

Medical plan comparison table

Use the table below to compare the key differences between your medical plan options. Bosch covers preventive care services at 100%. All other services and supplies, including prescription drugs and office visits, are subject to the plan's annual deductible and coinsurance until you meet the annual out-of-pocket maximum.

If you need help determining the cost of medical care services you or a family member may need over the next year, please see the CDHP Cost Worksheet, which is available by clicking on the "CDHP Resource Center" link in the "myHealth" section of the Bosch Benefits Web site, or WebMD, located by clicking on the "Tools" link in the "myHealth" section.

MEDICAL PLAN COMPARISON				
	CDHP 80		CDHP 90	
	Bosch pays	You pay	Bosch pays	You pay
Medical (includes office visits) and prescription drug coverage	<ul style="list-style-type: none"> • Nothing until the deductible is met. • Coinsurance (80% in-network or 60% out-of-network*). • 100% after the out-of-pocket maximum is met. 	<ul style="list-style-type: none"> • 100% until the deductible is met. • Coinsurance until out-of-pocket maximum is met. • Nothing once out-of-pocket maximum is met. 	<ul style="list-style-type: none"> • Nothing until the deductible is met. • Coinsurance (90% in-network or 70% out-of-network*). • 100% after the out-of-pocket maximum is met. 	<ul style="list-style-type: none"> • 100% until the deductible is met. • Coinsurance until out-of-pocket maximum is met. • Nothing once out-of-pocket maximum is met.
Preventive care	100%	\$0	100%	\$0
Health Savings Account (HSA)	Bosch contributes: <ul style="list-style-type: none"> • \$595 individual. • \$1,190 family. 	For the 2014 calendar year, you can make optional pre-tax contributions up to: <ul style="list-style-type: none"> • \$3,300 individual. • \$6,550 family. Add \$1,000 if over age 55. <i>These amounts are reduced dollar for dollar by Bosch contributions.</i>	Bosch contributes: <ul style="list-style-type: none"> • \$595 individual. • \$1,190 family. 	For the 2014 calendar year, you can make optional pre-tax contributions up to: <ul style="list-style-type: none"> • \$3,300 individual. • \$6,550 family. Add \$1,000 if over age 55. <i>These amounts are reduced dollar for dollar by Bosch contributions.</i>
Annual deductible	Bosch's HSA contribution can reduce associate's annual deductible.	<ul style="list-style-type: none"> • \$1,825 individual. • \$3,650 family. 	Bosch's HSA contribution can reduce associate's annual deductible.	<ul style="list-style-type: none"> • \$1,250 individual. • \$2,500 family.

* Out-of-network coverage percentages are based on Reasonable and Customary (R&C) limits.

MEDICAL PLAN COMPARISON (CONT.)

	CDHP 80		CDHP 90	
	Bosch pays	You pay	Bosch pays	You pay
Coinsurance	<ul style="list-style-type: none"> • 80% in-network. • 60% out-of-network.* 	<ul style="list-style-type: none"> • 20% in-network. • 40% out-of-network.* 	<ul style="list-style-type: none"> • 90% in-network. • 70% out-of-network.* 	<ul style="list-style-type: none"> • 10% in-network. • 30% out-of-network.*
Annual out-of-pocket maximum (amounts include annual deductible)	Bosch pays 100% of eligible expenses for the rest of the year once you reach this limit.	<ul style="list-style-type: none"> • \$2,500 individual/ \$5,000 family in-network. • \$5,000 individual/ \$10,000 family out-of-network. 	Bosch pays 100% of eligible expenses for the rest of the year once you reach this limit.	<ul style="list-style-type: none"> • \$2,500 individual/ \$5,000 family in-network. • \$5,000 individual/ \$10,000 family out-of-network.
Hospital services Inpatient and outpatient	<ul style="list-style-type: none"> • 80% in-network • 60% out-of-network.* 	<ul style="list-style-type: none"> • 20% in-network • 40% out-of-network.* 	<ul style="list-style-type: none"> • 90% in-network • 70% out-of-network.* 	<ul style="list-style-type: none"> • 10% in-network. • 30% out-of-network.*
Emergency room visit	80%	20%	90%	10%
Mental health and chemical dependency Inpatient care (no day limit) and outpatient care (no visit limit)	<ul style="list-style-type: none"> • 80% in-network. • 60% out-of-network.* 	<ul style="list-style-type: none"> • 20% in-network. • 40% out-of-network.* 	<ul style="list-style-type: none"> • 90% in-network. • 70% out-of-network.* 	<ul style="list-style-type: none"> • 10% in-network. • 30% out-of-network.*

* Out-of-network coverage percentages are based on Reasonable and Customary (R&C) limits.

Employee Assistance Program

Another plan benefit that you and your dependents can access is the Bosch Employee Assistance Program (EAP), which is available at no cost to you. All associates and their families are eligible to use the EAP without having to elect medical coverage. The EAP can assist you or your family with issues that threaten or disrupt your life at home or at work. For details on the program, log on to www.cignabehavioral.com.

Learn more

For full disclosure of what is covered under each medical benefit (including exclusions and limitations), as well as any additional benefits that are not included in the previous table, please refer to your SPD or contact the specific carrier directly (see page 16). Your SPD, which is available on the Bosch Benefits Web site, also contains information about a coordination of benefits (COB) provision, which prevents double payment of the provider's charges for services in the event that you or any of your covered family members have medical coverage through another source such as your spouse's employer's plan.