

**BENEFIT SUMMARY**  
**THE BOEING COMPANY**  
**TRADITIONAL INDEMNITY PLAN**

SPFPA 507, IAFF-I-17  
 Medicare Retiree  
 Effective January 1, 2010



Regence BlueShield is an Independent Licensee of the Blue Cross and Blue Shield Association

For medically necessary services, the benefits of this plan will be provided at the percentage of the allowed amount as specified below after the deductible, emergency room copay or a combination of the two has been met. **This is a brief summary of benefits, it is not a certificate of coverage. For full coverage provisions, including limitations and exclusions, refer to the Summary Plan Description and the contract on file with your group or:**

Call Boeing Customer Service at **1 (800) 422-7713** or visit our Web site at [www.regence.com/boeing](http://www.regence.com/boeing)

Use **myRegence.com** for 24-hour access to your health information regarding claims and benefits.

Call Medicare at **1 (800) 633-4227** or visit their Web site at [www.medicare.gov](http://www.medicare.gov)

**Benefits**

<b>Annual Deductible</b>	\$300 per individual \$900 per family of 3 or more
<b>Annual Out-of-Pocket Maximum</b>	\$2,000 per individual \$4,000 per family of 2 or more
<b>Alternative Care</b> Inpatient/Outpatient Includes services rendered by an acupuncturist only. Naturopaths, naturopathic services and massage therapists are not covered.	90%
<b>Ambulance</b> (for true medical emergencies)	90%
<b>Durable Medical Equipment</b>	90%
<b>Hearing Aids</b> Limited to one aid per ear every 3 consecutive benefit years up to \$800 maximum.	90%
<b>Home Health</b> Home Health limited to 120 visits per benefit year.	90%
<b>Hospital Facility</b> Inpatient/Outpatient	90%
<b>Emergency Room</b> (for true medical emergencies)	90%; \$50 copay* (waived if admitted)
<b>Mental Health</b> Inpatient/Outpatient	90%
<b>Physician Services</b>	90%
<b>Prescription Drugs</b> (Medco Health Solutions, Inc.) Retail (30 day supply)	\$5 copay generic \$15 copay brand-name formulary~ \$30 copay brand-name non-formulary~
Mail Order (up to 90 day supply)	\$10 copay generic \$30 copay brand-name formulary~ \$60 copay brand-name non-formulary~

~If the member or physician requests a brand-name drug when a generic equivalent drug is available, the member will pay the generic copay plus the cost of the difference between brand-name and generic drug. To learn more about your prescription program, contact Medco at 1 (800) 841-2797 or visit [www.medco.com](http://www.medco.com)

## Benefits

### Preventive Care (ages 2 and older)

Includes physical exams and related lab and x-ray, Pap tests, mammograms, prostate and colorectal (including colonoscopy) screenings, immunizations (excluding travel vaccines), preventive hearing exams, flu and pneumonia vaccinations.

100%  
deductible does not apply  
\$500 benefit maximum

### Children: (ages birth and 24 months)

Includes exams and immunizations according to prescribed guidelines and doctor recommendations (excluding travel vaccines).

100%  
deductible does not apply

### Screening Exams:

Includes office visits, Pap tests, mammograms, and prostate and colorectal screenings (including colonoscopy).

See Preventive Care age 2 and older above.

### Spinal Manipulations

Limited to a combined 26 spinal and extremity manipulation visits per benefit year.

90%

### Substance Abuse

Inpatient/Outpatient

90%

### Therapies

Physical, occupational and speech therapy; limited to 60 outpatient visits per benefit year for physical, occupational and speech therapy combined.

90%

### Transplants

Blue Distinction Centers for Transplant® programs are available. Refer to Summary Plan Description and visit [www.regence.com/boeing](http://www.regence.com/boeing) for details.

90%

### Vision Care No Vision Coverage.

\*Do not apply to the annual out-of-pocket maximum and/or deductible.

#### Lifetime Maximum:

\$1,500,000 per individual

#### Out-of-Pocket (OOP) Maximum:

The benefits of this plan will be provided until the OOP maximum is reached. Thereafter, this plan will provide benefits at 100% of the allowed amount for the remainder of the benefit year. Any balances of charges not covered by this plan will be your responsibility to pay and do not apply to the OOP maximum. The annual deductible, all copays (including prescriptions and emergency room) and temporomandibular joint disorder care do not apply to your OOP maximum.

#### Services Not Covered By Medicare:

For services not covered by Medicare or when Medicare benefits are exhausted, utilize a provider participating with your local Blue Cross and/or Blue Shield plan in order to have claims submitted electronically to Regence on your behalf. Visit the Boeing Health and Welfare Plans Web site at [www.boeing.com/express](http://www.boeing.com/express) or call 1 (866) 473-2016 or the Blue Cross Blue Shield Association at 1 (800) 810-BLUE for names of participating providers in your area.

#### Exclusions and Limitations to Coverage:

The noncovered services and supplies include, but are not limited to: acupuncture, except as specified; benefits covered by Medicare, auto insurance or government programs; substance abuse, except as specified; conditions related to military service or war; cosmetic surgery, except as specified; dentistry, dental x-rays or hospitalization for dentistry; intentionally self-inflicted injuries; investigational services or supplies; mental disorders, except as specified; obesity, unless approved in advance by the service representative according to written guidelines; occupational injury or disease; orthoptics, visual analysis, therapy or training, except as specified; prescription drugs, except as specified; private duty nursing or hourly nursing charges; services or supplies not medically necessary for illness or injury, except as specified; surgery or treatment for transsexualism or certain treatments for infertility; treatment of dyslexia, except as specified.