



**Group Insurance Plan of Benefits for
BorgWarner Company (Control 468847)
administered by Aetna International®
Effective Date: January 1, 2026**

Eligibility Provision		
Employee	Regular full-time employees of BorgWarner Company 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.	
PPO		
PLAN FEATURES	Outside the U.S.	In the U.S.
Individual deductible	\$0 per calendar year	\$0 per calendar year
Family deductible	\$0 per calendar year	\$0 per calendar year
Prior Plan Credit	Does not apply	
Individual Coinsurance Limit	\$0 per calendar year	\$0 per calendar year
<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	\$0 per calendar year	\$0 per calendar year
<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	No charge
Outpatient	No charge	No charge
Private Room Limit	The institution's semiprivate rate	
Pre-certification Penalty	No Penalty	\$400
<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	No charge	50%
Emergency Room	No charge	No charge
Non-Urgent Use of Urgent Care Provider	No charge	No charge
Urgent Care	No charge	No charge
Ambulance	No charge	No charge
Physician Services		
PCP Office Visit	No charge	No charge
Telemedicine Consultation with Non-Specialist	No charge	No charge
Specialist Office Visit	No charge	No charge
Telemedicine Consultation with Specialist	No charge	No charge
Walk in Clinics	No charge	No charge
<i>Walk-in Clinics are free-standing health care facilities that (a) may be located in or with a pharmacy, drug store, supermarket or other retail store; and (b) provide limited medical care and services on a scheduled or unscheduled basis. Urgent care centers, emergency rooms, the outpatient department of a hospital, ambulatory surgical centers, and physician offices are not considered to be Walk-in Clinics.</i>		
CVSH Virtual Care (Including Mental Health for Ages 13+) and CVSH Virtual Primary Care	Not Covered	No charge

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PPO		
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Member Payment Percentages		
<i>Mental Health Services</i>		
Mental Health Inpatient Coverage	No charge	No charge
<i>Unlimited days per calendar year</i>		
Mental Health Outpatient Coverage	No charge	No charge
<i>Unlimited visits per calendar year</i>		
<i>Alcohol/Drug Abuse Services</i>		
Substance Abuse Inpatient Coverage	No charge	No charge
<i>Unlimited days per calendar year</i>		
Substance Abuse Outpatient Coverage	No charge	No charge
<i>Unlimited visits per calendar year</i>		
Prescription Drug Coverage		
Generic Drugs <i>(365 day maximum supply)</i>	No charge	\$0 copay per month supply (includes Mail Order Drugs)
Formulary Brand Name Drugs <i>(365 day maximum supply)</i>	No charge	\$0 copay per month supply (includes Mail Order Drugs)

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Member Payment Percentages		
Wellness Benefits		
Routine Children Physical Exams	No charge	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 \$1,500 calendar year maximum (includes immunizations, x-rays and labs)	No charge
<i>Adults age 22+ & -65: 1 exam/12 months Adults age 65+: 1 exam/12 months includes immunizations</i>		
Routine Gynecological Exams	No charge	No charge
<i>Includes 1 exam and pap smear per calendar year</i>		
Routine Breast Cancer Screenings	No charge	No charge
Prostate Specific Antigen (PSA)	No charge	No charge
<i>(Unlimited tests per calendar year)</i>		
Digital Rectal Exam (DRE)	No charge	No charge
<i>(Unlimited exams per calendar year)</i>		
Colorectal Cancer Screening	No charge	No charge
<i>Recommended: For all members age 45 and older</i>		
Hearing Aids	No charge	No charge
<i>1 hearing aid per ear to \$1,000 maximum per ear every 3 years for child to age 24</i>		
Vision Expenses		
Routine Eye Exam	No charge	No charge
<i>(Covered under medical) Includes one routine exam every 12 months</i>		
Vision Care Supplies <i>(Scheduled maximum applies every 12 months)</i>	No charge up to \$150 maximum	No charge up to \$150 maximum

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	Outside the U.S.	In the U.S.
Other Services		
Skilled Nursing Facility <i>(120 Days per calendar year)</i>	No charge	No charge
Hospice Care Facility Inpatient <i>(30 Days lifetime maximum)</i>	No charge	No charge
Hospice Care Facility Outpatient <i>(Unlimited lifetime maximum)</i>	No charge	No charge
Home Health Care <i>(120 visits per calendar year combined, includes Private Duty Nursing per calendar year)</i>	No charge	No charge
Spinal Disorder Treatment <i>(Unlimited visits per calendar year)</i>	No charge	No charge
Short Term Rehabilitation <i>(Includes coverage for Occupational and Physical Therapy; unlimited visits per calendar year)</i>	No charge	No charge
Speech Therapy <i>(Includes coverage for 60 visits per calendar year)</i>	No charge	No charge
Diagnostic Outpatient X-ray	No charge	No charge
Diagnostic Outpatient Lab	No charge	No charge
Base Infertility Services <i>(Base plan coverage includes coverage limited to the testing and treatment of underlying condition and Artificial Insemination)</i>	No charge	No charge
ART Infertility Services <i>(6 cycles per lifetime for Advanced Reproductive Technology (ART) coverage with cryopreservation, 6 cycles of ovulation induction, storage and unlimited embryo transfers)</i>	No charge	No charge
Prosthetic Devices	No charge	No charge
Complex Imaging	No charge	No charge
Durable Medical Equipment <i>(Unlimited per calendar year maximum)</i>	No charge	No charge
Allergy Testing and Treatment	No charge	No charge
Allergy Serum and Injection	No charge	No charge
Transplants <i>(Unlimited per lifetime)</i>	No charge	No charge
Diabetic Supplies	No charge	No charge
Payment for Non-Preferred Providers*	Not Applicable	Professional: 105% of Medicare Facility: 140% of Medicare
Autism	Autism covered same as any other expense. <i>Member cost sharing is based on the type of service performed and the place of service where it is rendered</i>	

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Passive PPO Dental			
PLAN FEATURES	Outside the U.S.	In the U.S.	
		Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
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
Calendar Year Maximums			
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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Member and Program Services

Resources and details may vary depending on member location.

Aetna Smart Compare Intelligent Matching*

Using Artificial Intelligence to analyze 100+ provider and member data points, our provider search is able to identify high-quality, high-performing and cost-effective U.S. doctors with the highest likelihood to meet a member's preferences and specific health needs.

CVS Health Virtual Primary Care™ and CVS Health Virtual Care™*

Our telehealth solutions give members in the U.S. access to virtual primary care, 24/7 on-demand care, and mental health services for ages 13 and up, all through one convenient digital platform. It's shorter wait times and affordable pricing.

Global maternity program with Maven

From conception to postpartum and newborn care support, our clinical care management team of nurses direct members to the best resources, including Maven's digital health platform. It's worldwide access to unlimited, 24/7 virtual support from quality providers across 35+ specialties, who speak 35+ languages.

Within the U.S., members also have access to the Aetna Enhanced Maternity Program®* which includes family-planning and fertility support using predictive analytics, educational resources and guided genetic counseling to address at-risk members.

Transform Oncology*

High-touch, member-focused support delivers an elevated standard of cancer care. Members diagnosed with cancer can benefit from a personal navigator, guided genetic testing, precision medicine and site-of-care support, while controlling costs.

Emergency assistance and medical evacuation services

Members get support during a medical emergency with necessary resources and personalized care. If a medical evacuation is needed, our team mobilizes immediately to efficiently get them to the proper care.

Repatriation services

We'll handle necessary clearances, arrange cremation or preparation and ensure the safe return of remains, while covering the associated costs.

Teladoc®*

Access to anytime, on-demand, virtual care through a national network of certified physicians by phone and online-video consultations.

All Aetna International plans also include these valuable member resources:

- 24-hour Nurse Line*
- Discounts on health, wellness and fitness services- including Class Pass
- Employee Assistance Program (EAP) for personalized physical and mental health support and 5 therapy sessions annually, per member, per condition
- Global safety and security assistance services for alerts and advice to help navigate crises and disasters
- International Care Management with pre- and post-assignment consultation at no additional cost
- Prescription management and world-wide shipping

**Available only in the United States.*

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Medical Plan Caveats

This plan includes coverage under the extent required in accordance with the Federal Mental Health Parity and Addiction Equity Act (MHPAEA) beginning with plan years starting on or after January 1, 2018.

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. copays, benefit penalties and 50% items are excluded from the payment limit.

There is cross-application between calendar year deductible, out of pocket maximum and lifetime maximum across overseas, in-network and out-of-network level of benefits.

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

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.

Copayments and coinsurance for chiropractic visits are capped at 25% of the amount due to the chiropractor.

Benefit maximums per Plan year are calculated between 01/01/2026 and 12/31/2026.

Other Health Care (Out-of-Area): *When care is provided in the U.S. in a geographic area in which Aetna has not contracted with a provider, charges are payable at 80% after any applicable Deductible (does not apply to those expenses paid at a reduced payment percentage). The benefit levels associated with the following In-Network provisions would apply: Deductible, Family Deductible, Inpatient Hospital Deductible, Out-of-pocket maximum(s).*

**This plan includes coverage under the extent required in accordance with the Federal Mental Health Parity and Addiction Equity Act (MHPAEA) beginning with plan years starting on or after January 1, 2018.*

*** Payment for Non-Preferred Providers**

We cover the cost of care differently based on whether health care providers, such as doctors and hospitals, are "in network" or "out of network." We want to help you understand how much Aetna pays for your out-of-network care. At the same time, we want to make it clear how much more you will need to pay for this out-of-network care.

As an example, you may choose a doctor in our network. You may choose to visit an out-of-network doctor. If you choose a doctor who is out of network, your Aetna health plan may pay some of that doctor's bill. Most of the time, you will pay a lot more money out of your own pocket if you choose to use an out-of-network doctor or hospital.

When you choose out-of-network care, Aetna limits the amount it will pay. This limit is called the "recognized" or "allowed" amount. When you choose out-of-network care, Aetna "recognizes" an amount based on what Medicare pays for these services. The government sets the Medicare rate. Exactly how much Aetna "recognizes" depends on the plan you or your employer picks.

Your out-of-network doctor sets the rate to charge you. It may be higher -- sometimes much higher -- than what your Aetna plan "recognizes" or "allows." Your doctor may bill you for the dollar amount that Aetna doesn't recognize. You must also pay any copayments, coinsurance and deductibles under your plan. No dollar amount above the recognized charge counts toward your deductible or maximum out-of-pocket. To learn more about how we pay out-of-network benefits visit Aetna.com. Type "how Aetna pays" in the search box.

You can avoid these extra costs by getting your care from Aetna's broad network of health care providers. Go to www.aetna.com and click on "Find a Doctor" on the left side of the page. If you are already a member, sign on to your Aetna Navigator member site.

This way of paying out-of-network doctors and hospitals applies when you choose to get care out of network. When you have no choice (for example: emergency room visit after a car accident), we will pay the bill as if you got care in network. You pay your plan's copayments,

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coinsurance and deductibles for your in-network level of benefits. Contact Aetna if your provider asks you to pay more. You are not responsible for any outstanding balance billed by your providers for emergency services beyond your copayments, coinsurance and deductibles.

This plan of benefits is underwritten by Aetna Life Insurance Company (Delaware).

This is only a brief summary of the Passive PPO Medical 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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For Plans Compliant with United States Federal Affordable Care Act (ACA) legislation

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting: Civil Rights Coordinator, P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779), 1-800-648-7817, TTY: 711, Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

TTY: 711

English	To access language services at no cost to you, call the number on your ID card.
Spanish	Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación.
Chinese Traditional	如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
French Creole (Haitian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Persian Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید.
Polish	Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej.
Portuguese	Para aceder aos serviços linguísticos gratuitamente, ligue para o número indicado no seu cartão de identificação.
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.