

it's what **you**
make of it.



YOUR **HEALTH AND WELFARE PLAN**



BOSCH BENEFITS DECISION GUIDE

For Bosch associates



BOSCH

Invented for life

Introducing your health and welfare benefits for the 2012 plan year

Robert Bosch LLC is pleased to offer you and your family a comprehensive benefits program that gives you the flexibility to tailor your benefits to your specific needs.

To ensure that you receive the coverage you want for the 2012 plan year (April 1, 2012–March 31, 2013), please carefully review this guide to learn about your benefit options, as well as the accompanying cover letter that includes your deadline for enrolling and other important information.

Be an informed healthcare consumer

You are encouraged to take an active role in selecting your benefits. As you review your benefit options, look beyond per-paycheck costs, as there may be valuable features you do not know about and varying out-of-pocket expenses. Please see page 2 for an overview of online tools and resources that can help you make more informed benefit decisions.

Take the time to learn about your benefits and elect the coverage that best suits your needs.

what's inside

REVIEW

Online tools and services.....	2
Your benefits at a glance	3
Eligibility for benefits coverage.....	4

DECIDE

Medical plan options	6
Medical plan comparison chart.....	7
Your preventive care coverage.....	9
Health Savings Accounts (HSAs)	10
Flexible Spending Accounts (FSAs)	12
Dental plan options	13
Vision care plan	14
Life and disability insurance.....	15

ENROLL

Benefit contacts.....	17
-----------------------	----

Use your personalized enrollment worksheet

The enclosed enrollment worksheet is a valuable tool you can use to review your personal information, coverage options, and per-paycheck costs for your 2012 plan year benefit options. Simply check off the benefit options you wish to elect on this worksheet as you make your decisions.

Log on to the Bosch Benefits Web site at www.ibenefitcenter.com to make your benefit elections or call the Bosch Benefits Center at **800-207-9012** (857-362-5996 internationally) with questions.

Online tools and services

Log on to the Bosch Benefits Web site, www.ibenefitcenter.com, to make your elections and manage your benefits all in one place.

See what you can do online:

- Compare all available medical plan options and coverage levels
- Learn more about HSAs and FSAs
- Access important health and fitness articles
- Obtain benefit forms, statements, and worksheets
- List your personal, dependent, and beneficiary data
- Link to carriers' Web sites for detailed contact information

Make the most of your benefit dollars

To help you make informed benefit decisions, the Bosch Benefits Web site also offers the following online tools and resources in the "My Health and Welfare" tab:

Summary Plan Description (SPD) – The SPD contains highlights of the benefit programs offered under the plan, and is the first place you should turn when you have questions about the plan or the benefits offered under the plan.

Plan Comparison Tool – Provides a side-by-side comparison of your medical and/or dental plan options, allowing you to take a closer look at how specific services are covered and determine which option is best for you.

WebMD Coverage Advisor – Helps you actively manage your health benefits and develop a healthier lifestyle. One of the many valuable resources it provides is the CostCompare tool, which allows you to compare plans based on average healthcare use and costs for each of your family members.

Life Insurance, Long-Term Disability, and Health Care and Dependent Day Care Flexible Spending Account Calculators – Give you a way to determine your coverage needs so you can take advantage of these important benefits.

Provider Lookup – Allows you to find a family physician or other specialist within a specific network by name or by location.

Get personal assistance by phone

Mercer Service Representatives are available by phone to help you compare medical plans, assist with any changes to your current coverage, and answer your questions. Just call **800-207-9012** (857-362-5996 internationally) any business day between 9:00 a.m. and 6:00 p.m. Eastern time.

Your benefits at a glance

The following chart shows the benefits you may elect as a Bosch associate, as well as those you will automatically receive from the Company.

TWO WAYS YOU RECEIVE COVERAGE	
Coverage you may elect	Coverage you'll receive automatically
Consumer Driven Health Plan (CDHP) ¹	Basic Associate Life Insurance
Dental Plan	Basic AD&D Insurance
Vision Care Plan	Basic Long-Term Disability Insurance
Health Savings Account (HSA)	Business Travel Accident Insurance
Flexible Spending Accounts (FSAs) ²	Short-Term Disability Insurance
Optional Associate Life Insurance	
Spouse Life Insurance	
Child Life Insurance	
Accidental Death & Dismemberment (AD&D) Insurance	
Long-Term Disability Insurance	

¹When you enroll in a CDHP, you will receive prescription drug coverage automatically.

²Please note that you must reenroll for these benefits each year.

Get an instant tax break

Your paycheck deductions for medical, dental, and vision coverage, and any reimbursement accounts (e.g., HSA and FSAs), are automatically taken out on a pre-tax basis, lowering your taxable pay and the amount of income tax you pay.

Eligibility for benefits coverage

You are eligible to receive benefits upon meeting the requirements listed in your Summary Plan Description. You may also elect coverage for certain members of your family, as outlined below.

If you elect coverage for yourself, you may also elect medical, dental, vision, life insurance, and AD&D insurance coverage for eligible family members, including:

- Your legally defined spouse
- Your children under age 26 (eligible for medical, dental, and vision coverage)
- Your unmarried dependent children under age 19* (eligible for child life insurance and AD&D insurance coverage)
- Unmarried incapacitated children†

* Under age 25 if a full-time student.

† Incapacitated children include children who were under age 26 and dependent upon you for financial support at the time they became incapacitated.

Dependent children include natural children, legally adopted children, children living with you whom you are in the process of adopting, stepchildren, foster children, children for whom you have been appointed legal guardian, and children for whom you are required by court order to provide health coverage.

When coverage ends

Benefits coverage for you and any enrolled dependents will end on the day your employment is terminated or when you are no longer eligible. Coverage for dependents will also end when they no longer meet the definition of dependents under the plan. If you or your covered dependents lose coverage, you have the option to continue your group health coverage for a designated period, as required under COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) law. To continue your coverage, you will need to complete the COBRA Election Form that our COBRA administrator will send to you following the loss of coverage. Note that you can also elect continued coverage by logging on to www.ceridian-benefits.com or by calling **800-877-7994**.

Keep in mind

If you are related to another associate (your spouse) who is eligible for Bosch health and welfare benefits, you may elect to cover yourself only or be covered as a dependent for your medical, dental, and vision care benefits, but not both. If you and your spouse work for Bosch, only one of you may cover your children. You may not have double coverage for yourself or your dependents under the Bosch health and welfare plan.

Changing coverage during the year

The benefit choices you make as a Bosch associate will remain in effect until March 31, 2013. You cannot change your coverage during the plan year unless you incur a qualifying life event. The Internal Revenue Service (IRS) defines a qualifying life event as a change in:

- **Marital status:** Marriage, divorce, legal separation, or annulment
- **Number of dependents:** Birth, adoption, placement for adoption, or death
- **Employment status:** Beginning or ending employment or change in work schedule by you, your spouse, or your dependent if it affects eligibility
- **Dependent status:** Gain or loss of eligibility because of age
- **Residence or worksite:** Change for you, your spouse, or your dependent (only if your medical plan is not available in the new location)
- **Spouse's Annual Enrollment:** Spouse makes changes that impact your benefit elections

Qualified Medical Child Support Order (QMCSO)

You may also change coverage during the plan year if you receive a QMCSO, which may be either a National Medical Child Support Notice issued by a state child support agency or an order or judgment from a state court or administrative body directing the Company to cover a child under the plan. Federal law provides that a QMCSO must meet certain form and content requirements in order to be valid.

For more information about qualifying life events, including QMCSOs, please refer to your Summary Plan Description (SPD) available on the Bosch Benefits Web site or call the Bosch Benefits Center at **800-207-9012** (857-362-5996 internationally).

Important!

When you experience a qualifying life event, you have 60 days from the date of the event to access the Bosch Benefits Web site or call the Bosch Benefits Center and change your benefit elections (changes must be related to the qualifying life event). If you do not make changes within 60 days, you will have to wait until the next Annual Enrollment period to make benefit elections related to that qualifying event.



Medical plan options

As a Bosch associate, you have a choice of two Consumer Driven Health Plan (CDHP) options: CDHP 80 and CDHP 90, which are administered through BlueCross BlueShield of Illinois (BCBSIL).

What is a CDHP?

Consumer Driven Health Plans, or CDHPs, are a form of healthcare designed to help associates take more responsibility for their personal health. Basically, a CDHP is built on the premise that people who understand the true cost of healthcare are more likely to be effective healthcare consumers, take true ownership of their health, and focus on adopting healthy behaviors.

CDHPs combine higher deductibles with preventive care covered at 100% and tax-free Health Savings Accounts, or HSAs (see page 10 for details). As a Bosch associate, you may choose between the following two CDHPs:

- **Bosch CDHP 80**
- **Bosch CDHP 90**

As you'll see in the table on the following page, the main difference between these options lies in the amount of coinsurance you want Bosch to pay on your behalf – whether 80% or 90% – once you meet your annual deductible. While the 80% option has a higher deductible, you'll also pay a lower per-paycheck premium. So when making your decision, consider whether you prefer lower per-paycheck premiums in exchange for higher deductibles, or the opposite.

Some helpful definitions

- **Coinsurance** – The percentage the plan pays once you meet the deductible in a CDHP.
- **Deductible** – The amount of expenses you must pay each plan year before the plan begins to pay coinsurance (plans have individual or family deductibles).
- **Network** – A group of providers who contract with a healthcare carrier to provide services to its members at negotiated rates.
- **Out-of-pocket maximum** – The annual cap on the total dollar amount you must pay before the plan will begin paying 100% of covered expenses.
- **Premium** – Your payment for healthcare coverage that is deducted on a per-paycheck basis (12, 24, or 48 times a year).
- **Reasonable and Customary (R&C) limits** – If you receive services from an out-of-network provider, the plan reimburses for treatment or services based on the R&C limits. If charges for these services exceed R&C limits, you are responsible for paying the additional amount. The R&C limits are determined by the negotiated rates for in-network providers and rates for all providers within a certain geographic area.

Medical plan comparison chart

Use the chart 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, located in the CDHP Resource Center on the homepage of the Bosch Benefits Web site, or WebMD, located in the "My Health and Welfare" tab under the "Plan & Provider Tools" section.

MEDICAL PLAN COMPARISON				
	CDHP 8o		CDHP 9o	
	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)	If base pay is \$50,000 or more, Bosch contributes: <ul style="list-style-type: none"> \$500 Individual \$1,000 Family If base pay is less than \$50,000, Bosch contributes: <ul style="list-style-type: none"> \$595 Individual \$1,190 Family 	For the 2012 calendar year, you can make optional pre-tax contributions up to: <ul style="list-style-type: none"> \$3,100 Individual \$6,250 Family Add \$1,000 if over age 55 <i>These amounts are reduced dollar for dollar by Bosch contributions</i>	If base pay is \$50,000 or more, Bosch contributes: <ul style="list-style-type: none"> \$500 Individual \$1,000 Family If base pay is less than \$50,000, Bosch contributes: <ul style="list-style-type: none"> \$595 Individual \$1,190 Family 	For the 2012 calendar year, you can make optional pre-tax contributions up to: <ul style="list-style-type: none"> \$3,100 Individual \$6,250 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"> \$1,750 Individual \$3,500 Family 	Bosch's HSA contribution can reduce associate's annual deductible	<ul style="list-style-type: none"> \$1,200 Individual \$2,400 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	<ul style="list-style-type: none"> • 80% 	<ul style="list-style-type: none"> • 20% 	<ul style="list-style-type: none"> • 90% 	<ul style="list-style-type: none"> • 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.

Women’s Health and Cancer Rights Act of 1998

Your plan, as required by the Women’s Health and Cancer Rights Act of 1998, also provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedemas. For more information, contact the Bosch Benefits Center at **800-207-9012** (857-362-5996 internationally).

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 chart, please refer to your SPD or contact the specific carrier directly (see page 17). 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.

Your preventive care coverage

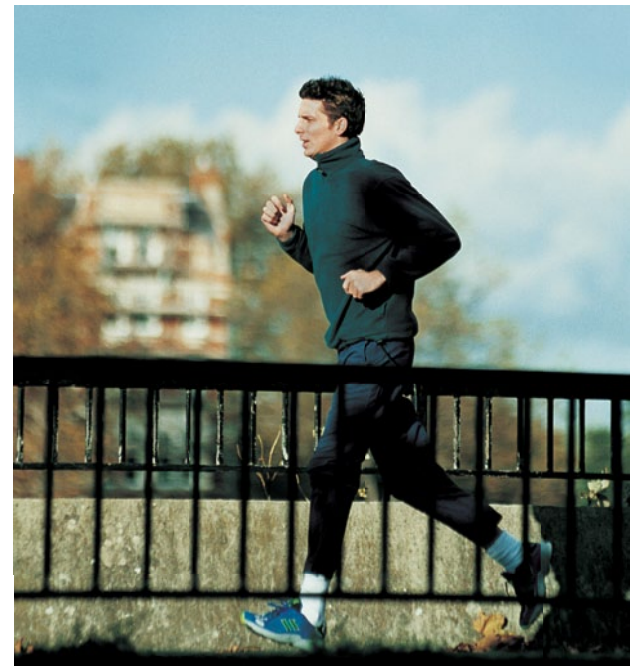
Preventive care includes routine procedures and exams that focus on preventing disease and promoting health and well-being. To show Bosch's commitment to your health, the Company will cover eligible preventive care services at 100%. This means that you will have no out-of-pocket expenses for these services.

Eligible services

Common preventive care services are listed below. When you receive these services, be sure that your doctor codes the eligible procedure as routine or preventive to ensure that you receive the full Bosch benefit.

- Immunizations
- Routine blood work (e.g., glucose, cholesterol, iron)
- Routine colorectal cancer screening
- Routine diagnostic tests (e.g., EKG, bone density tests)
- Routine digital rectal exams
- Routine gynecological exams
- Routine mammograms
- Routine pap smear tests
- Routine prostate tests
- Routine urinalysis
- Well-baby care
- Wellness exams
- Certain preventive care prescription drugs

For more information about this coverage, visit the CDHP Resource Center on the Bosch Benefits Web site.



Health Savings Accounts (HSAs)

When you enroll in Bosch's CDHP 80 or CDHP 90 plan for 2012, you will also need to choose how much you wish to contribute, if anything, to a Health Savings Account (HSA).

Advantages of an HSA

An HSA is a tax-sheltered savings account, similar to an Individual Retirement Account (IRA), that allows you to save a significant amount on healthcare expenses now and during retirement. HSAs offer three significant tax advantages. Namely, your contributions, investment earnings, and qualified distributions are all exempt from federal income tax, FICA (Social Security and Medicare) tax, and state income taxes (for most states). To remain tax-free, contributions must be used to pay for eligible medical expense, as defined by the IRS. (Amounts used to pay other expenses are subject to regular income tax and a 10% tax penalty.)

Another advantage of HSAs is that the dollars that remain in your account at the end of the year will roll over to the next year, making your account a convenient, easy way to save and invest to pay for future medical expenses. Even if you change medical plans or jobs, or when you decide to retire, you can take your HSA balance with you.

WHERE YOUR HSA MONEY COMES FROM	
Bosch contributions	If you enroll in one of the Bosch CDHP options and open an HSA through the plan's benefit provider, BNY/Mellon, you will automatically receive a Bosch contribution to your account on a quarterly basis, even if you don't contribute yourself. (See "Health Savings Account" in table on page 7.)
Your contributions	In addition to the contributions that Bosch will make on your behalf, you can elect to make additional pre- or after-tax contributions during the year up to the calendar year maximum limit set by the IRS. (See "Health Savings Account" in table on page 7.)
Earnings	Your BNY/Mellon HSA will earn interest annually, adding to your account balance.

Eligible expenses

You can use your tax-advantaged HSA to help pay for qualified medical expenses (as defined by the IRS) for you and your family. These include, but are not limited to:

- Visits to the doctor for reasons other than preventive care (which is 100% covered by Bosch)
- Prescription drugs, dental care, vision care, nursing care, psychiatric care, and chiropractic care
- Other medical expenses not covered by the plan (but eligible according to IRS Publications 502 and 969)
- Certain healthcare premiums while receiving unemployment compensation (i.e., under COBRA)
- Medicare Part B, C, and D premiums and deductibles; copays, and coinsurance under any part of Medicare

Save your receipts!

Whether for your own records or in the event of an IRS audit, it's a good idea to keep your receipts for any medical expense you incur. This way, you can prove that you used your HSA to pay for eligible medical expenses, if necessary. Keep in mind that if you use your funds for non-eligible expenses, you will need to claim this money on your tax return and pay regular taxes as well as a tax penalty on this amount.

Flexible Spending Accounts (FSAs)

Your choice of a medical plan will help you determine the type of FSA to help stretch your benefit dollars even further.

Save on out-of-pocket healthcare and child care expenses

Health Care FSA – You can set aside any amount between \$120 and \$5,000 each year to pay for common expenses such as plan deductibles, prescription drug copayments, and prescription eyeglasses and contacts.

Your participation in an HSA will determine which type of Health Care FSA you can enroll in – whether a traditional or a Limited Purpose Health Care FSA. Because of the many tax advantages an HSA provides, if you have an HSA, the government only allows you to participate in a Limited Purpose Health Care FSA at the same time.

If you don't have an HSA but are enrolled in a CDHP, you may still participate in a traditional Health Care FSA.

Dependent Day Care FSA – You can also set aside between \$120 and \$5,000 (\$2,500 if you are married and file your taxes separately) each year **to pay for qualified child care expenses so you and your spouse can work or attend school full time.** Expenses are qualified if used for a child under 13 or for the care of a physically or mentally disabled parent, child, or other relative of any age whom you claim as a dependent for federal tax purposes. Regardless of whether or not you have an HSA, you may participate in a Dependent Day Care FSA at the same time.

How FSAs work

Like a 401(k), an FSA allows you to conveniently set aside pre-tax dollars directly from your paycheck to pay for eligible expenses that aren't covered by other plans. Contributing in this way lowers your taxable income and, therefore, the amount of current tax you owe. Plus, you won't ever pay those taxes, even when you're reimbursed.

With an FSA, when you incur an eligible expense, you pay for it up front and are reimbursed with pre-tax dollars from your account by the plan's administrator.

However, unlike an HSA, it's critical that you carefully estimate how much money you'll need to cover your medical expenses for the year since you'll forfeit any amount that remains in your account at year end.

FSA plan rules

■ File your claims on time

For 2012, you can use FSA contributions to pay for eligible expenses you incur through March 31, 2013. You have until June 30, 2013, to submit these expenses.

■ Submit claims at your convenience

You may submit claims to your Limited Purpose or traditional Health Care FSA up to your total annual contribution at any time during the year – even if you haven't contributed the full amount yet. (This does not apply to the Dependent Day Care FSA.)

■ Use it or lose it

Remember to carefully consider how much money to contribute to your FSA account each year since – unlike with an HSA – you will forfeit any unused balance.

■ Remember that they're separate accounts

If you choose to participate in both a Health Care FSA (whether traditional or Limited Purpose) and a Dependent Day Care FSA, just keep in mind that you **cannot use the money in your Health Care FSA to reimburse yourself for expenses that are only eligible under your Dependent Day Care FSA.**

Learn more

To obtain detailed information about FSAs, visit www.irs.gov or check out the FAQs posted in the CDHP Resource Center on the Bosch Benefits Web site. For a complete list of eligible expenses and potential tax credits, please contact PayFlex by logging on to www.healthhub.com or calling 800-284-4885.

Comparing HSA and FSAs

The table below compares the key features of each tax-advantaged savings account option available to you to help you choose what's best for your situation.

HSA/FSA COMPARISON				
	HSA	Limited Purpose Health Care FSA	Traditional Health Care FSA*	Dependent Day Care FSA
Who's eligible	Eligible Bosch associates enrolled in the Bosch CDHP 80 or CDHP 90	Any Bosch associate enrolled in the Bosch CDHP 80 or CDHP 90 who also has an HSA	Any Bosch associate who does not have an HSA	All Bosch associates
Who contributes	Bosch; associate contributions optional	Associate only		
Contribution limits	Up to \$3,100 Individual, \$6,250 Family on a pre-tax basis, minus Bosch's contribution, each calendar year (see page 7)	Associates may contribute between \$120 and \$5,000 to their account each year on a tax-free basis		
Eligible expenses	See "Eligible expenses" on page 10 or refer to IRS Publications 502 and 969	<ul style="list-style-type: none"> • Dental expenses • Vision expenses <i>See IRS Publications 502 and 969 for details</i>	<ul style="list-style-type: none"> • Medical copayments, coinsurance, and deductible • Dental and vision copayments and coinsurance • Prescription drug costs <i>See IRS Publications 502 and 969 for details</i>	<ul style="list-style-type: none"> • Pre-kindergarten education • Care outside your home • Dependent day care or day camp • Transportation to get the dependent to and from a care facility <i>See IRS Publication 503 for details</i>
Funding rules	Funds earn interest at a rate established by BNY/Mellon; funds remaining at year end may be used in future years	Funds do not earn interest; funds remaining at year end are forfeited		

*Automatic claim submission from BlueCross BlueShield of Illinois (BCBSIL)

If you are enrolled in a BCBSIL plan and are not currently participating in an HSA, you will automatically be set up to participate in the crossover claims process with BCBSIL. Through this automatic claim submission process, all of your out-of-pocket expenses will be automatically submitted to PayFlex by BCBSIL. PayFlex will then process the claim and issue a reimbursement to you directly via either direct deposit, or if chosen, paper check. If you prefer not to participate in the automatic claim submission process with BCBSIL, and would rather submit claim forms yourself, you may contact the Bosch Benefits Center and request to opt out of the automatic claim submission process.

Dental plan options

You may choose between two dental plans: the 80% Preventive Plan (without orthodontia) or the 100% Preventive Plan (with orthodontia). Although each plan allows you to visit any dentist you choose, you will save more when you go to one of the in-network providers CIGNA Dental has contracted with to provide services to our participants at reduced rates.

To locate a CIGNA Dental provider, log on to www.mycigna.com or call CIGNA Dental's Customer Service Department at **800-CIGNA24** (800-244-6224).

Dental plan comparison chart

Use this chart to compare the features of your two dental plan options.

DENTAL BENEFITS				
	80% Preventive Plan (without orthodontia)		100% Preventive Plan (with orthodontia)	
Annual deductible	\$50 Individual \$100 Family		\$50 Individual \$100 Family	
Annual benefit maximum	\$1,500 per person		\$1,500 per person	
	You pay	Plan pays	You pay	Plan pays
Preventive care (routine office visits, x-rays, and cleanings)	20% after deductible	80%	Not subject to deductible	100%
Basic care (includes fillings and root canals)	20% after deductible	80%	20% after deductible	80%
Major care (includes bridges and crowns)	50% after deductible	50%	50% after deductible	50%
Orthodontia	Not covered		50% after deductible	50% up to lifetime maximum of \$1,500

Important!

If you do not elect dental coverage within the time period outlined in your Summary Plan Description, or if you have not elected coverage and experience a qualifying event that allows you to add coverage during the year, you will only be allowed to elect the 80% Preventive Plan (without orthodontia). After you have been covered for one plan year (or part of one plan year), you may increase coverage to the 100% Preventive Plan (with orthodontia).

Vision care plan

You have the option to enroll in the Vision Service Plan (VSP), which provides coverage for vision care expenses, including exams, lenses, frames, and contact lenses. As a participant in this plan, you can receive services from any VSP network provider or out-of-network provider. However, you get the best value when you visit an in-network provider.

For a full list of in-network providers, go to the VSP Web site at www.vsp.com, click on the “Members and Consumers” link, then log in using the last four digits of your Social Security number and your full name. When you call for an appointment, be sure to tell the doctor that you’re a VSP member so the provider can get all the necessary paperwork from VSP before your visit. You will not need to submit a reimbursement claim form.

Vision care overview

This chart shows the benefits you’ll receive under the VSP.

VISION SERVICE PLAN			
	In-network		Out-of-network
	You pay	Plan pays	Plan reimburses
Annual eye exam (once every 12 months)	\$10 copay	100% after copay	Up to \$30
Lenses (once every 12 months) <ul style="list-style-type: none"> • Single • Lined bifocal • Lined trifocal • Lined lenticular 	\$20 copay	100% after copay	<ul style="list-style-type: none"> • Up to \$20 • Up to \$30 • Up to \$40 • Up to \$40
Frames (once every 24 months)	\$20 copay	100% up to \$150	Up to \$20
Elective contacts (once every 12 months)	\$150 allowance for lenses, fitting, and evaluation		Up to \$45

Please note: You are responsible for paying the VSP network doctor for copayments and any out-of-pocket costs not covered under your plan. If you decide not to see a VSP doctor, you are required to pay the provider in full at the time of your appointment. You then need to submit a claim form to VSP for partial reimbursement.

Important!

Before you decide to waive vision coverage, you should know that there is a two-year election requirement for vision coverage. For example, if you waive coverage after participating in the plan for only one year, you cannot enroll for another two years. So, if you elected vision coverage in 2011, then waive this coverage in 2012, you cannot enroll again until 2014.

Life and disability insurance

Life insurance

Bosch automatically provides basic associate life insurance at no cost to you. Your benefit is equal to two times your annual base salary rounded up to the next \$1,000. For example, if your salary is \$45,300, your coverage is \$46,000 times two, or \$92,000.

You have the opportunity to purchase additional associate life insurance coverage up to a maximum of eight times your annual base salary (rounded up to the next \$1,000), up to a maximum of \$2 million.

In addition to choosing this additional, portable life insurance for yourself, you may also elect the following forms of optional coverage for your family:

■ Spouse life insurance (up to age 70)

Coverage is available at the following levels: \$10,000, \$25,000, \$50,000, \$75,000, or \$100,000.

Note that your spouse life insurance coverage level can't exceed the level of your combined basic and optional life insurance coverage.

■ Child life insurance

Coverage is available for your dependent children age six months to age 19 (or age 25 if a full-time student) at the following levels: \$5,000 and \$10,000 per child. For children age one day to six months, the plan pays a maximum of \$1,000 per child in the event of death.

You may also reduce the level of your basic associate life insurance to as low as one times your annual base pay, in which case you will receive a credit that can be applied to the cost of your other benefits.

It's important to note that life insurance benefit levels are automatically reduced for associates who are age 70 and older. For details, refer to your SPD.

Evidence of Insurability

If you elect to increase the level of your life insurance benefit for yourself or your spouse, you may need to provide proof of good health, also known as Evidence of Insurability (EOI).

EOI may be required if:

- You elect optional life insurance coverage levels greater than four times your annual base pay
- You increase your coverage by more than one level
- Your optional life insurance coverage exceeds \$900,000
- You increase your coverage from just basic life insurance to include any form of optional life insurance

EOI for spouse life insurance coverage is required if:

- You elect spouse life coverage at Annual Enrollment after having declined all spouse life insurance coverage
- You elect spouse life insurance coverage levels of \$75,000 or \$100,000
- You increase your coverage by more than one level

If EOI is required, you will be covered at your current or highest possible election until MetLife approves the new coverage amount. You will not be charged for the new coverage amount until you are approved.

Accidental Death & Dismemberment (AD&D) insurance

AD&D insurance provides coverage if you die accidentally or become seriously injured. Bosch automatically provides basic AD&D (associate only) insurance equal to two times your base pay at no cost to you. You have the opportunity to elect additional coverage up to eight times your annual base pay, up to a maximum of \$2 million.

Have you designated a beneficiary?

Don't forget to designate a beneficiary for your life insurance benefits. Even if you waive elective coverage, you must designate a beneficiary for the Company-paid plans. You can designate a beneficiary online at www.ibenefitcenter.com by selecting the "My Health and Welfare" tab and clicking on "Your Beneficiary Data" or by calling the Bosch Benefits Center at **800-207-9012** (857-362-5996 internationally).

Besides choosing additional AD&D coverage for yourself, you may also elect the following forms of optional coverage for your family:

- **Spouse:** Benefit would equal 60% of associate AD&D coverage
- **Child(ren):** Benefit would equal 15% of associate AD&D coverage
- **Family:** Benefit would equal 50% of associate AD&D coverage for spouse; 10% for children

You may also reduce the level of your basic AD&D (associate only) coverage to as low as one times your annual base pay, in which case you will receive a credit that can be applied to the cost of your other benefits.

Business travel accident insurance

If you die or experience certain covered injuries while traveling on Company business, Bosch will automatically provide you with a business travel accident insurance benefit equal to four times your annual base pay (up to a maximum of \$1,000,000). This benefit would be paid in addition to any associate life and AD&D benefits.

Long-term disability (LTD) insurance

LTD protects a portion of your income if illness or injury prevents you from working for more than 180 days. Bosch automatically provides basic LTD coverage to replace 50% of your monthly base pay at no cost to you. In addition to the basic benefit, you have the option to purchase additional LTD coverage for a total income replacement benefit of 65% of your monthly base pay. The combined maximum monthly benefit for basic and optional LTD coverage is \$18,000.

Evidence of Insurability

We require EOI if you make a late request for the Long-Term Disability Insurance Buy Up Plan (meaning that you made the request after first becoming eligible for the benefit).

If you do not provide EOI or we do not find your EOI acceptable, you will be covered by the Long-Term Disability Insurance Core Plan.

Please note: You must incur any costs associated with EOI.

Pre-existing conditions

A pre-existing condition means a sickness or accidental injury for which you experienced any of the following in the three months before your insurance (or any increase in the amount of insurance) under this certificate takes effect:

- You received medical treatment, consultation, care, or services
- You took prescription medication or had medications prescribed
- You had symptoms or conditions that would cause a reasonably prudent person to seek diagnosis, care, or treatment

Benefits are not payable (or any increase in benefit amount due to an elected increase in the amount of insurance) for a disability that results from a pre-existing condition if you have been an active employee for less than 12 consecutive months after the date your disability insurance (or the elected increase in the amount of such insurance) takes effect under this certificate.

Pre-existing condition limitations will also apply if you elect to increase your coverage from 50% to 65% or if your monthly LTD benefit exceeds \$15,000.

For more information

For more information on your life and disability insurance coverage options, log on to the Bosch Benefits Web site or call the Bosch Benefits Center.

Benefit contacts

The following table offers contact information for Bosch benefit providers in case you need forms or have questions about the benefits and services available to you.

BENEFIT	SERVICE PROVIDER	TELEPHONE AND WEB SITE
Dental plan	CIGNA	800-CIGNA24 (800-244-6224) www.mycigna.com
Employee Assistance Plan	CIGNA Behavioral Health	800-554-6931 www.cignabehavioral.com
Flexible Spending Accounts	PayFlex	800-284-4885 www.healthhub.com
Health Savings Account	BNY/Mellon The best way to access the BNY/Mellon Web site is by logging on through www.bcbsil.com and clicking on the "My Spending Accounts" tab. You can then go directly to your account on Mellon Bank's Web site by clicking on "Account Services," followed by the "Go to Mellon Bank" link. No additional signon is necessary.	877-HSA-4200 (877-472-4200) www.HSAmember.com
Medical plan • CDHP 80 • CDHP 90	BlueCross BlueShield of Illinois	866-540-2130 www.bcbsil.com
Prescription drugs • Retail • Mail order	Express Scripts	866-962-9794 www.express-scripts.com
Vision plan	Vision Service Plan (VSP)	800-877-7195 www.vsp.com

For personal assistance with benefit elections

Please call **800-207-9012** (857-362-5996 internationally) between 9:00 a.m. and 6:00 p.m. Eastern time, any business day, to speak with a Mercer Service Representative.



Don't miss out!

Take the time to review the benefit choices outlined in this guide, then enroll in – or make any changes to – your benefits by the deadline in your cover letter to receive the coverage you want for the 2012 plan year (April 1, 2012–March 31, 2013).

Need more information?

Call **800-207-9012** (857-362-5996 internationally) between 9:00 a.m. and 6:00 p.m. Eastern time to speak with a Mercer Service Representative who can help you compare your benefit choices and make the decisions that are right for you.

This guide is only a summary of the benefit plans. It is not a comprehensive plan document. Should any discrepancies occur between this guide and the official plan documents, the official plan documents will govern. The Company reserves the right to modify, amend, or terminate the plans, in whole or part, with or without prior notice, at any time. The plans and your eligibility for coverage are not an employment contract. They do not guarantee your right to continued employment at the Company.