



**EMPLOYEE
ASSISTANCE
PLAN**

**SUMMARY PLAN
DESCRIPTION**

As of January 1, 2018

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This Summary Plan Description (SPD) outlines the major features of the Andeavor Employee Assistance Plan but does not describe every detail. If you have specific questions regarding your benefits under the Andeavor Employee Assistance Plan (the “EAP” or the “Plan”), contact the Andeavor Benefits Department.

This document describes the provisions of the Andeavor Employee Assistance Plan as of January 1, 2018. The information covered under the Plan SPD is required by the Employee Retirement Income Security Act of 1974 (ERISA).

This information within the SPD does not cover every provision of the Plan. Some complex concepts may have been simplified or omitted in order to present a more understandable plan description. If this plan description is incomplete or if there’s any inconsistency between the information provided here and the official plan document texts, the provisions of the official plan texts will prevail in all cases.

ELIGIBILITY AND PARTICIPATION

You are eligible to participate in the EAP upon hire if you're an employee of one of Andeavor's subsidiary companies and you are on the U.S. payroll.

Spouses, dependents and other household members of the employee are eligible for all EAP services.

If you are in a job covered by a collective bargaining agreement, you are not eligible for participation in this Plan unless the provisions are included or incorporated in your collective bargaining agreement.

ENROLLMENT

All eligible employees are automatically enrolled in the Plan.

COST

The Company pays the entire cost of benefits under the Plan.

BENEFITS

The Plan provides participants access to a variety of work/life resources, as described herein.

To obtain an assessment or referral services, you can contact the EAP Helpline at 888-993-7650 at any time (24/7/365), or you can visit www.deeroakseap.com.

Short-Term Personal or Family Counseling

Participants may receive unlimited telephonic counseling services through the EAP Helpline. Additionally, participants can receive up to five (5) face-to-face assessment and counseling sessions per issue with a referral from the EAP Administrator. If additional counseling is required, the EAP Administrator can help coordinate the transition or referral to an appropriate provider through the Andeavor Medical Plan or through community resources. The counseling services are available to address relationship difficulties, emotional or psychological concerns, stress, anxiety, alcohol and drug abuse, depression, and other difficult or challenging aspects of life.

Legal Consultation

Participants may receive a single 30-minute attorney or mediator consultation per issue. Such sessions are available by telephone through the EAP Helpline or through face-to-face consultations with a referral from the EAP Administrator. For services that extend beyond the 30-minute session, the participant will receive a 25% discount on legal services with a referral from the EAP Administrator.

Participants may also access a form Last Will and Testament on www.deeroakseap.com, and are eligible for discounts on certain do-it-yourself or assisted document preparation for other legal forms.

Financial Consultation

Participants may receive a single 30-minute financial consultation per issue. Such sessions are available by telephone only through the EAP Helpline and are provided by staff financial counselors. The counseling services are available to address budgeting, credit, debt, retirement, college funding, buying vs. leasing, mortgages/refinancing, financial planning, and similar issues.

Other Referrals

Service referrals include:

- Child care and elder care
- Child adoption providers
- Parenting education
- Pet care
- Relocation services
- Vacation planning
- Event planning
- Home repair

Self Help

Online tools and resources include:

- Webinars
- Planning tools
- Podcasts
- Educational materials
- Discounts
- Identity protection

APPLYING FOR BENEFITS

Since there is no cost for accessing EAP services available under this Plan, there are no claims to file. Participants simply contact the EAP Administrator at 888-993-7650 or visit www.deeroakseap.com.

- Username: Andeavor
- Password: Andeavor

EVENTS AFFECTING COVERAGE

Layoff or Termination of Employment

Your coverage extends to 36 months after your employment terminates for any reason.

Death or Divorce

In the event of your death, your eligible dependents will be permitted to continue to participate in the Plan for 36 months after the date of your death. In the event of your divorce, your ex-spouse will be permitted to continue to participate in the Plan for 36 months after the date of your divorce.

CONTINUATION OF COVERAGE - COBRA

Under the Consolidated Omnibus Budget Reconciliation Act of 1985 (known as "COBRA"), participants who lose group health plan coverage due to a qualifying event (e.g. death, termination from employment, etc.) may elect to continue coverage for a period of time. However, COBRA does not apply where your coverage under the group health plan does not end during the maximum coverage period following a qualifying event. Because coverage under the Plan extends to the third anniversary of your termination of employment, death, or divorce, you and your covered family members will not have a separate COBRA election right.

PLAN AMENDMENT OR TERMINATION

Andeavor expects to continue the Plan indefinitely, but reserves the right to amend or discontinue the Plan, or any portion thereof, at any time and for any reason. In no event will you become entitled to any vested rights under this Plan.

INTERPRETATION

Only the Plan Administrator is authorized to make administrative interpretations of the Plan. This authority has been delegated to the EAP Administrator. You should not rely on any representation, whether oral or in writing, which another person may make concerning provisions of the Plan and your entitlements under them.

ERISA

As a participant in this Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all Plan participants shall be entitled to:

Receive Information About Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites and union halls, all documents governing the Plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plans. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of Plan documents or the latest annual report from the Plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a State or Federal court. In addition, if you disagree with a Plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in Federal court.

If it should happen that plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance with Your Questions

If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

GENERAL CLAIMS PROCEDURE

A participant who feels he or she is being denied any benefit or right provided under the Plan shall have the right to file a written claim with the Plan Administrator. Such claim may be filed directly by the participant or by an individual authorized by the participant in the form and manner prescribed by the Plan Administrator. All such claims shall be submitted on a form provided by the Plan Administrator, which shall be signed by the claimant and shall be considered filed on the date the claim is received by the Plan Administrator.

Upon the receipt of such a claim, the Plan Administrator shall, within a reasonable period of time (or such period as may be required by law), provide such claimant a written statement which shall be delivered or mailed to the claimant by certified or registered mail to the claimant's last known address and shall contain the following:

- The specific reason or reasons for the denial of benefits;
- A specific reference to the pertinent provisions of the Plan upon which the denial is based;
- A description of any additional material or information which is necessary; and
- An explanation of the review procedures and the time limits that apply, and such other information as may be required by applicable law.

Within 180 days after receipt of notice of denial of benefits as provided above, the claimant or authorized representative may request, in writing, for a review of the claim. In conducting its review, the Plan Administrator shall consider any written statement or other evidence presented by the claimant or authorized representative in support of the claim, without regard to whether such information was submitted or considered in the initial benefit determination. The Plan Administrator will give the claimant and/or authorized representative reasonable access to all pertinent documents necessary for the preparation of the claim. The Plan Administrator will not afford deference to the initial adverse benefit determination and, with respect to medical benefits, will be conducted by an appropriate named fiduciary of the Plan who is neither the individual who made the adverse benefit determination or a subordinate of such individual.

Within 30 days after receipt by the Plan Administrator of a written request for review of the claim, unless special circumstances require an extension of time for processing such request for review, but not later than 120 days after receipt of such request, the Plan Administrator shall notify the claimant of its decision by delivery or by certified or registered mail to the claimant's last known address.

The decision of the Plan Administrator shall be in writing and shall include the specific reasons for the decision presented in a manner calculated to be understood by the claimant, references to all relevant Plan provisions on which the decision was based and any other information as may be required by law. The decision of the Plan Administrator shall be final and conclusive.

IMPORTANT FACTS ABOUT THE PLAN

Plan Name

The Andeavor Employee Assistance Plan is a Constituent Benefit Program of the Andeavor Omnibus Group Welfare Benefits Plan.

Plan Sponsor

Andeavor
19100 Ridgewood Parkway
San Antonio, TX 78259
(210) 828-8484

Plan Administrator

Andeavor Employee Benefits Committee
19100 Ridgewood Parkway
San Antonio, TX 78259

Plan Funding

The Plan is funded solely by employer contributions.

EAP Administrator

Deer Oaks Employee Assistance Plan
126 E. Main Plaza
San Antonio, TX 78205

The authority to administer the Plan and process claims in accordance with its terms has been delegated to the EAP Administrator.

Other Employers Whose Employees Are Covered By the Plan

Upon written request to the Plan Administrator, a complete list of the employers participating in the Plan will be provided.

Agent for Service of Legal Process

Andeavor
c/o General Counsel
19100 Ridgewood Parkway
San Antonio, TX 78259

Note: Legal process may also be served upon the Plan Administrator.

Plan Type

Welfare benefit plan.

Plan Number

The plan number is 501.

Employer Identification Number (EIN)

The EIN for the Plan Sponsor is 95-0862768.

Plan Year

The plan year is a calendar year beginning January 1 and ending December 31.

QUESTIONS

If you have questions about your Andeavor employee benefits, contact the Benefits Department.

Legacy Tesoro Employees:

Corporate Benefits Department
(866) 688-5465
SatBenefits@andeavor.com

Legacy Western Employees:

Benefits Department
(844) 224-4996
Benefits.department@andeavor.com