



**Group Insurance Plan of Benefits for
 BorgWarner Company (Control 299617)
 administered by Aetna International®
 Effective Date: January 1, 2020**

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; unmarried children under age 19; to age 25 if attending school.
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
Physician Services	
PCP Office Visit	No charge
Specialist Office Visit	No charge
Allergy Testing and Treatment	No charge
Allergy Injection and Serum	No charge

Note: This is not evidence of coverage. You must enroll and be accepted for coverage with the Coverage Administrator before these documents will be effective. In the case of a discrepancy between the Plan Documents and this document, the Plan Documents will determine the Plan of Benefits. As used herein, the term "Plan Documents" includes, but is not limited to, the Booklet, Summary of Coverage and any Booklet Amendments/Riders. For further details, refer to your Plan Documents.



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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 maximum visits 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)</i>	
Comprehensive Infertility Services	No charge
<i>(Coverage includes artificial insemination and ovulation induction limited to 1 attempt per lifetime)</i>	

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Member Payment Percentages	
Hearing Aids	No charge
<i>1 hearing aid per ear to \$1,000 maximum per ear every 3 years for child to age 24</i>	
Global Emergency Assistance Program <i>(\$500,000 calendar year maximum)</i>	No charge
International Employee Assistance Program (IEAP)	Included
<i>Includes up to 5 counseling sessions per issue per year per enrolled member. Access benefits by calling the member service number on ID card: 800-231-7729 or collect 813-775-0190. Services include: Cultural adjustment assistance, Marital/Family Stress, Child care and behavioral concerns, Social adaptation needs, Alcohol/Substance Abuse, Work/Life Balance and Depression.</i>	
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>Includes 1 flex sigmoid and double barium contrast every 5 years; and at age 45+ 1 colonoscopy every 10 years</i>	
Prescription Drug Coverage	
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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Services and Programs

(24-hour nurse line)
In Touch Care (ITC)
International Maternity Management Program
Health Assessment
Global Crisis Management Program, powered by WorldAware
Teladoc®
vHealth

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-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.

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

This is only a brief summary of the Indemnity 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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