

Delta Dental PPO™ (Standard) Summary of Dental Plan Benefits Marathon Petroleum Pre-65 Retiree Dental Plan

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's allowance for each service and it may vary due to the dentist's network participation.*

Control Plan - Delta Dental of Ohio

Benefit Year - January 1 through December 31

Covered Services -

| | Delta Dental PPO™ Dentist Plan Pays | Delta Dental Premier® Dentist Plan Pays* | Nonparticipating Dentist Plan Pays* |
|---|---|--|---|
| Diagnostic & Preventive | | | |
| Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers | 100% | 100% | 100% |
| Emergency Palliative Treatment - to temporarily relieve pain | 100% | 100% | 100% |
| Sealants - to prevent decay of permanent teeth | 100% | 100% | 100% |
| Radiographs - X-rays | 100% | 100% | 100% |
| Periodontal Maintenance - cleanings following periodontal therapy | 100% | 100% | 100% |
| Basic Services | | | |
| Minor Restorative Services - fillings and crown repair | 80% | 80% | 80% |
| Endodontic Services - root canals | 80% | 80% | 80% |
| Periodontic Services - to treat gum disease | 80% | 80% | 80% |
| Oral Surgery Services - extractions and dental surgery | 80% | 80% | 80% |
| Other Basic Services - misc. services | 80% | 80% | 80% |
| Major Services | | | |
| Major Restorative Services - crowns | 50% | 50% | 50% |
| Relines and Repairs - to prosthetic appliances | 50% | 50% | 50% |
| Prosthodontic Services - bridges, dentures, and crowns over implants | 50% | 50% | 50% |

* When you receive services from a Delta Dental Premier or Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's PPO Dentist Schedule that will be paid for those services. This amount may be less than what the Dentist charges or Delta Dental approves and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year. Periodontal maintenance procedures are also payable twice in the same calendar year. Full mouth debridement is payable once per lifetime.
- Fluoride treatments are payable twice per calendar year with no age limit.
- Space maintainers are Covered Services without limitation for people age 18 and under.
- Bitewing X-rays are payable twice per calendar year. Full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any three-year period.
- Sealants are payable for any tooth for people age 18 and under. The surface must be free from decay and restorations.
- Composite resin (white) restorations are payable on posterior teeth.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Periodontal surgery and root planing are Covered Services.
- Biopsy of hard and soft tissue are Covered Services.
- Implants and implant related services are not Covered Services.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.
- Occlusal guards are not Covered Services. Nitrous oxide and antibiotic drug injections are Covered Services.

Having Delta Dental coverage makes it easy for you to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to a worldwide network of dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help you schedule care. For more information, check our Web site or contact your benefits representative to get a copy of our Passport Dental information sheet.

Maximum Payment - \$1,000 per Member total per Benefit Year on all services.

Deductible - \$50 Deductible per Member total per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, X-rays, sealants, and periodontal maintenance.

Waiting Period - Please refer to your official Plan document.

Eligible People - Please refer to your official Plan document.

Coordination of Benefits - If you and your Legal Spouse/Eligible Domestic Partner are both eligible to enroll in This Plan as Enrollees, you may be enrolled as both an Enrollee on your own application and as a Dependent on your Legal Spouse/Eligible Domestic Partner's application. Your Dependent Children may be enrolled on both yours and your Legal Spouse/Eligible Domestic Partner's applications as well. Delta Dental will coordinate benefits between your coverage and your Legal Spouse/Eligible Domestic Partner's coverage. Delta Dental will use a carve-out method of coordinating benefits. If the patient has other coverage and that coverage has a higher priority than this plan, this plan's payment for covered services will equal the amount payable under this plan minus the amount paid by the primary carrier. This plan's payment will not exceed the amount that would have been paid in the absence of any other plan.

Benefits will cease on the date that is defined by Marathon Petroleum Company LP.