

**BENEFIT SUMMARY**  
**THE BOEING COMPANY**  
**TRADITIONAL MEDICAL PLAN (TMP)**

SPFPA Local 255  
 Active  
 Effective July 1, 2009



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

**\*\*Mental Health and Substance Abuse Benefit Changes - 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](http://www.regence.com/boeing)  
 Use [myRegence.com](http://myRegence.com) for 24-hour access to your health information regarding claims and benefits

Benefits	Network	Non-Network
<b>Annual Deductible*</b>	\$200 per individual; \$600 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; network/non-network combined.	
<b>Alternative Care</b>		
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.		
<b>Ambulance Services</b> (for true medical emergencies)	95%	95%
<b>Hearing Aids</b>	95%	60%
Limited to one aid per ear every 3 consecutive benefit years up to \$600 maximum; network/non-network combined.		
<b>Home Health</b>	100%	100%
<b>Durable Medical Equipment</b>	95%	60%
<b>Hospital Facility</b> Inpatient/Outpatient	100% or 95%**	60%
<b>Emergency Room</b> (for true medical emergencies)	100% or 95%**; \$50 copay* (waived if admitted)	100% or 95%**; \$50 copay* (waived if admitted)
**For Hospital Safety Incentive facilities: Visit <a href="http://www.regence.com/boeing">www.regence.com/boeing</a> or call 1-800-422-7713.		
<b>Mental Health</b> (ValueOptions Network)		
<b>**Effective January 1, 2010 Days/Visit limits no longer apply.</b>		
Inpatient/Outpatient	100% or 95%**	60%
**For Hospital Safety Incentive facilities: Visit <a href="http://www.regence.com/boeing">www.regence.com/boeing</a> or call 1-800-422-7713. Care must be coordinated through the Boeing Helpline (ValueOptions) at 1 (800) 892-1411.		
<b>Physician Services</b>		
Inpatient	95%	60%
Outpatient	100% after \$15 copay*	60%
<b>Prescription Drugs</b> (Medco Health Solutions, Inc.)		
Retail (34 day supply)	\$5 copay generic \$15 copay brand-name formulary \$30 brand-name nonformulary	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 <a href="http://www.medco.com">www.medco.com</a>		

Benefits	Network	Non-Network
<b>Preventive Care</b>	100%	Not covered
One preventive exam office visit every 3 calendar years for employees and spouses under age 35.	deductible does not apply	
One preventive exam office visit every calendar year for employees and spouses age 35 and older.	\$200 benefit maximum	
	Additional expenses are patient responsibility	
Benefit maximum and time frames also include preventive lab and x-rays. Routine colorectal screening (including colonoscopy) charges accumulate to the \$200 preventive maximum.		
<b>Children:</b> (infant and children)	100%	
8 routine exams from birth to 24 months;	deductible does not apply	Not covered
One routine exam per year from ages 2 to 5.	Not subject to preventive care maximum	
<b>Screening Exams:</b>	100%	Not covered
Includes mammograms, Pap tests, prostate and the related office visit.	deductible does not apply	
	Not subject to preventive care maximum	
<b>Spinal and Extremity Manipulations</b>	100% after \$15 copay*	60%
Limited to a combined 26 spinal and extremity manipulation visits per benefit year; network/non-network combined.		
<b>Substance Abuse</b> (ValueOptions Network)		
<b>**Effective January 1, 2010. Lifetime maximum and dollar limits no longer apply.</b>		
Inpatient/Outpatient	100% or 95%**	60%
**For Hospital Safety Incentive facilities: Visit <a href="http://www.regence.com/boeing">www.regence.com/boeing</a> or call 1-800-422-7713. Care must be coordinated through the Boeing Helpline (ValueOptions) at 1 (800) 892-1411.		
<b>Therapies</b>	95%	60%
Physical, occupational and speech therapy. Refer to Summary Plan Description for details.		
<b>Transplant</b>	See Physician Services and Hospital Facility benefits	60%
Blue Distinction Centers for Transplant® programs are available at <a href="http://www.regence.com/boeing">www.regence.com/boeing</a> . Refer to Summary Plan Description for details. Donor procurement cost limited to \$30,000 per organ; \$60,000 per lifetime; network/non-network combined.		
<b>Vision Care</b> This benefit is provided by Vision Service Plan (VSP). Contact VSP at 1 (800) 877-7195 for details.		

\*Do not apply to the annual out-of-pocket maximum and/or annual 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 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](http://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:

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.