

PHILLIPS 66
PRE-65 RETIREE MEDICAL
 Effective January 1, 2019 to December 31, 2019
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	\$840.00	\$1,681.00	\$1,933.00	\$1,093.00	\$252.00
PPO	\$1,451.00	\$2,902.00	\$3,337.00	\$1,886.00	\$435.00
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	\$1,017.55	\$2,147.02	\$2,971.25	\$2,147.02	\$1,017.55
Kaiser Southern HMO CA only	\$1,017.55	\$2,147.02	\$2,971.25	\$2,147.02	\$1,017.55
Kaiser HMO Washington only	\$1,235.42	\$2,606.74	\$3,607.43	\$2,606.74	\$1,235.42

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.