SPEEA 2026

Prof & Tech
Annual Open Enrollment

SPEEA / IFPTE Local 2001

V1

JasonC@speea.org

Open Enrollment

Discussion Topics / Agenda

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

SPEEA IFPTE LOCAL 2001

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

2026 Health Plan Overview: Highlights and Changes

This Overview summarizes your 2026 Boeing-sponsored health plan options and any coverage changes effective Jan. 1, 2026. **Changes to your coverage are shown in blue in the table below. There are no coverage changes to your dental, vision or welfare benefits for 2026.** Go to the Total Rewards portal during annual enrollment to learn more about your health and welfare plan options, and enroll in or make changes to your 2026 benefits coverage.

Preferred Partnership

You are eligible to participate in the Preferred Partnership option for 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***. If you live in Southern California, visit ***boeingmcha.org***.

Medical Plan Highlights

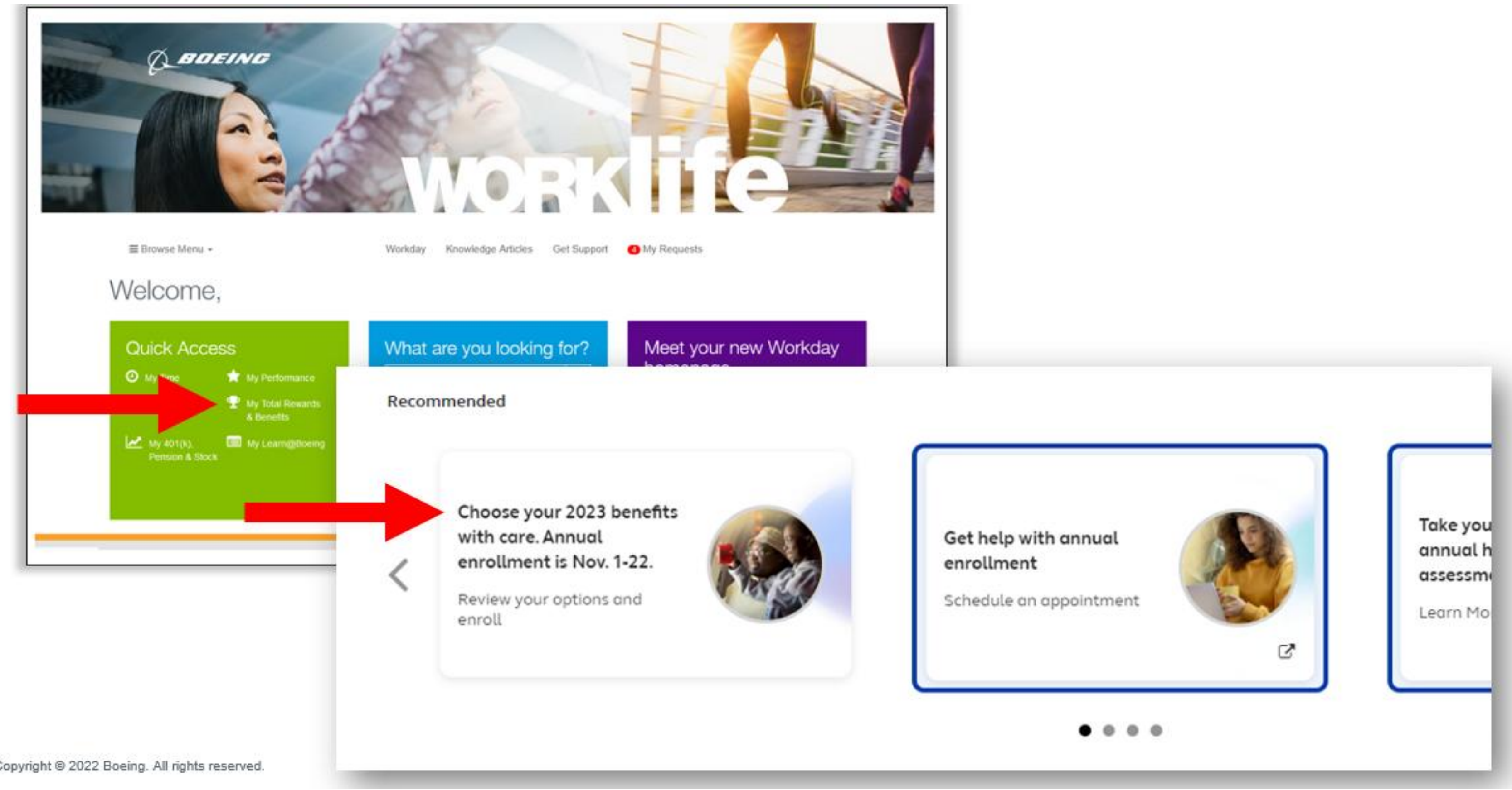
The table below summarizes your network medical coverage options only. The amounts shown are what you pay for coverage, in addition to your monthly paycheck contributions and any potential contributions to an HSA or FSA (if applicable). Nonnetwork coverage information can be found on the Total Rewards 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	Boeing contributes:* $850 employee only $1,700 employee + family *In addition, if you enroll in the Preferred Partnership option, you'll receive an additional $510/$1,020 HSA contribution from Boeing** 2026 total maximum contribution (Boeing and your contributions combined): $4,400 employee only $8,750 employee + family If you turn age 55 or older in 2026, you can contribute an additional $1,000	N/A	N/A	N/A

Open Enrollment

- Annual Open Enrollment:
  - From ***November 3*** to ***November 21***
  - Changes Become Effective ***January 1, 2026***

Open Enrollment

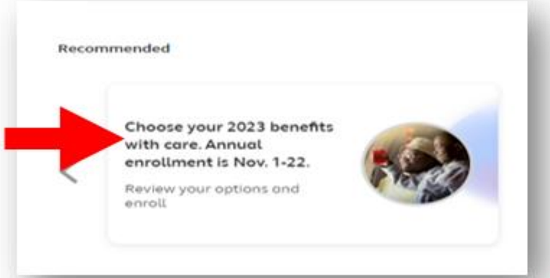


Open Enrollment

Total Rewards Portal: Home and AE Welcome pages

Portal Home Page

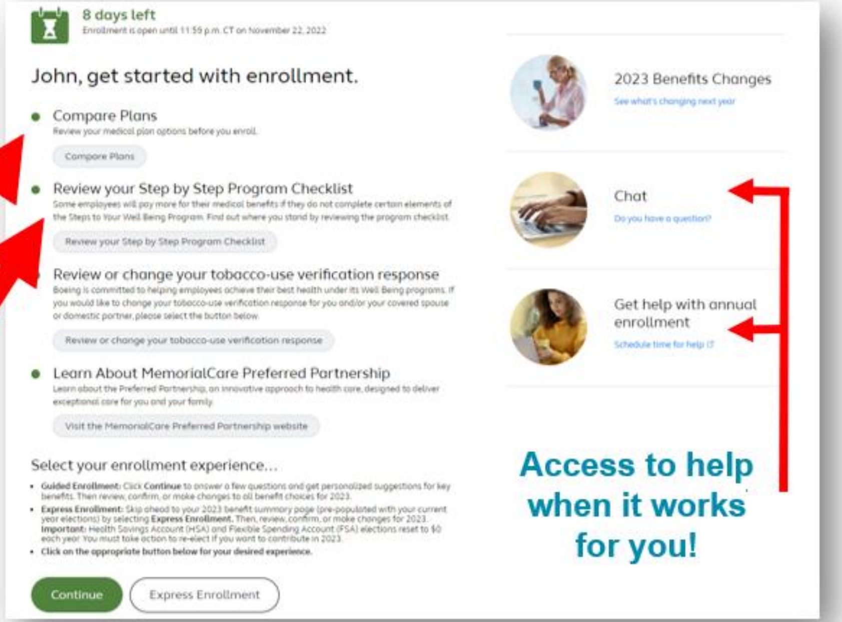
Access Annual Enrollment Welcome page



NEW! Compare plans easily

View status of your voluntary Well Being activities

Annual Enrollment Welcome Page



Access to help when it works for you!

SPEEA IFPTE LOCAL 2001

Changes & Things to Note

- **All Medical Plans Stay the Same**
- **A+ and HSA changes for 2026**
  - 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 >$160k
  - New administrator for FSA plans: Smart Choice
- **Health Assessment**
  - No longer required

SPEEA
IFPTE LOCAL 2001

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%

SPEEA IFPTE LOCAL 2001

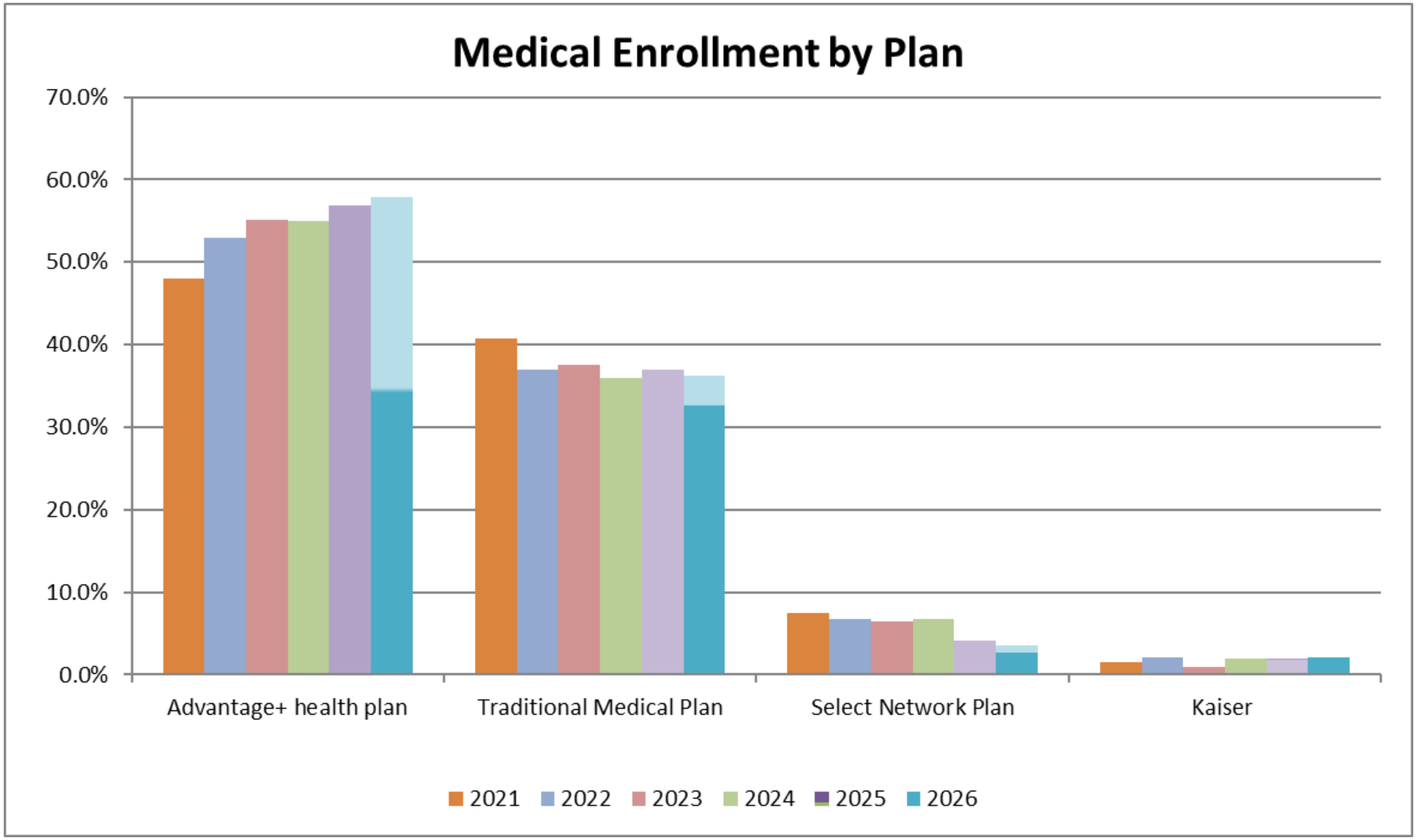
Open Enrollment

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 (Oregon)
   - 12%, 15%, or 18% Premium Contribution
4. Kaiser Permanente and other HMOs
   - 12%, 15%, or 18% Premium Contribution

SPEEA IFPTE LOCAL 2001

Open Enrollment



Advantage+

	SPEEA 2026	
	EE	All Others
HSA Contribution 50% of Deductible	$850	$1,700
Deductible*	$1,700	$3,400
OOP Max In Network (incl. Deductible, *Medical and Rx*)	$3,400	$6,800
OOP Max Non-Network (incl. Deductible *Medical and Rx*)	$5,100	$10,200
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	Effective 2018+ 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
  - Learn about Health Savings Accounts
    - Download the guide & watch the videos
    - Find out if you are eligible for an HSA

SPEEA
IFPTE LOCAL 2001

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%)
  - 2025 Individual IRS Maximum = $4,400 (Boeing $850, you $3,550)
  - 2025 Family IRS Maximum = $8,750 (Boeing $1,700, you $7,050)

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

SPEEA
IFPTE LOCAL 2001

Carena - At home Urgent Care | Learn More | Boeing Urgent Care | Health savings acccount | Learn

https://learn.healthequity.com/boeing/hsa/

Apps | eh577c -77 | SPEEA 2018 Negotiat | Charging Stations in | Map | Dashboard | HSA | CompAnalyst | Other bookmarks

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

TOP

24/7

Health Savings Account

Service fees

ADMINISTRATION FEES ACCOUNT SETUP

With your current HSA-powered plan, you enjoy the benefit of having your account setup and monthly fees paid by Boeing. Below are the fees associated with the administration of your HealthEquity® health savings account (HSA). Other fees may apply, refer to the footnote below.

Service	Service Fee	Frequency
Account Setup	Paid for by Boeing	One-time
Monthly Admin Fee	Waived[1]	Monthly
Reimbursement check	$2 for paper check. No fee for electronic funds transfer.	
Payment to Provider	No fee	
Replacement Card[2]	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[3]	One-time
Paper Statement	$1.00 per monthly statement (no fee for electronic statements)[4]	Monthly

Questions?
Give us a call at:
1.877.873.9377

Visit us at:
HealthEquity.com/Boeing

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

SPEEA
IFPTE LOCAL 2001

Accident Insurance

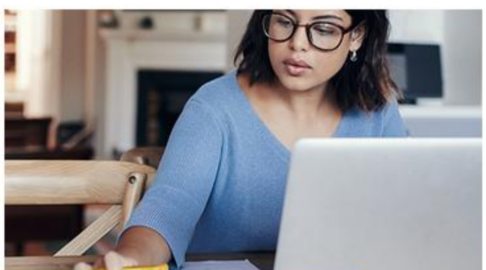
Help complete your healthcare coverage with Accident Insurance.

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?

https://www.bcbsil.com/boeing

Language Assista

BlueCross BlueShield of Illinois

Welcome Boein

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® 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.

2026 Medical Benefits

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

Boeing Active Employee

Are you looking for 2025 benefit information?

https://www.bcbsil.com/boeing/coverage-and-plans/medical/active-early-retiree/tradmedical

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

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 7SPE60 when calling or visit us at 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 or call 1-866-473-2016 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	$1,700 Self Only or $3,400 Self + Family, family level deductible may be met by one or a combination of members. Network-nonnetwork combined.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.
Are there services covered before you meet your deductible?	Yes. Deductible does not apply to copayments, preventive care or vision.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	Network: $3,400 Self Only or $6,800 Self + Family for medical and prescription drug expenses; Nonnetwork: $5,100 Self Only or $10,200 Self + Family for medical and prescription drug expenses; Family level out-of-pocket maximum may be met by one or a combination of members, plan year deductible is included in out-of-pocket maximum.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, the overall family out-of-pocket limit must be met.

Monthly Premium Contributions

Contributions- Standard Network Option	Advantage+			Traditional		
Premium Contribution %	0%	6%	9%	6%	9%	12%
Monthly Premium EE	$0	$45.77	$68.66	$49.36	$74.04	$98.71
Monthly Premium ES/EC	$0	$91.54	$137.32	$98.72	$148.08	$197.42
Monthly Premium ESC	$0	$137.31	$205.98	$148.08	$222.12	$296.13
Boeing EE HSA Contribution	($850)	($850)	($850)	N/A	N/A	N/A
Boeing Family HSA Contribution	($1,700)	($1,700)	($1,700)	N/A	N/A	N/A

Monthly Premium Contributions

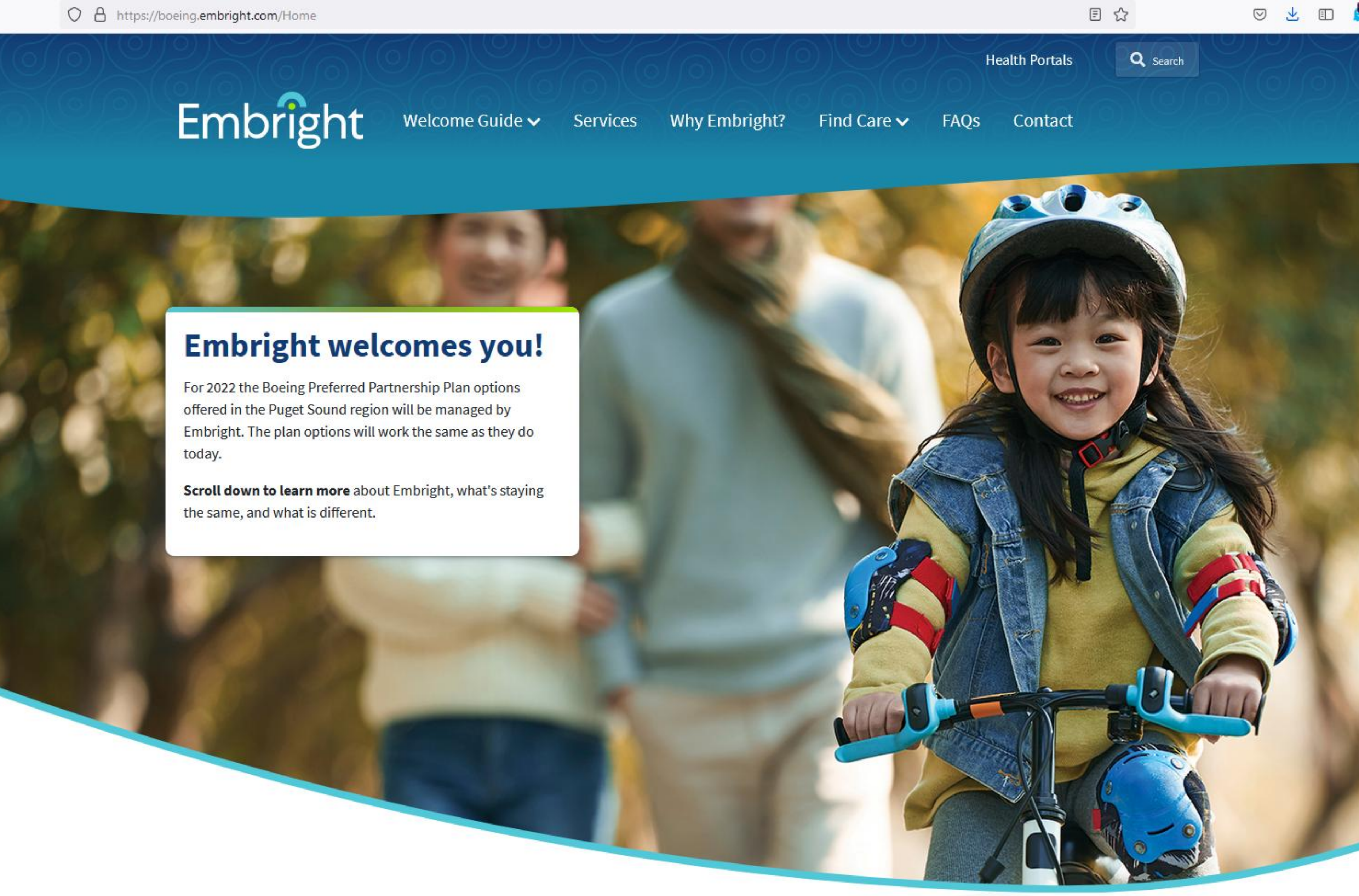
Contributions- Standard Network Option	Select			Kaiser (WA)		
Premium Contribution %	12%	15%	18%	12%	15%	18%
Monthly Premium EE	$103.41	$129.27	$155.12	$105.42	$131.78	$158.14
Monthly Premium ES/EC	$206.82	$258.54	$310.24	$210.84	$263.56	$316.28
Monthly Premium ESC	$310.23	$387.81	$456.36	$316.26	$395.34	$474.42
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	$549	$824	$592	$888	$1,185
Total Premium ES/EC	$0	$1,098	$1,648	$1,185	$1777	$2,369
Total Premium ESC	$0	$1,648	$2,472	$1777	$2,665	$3,554
Boeing EE HSA Contribution	($850)	($850)	($850)	N/A	N/A	N/A
Boeing Family HSA Contribution	($1,700)	($1,700)	($1,700)	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	$1,241	$1,551	$1,861	$1,265	$1,581	$1,898
Total Premium ES/EC	$2,482	$3,102	$3,723	$2,530	$3,163	$3,795
Total Premium ESC	$3,723	$4,654	$5,584	$3,795	$4,744	$5,693
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



www.boeing.embright.com

SPEEA
IFPTE LOCAL 2001

What kind of provider are you looking for?

WHO

Search by doctor name

WHAT

Search by specialty

WHERE (SELECT LOCATION FROM LISTING)

current location

Search

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

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

SPEEA IFPTE LOCAL 2001

Preferred Partnership

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 ($1,360*/ $2,720*)
  - Free In-network primary care provider**
  - Free in-network generic drugs**
  - BCBS PPO Urgent Care Providers always count as in-network
- Enhanced Service:
  - Can schedule through the Embright portal
  - 24hr Nurse line

*2026+ 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 <u>cost more</u> 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	$189	$464	$232	$528	$825
Total Premium ES/EC	$0	$378	$928	$465	$1,057	$1,649
Total Premium ESC	$0	$568	$1,392	$697	$1,585	$2,474
Boeing EE HSA Contribution	($1,360)	($1,360)	($1,360)	N/A	N/A	N/A
Boeing Family HSA Contribution	($2,720)	($2,720)	($2,720)	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	$881	$1,191	$1,501	$1,265	$1,581	$1,898
Total Premium ES/EC	$1,762	$2,382	$3,003	$2,530	$3,163	$3,795
Total Premium ESC	$2,643	$3,574	$4,504	$3,795	$4,744	$5,693
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 $660 of your unused FSA contribution can roll over to the following year. Unused amounts under $10 and over $660 are forfeited.**

SPEEA IFPTE LOCAL 2001

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.

SPEEA
IFPTE LOCAL 2001

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)

– Employees making $160k or more will not be eligible for the full *Dependent Care* FSA
– Max for these employees is $2,500 ($3,750 for employees under $160k)
– Due to non-discrimination testing

SPEEA
IFPTE LOCAL 2001

New FSA Vendor

Accessing Your Accounts

Tips

Alight Mobile App

- When you have a claim that requires validation, an alert will appear at the top of your FSA plan page. Click on the alert to submit your supporting document(s).
- Want to be paid back faster for expenses you incur? Sign up for direct deposit and indicate where you want Smart-Choice Accounts to send your reimbursement.

Sign Up for Text Messaging

When you sign up for text messages, you will receive important account notifications. Simply log on to the Alight website (***digital.alight.com/boeing***) and click on My FSA & Reimbursement Accounts under Popular Links (under left navigation menu). Then, click on Manage your account under "Health Care Flexible Spending Account", then hover on the drop-down

You can access your account a few different ways:

1. **By visiting digital.alight.com/boeing. (BAO C-2 and union-represented employees must log in using this method.)**
   - Create a username, password and PIN by clicking *New User?* Authenticate yourself by:
     - Entering the last 4 digits of your Social Security number and your date of birth.
     - Providing the ZIP code of your address on file on the Total Rewards portal.
   - Once authenticated, create a user ID and password. You will use this user ID and password to log in to your account online.
   - Once you land on the Total Rewards portal home page under Popular Links (left navigation), click *My Reimbursement Accounts* under Popular Links (left navigation menu) to access Smart-Choice Accounts.
2. **From my.boeing.com**
   (no login or registration required to access your FSAs)
   - Visit *my.boeing.com*.
   - Click *Total Rewards* in the Quick Access box.
   - Once you land on the Total Rewards portal home page, click the *My FSA & Reimbursement Accounts* under Popular Links (left navigation menu) to access Smart-Choice Accounts.
3. **Using the Alight Mobile App**
   - Go to the Apple App Store or the Google Play Store and download the Alight Mobile app onto your Apple or Android device.
   - Use the username and password you created in Option 1 above to access your account.

SPEEA
IFPTE LOCAL 2001

2026 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

SPEEA IFPTE LOCAL 2001

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 - Find a PPO dentist

SPEEA
IFPTE LOCAL 2001

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

SPEEA IFPTE LOCAL 2001

Scheduled Dental Plan Schedule of Covered Services The Scheduled Dental Plan is administered by Aetna (the service representative).		
American Dental Association Code	**Service or Supply**	**Maximum Allowable Fee ($)**
	Diagnostic	
	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
	Radiographs (X-rays)	
	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 <u>prospectively</u> 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

SPEEA
IFPTE LOCAL 2001

Health Risk Assessments

	Who	...thly Non- ...nce
~~Se...~~	~~...ee Only~~	$2... $4...
He... ...sment	E... Spous... Domestic P...	

"Health ... shall be collected by a thi... data shall remain sub... ...yee assessment results shall n... ...y receive de-identified aggregat... ...ministering the Boeing health and Well Being prog...

Boeing Health and Insurance Service Center through Boeing Work Life	866-473-2016 say "Health & Insurance" 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 www.bcbsil.com/boeing
Prime Therapeutics (prescription drugs)	https://www.myprime.com/en/boeing.html
HealthEquity (health savings account administrator)	877-873-9377 www.healthequity.com/boeing
Davis Vision (vision plan administrator)	844-770-1500 www.davisvision.com/boeing
Delta Dental (dental plan administrator)	877-377-5727 www.deltadentalwa.com/boeing
Embright (preferred partnership)	888-402-4235 www.boeing.embright.com

2026 Open Enrollment

SPEEA / IFPTE Local 2001

JasonC@speea.org

IFPTE

SPEEA
IFPTE LOCAL 2001