



YOUR HEALTH BENEFITS ROADMAP

2019 Benefits Guide





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This 2019 Benefits Guide is not an employment contract or an offer to enter into an employment contract, nor does it constitute an agreement by the corporation to continue to maintain the plans described or referred to in this document.

Although the corporation intends to continue these plans, the corporation reserves the right to amend, change, modify, or terminate the plans at any time. The corporation's decisions to amend, change, modify, or terminate these plans may be due to changes in federal or state laws governing welfare benefits, the requirements of the Internal Revenue Code, the requirements of the Employee Retirement Income Security Act of 1974 (ERISA), the provisions of a contract or policy involving an insurance company, or any other reason.

Plan participants and beneficiaries do not have a vested right to any plan benefits. If the plans are amended, changed, modified, or terminated, plan participants and beneficiaries will not be vested in any plan benefits or have any further rights other than payment of covered expenses to which they were entitled before the plans were amended, changed, modified, or terminated.

Any examples in this Benefits Guide are included for illustrative purposes only. They are not intended as recommendation of action you should take or benefits you should elect.

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Changes to Coverage Must be Made by the End of the Open Enrollment Period.

Changes to coverage or enrollment in Flexible Spending Accounts must be made online on the Aerospace Employee Self Service (ESS) portal by the end of the Open Enrollment Period.

You can now access Open Enrollment Information from home. Please visit:

<http://employees.aerospace.org/benefits/2019-benefits>

Changes made by the deadline will be effective on Jan. 1, 2019.

Read more on page two.

**Have Benefit Questions?
Contact the Employee Benefits Service
Center for Answers!**

**310.336.2400 or
844.361.2400 toll free**

EmployeeBenefitsServiceCenter@aero.org

2019 Open Enrollment

What You Need to Do

During Open Enrollment you may change your current benefit plan elections, including covered dependents, for medical, dental, vision, life, disability, and voluntary personal accident plan coverage. You may also elect to make contributions to Flexible Spending Accounts or establish a Health Savings Account for 2019. Remember, even if you choose to retain last year's medical coverage elections, you must actively reenroll in FSAs every year during the open enrollment period.

PREPARE

REVIEW YOUR CHOICES: Review the options and costs outlined in this brochure. Summary of Benefits and Coverage for each medical plan and legally-required notices can be found at <http://employees.aerospace.org/benefits/2019-benefits>.



1. **CONFIRM DEPENDENTS:** Confirm that your dependents meet eligibility requirements for the plans you select (see page seven.)
2. **DECIDE ON YOUR BENEFITS:** Determine your benefit choices for 2019. If you don't actively select benefits for 2019, your 2018 elections – other than FSA and HSA contributions – will automatically continue and you'll be responsible for any new cost-sharing premiums.
3. **CONSIDER AN FSA:** Decide if you want to enroll in a Health Care or Dependent Care Flexible Spending Account (FSA) for 2019 (see worksheet on page 20). You must actively enroll in FSAs every year. **Your 2018 FSA contribution elections will not rollover to 2019.**
4. **ASK FOR HELP:** Contact the Employee Benefits Services Center at 310.336.2400 or 844.361.2400 (toll free) if you have questions.

TAKE ACTION

1. Visit info.aero.org and follow this path: Employee Self Service (ESS) in the General Tools panel → Benefits Services → Open Enrollment
2. Follow the instructions and select your benefit choices for 2019.
3. Once you've made your choices, you must click "Review and Save." We recommend you "Print" your online confirmation as proof of enrollment.
4. If you want to make changes to Selman & Company/ASI TRICARE Supplemental medical coverage, please contact the Employee Benefits Service Center at 310.336.2400 or 844.361.2400 (toll free) or email employeebenefitsservicecenter@aero.org.

Please note that if you change medical plans, you will receive a new medical plan card in January 2019.



Complete this process by the end of the Open Enrollment period.

Changes will be effective Jan. 1, 2019

What You Should Know for 2019

Aerospace is committed to providing our employees with a competitive benefits program because we know our employees are our most valuable resource. For plan year 2019, we are happy to announce that we will once again offer both bargaining unit and non-bargaining unit employees the same benefits options.

- Bargaining unit employees will now have access to the CDHP plan with an HSA, and follow the four-tier rate structure
- Non-bargaining unit employees will now follow the same plan design for bargaining unit employees

Medical and Prescription Coverage

NEW MEDICAL COVERAGE OPTION

Starting in 2019, we are offering all employees the high-deductible medical plan option, the Anthem Consumer-Driven Health Plan (CDHP) with a Health Savings Account (HSA). The existing Anthem, Kaiser, and TRICARE plans will continue to be offered.

The CDHP requires members to pay their medical and prescription costs—and those of their dependents—in full, up to a deductible amount that is higher than that of traditional medical insurance plans. This plan has lower weekly premium costs than a traditional PPO and gives you more control of how you spend your money for healthcare expenses. Eligible medical, dental, and vision expenses can be paid either out-of-pocket or with funds from a pre-tax HSA. Aerospace will contribute to your HSA this year and you can contribute to it as well. As with all Aerospace medical plans, preventive care is covered at 100 percent.

If the money in your HSA is not used, it rolls over year to year and goes with you even if you leave the company. It's important to note that, due to federal regulations, an HSA is only available to those enrolled in the CDHP who are not enrolled in any other health plans.

Employees selecting a CDHP will not be able to have a traditional Health Care FSA. Instead, a Limited Purpose Flexible Spending Account (LPFSA) is available to use for eligible vision and dental expenses.

See page nine for more information about the CDHP, HSA, and LPFSA.

NEW TIER OF COVERAGE

We are implementing a four-tier structure for our health plans for all employees. These tiers more accurately align premiums with expected costs and better reflect actual claims data. Due to this, we will go from a three-tier to a four-tier rate structure:

Previous three-tier structure

- Employee only
- Employee + one dependent
- Employee + two or more dependents

New four-tier structure

- Employee only
- Employee + spouse/domestic partner
- Employee + child(ren)
- Employee + spouse/domestic partner and child(ren)

To illustrate, if you are in the Employee + one dependent tier, you will either go into the Employee + child(ren) tier or the Employee + spouse tier depending on whether your one dependent is your child or spouse. Also, if you are in the Employee + two or more dependents tier, you will either go into the Employee + child(ren) tier or the Employee + spouse and child(ren) tier.

Dental and Vision Plan Coverage

The four-tier rate structure will also apply to dental and vision weekly contributions. Other than that, there will be no benefit changes to these plans. Aerospace will continue to pay 75 percent of dental plan costs and 2019 employee contributions are outlined on page 27.

Medical and Prescription Coverage (CONTINUED)

Non-bargaining unit employees will now follow the same plan design as bargaining unit employees, which includes the lowered copays noted below.

KAISER HMO:

- Emergency Room Copay: \$75 per visit (waived if admitted).
- Hospitalization: Covered at 100 percent.

ANTHEM HMO:

- Emergency Room Copay: \$75 per visit (waived if admitted).
- Hospitalization: Covered at 100 percent.
- Prescriptions: Non-injectable specialty drugs will have the same copay as non-specialty drugs. Injectable specialty drugs will remain at 20 percent copay with a \$100 maximum for a 30-day supply.

ANTHEM EPO:

- Emergency Room Copay: \$75 per visit (waived if admitted).
- Hospitalization: Covered at 100 percent.
- Prescriptions: Non-injectable specialty drugs will have the same copay as non-specialty drugs. Injectable specialty drugs will remain at a 20 percent copay with a \$100 maximum for a 30-day supply.

ANTHEM PPO:

- The copay for generic prescription drugs is \$5 for a 30-day supply.
- The copay for preferred brand prescription drugs is \$30 for a 30-day supply.
- The copay for non-preferred brand prescription drugs is \$60 for a 30-day supply.
- Prescriptions: Non-injectable specialty drugs will have the same copay as non-specialty drugs. Injectable specialty drugs will remain at 20 percent copay with a \$100 maximum for a 30-day supply.

Life Insurance and Disability Coverage

We are happy to report that, in 2019, life insurance rates are going down about 20 percent, and long-term disability rates will go down about 30 percent. Life insurance includes optional life for employees, spouse and children.



Health Savings Account (HSA)

Employees who enroll in the Consumer Driven Health Plan (CDHP) will be provided a pre-tax Health Savings Account (HSA). Aerospace will make a contribution to your HSA account, \$750 for an individual and \$1,500 for a family. The maximum total company and employee contribution for 2019 is \$3,500 for an individual or \$7,000 for a family. See page nine for more HSA information.



Benefits At-A-Glance

Benefit	Coverage Option
<p>Medical</p> <p>Includes prescription drug and Employee Assistance Program (EAP) coverage</p>	<p>California</p> <ul style="list-style-type: none"> • Anthem PPO • Anthem CDHP • Anthem California HMO • Kaiser Permanente HMO • Selman & Company/ASI TRICARE Supplement <p>Washington, D.C. Area</p> <ul style="list-style-type: none"> • Anthem PPO • Anthem CDHP • Anthem EPO • Kaiser Permanente Mid-Atlantic HMO • Selman & Company/ASI TRICARE Supplement <p>All Other States</p> <ul style="list-style-type: none"> • Anthem PPO • Anthem CDHP • Anthem EPO • Selman & Company/ASI TRICARE Supplement
<p>Dental</p>	<ul style="list-style-type: none"> • Delta Dental Plan PPO • CIGNA Dental Care DHMO (Not available in New Mexico) • Anthem Dental Net DHMO (California only)
<p>Vision</p>	<ul style="list-style-type: none"> • Vision Service Plan
<p>Flexible Spending Accounts (FSA)</p>	<ul style="list-style-type: none"> • Health Care FSA • Dependent Care FSA • Limited Purpose FSA (for members of CDHP with HSA only)
<p>Health Savings Account (HSA)</p>	<ul style="list-style-type: none"> • Anthem CDHP members only
<p>Life Insurance</p>	<ul style="list-style-type: none"> • Basic employee life insurance coverage of one times annual salary, maximum \$200,000 • Optional life insurance coverage for employee, spouse/legally registered same-gender domestic partner and child(ren)
<p>Accident Coverage</p>	<ul style="list-style-type: none"> • Occupational Accident Insurance • Voluntary Personal Accident Insurance
<p>Disability Coverage</p>	<ul style="list-style-type: none"> • Short-Term Disability Insurance • Long-Term Disability Insurance (Group and Supplemental)



Eligibility

Employees

Regular Aerospace employees and their eligible dependents may participate in any of the benefits plans in this guide. Temporary employees and their eligible dependents may participate in the medical and voluntary personal accident plans, but are not eligible to participate in the dental, vision, life and disability plans, or the FSAs.

Eligible Dependents

Eligible dependents include:

- Spouse/same-gender domestic partner or spouse (former spouses are not eligible dependents)
- Eligible children under age 26
- Unmarried dependent children age 26 or older, if they are physically or mentally disabled and depend on you for financial support (provided proof of disability has been approved); coverage must be in place before child reaches age 26
- Children under age 30 for employees in Florida (applies to EPO plan only)

Your eligible children include your stepchildren, legally adopted children, and children for whom you have been appointed legal guardian.

Your same-gender domestic partner is eligible as long as your partnership is registered as required by local state law. Same-gender spouses are eligible if married in a state that recognizes same-gender marriages.

All “change in status” events must be reported to the Employee Benefits Service Center within 31 days of a qualifying event. This includes divorce. Please see the list to the right.

Proof of Dependent Eligibility

You will need to provide proof of eligibility when you first enroll a dependent in an Aerospace benefits plan.

If you have questions about dependent eligibility or required documentation, call the Employee Benefits Service Center.



Changes to Enrollment or Coverage

If you are a new hire, you can enroll in or make changes to your coverage within your initial 31-day enrollment period. Otherwise, the only times that you can make changes is during the annual Open Enrollment period or following a special enrollment or change in status event.

These include:

- Changes to the number of your eligible dependents
- Loss of other coverage
- Changes to employment status
- Changes to place of residency or worksite

Generally, changes you make outside of the Open Enrollment period must be consistent with any change in status. Certain time limits also apply. For more detail, see the summary plan description or other plan document of the applicable benefit.

2019 Medical Coverage

Medical Plan Options

You may choose from various medical plan options, depending on your location. The plans offer comprehensive medical coverage, including preventive care and prescription drug coverage. See page 26 for 2019 medical plan contribution rates.

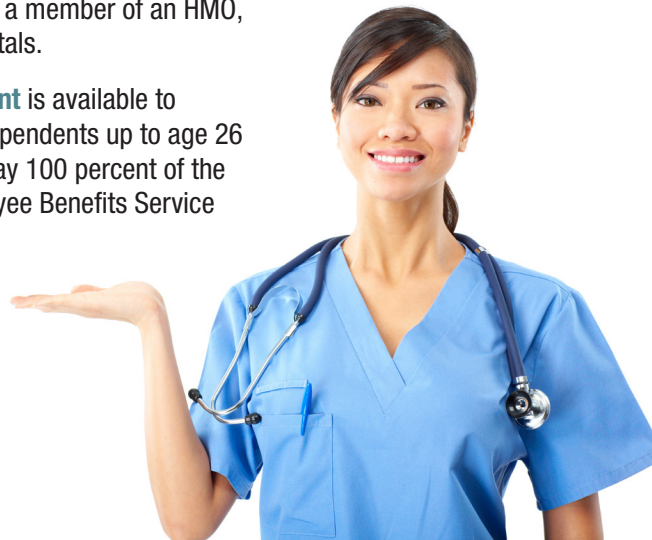
The Anthem PPO (Preferred Provider Organization) plan is available in all states. As a member of a PPO, you can use any licensed provider, but your costs will be lower when you use a BlueCard® PPO network provider.

The Anthem CDHP (Consumer Driven Health Plan) is available in all states. Once you meet the deductible, the plan will cover a higher percentage for providers in the BlueCard® PPO network. For details about the CDHP with HSA, please see page nine.

The Anthem EPO (Exclusive Provider Organization) plan is available in all states except California. You can only use the doctors and hospitals within the EPO network, which is the BlueCard® PPO network.

HMOs (Health Maintenance Organizations) are currently offered only in California and the Washington, D.C. area. As a member of an HMO, you can only use the HMO's doctors and hospitals.

Selman & Company/ASI TRICARE Supplement is available to employees, their spouses, and their eligible dependents up to age 26 who are eligible for TRICARE/CHAMPUS. You pay 100 percent of the premium for this coverage. Contact the Employee Benefits Service Center for more information.



Location	Medical Plans Offered in 2019
California	<ul style="list-style-type: none"> • Anthem PPO • Anthem CDHP • Anthem California HMO • Kaiser Permanente HMO • Selman & Company/ASI TRICARE Supplement
Washington D.C. Area	<ul style="list-style-type: none"> • Anthem PPO • Anthem CDHP • Anthem EPO • Kaiser Permanente Mid-Atlantic HMO • Selman & Company/ASI TRICARE Supplement
All Other States	<ul style="list-style-type: none"> • Anthem PPO • Anthem CDHP • Anthem EPO • Selman & Company/ASI TRICARE Supplement

Claims

PPO Plan and CDHP

When you use a BlueCard® network provider, claims will be submitted by the provider. If you use an out-of-network provider, contact Anthem at 800.756.7274 for claims submission information.

EPO and HMO Plans

You do not have to submit claims with the EPO or HMO plans.

Medical Coverage (continued)

Anthem Consumer Driven Health Plan with Health Savings Accounts

The **Anthem Consumer Driven Health Plan (CDHP)** is a high-deductible health plan with lower weekly premiums than most other Anthem plans. If you enroll in this plan you will also be eligible for its savings component, the Health Savings Account (HSA), which allows you to put money away before taxes to pay for medical expenses.

A Consumer Driven Health Plan (CDHP) is built similar to a traditional PPO plan. Preventive care is covered at 100 percent, even if you haven't met your deductible. With a CDHP, members pay their full medical and prescription costs—and those of their dependents—either out-of-pocket or with funds from their HSA until the deductible is met.

If you enroll in a CDHP you will pay full price for office visits, labs, prescriptions and medical procedures that are not considered preventive until the deductible has been reached. In other words, the annual deductible must be met before plan benefits pay for services other than in-network preventive care services. Once you have met your deductible, the plan pays 80 percent for in-network services and 50 percent for out-of-network services for eligible expenses. Once you reach the out-of-pocket maximum, the plan will pay 100 percent of eligible expenses for the rest of the calendar year.

The deductible for the Aerospace CDHP is \$1,500 for an individual and \$3,000 for a family. The total out-of-pocket maximum is \$3,300 per individual and \$6,600 per family.

WHAT IS AN HSA?

A Health Savings Account or HSA is a pretax savings account established to cover your healthcare expenses. Once you enroll in a CDHP, Anthem will establish an IRS-qualified HSA with UMB (bank). **Some states such as California and New Jersey consider all contributions to an HSA to be taxable.**

WHO CAN OPEN AN HSA?

Here's the criteria you need to meet to open an HSA:

- You must be covered by an HSA-compatible health plan, such as the CDHP.
- You can't be covered by another medical plan that is not an HSA-compatible health plan. This would include being enrolled in your spouses' plan as secondary benefit. This also includes being enrolled in a Health Care FSA. (See the "HSA and Health Care FSA" section for more details on page 11.)
- You must be enrolled in the plan on the first day of the month, otherwise, your eligibility to make contributions to your HSA begins the first day of the following month. You may make the maximum annual HSA contribution for the year regardless of the month you become eligible. You must remain enrolled in the HSA-compatible health plan for 12 months of the following tax year.
- You must not be enrolled in Medicare.
- You must not be on active military status.
- If you are a veteran, you may not have received veterans' benefits within the last three months.
- You must not be eligible to be claimed as a dependent on another person's tax return.



If you do not meet the above criteria, you may not enroll in the CDHP with HSA. We invite you to enroll in one of our other plans.

Medical Coverage (continued)

WHY OPEN AN HSA?

1. Triple Tax Advantage*:
 - The money you contribute into your HSA is pre-tax
 - The interest you earn on your contribution will grow pre-tax
 - When you use your HSA money for eligible expenses, it will not be taxed
2. Aerospace will contribute to your HSA. These funds will help you pay your deductible.
 - \$750 for Individual
 - \$1,500 for Family (employee plus at least one dependent)

This amount is prorated depending on when you join the CDHP plan. For example, if you are hired on June 10 and enroll in the CDHP, you will be eligible to open an HSA account on July 1, which is six months' worth of coverage. You will receive a contribution of \$375 (6/12 of \$750) for individual coverage.



Your contribution:

The IRS maximums are \$3,500 for an individual or \$7,000 for employee plus dependent(s).

- You can contribute the difference between the maximum and the Aerospace contribution
- If you are 55 or older, you can contribute an additional \$1,000 in catch-up contributions

You can change your HSA deduction anytime throughout the year. You can also rollover HSA funds from your previous employer to your HSA at Aerospace.

Using Your HSA

You can use your HSA funds to pay for eligible medical, dental, and vision expenses at any time and, since Aerospace is making a contribution at the beginning of the year, you may begin using it right away. You can also:

- Use an Anthem-provided debit card to pay for care, provided there is sufficient balance in your account
- Use HSA funds for any type of expense but you will pay taxes on amounts used to pay for ineligible expenses
- Invest your HSA money in mutual funds offered through UMB Financial once you reach a balance of \$1,000

You keep your HSA funds even if you leave the company or are no longer enrolled in a CDHP. You can also retain funds in your HSA to use for medical care later in life.

More information about Health Savings Accounts can be found on [IRS Publication 969](#) or on the [Anthem HSA Frequently Asked Questions](#) document.

*The federal government and most state governments will not tax your HSA contribution. However, California and New Jersey consider all contributions to an HSA to be taxable.

Medical Coverage (continued)

HSA and Health Care FSA

IRS regulations are very strict about qualifying requirements for HSA eligibility. One requirement is that no individual eligible for an HSA can be covered by any benefit which provides first-dollar coverage for medical expenses (e.g. copays, prescriptions, or other medical expenses). Accordingly, IRS regulations mandate that an employee who is covered under a Health Care FSA does not qualify as an eligible individual for purposes of HSA coverage. Any individual participating in both an HSA plan and Health Care FSA plan would jeopardize his/her tax-favored status in both plans. This applies to your spouse's plan as well. If your spouse has a Health Care FSA, this makes you ineligible for an HSA.

Aerospace has a grace period for the Health Care FSA of two and a half months after the plan year ends. This means employees may spend their 2018 FSA funds until March 15, 2019.

- An employee with a zero Health Care FSA balance as of December 31, 2018, will be eligible for HSA contributions on January 1, 2019.
- However, an employee with a balance in a Health Care FSA as of December 31, 2018, will be **ineligible** for HSA contributions (including employer contributions) until April 1, 2019. We highly recommend using up your 2018 funds by December 14, 2018, to avoid any delays in the processing of your HSA.

Limited Purpose Flexible Spending Account

In addition to your HSA, the **Limited Purpose FSA (LPFSA)** is available to those enrolled in a CDHP, although HSA participants are not required to establish one. The LPFSA funds are used to cover eligible dental and vision expenses. You can contribute up to \$2,650 per year, pre-tax. Simply put, HSA funds can be used to reimburse you for eligible medical, dental, and vision expenses and LPFSA funds can be used, supplementally, to reimburse you for your eligible dental and vision expenses only.

LPFSA will work the same as a traditional FSA with the same contribution limit and grace period. The HSA and LPFSA will be administered by Anthem, whereas our Health Care and Dependent Care FSAs will continue to be administered by Aetna/Payflex.

Your LPFSA contributions are deducted from your paycheck in equal amounts during the year. Because contributions are made before taxes are withheld, they are not subject to Social Security tax, federal income tax and, in most cases, state and local income taxes, so you save money. To enjoy the tax-saving benefits of an FSA, you must re-enroll each year. Your elections do NOT carry forward from one year to the next.



Medical Plans At-A-Glance

Plan Feature	All Locations		All Locations		Outside California	California Only		Washington, D.C. Area Only
	Anthem PPO		Anthem CDHP		Anthem EPO	Kaiser Permanente California HMO	Anthem California HMO	Kaiser Permanente Mid-Atlantic HMO
Providers	BlueCard® Network	Out-of-Network	BlueCard® Network	Out-of-Network	EPO Providers	HMO Providers	HMO Providers	HMO Providers
Lifetime Maximum	Unlimited		Unlimited		Unlimited	Unlimited	Unlimited	Unlimited
Annual Deductible • Individual • Family	\$500* \$1,500*	\$750* \$2,250*	\$1,500* \$3,000*	\$3,000* \$6,000*	None None	None None	None None	None None
Medical Out-of-Pocket Maximum • Individual • Family	(Includes deductible) \$3,000 \$6,000	(Includes deductible) \$9,000 \$18,000	(Includes deductible) \$3,300 \$6,600	(Excludes deductible) \$9,000 \$18,000	\$3,000 \$6,000	\$3,000 \$6,000	\$3,000 \$6,000	\$3,000 \$6,000
HSA Employer Contribution • Individual • Family	None None	None None	\$750 \$1,500		None None	None None	None None	None None
Office Visit • Primary Care Physician • Specialist	\$20 copay \$35 copay	Plan pays 50%** Plan pays 50%**	Plan pays 80% Plan pays 80%	Plan pays 50%** Plan pays 50%**	\$20 copay \$35 copay	\$20 copay \$35 copay	\$20 copay \$35 copay	\$20 copay \$35 copay
Hospitalization	Plan pays 80%	Plan pays 50%**	Plan pays 80%	Plan pays 50%**	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
	Precertification required; see page 14		Precertification required; see page 14					
Diagnostic X-Ray and Lab	Plan pays 80%	Plan pays 50%**	Plan pays 80%	Plan pays 50%**	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Outpatient	Plan pays 80%	Plan pays 50%**	Plan pays 80%	Plan pays 50%**	Plan pays 100%	\$100 surgery copay	Plan pays 100%	\$35 surgery copay
Preventive Care	Plan pays 100%	Plan pays 50%**	Plan pays 100%	Plan pays 50%**	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Emergency Room	\$150 copay***		Plan pays 80%		\$75 copay***	\$75 copay***	\$75 copay***	\$75 copay***
Urgent Care	\$20 copay	Plan pays 50%	Plan pays 80%	Plan pays 50%**	\$20 copay	\$20 copay	\$20 copay	\$35 copay

This comparison chart provides summary information on five of the medical plan options. For additional information on all plans, view each plan's Summary of Benefits and Coverage on <http://employees.aerospace.org/benefits/2019-benefits>

* Out-of-network deductible amounts are applied to in-network deductible, but not vice versa.

** Percentage applied to the usual and customary charge as determined by Anthem.

*** Waived if admitted.

Medical Plans At-A-Glance (continued)

Prescription Drugs

	All Locations		All Locations		Outside California	California Only		Washington, D.C. Area Only
	Anthem PPO		Anthem CDHP		Anthem EPO	Kaiser Permanente California HMO	Anthem California HMO	Kaiser Permanente Mid-Atlantic HMO
Providers	Express Scripts	Out-of-Network	Express Scripts	Out-of-Network	Express Scripts	Kaiser	Anthem	Kaiser
Rx Deductible	\$200 brand drugs	Not covered	Integrated with Medical	Not covered	None	None	None	None
Rx Out-of-Pocket Maximum	\$3,600 individual \$7,200 family		Integrated with Medical Integrated with Medical		\$3,600 individual \$7,200 family	None None	\$3,600 individual \$7,200 family	None None
Retail (30 days)								
• Generic	\$5 copay	\$5 copay +50%**	\$10 copay	Not covered	\$10 copay	\$10 copay	\$10 copay	\$10 Kaiser pharmacy/ \$20 community pharmacy
• Brand Formulary	\$30 copay	\$30 copay +50%**	20% copay (\$30 min / \$60 max)	Not covered	\$30 copay	\$25 copay	\$30 copay	\$30 Kaiser pharmacy/ \$50 community pharmacy
• Brand Non-Formulary	\$60 copay	\$60 copay +50%**	50% copay (\$60 min / \$120 max)	Not covered	\$60 copay*	\$25 copay*	\$60 copay	\$60 Kaiser pharmacy/ \$80 community pharmacy
• Injectable Specialty	20%, \$100 copay max	20% copay (\$100 max) +50%**	20%, \$100 copay max	Not covered	20%, \$100 copay max	\$25 copay*	20%, \$100 max	(Same copay by drug category above)
Mail Order (90 days)								
• Generic	\$10 copay	Not covered	\$20 copay	Not covered	\$20 copay	\$20 copay	\$20 copay	\$20 copay
• Brand Formulary	\$60 copay		20% (\$60 min/\$120 max)		\$60 copay	\$50 copay	\$60 copay	\$60 copay
• Brand Non-Formulary	\$120 copay		50% (\$120 min/\$240 max)		\$120 copay	\$50 copay	\$120 copay	\$120 copay
• Specialty (Up to 30-day supply)	20%, \$100 copay max		20%, \$100 copay max		20%, \$100 copay max	\$50 copay (up to 100 day supply)	20%, \$100 max	Up to 30 day supply (varies by drug category)

* Subject to plan approval.

** Percentage applied to the usual and customary charge as determined by ExpressScripts.

Medical Coverage (continued)

Prescription Drug Coverage

PPO, EPO Plan, and CDHP

Express Scripts, Inc. will provide prescription coverage for Anthem PPO, EPO, and CDHP subscribers. For more information about your prescription drugs, please visit www.express-scripts.com/aerospace or call Express Scripts directly at 855.778.1413.

HMO Plans

If you participate in an HMO, prescription drug benefits are provided by your HMO.

Required Precertification for Hospital Stays

PPO Plan and CDHP

When you use a BlueCard® network doctor, they will call Anthem for hospital precertification. **If you use a doctor outside the BlueCard® network and your doctor recommends surgery or hospitalization, those medical services must be authorized by Anthem Medical Management Services to receive full plan benefits.** If you do not obtain hospital precertification, your benefits will be reduced by 30 percent of the amount that otherwise would be payable. Call Anthem's Utilization Services toll-free at 866.470.6244, Monday through Friday, from 8 a.m. to 5:30 p.m. PT.

EPO Plan

Precertification is required for certain services. No benefits are payable if you use a provider that is not in the network.

HMO Plans

Your primary care physician will coordinate all of your care, including hospitalization.



Medical Coverage (continued)

Custom Care Management Unit (CCMU)

PPO, EPO, and CDHP

Members and their covered family members will have access to a personal nurse from the Custom Care Management Unit (CCMU). There is no additional cost for you to participate in this program. CCMU identifies members with the greatest care needs and provides a personal nurse advocate who will provide a customized care management program. If you participate, your nurse will get to know you and your health history and will provide targeted assistance tailored just for you. You can confidentially discuss your specific health needs and your nurse will provide ongoing support, including:

- Sharing what to expect if you are preparing for an upcoming hospital stay, and how to follow your doctor's plan of care when you come home
- Arranging care if you need surgery or a procedure
- Providing advice from specialized medical professionals, like pharmacists
- Helping you handle a serious or complex condition
- Answering questions about your family's health care needs

Your personal nurse can also recommend other programs that may be helpful. If you or a family member are identified as being someone who may benefit from the services of a personal nurse advocate, Anthem will contact you to discuss your options.

LiveHealth Online

PPO, EPO, and CDHP Plan

Anthem's [LiveHealth Online](#) allows you to have a video visit, from home, with a board-certified doctor via your smartphone, tablet or computer. By using LiveHealth Online, you can have a licensed doctor consult on conditions such as pinkeye, colds, the flu, a fever, allergies, a sinus infection, or other common health conditions. They can also call in prescriptions to your local pharmacy.

You can also meet online with a licensed therapist (based on therapist availability) for help with anxiety, depression, grief, panic attacks, and more. Appointments can be scheduled online or over the phone at 888.548.3432 from 7 a.m. to 7 p.m., seven days a week.

There is no cost for medical visits for Anthem PPO and EPO members using LiveHealth Online. CDHP members will be charged \$49 before the deductible is met and co-insurance after it's met. A 45-minute therapy session costs the same as an office therapy visit.

Telephone Appointment and My Health Manager

Kaiser

Kaiser HMO members can meet with a doctor over the phone regarding minor health concerns that may not require an in-person visit. This includes allergies, colds, upper respiratory infections, and more. Phone numbers can be found on the [Telephone Appointment Fact Sheet](#). You can also access the [My Health Manager](#) from your smart phone or mobile device to email your doctor's office, view most test results, schedule or cancel routine appointments, refill most prescriptions, view past visits, and more.

Dental Coverage

Your Dental Options

Aerospace offers you and your family dental coverage through one of three plans:

- Delta Dental Plan PPO
- CIGNA Dental Care DHMO (a DHMO works like an HMO), not available in New Mexico
- Anthem Dental Net DHMO, available only in California

Delta Dental Plan

You may use the services of any dentist. However, you are encouraged to use participating Delta dentists because they have agreed to Delta's determination of fees. If you use a non-Delta Dental provider, you must pay the difference between their charge and the plan's allowable amount.

Within the Delta Dental PPO plan, there are two networks of dentists, the PPO network and the Premier network. Since Delta has lower pre-negotiated rates with dentists under the PPO network, you pay lower fees compared to those in the Premier network. The \$25 annual deductible is also waived when using a PPO network dentist. Please call 888.DELTA CS (888.335.8227) to find out whether your current dentist is PPO or Premier provider or visit Delta Dental's website. If your dentist is in both networks, you will pay at the PPO network level.

Note: Married employees or same-sex partners who are both employed by Aerospace can each cover their spouse as a dependent; dependent children may be enrolled under both employees' policies. This dual coverage can reduce or eliminate your out-of-pocket expenses for dental benefits.

CIGNA Dental Care DHMO (not available in New Mexico)

When you use the CIGNA Dental Care, you must use the plan's participating dentists for services to be covered. Under the plan, many services are covered at 100 percent with no annual deductible; other services will require a copayment. To view a list of copayments, visit <http://employees.aerospace.org/benefits/2019-benefits/ins-plan-details>.

Anthem Dental Net DHMO (only available in California)

You must use the plan's participating dentists for services to be covered. Many services are covered at 100 percent with no annual deductible; other services will require a copayment. To view a list of copayments, visit <http://employees.aerospace.org/benefits/2019-benefits/ins-plan-details>

Plan Feature	Delta Dental	CIGNA Dental Care	Anthem Dental Net (California Only)
Providers	Any provider, but a participating Delta dentist will not balance bill	Participating providers only	Participating providers only
Annual Deductible	\$25 individual, \$75 family. No deductible if you use PPO Provider	None	None
Annual Benefit Maximum	\$2,000 per person	None	None
Diagnostic and Preventive	70%, no deductible (two exams)	100%	100%
Basic Services	70% after deductible	Copays apply	Copays apply
Major Services	70% after deductible	Copays apply Bridges and implants not covered	Copays apply Bridges and implants not covered
Orthodontia	Dependent children only 50% up to \$2,000 lifetime maximum	Children and adults Copays apply 24 month treatment maximum	Children and adults Copays apply

Vision Coverage

Vision care services are provided by Vision Service Plan (VSP), a nationwide network of more than 17,000 optometrists and other eye care providers.

You will receive the highest benefits from the plan when you use the services of a VSP provider, but you may also use any vision care provider. If you use a non-VSP provider, you will need to submit copies of your receipts directly to VSP for reimbursement.

If you are enrolled in an HMO to cover your medical needs, check to see what vision care coverage is included within your HMO coverage. There may be some duplication of coverage if you enroll in this VSP plan.

Select your eye doctor and make an appointment identifying yourself as a VSP member. The doctor's office will verify your eligibility directly with VSP and confirm your appointment. A list of eligible doctors is available at VSP's website: www.vsp.com. You may also ask the doctor's office if they are a VSP provider.



Plan Feature	VSP Provider	Non-VSP Provider
Annual Deductible	\$25 per person	\$25 per person
Eye exam every 12 months	Plan pays 100%	Plan pays up to \$50
Eyeglass lenses every 12 months <ul style="list-style-type: none"> • Single vision • Bifocal lenses • Trifocal lenses • Lenticular lenses • Progressive lenses 	Plan pays 100% Plan pays 100% Plan pays 100% Plan pays 100% \$50 – \$160 copay	Plan pays up to \$50 Plan pays up to \$75 Plan pays up to \$100 Plan pays up to \$125 Plan pays up to \$75
Eyeglass frames every 24 months (or within 12 months after obtaining contact lenses)	\$120 allowance (\$140 for featured name brands) 20% savings on amount over allowance	Plan pays up to \$70
Contact lenses (in lieu of glasses) <ul style="list-style-type: none"> • If medically necessary • If elective 	<ul style="list-style-type: none"> • Plan pays 100% • Plan pays up to \$120 annual allowance 	<ul style="list-style-type: none"> • Plan pays up to \$210 annual allowance • Plan pays up to \$105 annual allowance

Contact VSP with questions:

800.877.7195
www.vsp.com

Flexible Spending Accounts (FSAs)

Flexible Spending Accounts (FSAs) allow you to set aside pre-tax dollars to pay for eligible health care and dependent care expenses. It's like getting an automatic discount.

There are three separate spending accounts:

- Traditional Health Care FSA (available only to those not enrolled in the CDHP with an HSA)
- Dependent Care FSA
- Limited Purpose FSA for dental and vision, available only to CDHP members with an HSA (Please see page 11 for details)

During enrollment, you decide how much you want to contribute to your account. You may contribute up to \$2,650 this year to the Health Care FSA, or the Limited Purpose FSA, and/or up to \$5,000 per year to the Dependent Care FSA (up to \$2,500 if you are married and file separate tax returns). You cannot change your contribution amounts during the plan year unless you have a special enrollment or a change in status (see page seven).

Filing Claims

When you have eligible expenses, you submit a claim for reimbursement.

Here are a few tips on claims:

- The Health Care FSA, Limited Purpose FSA and Dependent Care FSA function separately. This means you cannot use health care funds to pay dependent care expenses and vice-versa.
- Be sure to keep receipts for all expenses; you will need them when you file a claim or to verify PayFlex Card expenses.
- Health care expenses are reimbursed up to the total amount of contributions elected for the calendar year, while dependent care expenses are reimbursed up to the total amount contributed to your account on the date your claim is processed.

- Claim forms are available from the Employee Benefits Service Center or from the Forms link on the Aerospace website. You may also file your claims online through www.payflex.com
- For the 2019 plan year, you may incur expenses through March 15, 2020. All claims must be received by PlayFlex by April 30, 2020. Note: If you terminate employment, you may only submit claims for eligible expenses incurred while employed.

You must actively enroll in FSAs every year. Remember to click “Review and Save” after selecting your contribution amount.

Medical Expenses	Dental Expenses	Vision Care Expenses	Hearing Care Expenses
<ul style="list-style-type: none"> • Acupuncture • Chiropractor fees • Laboratory fees • Medical charges over the maximum reimbursable charge • Medical deductibles, copays and coinsurance • Over-the-counter medication if prescribed by a physician (insulin does not require a prescription) • Prescription drugs • Vaccinations and immunizations • X-ray fees 	<ul style="list-style-type: none"> • Artificial teeth • Cosmetic surgery (only if required to treat an illness, injury, or disfiguring disease) • Orthodontia expenses not covered by a dental insurance plan • Routine examinations not covered by a dental insurance plan 	<ul style="list-style-type: none"> • Contact lenses • Contact lens solutions and cleaners • Eye examinations • Frames • Lenses • LASIK eye surgery • Optometrist charges • Prescription eyeglasses 	<ul style="list-style-type: none"> • Ear examinations • Hearing aids • Special telephone for the hearing impaired

Flexible Spending Accounts (FSAs) (continued)

Health Care FSA

The Health Care FSA gives you a tax savings benefit on many health care expenses that are not covered by other plans. By anticipating your expenses and arranging for deductions to be made from your paycheck on a pre-tax basis, you can lower your tax bill.

When you incur an eligible expense, you may either use your PayFlex card or file a claim for reimbursement online or by submitting a paper form. Regardless of the method you use, you should always keep your receipt. The receipt should include the following: name and address of the service provider, name of the person receiving the service, date of service, description of the service obtained or product purchased, and the amount charged. If you use your PayFlex card, PayFlex may request you to “substantiate” or provide supporting documentation, such as a receipt, for that expense. If you do not provide PayFlex with substantiation, your card will be deactivated and you will be taxed on the unsubstantiated amount.

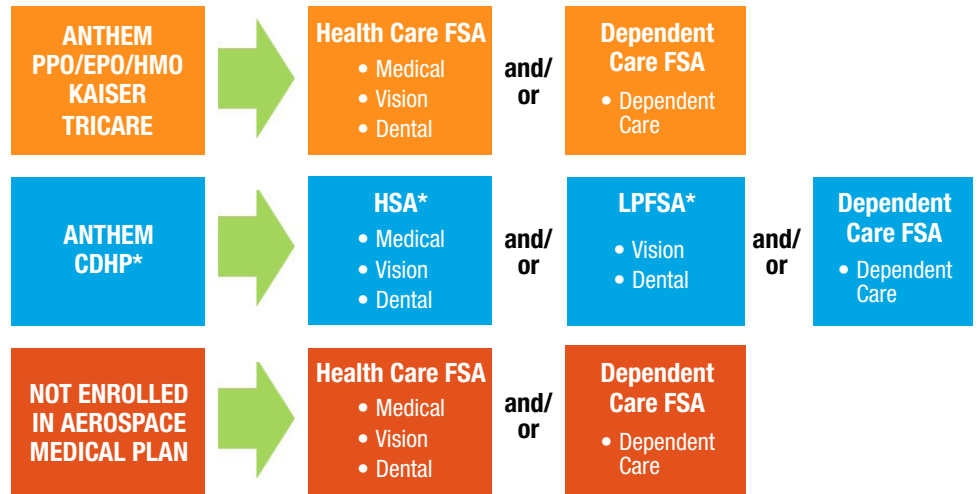
Eligible Health Care Expenses

A partial list of expenses that may be reimbursed under the Health Care FSA is listed on page 18. (This does not apply to the Limited Purpose FSA, which only covers eligible dental and vision expenses.) You may use the Health Care FSA for yourself and your eligible dependents, as defined under Internal Revenue Code Section 152. To be eligible for reimbursement, the expense cannot be covered by other insurance. If you have questions about eligible expenses, please contact the Aetna Customer Service Center at 888.238.6226.

Using Your Health Care Dollars

There are a number of ways to take advantage of tax savings accounts

If You're Enrolled in: You can take advantage of these tax savings accounts:



PPO: Preferred Provider Organization
 EPO: Exclusive Provider Organization
 HMO: Health Maintenance Organization
 CDHP: Consumer Driven Health Plan
 FSA: Flexible Spending Accounts
 HSA: Health Savings Account
 LPFSA: Limited Purpose Flexible Spending

* See page 11 for more information

Health Care FSA/HSA Worksheet

Use the worksheet below to estimate the healthcare expenses that you and your eligible dependents may incur in 2019.

Medical		Estimated Annual Expenses
Deductibles		\$
Copays, coinsurance		\$
Prescription drugs		\$
Over-the-counter medications prescribed by a physician (insulin does not require a prescription)		\$
X-ray and lab fees		\$
Dental		Estimated Annual Expenses
Routine cleaning		\$
Expected fillings/X-rays		\$
Bridges/extractions/dentures		\$
Orthodontia		\$
Other		\$
Vision		Estimated Annual Expenses
Eye exams		\$
Eyeglasses/frames		\$
Contacts/lens solutions		\$
LASIK eye surgery		\$
Other		\$
Hearing Care		Estimated Annual Expenses
Ear examinations		\$
Hearing aids		\$
Other		\$
Total		Estimated Annual Expenses
Medical, Dental, Vision, and Hearing care		\$



Flexible Spending Accounts (FSAs) (continued)

Dependent Care FSA

The Dependent Care FSA is a tax-effective way to pay for childcare or other dependent care services to enable:

- You and your spouse to work outside the home (this is also true if your spouse is actively looking for work);
- You to work outside the home and your spouse is a full-time student at least five months of the year;
- You to work outside the home and your spouse is incapable of self-care.

If you wish to participate, **you must enroll each plan year**, as contribution amounts are not carried forward from one plan year to the next. You can set aside up to \$5,000 each year on a pre-tax basis to cover dependent care expenses for your child(ren) under age 13 or a dependent who is not physically or mentally able to care for him/herself. The amount you contribute to this account cannot be greater than your income or your spouse's income, whichever is less. If your spouse contributes to a Dependent Care FSA through his or her employer, your combined contributions may not exceed \$5,000. If you are married and file separate tax returns, you can each contribute up to \$2,500 per year.

To receive reimbursement from your Dependent Care FSA, you will need to file a claim form. You are required to provide the name, address, and tax identification or Social Security number of the service provider on the claim form. You will be reimbursed for the amount of your claim provided the balance of your account is equal to or more than the amount of your claim and the services have already been provided. If you don't have enough money in your account to cover the expense, you'll receive the additional reimbursement when enough money has been deducted from your paycheck and deposited into your Dependent Care FSA.

Dependent Care Expenses

You can use the Dependent Care FSA to be reimbursed for:

- Dependent care at nursery schools, day camps, and licensed day care centers. The daycare center must comply with state and local laws and receive a fee for its services. The portion of schooling expenses that is strictly care-related may be eligible; tuition expenses for education are not.
- Services from individuals who provide daycare in your home, except when the provider is the parent of the child, your dependent, or your child under age 19.
- Daycare centers that provide nonresidential daycare for dependent adults.
- Household services related to the care of an eligible dependent.
- FICA and other taxes you pay on behalf of the daycare provider.
- Generally, any other expense that qualifies as dependent care under IRS regulations.

Dependent Care FSA Worksheet

Weekly Expenses	Estimated Annual Expenses
Your weekly day care cost	\$
Other eligible weekly expenses	\$
Total	\$
Number of weeks you will incur expenses	
Multiple total by number of weeks	\$
Other Expenses	\$
Total	\$

Life Insurance

Basic Coverage, Company Paid

The company pays the full cost of:

- **Basic Life Insurance** of one times your annual salary, up to a maximum of \$200,000. All regular employees are eligible for this plan (regular part-time employees receive 50 percent of this amount).

Optional Coverage, Employee Paid

You may purchase the following employee-paid life insurance coverage:

- **Employee Optional Life Insurance** from one times up to eight times your annual salary, to a maximum of \$1,500,000. Coverage amounts over \$500,000 require evidence of insurability. Note that coverage is reduced 40 percent from age 70–74, 60 percent from age 75–79, and 70 percent at age 80 and older.

Aerospace will calculate your reduced amount based on your annual salary as of Sept. 30 after you turn age 70. This salary will also be used to calculate future reductions when you turn age 75 and 80, and when increasing or decreasing coverage.



- **Spouse or Legally Registered Same-Gender Domestic Partner Life Insurance** of \$25,000 or \$50,000. Note that coverage is reduced 40 percent from age 70–74, 60 percent from age 75–79, and 70 percent at age 80 and older. You must elect employee optional life insurance of at least one times your salary to elect this coverage. The amount of spouse optional coverage may not exceed 100 percent of the combined basic and optional amount of life insurance in force for the employee.
- **Child(ren) Life Insurance** of \$5,000 or \$10,000. If you enroll dependent children, you must elect employee optional life insurance of at least one times your salary. Children must be less than 26 years old.

If you do not elect optional coverage during your initial eligibility period as a newly hired employee, evidence of insurability will be required for any coverage requested at a later date.

Eligible employees and their dependents who work at Aerospace can be enrolled in Employee-Paid Optional Life Insurance as an employee or a dependent, but not both. Also, children can only be covered by one Aerospace employee.

Accident Insurance

Voluntary Personal Accident Insurance

This plan offers full 24-hour, 365-day protection against accidental death and dismemberment anywhere in the world, on or off the job, except as otherwise excluded or limited by the insurance policy. This coverage is offered through a third-party insurer.

- All regular and temporary Aerospace employees who work at least 20 hours a week are eligible for coverage
- Your legally married spouse or registered same-gender domestic partner are also eligible
- Unmarried children under age 19
- Unmarried children under age 25 are eligible for coverage, if attending school full-time

Eligible employees and their dependents who work at Aerospace can be enrolled in Voluntary Personal Accident Insurance as an employee or a dependent, but not both. Also, children can only be covered by one Aerospace employee.

You can select an amount of coverage for yourself up to \$600,000, as long as any amount you choose over \$300,000 is not more than 10 times your basic annual earnings. You can also cover your spouse or legally registered same-gender domestic partner and each of your dependent children. The maximum coverages available are \$600,000 for your spouse and \$50,000 for each child. Coverage amounts decrease at age 70, as shown below.

Decreased Coverage Beginning at Age 70	
Attained Age	Benefit Amount
70–74	65% of the full amount
75–79	45% of the full amount
80–84	30% of the full amount
85 and older	15% of the full amount

Occupational Accident Insurance

The company pays the full cost of this plan which offers protection against accidental death and dismemberment, anywhere in the world, while on or off Aerospace premises performing the usual and customary duties of your regular occupation or while traveling for official Aerospace business. All employees are eligible for this plan. Coverage is equal to four times your annual salary up to a maximum of \$400,000 (part-time employees and casual employees receive 50% of this amount). This means that your beneficiary would receive this amount in the event of your accidental death. This coverage is offered through a third-party insurer. The plan includes:

- **Commutation Coverage:** Coverage for injuries suffered while commuting directly to or from your home and place of regular employment. Coverage begins when you leave your home or place of work and ends when you arrive at your home or place of work. Except for events beyond your control, excluded injuries are those arising out of or in the course of any deviation from your normal route for personal reasons. The maximum amount payable under this coverage will be \$50,000.
- **Travel Assistance Plan:** A comprehensive travel assistance program offering you benefits and services when traveling 100 miles or more from your principal residence. Coverage includes medical evacuation, hospital visit, and repatriation.



Disability Coverage

Short-Term Disability (STD) Coverage

Short Term Disability and SDI plans provide weekly income benefits while on an approved disability leave.

- **California State Disability Insurance (SDI):** The weekly benefit is 60 percent of weekly salary to maximum of \$1,216 per week for up to 52 weeks. This coverage is offered through a third-party insurer.
- **Non-California Short-Term Disability Insurance (STD):** for employees in states other than California, provides 60 percent of weekly benefit up to \$1,216 per week for up to 52 weeks.



Evidence of Insurability

If you do not elect STD or LTD coverage during your initial eligibility period as a newly hired employee, evidence of insurability will be required for coverage requested at a later date.

Group Long-Term Disability (LTD) Plan

The Group Long-Term Disability Plan provides a regular monthly income after six months (180 days) of total disability. If you work full time and are not receiving other income benefits, the amount of your monthly long term disability benefit is equal to 60 percent of your monthly rate of basic earnings, up to a maximum monthly benefit of \$10,000. This coverage is offered through a third-party insurer. You may choose between two plan options, each paying the same benefit:

- **Option A:** You pay half the cost of the LTD coverage and the company pays the other half. Under current IRS rules, 50 percent of the LTD benefits you receive would be considered taxable income.
- **Option B:** You pay the full cost of the LTD coverage. Under current IRS rules, the full amount of LTD benefits you receive would be considered non-taxable income.

LTD benefits are payable monthly, beginning 180 days after the disability begins. Benefits are payable during the disability, provided you are under the regular care of a physician and approved by the LTD carrier.

Disability Coverage (continued)

Exclusions

Please note that LTD benefits are not payable:

- For a disability beginning within 24 months of your enrollment in LTD coverage that is caused by, or substantially contributed to by, a pre-existing condition. You are considered to have a pre-existing condition if you received medical treatment, care or services for a diagnosed condition or took prescribed medication for a diagnosed condition in the 12 months immediately prior to the date your LTD coverage begins. You are also considered to have a pre-existing condition if you experienced symptoms within 12 months of the date your LTD coverage begins for which a prudent person would usually seek medical diagnosis or treatment.
- For a disability caused by war or act of war, your commission or attempt to commit a felony, your being engaged in an illegal occupation, or a disability that is caused or contributed to by an intentionally self-inflicted injury.

Supplemental Long-Term Disability (LTD) Coverage

If you elect Group Long-Term Disability (LTD) benefits, you may also elect Supplemental Long-Term Disability coverage and receive a total benefit of 70 percent of your monthly rate of basic earnings, up to a maximum combined monthly benefit of \$15,000. Supplemental LTD coverage provides an additional 10 percent benefit in addition to the 60 percent Group Long-Term Disability Plan benefit described above.

An offer to enroll in Supplemental Long-Term Disability coverage will be mailed to employees who elect the Group Long-Term Disability Plan. It may take several weeks after enrollment in the Group Long-Term Plan before you receive the paperwork for Supplemental Long-Term Disability coverage from the insurance carrier. This coverage is offered through a third-party insurer.

Employee Assistance Program (EAP)

The Anthem EAP is available to assist you and your household members with issues affecting many families today. This confidential service includes unlimited telephonic sessions and five face-to-face counseling sessions per household member per calendar year, per incident. There are no charges to you for these services.

EAP representatives are available 24 hours a day, 365 days a year to assist you with issues such as:

- Relationship or family problems
- Stress, anxiety, and depression
- Child/elder care referrals
- Legal/financial referrals
- Convenience services
- ID theft recovery
- Work related issues
- Parenting issues
- Trauma, grief, loss
- Smoking cessation
- Alcohol or drug abuse



Call toll-free: 877.657.6060

Visit: www.AnthemEAP.com

login: Aerospace

Medical Plan Weekly Contributions

Your contributions are on a pre-tax basis.*

Plan	Coverage Category	Your Weekly Cost	Aerospace Pays	Total Cost
Anthem PPO Plan All states	Employee Only	\$39.82	\$141.17	\$180.99
	Employee + spouse/DP	\$87.50	\$310.24	\$397.74
	Employee + child(ren)	\$71.61	\$253.88	\$325.49
	Employee + spouse/DP and child(ren)	\$123.27	\$437.04	\$560.31
Anthem CDHP All states	Employee Only	\$36.36	\$128.92	\$165.28
	Employee + spouse/DP	\$80.57	\$285.66	\$366.23
	Employee + child(ren)	\$64.71	\$229.42	\$294.13
	Employee + spouse/DP and child(ren)	\$116.26	\$412.20	\$528.46
Anthem EPO Plan All states except California	Employee Only	\$36.77	\$130.37	\$167.14
	Employee + spouse/DP	\$80.80	\$286.46	\$367.26
	Employee + child(ren)	\$66.12	\$234.43	\$300.55
	Employee + spouse/DP and child(ren)	\$113.82	\$403.54	\$517.36
Anthem California HMO	Employee Only	\$36.99	\$131.15	\$168.14
	Employee + spouse/DP	\$81.28	\$288.18	\$369.46
	Employee + child(ren)	\$66.52	\$235.83	\$302.35
	Employee + spouse/DP and child(ren)	\$114.50	\$405.95	\$520.45
Kaiser Northern and Southern California	Employee Only	\$26.76	\$94.89	\$121.65
	Employee + spouse/DP	\$58.78	\$208.42	\$267.20
	Employee + child(ren)	\$48.11	\$170.58	\$218.69
	Employee + spouse/DP and child(ren)	\$82.80	\$293.56	\$376.36
Kaiser Mid-Atlantic States	Employee Only	\$30.98	\$109.83	\$140.81
	Employee + spouse/DP	\$68.06	\$241.29	\$309.35
	Employee + child(ren)	\$55.70	\$197.47	\$253.17
	Employee + spouse/DP and child(ren)	\$95.86	\$339.88	\$435.74
Selman & Company/ASI TRICARE Supplement	Employee Only	\$15.95	\$0	\$15.95
	Employee + spouse/DP	\$30.95	\$0	\$30.95
	Employee + child(ren)	\$30.95	\$0	\$30.95
	Employee + spouse/DP and child(ren)	\$41.56	\$0	\$41.56

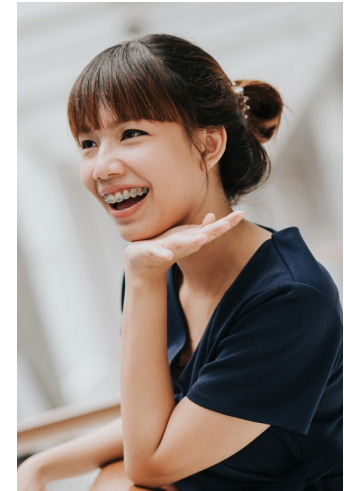


* If you enroll a same-gender domestic partner (DP) contributions for his or her coverage or your partner's dependents' coverage are taken on an after-tax basis. The company's contribution toward their coverage may be included in your taxable income for the year.

Dental Plan Weekly Contributions

Your contributions are on a pre-tax basis.*

Plan	Coverage Category	Your Weekly Cost	Aerospace Pays	Total Cost
CIGNA Dental Care DHMO All States	Employee Only	\$2.16	\$6.47	\$8.63
	Employee + spouse/DP	\$4.31	\$12.94	\$17.25
	Employee + child(ren)	\$4.96	\$14.88	\$19.84
	Employee + spouse/DP and child(ren)	\$7.12	\$21.35	\$28.47
Delta Dental Plan PPO All States	Employee Only	\$2.59	\$7.78	\$10.37
	Employee + spouse/DP	\$5.19	\$15.56	\$20.75
	Employee + child(ren)	\$5.96	\$17.89	\$23.85
	Employee + spouse/DP and child(ren)	\$8.56	\$25.67	\$34.23
Dental Net DHMO California Only	Employee Only	\$2.03	\$6.09	\$8.12
	Employee + spouse/DP	\$4.06	\$12.18	\$16.24
	Employee + child(ren)	\$4.67	\$14.01	\$18.68
	Employee + spouse/DP and child(ren)	\$6.70	\$20.11	\$26.81



Vision Plan Weekly Contributions

Your contributions are on a pre-tax basis.*

Plan	Coverage Category	Your Weekly Cost	Aerospace Pays	Total Cost
Vision Care Plan All states	Employee Only	\$2.48	\$0.00	\$2.48
	Employee + spouse/DP	\$3.63	\$0.00	\$3.63
	Employee + child(ren)	\$4.27	\$0.00	\$4.27
	Employee + spouse/DP and child(ren)	\$6.82	\$0.00	\$6.82



* If you enroll a same-gender domestic partner (DP), contributions for his or her coverage or your partner's dependents' coverage are taken on an after-tax basis. The company's contribution toward their coverage may be included in your taxable income for the year.

Employee Paid Optional Life Insurance Weekly Contributions

Employee Optional Life Insurance	
Employee Age	Weekly Cost per \$1,000 of Coverage*
Under age 35	\$0.007
35-39	\$0.009
40-44	\$0.010
45-49	\$0.019
50-54	\$0.031
55-59	\$0.043
60-64	\$0.070
65-69	\$0.126
Age 70 and older	\$0.264

You may choose coverage from 1x to 8x your annual salary, up to \$1,500,000. Example: A 45 year-old employee elects 1x annual salary at \$95,000 of coverage. The weekly cost is: $\$95,000/\$1,000 \times \$0.019 = \1.80 per week.

* Coverage amount is rounded to the nearest \$1,000

Spouse/Domestic Partner** Life Insurance	
Spouse/Domestic Partner Age	Weekly Cost per \$1,000 of Coverage
Under age 25	\$0.009
25-29	\$0.011
30-34	\$0.015
35-39	\$0.017
40-44	\$0.018
45-49	\$0.028
50-54	\$0.042
55-59	\$0.079
60-64	\$0.122
65-69	\$0.234
Age 70 and older	\$0.380

Example: An employee elects \$50,000 of coverage for his 40-year old spouse. The weekly cost is: $\$50,000/\$1,000 \times \$0.018 = \0.90 per week

Child(ren) Life Insurance
The weekly cost for Child(ren) Life Insurance is \$0.12 for \$5,000 or \$0.25 for \$10,000, regardless of the number of children.

** Legally registered, same-gender partner

Voluntary Personal Accident Plan Weekly Contributions

Amount of coverage is reduced at age 70.

Plan	Principal Sum		Both Spouse/Domestic Partner and Children		Your Weekly Cost	
	Employee	Spouse/ Domestic Partner*	Spouse/ Domestic Partner*	Each Child	Employee Only	Employee and Dependents
Plan A	\$20,000	\$20,000	\$16,000	\$3,000	\$0.14	\$0.24
Plan B	\$50,000	\$50,000	\$40,000	\$7,500	\$0.35	\$0.60
Plan C	\$100,000	\$100,000	\$80,000	\$15,000	\$0.70	\$1.20
Plan D	\$200,000	\$200,000	\$160,000	\$30,000	\$1.40	\$2.40
Plan E	\$300,000	\$300,000	\$240,000	\$45,000	\$2.10	\$3.60
Plan F	\$400,000	\$400,000	\$320,000	\$50,000	\$2.80	\$4.80
Plan G	\$500,000	\$500,000	\$400,000	\$50,000	\$3.50	\$6.00
Plan H	\$600,000	\$600,000	\$480,000	\$50,000	\$4.20	\$7.20

* Legally registered, same-gender partner

Disability Plans Weekly Contributions

Short-Term Disability Insurance (STD)	
California State Disability Insurance (SDI)	The payroll deduction is 1.0% of the taxable wage base (maximum \$118,371). The maximum benefit is \$1,252 per week. Example: If you earn \$100,000 per year, your weekly cost would be \$19.23 (\$100,000 divided by 52 multiplied by 0.01). You pay a maximum premium of \$1,183.71 per calendar year.
Non-California Short-Term Disability Insurance	The weekly payroll deduction is \$0.0785 per \$10 of your weekly benefit up to the maximum benefit of \$1,252 per week. Example: In order to determine your cost, we need to calculate your <i>weekly benefit</i> . It is equal to 60 percent of your weekly earnings up to a maximum of \$1,252 per week. If you earn \$100,000 per year, your weekly benefit would be \$1,153.85 (\$100,000 divided by 52 multiplied by 0.60). Your weekly cost would be \$9.06 (\$1,153.85 divided by \$10 multiplied by \$0.0785).

Group Long-Term Disability (LTD) Plan	
Option A You pay half of the cost of coverage; 50% of the benefit is not taxable.	Your weekly cost is \$0.15 for each \$100 of weekly salary. Example: If you earn \$100,000 per year, your weekly cost would be \$2.88 (\$100,000 divided by 52 x \$0.15/\$100)
Option B You pay the full cost of coverage; benefits are not taxable.	Your weekly cost is \$0.30 for each \$100 of weekly salary. Example: If you earn \$100,000 per year, your weekly cost would be \$5.77 (\$100,000 divided by 52 x \$0.30/\$100)

Supplemental Long-Term Disability Coverage

If you enroll for the Group Long-Term Disability Plan, the insurance carrier will mail you an offer to enroll, including cost of coverage.

Benefits Contacts

Resource	Website/email	Telephone
Employee Benefits Service Center		
All locations	EmployeeBenefitsServiceCenter@aero.org	310.336.2400 or 844.361.2400 (toll free)
Medical Carriers		
Anthem PPO Nationwide Group #174151	www.anthem.com/ca www.express-scripts.com/aerospace www.accredo.com	Customer Service: 800.756.7274 Hospital Precertification: 866.470.6244 Nurseline: 866.784.2064 (24/7) Pharmacy Services: 855.778.1413 Accredo Specialty Pharmacy: 877.895.9697
Anthem CDHP	www.anthem.com/ca www.express-scripts.com/aerospace www.accredo.com	Customer Service: 800.756.7274 Hospital Precertification: 866.470.6244 Nurseline: 866.784.2064 (24/7) Pharmacy Services: 855.778.1413 Accredo Specialty Pharmacy: 877.895.9697
Anthem EPO All states except California Group #174151	www.anthem.com/ca www.express-scripts.com/aerospace www.accredo.com	Customer Service: 800.756.7274 Hospital Precertification: 866.470.6244 Nurseline: 866.784.2064 (24/7) Pharmacy Services: 855.778.1413 Accredo Specialty Pharmacy: 877.895.9697
Anthem California HMO Based on zip code availability in California Group #174218	www.anthem.com/ca	Customer Service: 844.855.1950 Nurseline: 800.700.9184 (24/7) Pharmacy Services: 800.756.7274
Kaiser Permanente Based on zip code availability Northern California Group #7698 Southern California Group #100232 Mid-Atlantic Group #3283	www.kp.org	Northern and Southern California: 800.464.4000 800.777.1350 TTY/hearing and speech impaired Mid-Atlantic Region: 301.468.6000 metro area 800.777.7902 out of non-metro area 301.816.6344 TTY/hearing and speech impaired
Selman and Company/ASI TRICARE Supplement Plan Group #0001835	www.asicorporation.com	800.638.2610 then press 1, then 4

Benefits Contacts

Resource	Website/email	Telephone
Dental Carriers		
CIGNA Dental Care Except New Mexico Group #3327584	www.mycigna.com	Member Services: 800.244.6224
Delta Dental of California Group #03510	www.deltadentalins.com	Member Services: 888.335.8227
Anthem Dental Net California only Group #25621A	www.anthem.com/ca	Member Services: 800.627.0004
Vision Carriers		
Vision Service Plan Group #12008869	www.vsp.com imember@vsp.com	Member Services: 800.877.7195
Flexible Spending Account (FSA)		
Anthem Limited Purpose FSA, Anthem HSA	www.anthem.com/ca	Members Services: 800.756.7274
Aetna (Health Care and Dependent Care FSA) Group #067710	www.payflex.com	Customer Service: 888.238.6226
Life Insurance and Disability Carrier		
The Hartford Group #402802	www.thehartfordatwork.com	Customer Service: 800.523.2233
Employee Assistance Program (EAP) Carrier		
Anthem EAP	www.AnthemEAP.com login: Aerospace	877.657.6060

