

MEDICAL BENEFITS ABROAD COVERAGE

This plan provides **Medical Benefits Abroad Coverage** only. This is a brief summary of coverage available under **Policy 04612A** issued by **Connecticut General Life Insurance Company**, insuring **eligible employees of BorgWarner Inc.**

This is not the insurance contract. Terms and conditions of coverage are set forth in the group insurance contract.

Coverage is underwritten by Cigna Health and Life Insurance Company, Hartford, CT 06152

Eligibility	All full time active employees, Board Members and spouses of Board Members who are traveling on the business of, or at the expense of, the Policyholder outside their country of residence or permanent assignment. Persons for whom coverage is prohibited under applicable law will not be considered eligible for this policy.
Sickness/Medical Expense	If Sickness requires treatment of an Insured by a Physician, the Company will pay the Insured the expenses incurred in excess of the deductible amount (if any), set forth in Schedule shown below within ninety (90) days from the date of Sickness for any of the services listed under this Policy section which are recommended and approved by the attending Physician, but not to exceed the maximum benefit as set forth in the Schedule below, as the result of any one Sickness.
Schedule Of Benefits	<p>MEDICAL EXPENSE COVERAGE:</p> <p>MAXIMUM (per calendar year): \$100,000</p> <p>DEDUCTIBLE (per calendar year): \$0</p> <p>COINSURANCE MAXIMUM (per calendar year) 100% of incurred covered expenses after satisfaction of the deductible</p> <p>ROOM & BOARD Inside U.S. Average Semiprivate Room Rate; Outside U.S. \$500 per day</p> <p>PREGNANCY Medical Expenses related to pregnancy</p> <p>PRE-EXISTING CONDITION LIMIT Unlimited</p> <p>Kevin.Ruhlman@usi.biz</p> <p>PRE-ADMISSION CERTIFICATION/CONTINUED STAY REVIEW IS REQUIRED FOR ALL U.S.HOSPITALIZATIONS</p>
What Is Covered	<p>The term Covered Expenses means the expenses incurred by or on behalf of the Insured or covered dependent for the charges listed below if they are incurred after he becomes insured for these benefits. All Covered Expenses are subject to the General Limitations and the Pre-Existing Condition Limitations of the Policy. Certain Covered Expenses are also limited as described within this section. An expense is incurred on the date of the treatment, service or purchase. Expenses incurred for such charges are considered Covered Expenses to the extent that the services or supplies provided are recommended by a Physician and Medically Necessary for the care and treatment as determined by the Company.</p> <p>Covered Expenses:</p> <ol style="list-style-type: none"> 1) Charges made by a Hospital, on its own behalf, for Bed and Board, but not more than Hospital's most common semi-private room rate to a maximum of \$500.00 per day outside the United States and not more than the Hospital's average semi-private rate per day of confinement inside the United States. 2) Charges made by a Hospital, on its own behalf, for confinement in an intensive care unit, payable in place of expenses covered in (1) above up to a maximum of \$1,000.00 per day outside the United States and not more than the Hospital's average intensive care unit rate per day inside the United States. 3) Charges made by a Hospital for Necessary Services and Supplies. 4) Charges made by a Hospital, on its own behalf, for medical care and treatment received as an outpatient. 5) Charges made by a Free-Standing Surgical Facility, on its own behalf, for medical care and treatment. 6) Charges for licensed ambulance service to or from the nearest Hospital where the needed medical care and treatment can be provided.

	<p>7) Charges made by a Physician for professional services.</p> <p>8) Charges made by a Nurse for professional nursing services.</p> <p>9) Charges made for anesthetics and their administration, diagnostic x-ray and laboratory examinations, microscopic tests, or any lab tests or analysis made for diagnosis or treatment.</p> <p>10) The following supplies while Hospital confined or prescribed upon release from hospital confinement:</p> <ul style="list-style-type: none"> a) drugs and medicines which require the written prescription of a Physician; b) blood transfusions and blood not donated or replaced; c) prosthetic appliances (not including replacement of these items); d) casts, splints, crutches, and braces (not including replacement of these items); e) oxygen and other gases and their administration; f) rental of a wheel chair or hospital bed. <p>11) Physiotherapy and Chiropractic Services.</p> <p>12) Any care furnished to a newborn child including Hospital nursery expenses prior to discharge from the Hospital.</p> <p>13) Medical expenses related to pregnancy.</p>
<p>What Is Not Covered</p>	<p>This Policy will not pay benefits for expenses incurred for any of the following:</p> <p>1) Injury or Sickness for which an Insured is entitled to benefits under Workers' Compensation Law, Employer's Liability Law or similar law.</p> <p>2) Sickness occurring while the Insured is serving on full-time active duty in the Armed Forces of any country or international authority (any premium paid to be returned by the Company pro-rata for any such period of full-time active duty);</p> <p>3) Hospital confinement, surgery, treatment, service or supply for which:</p> <ul style="list-style-type: none"> a) the charge is payable or reimbursable by or through a plan or program of any governmental agency; or b) charges which would not have been made if the person had no insurance. <p>4) To the extent that payment is unlawful where the person resides when the expenses are incurred.</p> <p>5) To the extent that they are more than Reasonable and Customary Charges.</p> <p>6) Injury as a result of a commission of a felony.</p> <p>7) Attempted suicide or intentionally self-inflicted Injury, while sane or insane.</p> <p>8) Eyeglasses, contact lenses, hearing aids, or examinations for prescription or fitting thereof.</p> <p>9) Cosmetic or plastic surgery except;</p> <ul style="list-style-type: none"> a) when necessary as a result of an Injury or Sickness occurring while Insured; or b) reconstructive surgery when such service is incidental to or follows surgery resulting from Injury or Sickness. <p>10) Hospital confinement, care or treatment which is not recommended and approved by a Physician.</p> <p>11) Treatment or care of a person by a Physician or Nurse, if the Physician or Nurse is a member of the Insured's immediate family or ordinarily resides with the Insured.</p> <p>12) Private Duty Nursing.</p> <p>13) Physical examinations unless required because of Injury or Sickness.</p> <p>14) Dental Expenses unless the result of an accident to sound natural teeth, then the benefit is limited to \$1,000.00 per accident.</p> <p>15) Expenses related to alcoholism, chemical dependency or drug addiction.</p> <p>16) Expenses for treatment of mental illness.</p> <p>17) Expenses incurred during vacation travel when not in conjunction with a business trip, unless Personal Deviation coverage is purchased as shown on Schedule II.</p> <p>18) Claim payments which are illegal under applicable law.</p> <p>19) Medical treatments or procedures deemed not Medically Necessary as determined by the Company; provided such are not mandated by applicable law.</p> <p>20) Injury or Sickness caused by war, or an act of war, whether declared or undeclared, riot, civil commotion or police action.</p>
<p>Cost</p>	<p>BorgWarner Inc. pays for the cost of this coverage.</p>



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