

PHILLIPS 66
PRE-65 RETIREE MEDICAL
Effective January 1, 2018 to December 31, 2018
MONTHLY PREMIUMS

NON-MEDICARE ELIGIBLE MEDICAL					
Plan Description	Retiree Cost				
	"You Only" or "Spouse Only"	"You + Spouse"	"You, Spouse & Child(ren)"	"You + Child(ren)" or "Spouse + Child(ren)"	"Child(ren)"
HDHP	\$796.00	\$1,594.00	\$1,833.00	\$1,037.00	\$239.00
PPO	\$1,374.00	\$2,748.00	\$3,160.00	\$1,786.00	\$412.00
Plan Description	Retiree Cost				
	"You Only" or "Spouse Only"	"You or Spouse + 1"	"You, Spouse & Child(ren)"	"You + Child(ren)" or "Spouse + Child(ren)"	"Child(ren)"
Kaiser Northern HMO CA only	\$938.74	\$2,065.23	\$2,816.21	\$1,877.47	\$938.74
Kaiser Sourthern HMO CA only	\$938.74	\$2,065.23	\$2,816.21	\$1,877.47	\$938.74

To determine eligibility for Non-Medicare Eligible HMO, CONSUMER and PPO Plans, see Retiree Health SPD.

Medicare Eligibility

You must inform the Benefits Center (1-800-965-4421) within 30 days if you or a covered dependent becomes eligible for Medicare for any reason. Your coverage options may change as a result of Medicare eligibility, and the Benefits Center will help you understand those options and the premiums, including the option to enroll in Medicare Part D and elect medical-only coverage under the Plan.