume Jake is single and earns $45,000 per year.

When you combine the advantage of saving with before-tax dollars with MAPCO's matching contribution, saving with a 401(k) really comes out ahead.

| | If Jake sets aside **0%** of pay | If Jake sets aside **2%** of pay | If Jake sets aside **6%** of pay |
|---|---|---|---|
| Bi-weekly pay | $1,730.77 | $1,730.77 | $1,730.77 |
| Before-tax contributions | $0 | $34.62 | $103.85 |
| Taxable income | $1,730.77 | $1,699.15 | $1,626.92 |
| Taxes | $321.75 | $314.13 | $302.63 |
| Take-home pay | $1,409.02 | $1,382.02 | $1,324.29 |
| MAPCO matching contributions | $0 | $34.62 | $103.85 |
| **Total savings** | **$0/week<br>$0/year** | **$69.24/bi-weekly<br>$1,800.24/year** | **$207.70/bi-weekly<br>$5,400.20/year** |

# Helping Hands Fund

The MAPCO Helping Hands Fund (HHF) pools contributions from fellow team members to provide financial assistance to team members who have suffered catastrophic circumstances, such as a serious illness or injury, death of a family member, or natural disaster. HHF grants help pay for housing, home repair, medical, and other expenses.

### Want to help?

Contribute as much or as little as you like by enrolling through **my.ADP.com** during Open Enrollment. Your contributions will be taken from your paycheck each pay period. You may change your contribution amount or stop contributing at any time by visiting **my.ADP.com**.

### Need assistance?

HHF grants don't have to be repaid, and you don't have to contribute to qualify. But you must have worked 20 hours per week for at least 90 days. To apply for an HHF grant, log onto **my.ADP.com**, go to the Benefits tile and find the application under Benefits Documents.

# Important Contacts

| Plan | Contact | Web | Phone |
|---|---|---|---|
| **General** | | | |
| MAPCO Benefits Center | ADP | **my.ADP.com** | 866-421-0626 |
| Enrollment Assistance (login, navigation) | ADP | **my.ADP.com** | 866-421-0626 |
| **Core Plans** | | | |
| Medical<br>Dental | Cigna | **myCigna.com**<br>**cigna.com** (if you are not yet enrolled) | 866-244-6224 |
| Vision | Davis Vision | **davisvision.com** | 800-999-5431 |
| Life/AD&D<br>Disability | Lincoln Financial | **lfg.com** | 866-783-2255 |
| Health Savings Account (HSA)<br>Flexible Spending Accounts | ConnectYourCare | **connectyourcare.com** | 877-292-4040 |
| **Supplemental Medical Plans** | | | |
| Indemnity Plan<br>Gap Plan | Symetra | **symetra.com**<br>**symsba@symetra.com** | 800-497-3699 |
| Accident<br>Critical Illness | Lincoln Financial | **lfg.com** | 866-783-2255 |
| **Other Plans** | | | |
| Team Member Assistance Program | Lincoln Financial | **guidanceresources.com**<br>user name: LFGSupport<br>password: LFGSupport1 | 888-628-4824 |
| 401(k) | Principal | **principal.com** | 800-547-7754 |

This benefit summary provides selected highlights of the MAPCO team members benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the company. All benefit plans are governed by master policies, contracts, and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts, and plan documents shall be governed by the terms of such policies, contracts, and plan documents. MAPCO reserves the right to amend, suspend, or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.

# 2020 ANNUAL NOTICES

**Your Company reserves the right to change, amend or terminate any benefits plan at any time for any reason. Participation in a benefit plan is not a promise or guarantee of future employment. Receipt of benefits documents does not constitute eligibility.**

The Benefits Decision Guide, combined with these legal notices, provides an overview of the benefits available to you and your family. In the event of a discrepancy between the information presented in the Benefits Decision Guide and official plan documents, the official plan documents will govern.

## STATEMENT OF MATERIAL MODIFICATIONS

This enrollment guide constitutes a Summary of Material Modifications (SMM) or Summary of Material Reductions (SMR), as applicable, to the health and welfare plans. It is meant to supplement certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

## SUMMARY OF BENEFITS COVERAGE

A Summary of Benefits Coverage (SBC) for each of the employer-sponsored medical plans is available. You may request a paper copy by calling your Human Resources department.

The legal notices listed below are provided on following pages:

- ✓ Women's Health and Cancer Rights Act (WHCRA)
- ✓ Newborn's and Mother's Health Protection Act (NMHPA or Newborns Act)
- ✓ HIPAA Special Enrollment Notice
- ✓ Right to Special Enrollment in Another Plan
- ✓ USERRA
- ✓ Wellness Program Disclosure
- ✓ HIPAA Privacy Notice
- ✓ Public Exchange Notice
- ✓ Initial COBRA Notice
- ✓ Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)
- ✓ Creditable Prescription Drug Coverage and Medicare

## WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA) NOTICE

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses.
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your medical carrier at the phone number listed on the back of your ID card.

## NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT (NMHPA OR "NEWBORNS' ACT") NOTICE

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your medical carrier at the phone number listed on the back of your ID card.

## HIPAA SPECIAL ENROLLMENT NOTICE

**Notice of special enrollment rights for health plan coverage**

If you have declined enrollment in your employer's health plan for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under this plan without waiting for the next open enrollment period, if you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your eligible dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Your employer will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days – instead of 30 – from the date of the Medicaid/CHIP eligibility change to request enrollment in your employer's group health plan. Note that this new 60-day extension does not apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

## RIGHT TO SPECIAL ENROLLMENT IN ANOTHER PLAN

Under HIPAA, if you lose your group health plan coverage, you may be able to get into another group health plan for which you are eligible (such as a spouse's plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days. Therefore, once your coverage ends, if you are eligible for coverage in another plan (such as a spouse's plan), you should request special enrollment as soon as possible. (Additional special enrollment rights are triggered by marriage, birth, adoption, and placement for adoption.)

If you have questions about your HIPAA rights, you may contact your state insurance department or the U.S. Department of Labor, Employee Benefits Security Administration (EBSA), toll-free at 1-866-444-3272 (for free HIPAA publications ask for publications concerning changes in health care laws). You may also contact the CMS publication hotline at 1-800-633-4227 (ask for Protecting Your Health Insurance Coverage).

These publications and other useful information are also available on the Internet at:
http://www.dol.gov/ebsa,
the DOL's interactive web pages - Health Laws, or
www.cms.hhs.gov/healthinsreformforconsume/.

## WELLNESS PROGRAM DISCLOSURE

If you have a health plan available to you, the health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify an opportunity to earn the same reward by different means. Contact your HR Department and we will work with you to find a wellness program with the same reward that is right for you in light of your health status.

## USERRA

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted. If the absence is for more than 31 days and not more than 12 weeks, you may continue to maintain your coverage under the Plan by paying premiums.

If you do not elect to continue to participate in the Plan during an absence for military duty that is more than 31 days, or if you revoke a prior election to continue to participate for up to 12 weeks after your military leave began, you and your covered family members will have the opportunity to elect COBRA Continuation Coverage only under the medical insurance policy for the 24-month period (18-month period if you elected coverage prior to December 10, 2004) that begins on the first day of your leave of absence. You must pay the premiums for Continuation Coverage with after-tax funds, subject to the rules that are set out in that plan.

SUMMARY NOTICE OF PRIVACY PRACTICES

This is a summary of your Group Health Plan's Notice of Privacy Practices, and is a reminder that a copy of the Privacy Notice can be obtained from the Human Resource Department. **Please review this summary carefully.**

In order to provide you with benefits, your employer's group health plan (hereafter referred to as the Plan) may receive personal health information from you, your physicians, hospitals, and others who provide you with health care services. We are required to keep this information confidential. This Summary Notice of Privacy Practices is intended to remind you of the ways we may use your information and the occasions on which we may disclose this information to others.

The following is a summary of the circumstances under which your health information may be used and disclosed:
To provide treatment
To obtain payment
To conduct health care operations

We use participants' health information to provide benefits. We may disclose participants' information to health care providers to assist them in providing you with treatment, or to help them receive payment. We may disclose information to insurance companies or other related businesses to receive payment. We may use the information within our organization to evaluate a request for coverage or a claim for benefits, to evaluate quality, and improve health care operations. We may make other uses and disclosures of participants' information as required by law or as permitted by our policies.

**Your Rights with Respect to your Health Information**
You have the following rights regarding your health information:
Right to request restrictions
Right to receive confidential communications
Right to inspect and copy your health information
Right to request an amendment to your health information
Right to an accounting of your health information
Right to a paper copy of the Notice of Privacy Practices

This is a reminder that you generally have a right to access and in certain instances to request an amendment to your Personal Health Information. This does not apply to information collected in connection with, or in anticipation of, a claim or legal proceeding.

**Our Legal Duty**
We are required by law to maintain the privacy and security of your health information and to provide you with a reminder that our complete Notice of Privacy Practices is available upon request. We reserve the right to implement new privacy and security provisions for health information that we maintain. If we change the Privacy Notice, we will provide you with a copy of the complete revised notice to you at that time. In addition, you have the right to express complaints to the contact person referenced below and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. Any complaints to your employer should be made in writing to the contact person listed at the end of this notice.

**Contact Person-** For more information on the Plan's privacy policies or your rights under HIPAA, contact your Human Resources Department.

**EXCHANGE NOTICE**

**PART A: General Information**
When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

**What is the Health Insurance Marketplace?**
The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

**Can I Save Money on my Health Insurance Premiums in the Marketplace?**
You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that does not meet certain standards. The savings on your premium that you are eligible for depends on your household income.

**Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?**
Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.1

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. In addition, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

**How Can I Get More Information?**
For more information about your coverage offered by your employer, please check your summary plan description or contact your Human Resources department.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.
1 An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

**Summary of Rights and Obligations Regarding COBRA Continuation Coverage**

This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.** The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Human Resources Department.

**What is COBRA Continuation Coverage?**

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens: Your hours of employment are reduced, or your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens: Your spouse dies; Your spouse's hours of employment are reduced; Your spouse's employment ends for any reason other than his or her gross misconduct; Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens: The parent-employee dies; The parent-employee's hours of employment are reduced; The parent-employee's employment ends for any reason other than his or her gross misconduct; The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both); The parents become divorced or legally separated; or The child stops being eligible for coverage under the plan as a "dependent child."

> Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to your employer and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary with respect to the bankruptcy. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

**When is COBRA Coverage Available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Human Resources Department has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee commencement of a proceeding in bankruptcy with respect to the employer, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Human Resources Department of the qualifying event.

**You Must Give Notice of Some Qualifying Events**

**For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Human Resources Department within 30 days after the qualifying event occurs.**

**How is COBRA Coverage Provided?**

Once the Human Resources Department receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

**Disability extension of 18-month period of continuation coverage**

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Human Resources Department in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

**Second qualifying event extension of 18-month period of continuation coverage**

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

**If You Have Questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

**Keep Your Plan Informed of Address Changes**

In order to protect your family's rights, you should keep the Human Resources Department informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Human Resources Department.

**Plan Contact Information:** Call your Human Resources department for more information.

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

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**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2020. Contact your State for more information on eligibility –**

| ALABAMA – Medicaid | COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+) |
|---|---|
| Website: http://myalhipp.com/<br>Phone: 1-855-692-5447 | Health First Colorado Website:<br>https://www.healthfirstcolorado.com/<br>Health First Colorado Member Contact Center:<br>1-800-221-3943/ State Relay 711<br>CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus<br>CHP+ Customer Service: 1-800-359-1991/ State Relay 711<br>Health Insurance Buy-In Program (HIBI):<br>https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program<br>HIBI Customer Service: 1-855-692-6442 |
| **ALASKA – Medicaid** | **FLORIDA – Medicaid** |
| The AK Health Insurance Premium Payment Program<br>Website: http://myakhipp.com/<br>Phone: 1-866-251-4861<br>Email: CustomerService@MyAKHIPP.com<br>Medicaid Eligibility:<br>http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx | Website:<br>https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html<br>Phone: 1-877-357-3268 |
| **ARKANSAS – Medicaid** | **GEORGIA – Medicaid** |
| Website: http://myarhipp.com/<br>Phone: 1-855-MyARHIPP (855-692-7447) | Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp<br>Phone: 678-564-1162 ext 2131 |
| **CALIFORNIA – Medicaid** | **INDIANA – Medicaid** |

| | |
|---|---|
| Website:<br>https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx<br>Phone: 916-440-5676 | Healthy Indiana Plan for low-income adults 19-64<br>Website: http://www.in.gov/fssa/hip/<br>Phone: 1-877-438-4479<br>All other Medicaid<br>Website: https://www.in.gov/medicaid/<br>Phone 1-800-457-4584 |

| IOWA – Medicaid and CHIP (Hawki) | MONTANA – Medicaid |
|---|---|
| Medicaid Website:<br>https://dhs.iowa.gov/ime/members<br>Medicaid Phone: 1-800-338-8366<br>Hawki Website:<br>http://dhs.iowa.gov/Hawki<br>Hawki Phone: 1-800-257-8563 | Website:<br>http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP<br>Phone: 1-800-694-3084 |
| **KANSAS – Medicaid** | **NEBRASKA – Medicaid** |
| Website: http://www.kdheks.gov/hcf/default.htm<br>Phone: 1-800-792-4884 | Website: http://www.ACCESSNebraska.ne.gov<br>Phone: 1-855-632-7633<br>Lincoln: 402-473-7000<br>Omaha: 402-595-1178 |
| **KENTUCKY – Medicaid** | **NEVADA – Medicaid** |
| Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:<br>https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx<br>Phone: 1-855-459-6328<br>Email: KIHIPP.PROGRAM@ky.gov<br><br>KCHIP Website:<br>https://kidshealth.ky.gov/Pages/index.aspx<br>Phone: 1-877-524-4718<br><br>Kentucky Medicaid Website: https://chfs.ky.gov | Medicaid Website: http://dhcfp.nv.gov<br>Medicaid Phone: 1-800-992-0900 |
| **LOUISIANA – Medicaid** | **NEW HAMPSHIRE – Medicaid** |
| Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp<br>Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP) | Website: https://www.dhhs.nh.gov/oii/hipp.htm<br>Phone: 603-271-5218<br>Toll free number for the HIPP program: 1-800-852-3345, ext 5218 |
| **MAINE – Medicaid** | **NEW JERSEY – Medicaid and CHIP** |
| Enrollment Website:<br>https://www.maine.gov/dhhs/ofi/applications-forms<br>Phone: 1-800-442-6003<br>TTY: Maine relay 711<br><br>Private Health Insurance Premium Webpage:<br>https://www.maine.gov/dhhs/ofi/applications-forms<br>Phone: -800-977-6740.<br>TTY: Maine relay 711 | Medicaid Website:<br>http://www.state.nj.us/humanservices/dmahs/clients/medicaid/<br>Medicaid Phone: 609-631-2392<br>CHIP Website: http://www.njfamilycare.org/index.html<br>CHIP Phone: 1-800-701-0710 |
| **MASSACHUSETTS – Medicaid and CHIP** | **NEW YORK – Medicaid** |
| Website:<br>http://www.mass.gov/eohhs/gov/departments/masshealth/<br>Phone: 1-800-862-4840 | Website: https://www.health.ny.gov/health_care/medicaid/<br>Phone: 1-800-541-2831 |
| **MINNESOTA – Medicaid** | **NORTH CAROLINA – Medicaid** |
| Website:<br>https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp<br>Phone: 1-800-657-3739 | Website: https://medicaid.ncdhhs.gov/<br>Phone: 919-855-4100 |
| **MISSOURI – Medicaid** | **NORTH DAKOTA – Medicaid** |

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|---|---|
| Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm<br>Phone: 573-751-2005 | Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/<br>Phone: 1-844-854-4825 |
| **OKLAHOMA – Medicaid and CHIP** | **UTAH – Medicaid and CHIP** |
| Website: http://www.insureoklahoma.org<br>Phone: 1-888-365-3742 | Medicaid Website: https://medicaid.utah.gov/<br>CHIP Website: http://health.utah.gov/chip<br>Phone: 1-877-543-7669 |
| **OREGON – Medicaid** | **VERMONT– Medicaid** |
| Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html<br>Phone: 1-800-699-9075 | Website: http://www.greenmountaincare.org/<br>Phone: 1-800-250-8427 |
| **PENNSYLVANIA – Medicaid** | **VIRGINIA – Medicaid and CHIP** |
| Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx<br>Phone: 1-800-692-7462 | Website: https://www.coverva.org/hipp/<br>Medicaid Phone: 1-800-432-5924<br>CHIP Phone: 1-855-242-8282 |
| **RHODE ISLAND – Medicaid and CHIP** | **WASHINGTON – Medicaid** |
| Website: http://www.eohhs.ri.gov/<br>Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line) | Website: https://www.hca.wa.gov/<br>Phone: 1-800-562-3022 |
| **SOUTH CAROLINA – Medicaid** | **WEST VIRGINIA – Medicaid** |
| Website: https://www.scdhhs.gov<br>Phone: 1-888-549-0820 | Website: http://mywvhipp.com/<br>Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| **SOUTH DAKOTA - Medicaid** | **WISCONSIN – Medicaid and CHIP** |
| Website: http://dss.sd.gov<br>Phone: 1-888-828-0059 | Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm<br>Phone: 1-800-362-3002 |
| **TEXAS – Medicaid** | **WYOMING – Medicaid** |
| Website: http://gethipptexas.com/<br>Phone: 1-800-440-0493 | Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/<br>Phone: 1-800-251-1269 |

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
**www.dol.gov/agencies/ebsa**
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
**www.cms.hhs.gov**
1-877-267-2323, Menu Option 4, Ext. 61565

## Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

## MEDICARE PART D NOTICE

**Important Notice from MAPCO Express, Inc.**
**About Your Prescription Drug Coverage and Medicare**

The purpose of this notice is to advise you that the prescription drug coverage listed below under MAPCO Express medical plan is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2021. This is known as "creditable coverage."

Why this is important: if you or your covered dependent(s) are enrolled in any prescription drug coverage during 2021 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty — as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

**Notice of creditable coverage**

You may have heard about Medicare's prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.
Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by your employer's drug plans listed in your annual benefit guide, you'll be interested to know that coverage is, on average, at least as good as standard Medicare prescription drug coverage for 2021. This is called creditable coverage. Coverage under one of these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the employer plan will continue to pay primary or secondary, as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop your employer's coverage, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment event for the MAPCO Express plan.

You should know that if you waive or leave coverage with MAPCO Express and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future — such as before the next period you can enroll in Medicare prescription drug coverage, if this MAPCO Express coverage changes, or upon your request.

**For more information about your options under Medicare prescription drug coverage**

More detailed information about Medicare plans that offer prescription drug coverage is in the Medicare & You handbook. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

For more information about this notice or your prescription drug coverage, contact:

Date: September 1, 2020
Name of Entity/Sender: MAPCO Express, Inc.

Contact--Position/Office: HR Department
Address: 801 Crescent Centre Drive,
Suite 300
Franklin, TN 37067