

PHILLIPS 66
PRE-65 RETIREE MEDICAL
 Effective January 1, 2021 to December 31, 2021
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	\$928.00	\$1,856.00	\$2,134.00	\$1,206.00
PPO	\$1,601.00	\$3,204.00	\$3,683.00	\$2,082.00
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	\$1,080.99	\$2,280.90	\$3,156.50	\$2,280.90
Kaiser Southern HMO CA only	\$1,080.99	\$2,280.90	\$3,156.50	\$2,280.90
Kaiser HMO Washington only	\$1,258.62	\$2,655.69	\$3,675.17	\$2,655.69

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.