



December 2019

## LEGAL NOTICES REGARDING BENEFITS UNDER THE PHILLIPS 66 MEDICAL AND DENTAL ASSISTANCE PLAN

Dear Participant,

Enclosed with this letter are required legal notices related to benefits provided under the Phillips 66 Medical and Dental Assistance Plan (Plan). These notices are required by federal law and explain some of your rights. They are provided for information only. **No action is required by you.**

The following notices are enclosed and are also available at [hr.phillips66.com](http://hr.phillips66.com):

- Women's Health and Cancer Rights Act (WHCRA)
- Special HIPAA Notice (Health Insurance Portability and Accountability Act of 1996)
- Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)
- Well-Being Incentive Program

### **For more information:**

For questions about this notice, or for questions about your Plan benefits, please contact the Benefits Center at 1-800-965-4421 or 1-646-254-3467 between 8:00 a.m. and 6:00 p.m., Central time, Monday through Friday.

Sincerely,

A handwritten signature in black ink that reads "Alex".

Alex Shabet  
Manager, Total Rewards

*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.*

## Women's Health and Cancer Rights Act (WHCRA)

The Phillips 66 Medical and Dental Assistance Plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. For more information, contact the Benefits Center at 1-800-965-4421 or 1-646-254-3467 between 8:00 a.m. and 6:00 p.m., Central time, Monday through Friday.

## Special HIPAA Notice

The Phillips 66 Medical and Dental Assistance Plan is required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to maintain the confidentiality of your individually identifiable health information. A detailed description of how your medical information may be used, as well as your rights to access your medical information, is described in the HIPAA Notice of Privacy Practices (NPP). Each NPP can be printed from [hr.phillips66.com](http://hr.phillips66.com). In the Health & Well-Being section, select one of the applicable plan options, then see the Important Plan Information section and then view the Notice of Privacy Practices. For questions or to request a copy of the NPP, contact the Benefits Center at 1-800-965-4421 or 1-646-254-3467 between 8:00 a.m. and 6:00 p.m., Central time, Monday through Friday.

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you **must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

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If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2019. Contact your State for more information on eligibility.

<b>ALABAMA — Medicaid</b>
Website: <a href="http://myalhipp.com">http://myalhipp.com</a> Phone: 1-855-692-5447
<b>ALASKA — Medicaid</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com">http://myakhipp.com</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>
<b>ARKANSAS — Medicaid</b>
Website: <a href="http://myarhipp.com">http://myarhipp.com</a> Phone: 1-855-MyARHIPP (1-855-692-7447)
<b>COLORADO — Health First Colorado (Colorado's Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com">https://www.healthfirstcolorado.com</a> Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+ Website: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/State Relay 711
<b>FLORIDA — Medicaid</b>
Website: <a href="http://flmedicaidtprecovery.com/hipp">http://flmedicaidtprecovery.com/hipp</a> Phone: 1-877-357-3268
<b>GEORGIA — Medicaid</b>
Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 1-678-564-1162, ext. 2131
<b>INDIANA — Medicaid</b>
Healthy Indiana Plan for low-income adults 19 - 64 Website: <a href="http://www.in.gov/fssa/hip">http://www.in.gov/fssa/hip</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone: 1-800-403-0864
<b>IOWA — Medicaid</b>
Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Phone: 1-800-257-8563
<b>KANSAS — Medicaid</b>
Website: <a href="http://www.kdheks.gov/hcf">http://www.kdheks.gov/hcf</a> Phone: 1-785-296-3512
<b>KENTUCKY — Medicaid</b>
Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a> Phone: 1-800-635-2570

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<b>LOUISIANA — Medicaid</b>
Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447
<b>MAINE — Medicaid</b>
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711
<b>MASSACHUSETTS — Medicaid and CHIP</b>
Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth">http://www.mass.gov/eohhs/gov/departments/masshealth</a> Phone: 1-800-862-4840
<b>MINNESOTA — Medicaid</b>
Website: <a href="https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739
<b>MISSOURI — Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 1-573-751-2005
<b>MONTANA — Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084
<b>NEBRASKA — Medicaid</b>
Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 1-402-473-7000 Omaha: 1-402-595-1178
<b>NEVADA — Medicaid</b>
Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Phone: 1-800-992-0900
<b>NEW HAMPSHIRE — Medicaid</b>
Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a> Phone: 1-603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
<b>NEW JERSEY — Medicaid and CHIP</b>
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid">http://www.state.nj.us/humanservices/dmahs/clients/medicaid</a> Medicaid Phone: 1-609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>NEW YORK — Medicaid</b>
Website: <a href="https://www.health.ny.gov/health_care/medicaid">https://www.health.ny.gov/health_care/medicaid</a> Phone: 1-800-541-2831
<b>NORTH CAROLINA — Medicaid</b>
Website: <a href="https://medicaid.ncdhhs.gov">https://medicaid.ncdhhs.gov</a> Phone: 1-919-855-4100

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<b>NORTH DAKOTA — Medicaid</b>
Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid">http://www.nd.gov/dhs/services/medicalserv/medicaid</a> Phone: 1-844-854-4825
<b>OKLAHOMA — Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>OREGON — Medicaid</b>
Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>PENNSYLVANIA — Medicaid</b>
Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> Phone: 1-800-692-7462
<b>RHODE ISLAND — Medicaid and CHIP</b>
Website: <a href="http://www.eohhs.ri.gov">http://www.eohhs.ri.gov</a> Phone: 1-855-697-4347 or 1-401-462-0311 (Direct Rite Share Line)
<b>SOUTH CAROLINA — Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820
<b>TEXAS — Medicaid</b>
Website: <a href="http://gethipptexas.com">http://gethipptexas.com</a> Phone: 1-800-440-0493
<b>UTAH — Medicaid and CHIP</b>
Medicaid Website: <a href="https://medicaid.utah.gov">https://medicaid.utah.gov</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>VERMONT — Medicaid</b>
Website: <a href="http://www.greenmountaincare.org">http://www.greenmountaincare.org</a> Phone: 1-800-250-8427
<b>VIRGINIA — Medicaid and CHIP</b>
Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282
<b>WEST VIRGINIA — Medicaid</b>
Website: <a href="http://mywvhipp.com">http://mywvhipp.com</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>WISCONSIN — Medicaid and CHIP</b>
Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
<b>WYOMING — Medicaid</b>
Website: <a href="https://wyequalitycare.acs-inc.com">https://wyequalitycare.acs-inc.com</a> Phone: 1-307-777-7531

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

## Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)

## Notice Regarding Well-Being Incentive Program

The Well-Being Incentive Program offered under the Phillips 66 Medical and Dental Assistance Plan (“Plan”) is a voluntary well-being program available to all employees eligible for the Plan. The program is administered in accordance with federal rules permitting employer-sponsored well-being programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the Well-Being Incentive Program you will have the opportunity to perform various voluntary activities including:

- Submission of biometric screening results by November 30, 2020 (which will include a blood test for cholesterol, triglycerides and glucose, although you are not required to participate in the blood test or other medical examinations),
- Obtainment of a body mass index (“BMI”) of less than 30 or consult with a primary care physician,
- Obtainment of blood pressure of less than 140/90 or consult with a primary care physician,
- Completion of 2 preventive screenings, and
- Completion of 1 company-wide challenge.



Each designated voluntary activity in the Well-Being Incentive Program has an associated one-time payroll credit amount an employee will receive upon completion of the activity. The employee has an opportunity to receive payroll credits of up to \$650 by completing the designated activities. Note, employees who choose to participate in the biometric screening and submit its results will receive a one-time \$100 payroll credit regardless of the outcome of the blood test. Although you are not required to participate in the biometric screening, only employees who do so will receive the \$100 payroll credit. An employee may receive a one-time \$250 payroll credit for attaining a BMI of less than 30 or consulting with a primary care physician and may also receive a one-time \$100 payroll credit for attaining a blood pressure reading of 140/90 or consulting with a primary care physician. You are not required to attain a BMI of less than 30 or a blood pressure reading of less than 140/90 in order to receive the \$250 and \$100 payroll credit, respectively. However, to receive those payroll credits, you are required to consult with a primary care physician if you fail to attain those numbers.

The results of your biometric screening will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services such as health coaching through the Well-Being Incentive Program. You are encouraged to share your results or concerns with your own doctor. **Participation in the Well-Being Incentive Program is completely voluntary.**

### *Protections from Disclosure of Medical Information*

We are required by law to maintain the privacy and security of your protected health information. Although the Well-Being Incentive Program and Phillips 66 may use aggregate information it collects to design a program based on identified health risks in the workplace, the Well-Being Incentive Program will never disclose any of your protected health information either publicly or to Phillips 66, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the Well-being Incentive program, or as expressly permitted by law. Medical information that identifies you and that is acquired in connection with the Well-Being Incentive Program will not be provided to your supervisors or managers and will never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the Well-Being Incentive Program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the Well-Being Incentive Program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the Well-Being Incentive Program will abide by the same confidentiality requirements. The only individuals who will receive your protected health information are a registered nurse, a doctor, or a health coach in order to provide you with services under the Well-Being Incentive Program, and only if you consent to their receipt of your protected health information.

In addition, all medical information obtained through the Well-Being Incentive Program will be maintained separately from your personnel records and information stored electronically will be encrypted. Appropriate precautions will be taken to avoid any data breach. In the event a data breach occurs involving information you provide in connection with the Well-Being Incentive Program, you will be notified.

You will not be discriminated against in employment because of the medical information you provide as part of participating in the Well-Being Incentive Program, nor will you be subjected to retaliation if you choose not to participate.

*(continued)*

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Plan Administrator at:

Phillips 66 Plan Administrator  
Manager, HR Operations  
Adams Building  
411 S. Keeler Avenue  
Bartlesville, OK 74003-6670  
(918) 977-6009