



Employee Vision

Summary of Material Modifications



This is a summary of material modification (“SMM”) to the **Phillips 66 Employee Vision** booklet. This SMM, the separate **Employee Vision** booklet, the **Other Information** booklet and any other SMMs together serve as the summary plan description (“SPD”) for the Phillips 66 Employee Vision Plan (“Vision Plan”), which is a component plan of the Phillips 66 Medical and Dental Assistance Plan (“Plan”). This SMM, the **Employee Vision** booklet, the **Other Information** booklet and any other SMMs, summarize the terms of the Vision Plan, including amendments through January 1, 2017, and advise you of changes to your SPD.

Please read this notice and keep a copy of it in the **Updates** pocket of your **Employee Vision** booklet.

The terms of the Vision Plan outlined in this SMM are effective January 1, 2017.

EMPLOYEE PORTION OF MONTHLY PREMIUMS

The employee portion of monthly premiums are as follows:

Benefit	You only	You + one	You + two or more
Comprehensive Plan	\$9.85	\$17.90	\$27.40

ANNUAL ALLOWANCES

The Comprehensive Plan allowances for frames and contact lenses are:

- **Frames:** \$200
- **Contact lenses:** \$180

CONTACT ADDRESS FOR NON-NETWORK CLAIMS

VSP claims
 P.O. Box 385018
 Birmingham, AL 35238-5018

(continued)



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BASIC PLAN COVERAGE

The following chart replaces the charts located on pages 4 and 14.

Phillips 66 Vision Plan		
	VSP Provider	Non-VSP Provider
Basic Plan <i>Coverage is automatic; the company pays for this</i>		
Vision exam <i>One exam every calendar year</i>	Plan pays 100%	Plan reimburses up to \$45
Eyeglasses <i>Prescription eyeglasses (lenses and frames) and lens enhancements</i>	20% savings on complete pair of prescription eyeglasses (lenses and frame) and lens enhancements once per calendar year	Not covered
Contact lenses	No discount on contact lenses; 15% savings on contact lens fitting and evaluation	Not covered
Laser vision correction		
Laser vision surgery	Not covered; however, discounts are available from contracted facilities; ask your VSP provider for details	Not covered
Diabetic Eyecare Plus (DEP) Program <i>(Additional services for vision problems related to Type 1 or Type 2 diabetes)</i>		
DEP eye exam	Plan pays 100%	Plan reimburses up to \$100
Special ophthalmological services	Ask your VSP provider for details	Plan reimburses up to \$120

This communication may contain information regarding certain Phillips 66 compensation and benefits. The summary plan descriptions for the various benefit plans and other relevant terms and conditions provide more detailed information. Receipt of this communication does not guarantee eligibility for benefits or any other form of compensation. Phillips 66 reserves the right to correct any errors. If the information provided by this communication conflicts with the plan documents, the plan documents will prevail. Phillips 66 also reserves the right to amend, change or terminate its plans, any underlying contract or any other policy or program, at any time without notice, at its sole discretion.