## **Overview of Contractual Benefit Changes -**Medical Plans, Retirement, VIP

#### **Open Enrollment for Insurance: Nov. 8 - Nov. 30** Choosina

IAM 751 members are asked to select their health and dental insurance coverage during the 2016 annual enrollment period, which runs Nov. 8 through Nov. 30, 2016. Any changes employees make during enrollment will go into effect on January 1, 2017. You should have received an information packet in the mail. Review enrollment materials, examine co-pays and out-of-pocket expenses, and a check list of network providers. The

chart below is a brief comparison of the plans. Study the plans carefully before selecting coverage and review how different plans affect your out-of-pocket costs.



#### Following acceptance of the contract

extension in Jan. 2014, there are some dramatic changes coming to our health care coverage in 2017 you need to be aware of in selecting your coverage.

Service/Care	Traditional Medical Plan	Selections CCP	Group Health	Things to
NOTE: Monthly contribution Employee Only Employee & Spouse Employee & children Family	reflects completion of health Effective 1/1/17-12/31/17 \$40.00 \$80.00 \$80.00 \$120.00	assessment questionna Eff 1/1/17-12/31/17 \$70.00 \$140.00 \$140.00 \$210.00	aire Eff 1/1/17-12/31/17 \$70.00 \$140.00 \$140.00 \$210.00	<ul> <li>Make changes via web outside Boeing at www.boe-ing.com/express, click Tota-</li> </ul>
Office Visits (network)	\$20 co-pay per visit primary care; New \$25 co-pay specialist (including chiropractic)	\$20 co-pay per visit primary care; New \$25 co-pay specialist (in- cluding chiropractic)	\$20 co-pay per visit primary care; New \$25 co-pay specialist (in- cluding chiropractic)	IAccess or inside Boeing at https://my.boeing.com - click TotalAccess. Or call 1-866- 473-2016. Hearing-impaired
Deductible Network Non-network	\$300 individual/ \$900 family; \$600 individual/\$1800 family non-network charges apply to network deductible	None if within network. \$400 per individual if non-network used	None	<ul> <li>callers can access TTY/TDD services at 1-800-755-6363.</li> <li>Complete the Health Assessment Questionnaire to</li> </ul>
Network services (your share)	10% after deductible	10%	10%	avoid additional paycheck contributions in 2017.
Non-network services (your %)	40% after deductible	40%	40%	Taking the questionnaire is
Annual out -of-pocket maximum	\$2,000 per individual; \$4,500 per family, but not more than \$2,000 for any 1 person (in addition to the annual deductible)	\$2,000 per individual; \$4,500 per family, but not more than \$2,000 for any 1 person	\$2,000 per individual; \$4,500 per family, but not more than \$2,000 for any 1 person	not mandatory, but it is a choice members and/or their covered spouse or domestic partner need to make to avoid additional monthly
Prescription coverage	** MEMBER PAY THE DIFFERENCE GENERIC INCENTIVE PRESCRIPTION PROGRAM. For brand formulary and brand nonformulary prescription drugs from a retail pharmacy or the mail-order program, you'll be encouraged to choose generic over brand-name options. That means if you purchase a brand-name drug when a generic equivalent is available, whether at your request or your physician's, you'll pay the generic copayment plus the cost difference between the brand-name and generic drug. NOTE: If you have a high co-pay, you may want to ask the pharmacy how much it costs without insurance.			<ul> <li>contributions. You can al- ways select "Don't Know" for an answer. Screenings are optional and have no impact on monthly contributions.</li> <li>Members in Washington</li> </ul>
Retail (up to 30 days) Generic Brand formulary Brand non-formulary Mail (up to 90 days) Generic Brand name formulary Brand non-formulary	\$5 co-pay \$25 co-pay** \$40 co-pay** \$10 co-pay \$60 co-pay** \$100 co-pay** **if no generic OR approved after review, if not you pay generic copay plus cost difference between brand- name & generic.	\$5 co-pay \$25 co-pay** \$40 co-pay** \$10 co-pay \$60 co-pay** \$100 co-pay** **if no generic OR approved after review, if not you pay generic co- pay plus cost difference between brand-name &	\$5 co-pay \$25 co-pay**  \$10 co-pay \$60 co-pay** \$100 co-pay** **if no generic OR ap- proved after review, if not you pay generic copay plus cost difference between brand-name &	<ul> <li>have two dental choices: the Network Plan (Delta Dental PPO) OR Prepaid Plan (DeltaCare). There are no monthly contributions for dental plan coverage or changes from the current coverage.</li> <li>Some of the changes for 2017. Both Selections and Group Health will be covered</li> </ul>
For more information	1-888-802-8776 www.bcbsil.com/boeing	generic. 1-888-802-8776 www.bcbsil.com/ boeing	generic. 1-888-901-4636 or www.ghc.org	at 90 percent (previously 100%). Traditional Medical's annual deductible increased to \$300 individual/\$900 fam- ily and a new out of network

### **REMEMBER:** If you do not take action during the open enrollment, your current benefit choices continue automatically.

for ered aľs ed ımilv and a new out of network deductible of \$600 individual/\$1800 family.Co-pay for office visits increased to \$20 for primary care and \$25 for specialist (including chiropractors).

# **Changes to Retirement/VIP**

### **Changes to Retirement**

- On Oct. 1, 2016, the monthly pension multiplier increased to \$95 per month.
- On Oct. 31, 2016 accrual of pension benefits cease
- Benefits accrued will continue to be maintained under the BCERP and will be paid out upon retirement

# Effective Oct. 1, 2016 - Unreduced early retirement at age 58 (previously age 60) for Boeing Pension

Age at Retirement	% earned benefit
58	100%
57	98%
56	96%
55	94%

### New Special Company Retirement Contribution (in VIP - same account; but separated)

- Company contributes automatically each pay period whether or not you contribute.
- Eligible pay is defined as base pay, shift differential, pay additives, overtime, COLA, AMPP payments, and paid time off excluding payout of unused benefits
- The same investment allocations apply to your Special Company Retirement Contributions, as your VIP Contributions and Company match
- Hardship withdrawals from the Special Company Retirement Contribution are limited

Contribution Levels for Special Company Retirement Contribution					
Contribution Year	Hired/Rehired before Jan. 3, 2014	Hired/Rehired after Jan. 3, 2014			
Nov. 1, 2016 - Oct. 31, 2017	10%	4%			
Nov. 1, 2017 - Oct. 31, 2018	10%	4%			
Nov. 1, 2018 - Oct. 31, 2019	6%	4%			
Nov. 1, 2019 - thereafter	4%	4%			

### VIP Savings Match Increases

• On Nov. 1, 2016 – Company match increases to 75% up to the first 8% of base pay each pay period (previously 50% of the first 8%)

### **VIP Contribution Limits**

- VIP deferral limits for pre-tax \$18,000. If 50 years or older, you can contribute an extra \$6,000 per year on a pre-tax basis (\$24,000 total pre-tax if 50 or older)
- If members contribute more than those amounts, it automatically switches to an after-tax basis for rest of calendar year
- Annual contribution limit (yours and Boeing VIP Match and Special Contribution) combined reach \$53,000 a year (increases to \$54,000 in 2017). If that is reached, all contributions, including the Special Company Retirement Contributions will stop for remainder of the year.

### Ayco Retirement Counselor

Boeing has provided Ayco Retirement Counselors for retirement planning free through Dec. 31, 2016 (online advice remains free). Reach them through TotalAccess (say Retirement Counselor when prompted)

These counselors can:

- Help you understand the new retirement program
- · Plan to meet your retirement goals and maximize the benefit under the VIP
- Help you use the retirement income modeler
- Understand investing, including your risk tolerance and diversification