

PHILLIPS 66

COBRA RATE SHEET (102% unsubsidized)

Effective January 1, 2020 to December 31, 2020

MONTHLY MEDICAL, DENTAL, VISION AND RESOURCES FOR LIFE PREMIUMS

Plan Description	Employee Cost			
	You Only Spouse Only Child(ren) Only	You + Spouse/Domestic Partner	You + Child(ren)	You + Family
Medical Plans				
SELF - INSURED MEDICAL (BCBS/AETNA, CVS/caremark - Rx)				
HDHP without H.S.A.	\$459.44	\$997.56	\$997.56	\$1,378.95
PPO	\$773.11	\$1,678.64	\$1,678.64	\$2,320.41
FULLY - INSURED HEALTH MAINTENANCE ORGANIZATIONS (KAISER HMO's)				
Kaiser North HMO CA	\$705.40	\$1,488.39	\$1,488.39	\$2,059.78
Kaiser South HMO CA	\$705.40	\$1,488.39	\$1,488.39	\$2,059.78
Kaiser HMO Washington	\$758.48	\$1,600.40	\$1,600.40	\$2,214.76
DENTAL PLAN (METLIFE)				
Dental Plan	\$38.71	\$77.41	\$85.15	\$123.86
VISION PLANS (VSP)				
Basic Vision	\$0.82	\$1.47	\$1.46	\$2.33
Comprehensive Vision	\$10.05	\$18.26	\$18.19	\$29.07
RESOURCES FOR LIFE (AETNA)				
Resources For Living	\$1.47	\$1.47	\$1.47	\$1.47