

**PHILLIPS 66**

COBRA RATE SHEET (102% unsubsidized)

**NON-STORE**

Effective January 1, 2018 to December 31, 2018

**MONTHLY MEDICAL, DENTAL, VISION AND RESOURCES FOR LIFE PREMIUMS**

Plan Description	Vendor	Employee Cost			Company Cost			Total Cost		
		Employee Only	Employee +1	Employee + 2 or more	Employee Only	Employee +1	Employee + 2 or more	Employee Only	Employee +1	Employee + 2 or more
<b>Medical Plans</b>										
<b>SELF - INSURED MEDICAL</b>										
HDHP without H.S.A.	Aetna/BCBS - Medical CVS/caremark - Rx	\$441.08	\$961.15	\$1,300.42	\$0.00	\$0.00	\$0.00	\$441.08	\$961.15	\$1,300.42
PPO	Aetna/BCBS - Medical CVS/caremark - Rx	\$702.42	\$1,529.66	\$2,069.81	\$0.00	\$0.00	\$0.00	\$702.42	\$1,529.66	\$2,069.81
<b>FULLY - INSURED HEALTH MAINTENANCE ORGANIZATIONS (HMO's)</b>										
Kaiser - CALIFORNIA (Northern)		\$638.64	\$1,341.16	\$1,788.21	\$0.00	\$0.00	\$0.00	\$638.64	\$1,341.16	\$1,788.21
Kaiser - CALIFORNIA (Southern)		\$638.64	\$1,341.16	\$1,788.21	\$0.00	\$0.00	\$0.00	\$638.64	\$1,341.16	\$1,788.21
<b>DENTAL PLAN</b>										
Dental Plan	MetLife	\$34.72	\$69.43	\$121.51	\$0.00	\$0.00	\$0.00	\$34.72	\$69.43	\$121.51
<b>VISION PLANS</b>										
Basic Vision	VSP	\$0.82	\$1.47	\$2.24	\$0.00	\$0.00	\$0.00	\$0.82	\$1.47	\$2.24
Comprehensive Vision	VSP	\$10.05	\$18.26	\$27.95	\$0.00	\$0.00	\$0.00	\$10.05	\$18.26	\$27.95
<b>RESOURCES FOR LIFE (FORMERLY EAP)</b>										
Resources For Living	Aetna	\$1.43	\$1.43	\$1.43	\$0.00	\$0.00	\$0.00	\$1.43	\$1.43	\$1.43