



2023 Banner|Aetna HMO Plan at a Glance

The table below provides a high-level overview of the Banner|Aetna HMO benefits. For detailed information, go to Worklife and click on “My Total Rewards & Benefits” in the Quick access box to go to the Total Rewards portal.

Plan Feature	Participant Out-of-Pocket Expenses
Annual deductible	N/A
Preventive care (per applicable age and frequency guidelines)	No cost
Annual out-of-pocket maximum (applies to medical and prescription drug expenses)	Individual: \$7,350 Family: \$14,700
Office visits	Primary care provider: \$0 Specialist: \$40 copayment
Inpatient hospital	\$300 copayment/admission
Emergency room	\$100 copayment
Urgent care	\$50 copayment
Mental health and substance use disorder treatment	Outpatient: \$0 Inpatient: \$300 copayment/admission
Retail pharmacy (30-day supply) administered by Prime Therapeutics	
Generic	\$10 copayment
Brand-name formulary	\$35 copayment
Brand-name nonformulary	\$50 copayment
Mail-order pharmacy (90-day supply) administered by Prime Therapeutics	
Generic	\$10 copayment
Brand-name formulary	\$35 copayment
Brand-name nonformulary	\$125 copayment

The material provided here about company policies, procedures, and benefits is for informational purposes only; it does not constitute a contract or contractual obligation. Certain eligibility provisions apply to each of the programs, policies, and benefits; not all of these provisions are described here. In the event of a conflict between this document and any of the benefit plans, the terms of the plans will control. Copies of official plan documents are available by written request through the General Inquiry Form by clicking on My Requests on the Worklife website. The Boeing Company reserves the right to change, modify, amend, or terminate any or all of the provisions of the policies, procedures, and benefits described here at any time and for any reason for employees, former employees, retirees, and their dependents and/or beneficiaries.