

PHILLIPS 66

COBRA RATE SHEET (102% unsubsidized)

Effective January 1, 2019 to December 31, 2019

MONTHLY MEDICAL, DENTAL, VISION AND RESOURCES FOR LIFE PREMIUMS

Plan Description	Employee Cost				Company Cost				Total Cost			
	Employee Only	Employee + Spouse/Domestic Partner	Employee + Child(ren)	Employee + Family	Employee Only	Employee + Spouse/Domestic Partner	Employee + Child(ren)	Employee + Family	Employee Only	Employee + Spouse/Domestic Partner	Employee + Child(ren)	Employee + Family
Medical Plans												
SELF - INSURED MEDICAL (BCBS/AETNA, CVS/caremark - Rx)												
HDHP without H.S.A.	\$443.65	\$962.73	\$962.73	\$1,330.96	\$0.00	\$0.00	\$0.00	\$0.00	\$443.65	\$962.73	\$962.73	\$1,330.96
PPO	\$738.87	\$1,603.35	\$1,603.35	\$2,216.62	\$0.00	\$0.00	\$0.00	\$0.00	\$738.87	\$1,603.35	\$1,603.35	\$2,216.62
FULLY - INSURED HEALTH MAINTENANCE ORGANIZATIONS (KAISER HMO's)												
Kaiser North HMO CA	\$683.16	\$1,441.45	\$1,441.45	\$1,994.81	\$0.00	\$0.00	\$0.00	\$0.00	\$683.16	\$1,441.45	\$1,441.45	\$1,994.81
Kaiser South HMO CA	\$683.16	\$1,441.45	\$1,441.45	\$1,994.81	\$0.00	\$0.00	\$0.00	\$0.00	\$683.16	\$1,441.45	\$1,441.45	\$1,994.81
Kaiser HMO Washington	\$707.29	\$1,492.38	\$1,492.38	\$2,065.29	\$0.00	\$0.00	\$0.00	\$0.00	\$707.29	\$1,492.38	\$1,492.38	\$2,065.29
DENTAL PLAN (METLIFE)												
Dental Plan	\$37.54	\$75.07	\$82.58	\$120.11	\$0.00	\$0.00	\$0.00	\$0.00	\$37.54	\$75.07	\$82.58	\$120.11
VISION PLANS (VSP)												
Basic Vision	\$0.82	\$1.47	\$1.46	\$2.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.82	\$1.47	\$1.46	\$2.33
Comprehensive Vision	\$10.05	\$18.26	\$18.19	\$29.07	\$0.00	\$0.00	\$0.00	\$0.00	\$10.05	\$18.26	\$18.19	\$29.07
RESOURCES FOR LIFE (AETNA)												
Resources For Living	\$1.43	\$1.43	\$1.43	\$1.43	\$0.00	\$0.00	\$0.00	\$0.00	\$1.43	\$1.43	\$1.43	\$1.43