

# Boehringer Ingelheim

## Medical Plans Benefit Information Sheet – Plan Year 2020

BENEFIT	CHOICE POS II		HEALTHFUND HRA		HEALTHFUND 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)	IN-NETWORK	OUT-OF-NETWORK (subject to reasonable and customary charges unless otherwise specified)
Administered by:	Aetna		Aetna		Aetna	
Overview	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. Preventive care is covered at 100% when you access care through an in-network provider. Please note that providers may bill for some non-routine services in conjunction with a preventive care visit. These services are subject to deductible and/or coinsurance. Members who go in-network have the option to choose a Primary Care Physician but do not need a referral to see a specialist. If you go out-of-network, you are responsible for charges over reasonable and customary amounts. If you reach your annual deductible, the plan will pay 90% of in-network eligible expenses and 70% of out-of-network eligible expenses until you reach your annual out-of-pocket maximum. The plan will then pay 100% of eligible expenses.		With this plan, Boehringer Ingelheim contributes a dollar amount to a “health fund” for Aetna to use to pay for covered health care expenses during the calendar year. Your health fund is used to pay for eligible out-of-pocket expenses for as long as the fund lasts. (In-network preventive care expenses do not reduce your health fund amount, since they are covered 100%). Please note that providers may bill for some non-routine services in conjunction with a preventive care visit. These services are subject to deductible and/or coinsurance. Before the end of the year, if you use the entire amount in your health fund you will be responsible for paying all remaining out-of-pocket costs (i.e. any remaining deductible and/or coinsurance). If you reach your annual deductible, the plan will pay 90% of in-network eligible expenses and 70% of out-of-network eligible expenses until you reach your annual out-of-pocket maximum. The plan will then pay 100% of eligible expenses.		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. Preventive care is covered at 100% when you access care through an in-network provider. Please note that providers may bill for some non-routine services in conjunction with a preventive care visit. These services are subject to deductible and/or coinsurance. If you reach your annual deductible, the plan will pay 90% of in-network eligible expenses and 70% of out-of-network eligible expenses until you reach your annual out-of-pocket maximum. The plan will then pay 100% of eligible expenses.	
Service Area	In-network coverage is available in most U.S. states. Specific provider information can be found by accessing “Find a Doctor” on <a href="http://www.aetna.com">www.aetna.com</a> .					
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.	N/A	N/A	Employee Only: \$400 Employee Plus One: \$850 Family: \$1,000  <u>Note</u> – Fund amount can be used by one family member or any combination of family members.	Fund amount same as in-network. Any amounts over Reasonable & Customary charges cannot be paid by the fund.	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.

\* Coinsurance does not apply until the annual fund has been exhausted.

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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)	IN-NETWORK	OUT-OF-NETWORK (subject to reasonable and customary charges unless otherwise specified)
Annual Health Fund (Contributed by Employee pre-tax and/or after tax, if elected)	N/A	N/A	N/A	N/A	<p>You can contribute up to: Employee Only: \$3,300 Employee Plus One: \$6,500 Family: \$6,350</p> <p><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.</p> <p><u>Note</u> – Healthy Actions Incentive credits count toward the 2020 HSA total contribution limits.</p> <p><u>Note</u> – Domestic partners who are not tax dependents must set up their own separate Health Savings Account.</p>	Fund amount same as in-network.
Aetna 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 the 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 applied automatically to your medical expenses as soon as they are available for Aetna Choice POS II Plan and Aetna HealthFund HRA Plan participants. Unused credits will roll over for POS II and HRA participants if you remain in the same plan in the future. Credits earned while enrolled in the POS II or HRA plan options will be forfeited if you change plan options. HSA participants have their credits deposited directly into their accounts.</p> <p>For more information, and to check your balance of Healthy Actions Incentive credits during the year, log in to your account on Aetna Health (<a href="http://www.aetna.com">www.aetna.com</a>)</p>					
<p><b>Annual Deductible: For employees hired during the year the annual deductible amount does not get pro-rated.</b></p> <p><u>Note</u> – Deductible can be met by one family member or any combination of family members.</p>	<p>Employee: \$600 Employee Plus One: \$825 Family: \$1,000</p>	<p>Employee: \$1,200 Employee Plus One: \$1,650 Family: \$2,000</p>	<p>Employee: \$1,250 Employee Plus One: \$2,000 Family: \$2,500</p> <p>Deductible is offset by the annual fund contributed by BI, as well as any fund rollover amounts from previous plan years.</p>	<p>Deductible same as in-network. Any amounts over Reasonable &amp; Customary charges cannot be applied to the deductible.</p>	<p>Employee: \$1,450 Employee Plus One: \$2,800 Family: \$3,200</p> <p>You can choose to offset the deductible through using your HSA, which includes a dollar amount contributed by BI.</p>	Deductible same as in-network.
Coinsurance	90% after deductible	70% of Reasonable & Customary charges (R&C) after deductible	90% after deductible*	70% of Reasonable & Customary charges (R&C) after deductible*	90% after deductible	70% of Reasonable & Customary charges (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)	IN-NETWORK	OUT-OF-NETWORK (subject to reasonable and customary charges unless otherwise specified)
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	Same as in-network	Includes deductible –  Employee: \$3,500 Employee Plus One: \$5,250 Family: \$6,850	Same as in-network
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)	Unlimited (includes CVS Caremark prescription drugs)	Unlimited (includes CVS Caremark prescription drugs)
Pre-existing Condition Limitation	None	None	None	None	None	None
Prescription Drugs Inpatient	90% after deductible	70% of R&C after deductible	90% after deductible*	70% of R&C after deductible*	90% after deductible	70% of R&C after deductible
Prescription Drugs Retail and Home Delivery	<p><b>Coverage for retail or home delivery medications is provided by CVS Caremark.</b></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) \$1,250 annual out-of-pocket maximum for both retail and mail-order combined.</p> <p>Boehringer Ingelheim brand medications -\$0.00 (retail &amp; home delivery)</p> <p>* Ongoing/maintenance drugs: Starting the third time you refill your prescription at a retail pharmacy, you will be required to pay two times the regular coinsurance (or minimum copay) amount. The listing of drugs is available on Benefits Direct.</p>	Full cost will be due at the time of script fulfillment. Reimbursement based on in-network coverage is available after claim submission.	Same as Aetna Choice POS II.	Same as Aetna Choice POS II.	<p><b>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.</b></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*	70% of R&C after deductible*	90% after deductible	70% of R&C after deductible
Allergy Testing and Treatment	90% after deductible	70% of R&C after deductible	90% after deductible*	70% of R&C after deductible*	90% after deductible	70% 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)	IN-NETWORK	OUT-OF-NETWORK (subject to reasonable and customary charges unless otherwise specified)
<b>Acupuncture</b> (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*	70% of R&C after deductible*	90% after deductible	70% of R&C after deductible
<b>Preventive Care - Periodic Exams, Well Baby/Child Care, Skin Cancer Screenings, Immunizations (including those for travel)</b> 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	70% of R&C after deductible*	100% no deductible	70% of R&C after deductible
<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	70% of R&C after deductible*	100% no deductible	70% 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*	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	70% 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  Contraceptives purchased through the pharmacy program are subject to the ongoing/maintenance drug provisions and will only be covered at 100% after the second fill if filled through mail-order.	70% of R&C after deductible	100% no deductible  Contraceptives purchased through the pharmacy program are subject to the ongoing/maintenance drug provisions and will only be covered at 100% after the second fill if filled through mail-order.	70% of R&C after deductible*	100% no deductible	70% 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*	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	70% 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)	IN-NETWORK	OUT-OF-NETWORK (subject to reasonable and customary charges unless otherwise specified)
<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	70% of R&C after deductible*	100% no deductible	70% 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	70% of R&C after deductible*	100% no deductible	70% 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	70% of R&C after deductible*, up to \$2,000 per calendar year	90% after deductible, up to \$2,000 per calendar year	70% 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.	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.	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).
<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	90% after deductible; non-emergency use of the Emergency Room is covered at 70% after deductible	Same as in-network
<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	90% after deductible; non-emergency use of the Emergency Room is covered at 70% after deductible	Same as in-network
<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	70% of R&C after deductible*	90% after deductible; non-urgent care is covered at 70% of R&C after deductible	70% of R&C after deductible
<b>Ambulance</b>	90% after deductible	70% of R&C after deductible	90% after deductible*	70% of R&C after deductible*	90% after deductible	70% 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)	IN-NETWORK	OUT-OF-NETWORK (subject to reasonable and customary charges unless otherwise specified)
<b>Surgeon's Fees (inpatient/outpatient)</b>	90% after deductible	70% of R&C after deductible	90% after deductible*	70% of R&C after deductible*	90% after deductible	70% 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*	70% of R&C after deductible* \$300 penalty for failure to precertify. Applies per occurrence. Hospital room & board charges are reduced to 60% coverage (R&C applies).	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).
<b>Inpatient Doctor's Visit</b>	90% after deductible	70% of R&C after deductible	90% after deductible*	70% of R&C after deductible*	90% after deductible	70% 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*	70% of R&C after deductible* \$300 penalty for failure to precertify. Applies per occurrence. Hospital room & board charges are reduced to 60% coverage (R&C applies).	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).
<b>Hospice Care - Inpatient/Outpatient</b>	90% after deductible	70% of R&C after deductible	90% after deductible*	70% of R&C after deductible*	90% after deductible	70% 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*	70% of R&C after deductible* \$300 penalty for failure to precertify. Applies per occurrence. Hospital room & board charges are reduced to 60% coverage (R&C applies).	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).
<b>Durable Medical Equipment</b>	90% after deductible	70% of R&C after deductible	90% after deductible*	70% of R&C after deductible*	90% after deductible	70% of R&C after deductible
<b>X-ray &amp; Lab</b>	90% after deductible	70% of R&C after deductible	90% after deductible*	70% of R&C after deductible*	90% after deductible	70% of R&C after deductible
<b>Preadmission Testing</b>	90% after deductible	70% of R&C after deductible	90% after deductible*	70% of R&C after deductible*	90% after deductible	70% 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.	Care limited to licensed psychiatrists or PhD psychologists, or social workers. 70% after deductible. Penalty applies for failure to precertify.	90% after deductible*, Precertification required for authorized visits.	Care limited to licensed psychiatrists or PhD psychologists, or social workers. 70% after deductible*. Penalty applies for failure to precertify.	90% after deductible, Precertification required for authorized visits.	Care limited to licensed psychiatrists or PhD psychologists, or social workers. 70% after deductible. Penalty applies for failure to precertify.

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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)	IN-NETWORK	OUT-OF-NETWORK (subject to reasonable and customary charges unless otherwise specified)
<b>Mental Health (Outpatient)</b>  Coverage provided by Aetna Behavioral Health. For benefits/claims questions, call: 1-800-784-3992.	90% after deductible	Care limited to licensed psychiatrists or PhD psychologists, or social workers. 70% after deductible.	90% after deductible*	Care limited to licensed psychiatrists or PhD psychologists, or social workers. 70% after deductible*.	90% after deductible	Care limited to licensed psychiatrists or PhD psychologists, or social workers. 70% 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	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	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*	70% of R&C per visit after deductible*	90% after deductible	70% 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*	70% of R&C per visit after deductible*	90% after deductible	70% of R&C per visit after deductible
<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 after deductible  No coverage for artificial insemination and ovulation induction out-of-network.	90% after deductible*	70% of R&C after deductible*  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.

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Aetna Compassionate Care <sup>SM</sup> Program	<p>The <b>Aetna Compassionate CareProgram</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.</p> <p>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>.</p>
Aetna In Touch Care Program	<p>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.</p>
Employee Contribution	<p>Employee shares the cost. Rates reviewed annually.</p>

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.

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