



# Comparing Your Medical Plan Options

## Plan Features At-a-Glance

Feature	HRA Plan		HSA Saver Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Plan Deductible</b>	This is the amount you pay before the Plan starts paying.			
Employee Only	\$1,600	\$3,200	\$1,600	\$3,200
Employee + Spouse	\$2,400	\$4,800	\$3,200	\$6,400
Employee + Child(ren)	\$2,400	\$4,800	\$3,200	\$6,400
Family	\$3,200	\$6,400	\$3,200	\$6,400
<b>BorgWarner-Paid Contribution*</b>	This is the amount BorgWarner contributes to your account to help offset your deductible.			
Employee Only	\$600		\$600	
Employee + Spouse	\$900		\$1,200	
Employee + Child(ren)	\$900		\$1,200	
Family	\$1,200		\$1,200	
<b>Coinsurance</b>	Once you meet your deductible, this is typically how you and BorgWarner share the costs.			
	Plan pays 80% You pay 20%	Plan pays 50% You pay 50%	Plan pays 80% You pay 20%	Plan pays 50% You pay 50%
<b>Preventive Care</b>	Plan pays 100%; no deductible	Plan pays 50% You pay 50%	Plan pays 100%; no deductible	Plan pays 50% You pay 50%
<b>Sample Services/Coinsurance—AFTER YOU MEET YOUR DEDUCTIBLE, this is how you and BorgWarner share the costs:</b>				
<b>Office Visit</b>	Plan pays 80% You pay 20%	Plan pays 50% You pay 50%	Plan pays 80% You pay 20%	Plan pays 50% You pay 50%
<b>Inpatient X-rays, lab tests, home healthcare, hospice</b>	Plan pays 80% You pay 20%	Plan pays 50% You pay 50%	Plan pays 80% You pay 20%	Plan pays 50% You pay 50%
<b>Independent X-rays and labs</b>	Plan pays 80% You pay 20%	No coverage	Plan pays 80% You pay 20%	No coverage
<b>MRI/PET/CAT scans</b>	Plan pays 80% You pay 20%	No coverage	Plan pays 80% You pay 20%	No coverage
<b>Telehealth Services</b>	Plan pays 80% You pay 20%	No coverage	Plan pays 80% You pay 20%	No coverage
<b>Outpatient Hospice</b>	Plan pays 80% You pay 20%	No coverage	Plan pays 80% You pay 20%	No coverage
<b>Chiropractic</b>	Plan pays 80% You pay 20% (max. of 20 visits/year)	No coverage	Plan pays 80% You pay 20% (max. of 20 visits/year)	No coverage



## Plan Features At-a-Glance continued...

Feature	HRA Plan		HSA Saver Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Sample Services/Coinsurance—AFTER YOU MEET YOUR DEDUCTIBLE, this is how you and BorgWarner share the costs:</b>				
<b>Ambulance</b>	Plan pays 80% You pay 20%	Plan pays 80% You pay 20%	Plan pays 80% You pay 20%	Plan pays 80% You pay 20%
<b>Urgent Care</b>	Plan pays 80% You pay 20%	Plan pays 50% You pay 50%	Plan pays 80% You pay 20%	Plan pays 50% You pay 50%
<b>Emergency Room</b>	Plan pays 80% You pay 20% plus \$100 surcharge****	Plan pays 80% You pay 20% plus \$100 surcharge****	Plan pays 80% You pay 20%	Plan pays 80% You pay 20%
<b>Hospitalization ***</b> (inpatient, outpatient, X-rays, lab tests, skilled nursing)	Plan pays 80% You pay 20%	Plan pays 50% You pay 50%	Plan pays 80% You pay 20%	Plan pays 50% You pay 50%
<b>Mental Health/Substance Abuse</b>	Plan pays 80% You pay 20%	Plan pays 50% You pay 50%	Plan pays 80% You pay 20%	Plan pays 50% You pay 50%
<b>Infertility Services</b>	Plan pays 80% You pay 20%	No coverage	Plan pays 80% You pay 20%	No coverage

\* BorgWarner-funded contributions are pro-rated monthly for new hires based on hire date.  
 \*\* 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 + Spouse, Employee + Child(ren) 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.

<b>Dialysis</b>	Plan pays 80% You pay 20%	No coverage	Plan pays 80% You pay 20%	No coverage
<b>Medical Out-of-Pocket Maximum</b>	<b>This is your safety net — the most you'd pay out-of-pocket for the year (including what you spent on your deductible).</b>			
Employee Only	\$4,000	\$ 8,000	\$4,000	\$ 8,000
Employee + Spouse	\$6,000	\$12,000	\$8,000	\$16,000
Employee + Child(ren)	\$6,000	\$12,000	\$8,000	\$16,000
Family	\$8,000	\$16,000	\$8,000	\$16,000



### Having Trouble Choosing a Medical Plan?

Try the Cigna Easy Choice Tool at [borgwarner.com/benefits/usa](http://borgwarner.com/benefits/usa).

If logging in for the first time, use the following login credentials:

User ID: bwarner2024 Password: Cigna2024