

## Palmdale / Edwards AFB

Newly Represented

Special Enrollment Event



- The benefits that you elected during the previous Annual Enrollment period will go into effect on January 1, 2013.
- Because HealthNet is not an option in the SPEEA contract, if you enrolled in HealthNet, your enrollment will be changed to the Traditional Medical Plan.
- Regardless of your former enrollment election, you may participate in a special enrollment event and you have an opportunity to enroll in the plans of your choice.
- You will have 35 days to re-enroll if you desire to make changes to your coverage.
  - If you make a change, the change will be retroactively effective on January 1, 2013.
- This change can be made by contacting the Boeing Service Center through TotalAccess at 1-866-473-2016.
- If you have questions, please email <u>speea EAFB@speea.org</u>



- Health Risk Assessment
  - Carrot vs. Stick
- Medical Plans
  - Offerings, Coverage & Premiums
- Dental Plans
  - All plans free from premium contributions
- Life Insurance
  - Basic & Supplemental
- Disability Insurance
  - Short Term & Long Term



#### Health Risk Assessment

- SPEEA = Carrot
  - Yes = \$50 gift card each (you and Spouse)
  - No = No penalty
- Non-Union = Stick
  - Yes = No penalty
  - No = Additional \$20 a month premium each (you and spouse)



#### 2013 Medical Offerings

| Non-Represented                             | SPEEA Represented                     |
|---|---------------------------------------|
| Non-Union Traditional<br>(8% Premium req'd) | SPEEA Traditional (12% Premium req'd) |
| Non-Union Advantage+ (Premium Free)         | SPEEA Advantage+ (Premium Free)       |
| Non-Union Kaiser (8% premium required)      | SPEEA Kaiser (Premium Free)           |
| Non-Union HealthNet (16% premium required)  |                                       |

Although they have the same name, the SPEEA plans have different benefits than their Non-Union counterparts.

The SPEEA plans also have different premium requirements



#### **Traditional Medical Plan**

|                                  | Non-Union   | SPEEA   |
|----------------------------------|---|---|
| For More Details                 | <u>Click Here</u>   | <u>Click Here</u>   |
| Annual<br>Deductible             | In Network Non-Network<br>\$300 Ind. \$600 Ind.<br>3x family  | Greater of \$225 Individual<br>or 0.225% of salary<br>3x family   |
| Annual Out-of-Pocket<br>Maximum  | In Network Non-Network<br>\$2,000 Ind. \$4,000 Ind.<br>\$6,000 Fam. \$12,000 Fam<br>Deductible Included | \$2,000 Individual<br>\$4,000 Family<br>Deductible Not Included   |
| Hospital/General<br>Co-insurance | In Network 90% after deductible Non-Network 60% after deductible  | In Network 100% after deductible Non-Network 60% after deductible |
| Office<br>Co-pays                | 100/60% covered after<br>\$20 Primary Care<br>\$30 Specialist   | 100%/60% covered after<br>\$15 Co-Pay                             |
| Generic<br>Drug                  | 90% covered<br>(\$5 minimum; \$25 maximum)  | 90% covered<br>(\$5 minimum; \$25 maximum)                        |
| Brand-name<br>Formulary          | 80% Covered (\$20 minimum; \$75 maximum)  | 80% Covered (\$15 minimum; \$75 maximum)                          |
| Brand-name<br>Non-formulary      | 70% Covered<br>(\$35 minimum; no Maximum)   | 70% Covered<br>(\$30minimum; No maximum)                          |

## Advantage+ Plan

|                                  | Non-Union<br>In Network  | SPEEA In Network   |  |
|----------------------------------|--|--|--|
| For More Details                 | <u>Click Here</u>  | <u>Click Here</u>  |  |
| Annual Calendar<br>Deductible    | \$1,250 Individual Coverage<br>\$2,500 Other Coverage                      | \$1,500 Individual Coverage<br>\$2,625 Employee + Child(ren) Or Spouse<br>\$3,750 Full Family                        |  |
| Annual Out-of-Pocket<br>Maximum  | \$2,850 Individual<br>\$5,700 Family<br>Deductible Included                | \$3,100 Individual Coverage<br>\$5,425 Employee + Child(ren) Or Spouse<br>\$7,750 Full Family<br>Deductible Included |  |
| Hospital/General<br>Co-insurance | 90% Covered After Deductible   | 95% Covered After Deductible   |  |
| Office Visits                    | 90% Covered After Deductible   | 95% Covered After Deductible   |  |
| Generic Drug                     | 90% Covered  | 90% Covered  |  |
| Brand-name Formulary             | 80% Covered  | 80% Covered  |  |
| Brand-name Non-formulary         | 70% Covered  | 70% Covered  |  |
| Boeing HSA Contribution          | \$600 Individual Coverage<br>\$1,200 Other Coverage<br>(Funded in January) | \$700 Individual Coverage<br>\$1,250 Employee + Child(ren) Or Spouse<br>\$1,750 Full Family<br>(Funded Monthly)      |  |

#### Kaiser HMO

|                                    | Non-Union In Network                                       | SPEEA In Network                  |
|------------------------------------|--|-----------------------------------|
| Annual Calendar<br>Deductible      | \$0  | \$0                               |
| Annual Out-of-Pocket<br>Maximum    | N/A  | N/A                               |
| Hospital/General Co -<br>Insurance | 100% Covered after<br>\$250 Per admit co-pay               | 100% Covered                      |
| Office<br>Co-pays                  | 100% covered after<br>\$20 Primary Care<br>\$30 Specialist | 100% covered after<br>\$10 Co-pay |
| Generic<br>Drug                    | \$5 co-pay   | \$5 co-pay                        |
| Brand-name<br>Formulary            | \$20 co-pay  | \$15 co-pay                       |

# Monthly Premium Contributions With Health Risk Assessment and Biometric Screening

| SPEEA                                  | Employee<br>Only | Employee &<br>Spouse | Employee &<br>Child(ren) | Full<br>Family |
|--|------------------|----------------------|--------------------------|----------------|
| Kaiser                                 | \$0.00           | \$0.00               | \$0.00                   | \$0.00         |
| Traditional                            | \$61.55          | \$123.10             | \$123.10                 | \$184.65       |
| Advantage+ (HSA contrib minus premium) | (\$58.33)        | (\$104.17)           | (\$104.17)               | (\$145.83)     |

| Non-Union                              | Employee<br>Only | Employee &<br>Spouse | Employee &<br>Child(ren) | Full<br>Family |
|--|------------------|----------------------|--------------------------|----------------|
| Kaiser                                 | \$40.31          | \$80.62              | \$80.62                  | \$120.93       |
| Traditional                            | \$42.73          | \$85.46              | \$85.46                  | \$128.19       |
| Advantage+ (HSA contrib minus premium) | (\$50.00)        | (\$100.00)           | (\$100.00)               | (\$100.00)     |

| Difference  | Employee<br>Only | Employee &<br>Spouse | Employee &<br>Child(ren) | Full<br>Family |
|-------------|------------------|----------------------|--------------------------|----------------|
| Kaiser      | (\$40.31)        | (\$80.62)            | (\$80.62)                | (\$120.93)     |
| Traditional | 18.82            | 37.64                | 37.64                    | 56.46          |
| Advantage+  | (\$8.33)         | (\$4.17)             | (\$4.17)                 | (\$45.83)      |



# Monthly Premium Contributions Without Health Risk Assessment and Biometric Screening

| SPEEA                                  | Employee<br>Only | Employee &<br>Spouse | Employee &<br>Child(ren) | Full<br>Family |
|--|------------------|----------------------|--------------------------|----------------|
| Kaiser                                 | \$0.00           | \$0.00               | \$0.00                   | \$0.00         |
| Traditional                            | \$61.55          | \$123.10             | \$123.10                 | \$184.65       |
| Advantage+ (HSA contrib minus premium) | (\$58.33)        | (\$104.17)           | (\$104.17)               | (\$145.83)     |

| Non-Union                              | Employee<br>Only | Employee &<br>Spouse | Employee &<br>Child(ren) | Full<br>Family |
|--|------------------|----------------------|--------------------------|----------------|
| Kaiser                                 | \$60.31          | \$120.62             | \$100.62                 | \$160.93       |
| Traditional                            | \$62.73          | \$125.46             | \$105.46                 | \$168.19       |
| Advantage+ (HSA contrib minus premium) | (\$30.00)        | (\$60.00)            | (\$80.00)                | (\$60.00)      |

| Difference  | Employee<br>Only | Employee &<br>Spouse | Employee &<br>Child(ren) | Full<br>Family |
|-------------|------------------|----------------------|--------------------------|----------------|
| Kaiser      | (\$60.31)        | (\$120.62)           | (\$100.62)               | (\$160.93)     |
| Traditional | (\$1.18)         | (\$2.36)             | \$17.64                  | \$16.46        |
| Advantage+  | (\$28.33)        | (\$44.17)            | (\$24.17)                | (\$85.83)      |



### 2013 Dental Offerings

| Non-Represented                   | SPEEA Represented                 |
|-----------------------------------|-----------------------------------|
| Delta Dental PPO Preferred Dental | Delta Dental PPO Preferred Dental |
| Delta Dental Prepaid              | Delta Dental Prepaid              |
| Met Life Prepaid                  |                                   |
|                                   | Delta Dental Scheduled Dental     |



#### Delta Dental Preferred Dental (PPO)

- Recommended for the <u>vast majority</u> of SPEEArepresented employees and their families.
- For the highest benefit, plan to use an innetwork Delta Dental PPO dentist.
  - Nationwide in-network coverage available, using the National Delta Dental PPO networks.
- PPO Network <u>and</u> Premier Network dentists are prohibited from billing you the difference between the charged and the maximum allowable rate, known as "balance billing".

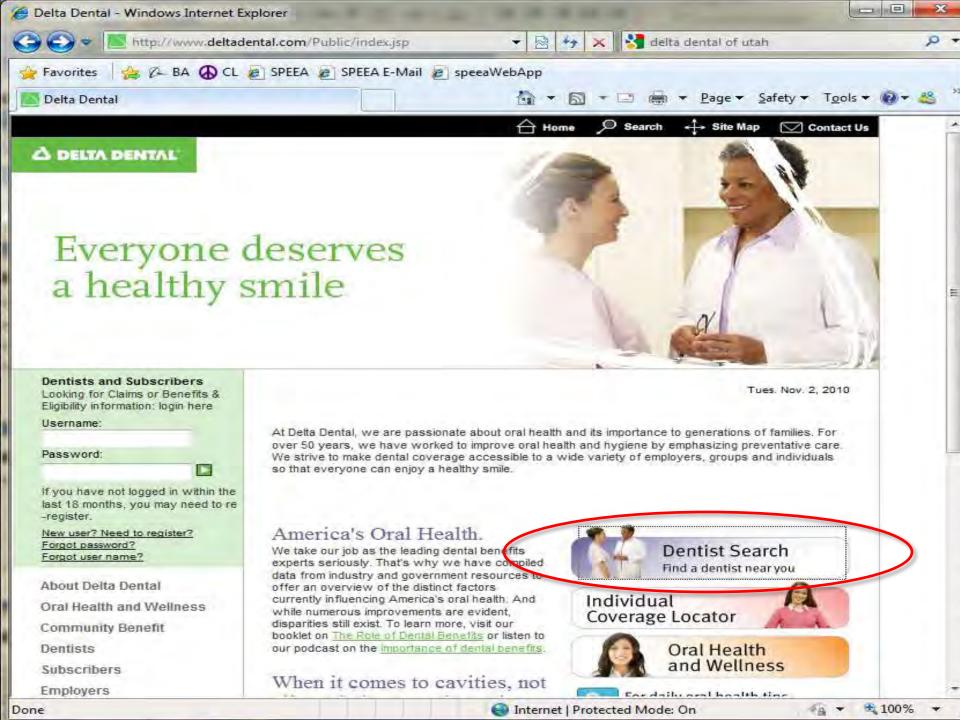


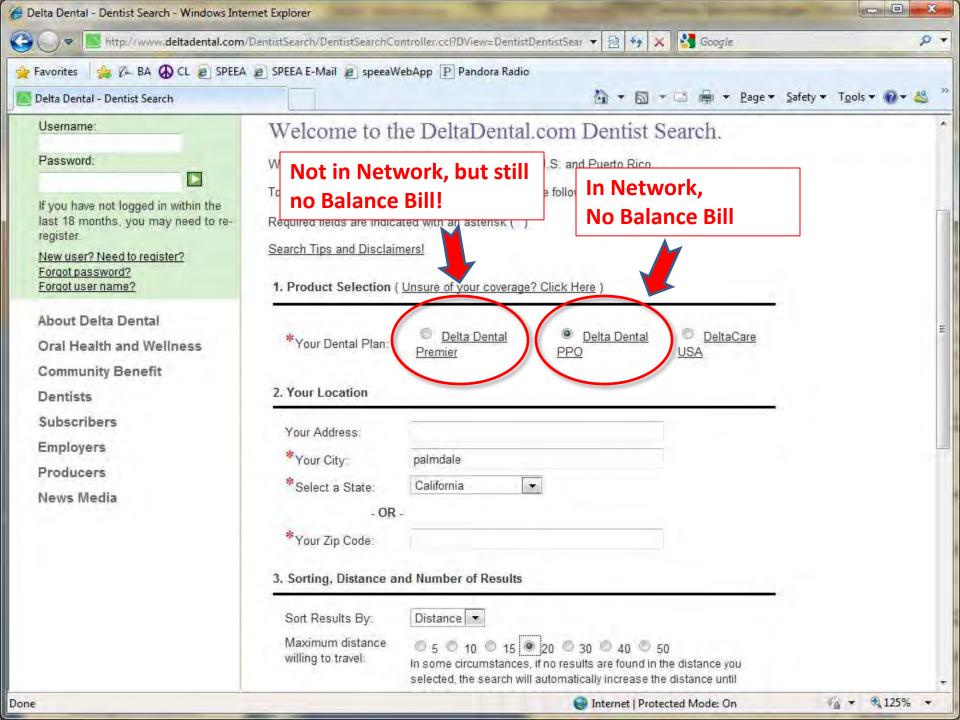
#### Preferred Dental

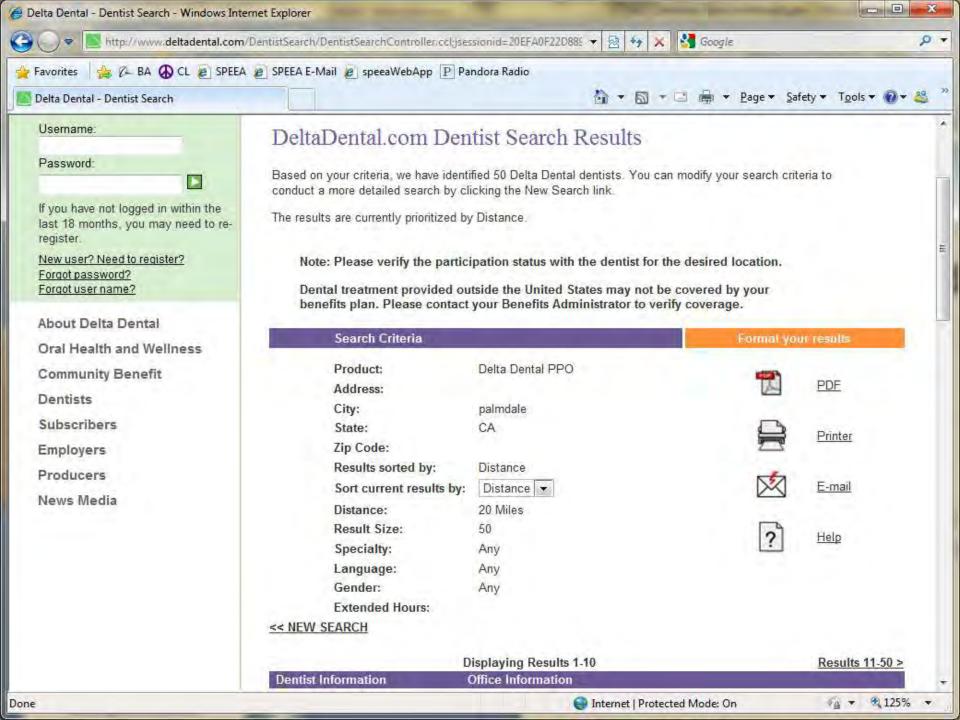
|      |   | PPO      | Member      | Non- Member |
|------|---|----------|-------------|-------------|
|      | Network   | PPO      | Premier     | No Network  |
|      | Balance Bill Patient  | No       | No          | Yes         |
|      |   |          |             | Non-Par Fee |
|      | Allowable   | PPO Rate | Member Rate | Schedule    |
|      | Annual Deductible   | 50 (x3)  | \$75 (x3)   | \$75 (x3)   |
| nce  | Class I (Preventative)  | 100%**   | 80%         | 80%         |
| Jrai | Class II (Basic Care) Class III (Major Care) Class IV (Ortho) | 80%      | 50%         | 50%         |
| insı | Class III (Major Care)  | 60%      | 50%         | 50%         |
| ပိ   | Class IV (Ortho)  | 50%      | 50%         | 50%         |
|      | Annual Max Benefit  |          | \$2,000     |             |
|      | Lifetime Class IV Benefit                                     |          | \$2,000     |             |

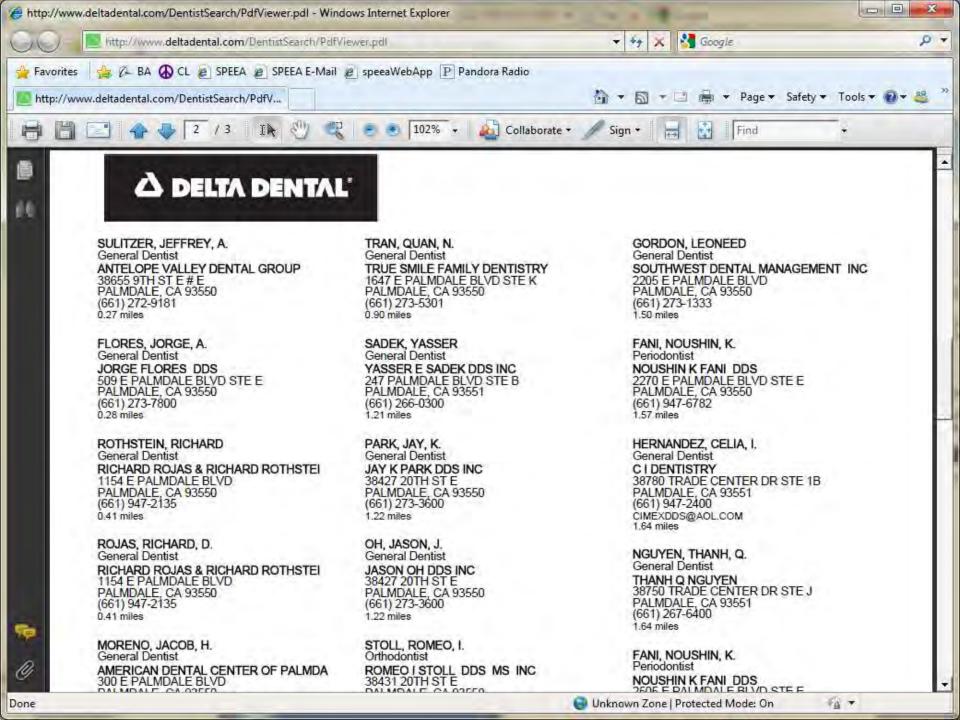
\*\* Deductible Waived

SPEEA





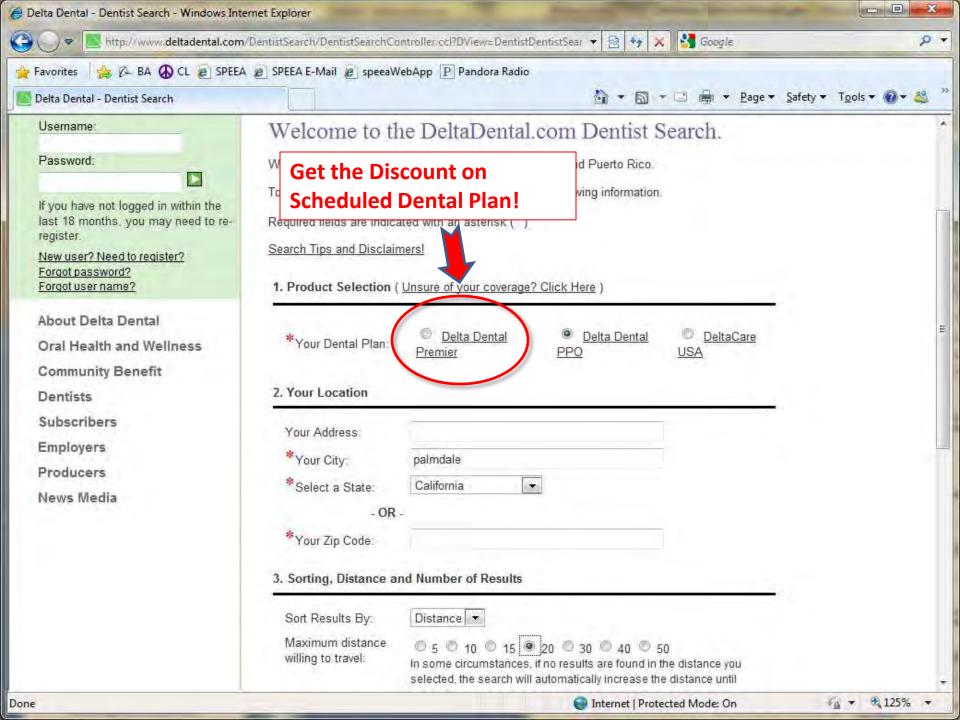




#### 2. WDS Scheduled Dental Plan

- 1970's "Scheduled Payment Plan"
  - List of dental codes and reimbursement amounts are in your contract and have not changed in over 10 years
- No network of dentists (can use any licensed dentist)
- Starting 1/1/2012 Benefit of WDS Premier network
  - If you just so happen to seek treatment from a WDS
     Premier network dentist, the dentist will have to write off any amount between allowed and the actual charges





- 3. Delta Dental Prepaid Dental Dental HMO
  - You have to prospectively select an in-network dentist
  - The dentist you select receives monthly payments, whether or not you seek services (capitation).
  - If you seek services from your dentist, they typically receive no additional compensation.
  - SPEEA receives more complaints about Prepaid Dental than Preferred and Scheduled combined.
    - Scheduling issues
    - Covers all "necessary" care; Who defines "necessary"?
  - Might be a good choice for a persistent individual with significant dental needs and a flexible schedule



- Basic Life Insurance No Change
  - Employer Paid
  - 2.25 x base salary
- Supplemental Life <u>Change</u>
  - Same coverage
  - More expensive premiums



- Short Term Disability No Change
  - 1 week elimination period
  - 12 weeks 80% income replacement
  - 13 weeks 60% income replacement
- Long Term Disability <u>Change</u>
  - Employee paid Approx \$0.27 per \$1,000 of covered salary. \$100k Salary = \$11 a paycheck
  - 60% income replacement to age 65
  - Benefits income tax free



#### Questions?

- Email <u>speea EAFB@speea.org</u>
- Or call:
  - Rich Plunkett (206) 674-7366
  - Matt Kempf (206) 674-7362