

PHILLIPS 66

COBRA RATE SHEET (102% unsubsidized)

Effective January 1, 2021 to December 31, 2021

MONTHLY MEDICAL, DENTAL, VISION AND RESOURCES FOR LIVING 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.	\$461.98	\$1,003.20	\$1,003.20	\$1,386.17
PPO	\$751.56	\$1,632.46	\$1,632.46	\$2,255.65
FULLY - INSURED HEALTH MAINTENANCE ORGANIZATIONS (KAISER HMO's)				
Kaiser North HMO CA	\$703.99	\$1,485.43	\$1,485.43	\$2,055.65
Kaiser South HMO CA	\$703.99	\$1,485.43	\$1,485.43	\$2,055.65
Kaiser HMO Washington	\$720.56	\$1,520.37	\$1,520.37	\$2,104.03
DENTAL PLAN (METLIFE)				
Dental Plan	\$39.10	\$78.20	\$86.02	\$125.12
VISION PLANS (VSP)				
Basic Vision	\$0.82	\$1.47	\$1.46	\$2.33
Comprehensive Vision	\$10.55	\$19.18	\$19.09	\$30.53
RESOURCES FOR LIVING (AETNA)				
Resources For Living	\$1.47	\$1.47	\$1.47	\$1.47