

BENEFIT SUMMARY
THE BOEING COMPANY
TRADITIONAL MEDICAL PLAN (TMP)



Regence

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

IAM 751,24 and 70
 IAFF I-66 (KS,WA)
 IUOE 286W
 SPFPA 2 and 5
 Early Retiree
 Effective January 1, 2010

For medically necessary services rendered by a network or non-network provider, the benefits of this plan will be provided at the percentage of the allowed amount as specified below after the copay, deductible, 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
 Use myRegence.com for 24-hour access to your health information regarding claims and benefits.

Benefits	Network	Non-Network
Annual Deductible*	\$200 per individual \$600 per family of three or more	
Annual Out-of-Pocket Maximum	\$2,000 per individual; network/non-network combined \$4,000 per family of 3 or more, but not more than \$2,000 for any person	
Alternative Care Inpatient	95%	60%
Outpatient	100% after \$15 copay*	60%
Includes services rendered by an acupuncturist only. Naturopaths, naturopathic services and massage therapists are not covered.		
Ambulance Services (for true medical emergencies)	95%	95%
Durable Medical Equipment	95%	60%
Hearing Aids	95%	60%
Limited to one aid per ear every 3 consecutive benefit years up to \$600 maximum; network/non-network combined.		
Home Health	100%	100%
Hospital Facility Hospital Safety Incentive applies**		
Inpatient/Outpatient	95% or 100%**	60%
Emergency Room (for true medical emergencies)	95% or 100%**	95% or 100%**
	\$50 copay* (waived if admitted)	\$50 copay* (waived if admitted)
**For Hospital Safety Incentive facilities: Visit www.regence.com/boeing or call 1-800-422-7713.		
Mental Health (ValueOptions Network)		
Inpatient/Outpatient	95% or 100%**	60%
**For Hospital Safety Incentive facilities: Visit www.regence.com/boeing or call 1 (800) 422-7713. Care must be coordinated through the Boeing Helpline (ValueOptions) at 1 (800) 892-1411.		
Physician Services		
Inpatient	95%	60%
Outpatient	100% after \$15 copay*	60%
Prescription Drugs (Medco Health Solutions, Inc.)		
Retail (34 day supply) \$75 individual deductible, \$225 family deductible \$75 out-of-pocket maximum per prescription	10% generic 20% brand-name formulary 30% brand-name non-formulary	Contact Medco for details of purchasing prescriptions at a non-network pharmacy.
Mail Order (up to 90 day supply)	\$10 copay generic \$30 copay brand-name formulary \$60 copay brand-name non-formulary	n/a
To learn more about your prescription program, contact Medco at 1 (800) 841-2797 or visit www.medco.com		

Benefits	Network	Non-Network
Preventive Care (ages 2 and older) One preventive exam office visit every 3 calendar years for employees and spouses under age 35. One preventive exam office visit every calendar year for employees and spouses age 35 and older. Benefit maximum and time frames also include preventive x-ray and lab charges. Routine colorectal screening (including colonoscopy) charges accumulate to the \$200 preventive maximum.	100%; deductible does not apply \$200 benefit maximum Additional expenses are patient responsibility	Not covered
Children (infants & children) 8 routine exams from birth to 24 months; one routine exam per year from ages 2 to 5. Includes immunizations according to prescribed guidelines and doctor recommendations (excluding travel vaccines).	100% deductible does not apply	Not covered
Screening Exams: Includes Pap tests, mammograms, prostate and the related office visit.	100% deductible does not apply Not subject to preventive care maximum.	Not covered
Spinal and Extremity Manipulations Limited to a combined 26 spinal and extremity manipulation visits per benefit year; network/non-network combined.	100% after \$15 copay*	60%
Substance Abuse Inpatient/Outpatient **For Hospital Safety Incentive facilities: Visit www.regence.com/boeing or call 1 (800) 422-7713. Care must be coordinated through the Boeing Helpline (ValueOptions) at 1 (800) 892-1411.	95% or 100%**	60%
Therapies Physical, occupational and speech therapy.	95%	60%
Transplants Blue Distinction Centers for Transplant® programs are available. Refer to Summary Plan Description and visit www.regence.com/boeing for details. Donor procurement cost limited to \$30,000 per organ; \$60,000 per lifetime; network/non-network combined.	See Physician Services and Hospital Facility	60%
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 prescription and emergency room), temporomandibular joint disorder and tobacco cessation do not apply to your OOP maximum.

Emergency Room:

Emergency room treatment at either a network or non-network facility is paid at the network level if it is a true medical emergency. Care at a non-network facility, when the condition is not a true medical emergency, will be paid at the non-network level.

Network Versus Non-Network Providers:

To receive the highest benefit level, you must receive services from a Blue Cross Blue Shield Plan Preferred Provider Organization (PPO) provider. Networks are available in nearly all Boeing locations in the U.S. To find a network provider, call **1 (800) 810-BLUE (2583)**. If you receive care where no network is available, benefits will be paid at the network level. You may also visit the Boeing Health and Welfare Plans Web site at:

www.boeing.com/express
or call 1 (866) 473-2016

for names of PPO providers with the local Blue Cross and/or Blue Shield plan.

Hospital Preadmission Approval:

All hospital and skilled nursing facility admissions must be medically necessary. Preadmission approval is the responsibility of the member and must be obtained to ensure that full plan benefits will be provided.

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.