

Comparing the Plan Features At-a-Glance

Feature	Basic Plan		Buy-Up Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Deductible Employee Only / Employee + 1 / Family	\$1,500/\$2,250/\$3,000	\$3,000/\$4,500/\$6,000	\$1,500/\$2,250/\$3,000	\$3,000/\$4,500/\$6,000
BorgWarner-paid HRA Fund* Employee Only / Employee + 1 / Family	\$500/\$750/\$1,000		\$750/\$1,125/\$1,500	
Member Deductible Gap (Deductible minus HRA) Employee Only / Employee + 1 / Family	\$1,000/\$1,500/\$2,000	\$2,500/\$3,750/\$5,000	\$750/\$1,125/\$1,500	\$2,250/\$3,375/\$4,500
Coinsurance	Company pays 80% You pay 20%	Company pays 50% You pay 50%	Company pays 90% You pay 10%	Company pays 50% You pay 50%
HRA Medical Out-of-Pocket Maximum (Amounts reflect HRA offset) ** Employee Only / Employee + 1 / Family	\$3,500/\$5,250/\$7,000	\$7,000/\$10,500/\$14,000	\$3,500/\$5,250/\$7,000	\$7,000/\$10,500/\$14,000
Prescription Drug Out-of-Pocket Maximum*** Employee Only / Employee + 1 / Family	\$4,550/\$6,826/\$9,100	None	\$4,300/\$6,450/\$8,600	None
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
HRA Rollover Cap Employee Only / Employee + 1 / Family	\$3,000/\$4,500/\$6,000	\$3,000/\$4,500/\$6,000	\$3,000/\$4,500/\$6,000	\$3,000/\$4,500/\$6,000
Preventive Care	100%; no deductible	No coverage	100%; no deductible	No coverage
Office Visit	80% after deductible	50% after deductible	90% after deductible	50% after deductible
Inpatient X-rays, lab tests, home healthcare, hospice	80% after deductible	50% after deductible	90% after deductible	50% after deductible
Independent X-rays and labs	80% after deductible	No coverage	90% after deductible	No coverage
MRI/PET/CAT scans	80% after deductible	No coverage	90% after deductible	No coverage
Hospitalization **** (Inpatient, outpatient, X-rays, lab tests, skilled nursing)	80% after deductible	50% after deductible	90% after deductible	50% after deductible
Outpatient Hospice	80% after deductible	No coverage	90% after deductible	No coverage
Chiropractic	80% after deductible (max. of 12 visits/year)	No coverage	90% after deductible (max. of 12 visits/year)	No coverage
Emergency Room	80% after deductible plus \$100 surcharge*****	80% after deductible plus \$100 surcharge*****	90% after deductible plus \$100 surcharge*****	90% after deductible plus \$100 surcharge*****
Ambulance	80% after deductible	80% after deductible	90% after deductible	90% after deductible
Urgent Care	80% after deductible	80% after deductible	90% after deductible	90% after deductible
Mental Health/Substance Abuse	80% after deductible	50% after deductible	90% after deductible	50% after deductible
Infertility Services	80% after deductible	No coverage	90% after deductible	No coverage
Telehealth Services	80% after deductible	No coverage	90% after deductible	No coverage
Dialysis	80% after deductible	No coverage	90% after deductible	No coverage

* BorgWarner-funded HRA is pro-rated monthly based on your hire date for the first year.

** The out-of-pocket maximum amounts shown reflect "NET" amounts—after the HRA has been applied. If one member of the Family tier exceeds \$3,500 or \$3,750 in medical costs, the plan pays 100% of all eligible medical expenses for the remainder of the plan year for that member.

*** An individual maximum applies for pharmacy out-of-pocket costs. If one member of the family exceeds half of the total out-of-pocket cost in an Employee+1 or Family plan, the plan pays 100% of all eligible pharmacy expenses for the remainder of the year.

**** Utilization review required.

***** The ER surcharge is in addition to the deductible and coinsurance, but will be waived if the member is admitted to the hospital. It will accumulate toward the out-of-pocket maximum.

PLEASE NOTE: The Post-HRA Out-of-Pocket Maximum (OOPM) shown above reflects the subtraction of the BW HRA contribution offset, meaning these amounts may differ from how Cigna lists it on your Explanation of Benefits—Cigna includes the HRA funds in the OOPM amount.

Having Trouble Choosing a Medical Plan?



Try the Cigna plan selector tool at www.borgwarner.com/benefits. If logging in for the first time, use the following login credentials:
User ID: bwarner2021 Password: Cigna2021