



***Short Plan Year - Open Enrollment***  
***Jul 2026 - Dec 2026***  
***Boeing/Spirit WEU/WTPU***

SPEEA, IFPTE Local 2001  
 Matt Kempf / Jason Collette  
 v 1.0



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***Relationship Disclosure***  
***Statement of Engagement***

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## ***Relationship Disclosure***

### ***Statement of Engagement***

- This presentation is intended to summarize retirement benefits and ***is general in nature.***
- This engagement is limited in scope to ***general financial education materials.***
- This presentation ***does not*** constitute “financial planning” or “advice”.
- In the event of a conflict between this presentation and any of the plans, the terms of the plans (subject to your collective bargaining agreement) will control.

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## ***SPEEA Current Contracts***

### Wichita Engineering Unit

–2024 to 2028

- New Letter of Understanding regarding implementation of Section 21.5

### Wichita Technical & Professional Unit

–2026 to 2030

- New Contract



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**WHAT'S NEW**

These changes take effect for your 2026 medical, dental, and vision benefits.

**Short plan year**

Your 2026 plan year will be a short plan from July 1 - December 31, 2025. As a result of the short plan year:

- Any eligible medical expenses toward your deductible or out-of-pocket maximum will reset on January 1, 2026.
- If you enroll in the HDHP Plan (or HDHP with Vision) for 2026, you will be eligible to contribute to your Health Savings Account (HSA) despite the short plan year.

As part of our integration with the new provider network, you have the opportunity to participate in a new provider network for select Boeing benefit plans, which will be January 1 - December 31, 2026. To receive this coverage, you will need to enroll in the HDHP Plan (or HDHP with Vision) for 2026. To receive this coverage, you will need to enroll in the HDHP Plan (or HDHP with Vision) for 2026. To receive this coverage, you will need to enroll in the HDHP Plan (or HDHP with Vision) for 2026.

**HSA company contribution**

If you enroll in the HDHP Plan (or HDHP with Vision), the company will contribute to your HSA. The company will contribute the full amount of the HSA contribution limit for 2026, up to \$8,000 if you cover only you, or \$12,000 if you cover you and a dependent child. The company will make the contribution to your HSA by Friday, May 15, 2026.

**HSA contribution limit**

The IRS increased the annual HSA limit for 2026 to \$8,000 if you cover only you, or \$12,000 if you cover you and a dependent child. If you cover you and a dependent child, you can make an additional contribution for the year ending December 31, 2026.

When making your HSA contributions for 2026, please note that contributions are made on a pre-tax basis. If you are enrolled in the HDHP Plan (or HDHP with Vision) for 2026, you will be eligible to receive the HSA company contribution for your 2026 tax year limit.

## 2026 benefit options

Review your medical plan options below, then visit [myspiritbenefits.com](http://myspiritbenefits.com) to take a closer look.

### YOUR MEDICAL PLAN OPTIONS

For 2026, choose from the medical plan options shown here.

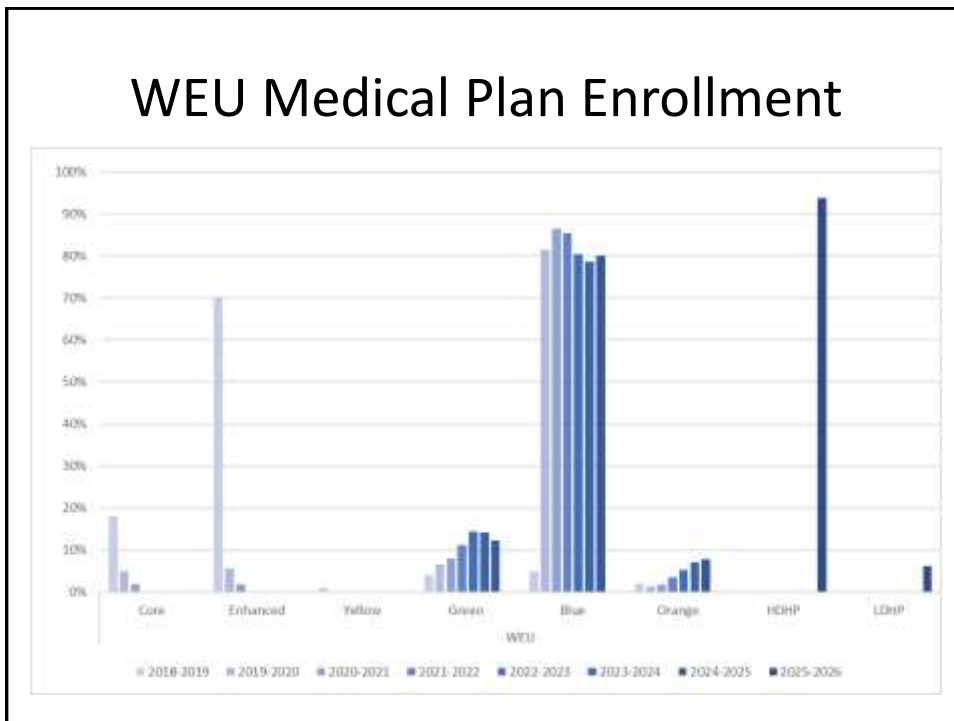
Plan Network Benefit	2026 Plan with ODC	2026 Plan with ODC*	HDHP Plan	HDHP Plan**
<b>Company Contribution to your HSA</b>				
Single	N/A	\$1,000	N/A	\$1,000
Employee + Dependents	N/A	\$2,000	N/A	\$2,000
<b>Annual Deductible</b>				
Single	\$200	\$2,000	\$500	\$2,000
Employee + Dependents	\$1,000	\$4,000	\$1,000	\$4,000
<b>Out-of-Pocket Maximum*</b>				
Single	\$3,000	\$3,000	\$5,000	\$3,000
Employee + Dependents	\$3,000	\$3,000	\$5,000	\$3,000
<b>Preventive Care</b>	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
<b>Doctor's Office, Hospital Facility &amp; Emergency Room</b>				
Concierge Primary Care	\$0	\$25, then \$0 after deductible	20%	\$25, then \$0 after deductible
Emergency Room	20%	20% after deductible	20%	20% after deductible
Other	20%	20% after deductible	20%	20% after deductible
<b>Prescription Drugs</b>				
Acute medications (not OTC)	Included in office visit	Included in office visit	N/A	N/A
Top 1 (Generic - 400, then \$20, then \$20)	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Top 1 (Generic - 400, then \$20, then \$20)	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Top 1 (Brand - 400, then \$20, then \$20)	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Top 1 (Brand - 400, then \$20, then \$20)	20% after deductible	20% after deductible	20% after deductible	20% after deductible

\*This table should not be used to estimate out-of-pocket costs including your deductible.  
\*\*This table should not be used to estimate out-of-pocket costs including your deductible.

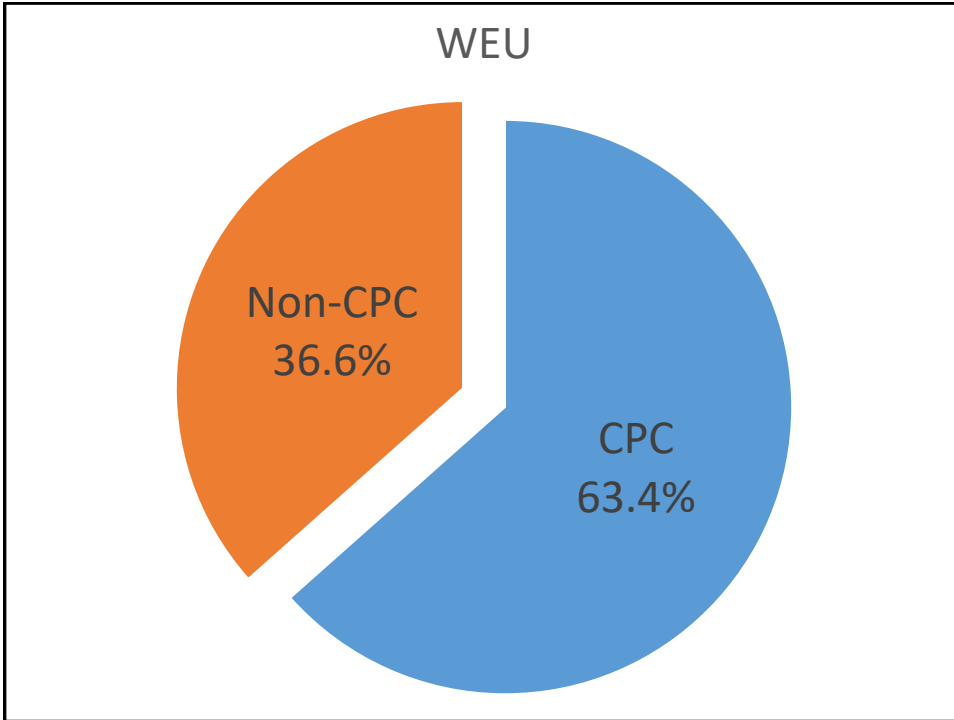
**Convenient, Confidential, Cost-Effective Your Concierge Primary Care Clinic**

As a reminder, the Concierge Primary Care (CPC) clinic offers excellent, confidential medical care to the Boeing community through its partnership with Ascension Medical Group via OneStar. You and your eligible dependent(s) have exclusive access to the clinic when you enroll in a 2026 CPC medical plan option. Plus, it's cost-effective. Preventive care is always \$0. If you enroll in the HDHP with ODC, you pay \$25 for non-preventive care office visits, and if you meet your deductible, those visits are \$0. If you enroll in the HDHP with ODC, you pay \$0 for non-preventive care office visits.

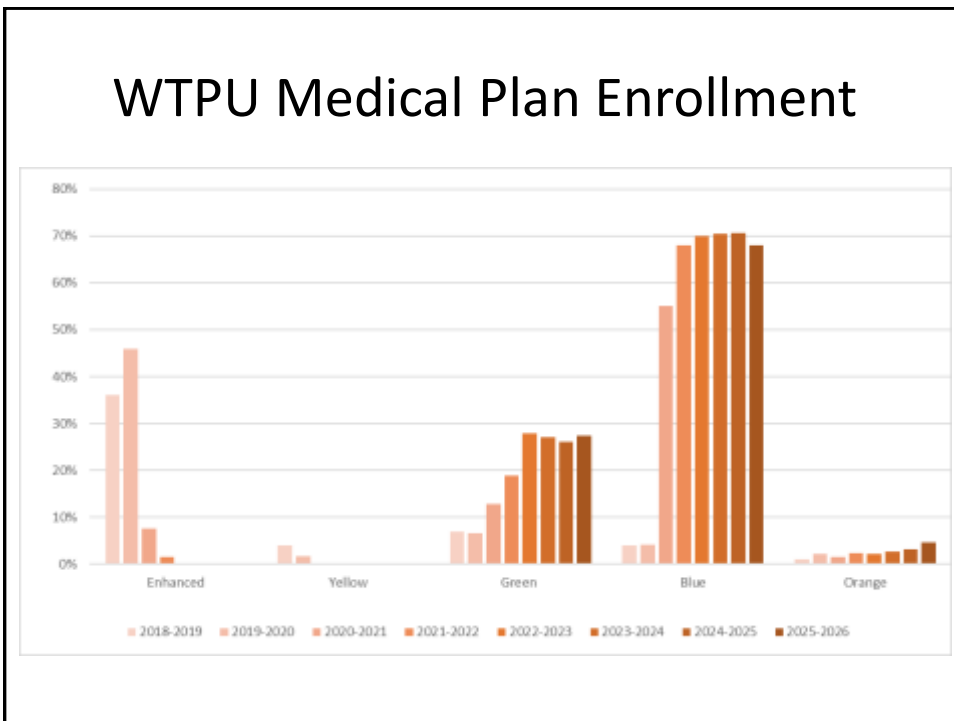
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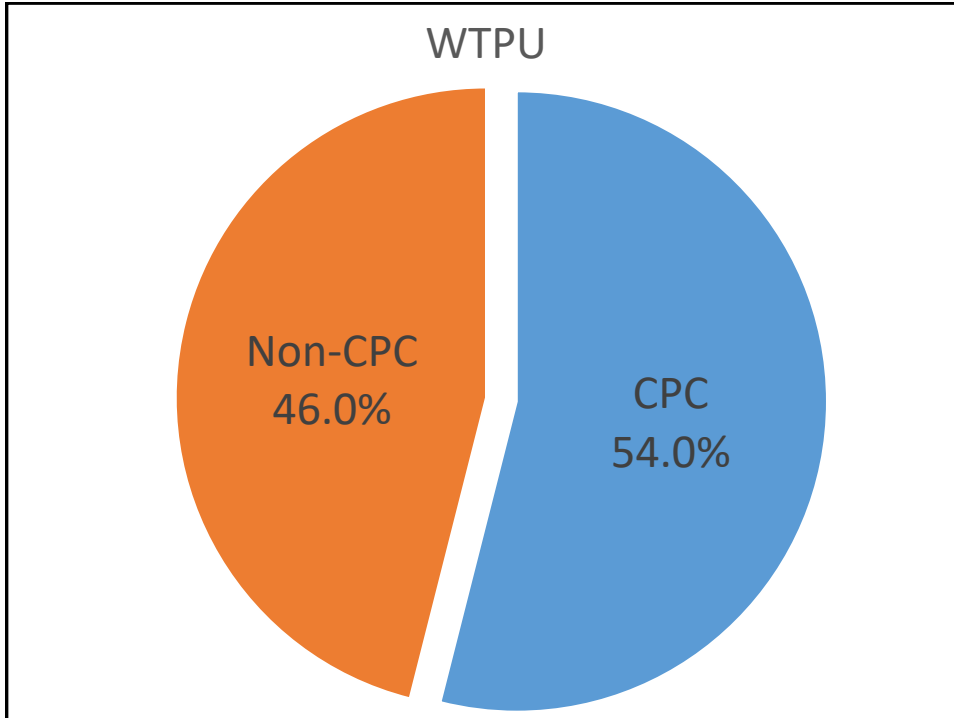
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## *Spirit Open Enrollment Dates:*

Open Enrollment **May 4 - May 15**

– Changes effective From Jul 2026 – Dec 2026

- Enrollment Online [www.myspiritbenefits.com](http://www.myspiritbenefits.com)
- Enroll by Phone - 1-877-459-3345, Opt 2

– **Passive Enrollment**

- *If you fail to enroll, defaulted:*
  - Same plan as 2025-2026 same enrollees
  - **WEU & WTPU - HSA/FSA Zeroed Out**
  - **No Employer HSA Seed Money**

– **Print and/or download your online confirmation statement for your records.**

– Call Benefits Center ASAP to correct mistakes



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## WTPU – 7/1 Changes

- Green Plan Deductible increased \$50/\$100 to meet minimum IRS HSA qualified status
  - Permitted by contract
- Green, Blue, Orange – Short Plan Year
  - Out-of-Pocket Max Reduced \$500/\$1000
  - No Cashout Option
- DC and HC FSA Maximums halved for short plan year
- No Change
  - Dental or Vision
  - Life Insurance
  - STD/LTD
  - AD&D



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## WEU – 7/1 Changes

- Out of Pocket Amounts reduced
  - HDHP OOP Max reduced \$500/\$1000
- DC and HC FSA Maximums halved for short plan year
- No Change
  - Dental
  - Vision
  - Life Insurance
  - STD/LTD
  - AD&D



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## *Remainder of 2026*

WTPU			WEU		
	Aetna Choice POS II Network	Optional CPC Network		Current Network	Optional CPC Network
Green	22%	17%	HDHP	EE = ?? ES, EC, ESC = 20%	15%
Blue	20%	15%			
Orange	20%	15%	LDHP	20%	15%

EE = Employee only, ES = Employee & Spouse, EC = Employee & Child(ren), ESC = Full Family

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## *WEU Spirit Provided Funds*

*(Assumes HSA eligible employee)*

WEU Employer HSA contributions

– **Short Plan Year 2026 = 50% of deductible**

WTPU Employer HSA contributions ~~(or cash)~~

– **Short Plan Year 2026 = 60% of Deductible**

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## *Spirit Provided HSA Seed Funds*

*(Assumes HSA eligible employee)*

	EE	EC/ES	ESC
WTPU – Green	\$1,020	\$2,040	\$2,040
WTPU – Blue	\$1,500	\$3,000	\$3,000
WTPU – Orange*	\$1,500	\$3,000	\$3,000
WEU - \$2000/\$4000 HDHP	\$1,000	\$2,000	\$2,000
WEU - \$500 LDHP (PPO)	N/A - Not HSA Qualified		

EE = Employee only, ES = Employee & Spouse, EC = Employee & Child(ren), ESC = Full Family  
 \* Orange Plan HSA contribution is 60% of Blue Plan Deductible

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## *WTPU In-Network*

### *Medical Plan Details*

	Green Plan	Blue Plan	Orange Plan
Annual Deductible	True Family		Embedded
Single	\$1,700	\$2,500	\$4,500
All Others	\$3,400	\$5,000	\$9,000
Coinsurance	20%	30%	
Out-of-Pocket Max	True Family		Embedded
Single	\$2,500	\$4,000	\$6,050
All Others	\$5,000	\$5,850	\$12,100
USPSTF Preventative Care Services	No Charge		
Listed ACA Preventive Medications	\$10 co-pay		
CPC Visit (If applicable)	All Inclusive \$20 Copay		
All Other Medical Services	Ded & Coin		
Non-Preventative Medications	Ded & Coin		

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## **WEU In-Network Medical Plan Details**

	\$500 LDHP	\$2,000/\$4,000 HDHP
Annual Deductible	Per Person	True Family
Single	\$500 Per Person	\$2,000
All Others	\$500 per person, no more than \$1,500 Per family	\$4,000
Coinsurance	20%	20%
Out-of-Pocket Max (Medical and Rx)	Per Person	True Family
Single	<b>\$3,500 Per Person</b>	<b>\$3,500</b>
All Others	<b>No more than \$7,000 per Family</b>	<b>\$7,000</b>
USPSTF A/B Preventative Care Services	No Charge	
Listed ACA Preventive Medications	n/a	\$10 co-pay
Retail Drugs - Tier 1 - Generic	10% (Min \$10, Max \$50)	Ded & Coin
Retail Drugs - Tier 2 - Formulary	25% (Min \$35, Max \$125)	Ded & Coin
Retail Drugs - Tier 3 - Non-Formulary	35% (Min \$50, no Max)	Ded & Coin
CPC Visit (If applicable)	All Inclusive \$0 Co-Pay	All Inclusive \$20 Copay
All Other Medical Services	Ded & Coin	

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## **Health Savings Account -HSA**

HSA's have many regulations that cover who can and who cannot establish and/or fund a HSA.

In order for you to contribute to an HSA, you must:

- Be covered by a HSA-Qualified HDHP
  - WTPU = **G, B, O**
  - WEU = **HDHP**
- Not covered under any other non-HDHP
  - E.g. Medicare, Tricare, Indian Health Services
    - Medicare part A Retro also counts..
  - General FSA (incl during grace period)
- Not another person's IRS tax dependent and others... See [HSA Guidebook](#) for details

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## ***Health Savings Account -HSA***

- Contributions to the HSA are tax advantaged:
  - For the Employee: Free from Federal & State Income Tax (~30%), Medicare Tax (1.45%) and Social Security Tax (6.2%)
  - For Spirit: Free from Medicare Tax (1.45%) and Social Security Tax (6.2%)
- Qualified Withdrawals from the HSA are also tax advantaged
  - Tax-free if for eligible medical expenses for you or any IRS dependent.
  - IRS Publication 502 lists eligible expense (Glasses, contacts, dentures, braces, reading glasses, mileage to/from providers, etc..).
  - <http://www.irs.gov/pub/irs-pdf/p502.pdf>
  - The funds in an HSA can be used for other, non-medical expenses, but the dollars are subject to ordinary tax plus a 20 percent penalty if the individual is under **age 65**.

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## ***Health Savings Account -HSA***

- HSA-Qualified HDHPs can include an employer funded Health Savings Account (HSA)
  - Unused HSA funds roll over from year to year.
  - After initial threshold requirements are met, HSA funds may be invested
  - Employer Contributions
    - Lump Sum, First Full Pay Period In July
    - WTPU = 60% Of Applicable Deductible (**Orange** = 60% of **Blue**)
    - WEU = 50% Of HDHP Deductible
  - CY 2026 Maximum HSA Annual Contributions (all sources):
    - \$4,400 (Employee only) / \$8,750 (All Others)
    - \$1,000 Catchup if over **age 55** (each)



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## Like all bank accounts, HSAs have fees

### Health Savings Account Fee and Interest Rate Schedule



#### HEALTH SAVINGS ACCOUNT FEE

HSA Bank wants you to understand the fees associated with your Health Savings Account (HSA). For details regarding the general terms and conditions that apply to your HSA, see the Health Savings Account Custodial Agreement and Disclosures for Health Savings Accounts.

#### Service Fees<sup>1</sup>

Description	Amount	Important Fee Information
E-statement Account Summary Fee	\$0.00	You have automatically been enrolled in free e-statements.
Printed HSA Account Summary Fee	\$1.50	Your monthly fee if you opt out of free e-statements.
HSA Closure Fee	\$25.00	To avoid this fee, keep your account open with HSA Bank and continue to use your HSA funds for eligible expenses.

#### INTEREST RATE SCHEDULE

##### Minimum Account Balance and How We Determine the Interest Rate

No minimum account balance is required to open a Health Savings Account or to obtain the annual percentage yield disclosed. We use the daily balance method to calculate the interest on your account. The daily balance method applies a daily periodic rate to the principal in the account each day. Interest is compounded monthly and credited monthly. Interest begins to accrue no later than the business day that we receive credit for the deposit of non-cash items (for example, checks). The interest rate and annual percentage yield (APY) is based on the balance in your account. If you close your account, interest that has accrued but has not yet posted will not be paid.

The interest rate and annual percentage yield available on your account is as follows, effective as of October 1, 2021.

Daily Balance	Interest Rate	APY
\$50,000.00 or more	0.50%	0.50%
\$25,000.00 - \$49,999.99	0.30%	0.30%
\$5,000.00 - \$24,999.99	0.15%	0.15%
Less Than \$5,000.00	0.05%	0.05%

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## Flexible Spending Account

- Healthcare
  - WEU – LD Plan = **General Healthcare FSA**
    - Short Plan Year Limit **\$1,700**
    - Expenses listed in Publication 502
  - *HSA Qualified* = **Limited Purpose FSA**
    - WTPU = **G, B, O** & WEU = **HDHP**
    - Short Plan Year Limit **\$1,700**
    - Only Dental & Vision Expenses
- Dependent Care FSA
  - Short Plan Year Limit **\$2,500**

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# Dental

## Spirit Annual Open Enrollment



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## Spirit Open Enrollment

- **Three Dental Plans –**
  - **Premier Plan – 10% Dental Premium Contribution**
  - **Standard** - No Dental Premium Contributions
  - **Basic Plus** - No Dental Premium Contributions
- **Delta Dental of Kansas**
  - <http://www.deltadentalks.com/>
- **Delta Dental Premier Network**
  - “Our traditional fee-for-service program utilizing Kansas' largest dentist network with more than 90% of the practicing dentists in Kansas. Patients who sign up for Delta Dental Premier have the freedom of visiting any dentist they choose; however, if you use a Delta Dental Premier dentist, the program guarantees you will not pay more than the patient portion specified in your company dental plan.”



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## Dental Plans & Per Paycheck Contributions

In Network Benefits	Premier		Standard	Basic Plus
In-Network Balance Billing	No		No	No
Maximum Allowable	Fee		Fee	Fee
Deductible	\$25 (3x)		\$50 (3x)	\$50 (3x)
Annual Maximum	\$2,000 (WEU up to \$3,000)		\$1,500	\$1,000
Preventative	100%*		100%*	100%*
Basic Care	80%		80%	50%
Major Care	50%		50%	50%
Orthodontia	50%		n/a	n/a
Ortho Maximum	\$1,750 (WEU up to \$2,500)		n/a	n/a
	<b>WTPU</b>	<b>WEU</b>	WTPU/WEU	WTPU/WEU
Employee Only	\$1.99	\$2.22	\$0.00	\$0.00
Employee & Spouse <b>or</b> Child(ren)	\$3.98	\$4.43	\$0.00	\$0.00
Employee & Spouse & Child(ren)	\$5.97	\$6.65	\$0.00	\$0.00



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## WEU Premier Plan

- The Premier Dental plan Incentives:
  - If an employee/member has 2 preventative visits during a plan year, the annual maximum for that members (that specific belly button) will increase \$500 the following plan year up to a cap of \$3,000
  - If an employee/member has 2 preventative visits during a plan year, that members Orthodontia maximum (that specific belly button) will increase \$500 the following plan year up to a cap of \$2,500
    - Once increased, the incentives shall not be reduced for the duration of the collective bargaining agreement.
    - These benefits would also apply to someone who is not currently in the Premier plan but transitions to this plan.
    - If already in the Premier plan and having begun Ortho treatments, the maximum would be adjusted for remaining treatment and payments increased accordingly. It wouldn't adjust any prior payments.
- **WEU Dental Implant LOU**
  - \$10,000 per plan year
  - Handled differently in 2027

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## LETTER OF UNDERSTANDING

Between SPEEA (WEU) AND SPIRIT AEROSYSTEMS, INC.

Regarding Dental Implant Benefits

WHEREAS, Spirit AeroSystems, Inc. and SPEEA seek to modify Attachment A of the 2024 – 2028 WEU SPEEA Collective Bargaining Agreement.

NOW THEREFORE, the parties agree as follows:

Effective 7/1/2025, the following language in Attachment A:

1. Medical plans will cover surgical procedures for the placement or removal of dental implants or attachments to implants, up to a maximum of \$10,000 per plan year. The medical plan will coordinate with the dental plan and pay secondary.

Will be deleted and replaced with the following:

1. The Spirit Premier Dental plan will cover surgical procedures for the placement or removal of dental implants or attachments to implants, up to a maximum of \$10,000 per plan year. The new \$10,000 additional benefit per person per plan year will be subject to the dental plan deductible, reimbursed at 80% for network providers and will not affect the normal Dental plan year maximums. Surgical removal of teeth would continue to fall under normal plan maximum, not the new implant plan maximum.

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# *Vision*

## Spirit Annual Open Enrollment



**SPEEA**  
IFPTE LOCAL 2001

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## *Spirit Open Enrollment*

### Safety Glasses Benefit

- All Employees Automatically Covered
- Prescription safety glasses every 12 months
  - In addition to any current vision hardware benefit
- Obtained through EyeMed
  - Frames - \$85 allowance
  - Lenses - \$25 Co-Pay

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## *Spirit Open Enrollment*

In Network Benefits	Enhanced	Basic	Exam Only
Eye Exam Co-pay	\$20	\$20	\$10
Lenses (once 12 months)	100%*	100%*	100% (standard only)
Frames or contacts in Lieu	\$210 (12 months)	\$135 (24 months)	\$0 (discount plan only)
Bi-Weekly Contributions	Enhanced	Basic	Exam Only
EE	\$3.24	\$0.64	\$0.00
ES/EC	\$6.46	\$1.27	\$0.00
ESC	\$9.69	\$1.91	\$0.00
Annual Contributions	Enhanced	Basic	Exam Only
EE	\$77.76	\$15.36	\$0.00
ES/EC	\$155.04	\$30.48	\$0.00
ESC	\$232.56	\$45.84	\$0.00

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# Concierge Primary Care

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## Concierge Primary Care

(Boeing's 2027 Preferred Partnership?)

- Primary Care Network Option
  - Replaces Primary Care in Sedgwick and Butler County only.
  - Network of Specialists remains the same as today
  - Care outside Sedgwick and Butler counties same as is today (Aetna Choice POS II Network)

<https://www.viachristi.org/location/ascension-medical-group-concierge-care>

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## Who is In Network?

	CPC Network		Normal Network	
	Inside Sedgwick and Butler Counties	Outside Sedgwick and Butler Counties	Inside Sedgwick and Butler Counties	Outside Sedgwick and Butler Counties
Primary Care	CPC Network	Aetna Choice POS 2 Network	Aetna Choice POS 2 Network	Aetna Choice POS 2 Network
Specialist Services	Aetna Choice POS 2 Network		Aetna Choice POS 2 Network	
Facilities	Via Christi Facilities		Via Christi Facilities	

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**Ascension** PRIMARY CARE | SPECIALTY CARE | FIND A LOCATION | FIND A DOCTOR | SCHEDULE AN APPOINTMENT | SEARCH

Home > Find a Location > Kansas > Ascension Medical Group Via Christi on East 31st

**LOCATIONS**

**Ascension Medical Group Via Christi on East 31st**

- Primary Care/Clinic
- Laboratory
- Imaging
- Pharmacy

**ADDRESS**  
4825 East 31st Street South  
Wichita, KS 67210

**PHONE**  
316-613-5800

**HOURS**  
Mon & Wed: 9 a.m.-5 p.m.  
Tues & Thurs: 7:30 a.m.-6:30 p.m.  
Fri: 8 a.m.-1 p.m.  
Sat: 8 a.m.-12 p.m.

**APPOINTMENTS**  
316-613-5800

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Ascension

PRIMARY CARE | SPECIALTY CARE | FIND A LOCATION | FIND A DOCTOR | SCHEDULE AN APPOINTMENT | SEARCH

Home > Find a Location > Kansas > Ascension Medical Group Via Christi on St. Teresa (For Spirit AeroSystems members only)

LOCATIONS

## Ascension Medical Group Via Christi on St. Teresa (For Spirit AeroSystems members only)

Primary Care/Clinic | Laboratory | Imaging

**ADDRESS**  
14700 Saint Teresa St #290  
Wichita, KS 67223

**PHONE**  
316-274-5800

**HOURS**  
Mon & Wed: 9 a.m.-6 p.m.  
Tues & Thurs: 7:30 a.m.-4:30 p.m. \*Closed 1 hour for lunch daily

**APPOINTMENTS**  
316-274-5800

[SCHEDULE APPOINTMENT ONLINE](#)

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### Concierge Care: Services Provided

- Annual physical exams
- Care-establishment visits
- Preventive care screenings
- Vaccines/immunizations
- Treatment for minor illnesses
- Basic procedures and diagnostics
- In-office dispensing of common prescriptions and over-the-counter medications
- Navigation
- Health coaching
- Sports physicals for kids



Preventive care, acute needs, overall health management



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## Concierge Care: Prescription Medications Provided

**Antihistamine**  
Fexofenadine HCL 180mg

**Antibiotic**  
Amoxicillin 875mg  
Amoxicillin/Clavulanate Potassium 875mg  
Azithromycin 250mg  
Cephalexin 500mg  
Ciprofloxacin 250mg  
Clindamycin HCL 300mg  
Doxycycline Hyclate 100mg  
Metronidazole 500mg  
Nitrofurantoin Monohydrate 100mg  
Sulfamethoxazole/Trimethoprim 160mg  
Mupirocin 2%

**Antifungal**  
Fluconazole 150mg  
Terbinafine 1%

**Antiviral**  
Acyclovir 400mg  
Valacyclovir 500mg  
Valacyclovir 1g  
Oseltamivir Phosphate 75mg

**Cough**  
Benzonatate 100mg  
Guaifenesin 600mg  
Acetonide 0.1%

**Diuretic**  
Furosemide 40mg

**Dizziness**  
Meclizine 25mg

**Migraine Headache**  
Sumatriptan Succinate 50mg

**Muscle Relaxant**  
Cyclobenzaprine HCL 10mg

**Nausea/Vomiting**  
Ondansetron 8mg  
Ondansetron 4mg

**Pain Reliever/Analgesic**  
Ibuprofen 800mg  
Naproxen 500mg  
Phenazopyridine 200mg

**Heartburn/Gastrointestinal**  
Omeprazole 40mg

**Steroid**  
Methylprednisolone 4mg  
Prednisone 20mg  
Prednisone 10mg  
Triamcinolone Acetonide 0.1%



Available at no extra cost to Concierge Care patients



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## Premiums Per Paycheck

		WTPU			WEU	
		Green Plan	Blue Plan	Orange Plan	\$500 LDHP	\$2,000/\$4,000 HDHP
<b>Non-CPC Employee Contribution</b>	EE	22.0%	20.0%	20.0%	20.0%	?
	ES / EC	22.0%	20.0%	20.0%	20.0%	20.0%
	ESC	22.0%	20.0%	20.0%	20.0%	20.0%
<b>Non-CPC Employee Rates</b>	EE	\$104.84	\$72.76	\$57.23	\$86.77	\$60.18 (\$72.30)
	ES / EC	\$209.69	\$145.51	\$114.47	\$173.53	\$144.61
	ESC	\$314.53	\$218.26	\$171.70	\$260.29	\$216.91
<b>CPC Employee Contribution %</b>	EE	17.0%	15.0%	15.0%	15.0%	15.0%
	ES / EC	17.0%	15.0%	15.0%	15.0%	15.0%
	ESC	17.0%	15.0%	15.0%	15.0%	15.0%
<b>CPC Employee Contribution \$</b>	EE	\$81.02	\$54.57	\$42.93	\$65.07	\$54.23
	ES / EC	\$162.03	\$109.13	\$85.85	\$130.15	\$108.46
	ESC	\$243.05	\$163.70	\$128.77	\$195.22	\$162.68

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# *Spirit Open Enrollment*



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