



# Retiree Health

## Summary of Material Modifications

This is a summary of material modification (“SMM”) to the **Phillips 66 Retiree Health booklet** as required by law. This SMM, the separate Retiree Health booklet and Other Information booklet together serve as the summary plan description (“SPD”) for the Phillips 66 Retiree Medical Plan (“Retiree Medical Plan”) and Phillips 66 Retiree Dental Plan (“Retiree Dental Plan”), which are component plans of the Phillips 66 Medical and Dental Assistance Plan (“Plan”). This SMM, when combined with the Retiree Health and Other Information booklets, summarizes the official Medical Plan text, including amendments through January 1, 2014, and advises you of a change to your SPD.

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

### THE RETIREE DENTAL PLAN IS ELIMINATED

Effective January 1, 2014, the Plan was amended to eliminate the Retiree Dental Plan. All references to the Retiree Dental Plan are deleted from the Retiree Health booklet.

### CHANGES TO ELIGIBILITY

Effective January 1, 2014, the Retiree Medical Plan was amended to eliminate all references to the Defense of Marriage Act of 1996.

Effective January 1, 2014, the Retiree Medical Plan was amended to include eligibility for a foster child under age 26 (as defined in the Glossary, which is located in the Other Information booklet).

Effective January 1, 2014, the Glossary, which is located in the Other Information booklet, was amended to define or redefine the terms “domestic partner,” “foster child,” “marriage,” and “spouse” referenced in the Retiree Health booklet.

### CHANGES TO THE PPO PLAN ANNUAL OUT-OF-POCKET MAXIMUM

Effective January 1, 2014, the annual out-of-pocket maximum for participants in the PPO Plan will be:

- Network: \$4,000 for *You only* coverage; \$8,000 for *You + one* or *You + two or more* coverage
- Non-network: \$6,000 for *You only* coverage; \$12,000 for *You + one* or *You + two or more* coverage

Effective January 1, 2014, medical copays will count towards the annual out-of-pocket maximum. Prescription drug costs will continue to be excluded.

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### **CHANGES TO THE CLAIM FILING PERIOD**

Effective January 1, 2014, for the Consumer Plan and the PPO Plan, you must file any medical or prescription drug claims within 12 months (one year) from the date of service.

### **CHANGES TO THE TRAVEL AND LODGING BENEFIT**

Effective January 1, 2014, if a transplant or other specialized care cannot be provided within the patient's local geographic area, travel and lodging expenses are covered at 100%, up to \$50/day per authorized person, up to a maximum of \$10,000 annually. To be eligible to receive the travel and lodging benefit, care must be coordinated through the claims administrator's complex case management program.

### **CHANGES TO REASONABLE AND CUSTOMARY**

Effective January 1, 2014, the reasonable and customary limit for services received from non-network providers will be the lower of:

- The provider's charge; or
- Absent a contractual arrangement with the claims administrator, 300% of the Medicare reimbursement rate for facility charges and 225% of the Medicare reimbursement rate for provider charges.

### **CHANGES TO COVERAGE FOR NON-EMERGENCY AMBULANCE EXPENSES**

The Medical Plan covers emergency transportation via professional ambulance service to transport you from the place you were injured or stricken by disease to the nearest hospital that can provide the necessary care. All covered ambulance services will be covered at 80%, after deductible.

### **BLUE CROSS BLUE SHIELD OF TEXAS ADDED AS A CLAIMS ADMINISTRATOR**

Effective January 1, 2014, Blue Cross Blue Shield of Texas ("BCBS") will become the medical claims administrator for certain participants in the Medical Plan. The term "claims administrator" will apply to BCBS as the context dictates. Unless otherwise noted, references to Aetna will also apply to BCBS as the context dictates.

To find a BCBS network provider:

- Go to [www.bcbstx.com](http://www.bcbstx.com), click on "Find a Doctor," and for "Network Type" select BlueChoice® PPO Plan (for both the Consumer Plan and the PPO Plan).
- Call BCBS at (855) 594-4233.

To reach the BCBS 24-hour Nurseline, call (800) 581-0368.

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### **COVERAGE THROUGH KAISER PERMANENTE AVAILABLE TO CALIFORNIA RESIDENTS**

Effective January 1, 2014, residents of California will be able to select coverage through Kaiser Permanente (Kaiser). For retirees eligible for the Retiree Medical Account (RMA), credits in the RMA are available to offset the monthly premium cost of coverage through Kaiser.

Pre-65 retirees will be able to elect Kaiser HMO coverage options consistent with those available to active employees. Retirees should read the Kaiser HMO's Certificate of Coverage to learn about the benefits provided by the HMO.

Post-65 retirees electing to participate in a Medicare Advantage plan through Kaiser may contact the Benefits Center to request instructions for submitting claims for reimbursement of the monthly premium costs paid. RMA credits may be used to reimburse payments for Medicare Advantage coverage through Kaiser made and effective on or after January 1, 2014.

To contact Kaiser, call (800) 464-4000.

To contact the Benefits Center, call (800) 965-4421.

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### CHANGES TO THE CONTACTS FOR CLAIMS AND SERVICES

The following reflects changes to the contacts for claims and services.

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| <b>Medical benefits – BCBS</b><br>Consumer Plan and PPO Plan (uses BlueChoice® PPO Plan network) | Blue Cross Blue Shield of Texas Medical Claims Administrator<br>P.O. Box 660044<br>Dallas, TX 75266-0044<br>Web:<br><a href="http://hr.phillips66.com">hr.phillips66.com</a><br><a href="http://www.bcbstx.com">www.bcbstx.com</a> | (855) 594-4233<br>8:00 a.m. to 6:00 p.m.<br>Central time, Monday – Friday |
|  | For solid organ and bone marrow transplants:<br>BlueCare Connections   | (800) 462-3275  |
|  | 24-hour Nurseline  | (800) 581-0368  |
| <b>Kaiser Permanente – CA</b><br>Medical and prescription drug benefits                          | Kaiser Permanente – CA<br>Web:<br><a href="http://www.kaiserpermanente.org">www.kaiserpermanente.org</a>   | (800) 464-4000<br>8:00 a.m. to 6:00 p.m.<br>Pacific time, Monday – Friday |
| <b>Hearing Discount Program – BCBS</b>   | TruHearing<br>Claims Administrator<br>P.O. Box 660044<br>Dallas, TX 75266-0044   | (866) 687-2020  |
| <b>Eyewear Discount Program – BCBS</b>   | Davis Vision   | (800) 501-1459  |

*Receipt of this information does not guarantee eligibility. Please refer to the summary plan description (SPD) and any summaries of material modification (SMMs) for details, including information regarding eligibility, benefits provided under the plan, when coverage begins and ends, claims procedures and your legal rights. Phillips 66 reserves the right to amend, change or terminate the plans, any underlying contract or any other program, at any time without notice, at its sole discretion, according to the terms of the plan.*