

**PHILLIPS 66  
ACTIVE EMPLOYEES**

FULL-TIME & PART-TIME (20+ Hours per Week)

**Monthly Premiums Effective January 1, 2019 to December 31, 2019**

Plan Description	Employee Cost				Company Cost				Total Cost			
	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Family	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Family	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Family
<b>Medical Plans (Before Tax)</b>												
<b>SELF - INSURED MEDICAL through BCBS/AETNA, CVS/caremark - Rx</b>												
HDHP with H.S.A.	\$60.00	\$128.00	\$128.00	\$177.00	\$426.00	\$899.00	\$899.00	\$1,240.00	\$486.00	\$1,027.00	\$1,027.00	\$1,417.00
HDHP without H.S.A.	\$60.00	\$128.00	\$128.00	\$177.00	\$384.33	\$836.50	\$836.50	\$1,156.67	\$444.33	\$964.50	\$964.50	\$1,333.67
PPO	\$144.00	\$314.00	\$314.00	\$434.00	\$580.00	\$1,258.00	\$1,258.00	\$1,739.00	\$724.00	\$1,572.00	\$1,572.00	\$2,173.00
<b>HMO MEDICAL PLANS through KAISER - FULLY INSURED</b>												
Kaiser Northern HMO CA	\$133.76	\$282.19	\$282.19	\$390.70	\$536.00	\$1,131.00	\$1,131.00	\$1,565.00	\$669.76	\$1,413.19	\$1,413.19	\$1,955.70
Kaiser Southern HMO CA	\$133.76	\$282.19	\$282.19	\$390.70	\$536.00	\$1,131.00	\$1,131.00	\$1,565.00	\$669.76	\$1,413.19	\$1,413.19	\$1,955.70
Kaiser HMO Washington	\$138.42	\$292.12	\$292.12	\$404.79	\$555.00	\$1,171.00	\$1,171.00	\$1,620.00	\$693.42	\$1,463.12	\$1,463.12	\$2,024.79
<b>DENTAL PLAN through METLIFE (BEFORE TAX)</b>												
Dental Plan	\$7.00	\$14.00	\$16.00	\$23.00	\$30.00	\$60.00	\$65.00	\$95.00	\$37.00	\$74.00	\$81.00	\$118.00
<b>VISION PLANS through VSP (BEFORE TAX)</b>												
Basic Vision	\$0.00	\$0.00	\$0.00	\$0.00	\$0.80	\$1.44	\$1.43	\$2.28	\$0.80	\$1.44	\$1.43	\$2.28
Comprehensive Vision	\$9.85	\$17.90	\$17.83	\$28.50	\$0.00	\$0.00	\$0.00	\$0.00	\$9.85	\$17.90	\$17.83	\$28.50
<b>SUPPLEMENTAL LIFE INSURANCE, DEPENDENT LIFE, AD&amp;D, LTD PLANS (AFTER-TAX, EMPLOYEE PAID)</b>												
<b>SUPPLEMENTAL LIFE INSURANCE through ZURICH - (TOBACCO FREE)</b>												
Age Group -->	Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 & Over		
Per \$1000 of Coverage	\$0.046	\$0.062	\$0.070	\$0.077	\$0.110	\$0.166	\$0.300	\$0.526	\$1.031	\$1.448		
<b>SUPPLEMENTAL LIFE INSURANCE through ZURICH - (TOBACCO USER)</b>												
Age Group -->	Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 & Over		
Per \$1000 of Coverage	\$0.060	\$0.103	\$0.138	\$0.181	\$0.281	\$0.467	\$0.926	\$1.368	\$3.230	\$4.086		
<b>SPOUSE LIFE INSURANCE through ZURICH</b>												
Age Group -->	Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 & Over		
Per \$1000 of Coverage	\$0.050	\$0.070	\$0.080	\$0.090	\$0.130	\$0.190	\$0.350	\$0.610	\$1.190	\$1.660		
<b>CHILD LIFE through ZURICH</b>												
Rate Based on Option	Low Option - \$15,000	\$0.750		Medium Option - \$20,000	\$1.000		High Option - \$25,000	\$1.250				
<b>LONG TERM DISABILITY through THE HARTFORD</b>												
<b>Per \$100 of Monthly Pay</b>												
	Basic LTD	\$0.662		Enhanced LTD	\$0.860							
<b>ACCIDENTAL DEATH AND DISMEMBERMENT (AD&amp;D) through ZURICH</b>												
Employee AD&D - Coverage Option (no Age Limit) Per \$1,000 of Coverage	\$0.017		Spouse AD&D - Coverage Option (Ends at Age 70) Per \$1,000 of Coverage	\$0.017		Child AD&D - Coverage Option (Ends at Age 25) Per \$1,000 of Coverage	\$0.017					