



# UNION NEWS

Union Steward

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Approved for posting,

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Directing Business Representative  
IAM&AW District Lodge 751

## Open Enrollment for Insurance: Nov. 6 - Nov. 27



IAM 751 members working at Boeing will be asked to select their health and dental insurance coverage for 2019 during the annual enrollment period, which runs Nov. 6 through Nov. 27. 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.

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

### Things to Remember

◆ Make changes via web outside Boeing at [www.boeing.com/express](http://www.boeing.com/express), click TotalAccess or inside Boeing at <https://my.boeing.com> - click TotalAccess. Or call 1-866-473-2016. Hearing-impaired callers can access TTY/TDD services at 1-800-755-6363.

◆ **Complete the Health Assessment Questionnaire to avoid additional paycheck contributions in 2019.** Taking the questionnaire is not mandatory; however any member and spouse/partner who does not complete the health assessment by Nov. 27 will face an additional \$20 a month paycheck deduction in 2019 (or possibly \$40 if both do not take the assessment). You can always select "Don't Know" for an answer. Screenings are optional and have no impact on monthly contributions.

◆ **After you enroll, print the confirmation and keep the copy until the hard copy comes in the mail.** If you have an email address on file, you will also receive an email confirmation.

Service/Care	Traditional Medical Plan	Selections CCP	Kaiser Permanente
<b>NOTE: Monthly contribution reflects completion of health assessment questionnaire</b>			
	Effective 1/1/19-12/31/19	Effective 1/1/19-12/31/19	Eff 1/1/19-12/31/19
Employee Only	\$48.40*	\$84.70*	\$84.70*
Employee & Spouse	\$96.80*	\$169.40*	\$169.40*
Employee & children	\$96.80*	\$169.40*	\$169.40*
Family	\$145.20*	\$254.70*	\$254.70*
Office Visits (network)	\$20 co-pay per visit primary care; \$25 co-pay specialist (including chiropractic)	\$20 co-pay per visit primary care; \$25 co-pay specialist (including chiropractic)	\$20 co-pay per visit primary care; \$25 co-pay specialist (including chiropractic)
Deductible		None if within network.	None
Network	\$300 individual/ \$900 family;	\$400 per individual if non-	
Non-network	\$600 individual/\$1800 family	network used	
Network services (your share)	10% after deductible	10%	10%
Non-network services (your %)	40% after deductible	40%	40%
Prescription coverage	<b>** MEMBER PAY THE DIFFERENCE GENERIC INCENTIVE PRESCRIPTION PROGRAM.</b> 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.		
Retail (up to 30 days)			
Generic	\$5 co-pay	\$5 co-pay	\$5 co-pay
Brand formulary	\$25 co-pay**	\$25 co-pay**	\$25 co-pay**
Brand non-formulary	\$40 co-pay**	\$40 co-pay**	--
Mail (up to 90 days)			
Generic	\$10 co-pay	\$10 co-pay	\$10 co-pay
Brand name formulary	\$60 co-pay**	\$60 co-pay**	\$60 co-pay**
Brand non-formulary	\$100 co-pay**	\$100 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.	**if no generic OR approved after review, if not you pay generic copay plus cost difference between brand-name & generic.	**if no generic OR approved after review, if not you pay generic copay plus cost difference between brand-name & generic.
For more information	1-888-802-8776 <a href="http://www.bcbsil.com/boeing">www.bcbsil.com/boeing</a>	1-888-802-8776 <a href="http://www.bcbsil.com/boeing">www.bcbsil.com/boeing</a>	1-888-901-4636 or <a href="http://www.kp.org/wa">www.kp.org/wa</a>

\* Monthly premium contribution amount assumes completion of health assessment questionnaire.