BENEFITS IN BRIEF

• Thrift
• Health
• Retirement
• Dental
• Sick Benefit
• Long Term Disability
• Accidental Death & Dismemberment
• Occupational Accidental Death
• Contribution Conversion
• Wellness
• Employee Assistance
• Holidays
• Vacation
• Family/Personal Leave
• Marathon Scholars

“Marathon will be the premier energy company:
It will do only what it does well.”
Benefits In Brief is a summary of the benefits available to Marathon employees. Details of the plans mentioned are available through Human Resources, Marathon Oil Company, Findlay, Ohio 45840.

As a “full-time” regular employee, you are eligible to participate in all plans on your first day of employment, except for the Sick Benefit Plan for which you must complete six months of service and the Family Leave/Personal Leave Plan for which you must be employed 12 months.

The Retirement and Thrift Plans may be available if a part-time (causal) employee completes at least 1,000 hours of service in a calendar year.

If there is any conflict between the descriptions in this summary and the actual provisions of the employee benefit plans, those provisions will be followed. The Company reserves the right to modify, amend, or terminate any of its benefit plans or practices at any time. This summary reflects benefit levels and employee contributions as of today.

**Thrift Plan**

You may make before-tax Marathon Savers Plus (MSP) Contribution of 1% to 15% of gross pay (withdrawal restrictions apply), or you may make After-Tax Contributions of 1% to 16% of gross pay.

The Company will match your MSP and/or After-Tax Contributions up to an aggregate of 6% of gross pay, dollar for dollar.

You acquire a vested right to all Company Contribution upon completion of five years of vesting service.

You direct investment of funds in a variety of options including: USX Corporation Common Stocks, Mutual Funds, or Cash with Interest.

Withdrawals, loans and transfers are available.

The Plan may accept rollover from other qualified plans.

**Health Plans**

The Plan consists of four options (A, B, C, POS) whose availability varies by location. All of these options have a Managed Prescription Drug Program with retail and mail-order components, and a Managed Mental Health and Chemical Dependency Program (MHCD Program).

The Prescription Drug and MHCD Programs are not counted towards the deductibles and stop-loss limits for Options A, B, C or POS. The Prescription Drug and MHCD Programs have separate deductibles and stop-loss limits, if any, as noted below.

**MONTHLY CONTRIBUTIONS**

<table>
<thead>
<tr>
<th></th>
<th>Option A</th>
<th>Option B</th>
<th>Option C</th>
<th>POS Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$14</td>
<td>$22</td>
<td>$30</td>
<td>$30</td>
</tr>
<tr>
<td>Family</td>
<td>$41</td>
<td>$65</td>
<td>$87</td>
<td>$87</td>
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</tbody>
</table>

**CALENDAR YEAR DEDUCTIBLES**

<table>
<thead>
<tr>
<th></th>
<th>Option A</th>
<th>Option B</th>
<th>Option C</th>
<th>POS (In-Network)</th>
<th>Prescription</th>
<th>MHCD (In-Network)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$710</td>
<td>$465</td>
<td>$225</td>
<td>None</td>
<td>$55</td>
<td>None</td>
</tr>
<tr>
<td>Family</td>
<td>$1,775</td>
<td>$1,160</td>
<td>$560</td>
<td>None</td>
<td>$140</td>
<td>None</td>
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</table>
CALENDAR YEAR STOP-LOSS LIMITS:

<table>
<thead>
<tr>
<th>POS</th>
<th>Option A</th>
<th>Option B</th>
<th>Option C</th>
<th>Prescription</th>
<th>MHCD (In-Network)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$1,675</td>
<td>$1,675</td>
<td>$1,675</td>
<td>$1,215</td>
<td>None</td>
</tr>
<tr>
<td>Family</td>
<td>$3,350</td>
<td>$3,350</td>
<td>$3,350</td>
<td>$2,430</td>
<td>None</td>
</tr>
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</table>

Company authorized Health Maintenance Organization are offered, where available.

Retirement Plan

At age 65 with 37 1/2 years of Plan participation, your retirement benefit plus half of your social security benefit will equal 60% of you final average pay.

You may retire on the first day of any month after age 50 if you have at least 10 years of vesting service. Benefits are reduced on a pro-rata basis for less than 37 1/2 years of Plan participation and they are reduced for retirement prior to age 62.

You are vested in the Plan upon the completion of five years of vesting service or age 65.

This Plan is provided entirely at Company expense.

Dental Plan

You can choose between two plans:

Dental Assistance Plan – Pays 100% of reasonable and customary charges for preventive and diagnostic care. Benefits for other procedures are based on a schedule, after an individual deductible of $50 or a family deductible of $50 or family deductible of $100 has been met. Employee contributions are $9 for individuals and $20 for family coverage. This Plan is available if you live or work in a network area.

CIGNA Dental Care Plan – Pays 100% for diagnostic, preventative, and most basic restorative expenses. Major restorative expenses are based on a schedule. Employee contributions are $6 for individuals and $20 for family coverage. This Plan is available if you live or work in a network area.

Sick Benefit Plan

Your benefits depend upon length of service and range from one week full pay and two weeks at 60% pay after six months, to 26 weeks of full pay after 20 years.

This Plan is provided entirely at Company expense.

Long Term Disability Plan

You will receive 60% of your monthly base pay beginning six months form the date of disability up to a maximum monthly benefit of $6,000.

Employee contributions are based on your monthly salary. Contributions are $.50 for each $100 of monthly base pay in excess of $900 up to a maximum contribution of $45 per month.
| **Life Insurance Plan** | You will be provided life insurance coverage of one times your annual gross salary (capped at $50,000) at no cost to you. In addition, you may elect optional contributory life insurance coverage of one, two or three times your annual gross salary at age-based premium rates that range from $.08 to $3.76 per $1,000 of coverage per month. |
| **Accidental Death And Dismemberment Insurance Plan** | You may elect coverage in increments of $10,000 up to $100,000 and thereafter in increments of $50,000 up to $250,000. Based on the type of coverage you elect, your spouse and/or children may also be covered. Contributions range from $.28 per $10,000 for single coverage to $.38 per $10,000 for family coverage. |
| **Occupational Accidental Death Benefit Plan** | If death is the result of an accident while you are engaged in Company duty, the Plan will pay a benefit equal to the greater of $250,000 or two times your annual gross salary. This Plan is provided entirely at Company expense. |
| **Contribution Conversion Plan** | By participating in the Plan, you will be able to exclude premium contributions to the Health, Dental, and Accidental Death and Dismemberment Plans from gross pay for income tax purposes. |
| **Wellness Plan** | The Plan provides periodic Company paid health evaluations for you, your spouse, and your dependents. The Company reimburses half of the cost of fitness club memberships up to $80 per year for individuals or $150 per year for family memberships. The Company will pay 80% up to $80 per class per year for life-style improvement classes such as smoking cessation, weight control, stress management, etc. This Plan is provided entirely at Company expense. |
| **Employee Assistance Program** | The Plan offers 24-hour confidential counseling and referral service. It is staffed by trained professionals to assist you and your dependents with family/marital, financial, legal, parenting, drug/alcohol abuse, emotional or work-related concerns. You and your dependents are eligible for a maximum of eight consultations per individual, per problem, per year. This Plan is provided entirely at Company expense. |
Holidays

The following holidays are observed in most locations: New Year’s Day, President’s Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas Day, and one additional day at Christmas.

Vacation

Starting with the calendar year in which you complete:

<table>
<thead>
<tr>
<th>Service</th>
<th>Annual Vacation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 year</td>
<td>2 weeks</td>
</tr>
<tr>
<td>5 years</td>
<td>3 weeks</td>
</tr>
<tr>
<td>10 years</td>
<td>4 weeks</td>
</tr>
<tr>
<td>20 years</td>
<td>5 weeks</td>
</tr>
<tr>
<td>30 years</td>
<td>6 weeks</td>
</tr>
</tbody>
</table>

After six months of service, you may take an advance on your vacation of up to one week.

Family/Personal Leave

With one year or more of service, you are entitled to take a leave of absence for up to 12 workweeks’ duration in any 12-month period for the following reasons: birth, adoption, foster care of a child or serious illness of a family member. Leaves for other personal reasons or extended Family Leaves require Company approval.

Matching Gifts Plan

Our Foundation will contribute twice the dollar value of your gift to a qualified educational institution. Your gift must be at least $50. A maximum of $5,000 in gifts per individual per calendar year will be matched.

Educational Reimbursement Plan

The Company will reimburse all or a portion of your eligible tuition and required fees, subject to a maximum reimbursement of $300 per semester hour or $199.50 per quarter hour for satisfactory completion of approved courses.

Marathon Scholars Program

The Plan provides scholar awards of $2,000 for up to 50 outstanding high school students who are sons or daughters of Marathon employees.