

SPEEA 2021

Prof & Tech

Annual Open Enrollment

SPEEA / IFPTE Local 2001

Version 1

JasonC@speea.org



Open Enrollment

Discussion Topics / Agenda

- Dates and Details
- Medical & Dental Plan Changes & Choices
- Voluntary Benefit Plans
- Prime Therapeutics
- Flexible Spending Account (FSA)
- Health Assessment
- Questions







FOR EMPLOYEES
REPRESENTED
BY SPEEA AND SPIU



2020 Health Plan Overview: Highlights and Changes

This Overview summarizes your 2020 health plan options, showing network coverage only. The amounts shown are what you pay for network medical coverage, in addition to your monthly paycheck contributions, as well as the contribution amounts for the HSA (if applicable). Go to *Your Benefits Resources* during annual enrollment for nonnetwork medical coverage, as well as more details about your 2020 health and welfare plan options, and to enroll or make changes. **Changes for 2020 are shown in purple.**

If you live in the Puget Sound or Southern California area, you may also be eligible to participate in the Preferred Partnership option for the Advantage+ health plan, Traditional Medical Plan or Select Network Plan, which includes enhanced benefits, additional cost savings for several of the services shown below and lower monthly paycheck contributions for the Traditional Medical Plan. Visit speeahealthpartnership.com for more information.

| Plan Feature |  Advantage+ Health Plan |  Traditional Medical Plan |  Selections Plus PPO <small>SPEEA employees only</small> |  HMOs and Select Network Plan <small>Not available in all areas</small> |
|---|--|---|--|--|
| Health Savings Account (HSA) contributions | Boeing contributes: \$700 employee only \$1,400 employee + family 2020 total maximum contribution (Boeing and your contributions): \$3,550 employee only \$7,100 employee + family In addition, if you enroll in the Preferred Partnership option, you'll receive an additional \$420/\$840 HSA contribution from Boeing If age 55 or older in 2020, you can contribute an additional \$1,000 | N/A | N/A | N/A |

Open Enrollment

- AOE Packets mailed out on/around October 29
- Annual Open Enrollment:
 - From **November 3** to **November 24**
 - Changes Become Effective **January 1, 2021**
- *Confirmation Of Election* (COE) Letter mailed out.
 - 20 days from date on COE to “correct a mistake”
 - **OPEN YOUR MAIL and SEE HOW YOU ARE COVERED**
 - **CORRECT MISTAKES within in the timeline**
 - **KEEP YOUR COE LETTER**

Changes & Things to Note

- **All Medical Plans Stay the Same**
 - Still time to revisit if you are in the correct plan
- **Premiums and HSA Contributions Different**
 - Premium contribution percentage remains the same
 - IRS limits for HDHP deductible remain the same
 - IRS limits for HSA contribution went up slightly
- **Health Assessment**
 - \$20/\$40 Penalty for non-compliance
- **New Pharmacy Benefit Manager**
 - Prime Therapeutics

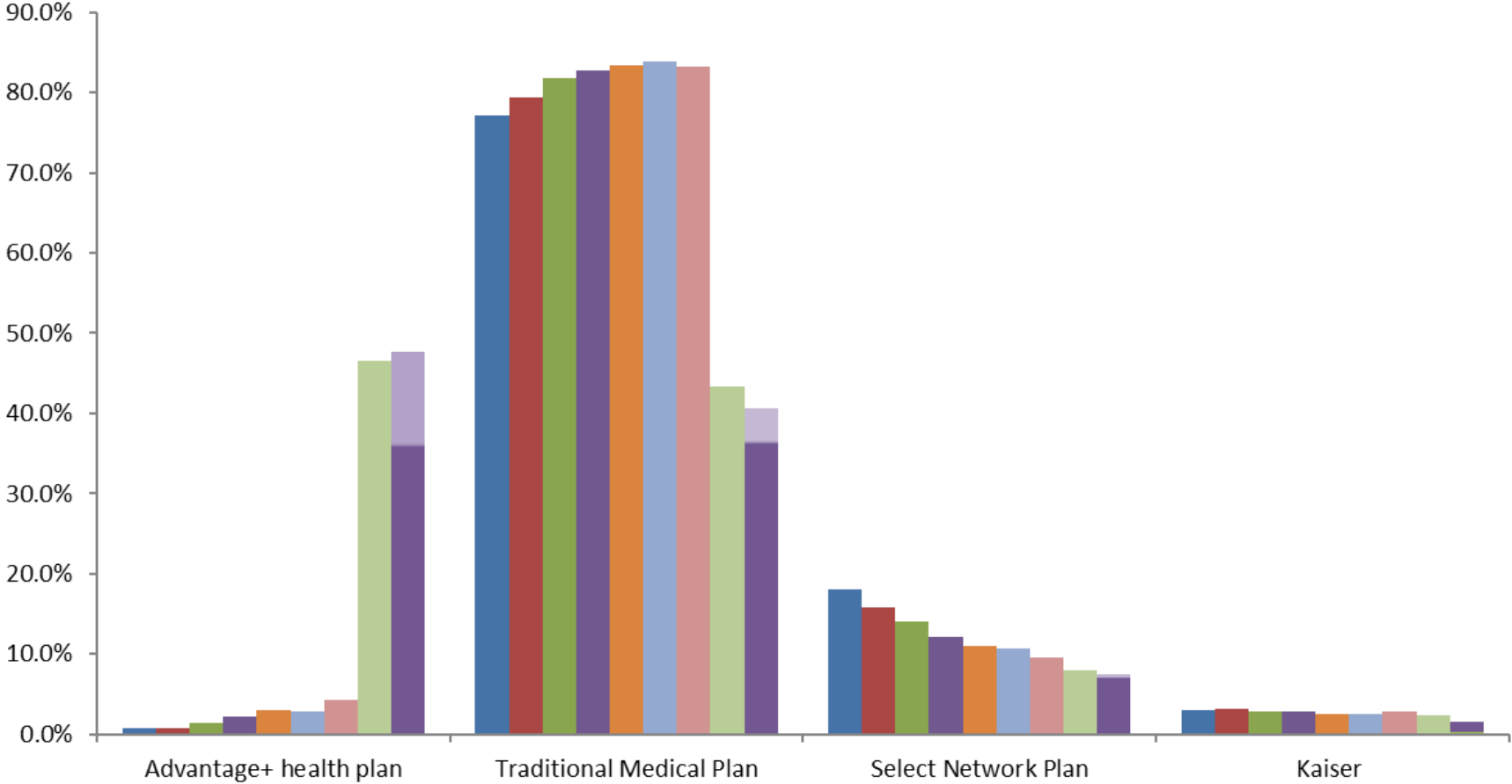
Open Enrollment

Medical Plans & Premiums

1. Advantage+ (HSAQ-HDHP)
 - Negative Premium Contributions (Boeing Pays You)
2. Traditional Medical Plan (PPO)
 - 5% Premium Contribution
3. Select Network (EPO) & Selections Plus
 - 12% Premium Contribution
4. Kaiser Permanente and other HMOs
 - 12% Premium Contribution

Open Enrollment

Medical Enrollment by Plan



■ 2011 ■ 2012 ■ 2013 ■ 2014 ■ 2015 ■ 2016 ■ 2017 ■ 2018 ■ 2019

Advantage+

| | SPEEA 2020 | |
|--|--|-----------------|
| | EE | All Others |
| HSA Contribution | 50% of Deductible (\$700/\$1,400) | |
| Deductible | \$1,400* | \$2,800* |
| OOP Max In Network (incl. Deductible, <i>Medical and Rx</i>) | \$2,800 | \$5,600 |
| OOP Max Non-Network (incl. Deductible <i>Medical and Rx</i>) | \$4,200 | \$8,400 |
| 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 2019+ | |
|--------------------------|---------------------------------------|---------------|
| | Network | Non-Network |
| Premium Contribution | 5% Contribution, All Locations | |
| 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% (\$35 - 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) |
|----------------------------|--------------------------------------|
| Premium Contribution | 12% |
| 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

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%)
 - 2020 Individual IRS Maximum = **\$3,600** (Boeing **\$700**, you **\$2,9000**)
 - 2020 Family IRS Maximum = **\$7,200** (Boeing **\$1,400**, You **\$5,800**)

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

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 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 |

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](#)

Other Voluntary Benefit Programs

- Other Voluntary Benefit Programs for self-funded medical plans:
 - Centers of Excellence
 - 100% coverage
 - after applicable deductible on Advantage+
 - Cardiac, spine, knee & hip replacement
 - Travel assistance available – Coordinate through Work Life
 - Mental Health Care Connect
 - Available if you receive care from UW or UW partners (don't have to be enrolled in UW plan)
 - Navigator service, goal to be placed with provider in 24 hours
 - 98.6
 - Online telehealth program

Where Do You Go For Care?

Using the ER for non-urgent care may "cost" you more. By choosing the right place for health care, you can save both time and money.*

You have several options where you can decide to get care.

[Take a Look at Our Handy Guide](#)

*Serious or life-threatening situations, go to the nearest emergency room or call 911 or your local emergency services.

[Where Do You Go for Care?](#)

[Time for Your Annual Check-Up!](#)

[Protect Your Health With a Flu Shot](#)

[New Behavioral Health Provider Finder Available](#)

Starting January 1, 2018, Blue Cross and Blue Shield of Illinois

[Boeing Preferred Partnership Plan Members](#)

If you are enrolled in this plan, choose from the links below

Menu

888-802-8776 | Contact Us | Member Log In

Coverage and Plans

Additional Benefits

Find a Doctor or Hospital

Care Management

Forms

Medical Policies

Health With a

Best time to get a flu shot is
r. Keep in mind, it takes up to 2
ter a flu shot.
shots, immunizations and
covered dependents.

Where Do You Go for Care?

Time for Your Annual Check-Up!

Protect Your Health With a Flu Shot

New Behavioral Health Provider Finder Available

Boeing Preferred Partnership Plan Members

 Coverage and Plans

Medical Benefits

Behavioral Health Benefits

Pharmacy Benefits

Medical Necessity Reviews

Information Guides

 Additional Benefits Find a Doctor or Hospital Care Management Forms

Coverage and Plans

2020 Benefits

Your Blue Cross and Blue Shield of Illinois (BCBSIL) benefits are designed to provide you with the support you need to encourage you to maintain your good health and help you manage your health.

- [Medical Benefits »](#)
- [Behavioral Health Benefits »](#)
- [Pharmacy Benefits »](#) (Effective Jan 1, 2021)
- [Medical Necessity Reviews »](#)
- [Information Guides »](#)

Primary Care Provider (PCP) and Specialist Inform

For plans subject to PCP and specialist providers, the following providers are

- ✓ General practice
- ✓ Family practice
- ✓ Internal medicine
- ✓ Osteopath

- ✓ Geriatric
- ✓ ARNP (advanced practice nurse practitioner) billing under the supervision of an M.D.



888-8

Coverage and Plans ▲

Medical Benefits ▲

2020 Actives and Early Retirees

2020 Medicare-Eligible Retirees

2019 Medical Benefits

Behavioral Health Benefits

Pharmacy Benefits

2020 Medical Benefits

Your benefits include programs and services designed to help you manage your health. You can make informed health care choices. As a Boeing employee, you have several options:

- [Actives and Early Retirees](#)
- [Medicare-eligible Retirees](#)

[Are you looking for 2019 benefit information?](#)



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? | \$1,400 Self Only or \$2,800 Self + Family, family level <u>deductible</u> may be met by one or a combination of members. <u>Network</u> -Nonnetwork combined. | 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 policy, the overall family <u>deductible</u> must be met before the <u>plan</u> begins to pay. |
| Are there services covered before you meet your deductible? | Yes. <u>Deductible</u> does not apply to <u>copayments</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 https://www.healthcare.gov/coverage/preventive-care-benefits/ . |
| Are there other deductibles for specific services? | No. | You don't have to meet <u>deductibles</u> for specific services. |
| What is the out-of-pocket limit for this plan? | <u>Network</u> : \$2,800 Self Only or \$5,600 Self + Family for medical and prescription drug expenses; Nonnetwork: \$4,200 Self Only or \$8,400 Self + Family for medical and prescription drug expenses; Family level out-of-pocket maximum may be met by one or a combination of members, <u>plan</u> year <u>deductible</u> is included in out-of-pocket maximum. | 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> , the overall family <u>out-of-pocket limit</u> must be met. |
| What is not included in the out-of-pocket limit? | <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> . |

Open Enrollment

Monthly Premium Contributions

| | EE | ES | EC | ESC |
|----------------------|-----------|------------|------------|------------|
| Advantage+ | (\$58.33) | (\$116.67) | (\$116.67) | (\$116.67) |
| Traditional Plan | \$31.62 | \$63.24 | \$63.24 | \$94.86 |
| Select Network | \$80.01 | \$160.02 | \$160.02 | \$240.03 |
| Kaiser WA | \$85.10 | \$170.20 | \$170.20 | \$255.30 |
| Kaiser CA | \$71.05 | \$142.10 | \$142.10 | \$213.15 |
| Kaiser OR | \$75.19 | \$150.38 | \$150.38 | \$225.57 |
| Intermountain Health | \$74.40 | \$148.80 | \$148.80 | \$223.20 |

Open Enrollment

Annual Premium Contributions

| | EE | ES | EC | ESC |
|----------------------|---------|-----------|-----------|-----------|
| Advantage+ | (\$700) | (\$1,400) | (\$1,400) | (\$1,400) |
| Traditional Plan | \$379 | \$759 | \$759 | \$1,138 |
| Select Network | \$960 | \$1,920 | \$1,920 | \$2,880 |
| Kaiser WA | \$1,021 | \$2,042 | \$2,042 | \$3,063 |
| Kaiser CA | \$852 | \$1,705 | \$1,705 | \$2,558 |
| Kaiser OR | \$902 | \$1,805 | \$1,805 | \$2,707 |
| Intermountain Health | \$893 | \$1,786 | \$1,786 | \$2,678 |

Preferred Partnership

Standard Option Versus Preferred Partnership Option

For 2018, if you enroll in certain plans in the Puget Sound region, there will be a new version of those plans with enhanced services and lower costs (the Preferred Partnership option). The graphic below explains how you will select your coverage.

Choose your plan:



Choose your plan option:



www.speeahealthpartnership.com



Preferred Partnership

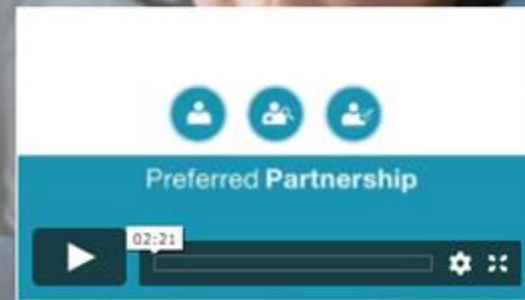
An innovative approach to health care

Boeing has entered into a partnership with leading health care providers offering health plan options designed to improve quality, provide a better experience for you and your family, and be more affordable.

To view the information that's right for you, select your status below.

ELIGIBLE EMPLOYEE

ELIGIBLE RETIREE



www.speeahealthpartnership.com



Preferred Partnership

An innovative approach to health care

Welcome, SPEEA-represented employees

Puget Sound employee

Boeing has entered into a partnership with leading health care providers offering health plan options designed to improve quality, provide a better experience for you and your family, and be more affordable.



Learn
More



Find
Providers



Decide
for Yourself

Learn More.

Learn More.

Compare Enhanced Services and Affordable Coverage

- Lower paycheck contributions than for other options.
- Increased company contribution to the HSA for those enrolled in the Advantage+ health plan — an amount that will cover the entire annual deductible.
- Quicker access to network primary care providers and specialists.
- More after-hours care availability.
- Dedicated care teams for complex medical situations.
- Greater use of electronic messaging, and access to your electronic medical record.

[→ Get the Facts](#)



Get to Know the Health Systems That Are Part of the Preferred Partnership

[→ View the Network](#)



Employee Experiences

Hear what employees who chose the Preferred Partnership health care option have to say.

[→ View the Video](#)

Find Providers.



Find Providers.



My providers

See if your providers are part of the Preferred Partnership.

→ Visit UW Medicine Accountable Care Network



Hospital and clinic locations

Find hospitals and clinics near you.

→ View the map



Other types of providers

Search for additional specialists and other types of providers.

→ Use the search tool

It's Your Decision.

Resources to Learn More

Compare your plan options and cost savings with these tools. Need more? Refer to the Questions and Answers document.

→ Visit the UW Medicine Accountable Care Network website

→ Compare plan options

→ Estimate your potential savings

→ Get answers to questions





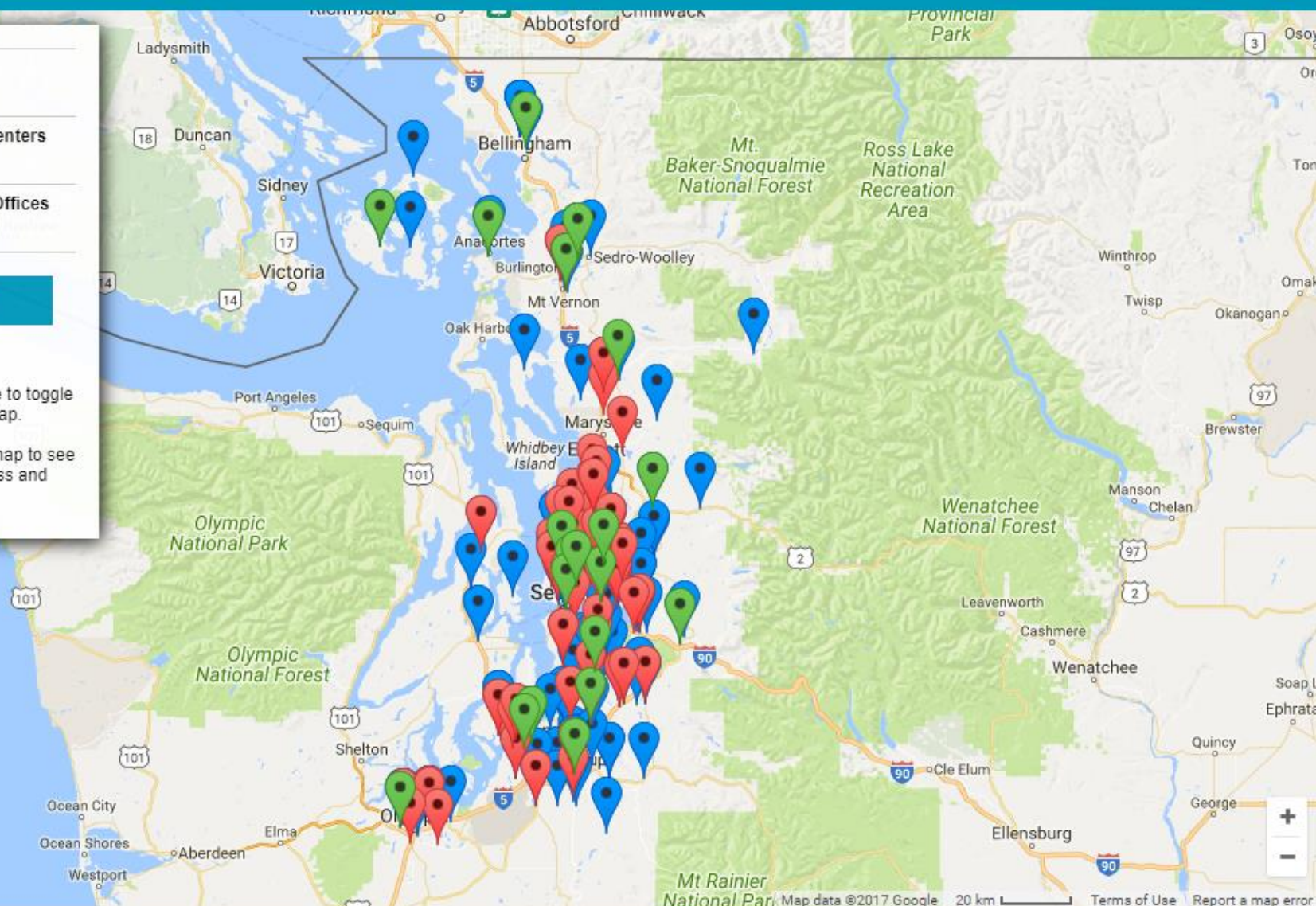
Hospitals
(21 locations)

Urgent Care Centers
(62 locations)

Primary Care Offices
(199 locations)

Restart

TIPS
Click any items above to toggle their display on the map.
Click any pin on the map to see more details of address and contact information.





Hospitals
(21 locations)

Urgent Care Centers
(62 locations)

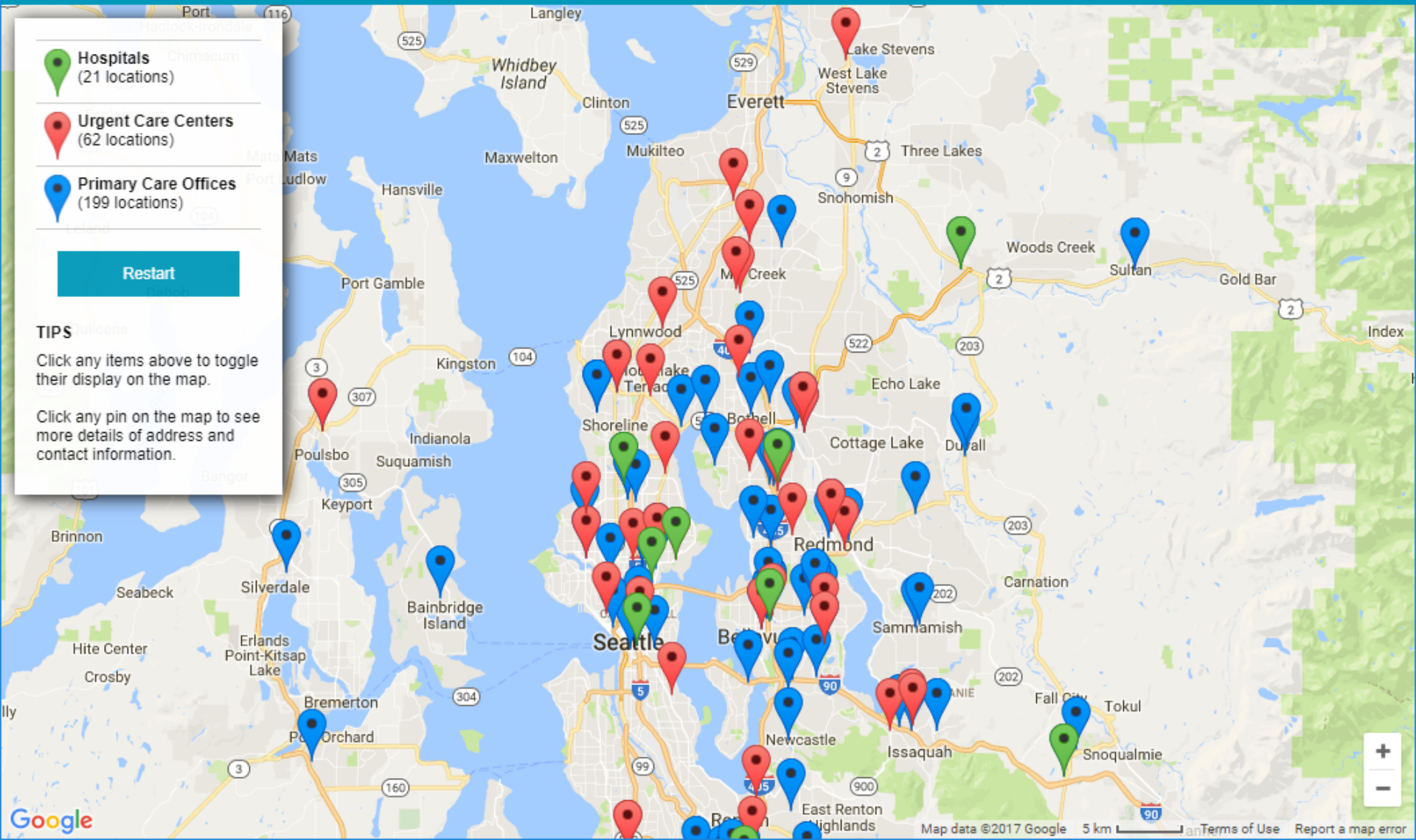
Primary Care Offices
(199 locations)

Restart

TIPS

Click any items above to toggle their display on the map.

Click any pin on the map to see more details of address and contact information.



Preferred Partnership

www.speeahealthpartnership.com

- More Affordable:
 - Lower paycheck contributions for the Traditional Medical Plan and Select Network Plan (-\$30 / -\$60 / -\$90)
 - Increased company HSA contributions for the Advantage+ health plan
 - 2019+ = 80% Deductible (\$1,120* / \$2,240*)
 - Free In-network primary care provider**
 - Free in-network generic drugs**
 - BCBS PPO Urgent Care Providers always count as in-network
- Enhanced Service:
 - Enhanced access to primary care, specialists and after-hours care
 - Increased opportunities for electronic communications
 - More personalized, coordinated care, especially for people with complex medical conditions

*2021+ 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

www.speeahealthpartnership.com

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 UW ACO
- If currently seeing UW doctors & hospitals

Options & Annual Premiums

| Annual Paycheck & HSA Contributions | Employee Only | Employee & Child(ren) | Employee & Spouse | Employee, Spouse & Child(ren) |
|--|---------------|-----------------------|-------------------|-------------------------------|
| Traditional Medical Plan (Standard Network) | \$379 | \$759 | \$759 | \$1,138 |
| Traditional Medical Plan (Preferred Partnership) | \$19 | \$39 | \$39 | \$58 |
| Select Network (Standard Network) | \$960 | \$1,920 | \$1,920 | \$2,880 |
| Select Network (Preferred Partnership) | \$600 | \$1,200 | \$1,200 | \$1,800 |
| Kaiser (WA) | \$1,021 | \$2,042 | \$2,042 | \$3,063 |
| Advantage+ (Standard Network) | (\$700) | (\$1,400) | (\$1,400) | (\$1,400) |
| Advantage+ (Preferred Partnership) | (\$1,120) | (\$2,240) | (\$2,240) | (\$2,240) |

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

PRIME THERAPEUTICS

[MyPrime.com/Boeing](https://myprime.com/boeing)

- Retail

- Express Scripts will transfer all prescriptions over to Prime
- 99% of all retail pharmacies that were in-network under Express Scripts are in-network with Prime
- Most retail pharmacies will now be able to issue 90 days supply

- Mail Order and Specialty Pharmacy

- Alliance Rx Walgreens Prime is the new Mail Order

- Logistics

- Anyone whose prescription changed tiers will get a letter mailed to them in Nov
- Prime is honoring all prior authorization and previous step therapy
- All compound prescriptions or controlled substances will require a new prescription

PRIME THERAPEUTICS

Browser address bar: <https://www.myprime.com/en/boeing/plan-preview/forms.html>

Browser toolbar: 90% zoom, navigation icons, and notification icons (3, 2).

Summary of Prescription Drug Benefits

[View documents](#)

2021 ACA Preventive Drug List



[Download PDF](#)

2021 Advantage+ Drug List



[Download PDF](#)

2021 Boeing Drug List



[Download PDF](#)

2021 Maintenance Drug List



[Download PDF](#)

2021 Prescription Drug Program Brochure



[Download PDF](#)

2021 Dental Plans

Open Enrollment

Dental Plans (All Free From Premium Contributions)

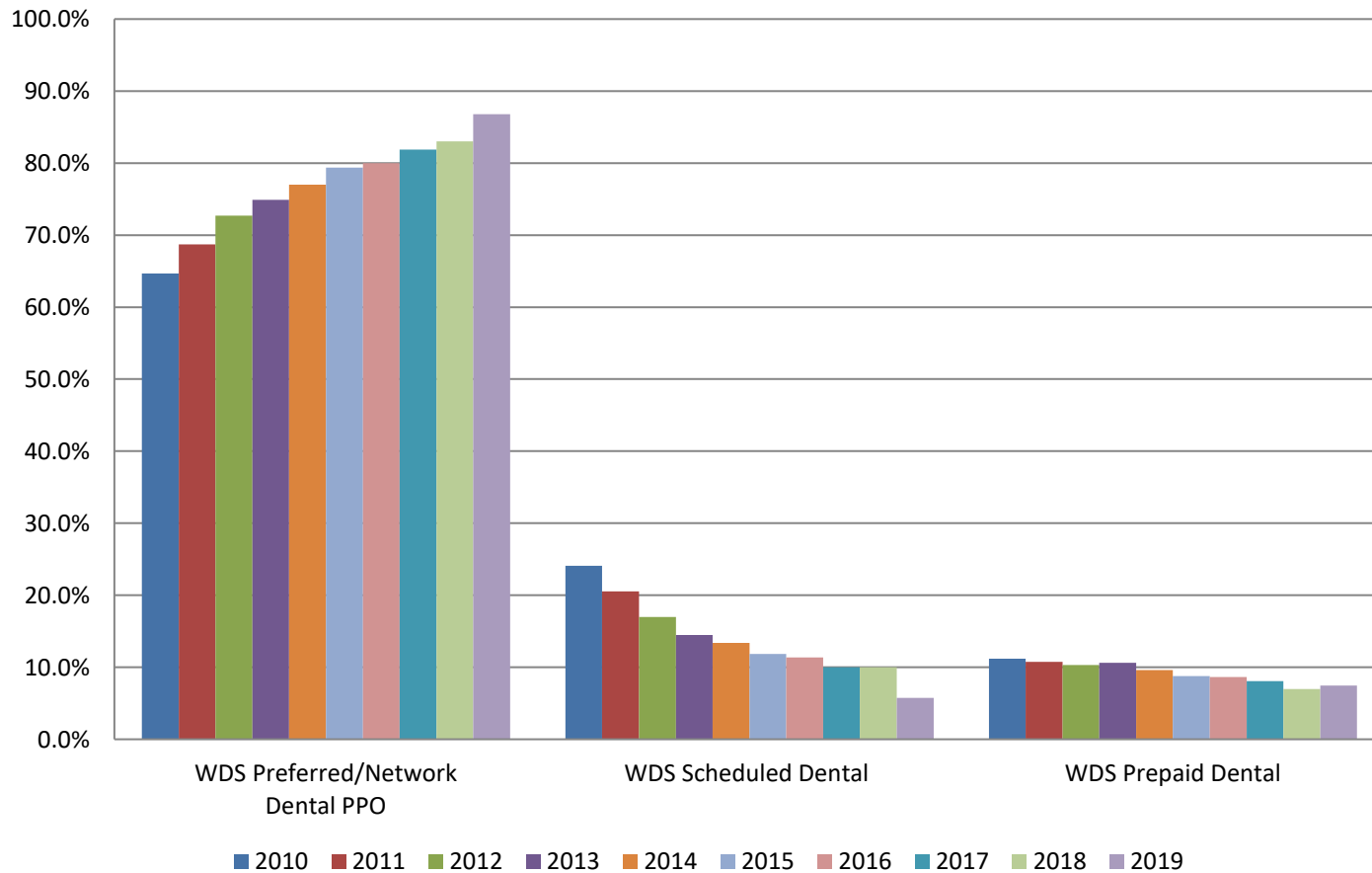
1. DDWA Preferred / Network Dental (PPO)
Group # 04340
2. DDWA Scheduled Dental (Scheduled Benefit Plan)
Group # 04360
3. DDWA Pre-Paid Dental (Dental HMO)
Group # 04200

www.deltadentalwa.com/boeing

Open Enrollment

Puget Sound Dental Plan Enrollment Results

Dental Enrollment By Plan



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

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 (\$) |
|--|--|----------------------------------|
| 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 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

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
 - **From \$10 to \$550 of your unused 2020 amount can roll over to 2021 only. Rolled over amounts will not continue to roll over.**
 - **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.

Health Risk Assessments

| | Who | Monthly Non-compliance charge |
|-------------------|---|-------------------------------|
| Screenings | Employee Only | \$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

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

2021 Open Enrollment



SPEEA / IFPTE Local 2001

JasonC@speea.org

