



2017 SPEEA Puget Sound Prof & Tech Annual Open Enrollment



The annual Open Enrollment period for SPEEA-represented employees in the Professional and Technical bargaining units is Nov. 8 through Nov. 30. This is the time employees can enroll or change their medical and dental plans for 2017. While the plan administrators may have changed, this annual open enrollment represents the ninth open enrollment (spanning 8.5 years) with the same medical & dental plan benefits.

If you decide not to actively participate in open enrollment, you will remain in your current medical and dental plans. The Boeing Company will mail you a confirmation letter identifying which plans you and your dependents will be enrolled in for the 2017 calendar year. It is your responsibility to ensure that you are in the correct plans.

As in years past, health risk assessments (should you choose to participate) are voluntary. Completing the assessment will result in a \$50 gift card for you and a \$50 gift card for your spouse.

Changes in 2018 – Medical and dental plans are changing in 2017. To help evaluate the options that will be available for 2018, it will be very helpful to keep track of your healthcare utilization and spending during 2017. Keep track of the number of office visits, the “allowed amount” covered by your current plan and each prescription. Following is a comparison of the 2017 plans available to SPEEA-represented employees.

For more details on the medical plans, please visit www.bcbsil.com/boeing



Annual Open Enrollment for 2017

Open Enrollment 11/8 – 11/30



Medical	Traditional Medical Recommended	Select Network	Group Health	Advantage+ (HSA Qualified HDHP)
Annual Premiums:	1/24 th of the annual premium is deducted pre-tax from the first two paychecks of each month If enrolled in the Advantage+ plan, 1/24 th of the annual amount is deposited into your HSA the first two paychecks of each month`			
Employee Only	\$0.00	\$957	\$1,006	(\$750)
Employee & Spouse	\$0.00	\$1,915	\$2,013	(\$1,250)
Employee & Child(ren)	\$0.00	\$1,915	\$2,013	(\$1,250)
Employee & Family	\$0.00	\$2,872	\$3,019	(\$1,750)

Medical In Network Benefits (amounts you pay)	Traditional Medical Recommended	Select Network	Group Health	Advantage+ (HSA Qualified HDHP)
Deductible	Greater of \$225* per person or 0.225% of base salary (3x family)	\$0	\$0	\$1,500 Self Only \$2,625 Self & Spouse \$2,625 Self & Children \$3,750 Self & Family
Out-of-Pocket Maximum Deductible not included	\$2,000 per individual \$4,000 per family	No Out-of- Pocket maximum	No Out-of- Pocket maximum	\$1,600 Self only \$2,800 Self & Spouse \$2,800 Self & Children \$4,000 Self & Family
Preventive Care	USPSTF A & B recommended screenings, tests and immunizations covered 100%			
Plan Coinsurance	100%	100%	100%	95%
Primary Care Visit	\$15	\$10	\$10	5% after deductible
Specialist Visit	\$15	\$10	\$10	5% after deductible
Inpatient Hospital	0% after deductible	0%	0%	5% after deductible
Outpatient Surgery	0% after deductible	0%	0%	5% after deductible
Lab Tests	0% after deductible	0%	0%	5% after deductible
Retail Generic Drugs	10% (\$5 Min \$15 Max)	\$5 Copay	\$5 Copay	10% after deductible
Retail Formulary Brand	20% (\$15 Min \$75 Max)	\$15 Copay	\$15 Copay	20% after deductible
Retail Non-Formulary Brand	30% (\$30 Min No Max)	\$30 Copay	n/a	30% after deductible

Dental In Network Benefits	Preferred/ Network Recommended	Scheduled	PrePaid
Deductible	\$50 (\$150 Family)	\$25 (\$75 family)	\$0
Diagnostic and Preventative	100% deductible waived	100% of the fee schedule, deductible waived	100% when performed by the DeltaCare dentist
Restorative	80% after deductible	100% of the fee schedule after deductible	100% when performed by the DeltaCare dentist
Major	50% after deductible	100% of the fee schedule after deductible	100% when performed by the DeltaCare dentist