

# Boehringer Ingelheim

## Benefit Information Sheet HSA – Plan Year 2020

BENEFIT	HEALTHFUND HSA			WHOLE HEALTH CT - HSA		
	IN-NETWORK	OUT-OF-NETWORK (subject to reasonable and customary charges unless otherwise specified)		IN-NETWORK	OUT-OF-NETWORK (subject to reasonable and customary charges unless otherwise specified)	
Administered By	Aetna			Aetna		
Overview	With this plan, Boehringer Ingelheim contributes a dollar amount to your Health Savings Account (HSA) for you to use to pay for covered health care expenses during the calendar year or choose to save for future year’s health care expenses. You can also choose to contribute to your HSA, up to certain annual dollar limits, and receive tax advantages. The underlying medical plan is a managed care medical coverage option that provides 90% coverage when you use a network of providers – and offers reduced coverage when you do not use the network.			With this plan, Boehringer Ingelheim contributes a dollar amount to your Health Savings Account (HSA) for you to use to pay for covered health care expenses during the calendar year or choose to save for future year’s health care expenses. You can also choose to contribute to your HSA, up to certain annual dollar limits, and receive tax advantages. The underlying medical plan is a managed care medical coverage option that provides 90% coverage when you use a network of providers – and offers reduced coverage when you do not use the network.		
Service Area	In-network coverage is available in most U.S. states. Specific provider information can be found by accessing “Find a Doctor” on www.aetna.com.			In-network coverage is available in the State of Connecticut. Emergency care is paid at the in-network level regardless of where the care is received.  <a href="#">Click here</a> to use a custom search tool to find doctors, facilities and other providers that belong to the Value Care Alliance & Trinity Health Of New England network. Once you access the custom search tool, you can use your Aetna member login to start your search.		
Employee Contributions	<b>Bi-Weekly</b> Employee Only: \$25.44 Employee+1: \$77.09 Family: \$141.46	<b>Semi-Monthly</b> Employee Only: \$27.56 Employee+1: \$83.51 Family: \$153.25	<b>Annual</b> Employee Only: 661 Employee+1: \$2,004 Family: \$3,678	<b>Bi-Weekly</b> Employee Only: \$7.34 Employee+1: \$36.69 Family: \$73.38	<b>Semi-Monthly</b> Employee Only: \$7.95 Employee+1: \$39.75 Family: \$79.50	<b>Annual</b> Employee Only: \$191 Employee+1: \$954 Family: \$1,908
Annual Health Fund (Contributed by Boehringer Ingelheim). This amount is pro-rated for employees hired during the year and for any new enrollments during the year.	Employee Only: \$250 Employee Plus One: \$600 Family: \$750  <u>Note</u> – Fund amount can be used by one family member or any combination of family members. Please also note that due to IRS guidelines, dependents who are not tax dependents do not have access to these funds.		Fund amount same as in-network.	Employee Only: \$250 Employee Plus One: \$600 Family: \$750  <u>Note</u> – Fund amount can be used by one family member or any combination of family members. Please also note that due to IRS guidelines, dependents who are not tax dependents do not have access to these funds.		Fund amount same as in-network.
Annual Health Fund (Contributed by Employee pre-tax and/or after tax, if elected)	You can contribute up to: Employee Only: \$3,300 Employee Plus One: \$6,500 Family: \$6,350  <u>Note</u> – If you and/or your spouse are age 55 or older, you are eligible to contribute up to an additional \$1,000 in “catch-up contributions” for 2020 for each person age 55 or older who is covered under the plan. However, you and/or your spouse must set up a separate Health Savings Account for any catch-up contributions made on behalf of your spouse. <u>Note</u> – Healthy Actions Incentive credits count toward the 2020 HSA total contribution limits. <u>Note</u> – Domestic partners who are not tax dependents must set up their own separate Health Savings Account.		Fund amount same as in-network.	You can contribute up to: Employee Only: \$3,300 Employee Plus One: \$6,500 Family: \$6,350  <u>Note</u> – If you and/or your spouse are age 55 or older, you are eligible to contribute up to an additional \$1,000 in “catch-up contributions” for 2020 for each person age 55 or older who is covered under the plan. However, you and/or your spouse must set up a separate Health Savings Account for any catch-up contributions made on behalf of your spouse. <u>Note</u> – Healthy Actions Incentive credits count toward the 2020 HSA total contribution limits. <u>Note</u> – Domestic partners who are not tax dependents must set up their own separate Health Savings Account		Fund amount same as in-network.

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Healthy Actions Incentive Program	<p>If you're enrolled in one of BI's Aetna medical plans, you can earn \$500 when you (1) Complete Simple Steps To A Healthier Life® Health Assessment AND (2) Get a Metabolic Syndrome Screening. <b>Please note:</b> You must complete BOTH the online assessment and the screening in order to earn the incentive credits (partial incentive credits cannot be earned).</p> <p>Your covered spouse/domestic partner can earn \$200 when he/she completes the Metabolic Syndrome Screening.</p> <p>Earned "credits" will be deposited directly into HSA participants' accounts. For more information, and to check your balance of Healthy Actions Incentive credits during the year, log in to your account on Aetna Navigator (<a href="http://www.aetna.com">www.aetna.com</a>)</p>			
<b>Annual Deductible: For employees hired during the year the annual deductible amount does not get pro-rated.</b>  <b>Note</b> – Deductible can be met by one family member or any combination of family members.	Employee: \$1,450 Employee Plus One: \$2,800 Family: \$3,200  You can choose to offset the deductible through using your HSA, which includes a dollar amount contributed by BI.	Deductible same as in-network.	Employee: \$1,450 Employee Plus One: \$2,800 Family: \$3,200  You can choose to offset the deductible through using your HSA, which includes a dollar amount contributed by BI.	Employee: \$2,900 Employee Plus One: \$5,600 Family: \$6,400  You can choose to offset the deductible through using your HSA, which includes a dollar amount contributed by BI.
Coinsurance	90% after deductible	70% of Reasonable & Customary charges (R&C) after deductible	90% after deductible	50% of Reasonable & Customary charges (R&C) after deductible
Annual Out of Pocket Maximum	Includes deductible –  Employee: \$3,500 Employee Plus One: \$5,250 Family: \$6,850	Same as in-network	Includes deductible –  Employee: \$3,500 Employee Plus One: \$5,250 Family: \$6,850	Includes deductible –  Employee: \$6,000 Employee Plus One: \$9,000 Family: \$12,000
Lifetime Maximum Coverage	Unlimited (includes CVS Caremark prescription drugs)	Unlimited (includes CVS Caremark prescription drugs)	Unlimited (includes CVS Caremark prescription drugs)	Unlimited (includes CVS Caremark prescription drugs)
Pre-existing Condition Limitation	None	None	None	None

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	IN-NETWORK	OUT-OF-NETWORK (subject to reasonable and customary charges unless otherwise specified)	IN-NETWORK	OUT-OF-NETWORK (subject to reasonable and customary charges unless otherwise specified)
Prescription Drugs Inpatient	90% after deductible	70% of R&C after deductible	90% after deductible	50% of R&C after deductible
Prescription Drugs Retail and Home Delivery	<p>Coverage for retail or home delivery medications is provided by CVS Caremark. Hundreds of preventive and maintenance prescription drugs as listed on the Preventive Drug list are covered at the coinsurance amounts listed below prior to meeting the deductible. The medical plan deductible must be met for any other prescription drugs before the prescription drug coverage outlined below applies.</p> <p><u>Prescription Drug Copayments:</u> At participating pharmacy (with ID card) 20% brand or generic (30 day supply), \$10 minimum copay (if actual cost of drug is less than \$10, then lesser amount applies)</p> <p>Home Delivery - \$30.00 copay brand or generic (90 day supply)</p> <p>Boehringer Ingelheim brand medications -\$0.00 (retail &amp; home delivery)</p>	Full cost will be due at the time of script fulfillment. Reimbursement based on in-network coverage is available after claim submission.	<p>Coverage for retail or home delivery medications is provided by CVS Caremark. Hundreds of preventive and maintenance prescription drugs as listed on the Preventive Drug list are covered at the coinsurance amounts listed below prior to meeting the deductible. The medical plan deductible must be met for any other prescription drugs before the prescription drug coverage outlined below applies.</p> <p><u>Prescription Drug Copayments:</u> At participating pharmacy (with ID card) 20% brand or generic (30 day supply), \$10 minimum copay (if actual cost of drug is less than \$10, then lesser amount applies)</p> <p>Home Delivery - \$30.00 copay brand or generic (90 day supply)</p> <p>Boehringer Ingelheim brand medications -\$0.00 (retail &amp; home delivery)</p>	Full cost will be due at the time of script fulfillment. Reimbursement based on in-network coverage is available after claim submission.
Office Visits For Primary Care Physicians (Internists, OB/GYNs & Pediatricians); Specialists	90% after deductible	70% of R&C after deductible	90% after deductible	50% of R&C after deductible
Allergy Testing and Treatment	90% after deductible	70% of R&C after deductible	90% after deductible	50% of R&C after deductible
Acupuncture (By an Acupuncturist within the scope of their license. When used to treat a covered health-related condition)	90% after deductible	70% of R&C after deductible	90% after deductible	50% of R&C after deductible
Preventive Care - Periodic Exams, Well Baby/Child Care, Skin Cancer Screenings, Immunizations (including those for travel) Children: 7 exams in the first 12 months of life, 3 exams in the 13 <sup>th</sup> – 24 <sup>th</sup> months of life, 3 exams in the 25 <sup>th</sup> – 36 <sup>th</sup> months of life, 1 exam once per calendar year for children up to age 26 Adults: 1 exam once per calendar year. Includes related lab and x-rays.	100% no deductible	70% of R&C after deductible	100% no deductible	50% of R&C after deductible

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<b>Preventive Care - Routine Gynecological Care Exam</b> Limited to 1 routine exam once per calendar year, including charges for 1 pap smear and related lab fees.	100% no deductible	70% of R&C after deductible	100% no deductible	50% of R&C after deductible
<b>Preventive Care - Routine Mammography</b> Limited to one baseline mammogram for covered females age 35-39; one mammogram once per calendar year for covered females age 40 and above. Covered at earlier ages if medically necessary and family history of breast cancer.	100% no deductible for first visit; any additional medically necessary mammograms for individuals with a family history of breast cancer will be covered at 90% after deductible	70% of R&C after deductible	100% no deductible for first visit; any additional medically necessary mammograms for individuals with a family history of breast cancer will be covered at 90% after deductible	50% of R&C after deductible
<b>Other Preventive Care - Women</b> Screenings for gestational diabetes; domestic violence screenings and counseling; screening and counseling for certain sexually transmitted diseases, breastfeeding supplies, and contraceptive services/supplies.	100% no deductible	70% of R&C after deductible	100% no deductible	50% of R&C after deductible
<b>Preventive Care - Routine Annual Digital Rectal Exam (DRE) and Prostate Antigen Test (PSA)</b> Limited to one exam once per calendar year for covered males age 40 and over. Covered at earlier ages if medically necessary and family history of prostate cancer.	100% no deductible for first visit; any additional medically necessary DRE/PSA exams for individuals with a family history of prostate cancer will be covered at 90% after deductible	70% of R&C after deductible	100% no deductible for first visit; any additional medically necessary DRE/PSA exams for individuals with a family history of prostate cancer will be covered at 90% after deductible	50% of R&C after deductible
<b>Preventive Care - Colonoscopy/Sigmoidoscopy</b> Limited to one colonoscopy every 10 years after age 45 and one sigmoidoscopy every 5 years after age 50.	100% no deductible	70% of R&C after deductible	100% no deductible	50% of R&C after deductible
<b>Preventive Care - Routine Hearing Exam</b> Limited to 1 exam every two calendar years.	100% no deductible	70% of R&C after deductible	100% no deductible	50% of R&C after deductible
<b>Hearing Aids</b>	90% after deductible, up to \$2,000 per calendar year	70% of R&C after deductible, up to \$2,000 per calendar year	90% after deductible, up to \$2,000 per calendar year	50% of R&C after deductible, up to \$2,000 per calendar year
<b>Inpatient Hospital</b>	90% after deductible, Pre-admission certification is provider initiated.	70% of R&C after deductible, Pre-admission certification is member initiated. \$300 penalty for failure to precertify. Applies per occurrence. Hospital room & board charges are reduced to 60% coverage (R&C applies).	90% after deductible, Pre-admission certification is provider initiated.	50% of R&C after deductible Pre-admission certification is member initiated. \$300 penalty for failure to precertify. Applies per occurrence. Hospital room & board charges are 50% coverage (R&C applies).

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	IN-NETWORK	OUT-OF-NETWORK (subject to reasonable and customary charges unless otherwise specified)	IN-NETWORK	OUT-OF-NETWORK (subject to reasonable and customary charges unless otherwise specified)
<b>Emergency Care Within U.S.</b> Hospital charges include emergency room and related lab and x-ray. If admitted for emergency care, all services related to that emergency admit are covered as in-network until discharge. Follow-up care must be coordinated through a participating provider in order to receive in-network coverage.	90% after deductible; non-emergency use of the Emergency Room is covered at 70% after deductible	Same as in-network	90% after deductible; non-emergency use of the Emergency Room is covered at 70% after deductible	Same as in-network; non-emergency use of the Emergency Room is covered at 50% after deductible
<b>Emergency Care Outside of U.S.</b> Hospital charges include emergency room and related lab and x-ray. If admitted for emergency care, all services related to that emergency admit are covered as in-network until discharge. All emergency doctor visits while on company business are paid as in-network.	90% after deductible; non-emergency use of the Emergency Room is covered at 70% after deductible	Same as in-network	90% after deductible; non-emergency use of the Emergency Room is covered at 70% after deductible	Same as in-network; non-emergency use of the Emergency Room is covered at 50% after deductible
<b>Urgent Care</b>	90% after deductible; non-urgent care is covered at 70% of R&C after deductible	70% of R&C after deductible	90% after deductible; non-urgent care is covered at 70% of R&C after deductible	50% of R&C after deductible
<b>Ambulance</b>	90% after deductible	70% of R&C after deductible	90% after deductible	50% of R&C after deductible
<b>Surgeon's Fees (inpatient/outpatient)</b>	90% after deductible	70% of R&C after deductible	90% after deductible	50% of R&C after deductible
<b>Outpatient Surgery Facility</b>	90% after deductible	70% of R&C after deductible Pre-admission certification is member initiated. \$300 penalty for failure to precertify. Applies per occurrence. Hospital room & board charges are reduced to 60% coverage (R&C applies).	90% after deductible	50% of R&C after deductible Pre-admission certification is member initiated. \$300 penalty for failure to precertify. Applies per occurrence. Hospital room & board charges are 50% coverage (R&C applies).
<b>Inpatient Doctor's Visit</b>	90% after deductible	70% of R&C after deductible	90% after deductible	50% of R&C after deductible
<b>Home Health Care</b> Maximum 80 visits per calendar year, in- or out-of-network	90% after deductible	70% of R&C after deductible Pre-admission certification is member initiated. \$300 penalty for failure to precertify. Applies per occurrence. Hospital room & board charges are reduced to 60% coverage (R&C applies).	90% after deductible	50% of R&C after deductible Pre-admission certification is member initiated. \$300 penalty for failure to precertify. Applies per occurrence. Hospital room & board charges are 50% coverage (R&C applies)
<b>Hospice Care - Inpatient/Outpatient</b>	90% after deductible	70% of R&C after deductible	90% after deductible	50% of R&C after deductible
<b>Skilled Nursing/Convalescent Facility</b> Up to 60 days per calendar year, in- or out-of-network. No prior confinement required.	90% after deductible	70% after deductible Pre-admission certification is member initiated. \$300 penalty for failure to precertify. Applies per occurrence. Hospital room & board charges are reduced to 60% coverage (R&C applies).	90% after deductible	50% after deductible Pre-admission certification is member initiated. \$300 penalty for failure to precertify. Applies per occurrence. Hospital room & board charges are 50% coverage (R&C applies)
<b>Durable Medical Equipment</b>	90% after deductible	70% of R&C after deductible	90% after deductible	50% of R&C after deductible
<b>X-ray &amp; Lab</b>	90% after deductible	70% of R&C after deductible	90% after deductible	50% of R&C after deductible

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	IN-NETWORK	OUT-OF-NETWORK (subject to reasonable and customary charges unless otherwise specified)	IN-NETWORK	OUT-OF-NETWORK (subject to reasonable and customary charges unless otherwise specified)
Preadmission Testing	90% after deductible	70% of R&C after deductible	90% after deductible	50% of R&C after deductible
<b>Mental Health (Inpatient)</b>  Coverage provided by Aetna Behavioral Health. For benefits/claims questions, call: 1-800-784-3992. For precertification ONLY, call: 1-800-424-4047.	90% after deductible, Precertification required for authorized visits.	<i>Care limited to licensed psychiatrists or PhD psychologists, or social workers.</i> 70% after deductible. <i>Penalty applies for failure to precertify.</i>	90% after deductible, Precertification required for authorized visits.	<i>Care limited to licensed psychiatrists or PhD psychologists, or social workers.</i> 50% after deductible. <i>Penalty applies for failure to precertify.</i>
<b>Mental Health (Outpatient)</b>  Coverage provided by Aetna Behavioral Health. For benefits/claims questions, call: 1-800-784-3992.	90% after deductible	<i>Care limited to licensed psychiatrists or PhD psychologists, or social workers.</i> 70% after deductible.	90% after deductible	<i>Care limited to licensed psychiatrists or PhD psychologists, or social workers.</i> 50% after deductible.
<b>Resources for Living Employee Assistance Program (EAP)</b>	Contact a Wellbeing Partner at 800.784.3992	N/A	Contact a Wellbeing Partner at 800.784.3992	N/A
<b>Substance Abuse (Inpatient/ Outpatient)</b>  Coverage provided by Aetna Behavioral Health. For benefits/claims questions, call: 1-800-784-3992. For precertification ONLY, call: 1-800-424-4047.	Same as Mental Health, above	Same as Mental Health, above	Same as Mental Health, above	Same as Mental Health, above
<b>Short-term Rehabilitation - (includes physical, occupational, and speech therapy)</b> Maximum of 60 visits combined per calendar year, in or out-of-network.  Covers Autism, Pervasive Developmental Disorder (PDD) and Attention Deficit Disorder (ADD), developmental delays, hearing impairment and Cerebral Palsy (limited to 60 visits combined per calendar year).	90% after deductible	70% of R&C per visit after deductible	90% after deductible	50% of R&C per visit after deductible
<b>Chiropractic Care/Spinal Manipulation</b> Maximum of 20 visits per calendar year, in or out-of-network.	90% after deductible	70% of R&C per visit after deductible	90% after deductible	50% of R&C per visit after deductible

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<b>Infertility Services</b> Coverage for diagnosis and treatment of the underlying medical condition. Artificial insemination and ovulation induction covered up to 3 attempts each per lifetime in-network. No coverage for artificial insemination and ovulation induction out-of-network.	90% after deductible	70% of R&C per visit after deductible  No coverage for artificial insemination and ovulation induction out-of-network.	90% after deductible	50% of R&C per visit after deductible  No coverage for artificial insemination and ovulation induction out-of-network.

<b>Aetna Compassionate Care<sup>SM</sup> Program</b>	The <b>Aetna Compassionate Care Program</b> is available to Aetna members and their families who are facing the tough issues associated with life-limiting illnesses and end-of-life situations.  The program is designed to help put you in touch with nurse case managers who are sensitive to the physical, emotional, spiritual and culturally diverse needs of patients in the advanced stage of a disease. Additionally, members may have access to more inclusive and comprehensive care, such as coverage for hospice care while continuing potentially curative treatment, ability to enroll in a hospice program with a 12-month terminal prognosis, and certain respite and bereavement services to help caregivers and family members. For more information about the Aetna Compassionate Care Program, visit <a href="http://www.aetnacompassionatecareprogram.com">www.aetnacompassionatecareprogram.com</a> .
<b>Aetna In Touch Care Program</b>	The In Touch Care Program provides confidential, one-on-one, phone-based support from a dedicated registered nurse as well as access to online programs and resources for self-directed care. The nurse will provide ongoing consultation and assistance to help you better manage your and your covered family's ongoing medical needs.

This comparison is intended as a highlight of the various medical coverages offered to you as an employee of Boehringer Ingelheim. The actual plan documents and/or contracts contain complete plan provisions and govern the operation of the plans and payment of all benefits.