

# SPEEA 2024

Prof & Tech

Annual Open Enrollment

SPEEA / IFPTE Local 2001

Version 3

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# Open Enrollment

## Discussion Topics / Agenda

- Dates and Details
- Medical & Dental Plan Changes & Choices
- Flexible Spending Account (FSA)
- Health Assessment
- Questions



**FOR EMPLOYEES REPRESENTED BY SPEEA, AND ELIGIBLE FOR THE EMBRIGHT OR MEMORIALCARE PREFERRED PARTNERSHIPS**

## 2024 Health Plan Overview: Highlights and Changes

This Overview summarizes your 2024 Boeing-sponsored health plan options and any coverage changes effective Jan. 1, 2024. **Changes to your coverage are summarized below and shown in purple in the table that follows.** There are no coverage changes to your dental, vision or welfare benefits for 2024. Go to the Total Rewards portal (Worklife > My Total Rewards & Benefits) during annual enrollment to learn more details about your health and welfare plan options, and enroll in or make changes to your 2024 benefits coverage.

### Preferred Partnership

You are eligible to participate in the Preferred Partnership option with the Advantage+ health plan, Traditional Medical Plan or Select Network Plan options (available in Puget Sound only), which include enhanced benefits, additional cost savings for several of the services shown below, and lower monthly paycheck contributions for the Traditional Medical Plan and Select Network Plan options (if available). If you live in the Puget Sound area, visit [boeing.embright.com](http://boeing.embright.com). If you live in Southern California, visit [boeingmcha.org](http://boeingmcha.org).

## Medical Plan Highlights

The table summarizes your network medical coverage only. The amounts shown are what you pay for coverage, in addition to your monthly paycheck contributions and any potential contributions to an HSA or FSA (if applicable). Nonnetwork coverage information can be found on the Total Rewards portal.

Plan Feature	Advantage+ Health Plan	Traditional Medical Plan	Selections Plus (Oregon)	HMOs and Select Network Plan (not available in all areas)
Health Savings Account (HSA) contributions	<p>Boeing contributes:*  <b>\$800</b> employee only  <b>\$1,600</b> employee + family</p> <p><i>In addition, if you enroll in the Preferred Partnership option, you'll receive an additional \$480/\$960 HSA contribution from Boeing*</i></p> <p>2024 total maximum contribution (Boeing and your contributions):  <b>\$4,150</b> employee only  <b>\$8,300</b> employee + family</p> <p>If age 55 or older in 2024, you can contribute an additional \$1,000</p>	N/A	N/A	N/A

# Open Enrollment

- AOE Packets mailed out on/around October 26
- Annual Open Enrollment:
  - From **November 1** to **November 22**
  - Changes Become Effective **January 1, 2024**

# Open Enrollment

The screenshot displays the Boeing WorkLife portal interface. At the top, the Boeing logo is on the left, and the word "WORKlife" is prominently displayed in the center over a background image of people. Below the header, there are navigation links: "Browse Menu", "Workday", "Knowledge Articles", "Get Support", and "My Requests". A "Welcome," message is followed by a "Quick Access" section with icons for "My Time", "My Performance", "My Total Rewards & Benefits", "My 401(k) Pensions & Stock", and "My Learn@Boeing". A red arrow points from the "My Total Rewards & Benefits" icon to a "Recommended" section. This section features a card titled "Choose your 2023 benefits with care. Annual enrollment is Nov. 1-22." with a sub-heading "Review your options and enroll" and a circular image of a person. Another red arrow points from the "Choose your 2023 benefits" card to a "Get help with annual enrollment" card, which includes the text "Schedule an appointment" and a circular image of a person. A third red arrow points from the "Get help with annual enrollment" card to a partially visible "Take your annual health assessment" card. At the bottom of the recommended cards, there are three small black dots.

BOEING

## WORKlife

Browse Menu

Workday Knowledge Articles Get Support My Requests

Welcome,

Quick Access

- My Time
- My Performance
- My Total Rewards & Benefits
- My 401(k) Pensions & Stock
- My Learn@Boeing

What are you looking for?

Meet your new Workday homepage

Recommended

Choose your 2023 benefits with care. Annual enrollment is Nov. 1-22.

Review your options and enroll

Get help with annual enrollment

Schedule an appointment

Take your annual health assessment

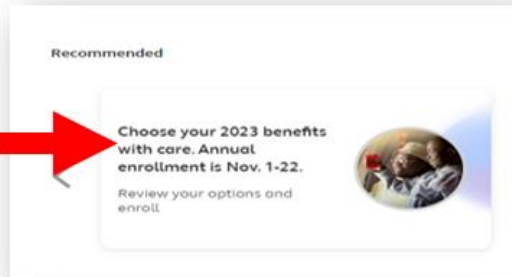
Learn More

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# Open Enrollment

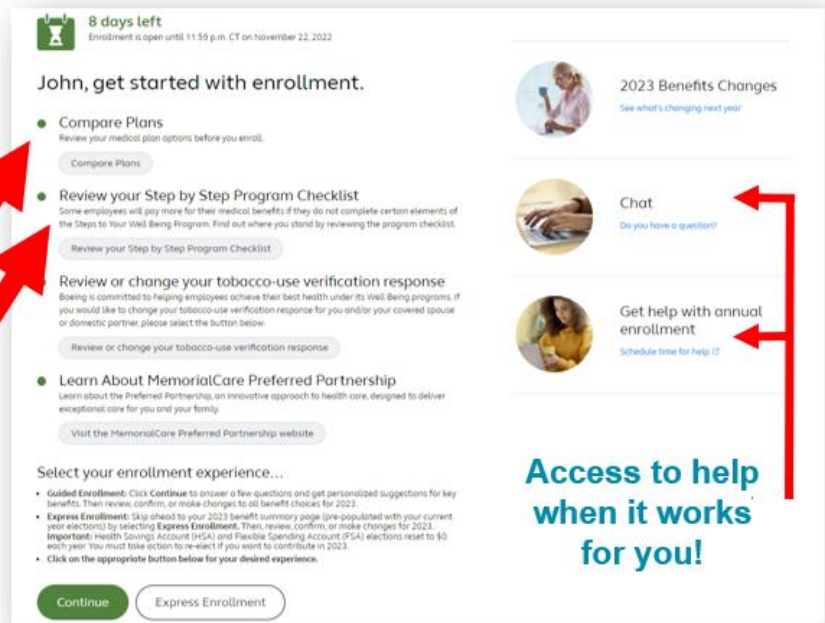
## Total Rewards Portal: Home and AE Welcome pages

### Portal Home Page



Access Annual Enrollment Welcome page

### Annual Enrollment Welcome Page



NEW! Compare plans easily

View status of your voluntary Well Being activities

Access to help when it works for you!

# Open Enrollment

## Enrollment Process

- Enrollment summary has 3 sections
  - Benefits employee elects
  - Benefits Boeing automatically provides
  - Benefits employee has not elected yet
- Employee can view and change any election
  - Click **Confirm** to save elections

The screenshot displays the 'Review and Confirm Elections Below' interface. It compares 'Next Year's Benefits' (effective Jan 1, 2021) with 'Current Benefits' (as of today). The interface includes a table of benefit details and a summary of total costs.

Next Year's Benefits Effective Jan 1, 2021	Current Benefits As of today
<b>Medical</b> BCBS-Advantage+ health plan - HDHP - All Locations You Only	BCBS-Advantage+ health plan - HDHP - All Locations except MO You Only
<b>Health Savings Account (HSA)</b> Total Contribution: \$1,275.00/Year HSA Consent: YES	Total Contribution: \$1,275.00/Year Contribution Details
<b>Working Spouse Contribution</b> Contribution Does Not Apply Is your spouse currently employed? If your response is 'No', you may skip the rest of the questions. -- If your spouse works at least 30 hours	Contribution Does Not Apply

Next Year's Benefits Total Cost	Current Benefits Total Cost
Health & Insurance Costs: <b>\$145.51</b> Per Pay Period	Health & Insurance Costs: <b>\$130.53</b> Per Pay Period
Year Cost: \$65.91	Year Cost: \$64.62

Make Changes By November 24, 2020

By completing this enrollment, you certify that:

- Any dependent(s) covered under the plan(s) or being added are listed as eligible as described here.
- You'll provide proof of dependent eligibility, if needed.

**Confirm** **Quit**

# Changes & Things to Note

- **All Medical Plans Stay the Same**
- **A+ and HSA changes for 2024**
  - IRS set minimum deductibles go up
  - IRS limits for HSA contributions increase
  - Boeing's HSA contribution percentage remains the same
- **Dependent Care Change**
  - Lower contribution for employees making >\$135k
- **Health Assessment**
  - \$20/\$40 Penalty for non-compliance



# Open Enrollment

Annual Base Salary	Advantage+ Health Plan	Traditional Medical Plan	All other medical plans
Pay Band 1: \$100,000 or less	0%	6%	12%
Pay Band 2: \$100,000.01 to \$200,000	6%	9%	15%
Pay Band 3 \$200,000.01 or more	9%	12%	18%

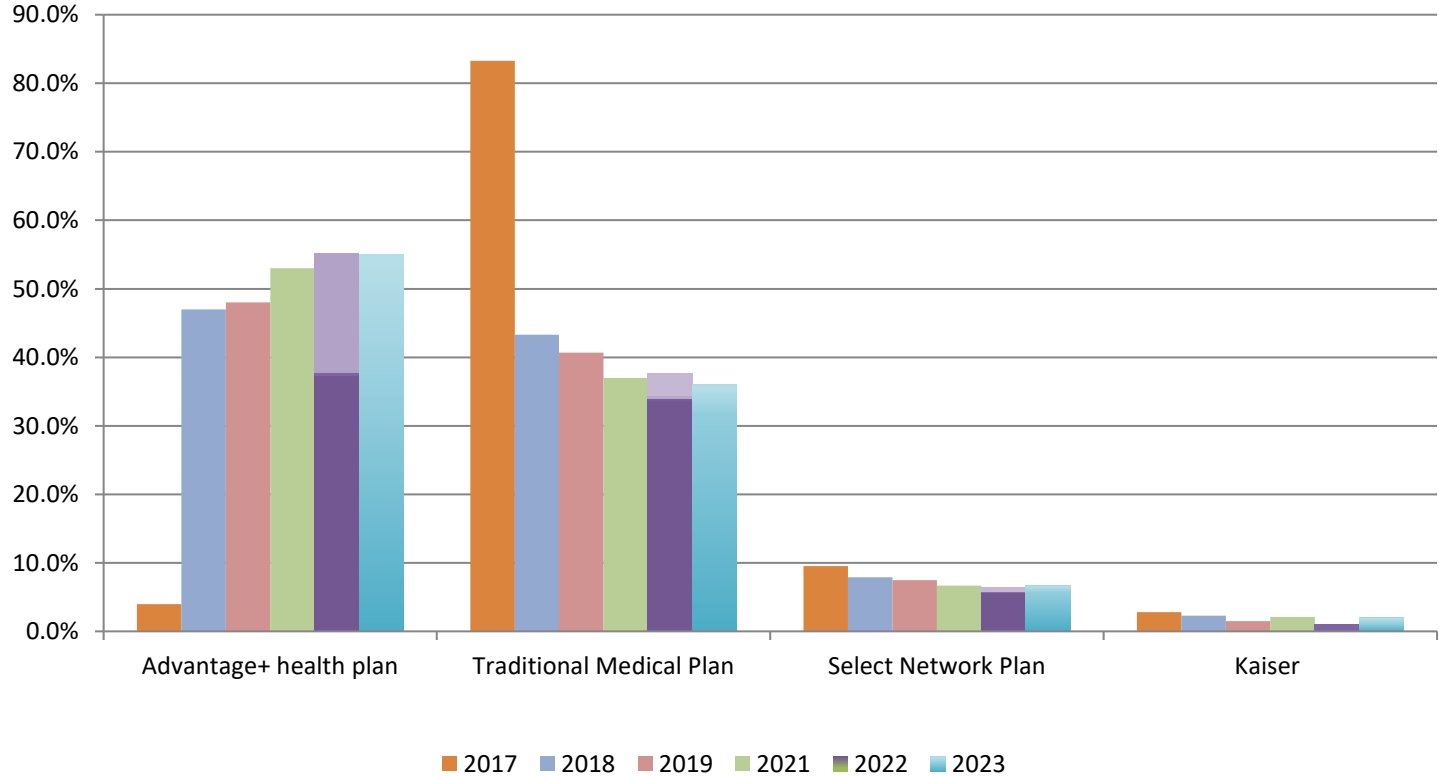
# Open Enrollment

## Medical Plans & Premiums

1. Advantage+ (HSAQ-HDHP)
  - 0%, 6%, or 9% Premium Contribution
  - Boeing contributes to HSA
2. Traditional Medical Plan (PPO)
  - 6%, 9%, or 12% Premium Contribution
3. Select Network (EPO) & Selections Plus
  - 12%, 15%, or 18% Premium Contribution
4. Kaiser Permanente and other HMOs
  - 12%, 15%, or 18% Premium Contribution

# Open Enrollment

## Medical Enrollment by Plan



# Advantage+

	SPEEA 2024	
	EE	All Others
HSA Contribution 50% of Deductible	\$800	\$1,600
Deductible*	\$1,600	\$3,200
OOP Max In Network (incl. Deductible, <i>Medical and Rx</i> )	\$3,200	\$6,400
OOP Max Non-Network (incl. Deductible <i>Medical and Rx</i> )	\$4,800	\$9,600
In-Network Coinsurance	10%	
Non-Network Coinsurance	40%	
Provider Visits	Coinsurance after deductible	
Emergency Room	Coinsurance after deductible	
Hospital (Inpt & Outpt)	Coinsurance after deductible	
Tests	Coinsurance after deductible	
Generic	10% After Deductible**	
Brand Name	20% After Deductible	
Non-Formulary Brand	30% After Deductible	

\*Lowest allowed by law, increases possible each year

\*\*Certain Preventative Drugs are not subject to the deductible

# Traditional Medical

	Effective 2018+	
	Network	Non-Network
Deductible	\$300	\$600
Family Deductible	\$900	\$1,800
OOP Max Individual	\$2,000 Incl Ded	
OOP Max Family	\$4,500 Incl Ded	
Primary Care	10% after Ded	40% after Ded
Specialty Care	10% after Ded	40% after Ded
Emergency Room	10% after Ded	
Hospital (inpt & outpt)	10% after Ded	40% after Ded
Tests	10% after Ded	40% after Ded
Generic	10% (\$5 - \$25)	
Brand Name	20% (\$15 - \$75)	
Non-Formulary Brand	30% (\$30 - no max)	
Mail Order (G / B / NFB)	\$10 / \$40 / \$70	Not Covered
Rx OOP Ind. Max	\$4,000	n/a
Rx OOP Fam Max	\$8,000	n/a

# Select Network & HMOs\*

## (Kaiser, IHC)

	Effective 2018+ (In Network only)
Deductible	n/a
Family Deductible	n/a
OOP Max Individual	\$6,850 Medical & Rx**
OOP Max Family	\$13,700 Medical & Rx**
Coinsurance	0%
Primary Care	\$20 Co-Pay
Specialty Care	\$25 Co-pay
Emergency Room	\$75 Co-Pay
Hospital (inpt & outpt)	\$250 If admitted
Tests	0%
Retail Generic	\$5
Retail Brand Name	\$25
Retail Non-Formulary Brand	\$40
Mail Order (G / B / NFB)	\$10 / \$40 / \$70

- \*Due to state laws, Potential for some HMO co-pays may be lower
- \*\* Oregon has lower OOP maximums

# Health Savings Account

- HSA Concept – Be your own insurance company
  - Buy a special catastrophic medical plan (Advantage+)
  - Establish and fund a reserve account (HSA)
  - Pull funds out of reserve account when you need to pay claims
- A Health Savings Account (reserve account) is a special tax-advantaged savings account similar to a traditional IRA.
- Personal relationship between you and the IRS
- [www.healthequity.com/boeing](http://www.healthequity.com/boeing)
  - Learn about Health Savings Accounts
    - Download the guide & watch the videos
    - Find out if you are eligible for an HSA

# Health Savings Account

## Payroll contributions to the HSA are tax advantaged:

- For the Employee: Free from Federal & State Income Tax (~25%), Medicare Tax (1.45%) and Social Security Tax (6.2%)
- For Boeing: Free from Medicare Tax (1.45%) and Social Security Tax (6.2%)
  - 2024 Individual IRS Maximum = **\$4,150** (Boeing **\$800**, you **\$3,350**)
  - 2024 Family IRS Maximum = **\$8,300** (Boeing **\$1,600**, You **\$6,700**)

## Qualified Withdrawals from the HSA are Income tax free

- Tax-free if for eligible medical expenses for you or any IRS dependant.
- IRS Publication 502 lists eligible expense (Glasses, contacts, dentures, braces, reading glasses, mileage to/from providers, etc..) & Medicare part B & D premiums upon retirement  
<http://www.irs.gov/pub/irs-pdf/p502.pdf>
- The funds in an HSA can be used for other, non-medical expenses, but the dollars are subject to ordinary tax plus a **20 percent penalty** if the individual is under age 65.
- Like most Bank accounts, there can be fees



# Welcome Boeing

HealthEquity is pleased to present you with the following information about health savings accounts (HSAs).

Need a comprehensive HSA guidebook?

[DOWNLOAD YOUR COPY](#)

[Learn more about HSAs](#) ▼

[Media library](#) ▼

[Documents, forms and IRS publications](#) ▼

## Documents

- [Protect your HSA - Phishing FAQ](#)
- [Boeing HSA basics](#)
- [Medicare & HSAs](#)
- [Boeing HSA payroll instructions](#)
- [How to transfer your HSA](#)
- [HSA Fees and Interest Rate Schedule](#)
- [Investment guide](#)

## Forms

- [Distribution of Excess HSA Contribution form](#)
- [Transfer Request Form](#)
- [Beneficiary designation form](#)
- [Electronic funds transfer \(EFT\) setup form](#)

# [www.healthequity.com/boeing](http://www.healthequity.com/boeing)

## Health savings account administration fees account setup

With your current HSA-powered plan, you enjoy the benefit of having your account setup and monthly fees paid by your employer. In addition, you receive the discounted prices associated with other fees. If you choose to leave your current plan, you may be subject to additional fees. Below are the fees associated with the administration of your HealthEquity® health savings account (HSA).

Service	Service Fee	Frequency
Account Setup	Paid for by your employer	One-time
Monthly Admin Fee	Paid for by your employer <sup>1</sup>	Monthly
Reimbursement check	\$2 for paper check. No fee for electronic funds transfer.	
Payment to Provider	No fee	
Replacement Card <sup>2</sup>	3 free; \$5.00 for each Card replaced if lost/stolen/damaged.	Per card
Return Deposited Item	\$20.00 per item	Per transaction
Overdraft	\$20.00 per item	Per transaction
Stop Payment Request	\$20.00 per item	Per request
Excess Contribution Refund Request	\$20.00	Per request
Account Closing	\$25.00 <sup>3</sup>	One-time
Paper Statement	\$1.00 per monthly statement (no fee for electronic statements) <sup>4</sup>	Monthly

# *Other Voluntary Benefit Programs*

- Voluntary Benefit Programs
  - 98.6
    - Telehealth service
  - Met Life Voluntary Plans Care Connect
    - Accident insurance
    - Critical Illness Insurance
    - Hospital Indemnity Insurance
    - Legal Plans
    - Identity Theft Protection



## Accident Insurance

Help complete your healthcare coverage with Accident Insurance.



## Critical Illness Insurance

Help with serious medical costs with Critical Illness Insurance.



## Hospital Indemnity Insurance

Help with costly hospital stays with Hospital Indemnity Insurance.



## Legal Plans

Cover the costs on a wide range of common legal issues with a Legal Plan.



## Identity Theft & Fraud Protection

Make the internet a safer place for you and your family



## Am I Eligible for this Coverage?



Welcome **Boein**

Home Coverage **Additional Benefits** Doctor or Pharmacy Health and Wellbeing Forms Contact Us 888-802-8776 Log In

# On-Demand, Text-Based Primary Care in the U.S.

Join the over 24,000 Boeing members who utilized 98point6. Boeing members can access text-based primary care 24/7 through 98point6, a Boeing Total Rewards Partner. You can sign in and start a visit anywhere. No appointment needed.

98point6 Inc. is an independent company that contracts directly with Boeing to provide health care management. 98 point6 Inc. is solely responsible for the products and services that it provides.

[Learn more today ↗](#)



## COVID-19 Vaccines and At-Home Testing

You can receive the COVID-19 vaccine at no cost through your Boeing-sponsored BCBSIL plan when using an in-network provider or pharmacy.

[Search for in-network providers](#)  
[Visit the Centers for Disease Control and Prevention ↗](#)

## Find a Doctor, Hospital or Pharmacy

Provider Finder<sup>®</sup> allows you to look up doctors, hospitals and pharmacies by location. You can compare providers based on price, patient reviews and recognitions to make decisions for your health care spending.

## Learn to Live

Digital mental health programs from Learn to Live can help you or a loved one get your emotional health on track so you can feel better and enjoy life more.





Welcome Boeing

- [Home](#)
- [Coverage](#)
- [Additional Benefits](#)
- [Doctor or Pharmacy](#)
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- [Forms](#)
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- [888-802-8776](#)
- [Log In](#) ▼

- Coverage
- Medical Benefits**
- Behavioral Health Benefits
- Pharmacy Benefits

## 2024 Medical Benefits

Your benefits include programs and services designed to help you manage your health care. Explore your benefits now so you can make informed health care choices. As a Boeing employee, you have several choices based on your status:

[Boeing Active Employee](#)

[Are you looking for 2023 benefit information?](#)

[Legal and Privacy | Non-Discrimination Notice](#)

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- 🔗 You are leaving this website/app ("site"). This new site may be offered by a vendor or an independent third party. The site may also contain non-Medicare related information. In addition, some sites may require you to agree to their terms of use and privacy policy.

## Benefit Summaries — effective January 1, 2024

- [BNA Hourly](#)
- [BNA Hourly MemorialCare Preferred Partnership](#)
- [Boeing Aerospace Operations \(Nonunion\)](#)
- [Boeing Aerospace Operations \(Union Groups\)](#)
- [IAFF I-17](#)
- [IAFF I-66 \(Seattle\)](#)
- [IAFF I-66 \(Seattle\) Embright Preferred Partnership](#)
- [IAM 2766 \(Huntsville\)](#)
- [IAM 725](#)
- [IAM 725 MemorialCare Preferred Partnership](#)
- [IAM 751, 70 and W24](#)
- [IBEW 1](#)
- [IBT St. Louis](#)
- [IUOE 302PP](#)
- [IUOE 302PP Embright Preferred Partnership](#)
- [IUOE 302 Welders](#)
- [IUOE 501W](#)
- [IUOE 501W MemorialCare Preferred Partnership](#)
- [Montana Aviation](#)
- [Nonunion](#)
- [Nonunion \(Maryland/District of Columbia/Northern Virginia\)](#)
- [Nonunion \(Oklahoma\)](#)
- [Nonunion MemorialCare Preferred Partnership](#)
- [Nonunion Roper St. Francis Preferred Partnership](#)
- [Nonunion Embright Preferred Partnership](#)
- [SPEEA](#)
- [SPEEA MemorialCare Preferred Partnership](#)
- [SPEEA Embright Preferred Partnership](#)
- [SPFPA 159](#)
- [SPFPA 159 MemorialCare Preferred Partnership](#)
- [SPIU](#)
- [SPIU Embright Preferred Partnership](#)
- [UAW 1069](#)

**Summary of Benefits and Coverage:** What this Plan Covers & What You Pay for Covered Services  
**The Boeing Company: BCBS-Traditional Medical Plan-PPO-All Locations**

**Coverage Period:** 01/01/2024 - 12/31/2024  
**Coverage for:** All Coverage Tiers | **Plan Type:** PPO

 **The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-888-802-8776, refer to group number 7SPE00 when calling or visit us at [www.bcbsil.com/boeing](http://www.bcbsil.com/boeing). For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at [www.healthcare.gov/sbc-glossary](http://www.healthcare.gov/sbc-glossary) or call 1-866-473-2016 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall deductible?</b>	<u>Network</u> : \$300 per individual, \$900 per family of 3 or more; <u>Nonnetwork</u> : \$600 per individual, \$1,800 per family of 3 or more. <u>Nonnetwork</u> charges apply toward the <u>network deductible</u> .	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
<b>Are there services covered before you meet your deductible?</b>	Yes. <u>Deductible</u> does not apply to <u>copayments</u> , <u>prescription drugs</u> , <u>preventive care</u> or vision.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other deductibles for specific services?</b>	No.	You don't have to meet <u>deductibles</u> for specific services.
<b>What is the out-of-pocket limit for this plan?</b>	\$2,000 per individual, \$4,500 per family for medical expenses; <u>Network</u> - <u>nonnetwork</u> combined, <u>plan</u> year <u>deductible</u> included in medical out-of-pocket maximum; Separate \$4,000 per individual, \$8,000 per family for <u>network</u> prescription drug expenses.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
<b>What is not included in the out-of-pocket limit?</b>	<u>Premiums</u> , balance-billed charges, health care this <u>plan</u> doesn't cover, penalties for failing to obtain <u>preauthorization</u> , vision.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .



# Monthly Premium Contributions

Contributions- Standard Network Option	Advantage+			Traditional		
Premium Contribution %	0%	6%	9%	6%	9%	12%
Monthly Premium EE	\$0	\$39.87	\$59.80	\$42.91	\$64.36	\$85.81
Monthly Premium ES/EC	\$0	\$79.74	\$119.60	\$85.82	\$128.72	\$171.62
Monthly Premium ESC	\$0	\$119.61	\$179.40	\$128.73	\$193.08	\$257.43
Boeing EE HSA Contribution	(\$800)	(\$800)	(\$800)	N/A	N/A	N/A
Boeing Family HSA Contribution	(\$1,600)	(\$1,600)	(\$1,600)	N/A	N/A	N/A

# Monthly Premium Contributions

Contributions- Standard Network Option	Select			Kaiser (WA)		
Premium Contribution %	12%	15%	18%	12%	15%	18%
Monthly Premium EE	\$90.39	\$112.99	\$135.58	\$92.69	\$115.87	\$139.04
Monthly Premium ES/EC	\$180.78	\$225.98	\$271.17	\$185.38	\$231.74	\$278.08
Monthly Premium ESC	\$271.17	\$338.97	\$406.74	\$278.07	\$347.61	\$417.12
Boeing EE HSA Contribution	N/A	N/A	N/A	N/A	N/A	N/A
Boeing Family HSA Contribution	N/A	N/A	N/A	N/A	N/A	N/A

# Annual Premium Contributions

Contributions- Standard Network Option	Advantage+			Traditional		
Premium Contribution %	0%	6%	9%	6%	9%	12%
Total Premium EE	\$0	\$478	\$717	\$515	\$772	\$1,030
Total Premium ES/EC	\$0	\$956	\$1,434	\$1,030	\$1,544	\$2,060
Total Premium ESC	\$0	\$1,434	\$2,151	\$1,545	\$2,316	\$3,090
Boeing EE HSA Contribution	(\$800)	(\$800)	(\$800)	N/A	N/A	N/A
Boeing Family HSA Contribution	(\$1,600)	(\$1,600)	(\$1,600)	N/A	N/A	N/A

# Annual Premium Contributions

Contributions- Standard Network Option	Select			Kaiser (WA)		
Premium Contribution %	12%	15%	18%	12%	15%	18%
Total Premium EE	\$1,085	\$1,356	\$1,627	\$1,112	\$1,390	\$1,668
Total Premium ES/EC	\$2,170	\$2,712	\$3,254	\$2,224	\$2,780	\$3,336
Total Premium ESC	\$3,255	\$4,068	\$4,881	\$3,336	\$4,170	\$5,004
Boeing EE HSA Contribution	N/A	N/A	N/A	N/A	N/A	N/A
Boeing Family HSA Contribution	N/A	N/A	N/A	N/A	N/A	N/A



## Embright welcomes you!

For 2022 the Boeing Preferred Partnership Plan options offered in the Puget Sound region will be managed by Embright. The plan options will work the same as they do today.

**Scroll down to learn more** about Embright, what's staying the same, and what is different.



[www.boeing.embright.com](https://www.boeing.embright.com)





# What kind of provider are you looking for?

## WHO

## WHAT

## WHERE (SELECT LOCATION FROM LISTING)

## Other providers

For the service categories shown below, Embright will supplement its network with the providers that are part of the **Blue Cross and Blue Shield network**.

- Acupuncture
- Home Health
- Nutritionists
- Skilled Nursing Facility
- Audiology
- Lab
- Occupational Therapists
- Skilled Rehab Facility
- Chiropractors
- Licensed Massage Therapists
- Optometry
- Speech Therapists
- Durable Medical Equipment
- Maxillofacial (Oral) Surgeons
- Physical Therapists
- Hearing Aids
- Naturopaths (ND)
- Radiology & Mammography

### Quick links:

**PRIME THERAPEUTICS** - prescription drug coverage

**BLUE CROSS BLUE SHIELD OF ILLINOIS** - mental health/substance abuse disorders

**DAVIS VISION** - vision

**BEACON HEALTH OPTIONS** - employee assistance program

## Common specialties



# Preferred Partnership

[www.boeing.embright.com](http://www.boeing.embright.com)

- More Affordable:
  - Lower paycheck contributions -\$30/mo for Individuals, -\$60 for Spouse or Child, -\$90 for full family
  - Increased company HSA contributions for the Advantage+ health plan
    - 2019+ = 80% Deductible (\$1,280\*/ \$2,560\*)
  - Free In-network primary care provider\*\*
  - Free in-network generic drugs\*\*
  - BCBS PPO Urgent Care Providers always count as in-network
- Enhanced Service:
  - Same day or next day primary care
  - Can schedule through the Embright portal
  - 24hr Nurse line

\*2025+ Deductibles are unknown at this time, but company contribution is fixed percentage of applicable deductible

\*\*For Advantage+ health plan, must first satisfy the deductible, if applicable

# *Preferred Partnership*

Not for everyone:

- Tremendously reduces the in-network provider list
- Not for employees with children in college out of state

However, savings to be had if:

- If willing to be restricted to Embright Network
- If currently seeing Embright doctors & hospitals

*Preferred partnership option costs less from your paycheck, but will likely cost more if you use non-network providers!*



# Annual Premium Contributions

Contributions- Preferred Partnership	Advantage+			Traditional		
Premium Contribution %	0%	6%	9%	6%	9%	12%
Total Premium EE	\$0	\$118	\$358	\$155	\$412	\$670
Total Premium ES/EC	\$0	\$236	\$716	\$310	\$825	\$1,339
Total Premium ESC	\$0	\$354	\$1,074	\$465	\$1,237	\$2,009
Boeing EE HSA Contribution	(\$1,280)	(\$1,280)	(\$1,280)	N/A	N/A	N/A
Boeing Family HSA Contribution	(\$2,560)	(\$2,560)	(\$2,560)	N/A	N/A	N/A

# Annual Premium Contributions

Contributions- Preferred Partnership	Select			Kaiser (WA)		
Premium Contribution %	12%	15%	18%	12%	15%	18%
Total Premium EE	\$725	\$996	\$1,267	\$1,112	\$1,390	\$1,668
Total Premium ES/EC	\$1,449	\$1,992	\$2,534	\$2,224	\$2,780	\$3,336
Total Premium ESC	\$2,174	\$2,988	\$3,801	\$3,336	\$4,170	\$5,004
Boeing EE HSA Contribution	N/A	N/A	N/A	N/A	N/A	N/A
Boeing Family HSA Contribution	N/A	N/A	N/A	N/A	N/A	N/A

# Flexible Spending Account (FSA)

- FSAs are funded annually on a pre-tax basis.
  - For the Employee: Free from Federal & State Income Tax (~25%), Medicare Tax (1.45%) and Social Security Tax (6.2%)
  - For Boeing: Free from Medicare Tax (1.45%) and Social Security Tax (6.2%)
- FSA funds can be used tax-free for eligible medical expenses
  - For all IRS tax dependants, even if not enrolled in HDHP medical plan
- Your entire annual election is available immediately
  - You do not have to repay if you quit/retire mid-year
    - Use all the funds before retirement = you win
  - **Only \$10 to \$550 of your unused FSA contribution can roll over to the following year. Unused amounts under \$10 and over \$550 are forfeited.**



# Flexible Spending Account (FSA)

- The ultimate question... How Much to elect?
  - Add up the annual “member responsibility” for you and your family for all covered medical, dental and vision claims (Deductibles, co-pays, coinsurance, etc..)
  - Add up all the non-covered costs of diagnosis, cure, mitigation, treatment, or prevention of disease
  - Then add mileage to the doctor, mileage back home and the other items that are reimbursable in accordance with the SPD and the IRS Regulations.

# Flexible Spending Account (FSA)

If enrolled in Advantage+ “Limited” Flexible Spending Account:

- Before you meet your HDHP deductible: Your *Limited* Health Care FSA can be used to reimburse only a limited list of expenses (dental, vision, certain preventative prescriptions)
- After you meet your HDHP deductible: Your *Limited* Health Care FSA can be used to reimburse most, but not all, of the tax-deductible expenses in IRS Publication 502.
- You should consider contributing the maximum to the HSA before considering contributing to your FSA.

If not enrolled in Advantage+ Flexible Spending Account:

- Most, but not all, of the tax-deductible expenses in IRS Publication 502 are reimbursable through your Health Care FSA.

# Flexible Spending Account (FSA)

## NEW FOR 2024

- Employees making \$135k or more will not be eligible for the full *Dependent Care* FSA
- Max for these employees is \$2,500 (50%) of the IRS max
- Due to non-discrimination testing

# 2024 Dental Plans

# Open Enrollment

## Dental Plans (All Free From Premium Contributions)

1. DDWA Preferred / Network Dental (PPO)  
Group # 04340
2. DDWA Scheduled Dental (Scheduled Benefit Plan)  
Group # 04360
3. DDWA Pre-Paid Dental (Dental HMO)  
Group # 04200

[www.deltadentalwa.com/boeing](http://www.deltadentalwa.com/boeing)

# Open Enrollment

## 1. DDWA Preferred Dental (PPO)

- Recommended for the **vast majority** of SPEEA-represented employees and their families.
- For the highest benefit, plan to use an in-network Delta Dental of WA (DDWA) PPO dentist.
  - Nationwide in-network coverage available, using the National Delta Dental PPO networks.
- PPO Network **and** Premier Network dentists are prohibited from billing you the difference between the charged and the maximum allowable rate, known as “balance billing”.
- [www.deltadentalwa.com/boeing](http://www.deltadentalwa.com/boeing) - Find a PPO dentist

# Open Enrollment

## 2. DDWA Scheduled Dental Plan

- 1970's "Scheduled Payment Plan"
  - \$25 deductible per person, Annual max benefit of \$2000.
  - List of dental codes and reimbursement amounts are in your contract and have not increased in 18+ years
- No network of dentists (can use any licensed dentist)
- Benefit of DDWA Premier network
  - If you just so happen to seek treatment from a DDWA Premier network dentist, the dentist will have to write off any amount between allowed and the actual charges



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### Scheduled Dental Plan Schedule of Covered Services

**The Scheduled Dental Plan is administered by Aetna (the service representative).**

American Dental Asso- ciation Code	Service or Supply	Maximum Allowable Fee (\$)
<b>Diagnostic</b>		
Examinations (limited to 1 per course of treatment)		
D0150	Comprehensive oral evaluation	48
D0120	Periodic oral exam (limited to twice in a 1-year period)	26
D0140	Limited oral evaluation	37
<b>Radiographs (X-rays)</b>		
Complete Mouth X-rays (limited to once in a 5-year period)		
D0210	Intraoral (including bitewings)	69
D0330	Panoramic (limited to once in a 36-month period)	53
Intraoral Periapical		
D0220	Single, first film	14
D0230	Each additional film	11
Bitewings (limited to once in a 12-month period)		
D0270	Single film	13



# Open Enrollment

## 3. DDWA Prepaid Dental – Dental HMO

- You have to prospectively select an in-network dentist
- The dentist you select receives monthly payments, whether or not you seek services (capitation).
- If you seek services from your dentist, they typically receive no additional compensation.
- SPEEA receives more complaints about Prepaid Dental than Preferred and Scheduled combined.
  - Scheduling issues
  - Covers all “necessary” care; Who defines “necessary”?
- Might be a good choice for a persistent individual with significant dental needs and a flexible schedule

# Health Risk Assessments

	Who	Monthly Non-compliance charge
Screenings	<del>Employee Only</del>	\$20/\$240 \$40/\$480
Health Assessment	Employee and Spouse/Eligible Domestic Partner	

*“Health assessment data shall be collected by a third party, and such data shall remain subject to HIPAA privacy laws at all times. Individual employee assessment results shall not be disclosed to Boeing employees. Boeing may receive de-identified aggregate assessment data for the purpose of administering the Boeing health and Well Being programs.”*

**Boeing Health and Insurance Service Center  
through Boeing Work Life**

[866-473-2016](tel:866-473-2016)

say “Health & Insurance”

[www.boeing.com/express](http://www.boeing.com/express)

**Plan/Account Administrator**

**Blue Cross Blue Shield of Illinois** (medical plan & mental health/substance use disorder treatment administrator)

[888-802-8776](tel:888-802-8776)

[www.bcbsil.com/boeing](http://www.bcbsil.com/boeing)

**Prime Therapeutics** (prescription drugs)

<https://www.myprime.com/en/boeing.html>

**HealthEquity** (health savings account administrator)

[877-873-9377](tel:877-873-9377)

[www.healthequity.com/boeing](http://www.healthequity.com/boeing)

**Davis Vision** (vision plan administrator)

[844-770-1500](tel:844-770-1500)

[www.davisvision.com/boeing](http://www.davisvision.com/boeing)

**Delta Dental** (dental plan administrator)

[877-377-5727](tel:877-377-5727)

[www.deltadentalwa.com/boeing](http://www.deltadentalwa.com/boeing)

**Embright** (preferred partnership)

[888-402-4235](tel:888-402-4235)

[www.boeing.embright.com](http://www.boeing.embright.com)

# 2024 Open Enrollment



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