



TOTAL REWARDS

2020 BENEFITS
**ANNUAL
ENROLLMENT**

For COBRA Participants

ENROLL:
OCT. 25 – NOV. 15
hr.phillips66.com



ANNUAL ENROLLMENT — ENROLLMENT IS EASY

From Oct. 25 – Nov. 15, you can enroll online or over the phone — quickly and easily.

Before enrolling, review the information in this guide to learn more about your 2020 benefits and to help determine which benefits are best for you and your family. Within this guide, you will learn about:

- Annual enrollment requirements
- Annual enrollment choices



ONLINE AT UPOINT:

- From your computer or mobile device, go to <http://digital.alight.com/phillips66> and enter your UPoint user ID and password.
- You may be prompted to update your password.



BY TELEPHONE:

- Call the Benefits Center at 800-965-4421, 8 a.m. to 6 p.m. Central time, Monday through Friday.

Forgot your password? If you can't remember your UPoint user ID or password, click "Forgot User ID or Password" at the UPoint login. Or, you can call the Benefits Center and say "I don't know" when prompted to enter your password.

ENROLL EARLY! You can change your enrollment elections as often as you want during the annual enrollment period. The annual enrollment period ends online at midnight Central time (or at 6 p.m. Central time if by phone) on Nov. 15.

Your elections in the system at that time will be final for Jan. 1, 2020.

Phillips 66 Benefit Provider Contact Information



FIND A DOCTOR AND EXPERT OPINION

Grand Rounds: 844-339-6732
grandrounds.com/phillips66

TELEMEDICINE 24/7

For Aetna: 855-835-2362
teladoc.com/aetna
For BCBS: 888-680-8646
MDLIVE.com/bcbstx

RESOURCES FOR LIVING

844-766-7351
resourcesforliving.com

MEDICAL

Aetna: 855-267-4184
aetna.com
BlueCross BlueShield:
855-594-4233
bcbstx.com/phillips66
Kaiser CA: 800-464-4000
Kaiser WA: 888-901-4636
kp.org

PRESCRIPTION DRUGS

CVS Caremark: 888-208-9634
caremark.com

DENTAL

MetLife: 855-837-6381
metlife.com

VISION

VSP: 800-877-7195
vsp.com

SAVINGS PLAN

Vanguard: 800-523-1188
vanguard.com

ADDITIONAL RESOURCES

Benefits Center: 800-965-4421
Phillips 66: hr.phillips66.com

Effective Jan. 2020

ANNUAL ENROLLMENT REQUIREMENTS

Review this guide to determine which benefits are best for you and your family. If you wish to enroll or make coverage changes for 2020, you must take action online by midnight Central time or by phone before 6 p.m. Central time on Nov. 15, 2019.

Below is an overview of what you need to do and why you need to take action during annual enrollment.

Benefit	What do you need to do?	Why take action?
Medical, Dental, Vision and Resources for Living	Review this guide	Review to ensure you have the right coverage for you and your family. If you don't make changes, your 2019 elections will carry to 2020.

LEARN MORE ABOUT YOUR BENEFITS

- Visit hr.phillips66.com or the annual enrollment web page hr.phillips66.com/Annual-Enrollment/2020-Annual-Enrollment.aspx.
- Contact the Benefits Center at 800-965-4421, M-F, 8 a.m. to 6 p.m. Central time.

COVERAGE THROUGH THE EXCHANGE

In addition to the options described in this guide you may be able to purchase coverage through the health care exchange. The options available on the exchange will vary based on where you live. You can access resources to help identify options available to you by contacting Health Coverage Resources at healthcoverageresources.com/Phillips66/home.

Exchange enrollment: Nov. 1 – Dec. 15, 2019.



YOUR 2020 ENROLLMENT CHOICES

Annual enrollment is your opportunity to make changes to your health and welfare coverage for 2020. Please review this guide carefully to ensure you make the best enrollment decisions for you and your family.

MEDICAL

Phillips 66 offers comprehensive medical benefit options providing coverage for preventive care, regular checkups and office visits, prescription drugs, and more. The HDHP and PPO options are available through either Aetna or BCBS, based on the participant's home ZIP code.

New: Annual deductibles and out-of-pocket (OOP) maximums will increase for both HDHP and PPO options.

Your 2019 medical election will carry to 2020 if you don't take action.

PRESCRIPTION DRUG BENEFITS

The HDHP and PPO options include prescription drug benefits administered by CVS Caremark. You are generally required to get your 90-day supply of a maintenance medication through mail order. Alternatively, you can get a 90-day supply at a CVS Pharmacy through their Maintenance Choice program.

New: Increases to non-preferred brand maximums (HDHP only).

GRAND ROUNDS

Whether you or a covered dependent need help finding care, Grand Rounds can:

- Help you find a top-tier doctor through the Doctor Match feature.
- Connect you to a world-class physician for an expert opinion on a diagnosis or condition.
- Discuss your treatment options or provide guidance on next steps directly from a staff physician via telephone or video chat.

To learn more about what Grand Rounds has to offer, or to activate your Grand Rounds account, go to grandrounds.com/phillips66, download the Grand Rounds mobile app or call 844-339-6732.

Retirees eligible for the Phillips 66 Retiree Medical Account (RMA) may use their credits to purchase medical, dental, and vision coverage through the following options:

- Phillips 66 Retiree Medical Plan
- Continuous COBRA coverage
- Medicare premiums (Part B and D)
- The Exchange
- Coverage obtained outside the Plan

You have the option to pay only a portion of your RMA eligible premiums using credits from your RMA. You can choose from 25%, 50%, 75% or 100% reimbursement for your coverage. Your RMA premium payment election will be applied to all RMA-eligible benefits that you are enrolled in.

	HDHP Option		PPO Option	
	Network	Non-network	Network	Non-network
Annual deductible	You only: \$1,600 You + Dependents: \$3,200	You only: \$2,400 You + Dependents: \$4,800	You only: \$800 You + Dependents: \$1,600	You only: \$1,600 You + Dependents: \$3,200
	<i>(Includes prescription drug costs)</i>		<i>(Excludes medical copays and prescription drug costs)</i>	
Annual out-of-pocket maximum	Individual: \$5,000* Family: \$10,000	Individual: \$15,000* Family: \$30,000	Individual: \$5,000* Family: \$10,000	Individual: \$15,000* Family: \$30,000
	<i>(Includes deductible and eligible expenses covered by the plan)</i>			
	<i>* Once the individual out-of-pocket maximum has been met, covered services for that individual will be paid at 100%.</i>			
Preventive medical care (deductible waived)	Covered at 100%	\$1,500 covered at 100%; you pay 50% thereafter	Covered at 100%	\$1,000 covered at 100%; you pay 50% thereafter
Doctor visits	You pay 20%, after deductible	You pay 50%, after deductible	Primary care: \$30 copay Specialist: \$60 copay	You pay 50%, after deductible
Telemedicine & Minute Clinic	\$10 copay, after deductible		\$15 copay	
Urgent care	\$50 copay, after deductible	You pay 50%, after deductible	\$60 copay	You pay 50%, after deductible
Most other services	You pay 20%, after deductible	You pay 50%, after deductible	You pay 20%, after deductible	You pay 50%, after deductible
Centers of excellence	You pay 10% for certain procedures, after deductible	NA	You pay 10% for certain procedures, after deductible	NA
Preventive prescription drugs	Generic preventive drugs and insulin: Covered at 100%; no deductible Brand preventive drugs: You pay 20% (Retail: \$150 max.; Mail: \$300 max.); no deductible		No special provision for preventive prescription drugs	
Other network prescription drugs	Retail (after deductible): <ul style="list-style-type: none"> • Generic: \$10 copay • Preferred brand: You pay 20% (\$150 max.) • Non-preferred brand: You pay 35% (\$300 max.) Mail (after deductible): <ul style="list-style-type: none"> • Generic: \$25 copay • Preferred brand: You pay 20% (\$300 max.) • Non-preferred brand: You pay 35% (\$600 max.) You pay 100% of the discounted cost until you reach your annual deductible.		Retail: <ul style="list-style-type: none"> • Generic: \$10 copay • Preferred brand: You pay 35% (\$150 max.) • Non-preferred brand: You pay 50% (\$300 max.) Mail: <ul style="list-style-type: none"> • Generic: \$25 copay • Preferred brand: You pay 35% (\$300 max.) • Non-preferred brand: You pay 50% (\$600 max.) 	
Monthly premium	You Only: \$459.44 You + Spouse/Domestic Partner: \$997.56 You + Child(ren): 997.56 You + Family: \$1,378.95		You Only: \$773.11 You + Spouse/Domestic Partner: \$1,678.67 You + Child(ren): \$1,678.64 You + Family: \$2,320.41	

KAISER HMO

Kaiser provides medical and prescription drug coverage from doctors and facilities participating in the Kaiser network.

If you live within a Kaiser service area in California or Washington, you can choose to enroll in the Kaiser HMO option. For coverage details, contact Kaiser.

Kaiser	
Website	kp.org
Phone number	Kaiser CA: 800-464-4000 Kaiser WA: 888-901-4636
Monthly premium (CA only)	You Only: \$705.40 You + Spouse/Domestic Partner: \$1,488.39 You + Child(ren): \$1,488.39 You + Family: \$2,059.78
Monthly premium (WA only)	You Only: \$758.48 You + Spouse/Domestic Partner: \$1,600.40 You + Child(ren): \$1,600.40 You + Family: \$2,214.76

DENTAL

The dental options provide coverage for regular checkups, as well as basic, restorative, major and orthodontia services.

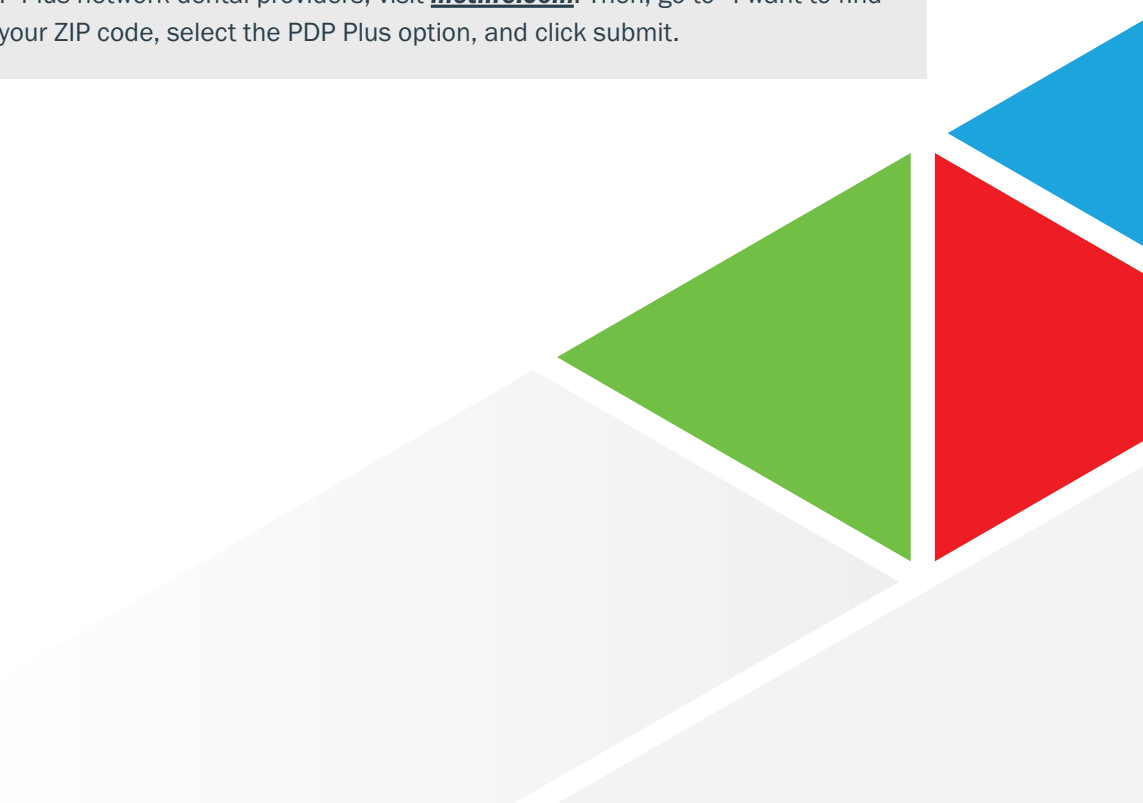
Your 2019 dental election will carry to 2020 if you don't take action.

New: We will transition to the MetLife PDP Plus network, which provides you with increased access to a more extensive network of participating general dentists and specialists nationwide.

	Dental Option		Out-of-area* Dental Option
	Network	Non-network	
Annual deductible	\$50 individual \$100 family	\$150 individual \$300 family	\$50 individual \$100 family
Annual maximum	\$2,000 per person		
Preventive	Covered at 100%	Covered at 80%	Covered at 100% up to plan limits
Basic services	You pay 20%, after deductible	You pay 50%, after deductible	You pay 20%, after deductible up to plan limits
Major services	You pay 50%, after deductible	You pay 50%, after deductible	You pay 50%, after deductible up to plan limits
Orthodontia	Covered at 50% up to \$2,000 lifetime maximum per person		
Monthly premium	You Only: \$38.71 You + Spouse/Domestic Partner: \$77.41 You + Child(ren): \$85.15 You + Family: \$123.86		

* Available to those without access to at least 2 dentists within 10 miles of their home ZIP code.

To review the MetLife PDP Plus network dental providers, visit metlife.com. Then, go to “I want to find a MetLife Dentist,” fill in your ZIP code, select the PDP Plus option, and click submit.



VISION

Phillips 66 has two vision options administered by VSP. The Basic option provides you and your family routine eye exams and you may receive discounts on other services from VSP providers.

The Comprehensive option provides a higher level of coverage including the services provided in the Basic option.

Your 2019 vision election will carry forward to 2020 if you don't take action.

	Basic Option	Comprehensive Option
Exam	Covered at 100%	Covered at 100%
Frames	Discounts available	\$200 annual allowance*
Contact lenses	Not covered	\$180 annual allowance*
Contact lens fitting	Discounts available	Covered at 100%
Lenses – Single vision, bifocal, trifocal, lenticular, polycarbonate (under age 19)**	Discounts available	Covered at 100% one-time annually
Lens options – Progressive, anti-reflective	Discounts available	Member pays VSP Preferred Pricing
Monthly premium	You Only: \$0.82 You + Spouse/Domestic Partner: \$1.47 You + Child(ren): \$1.46 You + Family: \$2.33	You Only: \$10.05 You + Spouse/Domestic Partner: \$18.26 You + Child(ren): \$18.19 You + Family: \$29.07

* The annual allowance is for either frames or contact lenses in the calendar year, but not both.

** Polycarbonate lenses are covered at 100% for participants under the age of 19. For participants over the age of 19 they are covered at a discounted rate.

To learn more or to find a network vision provider, visit vsp.com. Enter your ZIP code to find a doctor.

RESOURCES

This annual enrollment guide highlights what you need to know to enroll in your 2020 benefits. If you want more information on a specific plan — eligibility, coverage details, how it works — you have several resources:

- Annual enrollment website: hr.phillips66.com/Annual-Enrollment/2020-Annual-Enrollment.aspx.
- Summary plan descriptions (SPDs) at hr.phillips66.com.
- Coverage through the Health Care Exchange at healthcoverageresources.com/Phillips66/home.
- Benefits Center at 800-965-4421, Monday – Friday, 8 a.m. – 6 p.m., Central time.
- Health care reform requires Phillips 66 to provide you with a summary of benefits and coverage (SBC), available at hr.phillips66.com/Annual-Enrollment/2020-Annual-Enrollment.aspx. The SBC is a standardized document that highlights key provisions, limitations and exceptions.



This communication may contain information regarding certain Phillips 66 compensation and benefits. The summary plan descriptions for the various benefit plans and other relevant terms and conditions provide more detailed information. Receipt of this communication does not guarantee eligibility for benefits or any other form of compensation. Phillips 66 reserves the right to correct any errors. If the information provided by this communication conflicts with the plan documents, the plan documents will prevail. Phillips 66 also reserves the right to amend, change or terminate its plans, any underlying contract or any other policy or program, at any time without notice, at its sole discretion. This communication applies only to non-represented employees, as well as represented employees where provided for under the terms of an applicable collective bargaining agreement.

**Enroll online before midnight, Central time
(or by phone before 6 p.m., Central time)
on Nov. 15, 2019.**

**Make sure you understand all your options
before enrolling in your 2020 benefits.**



TOTAL REWARDS