

Finding
my rhythm.
*That's what
drives me.*



2026 Benefits Reference Guide

Explore all the ways your BorgWarner benefits are here to support everything that drives you – at work, at home and in life.

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Your BorgWarner Benefits

To support your health and wellbeing, we offer comprehensive and competitive benefits that give you flexibility, so you can choose the plans that meet your health and financial needs. Take the time to get to know your benefits and discover the value they bring to your life, your career and your family.

Wellbeing@BorgWarner

At BorgWarner, we understand that wellbeing is about feeling good, healthy and supported. It's about having a sense of purpose and control over your life, bringing the best of who you are to your relationships and your career. That's why we offer benefits, programs, resources and education that help you be well in each dimension of wellbeing:

 <p>Physical</p>	 <p>Social</p>	 <p>Mental</p>	 <p>Purposeful</p>	 <p>Financial</p>
Recognize the need for physical activity, healthy food, sleep, illness and injury prevention and management of chronic health conditions	Form and maintain positive, meaningful and supportive relationships with yourself, family, friends and coworkers	Protect and promote the mental wellbeing of all – providing opportunity to focus, in an absorbed way	Derive purpose from your personal and professional lives; gain personal satisfaction and enrichment through improving the lives of others	Feel secure in your financial status through understanding and managing current, unexpected and long-term financial status



If you have questions, help is easy to find. Browse the list of [contacts](#) to reach out to each plan vendor. You can also visit borgwarnerbenefits.com for more information.

Getting Started

Who Is Eligible?

You are eligible to enroll in benefits if you are an active, full-time employee, and you are scheduled to work 30 or more hours per week.

Your dependents may also be eligible for our health and welfare benefits. Eligible dependents include:

- Your legal spouse
- Your children up to age 26, including biological, adopted, stepchildren, court-appointed children for whom you have full legal guardianship, and children covered under a Qualified Medical Child Support Order (QMCSO)
- Children over age 26 who have disabilities and are unable to care for themselves

Note: If you and your spouse both work at BorgWarner, your dependent children can only be covered under one parent's medical, dental and vision plans. Additionally, you and your spouse cannot enroll in two plans as both a dependent and an employee.

Coordination of Benefits

When you're covered under multiple health insurance plans, the plans will have to coordinate your and your family's benefits to avoid paying for the same service twice. Your BorgWarner medical plan is considered the "primary" plan (meaning it will pay benefits first) for BorgWarner employees, and your spouse's plan would be considered "secondary" (meaning it pays the difference between the primary plan's payment and what the secondary plan would have paid if it were the primary coverage).

If you are covering your children under BOTH your and your spouse's plan, the order in which the plans pay benefits for them is determined by the birthday that falls first during the calendar year—yours or your spouse's. The one whose birthday falls first will be designated as the primary plan, and the other person's plan is considered secondary. Medicare is primary for employees and spouses on BorgWarner plans.

NOTE: BorgWarner is considered the secondary payer when coordinating benefits with no fault automobile insurance.



Enrolling dependents?

To add a dependent, you must provide:

- Legal name
- Date of birth
- Social Security number
- Documentation, such as birth certificate, marriage certificate or tax return

Enrollment

When to Enroll



New Hire

You have 30 days from your eligibility date to enroll. Benefits are effective on your date of hire.



Open Enrollment

Each year, you have the opportunity to enroll in or make changes to your benefits for the upcoming plan year during open enrollment.

The choices you make become effective on January 1.



Family Status Change

You may make benefit changes in the BorgWarner Benefits Hub within 30 days of a qualifying family status change. Examples include:

- Marriage or divorce
- Birth or adoption of a child
- Death of a dependent
- Loss or gain of other health coverage
- Change in employment status
- Change in Medicaid/Medicare eligibility

If you do not make changes within 30 days, you must wait until the next open enrollment period to make changes.

Your Checklist for a Successful Enrollment

- Read your enrollment materials and learn more about your benefits options.
- Compare your BorgWarner plan options and any available spouse coverage to decide which will best fit your needs and budget.
- Gather dependent information if adding them to coverage, including birthdates, Social Security numbers and verification documents to submit to Businessolver.
- Complete the Medical Premium Incentive requirements to lower your contribution amount.
- Choose your beneficiaries for your Basic Life and AD&D Insurance, Health Savings Account, and Retirement Savings Plan (RSP) 401(k).
- Double-check your elected or waived coverages before submitting your enrollment.
 - ✓ Have you elected medical, dental and/or vision?
 - ✓ Are you enrolling in optional benefits?
 - ✓ Are dependents attached to the plans you want them enrolled in?

How to Enroll

Enrolling in benefits is easy and convenient. To choose your benefits and update your beneficiaries in the BorgWarner Benefits Hub, simply follow these steps:



Explore the benefits available to you.

Consider your health care needs and which dependents need coverage. Decide how much you want to contribute to your tax savings accounts such as FSA and HSA.



Visit the BorgWarner Benefits Hub to enroll in coverage.

You can access via single sign-on through Workday and click on the BorgWarner Benefits badge, or you can log in directly at borgwarnerbenefits.com. You will need to enter your Social Security number and date of birth, answer a few security questions, and enter the case-sensitive Company Key, **borgwarner**. Download the MyChoice benefits app to access your benefits information on the go.



Choose the plans that will be best for you and your family.

Educate yourself on your benefits offerings at borgwarnerbenefits.com. Use the Benefits Hub decision support tool to help select the right plan for you. If you have questions, chat with Sofia, your virtual benefits assistant, and if you need additional support, reach out to [Benefits Link](#).



What happens if I don't enroll?

If you don't enroll as a new hire, you will automatically receive default coverage, which includes:

- Short-Term Disability
- Long-Term Disability Basic Plan
- Basic Life Insurance and AD&D



Medical Coverage

What drives us to support your health is knowing that when you feel good, you can be at your best every day. With comprehensive medical options, you have the coverage you need to help you take control of your health—with preventive care services and access to quality care when you need it most.

BorgWarner offers two plan options through Blue Cross Blue Shield of Michigan (BCBSM).

1. **HRA Plan**
2. **HSA Saver Plan**

You'll pay the same amount for either plan, but the plans vary in the annual deductibles and out-of-pocket maximums as well as the different types of employer-funded accounts, the Health Reimbursement Account (HRA) or Health Savings Account (HSA), which help you cover the costs when you are ill. Both the HRA and HSA are administered by HealthEquity.

✓ **Need help choosing a medical plan?**

Use the Benefits Hub Decision Support Tool.

How the Medical Plans Work

Free Preventive Care	Funding Your Account	Meeting Your Annual Deductible	Sharing the Cost	The Most You'll Pay in a Year
Both plans cover in-network preventive care, such as annual physicals, well-child exams and cancer screenings, at 100%. For a complete list of covered preventive care screenings and exams, please visit bcbsm.com .	HRA Plan: BorgWarner deposits money into your HRA. You do not contribute.	HRA Plan: The funds are applied automatically when you have medical expenses, but you can turn off autopay and use your FSA dollars first if you choose. After your HRA funds are exhausted, you will pay 100% of any costs until you meet the deductible.	After you meet your deductible, you and the plan share the costs, which is called coinsurance. For in-network expenses, you will typically pay 20% and the plan pays 80%. If you have an HSA, you may use your HSA funds to pay for these expenses.	Once you meet the out-of-pocket maximum, the plan will pay 100% of eligible expenses for the rest of the year.
	HSA Saver Plan: Both you and BorgWarner contribute money to your HSA.	HSA Saver Plan: You must pay 100% of the cost of medical care until you meet the deductible. You may choose to use your HSA funds or pay out-of-pocket.		

A Closer Look at the HSA

The HSA is a tax-advantaged personal savings account available to employees enrolled in the HSA Saver Plan. For 2026, you can contribute the following amounts:

Coverage Tier	2026 IRS Maximum	BorgWarner's Contribution	Your Maximum Contribution
Employee Only	\$4,400	\$600	\$3,800
Family	\$8,750	\$1,200	\$7,550
\$1,000 catch-up contribution for 55 and older employees			

The HSA offers several other unique features:

- **Easy to use:** You will receive an HSA debit card to pay for eligible expenses. Examples of eligible expenses include doctor and hospital visits, deductibles, coinsurance, prescriptions, vision and dental care for yourself and eligible dependents.
- **Invest:** You may use your funds now or save them for the future. Once your account reaches a balance of \$1,000, you can invest in a mutual fund to grow interest for future health care expenses.
- **Convenient:** Because the money in your HSA rolls over at the end of each year and stays in the account that you own, you can take your HSA with you if you leave BorgWarner or retire.

The IRS has several eligibility requirements in order to open an HSA:

- You cannot be covered by a non-qualified medical plan, including Medicare or Tricare, or have a Health Care FSA.
- You cannot be claimed as a dependent on someone else's tax return.

Comparing the HRA and HSA

Features	Health Reimbursement Account (HRA)	Health Savings Account (HSA)
Who owns the account?	BorgWarner	You own the account and can take it with you if you retire or leave the company.
Who can contribute?	BorgWarner only	You and BorgWarner
Are there tax savings?	No	Yes <ul style="list-style-type: none"> • Contributions are TAX-FREE. • HSA funds can grow TAX-FREE. • Money comes out TAX-FREE when used for qualified health care expenses.
What happens to unused funds?	There is a limit to how much of your HRA balance can be rolled over each year. The rest is forfeited.	All funds roll over each year.
Are there any future savings opportunities?	No	The account can grow with interest and investment returns.
Can I contribute to a Health Care flexible spending account (FSA) too?	You can contribute up to \$3,300 to a Health Care FSA to pay for out-of-pocket expenses.	You can contribute up to \$3,300 to a Limited Purpose FSA for dental and vision expenses only.



Manage your HRA and HSA

Register on healthequity.com to manage your HRA and HSA. If you have an HSA, you can designate beneficiaries. Download the HealthEquity mobile app for easy access.

Comparing Your Medical Plan Options

Plan Features	HRA Plan		HSA Saver Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Deductible	This is the amount you pay before the plan starts paying.			
Employee Only	\$1,700	\$3,400	\$1,700	\$3,400
Employee + Spouse	\$2,550	\$5,100	\$3,400	\$6,800
Employee + Child(ren)	\$2,550	\$5,100	\$3,400	\$6,800
Family	\$3,400	\$6,800	\$3,400	\$6,800
BorgWarner-Paid Contribution*	BorgWarner contributes to your account to help offset your deductible.			
Employee Only	\$600		\$600	
Employee + Spouse	\$900		\$1,200	
Employee + Child(ren)	\$900		\$1,200	
Family	\$1,200		\$1,200	
	Once you meet your deductible, you and BorgWarner share the costs.			
Coinsurance	Plan pays 80%/You pay 20%	Plan pays 50%/You pay 50%	Plan pays 80%/You pay 20%	Plan pays 50%/You pay 50%
Other Services	After you meet your deductible, you will pay:			
Preventive Care	0%; no deductible	50%	0%; no deductible	50%
Office Visit	20%	50%	20%	50%
Independent X-rays and Labs	20%	No coverage	20%	No coverage
MRI/PET/CAT Scans	20%	No coverage	20%	No coverage
Telehealth Services	20%	No coverage	20%	No coverage
Outpatient Hospice	20%	No coverage	20%	No coverage
Chiropractic (max. of 20 visits/year)	20%	No coverage	20%	No coverage
Ambulance	20%	20%	20%	20%
Urgent Care	20%	50%	20%	50%
Emergency Room (surcharge waived if admitted)	20% plus \$150 surcharge	20% plus \$150 surcharge	20%	20%
Hospitalization** (inpatient, outpatient, X-rays, lab tests, skilled nursing)	20%	50%	20%	50%
Infertility Services	20%	No coverage	20%	No coverage
Medical Out-of-Pocket Maximum	This is the most you would pay out-of-pocket for the year (including your deductible)			
Employee Only	\$4,000	\$8,000	\$4,000	\$8,000
Employee + Spouse	\$6,000***	\$12,000	\$8,000***	\$16,000
Employee + Child(ren)	\$6,000***	\$12,000	\$8,000***	\$16,000
Family	\$8,000***	\$16,000	\$8,000***	\$16,000

*BorgWarner-funded contributions are prorated monthly for new hires based on hire date.

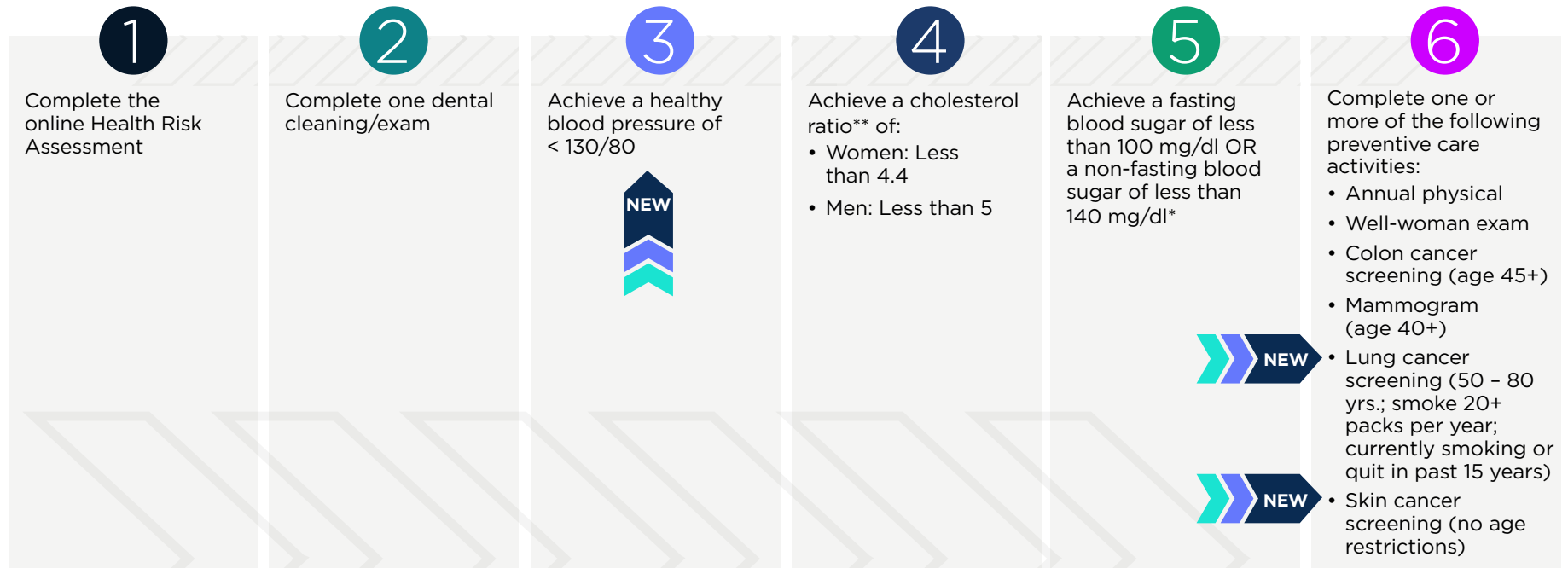
** Utilization review required.

***There are two levels of OOPMs: (1) Lower "Individual" OOPM—Once a person meets the "Individual OOPM," the plan will cover that specific individual's expenses at 100% for the remainder of the year—even if the total OOPM has not yet been reached. (2) "Family" OOPM—Once the total OOPM limit is reached, the plan will pay 100% of all covered expenses for every person covered, regardless of how much each person has accumulated in OOPM expenses.

If differences exist between this information and the Plan Document, the Plan Document will govern.

Shift Into Better Health with the Premium Incentive Program

Earn one point for each goal you meet by September 30—and you'll lower your medical premiums for the following year.



The more points you earn, the more you save on your medical plan contribution.

You can earn the lowest premiums under either medical plan if:

- You earn five or more points, and
- Your covered spouse receives a preventive exam by September 30

**If you miss a biometric screening, there are alternatives to earn points: Participate in Teladoc's weight management, pre-diabetes, or hypertension program. Enroll in and complete at least three physical therapy sessions with a Hinge physical therapist. You can also participate in coaching with WebMD Health Services..*

***Total Cholesterol divided by HDL = Cholesterol Ratio*



Spouses covered on the BorgWarner medical plan will need to complete an annual preventive exam to receive the lowest medical premiums. If your spouse does not complete it by September 30, 2026, you will pay 5% extra in medical premiums in 2027.

How the Premium Incentive Plan Works

Establish Your Health Baseline

- Complete the Health Risk Assessment at webmdhealth.com/BorgWarner
- Complete a biometric screening at the annual on-site biometric screening event, through an on-site clinic or with a personal physician

Note: If you receive the biometric screening from an on-site clinic or a personal physician, you must have the provider complete the Wellbeing Screening Form found at borgwarnerbenefits.com and send to WebMD Health Services by September 30.

Keep Earning Points

- Achieve specific health goals
- Earn alternative points with telephonic coaching
- Complete a preventive annual physical

Track

Track your progress and see how many points you have earned by visiting webmdhealth.com/BorgWarner. The total number of points earned as of September 30 of the given year will be used to determine your medical premiums for the next plan year.

Participate in Open Enrollment

When you enroll for your medical plan in November, you will see the total premium cost. Once your selection is made, the credit for the number of points you earned will be deducted from your premium total. This amount is set and cannot be changed.

Key Deadlines

New employees hired BEFORE June 1, 2026, or current employees new to the medical plan in 2026 (January 1 – May 31)

- You must complete the HRQ within 60 days of the date your benefits became effective to receive the best premium pricing for 2026.
- If you do not complete the HRQ within 60 days, you will pay the highest premium (20% premium rate) for the remainder of 2026.
- In addition, you are encouraged to participate in the Premium Incentive Program before the September 30, 2026 deadline to earn the best premium pricing for 2027.
- If you are covering a spouse, your spouse must complete an annual preventive exam by September 30. If your spouse does not complete it by the deadline, you will pay 5% extra in medical premiums the following year.

New employees hired AFTER June 1, 2026, or current employees new to the medical plan in 2026 (June 1 – December 31)

- You must complete the HRQ within 60 days of the date your benefits became effective to receive the best premium pricing for 2026 and 2027.
- If you do not complete the HRQ within 60 days, you will pay the highest premium (20% premium rate) for the remainder of 2026 and 2027.
- In addition, you are encouraged to participate in the Premium Incentive Program for 2028. Earn your points before the September 30, 2027, deadline to earn the best premium pricing for 2028.
- If you are covering a spouse, they will need to complete an annual preventive exam by September 30, 2027, or pay a 5% benefits premium for 2028 coverage.

Additional BCBSM Programs to Support Your Health

Your medical coverage through BCBSM gives you access to a dedicated health team and programs that help you manage your health.



Bring the doctor to you with Telemedicine

Your BCBSM medical plan includes access to Teladoc® virtual care for you and your covered family members. Connect 24/7 with a U.S. board-certified doctor from your phone, tablet, or computer. Care is available for both adults and children.

- Minor illnesses (colds, flu, sore throat, earaches, pink eye, and more)
- Prescriptions sent to your pharmacy when needed

Download the Teladoc Health app, visit bcbsm.com/virtualcare to register or call **1-855-838-6628**.



Relieve pain with the Virtual Muscle and Joint Health Program

Get relief from chronic neck, back, joint or muscle pain, as well as strains and sprains with Hinge Health. Physical therapists will give thorough assessments and orthopedic testing for accurate diagnosis, customized treatment plans and personalized rehab and at-home exercises designed to help speed recovery and prevent future injuries. Visit bcbsm.com/muscle-joint or call **1-855-902-2777** to get started.



Manage your medical care

Lower your costs and get support from the Blue Cross Coordinated Care Advocate. Connect with the Blue Cross care team to coordinate your care, help you manage chronic conditions, and get medical advice. Visit bcbsm.com/advocate to get started.



Be supported through your cancer journey

BorgWarner's medical plans now includes free cancer support through Iris by OncoHealth. You'll have 24/7 access to oncology nurses, weekly mental health sessions, dietitian guidance, a digital tracker, and a library of helpful articles and videos. You can also connect with a peer mentor community for support. Get started at bcbsm.com/cancersupport.



Improve your health and manage chronic conditions

BorgWarner's medical plans give you and your covered family members access to free programs through Teladoc Health.

- **Diabetes Management:** Get advanced glucose meter, unlimited supplies, and 24/7 coaching.
- **Diabetes Prevention:** Receive a smart scale plus nutrition and meal-planning guidance.
- **Hypertension:** Use connected blood pressure monitor, action plans, and nutrition tips.
- **Weight Management:** Get a smart scale, one-on-one coaching, and lasting habit support.

Enroll by calling **1-800-835-2362** (code: BLUECROSSMI-START).

\$ Estimate your costs for care

Use the Estimate Your Cost tool at bcbsm.com before receiving services, so you can make informed decisions. You can find cost estimates for specific providers and compare out-of-pocket costs between providers.

Prescription Drug Coverage

Your medical plan includes prescription drug coverage through Express Scripts. You will receive a separate ID card.

- **HRA Plan:** There is no prescription deductible to meet. Your coverage begins with your first prescription.
- **HSA Saver Plan:** You will pay 100% of the prescription cost until your medical deductible is met.

Plan Features	HRA Plan		HSA Saver Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Prescription Drug Deductible	None		Applies to Medical Plan deductible	Applies to Medical Plan deductible
Out-of-Pocket Maximum			N/A	N/A
Employee Only	\$4,550	N/A	Applies to Medical Out-of-Pocket Maximum	Applies to Medical Out-of-Pocket Maximum
Employee + Spouse	\$6,826			
Employee + Child(ren)	\$6,826			
Family	\$9,100			
Retail (30-day supply)	You will pay:		After you meet your deductible, you will pay:	
Generic	\$10 copay		\$10 copay	
Brand Formulary	30% (\$30 min - \$50 max)		30% (\$30 min - \$50 max)	
Brand Non-Formulary	50% (\$50 min - \$150 max)		50% (\$50 min - \$150 max)	
Mail Order (90-day supply)	You will pay:		After you meet your deductible, you will pay:	
Generic	\$20 copay		\$20 copay	
Brand Formulary	30% (\$60 min - \$120 max)		30% (\$60 min - \$120 max)	
Brand Non-Formulary	50% (\$100 min - \$300 max)		50% (\$100 min - \$300 max)	

**An individual maximum applies for pharmacy out-of-pocket costs. If one family member exceeds half of the total out-of-pocket cost in a middle tier or Family plan, the plan pays 100% of all eligible pharmacy expenses for the remainder of the year.*



Save money on prescription drugs

- Ask your doctor to prescribe generic medications, which have the same active ingredients, quality, strength, and purity as their brand-name counterparts.
- Fill your prescriptions at **in-network pharmacies** to keep your out-of-pocket costs low.
- Get a 90-day supply of your maintenance medications that you take on an ongoing basis for a chronic condition for a lower cost. You can have them filled through the Smart90 CVS program.
- Manage your prescriptions online at **express-scripts.com** to keep track of your order status, prescription order history and more.



Specialty Drugs

Injectable drugs (excluding insulin) used to treat conditions like rheumatoid arthritis, cancer, multiple sclerosis or anemia are covered under the Prescription Drug Program.

- Your first 30-day supply can be purchased at a retail pharmacy.
- Subsequent refills must be ordered through the specialty pharmacy mail order service and will be dispensed in 30-day intervals only (90-day supply is not available).

Take advantage of the specialty pharmacy patient advocate service for guidance and support, as well as self-care information about your condition.



Prior Authorization and Step Therapy

Certain medications, including non-preferred brand drugs and specialty prescriptions, require prior authorization before they can be filled.

Additionally, some medications may require step therapy, which means that other medications must be tried first before alternative options can be considered. Through Step Therapy, your pharmacist works with your doctor to find the most cost-effective and safest “step one” drug first for treatment of your (or dependent member age 18 or above) condition and then progresses to more costly “step two” brand-name drugs, only if medically necessary.

If you try to fill a “step two” brand-name drug, the pharmacy’s system automatically checks to see if you’ve used this before. If you have, the system pays the claim; however, if it is a new prescription, the pharmacist will be directed to call your doctor and suggest trying a more cost-effective “step one” drug, such as a generic equivalent or brand formulary drug. In the meantime, you still can get a temporary supply of the “step two” drug while you await your doctor’s approval.

Dental Coverage

Good oral health is essential to your overall health. BorgWarner offers a comprehensive dental plan through Cigna. You can go to any dentist of your choice for care, but visiting a dental provider in the **Total Cigna DDPO Network** allows you to save money and receive the highest level of benefits. Find DDPO Network dentists at myCigna.com and click “Find Care and Costs.”

Plan Features	Dental Plan Coverage
Deductible	\$50 per person/\$200 per family
Annual Maximum (including Preventive, Basic, and Major only)	\$1,500 to \$1,800 (depending on Cigna Wellbeing Plus reward earnings)
Preventive and Diagnostic (two routine exams, cleanings and bitewing X-rays per year; one set of full-mouth X-rays every three years)	100% covered; no deductible
Basic Restorative (fillings, root canals, denture adjustments, repairs and surgery)	You pay 20% after deductible
Major Restorative (replacement of once every five years existing dentures or bridgework)	You pay 50% after deductible
Surgical Extractions of Impacted Teeth	You pay 20% after deductible, no maximum
Orthodontia	You pay 50% after deductible; \$1,500 lifetime maximum per person
TMJ (non-surgical treatment only)	You pay 20% after deductible; \$1,000 lifetime maximum per person
Dental Implants (must be authorized as medically necessary)	You pay 50% after deductible; \$1,500 lifetime maximum per person



It pays to get preventive care with Cigna Wellbeing Plus

When you receive dental preventive care, your annual dollar maximum will increase the following year by \$100—giving you more benefits to use toward your future dental care. By earning this reward year after year, you could raise it over time from the current \$1,500 maximum up to \$1,800 maximum!

Plus, you'll earn a wellbeing point toward lower medical premiums.

Vision Coverage

To keep your eyesight healthy, BorgWarner offers vision benefits through VSP, giving you coverage for eye exams, eyeglasses and contact lenses. Visit a **VSP network provider** to receive the highest benefits and save money.

Plan Features	Frequency	In-Network	Out-of-Network*
Exam	Once per year	\$10 copay	\$45 maximum
Single Lenses	Every 12 months	\$25 copay	\$30 maximum
Bifocal Lenses	Every 12 months	\$25 copay	\$50 maximum
Trifocal Lenses	Every 12 months	\$25 copay	\$65 maximum
Lenticular Lenses	Every 12 months	\$25 copay	Not covered
Eyeglass Frames	Every 12 months	\$130 allowance	\$70 allowance
Contact Lenses	Every 12 months (in lieu of eyeglasses)	\$130 allowance	\$105 allowance

**If you visit an out-of-network provider, your costs are higher, and you must file your own claims.*



Should I see an eye doctor or a medical doctor?

Your vision benefits cover services performed by an ophthalmologist or optometrist to perform regular checkups and correct your vision if needed. If you have a vision problem—such as cataracts—diagnosis and treatment would be covered under your medical plan. If you need help deciding what type of provider to see, call VSP at **1-800-877-7195**.

Cost for Coverage

You and BorgWarner share in the cost of medical, dental and vision premiums. BorgWarner pays the majority of your cost for medical coverage—and gives you opportunities to earn points to lower your share of the cost. Your portion of the premiums is paid through pre-tax payroll deductions. Below are your monthly costs for coverage.

Medical

The HRA Plan and HSA Saver Plan have the same payroll deductions. The more points you earn in the Premium Incentive Program, the lower your monthly contributions are.

HRA Plan and HSA Saver Plan		Your Monthly Contribution			
Points Earned by Sept. 30, 2025	Premium %	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
0	20%	\$150	\$330	\$270	\$450
1-2	15%	\$115	\$250	\$205	\$340
3-4	10%	\$75	\$165	\$135	\$225
5+	0%	\$0	\$0	\$0	\$0

Dental and Vision

Plans	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Cigna Dental Plan	\$16	\$25	\$33	\$49
VSP Vision Plan	\$6	\$11	\$13	\$18



The Value of Your BorgWarner Plan

Each year, we measure the value of our medical plan against the plans of our manufacturing and automotive peers to ensure that our plans remain competitive. In 2026, BorgWarner employees will continue to pay nearly **20% lower** (when earning the maximum wellbeing points) for medical coverage compared to other manufacturing and automotive employees.

Family-Friendly Benefits

We understand that family comes first, and supporting your loved ones is what drives us. We're committed to offering family-friendly benefits to make it easier for you to balance work and family life, navigate parenting needs and care for those who matter most to you.



Infertility Coverage

In addition to oral fertility medications covered under your prescription drug coverage, your medical plans include up to a \$20,000 lifetime maximum benefit for treatments, including In Vitro Fertilization (IVF), Gamete Intrafallopian Transfer (GIFT), Zygote Intrafallopian Transfer (ZIFT), Artificial Insemination (AI) and injectable infertility treatments.

Get Support through WIN Fertility

If you use infertility coverage in your medical plan, you will also receive support through the WIN Fertility program. WIN Fertility provides personalized and inclusive solutions that are tailored to meet your specific needs, including one-on-one guidance to connect you to options like IVF, IUI, egg and sperm freezing, embryo freezing, genetic testing and more. You also receive concierge clinical support, access to top fertility specialists, financial support and educational resources as you journey on the path to parenthood. Visit winfertility.com for more information.



Paid Parental Leave

You can receive up to 20 days of Paid Parental Leave, equal to Short-Term Disability (with no maximum amount).



Adoption Assistance

BorgWarner will reimburse up to \$5,000 per finalized adoption, with a lifetime maximum of \$10,000. Note: Expenses must be consistent with federal income tax guidelines to qualify.



Bereavement

You can receive paid time away from work for bereavement:

- **Immediate family member** (spouse or children, including stillbirth, step or foster): up to 14 days
- **Parents and step-parents:** up to 7 days
- **Siblings, grandparents, grandchild, in-laws** (brother/sister/daughter/son): up to 4 days

Paid days are at 100% of base salary and may be taken consecutively or intermittently within 12 months following the death.

Mental Wellbeing

Employee and Family Support Program

Total wellbeing involves more than your physical health—it also includes your mental and emotional wellbeing. BorgWarner provides an Employee and Family Support Program through GuidanceResources by ComPsych at no cost to you. You can call GuidanceResources for 24/7 emotional support and assistance with issues such as stress, grief, family issues, self-improvement and more. The Employee and Family Support Program also offers free and confidential services, including:

- NEW** • 10 face-to-face visits with a licensed counselor and unlimited telephonic consultations
- Resources for relationship counseling, parenting, prenatal care, pet care, elder and child care
- Free consultation with an attorney and discounts on select fees
- Financial planning, debt counseling and planning for retirement

Contact the Employee and Family Support Program at **1-888-327-4729** or guidanceresources.com/groNg/#/login (Web ID: BorgWarner) any time for assistance.



Get Support Anytime, Anywhere

The Employee and Family Support Program gives you access to a full suite of digital resources:


- Immediate connection to counseling and work-life support
- Personalized behavioral health and wellbeing programs
- Interactive articles, videos, and on-demand trainings
- Self-care tools for managing anxiety, stress, mindfulness, sleep, and more



Financial Wellbeing

Flexible Spending Accounts (FSAs)

Participating in flexible spending accounts (FSAs) helps you lower your taxable income and cover health and dependent care expenses that you typically would pay out-of-pocket. BorgWarner offers three FSAs through HealthEquity:

Health Care FSA	Limited Purpose FSA	Dependent Care FSA
<ul style="list-style-type: none"> Contribute up to \$3,300 for eligible medical, dental and vision expenses. The full amount you elect will be available on January 1. You can carry over \$660 of unused funds to the next plan year. 	<ul style="list-style-type: none"> Contribute up to \$3,300 for eligible dental and vision expenses only. The full amount you elect will be available on January 1. You can carry over \$660 of unused funds to the next plan year. This FSA is available to HSA participants. 	 <ul style="list-style-type: none"> Contribute up to \$7,500 per household (\$3,750 if married and filing taxes separately) for eligible child or elder care services so you can work full-time. You can only use up to the amount you have in your account. Unused funds will be forfeited at the end of the calendar year.

Each year that you would like to participate in the FSAs, you must actively enroll and elect the amount you want to contribute to each FSA up to the annual IRS maximum. Your contributions will be deducted from your paychecks in equal installments throughout the year before taxes are withheld and will then be deposited into your account(s).

When you enroll in a Health Care FSA or Limited Purpose FSA, you will receive an FSA debit card. Simply swipe your debit card at the doctor's office or pharmacy when you have an eligible expense. You can also pay for care expenses out-of-pocket and submit a claim for reimbursement through your HealthEquity mobile app or online account. Dependent Care FSA expenses are paid by you and reimbursed up to the amount in your account.

IRS Rules for FSAs

Keep in mind that the IRS has rules for FSAs:

- FSAs function separately—you cannot use funds from one account to pay for eligible expenses from the other account.
- Keep your receipts because HealthEquity may ask you to substantiate claims.
- You can incur expenses through December 31 and must file claims by March 31 of the following year.
- Once you enroll in FSAs, you cannot change your contribution amount during the year unless you experience a qualifying family status change, such as getting married or having a baby.

Disability

BorgWarner provides disability insurance to give you income protection should you experience a non-work-related illness, accident or injury that prevents you from working. You automatically receive Short-Term and Long-Term Disability coverage at no cost to you, and you have the option to purchase additional Long-Term Disability coverage to increase your benefits.

Short-Term Disability

Short-Term Disability coverage, through The Hartford, begins after you have been absent from work for a specified period of time due to a non-work-related illness or injury. It pays a portion of your annual base pay for a maximum of six months. Benefits vary by location, so contact Human Resources or The Hartford for details.

Long-Term Disability

Long-Term Disability coverage, through The Hartford, begins when Short-Term Disability coverage ends. Depending on the coverage option you elect, you will receive up to 50% or 70% of your annual base pay (including the average of your past three years of bonus pay) until you recover or reach normal retirement age, whichever is sooner.

Pre-existing conditions (LTD only)

Benefits are not payable for medical conditions for which you incurred expenses; took prescription drugs or medicine; received medical treatment, care or services (including diagnostic measures); or for which a reasonable person would have consulted a physician during the three months just prior to the most recent effective date of insurance. The pre-existing condition limitation will apply to any added benefits or increase in benefits. Benefits are not payable for any disability resulting from a pre-existing condition unless the disability occurs after you have been under this plan for 12 consecutive months.

	Long-Term Disability (LTD)	Optional Long-Term Disability (Optional LTD70)
Cost of Coverage	BorgWarner pays the full cost.	You and the company share the cost. Premiums are paid through after-tax payroll deductions each month.
Benefit Amount	50% of your current base pay, up to \$12,000 per month.	70% of your base pay plus the average of your past three years of bonus pay—which gives you a larger benefit - up to a maximum of \$16,800.



Need to file a disability claim?

Contact The Hartford at **1-888-301-5615** for:

- Short-Term Disability • Long-Term Disability • Family Medical Leave • Paid Parental Leave

Life and Accidental Death & Dismemberment (AD&D) Insurance

To help protect your family from the financial burden of death or sudden injury, BorgWarner automatically provides all eligible employees with Basic Life and AD&D Insurance at no cost to you. If you pass away from an accidental injury, your beneficiary will receive both the Basic Life and Basic AD&D benefits. You also have the option of purchasing Optional Life and AD&D coverage for your spouse and children.

Coverage	Maximum Coverage Amount
Basic Life* (Company-Paid)	2 times your annual base salary, up to \$1,000,000**
Basic AD&D* (Company-Paid)	1 times your annual base salary, up to \$500,000
Optional Life	
Employee	Up to 8 times your annual salary, capped at \$2,500,000
Spouse	\$10,000, \$25,000, \$50,000, \$75,000, \$100,000, \$150,000, \$200,000, \$250,000
Child	\$5,000, \$10,000, \$15,000, \$20,000, \$25,000
Optional AD&D	
Employee	Up to 8 times your annual salary, capped at \$1,000,000
Spouse and Child(ren)	Spouse: Up to 50% of your coverage amount, capped at \$600,000 Child(ren): Up to 20% of your coverage amount, capped at \$250,000
Spouse Only	Up to 60% of your coverage amount, capped at \$600,000
Child(ren) Only	Up to 25% of your coverage amount, capped at \$250,000

*Your benefit will be reduced at age 65 and again at age 70.

**According to government rules, imputed income will be assessed on your paycheck, and appropriate taxes will be deducted.



Accelerated Benefit Option

In the unfortunate event that you or your covered spouse is diagnosed with a terminal illness with less than 24 months to live, the Accelerated Benefit Option (ABO) gives you access to the death benefits of your/your spouse's policy before you die. You may receive up to 80% of the face value of the insurance coverage (not to exceed \$500,000 for Basic Life and \$500,000 for Optional Life) in a lump-sum payment. Your spouse may receive up to 50% to a maximum of \$200,000 with a life expectancy of less than 24 months.

Note: Not available for Dependent Child Life Insurance.



Name your beneficiaries

Designating your beneficiaries ensures the timely payment of benefits. Be sure to review and update your beneficiary information in the BorgWarner Benefits Hub.

Cost of Optional Life Coverage

Your costs for Employee and Spouse Optional Life Insurance are based on the covered individual's age as shown below. Spouse Optional Life Insurance costs are based on the coverage amount you elect.

Employee Optional Life	
Age	2026 Rate per \$1,000
Under age 25	\$0.033
25-29	\$0.026
30-34	\$0.050
35-39	\$0.064
40-44	\$0.080
45-49	\$0.123
50-54	\$0.183
55-59	\$0.288
60-64	\$0.466
65	\$0.741
66	\$0.795
67	\$0.914
68	\$0.912
69	\$1.245
70+	\$1.476

Spouse Optional Life	
Age	2026 Rate per \$1,000
Under age 30	\$0.056
30-34	\$0.067
35-39	\$0.075
40-44	\$0.090
45-49	\$0.145
50-54	\$0.216
55-59	\$0.349
60-64	\$0.556
65	\$0.750
66	\$0.876
67	\$1.028
68	\$1.178
69	\$1.355
70+	\$1.572

Child Optional Life	
Coverage Option	2026 Rate PEPM
\$5,000	\$0.58
\$10,000	\$1.16
\$15,000	\$1.74
\$20,000	\$2.32
\$25,000	\$2.90

Cost of Optional AD&D Coverage	
Coverage Level	Monthly cost per \$1,000 of coverage
Employee Only	\$0.022
Employee and Family	\$0.030



IMPORTANT

You must enroll for Optional Life Insurance within 30 days of your new hire eligibility date to qualify for guaranteed coverage. Guaranteed coverage is the lesser of four times the basic annual earnings or \$300,000 for employees and \$25,000 for spouses. During a status change, any increase in coverage is subject to evidence of insurability (EOI).

Additional Benefits through Optional Life Insurance

With your Optional Life Insurance coverage, you also have access to other valuable services:

- **Will Preparation Service** includes the preparation of living wills and power of attorney.
- **Estate Resolution Service** provides compassionate and personal service that reduces the financial and administrative burden associated with properly distributing one's assets. Beneficiaries also receive advice and face-to-face and telephone consultations.

Questions?

If you have questions on enrollment, call Benefits Link at **1-844-591-2748**. If you have questions about EOI, contact The Hartford at **1-888-301-5615** or [thehartford.com/mybenefits](https://www.thehartford.com/mybenefits).

Voluntary Benefits

BorgWarner offers plans to help bridge the financial gap between what your medical plan covers and the out-of-pocket expenses you incur. You can enroll yourself, your spouse and your children in these benefits.

Critical Illness Insurance

Even with medical insurance, managing a critical illness may still come with deductibles, coinsurance, out-of-network care, child care and travel expenses for treatment. Critical Illness Insurance through MetLife provides you with a lump-sum cash payment if you or your covered dependents are ever diagnosed with a covered critical illness, such as heart attack, stroke, cancer, organ transplant and kidney failure. You have three options, allowing you to choose the coverage level that best fits your needs and budget.

	Coverage Level Options		
Initial Critical Illness Benefits*	Plan 1	Plan 2	Plan 3
Heart Attack (100%)	\$10,000	\$20,000	\$30,000
Stroke (100%)	\$10,000	\$20,000	\$30,000
Coronary Artery Bypass Surgery (25%)	\$2,500	\$5,000	\$7,500
Major Organ Transplant (100%)	\$10,000	\$20,000	\$30,000
End Stage Renal Failure (100%)	\$10,000	\$20,000	\$30,000
Waiver of Premium (employee only)	Yes	Yes	Yes
Cancer Critical Illness Benefits*	Plan 1	Plan 2	Plan 3
Invasive Cancer (100%)	\$10,000	\$20,000	\$30,000
Carcinoma in Situ (25%)	\$2,500	\$5,000	\$7,500
Recurrence of Critical Illness Benefits*	Plan 1	Plan 2	Plan 3
Second Event Initial Critical Illness Benefit (same amount as Initial Critical Illness)	Yes	Yes	Yes
Second Event Cancer Critical Illness Benefit (same amount as Cancer Critical Illness)	Yes	Yes	Yes
Rider Benefits* - Supplemental Critical Illness Rider	Plan 1	Plan 2	Plan 3
Advanced Alzheimer's Disease (100%)	\$10,000 for all illnesses listed	\$20,000 for all illnesses listed	\$30,000 for all illnesses listed
Advanced Parkinson's Disease (100%)			
Benign Brain Tumor (100%)			
Coma (100%)			
Complete Loss of Sight, Hearing or Speech (100%)			
Paralysis (100%)			
Cancer Critical Illness Option (100%)			
Skin Cancer Rider			

**You can elect coverage at any time, but you must enroll within 30 days of your hire date or qualifying family status change to qualify for guaranteed coverage.*

Accident Insurance

Accident Insurance helps you to cover out-of-pocket costs if you suffer an injury that requires medical services or treatment. This benefit will provide you with a lump sum cash payment that you can use however you see fit, such as copays, deductibles, transportation, childcare and lost wages. The amount of funds you receive depends on whether you choose the Basic or Enhanced option. You receive greater coverage under the Enhanced option, but you'll pay a bit more for that coverage. Benefits are paid per accident.

Feature	Basic Coverage	Enhanced Coverage
Fracture	\$100-\$8,000	\$200-\$10,000
Emergency Care	\$75-\$150	\$100-\$200
Concussion	\$250	\$500
Physician Follow-Up	\$75	\$100

Hospital Indemnity Insurance

Hospital Indemnity Insurance gives you benefits to cover the unexpected out-of-pocket expenses, such as deductibles, copays, coinsurance and non-covered services associated with a hospital stay, or confinement to a critical care unit or rehabilitation facility. Covered hospitalizations include accident, sickness, substance abuse, mental health and maternity. This plan will provide you with a lump sum cash benefit that you may use however you like. You have two coverage options: Basic or Enhanced.

Feature	Basic Coverage	Enhanced Coverage
Hospital Admission Benefit	\$500	\$1,000
Daily Confinement Benefit	\$100/day*	\$200/day*

**Daily inpatient benefit for up to 100 days.*

Identity Theft Protection

Identity theft can be devastating, but BorgWarner offers protection through Allstate that helps to prevent and fight identity theft.

- You can purchase individual or family coverage at low group rates.
- Coverage includes a \$1 million insurance policy to help recover the cost associated with reinstating your identity.
- You also have access to elder fraud care resources, expanded family digital safety tools and cyber protection for all enrolled personal devices (up to 10 devices).

By providing credit and identity monitoring services as well as restoration services, you and your family have peace of mind knowing that you're covered. Learn more at myaip.com or call **1-800-789-2720**.

Legal Services

BorgWarner offers legal services through MetLaw, which gives you access to a broad network of participating attorneys that can help you with legal matters such as wills, preparation and review of legal documents, estate planning, family law and more. You have two options:

1 Basic Plan

- Coverage for you and your immediate family members
- Includes eight hours of attorney services for non-covered matters
- Services include divorces, tax preparation services, reproductive assistance, custody support and more

2 Enhanced Plan

- Coverage for you, your immediate family members, your parents and grandparents (up to eight people)
- Parents and grandparents will have coverage for eldercare issues, Do-It-Yourself legal documents, living wills, powers of attorney, family and personal documents and health care proxies

Learn more at info.legalplans.com (plan code: 9901632) or call **1-800-821-6400**.

Active&Fit Direct Program

Stay fit and healthy by participating in the Active&Fit Direct Program. You can choose from thousands of fitness centers and YMCAs across the country for \$27 a month (plus a \$25 enrollment fee and applicable taxes). Search for fitness centers near you and get a free guest pass to try out a fitness center before enrolling.

Note: To participate, you must be 18 years of age and have a valid email address. You may pay by credit card and will be charged in advance on a monthly basis using a recurring payment subscription. You must commit to a three-month membership. If you choose to cancel, you must provide a 30-day notice of cancellation. All payments are subject to tax, if applicable, based on your location.

SOS: Business Travel Accident and Medical Insurance

BorgWarner provides International SOS Service at no cost to you. This combines global accident coverage with international medical protection, giving you peace of mind when you travel on approved business for the company. Whether you become sick or are injured while traveling abroad on company business, you have financial protection against costly bills and convenient access to quality health care. Download and print SOS ID cards at borgwarner.com/benefits/usa.



Retirement Savings Plan (RSP) 401(k)

Saving for the future is an important part of financial wellness. BorgWarner sponsors a 401(k) Plan through Empower to help you build your nest egg and reach your financial goals—and **matches your contributions to boost your funds**. Visit borgwarner.com/benefits/usa for more information.

Eligibility

You are eligible to participate in the Retirement Savings Plan (RSP) 401(k) once you begin your employment with BorgWarner. If you have not enrolled within 60 days of employment, you will be automatically enrolled in the plan at a before-tax rate of 6% of your pay.

You can choose your beneficiaries, change your contribution amount and adjust your asset distributions at any time.

Savings Account

You can make before-tax and/or Roth after-tax contributions of up to 75% of your eligible pay through convenient payroll deductions up to the IRS limit of \$23,500 (2026 limits have not been released yet). If you are age 50 or older, you may make an additional “catch-up” contribution up to \$7,500. If you are age 60-63, you may make an additional catch-up contribution of the greater of \$10,000 or 150% of the regular catch-up contribution limit. Starting in 2026, if you earn more than \$145,000 in the prior year, all catch-up contributions must be made on a Roth (after-tax) basis. BorgWarner matches your before-tax and/or Roth after-tax, as well as catch-up contributions, dollar for dollar, up to 3% of your pay. BorgWarner matching contributions become 100% vested after you have completed three years of service.

Company Retirement Account

The Company Retirement Account holds before-tax contributions that BorgWarner makes to your account after you complete 60 days of employment. Even if you decide to opt out of making your own personal contributions, BorgWarner contributes to this account on your behalf.

BorgWarner contributes a minimum of 3% of pay to each eligible employee. This money is yours to keep immediately. Plus, the company improves its contribution periodically to reward milestone years of service. Company contributions, after the initial 3%, are yours after three years of service.

Automatic Contribution Increase

Each April, your contributions will automatically increase by 2% up to a maximum contribution of 15%. You have the flexibility to change the month of the annual increase or the amount of the increase, or turn off the service at any time, by logging into empower.com/borgwarner.



Make the most of your 401(k) Plan

- Take advantage of BorgWarner’s matching contributions and Company Retirement Account contributions. That’s free money!
- Roll over any other 401(k) accounts you may have from previous employers into the plan.
- Let it sit. While you can borrow from your 401(k) balance, you will pay taxes and penalties when you withdraw money before retirement age.
- Make saving a habit and increase the amount over time. No matter how small your investment is, the important thing is to just start saving now. Find out how much money you may need to retire at empower.com/borgwarner.
- Name your **beneficiaries** so that your hard-earned savings are distributed according to your wishes.

Your Benefit Contacts

If you have questions, reach out to the carriers below and explore your **BorgWarner benefits** for more information.

Benefit	Contact	Phone	Website/Email
General Benefits and Enrollment	Benefits Link	1-844-591-2748	benefits@borgwarner.com
Health Coaching and Wellbeing Program	WebMD Health Services	1-877-443-1607	webmdhealth.com/BorgWarner (Code: BorgWarner)
Medical	Blue Cross Blue Shield of Michigan	1-800-324-6172	bcbsm.com
Health Reimbursement Account (HRA), Health Savings Account (HSA) and Flexible Spending Accounts (FSAs)	HealthEquity	1-866-346-5800	healthequity.com
Telehealth	Teladoc	1-855-838-6628	bcbsm.com/virtualcare
Pharmacy and Mail-Order Prescriptions	Express Scripts, Inc.	1-877-557-9661	express-scripts.com
Dental	Cigna	1-800-237-2904	myCigna.com
Vision	VSP	1-800-877-7195	vsp.com
Disability/Family Medical Leave/Paid Parental Leave	The Hartford	1-888-301-5615	thehartford.com/mybenefits
Life and AD&D	The Hartford	1-888-301-5615	thehartford.com/mybenefits
Critical Illness, Accident and Hospital Indemnity Insurance	MetLife	1-800-438-6388	mybenefits.metlife.com
Retirement Savings Plan (RSP) 401(k)	Empower	1-833-297-2026	empower.com/borgwarner
Employee and Family Support Program	GuidanceResources by ComPsych	1-888-327-4729	guidanceresources.com/groNg/#/login (Web ID: BorgWarner)
Identity Theft Protection	Allstate	1-800-789-2720	myaip.com
Prepaid Legal	MetLaw	1-800-821-6400	info.legalplans.com (Plan code: 9901632)
Diabetes Management, Weight Management, and High Blood Pressure Management	Teladoc	1-800-835-2362 (code: BLUECROSSMI-START)	teladochealth.com
Musculoskeletal Joint Treatment Program	Hinge Health	1-855-902-2777	hinge.health/enroll-today
Billing and Verification	BorgWarner Billing and Verification Service Center	1-888-259-0594	N/A



Terms to Know

Affordable Care Act (ACA) - A law passed in 2010, also referred to as “Health Care Reform” or “Obamacare,” focused on extending affordable health insurance to more people, offering more protections to those covered by health insurance and helping to control health care costs.

Claim - An itemized statement of health care services and costs provided by a hospital, physician’s office or other provider facility. Claims are submitted to the insurer or managed care plan by either the plan member or the provider for payment of the costs incurred.

COBRA (Consolidated Omnibus Budget Reconciliation Act) - A federal act that requires each group health plan to allow employees and certain dependents to continue their group coverage for a stated period of time following a qualifying event that causes the loss of group health coverage. Qualifying events include reduced work hours, death or divorce of a covered employee and termination of employment.

Deductible - A flat amount an employee must pay before the insurer will make any benefit payments.

Dependent - Generally, the lawful spouse or child of a covered individual, as defined by the plan. Can be any person who relies on, or obtains coverage through, a covered individual.

Disease Management - A voluntary program that helps to identify members at risk for certain chronic conditions, such as diabetes. Once a potential at-risk member is identified, BCBSM will identify the appropriate interventions.

Employee Assistance Program (EAP) - A support program provided to BorgWarner employees through ComPsych that offers information, direction, support, training, encouragement and insight to help handle life’s problems.

Essential Health Benefits - Specific health benefits, such as prescription drugs, hospital care, emergency center care, maternity and baby care and preventive care that all of the plans found on the Health Insurance Marketplace must cover. In addition, as part of ACA, large employers are no longer allowed to place annual or lifetime limits on these specific benefits.

Flexible Spending Account (FSA) - FSAs are provided through employee benefit programs allowing employees to pay for certain medical expenses with before-tax dollars. These contributions are subtracted from an employee’s gross salary before federal, state, FICA or local taxes are calculated and placed in a “flexible spending” account.

Generic Drugs - A generic drug contains the same active ingredients in the same strengths and dosage as brand-name drugs, but since it does not have a protected brand name and is not advertised, it is much less expensive.

Group Business Travel Insurance - An additional life and disability insurance policy for anything that could happen during travel while on company business.

Health Insurance - Protection that provides payment of benefits for covered sickness or injury. Included under this heading are various types of insurance, such as accident insurance, disability income insurance, medical insurance, and accidental death and dismemberment insurance.

Health Insurance Marketplace - An online public shopping site where people and small businesses can compare and buy health insurance that meets the new ACA requirements of “affordable” care. All states offer a Public Health Insurance Marketplace.

Health Risk Assessment - A short questionnaire that helps identify your current health status, risks, and lifestyle habits so you can take steps toward better wellbeing.

HRA - HRA stands for Health Reimbursement Account. An HRA is an employer-funded account that pays for qualifying medical expenses.

HSA - HSA stands for Health Savings Account. An HSA combines traditional medical coverage with a personal savings account that lets you set aside pre-tax dollars to pay for qualified medical expenses.

HSA Investment Account - An additional account within the HSA that allows you to buy and sell investments to provide greater earnings potential.

continued

Limited Purpose Flexible Spending Account (FSA) – This account is provided through employee benefit programs allowing employees who are enrolled in an HSA to pay for certain dental and vision expenses with before-tax dollars. These contributions are subtracted from an employee’s gross salary before federal, state, FICA or local taxes are calculated and placed in a “limited purpose flexible spending” account.

Long-Term Disability Income Insurance – Insurance issued to an employer (group) or individual to provide a reasonable replacement of a portion of an employee’s earned income lost through serious and prolonged illness or injury during the normal work career.

Member Deductible Gap – Your portion of the annual plan deductible. After your HRA is exhausted, you must pay out of pocket until reaching your member deductible gap. Once it is met, the plan begins paying benefits.

Network – The group of physicians, hospitals and other medical care professionals that a managed care plan has contracted with to deliver medical services to its members, generally at a lower cost.

Non-Occupational Disability – Insurance a person receives for an off-the-job accident or sickness. It does not cover disability resulting from injury or sickness covered by workers’ compensation. Group accident and sickness policies are frequently non-occupational.

Pre-Authorization – A cost-control procedure that requires the service or medication to be approved in advance by the doctor and/or the insurer. Without prior authorization, the health plan or insurer will not pay for the test, drug or services.

Premium Subsidy – The dollar amount (in the form of a tax credit that can be applied immediately) that helps offset the cost of health insurance coverage through the Marketplace. Eligibility generally depends on household income and whether you have access to employer health insurance. For example, no BorgWarner employees are currently eligible for this subsidy.

Preventive Care – Medical and dental services aimed at early detection and intervention where the member is having a wellbeing checkup or screening and is not complaining of a specific ailment. Eligible care is limited to specific age and gender—appropriate requirements. These services were selected based on a combination of factors, including risk factor prevalence, morbidity related to the resulting diseases, prevalence of complications and health care costs.

Provider – A provider is a hospital, health care facility, physician, pharmacist, dentist or other medical professional that provides health care services.

Retirement Savings Plan (RSP) – The BorgWarner 401(k) plan, which allows eligible employees to make pre-tax contributions toward retirement savings.

Utilization Review – Utilization review is a process that helps determine if the services you receive are a covered benefit. BCBSM performs utilization review, including hospital pre-admission certification, continued stay review and case management. Requests for non-emergency hospital stays other than maternity stays must be approved in advance.

Wellbeing Program – A program offered by BorgWarner that provides health and wellbeing programs and services to employees and family members (for certain services) through WebMD Health Services.

BORGWARNER

Benefits



That's what drives me.