



Vision Plan

Schedule of benefits

If this is an ERISA plan, you have certain rights under this plan. Please contact the **policyholder** for additional information.

Prepared exclusively for:

Policyholder: BorgWarner Company

Group policy number: GP-468847

Schedule of Benefits 4A

Group policy effective date: January 1, 2024

Plan effective date: January 1, 2024

Plan issue date: October 31, 2023

Plan revision effective date: January 1, 2024

Underwritten by Aetna Life Insurance Company in the state of Delaware

Schedule of benefits

This schedule of benefits lists the **eligible vision services** and supplies, and 24 consecutive month period maximums, if any, that apply to the services you get under this plan.

How to read your schedule of benefits

You are responsible for full payment of any vision care service you receive that:

- Is not a **covered benefit**
- Exceeds your 24 consecutive month period maximum

How to contact us for help

We are here to answer your questions.

- Log in to your member website at <https://www.aetna.com/>
- Call Member Services

Aetna Life Insurance Company's group policy provides the coverage described in this schedule of benefits. This schedule replaces any schedule of benefits previously in use. Keep it with your booklet-certificate.

General coverage provision

This section explains the vision supply maximum listed in this schedule of benefits.

Vision supply maximum

The most the plan will pay for **eligible vision services** incurred by any one covered person in a 24 consecutive month period is called a vision supply maximum.

Your financial responsibility and determination of benefits provisions

Your financial responsibility for the cost of services is based on when the service or supply is provided, not when payment is made. Determinations regarding when benefits are covered are subject to the terms and conditions of the booklet-certificate.

Plan feature

Eligible vision services	Maximum benefit
Vision care services and supplies	\$150 per 12 consecutive month period
Coverage does not include the office visit for the fitting of prescription contact lenses	