

HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

BorgWarner Inc. (“BorgWarner”) offers its employees a number of benefits, including self-funded medical, prescription drug, dental, vision, employee assistance, wellness, on-site clinic, and healthcare flexible spending account benefits. This Notice of Privacy Practices applies to employees who participate in these benefits under the following group health plans: BorgWarner Flexible Benefit Plan, BorgWarner Retiree Health and Life Plan, and MorseTEC Inc. Ithaca Plant Hourly Employees Flexible Benefit Plan (collectively referred to as “Plan”).

Note that employees who elect insured benefits through an insurance company will receive a Notice of Privacy Practices related to those benefits directly from those insurers.

How the Plan May Use or Disclose Your Health Information

For Treatment. While the Plan generally does not use or disclose protected health information or “PHI” for treatment, the Plan is permitted to do so if necessary. For example, the Plan may provide PHI to a treating provider to assist in obtaining an appropriate referral to a specialist.

For Payment. The Plan may use and disclose your PHI to others for purposes of facilitating payment for treatment and services that you receive. For example, the Plan may provide PHI to a provider or a third-party payer, such as an insurance company, regarding amounts that are covered under the Plan. The PHI may identify you, your diagnosis, and treatment or supplies used in the course of treatment.

For Health Care Operations. The Plan may use and disclose PHI about you for operational purposes. For example, your PHI may be disclosed to employees of the Plan, or third parties retained or hired by the Plan, for quality improvement, business planning, and cost management purposes. This PHI may identify you, your diagnosis, and treatment or supplies used in the course of treatment. The Plan is prohibited from using or disclosing any of your PHI that consists of “genetic

information” for underwriting purposes, as provided by the Genetic Information Nondiscrimination Act of 2008.

Plan Sponsor. The Plan may disclose PHI to BorgWarner, the sponsor of the Plan, for health care operation purposes. At no time will the Plan disclose PHI to the sponsor for employment-related actions or decisions.

Required by Law. The Plan may use and disclose PHI about you as required by law. For example, the Plan may disclose PHI for the following purposes:

- For judicial and administrative proceedings pursuant to legal authority if certain conditions are met relating to notice to you and an opportunity for you to object to the disclosure.
- To report information related to victims of abuse, neglect, or domestic violence.
- To assist law enforcement officials in their law enforcement duties.

Public Health. Your PHI may be used or disclosed for public health activities, such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.

Decedents. Your PHI may be disclosed to funeral directors or coroners, if required by law, to enable them to carry out their lawful duties.

Organ/Tissue Donation. Your PHI may be used or disclosed for cadaveric organ, eye, or tissue donation purposes.

Health and Safety. Your PHI may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

Government Functions. Your PHI may be disclosed for specialized government functions, such as protection of public officials or reporting to various branches of the armed services.

Workers’ Compensation. Your PHI may be used or disclosed in order to comply with laws and regulations related to Workers’ Compensation.

Authorizations. Other uses and disclosures will be made only with your written authorization, and you may revoke the authorization, except to the extent that the Plan has taken action in reliance on such authorization.

Disclosures That Will Not Be Made Without Your Authorization. The Plan will obtain a written authorization for the following:

- Any use or disclosure of psychotherapy notes, except: (1) to carry out the following treatment, payment, or health care operations: use by the originator of the psychotherapy notes for treatment; use or disclosure by the covered entity for its own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; or use or disclosure by the covered entity to defend itself in a legal action or other proceeding brought by the individual; and (2) a use or disclosure that is: required by the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining the Plan’s compliance with the HIPAA privacy rule; permitted by law; for health oversight with respect to the oversight of the originator of the psychotherapy notes; to a coroner or medical examiner for the purpose of identifying a decedent; or to avert a serious threat to health or safety.
- Any use or disclosure of PHI for marketing, except if the communication is in the form of: a face-to-face communication made by the Plan. If the marketing involves financial remuneration to the Plan from a third party, the authorization must state that such remuneration is involved.
- Any disclosure of PHI which is a sale of PHI. Such authorization must state that the disclosure will result in remuneration to the Plan.

Disclosure of Substance Abuse Information

If we handle substance abuse treatment information subject to 42 C.F.R. Part 2, we will address our obligations related to Part 2. If receipt of this substance abuse treatment information is under a general consent providing for treatment, payment or health care operations, we will use the information for some or all of these purposes, as described above. If receipt is under a specific consent, we will use and disclose the information subject to Part 2 only as allowed under that specific consent. In any case, we will not use or disclose substance abuse treatment information subject to Part 2 in a proceeding against you without your consent, unless required to do so by a court order, after we provide you notice.

Your Health Information Rights

You have the right to:

- Request a restriction on certain uses and disclosures of your PHI as provided by 45 C.F.R. §164.522; however, the Plan is not required to agree to a requested restriction, except if your requested restriction is to prevent disclosure of PHI for payment or health care operations and the restricted PHI pertains solely to a health care item or service for which you have already paid a health care provider or the Plan in full.
- Obtain a paper copy of this Notice of Privacy Practices upon request.
- Inspect and obtain a copy of your health record as provided for in 45 C.F.R. §164.524 (you may be charged for the costs of copying, mailing, or other supplies directly associated with your request). If we maintain your PHI in an electronic format (including in an electronic health record), you have a right to obtain a copy of such information in an electronic format and, if you so choose, direct us to transmit such copy directly to another entity or person.
- Request that your health record be amended as provided in 45 C.F.R. §164.526.
- Request communications of your PHI by alternative means or at alternative locations.
- Receive an accounting of disclosures made of your PHI as provided by 45

C.F.R. §164.528 within the time frames required.

Personal Representatives. You may exercise your PHI rights through a personal representative. Your personal representative will be required to produce evidence of his or her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. The Plan retains discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. This also applies to personal representatives of minors.

Breach Notification. In accordance with certain revised HIPAA rules, you are entitled to receive notification from us if the confidentiality of any of your PHI maintained in an unsecured form is compromised.

Complaints. You may complain to the Plan and to the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

OBLIGATIONS OF THE PLAN

The Plan is required to:

- Maintain the privacy of PHI.
- Provide you with this Notice of Privacy Practices and their legal duties with respect to your PHI.
- Abide by the terms of this Notice of Privacy Practices.
- Notify you whether or not we are able to agree to a requested restriction on how your PHI is used or disclosed. If we agree, we can release information for emergency treatment, and we can change our decision if we tell you in advance that we can no longer agree to the restriction.
- Accommodate reasonable requests that you may make to communicate PHI by alternative means or at alternative locations. We may condition approval by asking how payment is to be handled, and we may require you to use a different way to get information from us. We may ask that you tell us whether our usual way of

communicating could cause you to be in danger.

- Notify you of our response to your request to amend the information we have about you. If we deny your request, you may write to us to explain why you disagree. If we respond in writing for your file, we will give you a copy.

The Plan reserves the right to change their information practices and to make the new provisions effective for all PHI they maintain. Revised Notices of Privacy Practices will be made available to you through the Plan's HIPAA Privacy Officer.

State law may provide for additional protection of your PHI. Please contact the person identified below for more information.

Contact Information

If you have any questions or complaints, please contact either:

*HIPAA Privacy Officer
Executive Vice President, Chief Human Resources Officer*

*Sr. Benefits Analyst
BorgWarner, Inc.
3850 Hamlin Road
Auburn Hills, MI 48326*

No Guarantee of Employment. Nothing contained in this Notice of Privacy Practices shall be construed as a contract of employment between BorgWarner and any employee, nor as a right of any employee to be continued in the employment of BorgWarner, nor as a limitation of the right of BorgWarner to discharge any of its employees, with or without cause.

No Change to Plan. Except for the privacy rights described in this Notice of Privacy Practices, nothing contained in this Notice of Privacy Practices shall be construed to change any rights or obligations you may have under the Plan. You should refer to the Plan's documents for complete information regarding any rights or obligations you may have under the Plan.

Updated Effective Date
January 1, 2026