



OPEN ENROLLMENT 2017

Guide to Benefits

Welcome to Open Enrollment 2017!

(October 24 – November 22, 2016)

We are committed to providing employees with a benefits program that is both comprehensive and competitive. Our program offers a broad range of plan options to meet the needs of our diverse workforce. We know that your benefits are important to you and your family. This program is designed to assist you in providing for the health, well-being and financial security of you and covered dependents. Helping you understand the benefits Magna International of America, Inc. offers is important to us. That is why we have created this Employee Benefits Guide.

BENEFITS GUIDE OVERVIEW

This guide provides a general overview of your benefit choices to help you select the coverage that is right for you. Be sure to make choices that work to your best advantage. Of course with choice, comes responsibility and planning. Please take time to read about and understand the benefit plan, and enroll on time. Included in this guide are summary explanations of the benefits and costs, as well as contact information for each provider. **The open enrollment period for the 2017 benefit plan year will begin on October 24 and end November 22, 2016.**

During 2017, we will continue our relationship with Blue Cross Blue Shield of Michigan (PPO) as our national medical provider, Express Scripts as our pharmacy benefits provider, Delta Dental Michigan as our dental provider, VSP as our vision provider, and The Hartford as our life insurance and disability coverage provider. The plan designs of our PPO will remain unchanged. The management team encourages you to examine the features and benefits of the plan as you consider your benefit elections.

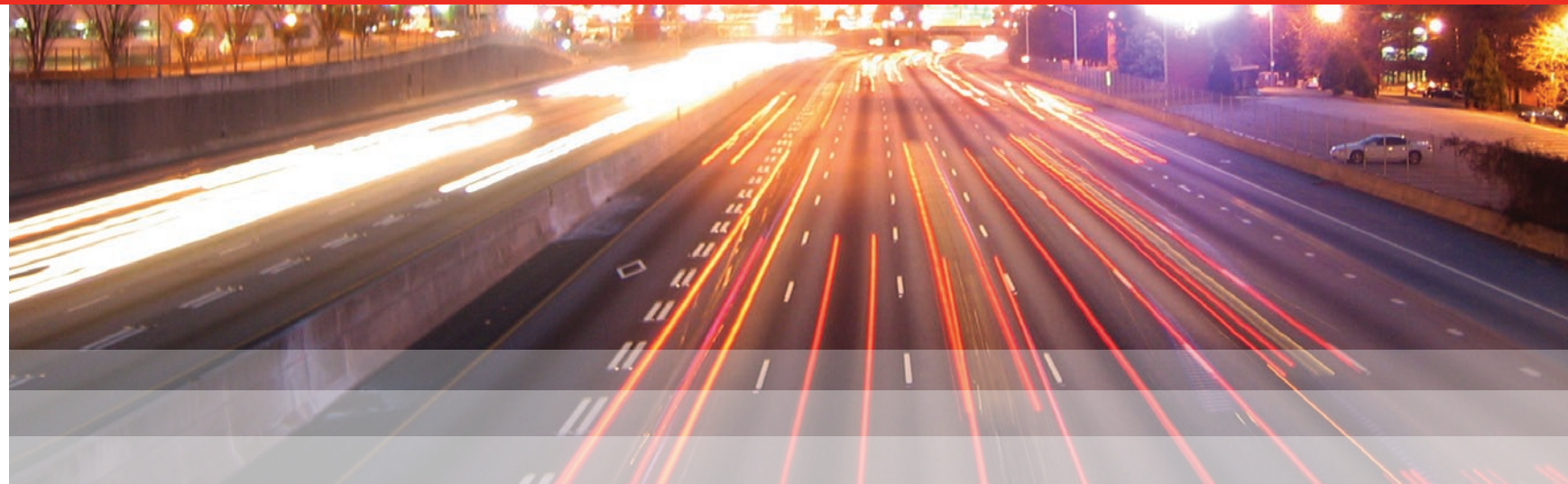
To assist you in completing your 2017 enrollment, members of HR will be available on site, by phone, and via e-mail to answer questions pertaining to your elections. Please take the time to review your Benefit Summary from 2016, and notify HR if there are any changes that need to be made such as address, phone number, birth date, or any information pertaining to your dependents. If you would like to add a dependent to your insurance, whom wasn't on your insurance previously, you will need to provide the required documents, such as marriage certificate, birth certificate, and social security card for the individual.

MAKE SURE YOU'RE COVERED

The Affordable Care Act—also known as “health care reform”—requires you and your dependents to have health insurance (unless you meet certain exceptions). You can meet this requirement by enrolling in Magna’s International of America, Inc. medical plan or by purchasing coverage in the open market or a Marketplace. If you do not have health insurance, you may pay a tax penalty. If you would like to waive your coverage, documentation will need to be provided which shows you have insurance through another provider, and you will need to indicate that you would like to waive your insurance on the 2017 form.

The open enrollment period will end on November 22, 2016. We will not be able to accommodate any enrollment requests or changes after this date. Failure to turn in your elections for 2017 will result in you being defaulted to a Bronze Employee Only plan.

Maria Lyle
Human Resources Manager



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Choosing My Medical

Magna International, Inc. will continue to share in the cost of your healthcare, and you will have a choice of three medical plans: Bronze/Basic PPO, Silver/Standard PPO, and Gold/Enhanced PPO. Blue Cross Blue Shield of Michigan remains the national provider for all of Magna U.S. (Group # 71371).

All amounts paid for copays and coinsurance (medical and pharmacy), as well as office visits, are included in the annual out-of-pocket (OOP) accumulator maintained by BCBSM. Once a person hits that OOP amount, Magna pays 100% of all remaining claims for the year.

Disease and case management is available to assist individuals with obtaining the care needed. Magna has asked BCBSM to include all individuals who incur \$50,000 or more in claims in their disease and case management outreach efforts. The services offered by BCBSM are meant to help the individual or family involved in managing a difficult situation and are in no way meant to intrude on their care, but to offer assistance during a difficult time.

2017 BI-WEEKLY CONTRIBUTIONS

	Gold	Silver	Bronze
Employee only	\$99.01	\$56.11	\$33.37
Employee + one	\$165.01	\$95.38	\$55.04
Family	\$204.62	\$118.58	\$71.73

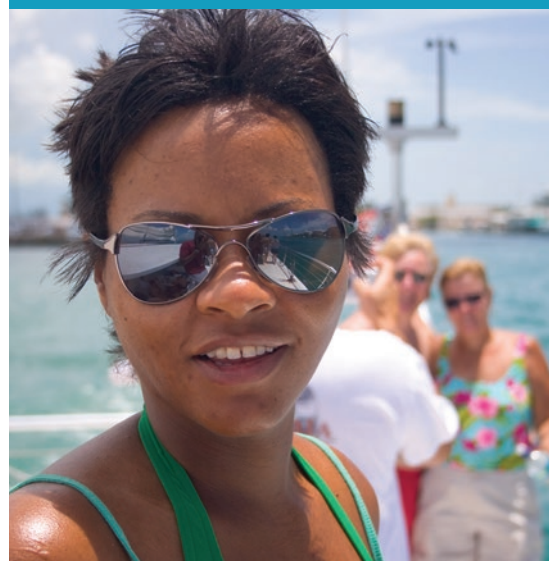
MOBILE APPS

The mobile apps are a vital tool for members to be involved in their care. This is an easy way to manage your plan, view coverage, claims, and balances, quickly look up a provider, show a coverage card, or access AmWell and WebMD for online health care 24/7.

- ◆ Get plan information, find a doctor, access WebMD, and more on the BCBSM mobile app. Visit www.bcbsm.com/app and search for "BCBSM" to download.
- ◆ Download the AmWell app for 24/7 online health care from a doctor any time, anywhere. Get it for iOS in the App Store or on Google Play for Android, or go to bcbsm.amwell.com on the web. Use service key BCBSM.



*U.S. Magna Plan
Members have a
dedicated customer
service number:
1-888-890-4943*



U.S. Medical Benefits Spousal Mandate

U.S. MAGNA ERISA PLAN REQUIREMENTS

If your spouse is eligible for health insurance through his/her employer, they must elect medical coverage in order to be considered a dependent under our medical plan. As a dependent on our medical plan, Magna's plan is considered a secondary plan and the dependent's plan is primary. If your spouse fails to elect coverage through their employer, they can not be covered under our health plans.

*If your spouse is eligible
for health insurance
at their employer, they
must elect at least
single health coverage.*

FREQUENTLY ASKED QUESTIONS

Why was this plan provision put into place?

Our competitors had, and continue to have, employees pay more from their paychecks for health coverage than the contributions requested by our division. That being the case, spouses elected to only have our plan as their primary coverage. This has put an additional financial burden on our division to pay for the health care claims for our competitors' employees.

The National Association of Insurance Commissioners says it is the responsibility of each employer to pay as primary for the health care claims of their own employees. We're simply asking our competitors to cover their own employee's health care.

My spouse has to pay a lot of money to sign up for coverage at his employer. This isn't fair.

Single coverage is the only requirement, and is typically less expensive than family coverage.

We recognize that other coverage can be expensive, so we have established an "Affordability Test" which outlines a clear value to compare the cost of your spouses' coverage with for purposes of determining whether it must be taken or can be waived. Human Resources has this test and can assist.

NOTE: IRS regulations will not allow a HDHP to coordinate with any other coverage. This means if your spouses' least costly plan is a HDHP, and it is deemed "affordable," the spouse must elect it and it would be the only medical coverage on him/her. If you, the employee, choose to cover the spouse on our plan, they are still able to use the other coverages—dental, prescription and vision. The spousal mandate only applies to the medical coverage.

Can my children be added to the Magna health plan?

Yes, your children can be added to the Magna health plan without penalty or additional cost. (See the question below for additional information.)

My spouse works for another Magna division, does she have to sign up for coverage there or can she be on my plan?

Since each Magna division is its own profit center, your spouse has to sign up for at least single coverage at their division. Please work with the two Human Resources groups to assist in this process.

If you have children who are to be enrolled in the health coverage, the children must be enrolled on the division's health plan with the spouse that was born first in the year. For example, if you were born in May and your spouse in February, your spouse would have to carry the children on her health plan at her division.

PPO – 2017 STANDARD BRONZE PLAN BENEFITS-AT-A-GLANCE

	In-Network	Out-of-Network
Deductible (per calendar year)	\$575 per member \$1,150 per two person \$1,438 per family	\$1,000 per member \$2,000 per two person \$2,000 per family
Fixed Dollar Copays	\$25 copay for <ul style="list-style-type: none"> • Office visits • Chiropractic spinal manipulations • Urgent care services \$150 copay for facility medical emergency	\$150 copay for facility medical emergency
Percent Coinsurance	30%	50%
	Note: Services without a network are covered at the in-network level.	
Out-of-Pocket Maximum	\$3,625 per member \$7,250 per two person \$9,063 per family Includes Deductible, Coinsurance and Copays	\$7,500 per member \$10,500 per two person \$14,000 per family Includes Deductible and Coinsurance
Lifetime Maximum	Unlimited	



PPO – 2017 STANDARD SILVER PLAN BENEFITS-AT-A-GLANCE

	In-Network	Out-of-Network
Deductible (per calendar year)	\$345 per member \$690 per two person \$862 per family	\$750 per member \$1,500 per two person \$1,500 per family
Fixed Dollar Copays	\$20 copay for <ul style="list-style-type: none"> • Office visits • Chiropractic spinal manipulations • Urgent care services \$150 copay for facility medical emergency	\$150 copay for facility medical emergency
Percent Coinsurance	25%	40%
	Note: Services without a network are covered at the in-network level.	
Out-of-Pocket Maximum	\$3,395 per member \$6,790 per two person \$8,488 per family Includes Deductible, Coinsurance and Copays	\$7,500 per member \$10,500 per two person \$14,000 per family Includes Deductible and Coinsurance
Lifetime Maximum	Unlimited	

PPO – 2017 STANDARD GOLD PLAN BENEFITS-AT-A-GLANCE

	In-Network	Out-of-Network
Deductible (per calendar year)	\$150 per member \$300 per two person \$450 per family	\$750 per member \$1,500 per two person \$1,500 per family
Fixed Dollar Copays	\$20 copay for <ul style="list-style-type: none"> • Office visits • Chiropractic spinal manipulations • Urgent care services \$150 copay for facility medical emergency	\$150 copay for facility medical emergency
Percent Coinsurance	20%	30%
	Note: Services without a network are covered at the in-network level.	
Out-of-Pocket Maximum	\$2,515 per member \$5,030 per two person \$6,288 per family Includes Deductible, Coinsurance and Copays	\$7,500 per member \$10,500 per two person \$14,000 per family Includes Deductible and Coinsurance
Lifetime Maximum	Unlimited	

All benefits are subject to the terms of the group benefit policy. This is just an overview and is not the official plan document. If any dispute or discrepancy arises, the official plan document will govern in all cases. Group benefits may be amended or discontinued, in whole or in part, by the plan sponsor at any time. Please see your group benefit booklet or speak with your Benefits Administrator for a full explanation of all benefits and dependent eligibility requirements. For further information, you should contact your Benefits Administrator at your division.

Contact the Benefits Administrator at your division for important information regarding The Women's Health and Cancer Rights Act of 1998, which describes your right to medical and surgical benefits related to mastectomy and breast reconstruction procedures, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which explains HIPAA special enrollment opportunities, how an employer can enforce eligibility and enrollment for health care benefits, and your right to privacy of and access to protected health information about you that is maintained by the plan.

Prescription Drug Plan Summary of Benefits

HOW THE PRESCRIPTION DRUG PLAN WORKS

There are three categories/classifications of prescription drugs, each category will have a different cost share. For each category, you will pay a certain percentage of the actual cost of the drug, and there will be a set dollar amount that determines the least or most you will pay.

- ◆ **Generic Drugs.** These drugs are the most cost-effective type of drug for you. Generic drugs have the same active ingredients as their brand-name equivalents, but at a lower cost.
- ◆ **Preferred Brand-Name Drugs.** In certain cases, generic drugs may not be available and you will therefore need to purchase a brand name drug. There are two types of brand-name drugs under our plan. Preferred brand-name drugs are more cost effective than non-preferred brand-name drugs and will cost you less as well.
- ◆ **Non-Preferred Brand-Name Drugs.** The third and most expensive category of drugs is non-preferred brand-name drugs. Non-preferred drugs are more costly than preferred brand-name drugs. Therefore, your cost is also higher if you use a non-preferred brand-name drug. Under our plan, there is a preferred brand-name alternative for every non-preferred brand-name drug.

GENERAL PLAN PROVISIONS

By signing up for the medical plan of your choice, you are automatically enrolled in the Prescription Drug plan.

Please be advised that you must use generic drugs if they are available for the medication you need. If a generic drug is available, but the patient or doctor requests a preferred drug, the preferred will be dispensed and the patient will pay the generic co-pay plus the ingredient cost between the generic drug and the preferred drug. In some cases, this can be a significant cost to you.

To obtain maintenance drugs under this plan, you must obtain them via the mail order service. Failure to do so will forfeit reimbursement. (A maintenance drug is one that you take repeatedly to manage a condition.)

The prescription plan is the same regardless of the health plan you elect...

DRUG COST COMPARISON

Generic Drugs	Retail (30-day supply)	Mail Order (90-day supply)
Co-pay percentage	20%	15%
Minimum	\$4	\$8
Maximum	\$25	\$50

Preferred Brand-Name Drugs

Co-pay percentage	25%	20%
Minimum	\$20	\$40
Maximum	\$60	\$120

Non-Preferred Brand Name Drugs

Co-pay percentage	50%	50%
Minimum	\$60	\$120
Maximum	\$150	\$300

EXPRESS SCRIPTS

Members can receive their initial fill and two refills (three total fills) for long-term (maintenance) medications at a participating retail pharmacy. After that, members will pay the entire cost of covered medications that they take on a long-term basis (three months or more) if they continue to purchase them at a participating retail pharmacy.

Note: This program applies to a specific list of drugs. Members should either check express-scripts.com or call Customer Service to verify if their medication is subject to the mandatory mail plan provision.

REFILLING PRESCRIPTIONS FROM EXPRESS SCRIPT PHARMACY

Members should order refills by the order date listed on the medication label or 10 days in advance before they will have zero days supply.

Refill Method	Contact	Average Refill Time
Online	www.express-scripts.com	3–5 business days
By phone	1-800-818-6632	3–5 business days
By mail	Mail-in refill slip	6–8 business days

(Mail-in slip comes with the prescription order.)

TIPS FOR USING MAIL ORDER

- ◆ Review the members welcome kit.
- ◆ In order to maximize the plan, physicians should write mail order prescriptions for the maximum days supply (usually 90), as clinically appropriate, with refills up to a year.
- ◆ Physician can either issue a prescription or complete and sign a fax form and fax it to Express Script Pharmacy.
- ◆ If medication is required sooner than the standard mail-order delivery times, the Physician often writes another prescription to be filled at a retail pharmacy.

Learn more and download the mobile app at express-scripts.com

U.S. Plan Members have a dedicated customer service number located on the back of your medical, dental and pharmacy ID card: 1-800-818-6632

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Important Notice from Magna International of America, Inc. Employee Benefit Plan About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Magna International of America, Inc. Employee Benefit Plan and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. You can keep your coverage and it will coordinate with Medicare.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Magna International of America, Inc. Employee Benefit Plan has determined that the prescription drug coverage offered by the Magna International of America, Inc. Employee Benefit Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

If you do decide to join a Medicare drug plan and drop your current Magna International of America, Inc. Employee Benefit Plan coverage, be aware that you and

your dependents will be able to get this coverage back at the next open enrollment period or special enrollment period if you are eligible for coverage at that time.

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?

If you decide to join a Medicare drug plan, your current Magna International of America, Inc. Employee Benefit Plan's coverage will be affected.

You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

The Employee Welfare Benefit Plan provides medical, dental, vision and prescription drug coverage as a "package" benefit. If you wish to drop the Magna International of America, Inc. Employee Welfare Benefit Plan's prescription drug coverage and enroll in the Medicare prescription drug plan, then you will also lose medical, dental and vision coverage under the Employee Welfare Benefit Plan and you should be aware that you and your dependents will not be able to get this coverage back other than at Open Enrollment time or within 30 days of a Qualifying Life Event.

WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

You should also know that if you drop or lose your current coverage with Magna International of America, Inc. Employee Benefit Plan's and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE

Please contact your divisional Human Resource Department. You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Magna International of America, Inc. Employee Benefit Plan's changes. You also may request a copy of this notice at any time.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

FOR MORE INFORMATION ABOUT MEDICARE PRESCRIPTION DRUG COVERAGE:

- ◆ Visit www.medicare.gov
- ◆ Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- ◆ Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the plans approved by Medicare which offers prescription drug coverage, you may be required to provide a copy of this notice when you join to show you have maintained creditable coverage and, therefore, are not required to pay a higher premium (a penalty).

Jennifer R. Adkins
Program Manager, US Benefit
Policy and Compliance
Magna International of America, Inc.



Dental Plan Summary of Benefits

DELTA DENTAL PPO (POINT-OF-SERVICE)

Magna's dental program remains with Delta Dental of Michigan for the 2017 Benefit Year January 1 through December 31, changing from fully-insured to self-funded. No ID card is required for services—simply inform your provider of coverage through Delta Dental Plan of Michigan, along with your Social Security Number. Delta Dental's mobile app allows you to do many things from the convenience of your phone.

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's allowance for each service and it may vary due to the dentist's network participation.*

	Delta Dental PPO Dentist Plan Pays	Delta Dental Premier Dentist Plan Pays	Nonparticipating Dentist Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment – to temporarily relieve pain	100%	100%	100%
Sealants – to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy – to detect oral cancer	100%	100%	100%
Radiographs – X-rays	100%	100%	100%
Periodontal Maintenance – cleanings following periodontal therapy	100%	100%	100%
Basic Services			
Minor Restorative Services – fillings and crown repair	80%	80%	80%
Endodontic Services – root canals	80%	80%	80%
Periodontic Services – to treat gum disease	80%	80%	80%
Oral Surgery Services – extractions and dental surgery	80%	80%	80%
Other Basic Services – misc. services	80%	80%	80%
Relines and Repairs – to bridges, implants, and dentures	80%	80%	80%
Major Services			
Major Restorative Services – crowns	50%	50%	50%
Prosthodontic Services – bridges, implants, and dentures	50%	50%	50%
Orthodontic Services			
Orthodontic Services – braces	50%	50%	50%

Orthodontic Age Limit – treatment for dependent children must begin prior to age 19 and coverage will continue to the end of treatment or until the maximum has been reached.

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what your dentist charges and you are responsible for that difference.

Customer Service

Toll-Free Number

1-800-524-0149

- ♦ Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- ♦ Four prophylaxes (cleanings) are payable per calendar year.
- ♦ Fluoride treatments are payable twice per calendar year for people up to age 26.
- ♦ Space maintainers are payable once per area per lifetime for people up to age 26.
- ♦ Bitewing X-rays are payable twice per calendar year. Full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period.
- ♦ Sealants are payable once per tooth per three-year period for the occlusal surface of first and second permanent molars up to age 16. The surface must be free from decay and restorations.
- ♦ Composite resin (white) restorations are Covered Services on posterior teeth.
- ♦ Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- ♦ Implants and implant related services are payable once per tooth in any five-year period.

Having Delta Dental coverage makes it easy for you to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to a worldwide network of dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help you schedule care. For more information, check our Web site or contact your benefits representative to get a copy of our Passport Dental information sheet.

Maximum Payment – \$2,000 per person total per Benefit Year on all services, except surgical removal of impacted teeth and orthodontics. \$2,000 per person total per lifetime on orthodontic services.

Deductible – \$50 Deductible per person total per Benefit Year limited to a maximum Deductible of \$150 per family per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, X-rays, sealants, brush biopsy, periodontal maintenance and orthodontic services.

Waiting Period – Employees who are eligible for dental benefits are covered on the date of hire (0075), following 30 days after the date of hire (0076), and following 90 days after date of hire for all other employees. The waiting period is waived if rehired within six months of the date of termination.

Eligible People – All full-time active employees working 30 hours or more per week who choose the medical plan and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees, if applicable. The Contractor and Subscriber share the cost of this plan.

Also eligible are your legal spouse and your children under age 26, including your children who are married, who no longer live with you, who are not your dependents for Federal income tax purposes, and/or who are not permanently disabled. The medical and Delta Dental plans are offered as a package. Employees enrolled in either plan are automatically enrolled in both plans with the same type of coverage. For example, employees enrolled with single coverage under the medical plan must also be enrolled with single coverage under the Delta Dental plan.

If you and your spouse are both eligible for coverage under this Contract, you may be enrolled together on one application or separately on individual applications, but not both. Your dependent children may only be enrolled on one application. Delta Dental will not coordinate benefits if you and your spouse are both covered under this Contract.

Delta Dental will use a carve-out method of coordinating benefits. If the patient has other coverage and that coverage has a higher priority than this plan, this plan's payment for covered services will equal the amount payable under this plan minus the amount paid by the primary carrier. This plan's payment will not exceed the amount that would have been paid in the absence of any other plan.

Benefits will cease on the date of termination.

For Group #1733 / Sub-Group #0074
Magna International of America, Inc.
Control Plan – Delta Dental of Michigan

Get more information and
download the mobile app at
www.deltadentalmi.com

Vision Plan Summary of Benefits

KEEP YOUR EYES HEALTHY WITH MAGNA INTERNATIONAL AND VSP® VISION CARE.

Using your VSP benefit is easy.

- ◆ Find an eye care provider who's right for you. You can choose to see any eye care provider—your local VSP doctor, a retail chain affiliate, or any other provider. To find a VSP doctor or retail chain affiliate, visit vsp.com or call 800.877.7195.
- ◆ Review your benefit information. Visit vsp.com to review your plan coverage before your appointment.
- ◆ At your appointment, tell them you have VSP. There's no ID card necessary.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP doctor or retail chain affiliate. VSP's mobile app allows you to do many things from the convenience of your phone.

PERSONALIZED CARE

You'll get quality care that focuses on your eyes and overall wellness with VSP. Plus, your satisfaction is guaranteed when you see a VSP doctor.

CHOICE IN EYE WEAR

From classic styles to the latest designer frames, you'll find hundreds of options for you and your family. You'll have access to great brands, like bebe®, Calvin Klein, Disney, FENDI, Nike, and Tommy Bahama®.

PLAN INFORMATION

VSP Coverage Effective Date: 01/01/2013

VSP Doctor Network:
VSP Choice

Group #30036058



Visit vsp.com or call 1-800-877-7195 for more details on your vision coverage and exclusive savings and promotions for VSP members.



BENEFIT	DESCRIPTION	COPAY
Your Coverage with VSP Doctors and Affiliate Providers*		
WellVision Exam	<ul style="list-style-type: none"> ◆ Focuses on your eyes and overall wellness ◆ Every calendar year 	\$20
Prescription Glasses		\$20
Frame	<ul style="list-style-type: none"> ◆ \$150 allowance for a wide selection of frames ◆ 20% off amount over your allowance ◆ Dependent children are eligible every calendar year ◆ All others every other calendar year 	Included in Prescription Glasses
Lenses	<ul style="list-style-type: none"> ◆ Single vision, lined bifocal, and lined trifocal lenses ◆ Dependent children are eligible every calendar year ◆ All others every other calendar year 	Included in Prescription Glasses
Lens Options	<ul style="list-style-type: none"> ◆ Standard progressive lenses ◆ Premium progressive lenses ◆ Custom progressive lenses ◆ Average 20–25% off other lens options ◆ Dependent children are eligible every calendar year ◆ All others every other calendar year 	Covered in full
Contacts (instead of glasses)	<ul style="list-style-type: none"> ◆ \$150 allowance for contacts; copay does not apply ◆ Contact lens exam (fitting and evaluation) ◆ Dependent children are eligible every calendar year ◆ All others every other calendar year 	Up to \$60
Additional Coverage	<ul style="list-style-type: none"> ◆ Diabetic Eye care Program 	
Extra Savings and Discounts	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> ◆ 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last WellVision Exam. <p>Laser Vision Correction</p> <ul style="list-style-type: none"> ◆ Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 	
Your Coverage with Other Providers		
Visit vsp.com for details if you plan to see a provider other than a VSP doctor.	◆ Exam	Up to \$45
	◆ Frame	Up to \$70
	◆ Single Vision Lenses	Up to \$30
	◆ Lined Bifocal Lenses	Up to \$50
	◆ Lined Trifocal Lenses	Up to \$65
	◆ Progressive Lenses	Up to \$50
	◆ Contacts	Up to \$105

*Coverage with a retail chain affiliate may be different. Once your benefit is effective, visit vsp.com for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.

Life & Disability Plans Summary of Benefits

GENERAL PLAN PROVISIONS

Once you have successfully completed your waiting period, you are automatically enrolled in the basic life, accidental death and dismemberment (AD&D), and disability plans available at your division. Your waiting period is 90 days from your date of hire.

The enrollment forms for the life insurance and AD&D plans will ask you to specify a beneficiary in the event of your death. Please be sure to review who your beneficiary(ies) is on an annual basis with your Benefits Administrator. This will ensure that we have the most up-to-date information on hand and are in accordance with your wishes should we need to disburse funds to the named beneficiary.

If you are electing the supplemental life options or the LTD Buy-Up at a time other than new hire or a qualifying life event, you are required to complete and submit applicable paperwork, called a Personal Health Application or Evidence of Insurability. This process must be completed, and the coverage approved, by the carrier prior to the coverage being considered “in place.”

STANDARD BENEFITS INCLUDE

- ◆ 2X salary for life and AD&D for employee
- ◆ \$5,000 coverage for spouse
- ◆ \$2,500 coverage for dependent
- ◆ STD and LTD coverage are fully paid by Magna

SUPPLEMENTAL COVERAGE AVAILABLE

- ◆ Employee Life insurance 1–5X employee salary. Medical underwriting required if taking for the first time or increasing more than one level at open enrollment
- ◆ NEW FOR 2017: an individual currently enrolled in supplemental life insurance at 1X or 2X may increase one level, up to the 3X point, with no questions asked via Evidence of Insurability process.
- ◆ Spouse Life insurance \$10,000 to \$100,000. Medical underwriting required if taking for the first time or increasing coverage.
- ◆ Dependent Child Life insurance \$5,000 or \$10,000. No medical underwriting is required with this election.
- ◆ Long-Term Disability Buy-up of \$10,000 maximum. Medical underwriting required if taking for the first time at open enrollment.

Life Insurance

Basic Life for Employees	2 times your annual base salary
Accidental Death & Dismemberment	2 times your annual base salary
Employee	1x, 2x, 3x, 4x, 5x to max \$1,000,000 combined with Base
Spouse (under age 65)	To max \$100,000 in \$1,000 increments. Amount cannot exceed 50% of the amount elected by the employee.
Child	Flat \$10,000 (Live birth –6 months \$1,000)

Note: Upon termination from the plan, you have the right to convert/port your coverage.

Short-Term Disability Plan

Coverage Start Date	1st day of hospitalization/injury; 8th day for illness
Length of Coverage	26 week maximum
Weekly Benefit	60% of weekly base earnings

Long-Term Disability Plan

Coverage Start Date	After STD coverage has run out (26 weeks)
Weekly Benefit	60% of base earnings to a maximum of \$5,000 per month

Long-Term Disability Buy-Up

Benefit	66⅔% to \$10,000 per month
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All benefits are subject to the terms of the group benefit policy. This is just an overview and is not the official plan document. If any dispute or discrepancy arises, the official plan document will govern in all cases. Group benefits may be amended or discontinued, in whole or in part, by the plan sponsor at any time.

Please see your group benefit booklet or speak with your Benefits Administrator for a full explanation of all benefits and dependent eligibility requirements. For further information, you should contact your Benefits Administrator at your division.

Flexible Spending Accounts

MEDICAL CARE ACCOUNTS (MCA)

May be established to cover medical, dental or vision care expenses not normally covered under the benefit plan

- ◆ Employee estimates how much he/she will spend in the coming plan year (January – December). Payroll deductions are taken pre-tax.
- ◆ Maximum annual deduction is \$2,500.
- ◆ Employees may receive reimbursement for the full amount elected to be deducted over the year, even if total deductions do not equal this amount.
- ◆ NEW—introduced in the 2015 plan year—\$500 rollover for unused funds at the end of the plan year (January 1 to December 31, available April 1 of new plan year).

DEPENDENT CARE ACCOUNTS (DCA)

May be established if the employee and spouse are working full-time, looking for work, or enrolled in a college or university as a full-time student, and has need of a day care provider.

- ◆ Employee estimates how much will be spent for day care over the course of the calendar year.
- ◆ Maximum annual election is \$5,000 for employee who are either single or married and filing a joint tax return. If married and filing an individual tax return, the maximum per spouse is \$2,500.
- ◆ Reimbursements are made only for the amounts deducted.

WHAT IF I HAVE MONEY LEFT IN THE ACCOUNTS ON DECEMBER 31?

- ◆ The plan administrator sends out notices each November and January advising employees of their account balance.
- ◆ Employees have until March 31 to submit claims for reimbursement for claims incurred during the period of January – December.
- ◆ Money left in the account after March 31 that is in excess of the \$500 rollover allowance cannot revert to the employee and will be forfeited.





Best Doctors

Availability continues in 2017 for Magna employees!

- ◆ Questions on a diagnosis or treatment
- ◆ Looking for a second opinion on the diagnosis or treatment recommended
- ◆ Wondering if surgery is the right option
- ◆ Ongoing illness
- ◆ Unexpected, rare illness
- ◆ Am I seeing the right provider?

Contact Best Doctors and get an expert consultation: 1-866-904-0910

Preparing for Retirement

You will have the opportunity to save through a 401(k) with Magna matching contributions.

- ◆ 6% you
- ◆ 3% Magna

Company matching contributions:

- ◆ 50% on first 6% contributed
- ◆ 3% total eligible match

Principal Group (800) 547-7754
www.principal.com
 Fax# (866) 704-3481
 Contract # 404119

No-Fault Auto Coverage

If you or your eligible dependents are involved in a motor vehicle accident, payment for medical services will be coordinated between BCBS and your auto insurance carrier as follows:

Whether your auto coverage is coordinated or uncoordinated, your auto insurance carrier is primary.

BCBS will be secondary to your no-fault auto insurance. BCBS will reject auto accident related claims received without proof of primary payment by the auto insurer.

It is important, and your responsibility, to discuss this with your auto insurance company.

Voluntary Benefits

Magna's name carries clout! Don't forget about these options:

- ◆ Critical illness with Allstate Benefits
- ◆ VPI Pet Insurance
- ◆ Liberty Mutual Home and Auto

Tools



BCBSM MEDICAL BENEFITS APP

Get plan information, find a doctor, access WebMD, and more on the BCBSM mobile app.

- ◆ Visit www.bcbsm.com/app
- ◆ Search for “BCBSM” to download



AMWELL 24/7 HEALTH CARE APP

Download the AmWell app for 24/7 online health care from a doctor any time, anywhere. Get it for iOS in the App Store or on Google Play for Android.

- ◆ Mobile – Download AmWell app
- ◆ Web – Go to bcbsm.amwell.com
- ◆ Use service key BCBSM



EXPRESS SCRIPTS APP

Manage your medicine anytime, anywhere. Refill and renew your prescriptions, see your order status, claims, and payment history, find and compare prices, and more.

- ◆ Go to Express-Scripts.com/mobileapp



DELTA DENTAL APP

Delta Dental’s mobile app puts our dentist search, claims and coverage details and ID cards at our subscribers’ fingertips.

- ◆ Visit the App Store (Apple) or Google Play (Android) and search for “Delta Dental”
- ◆ Log in using the user name and password you use to log in to the website

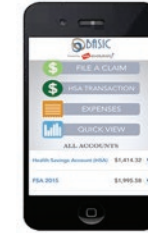
VSP VISION CARE ON THE GO OR MOBILE SITE

Find a doctor, get directions to your appointment, access your Member Vision Card and personal benefit information, view exclusive member rebates, special offers, and promotions, and get eye care information to maintain optimal eye health.



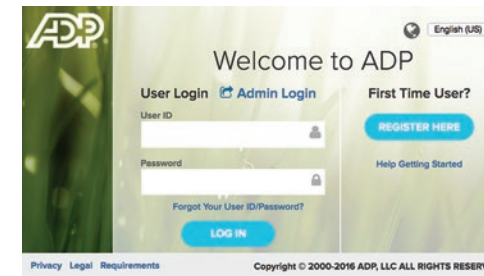
- ◆ Visit vsp.com to access the mobile site
- ◆ Go to the App Store (Apple) and search for “VSP Global” to download the app

BENEFITS BY BASIC FSA APP



Puts money at your fingertips by allowing a BASIC Flex Participant to submit a new FSA claim from the mobile app at any time. Take a picture of a receipt and submit for a claim, view claims requiring receipts, and submit FSA claims and receipt images.

- ◆ Activate your account access at the Employee Portal Website
- ◆ Visit the App Store or Android Market and search for “Benefits by BASIC”
- ◆ Log in using the user name and password you used on the website



ADP WORKFORCE NOW®

Manage benefits information, make life event changes, view pay statements and W-2 information, change tax information, set up direct deposit, manage your 401(K) and retirement accounts, use online tools such as retirement planners or payroll calculators, and more. Log onto www.workforcenow.adp.com from a desktop computer for initial set-up.

- ◆ Click: Register Here
- ◆ Enter Your Information
- ◆ Enter Registration Code: Decostar01--net
- ◆ Click on: Myself
- ◆ Click on: Benefits
- ◆ Click on: Employee Discounts – LifeMart

Provider Contacts

MEDICAL

Blue Cross Blue Shield of Michigan (PPO)
 Customer Service: (888) 890-4943
 24/7 Nurse Line: (800) 775-2583
 Email/website: www.bcbsm.com
 Group #71371

PRESCRIPTIONS

Express Scripts
 Phone number: (877) 47 4-1128
 Pharmacy Help Desk: 800-922-1557
 Email/website: www.express-scripts.com
 Client: Magna International

DENTAL INSURANCE

Delta Dental Michigan
 Phone number: (800) 524-0149
 Email/website: www.deltadentalmi.com
 Group: #1733
 Sub Group: #0074

VISION

VSP
 Phone number: (800) 877-7195
 Email/ website: www.vsp.com
 Network: VSP Choice
 Group: #30036058
 Vision-30

LIFE INSURANCE/STD/LTD

The Hartford
 Phone number: (877) 778-1383
 Email/website: www.thehartfordatwork.com
 Policy #395001

401 K

Principal Group
 Phone number: (800) 547-7754
 Email/website: www.prlncpl.com
 Fax: (866) 704-3481
 Contract : #404119

Please complete your Open Enrollment form, sign, and return to Human Resources no later than Tuesday, November 22nd.



Group Health/Life Enrollment/Change Form

FOR OFFICE USE

Hire Date: _____
 Coverage Begin Date: _____
 PCC: _____
 Date Notified of Change: _____
 Peoplesoft ID: _____

New Hire Life Event Open Enrollment Termination
 Other Change: _____
 Effective Date of Change: _____

EMPLOYEE NAME: (Last, First, Middle) New Last Name _____

ADDRESS: New Address _____

City: _____ State: _____ Zip: _____

HOME PHONE: _____ DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

GENDER: Female Male MARITAL STATUS: Single Married Divorced Separated Widow

GROUP HEALTH PLAN INFORMATION

This group health plan is provided for employees and dependents and includes medical, prescription drugs, dental, and vision. Please list each of your dependents below and answer the questions to determine your dependents' eligibility for Coverage. Indicate whether or not you elect to cover them under our health plan. Additions or deletions may not be made prior to January 1st of any year unless you incur a Life Event as described on the Guidelines sheet. **A copy of your marriage certificate and childrens' birth certificates are required as proof of the enrolled dependents' relationship to the insured.**

Select medical coverage:

- Enhanced PPO (Gold)
- Standard PPO (Silver)
- Basic PPO (Bronze)

Select coverage type:

- Employee Only
- Employee + One
- Family
- Waive medical, dental, vision, drug

List all eligible dependents to be added to coverage. Coverage cannot be activated unless date of birth is provided. A social security number must be provided within three days or ASAP for newborns.

A=ADD T=TERM	Dependent's Full Name	Sex	Social Security Number	Date of Birth	Married	Employed
Spouse:		OF OM			OY ON	OY ON
Child:		OF OM			OY ON	OY ON
Child:		OF OM			OY ON	OY ON
Child:		OF OM			OY ON	OY ON
Child:		OF OM			OY ON	OY ON
Child:		OF OM			OY ON	OY ON

If electing coverage for your spouse, complete the Statement of Dependent's Eligibility. If electing coverage for your dependent child(ren) who are employed and/or married, read the Plan Provision and complete the Statement of Dependent Child(ren) Eligibility.

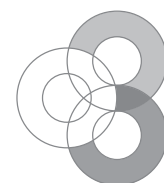
Spouse's health plan carrier: _____ Company providing: _____ Contact: _____

Child(ren)'s health plan carrier: _____ Company providing: _____ Contact: _____

I understand that these benefits will not become effective until any applicable waiting period has been satisfied. I also understand that false statements or omissions, whenever discovered, made on this form may result in denial or loss of coverage to me or my dependents. In addition I understand that I am required to notify Human Resources of any Life Events with 31 days. I will be required to reimburse the Company for the cost of any claims deemed ineligible as a result of the falsification or omission, whenever discovered, or my failure to properly notify Human Resources of Life Events. I agree to execute any and all documents necessary to authorize the Company to deduct from my paycheck the cost of the claims deemed ineligible until such costs has been repaid in full.

EMPLOYEE SIGNATURE: _____ DATE: _____

HR VERIFICATION: _____ TITLE: _____



World Class Manufacturing
 Innovation
 Leadership Development



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750 Tower Drive, Mail Code 7000
Troy, Michigan, USA 48098
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