

WTPU Represented Employees

Savings/401(k) Plan									
Employee Contributions	Up to 50% of Base Salary, up to federal limits								
Matching Contributions	75% match on first 8% of employee contributions (per pay period)								
Additional Contributions (Contributions will be made no later than April 15 th of the applicable year)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; border-bottom: 1px solid black;"><u>Age + Service*</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>Contribution</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><60</td> <td style="text-align: center;">1.5%</td> </tr> <tr> <td style="text-align: center;">>60 but <80</td> <td style="text-align: center;">3.0%</td> </tr> <tr> <td style="text-align: center;">>80</td> <td style="text-align: center;">4.5%</td> </tr> </tbody> </table>	<u>Age + Service*</u>	<u>Contribution</u>	<60	1.5%	>60 but <80	3.0%	>80	4.5%
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<u>Service at Closing</u>	<u>Contribution***</u>								
5-9 years	1.5%								
10-14 years	2.5%								
15+ years	3.5%								
Vesting:									
Employee Contributions	100% Immediate								
Matching Contributions	100% Immediate								
Additional Contributions	50% after 3 years, 75% after 4 years and 100% after 5 years of service, separation at or after normal retirement age or terminates employment due to Total and Permanent Disability.**								
Transition Contributions	100% at completion of 3 years of service (Spirit service only), separation at or after normal retirement age or termination of employment due to Total and Permanent Disability.								
Pay Definition	Base salary								
Payout Options	Lump sum Installment payout Direct Rollover								
	<p>* Service includes employee's years of vesting service earned at Boeing and Spirit.</p> <p>** Transition Contributions are provided only to employees hired on June 17, 2005. Boeing retirees are not eligible for Transition Contributions.</p> <p>***Contribution continues for the lesser of 15 years or completed years of Boeing service at the Closing Date (June 17, 2005).</p>								
Spirit Retirement Plan									
Normal Retirement Benefit	Accrued benefit determined under Boeing Company Employee Retirement Plan (BCERP) and Pension Value Plan (PVP) as of the Closing Date (June 17, 2005).								
Early Retirement	Early retirement provisions under BCERP/PVP as in effect on the Closing Date (June 17, 2005), applicable to frozen accrued benefit. Early retirement eligibility determined based on Spirit service plus service earned for retirement eligibility								

	under BCERP/PVP through the Closing Date (June 17, 2005).
Payout Options	Same options as available to BCERP/PVP participants as of the Closing Date (June 17, 2005).
Medical	
Plan Design	Two plans, Core and Enhanced
Employee Premium Contribution	<p>All Years: Current Contribution continues until 7/1/12</p> <p>Core - 12% of medical premium cost – 7/1/12 to 6/30/13</p> <p>14% of medical premium cost – 7/1/13 to 6/30/14</p> <p>16% of medical premium cost – 7/1/14 to 6/30/15</p> <p>18% of medical premium cost – 7/1/15 to 6/30/16</p> <p>20% of medical premium cost – 7/1/16 to 6/30/21</p> <p>Enhanced – 5% of medical premium cost beginning on 7/1/12.</p> <p>Company and Union are committed to reviewing plan design and other cost savings through the JCC to achieve the lowest total premium</p> <p>Premium contribution moving up by 1% on each plan year anniversary if premium cost on the low-cost option (CCP) increases by more than 10% over the prior year.</p> <p>Spousal Surcharge: \$100 for spouse with other coverage choosing Newco plan (all plans; all years)</p>
Contribution to FSA	<ul style="list-style-type: none"> Employees contribute at own discretion up to plan maximum, which will be the greater of \$4,500 or the Federal Maximum.
Dental	
Plan Design	Refer to Plan Summary
Employee Premium Contribution	Free from premium contributions for employees and their eligible dependants.
Vision	
Plan Design	Refer to Plan Summary
Employee Premium Contributions	Included in medical plan.
Retiree Medical (coverage ends at age 65 or Medicare Eligibility)	
Retire at Age 62 & 10 Years of service, if a former Boeing employee hired by Spirit on June 17, 2005.	Same medical benefit options and employee cost as provided to active employees. Employees with at least 10 years of service who are laid off by Spirit up to 30 months prior to meeting eligibility for this benefit will be eligible for this benefit upon reaching age 62.
Retire at Age 55 & 10 Years of service	Same medical benefit options as active employees; retiree pays full cost of benefits (based on retired population costs). Employees with at least 10 years of service who are laid off by Spirit up to 30 months prior to meeting eligibility for this benefit will be eligible for this benefit upon reaching age 55.

Ancillary Benefits (2080 hrs/yr)	
Company Paid Life Insurance	1.25 times annual base wage
Optional Life Insurance	Additional benefit is available on an employee pay all basis
Company Paid Short Term Disability	The plan will pay 80% of weekly base wage for weeks 2 - 13 and 60% of weekly base wage for weeks 14 – 26, irrespective of ETO balance.
Company Paid Long Term Disability	40% of base monthly wage up to a maximum of \$5,000 per month following a 26 week elimination period.
Optional Long Term Disability	Additional 20% benefit (\$2,500 monthly maximum) is available on an employee pay all basis
Company Paid AD&D	2 times annual base wage
Company Paid Business Travel Accident	2 times annual base wage

Core Plan Benefits at a Glance

7/1/2011

Benefit Summary	In-Network	Self - Referral
Deductible		
Individual	None	\$600
Employee+1 (Employee & Spouse or Employee & Child(ren))	None	\$1,200
Family	None	\$1,800
Annual Out-of-Pocket (OOP) Maximum (does NOT include deductible)		
Individual	N/A	\$1,500
Employee+1 (Employee & Spouse or Employee & Child(ren))	N/A	\$2,250
Family	N/A	\$3,000
Outpatient Care		
Surgery/Diagnostic Tests/X-Rays	\$0 or \$25 copay	60% after deduct
Physician Office Visit	\$0 or \$20 copay	60% after deduct
Inpatient Care		
Hospital Room & Board	\$100	60% after deduct
Physician Services	100%	60% after deduct
Emergency Room & Ambulance		
Emergency Room (waived if admitted)	\$50 Copay	\$50 - outside service area
Ambulance or other emergency related charges	\$20 Copay	\$20 Copay
Mental Health/Chemical Dependency		
Inpatient -		

Hospital Room and Board	\$100 Co-pay	60% after deduct
Diagnostic Tests/X-Rays/Physician Services	100% Covered	60% after deduct
Physician Services	100% Covered	60% after deduct
Outpatient		
Physician Office Visit (Substance abuse has a lifetime maximum of \$7,500)	\$0 or \$20 copay	60% after deduct
Other		
Home Health Care/Private Duty Nursing - \$10,000 annual max	\$20 per visit	60% after deduct
Maternity		
Initial Visit	\$20 Copay	60% after deduct
Pre-Natal Visits After Initial Visit	\$0	60% after deduct
Delivery/Hospital Services/Doctor Visits While in Hospital	\$100 Copay	60% after deduct
Post-Natal Visits	\$0	60% after deduct
Therapy - 20 visits annual maximum per episode		
Occupational/Physical Therapy	\$20	60% after deduct
Speech Therapy	\$20	60% after deduct
Chiropractic Care	\$20	60% after deduct
Preventative	100%	Not Covered
Pharmacy	In Network	Out-of-Network
Retail (30 day supply)		
Generic (mandatory chemically equivalent generic)	\$8 Co-pay (\$5 with special network)	100% of allowed amount after copay
Formulary	\$15 Co-pay	100% of allowed amount after copay
Non-Formulary	\$30 Co-pay	100% of allowed amount after copay
Mail Order (90 day supply)		
Generic (mandatory chemically equivalent generic)	\$16 Co-pay (\$10 with special network)	Not Covered
Formulary	\$30 Co-pay	Not Covered
Non-Formulary	\$60 Co-pay	Not Covered

Enhanced Plan (CDHP)

Benefits at a Glance

7/1/2011

Benefit Summary	In-Network	Out-of-Network
Deductible (In and Out-of-network accumulate separately)		
Individual	\$1,000	\$2,000
Employee+1 (Employee & Spouse or Employee & Child(ren))	\$1,750	\$3,500
Family	\$2,500	\$5,000
Employer Funded Personal Care Account		
Individual	\$500	
Employee+1 (Employee & Spouse or Employee & Child(ren))	\$1,000	
Family	\$1,500	
Annual Out-of-Pocket (OOP) Maximum <i>(does NOT include deductible or copays, in and out-of-networks are separate)</i>		
Individual	\$1,000	\$2,000
Employee+1 (Employee & Spouse or Employee & Child(ren))	\$1,500	\$3,000
Family	\$2,000	\$4,000
Outpatient Care		
Surgery/Diagnostic Tests/X-Rays	90% after deduct	60% after deduct
Physician Office Visit	90% after deduct	60% after deduct
Inpatient Care		
Hospital Room & Board	90% after deduct	60% after deduct
Physician Services	90% after deduct	60% after deduct
Emergency Room & Ambulance		
Emergency Room (waived if admitted)	90% after deduct	90% after deduct- outside service area
Ambulance or other emergency related charges	90% after deduct	90% after deduct
Mental Health & Chemical Dependency		
Inpatient -		
Hospital Room and Board	90% after deduct	60% after deduct
Diagnostic Tests/X-Rays/Physician Services	90% after deduct	60% after deduct
Physician Services	90% after deduct	60% after deduct
Outpatient		
Physician Office Visit (Substance abuse has a lifetime maximum of \$7,500)	90% after deduct	60% after deduct
Other		
Home Health Care/Private Duty Nursing - \$10,000 annual max	90% after deduct	

Maternity		
Initial Visit	90% after deduct	60% after deduct
Pre-Natal Visits After Initial Visit	90% after deduct	60% after deduct
Delivery/Hospital Services/Doctor Visits While in Hospital	90% after deduct	60% after deduct
Post-Natal Visits	90% after deduct	60% after deduct
Therapy - 20 visits annual maximum per episode		
Occupational/Physical Therapy	90% after deduct	60% after deduct
Speech Therapy	90% after deduct	60% after deduct
Chiropractic Care	90% after deduct	60% after deduct
Preventive	100%	Not Covered
Pharmacy	In Network	Out-of-Network
Retail (30 day supply)		
Generic (mandatory chemically equivalent generic)	\$10 (\$7 copay for special network)	100% of allowed amount after copay
Formulary	\$20	100% of allowed amount after copay
Non-Formulary	\$35	100% of allowed amount after copay
Mail Order (90 day supply)		
Generic (mandatory chemically equivalent generic)	\$25 (\$17 copay for special network)	Not Covered
Formulary	\$50	Not Covered
Non-Formulary	\$85	Not Covered

Dental Benefits at a Glance

Benefit Summary	In Network	Out-of-Network
Deductible	\$50	\$100
Annual Benefit Maximum per Individual	\$2,000	\$2,000
Coinsurance		
Preventative (deductible waived in network)	100%	80%
Basic	80%	70%
Major	50%	50%
Orthodontia		
Coinsurance	50%	50%
Lifetime Maximum	\$1,750	\$1,750

Vision Benefits at a Glance

Benefit Summary	In Network	Out-of-Network
Exam - Limited to one exam per Benefit Period	\$20	Deductible and coinsurance
Hardware - Limited to one pair of lenses/frames or contact lenses per Benefit Period.		
Frames		\$82
Lenses:		
Single		\$78
Bifocal		\$160
Progressive		\$190
Trifocal		\$190
Lenticular		\$215
Contacts		\$210