

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



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

UAW 1069

Medicare Eligible Retirees (retired before Feb. 1996)

Effective July 2009 through December 31, 2009

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> Non-network services and supplies apply towards network deductible.	\$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 3 or more
<b>Alternative Care</b> Inpatient/Outpatient Includes services received by an acupuncturist only. Naturopaths, naturopathic services and massage therapists are not covered. Refer to Summary Plan Description for details.	90%
<b>Ambulance</b>	90%
<b>Hearing Aids</b> \$800 maximum per ear every 3 consecutive benefit years.	90%
<b>Home Health and Hospice</b> Home Health limited to 120 visits per benefit year.	90%
<b>Durable Medical Equipment, Prostheses and Orthotics</b>	90%
<b>Hospital Facility</b> Inpatient/Outpatient Emergency Room (for true medical emergencies)	90% 90%; \$50 copay*
<b>Mental Health</b> Inpatient/Outpatient	90% (Subject to deductible)
<b>Physical, Occupational and Speech Therapy</b> Refer to Summary Plan Description for details.	90%
<b>Prescription Drugs (Medco)*</b> Please refer to Medco at 1-800 841-2797 or visit the Medco Web site at <a href="http://www.medcohealth.com">www.medcohealth.com</a> .	

## Benefits

### Preventive Care

Ages 2 and Older	100%
Birth to 24 months*	\$500 maximum per individual, per benefit year. (deductible does not apply)
	100%
	American Academy of Pediatrics (AAP) guidelines apply and as recommended by doctor. Childhood immunizations included. (deductible does not apply)
Refer to Summary Plan Description for details.	

### Professional Services

Inpatient/Outpatient	90%
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### Skilled Nursing Facility

90%

### Spinal Manipulations

90%

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

### Substance Abuse

Inpatient/Outpatient	90%
2 courses of treatment lifetime maximum; inpatient/outpatient maximum combined.	Maximum benefit \$7,500 per course of treatment

### Transplants

90%

Refer to Summary Plan Description for details.

### Vision Care\*

Not covered.

\*Employee costs do not apply to the annual out-of-pocket maximum.

### 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 non-covered 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.