



**Group Insurance Plan of Benefits for
BorgWarner Company (Control 299617)
administered by Aetna International®
Effective Date: January 1, 2025**

Eligibility Provision	
Employee	Regular full-time employees of BorgWarner participating in this plan working a minimum of 25 hours per week.
Dependent	Wife or husband; same or opposite sex domestic partner; children to age 26 regardless of student status.
INDEMNITY	
PLAN FEATURES	
Individual deductible	None
Family deductible	None
Individual Coinsurance Limit	None
<i>(Does not include deductibles, copays, benefit penalties, 50% items and Outpatient Prescription Drugs. Includes Outpatient Prescription Drugs when outside the US)</i>	
Family Coinsurance Limit	None
<i>(Does not include deductibles, copays, benefit penalties, 50% items and Outpatient Prescription Drugs. Includes Outpatient Prescription Drugs when outside the US)</i>	
Lifetime Maximum	Unlimited
Member Payment Percentages	
Hospital Services	
Inpatient	No charge
Outpatient	No charge
Private Room Limit	The institution's semiprivate rate
Pre-certification Penalty	No Penalty
<i>To avoid penalties and/or benefit reductions for non-preferred benefits received in the U.S., contact the service center to determine if precertification is needed for a procedure.</i>	
Non-Emergency Use of the Emergency Room	50%
Emergency Room	No charge
Non-Urgent Use of Urgent Care Provider	No charge
Urgent Care	No charge
Ambulance	No charge
Physician Services	
PCP Office Visit	No charge
Specialist Office Visit	No charge
Allergy Testing and Treatment	No charge
Allergy Injection and Serum	No charge

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Member Payment Percentages	
Mental Health Services	
Mental Health Inpatient Coverage	No charge
<i>Unlimited days per calendar year</i>	
Mental Health Outpatient Coverage	50%
<i>Unlimited visits per calendar year</i>	
Alcohol/Drug Abuse Services	
Substance Abuse Inpatient Coverage	No charge
<i>Unlimited days per calendar year</i>	
Substance Abuse Outpatient Coverage	50%
<i>Unlimited visits per calendar year</i>	
Other Services	
Skilled Nursing Facility <i>(120 Days per calendar year)</i>	No charge
Hospice Care Facility Inpatient <i>(30 Days lifetime maximum)</i>	No charge
Hospice Care Facility Outpatient <i>(\$5,000 lifetime maximum)</i>	No charge
Home Health Care <i>(120 visits per calendar year)</i>	No charge
Private Duty Nursing <i>(70 8 hour shifts per calendar year)</i>	No charge
Spinal Disorder Treatment <i>(Unlimited visits per calendar year)</i>	No charge
Short Term Rehabilitation	No charge
<i>(Includes coverage for Occupational, Physical and Speech Therapies; unlimited visits combined per calendar year)</i>	
Diagnostic Outpatient X-ray	No charge
Diagnostic Outpatient Lab	No charge
Base Infertility Services	No charge
<i>(Base plan coverage includes coverage limited to the testing and treatment of underlying condition and 1 cycle maximum per lifetime for Artificial Insemination and 1 cycle maximum per lifetime for Ovulation Induction)</i>	
ART Infertility Services	Not Covered

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INDEMNITY	
Member Payment Percentages	
Hearing Exams	Not covered
Hearing Aids	Not covered
Wellness Benefits	
Routine Children Physical Exams	No charge
<i>7 exams in the first 12 months of life, 3 exams in the second 12 months of life, 3 exams in the third 12 months of life, 1 exam per 12 months thereafter to age 22 (includes immunizations)</i>	
Routine Adult Physical Exams	No charge up to \$1,000 calendar year maximum (includes immunizations, x-rays and labs)
<i>Adults age 22+ & -65: 1 exam/12 months Adults age 65+: 1 exam/12 months includes immunizations</i>	
Routine Gynecological Exams	No charge
<i>Includes 1 exam and pap smear every 12 months</i>	
Mammograms <i>(Unlimited one baseline mammogram between age 35 and 39 and 1 exam every 12 months at age 40+)</i>	No charge
Prostate Specific Antigen (PSA)	No charge
<i>(Unlimited tests per calendar year)</i>	
Digital Rectal Exam (DRE)	No charge
<i>(Unlimited exams per calendar year)</i>	
Cancer Screening	No charge
<i>Recommended: For all members age 45 and older</i>	
Prescription Drug Coverage Here	
Generic Drugs <i>(365 day maximum supply)</i>	No charge
Formulary Brand Name Drugs <i>(365 day maximum supply)</i>	No charge
Vision Expenses	
Routine Eye Exam	No charge
<i>(Covered under medical) Includes one routine exam every 24 months</i>	

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Passive PPO Dental			
Individual Deductible	\$50 per calendar year	\$50 per calendar year	\$50 per calendar year
Family Deductible	\$150 per calendar year	\$150 per calendar year	\$150 per calendar year
Type A Expense <i>(Diagnostic & Preventive)</i>	No charge	No charge	No charge
Type B Expense <i>(Basic Restorative)</i>	20% after deductible	20% after deductible	20% after deductible
Type C Expense <i>(Major Restorative)</i>	50% after deductible	50% after deductible	50% after deductible
Type C Expense <i>(Major Restorative)</i>	50% after deductible	50% after deductible	50% after deductible
Calendar Year Maximum	\$2,000	\$2,000	\$2,000
Orthodontic Treatment <i>Coverage for Adults and Dependents up to age 20</i>	50%	50%	50%
Orthodontic Lifetime Maximum	\$1,500	\$1,500	\$1,500
<i>Please refer to your Dental Plan Documents for additional benefit coverages for Types A, B and C</i>			

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Services and Programs Included in Your Plan



Employee Assistance Program (EAP)

Our EAP helps members balance the demands of work, life and personal issues. Whether it's finding balance between work and life, dealing with the loss of a loved one, managing anxiety or depression, or parenting advice, EAP offers free, confidential support delivered by qualified counselors. Includes up to 5 counseling sessions per issue per year per enrolled member.



Emergency Assistance Services

We make sure members have the support they need during a medical emergency with necessary resources and personalized care. If a medical evacuation is needed, our in-house team focuses on getting members proper care in the most efficient way.



International Care Management Program

Led by our clinical Care and Response Excellence (CARE) team, our program supports everything from clinical precertification and pre-trip planning, to acute and chronic care management, and much more. With one-on-one assistance from a clinician, we offer personalized, culturally relevant support no matter where members are in the world.



Enhanced Maternity Program***

Provides a holistic, end-to-end family building solution for U.S.-based members. It starts with family-planning and uses predictive analytics, educational resources and guided genetic counseling to address at-risk members.



International Maternity Management Program

Offers resources and personalized tools throughout pregnancy, delivery and post-partum care, delivered by our dedicated CARE team. Focused case management for tobacco cessation, pre-term labor, and other pregnancy risk factors.



Aetna Enhanced Maternity Program with Maven

Paired with our care management maternity program, Maven's digital health platform provides members with personalized support and guidance throughout their maternity journey wherever they may be in the world. From preconception to postpartum and newborn care support, member have access to unlimited 24/7 virtual support from quality providers across 35+ specialties, who speak 35+ languages.



Global safety and security assistance services

Provides access to global security alerts, political and natural disaster information and 24/7 access to personalized safety advice from multilingual representatives. Available through our partnership with the risk management experts at Crisis24.



Well-being Assessment**

This personalized, online health and wellness program includes a suite of online health coaching programs in addition to a health assessment. The program encourages participants to identify and reduce health risks and improve and maintain healthy lifestyles, with a focus on prevention and long-term success.

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Pharmacy Shipping

We make sure members can fill their prescriptions quickly, safely and easily with our pharmacy shipping solutions. We help coordinate medication management for members preparing for assignments or travel, as well as offering a 90-day supply of maintenance medicine delivered directly to the member's home.



Teladoc®**

Gives members access to a national network of certified physicians right at their fingertips, through phone and online-video consultations.



vHealth

Provides members outside of the U.S. with 24/7/365, on-demand, virtual access to experienced, highly trained doctors. Convenient and cost-effective, appointments are available via phone and online video consultations.



24-Hour Nurse Line**

Provides 24-hour telephone, email and chat access to experienced registered clinicians to help members make informed health care decisions on a variety of health topics.



Member Offers (discount program)

Our Member offers gives members choice and flexibility in their day-to-day life. They get a variety of discounts on products and services that keep them healthy, fit and help them save money. In addition to offers on personal wellness products and services, we also offer deals on everyday needs such as travel, tickets, car rentals, electronics and more.



Transform Oncology**

This high-touch program offers a comprehensive, member-focused support and an elevated standard of oncology care to members with cancer. They get a personal navigator, guided genetic testing, precision medicine and site-of-care support to help them achieve their best health while controlling costs.

**Services and resources may vary depending on member location.*

*** Available to members in the U.S. only*

Medical Plan Caveats

This plan includes coverage for women's preventive health benefits to the extent required under U.S. federal law effective beginning with plan years starting on or after August 1, 2012.

Payment limits apply per individual on a calendar year basis. Only those out-of-pocket expenses resulting from the application of a payment percentage may be used to satisfy the payment limit. Deductibles, copays, benefit penalties and 50% items are excluded from the payment limit.

Coverage maximums up to a certain number of days/visits per calendar year are reached by combining the Preferred and Non-

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Preferred benefits up to the limit for either one plan or the other, but not both. (Example, if the Preferred benefit is for 120 days and the Non-Preferred benefit is for 120 days, the maximum benefit is 120 days, not 240 days).

In-Network - deductible and coinsurance may apply to pap smears, DRE tests and PSA tests if billed by an independent laboratory provider.

Maternity expenses are covered as any other medical expense. Coverage is provided for an employee and spouse and all female family members. Pregnancy benefits do not continue to be payable after coverage ends except in the event of total disability.

For contracted hospitals, the non-contracted Radiologist, Anesthesiologist and Pathologist (RAPS) are paid at the preferred level, and will be subject to reasonable and customary charges. Note that this payment method may apply to other providers.

Benefit maximums per Plan year are calculated between 01/01/2025 and 12/31/2025.

This plan of benefits is underwritten by Aetna Life & Casualty (Bermuda) Ltd.

This is only a brief summary of the Indemnity Medical and PPO Dental benefits available. Some restrictions may apply.

*For more specific information about the coverage details, **including limitations, exclusions and other plan requirements**, please refer to the employee booklet.*

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