



UNION NEWS

Union Steward

Approved for posting,

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Health Care Open Enrollment Nov. 5-26

District 751 members select their health and dental insurance coverage for 2020 during the annual enrollment period Nov. 5-26. If you change medical or dental plans, the change takes effect Jan. 1, 2020.

If you don't take action during open enrollment, your current benefit choices will continue automatically and the new monthly contributions will apply.

Our contract spells out health care benefits, including deductibles, office co-pays and prescription coverage (see chart below for summary). Thanks to proactive efforts by our Union, the monthly premium contribution rate will be a smaller increase of 1.35 percent rather than the contractual 10 percent increase to ensure that members do not exceed the 16 percent cost share cap on health care.

Note: the annual dental benefit maximum increases in 2020 to \$2,500 per person (up from the current \$2,000).

Even if you are not planning to make a change to your benefits, you can take this opportunity to:

- Review your Health Care Costs
- Compare plan details;
- Research hospitals and providers;
- Review & update your dependent information
- Complete the online Health Assessment questionnaire (you & your spouse) to avoid additional paycheck contributions.

Your union recommends that you study the plans carefully before selecting coverage, review how different plans affect your out-of-pocket costs and check lists of network providers to see which networks

your doctor is in. It is also a good idea to verify prescription medication costs in the upcoming plan year.

Things to Remember

To change plans, log on to Worklife at: <https://boeing.service-now.com/worklife>.

If you have any questions on open enrollment or plan comparisons, contact Worklife at 1-866-473-2016 and ask for Health & Insurance.

If you change plans, print out the confirmation screen for your records.

No action is required unless you want to change coverage plans.

Comparing Your Plan Costs for Puget Sound

Service/Care	Traditional Medical Plan	Selections CCP	Kaiser Permanente
Monthly Premium Employee Contribution Employee Only Emp & Spouse OR Emp & Children Family	*NOTE: Monthly contribution assumes completion of health assessment questionnaire Effective 1/1/2020-12/31/2020 \$ 49.05* per month \$ 98.10* per month \$147.15* per month	Effective 1/1/2020-12/31/2020 \$ 85.84* per month \$171.68* per month \$257.52* per month	Eff 1/1/2020-12/31/2020 \$ 85.84* per month \$171.68* per month \$257.52* per month
Office Visits (network)	\$30 co-pay per visit primary care; \$40 co-pay specialist (including chiropractic)	\$30 co-pay per visit primary care; \$40 co-pay specialist (including chiropractic)	\$30 co-pay per visit primary care; \$40 co-pay specialist (including chiropractic)
Deductible Network Non-network	\$400 individual/ \$1,200 family; \$600 individual/\$1800 family	None if within network. \$450 per individual if non-network used	None
Network services (your share)	10% after deductible	10%	10%
Non-network services (your share)	40% after deductible	40%	40%
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. ALWAYS ASK FOR GENERIC! NOTE: Formulary is changing for 2020. Some drugs may not be covered anymore. Check the website (express-scripts.com/boeing) to price your medication.		
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 copay plus cost difference between brand-name & generic.	\$5 co-pay \$25 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.

NOTE CHANGES: 2019 office visit co-pay for all plans was: \$20 co-pay for primary care; \$25 co-pay specialist.
2019 TMP yearly deductible in network was: \$300 individual/\$900 family.
2019 TMP Monthly Premium Contribution Emp \$48.40; Emp + spouse \$96.80; Emp + Children \$96.80; Family \$145.20.
2019 Selections/Kaiser Permanente Monthly Premium Contribution: Emp \$84.70; Emp + spouse \$169.40; Emp + children \$169.40; Family \$254.10