

PHILLIPS 66
PRE-65 RETIREE MEDICAL
 Effective January 1, 2020 to December 31, 2020
MONTHLY PREMIUMS

NON-MEDICARE ELIGIBLE MEDICAL				
Plan Description	Retiree Cost			
	"You Only" "Spouse Only" "Children Only"	"You + Spouse"	"You, Spouse & Child(ren)"	"You + Child(ren)" or "Spouse + Child(ren)"
HDHP	\$865.00	\$1,729.00	\$1,988.00	\$1,124.00
PPO	\$1,493.00	\$2,987.00	\$3,434.00	\$1,941.00
Plan Description	Retiree Cost			
	"You Only" or "Spouse Only"	"You or Spouse + 1"	"You, Spouse & Child(ren)"	"You + Child(ren)" or "Spouse + Child(ren)"
Kaiser Northern HMO CA only	\$1,069.61	\$2,256.88	\$3,123.27	\$2,256.88
Kaiser Southern HMO CA only	\$1,069.61	\$2,256.88	\$3,123.27	\$2,256.88
Kaiser HMO Washington only	\$1,324.86	\$2,795.46	\$3,868.60	\$2,795.46

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.