



Retiree Health

Summary of Material Modifications



This is a summary of material modification (“SMM”) to the **Phillips 66 Retiree Health** booklet. This SMM, the separate **Retiree Health** booklet, the **Other Information** booklet and any other SMMs together serve as the summary plan description (“SPD”) for the Phillips 66 Retiree Medical Plan (“Retiree Medical Plan”), which is a component plan of the Phillips 66 Medical and Dental Assistance Plan (“Plan”). This SMM, the **Retiree Health** booklet, the **Other Information** booklet and other SMMs, summarize the terms of the 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 **Retiree Health** booklet.

Except as otherwise provided, the terms of the Plan outlined in this SMM are effective January 1, 2017.

PPO PLAN ANNUAL OUT-OF-POCKET MAXIMUM

Including deductibles, medical copays and prescription drug costs, the annual out-of-pocket maximums for participants in the PPO Plan are:

- **Network:** \$4,500 for *You only* coverage; \$9,000 for *You + one* or *You + two or more* coverage
- **Non-network:** \$13,500 for *You only* coverage; \$27,000 for *You + one* or *You + two or more* coverage

CONSUMER PLAN ANNUAL OUT-OF-POCKET MAXIMUM

Including deductibles and prescription drug costs, the annual out-of-pocket maximums for participants in the Consumer Plan are:

- **Network:** \$4,500 for *You only* coverage; \$9,000 for *You + one* or *You + two or more* coverage
- **Non-network:** \$13,500 for *You only* coverage; \$27,000 for *You + one* or *You + two or more* coverage

DOCTOR VISITS UNDER THE PPO PLAN

Doctor visits under the PPO Plan are covered as follows:

- **Network:** The individual pays \$25 copay for primary care; \$50 copay for specialist/urgent care
- **Non-network:** The individual pays 50%, after deductible



Retiree Health

Summary of Material Modifications



RETIREE PORTION OF MONTHLY PREMIUMS

The pre-65 retiree portion of monthly premiums are as follows:

Benefit	Consumer Plan Non-Medicare Eligible	PPO Plan Non-Medicare Eligible	Kaiser (CA only) Non-Medicare Eligible
Coverage			
You or spouse only	\$ 783.00	\$1,351.00	\$ 924.32
You + spouse	\$1,567.00	\$2,702.00	\$2,033.51
You + spouse + children	\$1,802.00	\$3,107.00	\$2,772.98
You or spouse + children	\$1,019.00	\$1,756.00	\$1,848.65
Children only	\$ 235.00	\$ 405.00	\$ 924.32

Medicare eligible retirees should contact the Benefits Center at (800) 965-4421 to understand the options available and the premiums.

PRESCRIPTION DRUG BENEFITS UNDER THE CONSUMER PLAN

Prescription drug benefits under the Consumer Plan are covered as follows:

- Preventive drugs are covered at:
 - 100% for generic preventive drugs and insulin, with no deductible
 - 80% for branded preventive drugs, with no deductible
- The individual pays 100% of discounted cost until annual deductible is reached. Thereafter, the individual pays:
 - 20% after deductible for generic/preferred brand
 - 30% after deductible for non-preferred brand

INFUSED MEDICATIONS UNDER THE CONSUMER PLAN AND THE PPO PLAN

Coverage for infused medications, other than those received in an inpatient setting or allowed as an exception due to medical necessity, transitions from the medical carrier to CVS Caremark.



Retiree Health

Summary of Material Modifications



CENTERS OF EXCELLENCE UNDER THE CONSUMER PLAN AND THE PPO PLAN

Centers of Excellence are added to the Consumer Plan and the PPO Plan and are accessed through the participant's medical carrier. For procedures covered under the Centers of Excellence, the individual pays 10% after deductible.

- **For Aetna:** Institute of Quality (IOQ)
- **For BCBS:** Blue Distinction Center Plus (BDC+)

RARE DISEASE CARE MANAGEMENT PROGRAM UNDER THE CONSUMER PLAN AND THE PPO PLAN

A rare disease care management program is implemented with CVS Caremark for individuals enrolled in the Consumer Plan and PPO Plan.

TELEMEDICINE UNDER THE CONSUMER PLAN AND THE PPO PLAN

Telemedicine is provided through a participant's medical carrier. Individuals enrolled in the PPO Plan pay a \$15 copay for telemedicine visits. Individuals enrolled in the Consumer Plan pay 20%, after deductible for telemedicine visits.

- **For Aetna:** Contact Teladoc at (855) 835-2362 or teladoc.com/aetna
- **For BCBS:** Contact MDLIVE at (888) 680-8646 or MDLIVE.com/bcbstx

MINUTE CLINIC UNDER THE CONSUMER PLAN AND THE PPO PLAN

Individuals enrolled in the PPO Plan pay a \$15 copay for Minute Clinic visits. Individuals enrolled in the Consumer Plan pay 20%, after deductible.

TRANSITION OF BENEFITS TO MEDICAL CARRIERS UNDER THE CONSUMER PLAN AND THE PPO PLAN

The following benefits transition from the current provider to the participant's medical carrier:

- Maternity programs
- Condition management programs
- Behavioral Health Services

ELIMINATION OF SURGERY PLUS

Effective at 11:59 p.m. December 31, 2016, the Surgery Plus benefit is eliminated.



Retiree Health

Summary of Material Modifications

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.