

2024 Medical Plan Comparison

Feature	Cigna Choice Health Fund		Cigna Choice Health Fund Plus	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Deductible Employee Only / Family	\$1,500/\$3,000	\$3,000/\$6,000	\$1,500/\$3,000	\$3,000/\$6,000
BorgWarner-paid HRA Fund* Employee Only / Family	\$750/\$1,500		\$1,500/\$2,500	
Member Deductible Gap Employee Only / Family (Deductible minus HRA)	\$750/\$1,500	\$2,250/\$4,500	\$0/\$500	\$1500/\$3,500
Coinsurance	Company pays 80% You pay 20%	Company pays 60% You pay 40%	Company pays 80% You pay 20%	Company pays 60% You pay 40%
HRA Medical Out-of-Pocket Maximum Employee Only / Family (HRA money applies to OOPM when used for covered medical claims)	\$3,000/\$6,000	\$6,000/\$12,000	\$3,000/\$6,000	\$6,000/\$12,000
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
HRA Rollover Cap Employee Only / Family	No Limit/Max	No Limit/Max	No Limit/Max	No Limit/Max
Preventive Care	100%; no deductible	60%; after deductible	100%; no deductible	60%; after deductible
Office Visit	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Inpatient X-rays, lab tests, home healthcare, hospice	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Independent X-rays and labs	80% after deductible	60% after deductible	80% after deductible	60% after deductible
MRI/PET/CAT scans	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Hospitalization ** (Inpatient, outpatient, X-rays, lab tests, skilled nursing)	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Outpatient Hospice	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Chiropractic	80% after deductible (max. of 12 visits/year)	60% after deductible (max. of 12 visits/year)	80% after deductible (max. of 12 visits/year)	60% after deductible (max. of 12 visits/year)
Emergency Room	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Ambulance	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Urgent Care	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Mental Health/Substance Abuse	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Telehealth Services	80% after deductible	60% after deductible	80% after deductible	60% after deductible

* 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 in medical costs, the Plan pays 100% of all eligible medical expenses for the remainder of the plan year for that member.

** Utilization review required