



EE 2026 FAQ

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Overview

The Employee FAQ document is designed to assist employees in effectively addressing common queries on their benefits. For the 2026 plan year we are now offering a HDHP which you should review the HDHP with HSA FAQ for more details. This document should help employees throughout the 2026 plan year and a new FAQ will be published each year.

FAQ

When is Open Enrollment (OE) for 2026?

Open enrollment is held from November 10 – November 21, 2025 for the 2026 plan year. Elections or changes outside of this 2-week timeframe will not be permitted unless the employee experiences a qualified life event during the plan year i.e. loss or gain of coverage, birth of child, divorce, marriage, etc.

If I am OK with my current 2025 elections, do I need to take any action?

Make sure to review your Magna Benefits Guide and/or the Benefits Microsite at www.magna.com/usbenefits to see an overview of the comprehensive coverage that Magna offers and the changes for 2026.

Open Enrollment is the one time* per year you can make changes to your coverage. Changes made during Open Enrollment take effect January 1, 2026 and remain in effect for the entire calendar year that you are an eligible employee therefore we recommend you review the coverage available to you for 2026.

If you take no action please note that your medical plans will change to the following:

Bronze > Advantage HDHP

Silver > Standard PPO

Gold > Enhanced PPO

*You can change your coverage and add or drop dependent(s) throughout the year **only if** you have a Qualified Life Event (e.g., birth of a child, divorce). See below for more information.

Can I add my spouse to my coverage through magna?

Yes, spouses can be added to the Magna plan during Open Enrollment or within 31 days of a Qualified Life Event (i.e., getting married) if they meet eligibility requirements, including:

- a. You need to be legally married. A proof of the marriage will need to be provided for your spouse to be added to your coverage.
- b. If your spouse has coverage through their employer, this plan will be reviewed for affordability. If considered affordable, the spouse will need to enroll in their employer's plan and then can also be covered by Magna's plan as secondary coverage.

Please see the Spousal Healthcare Election FAQ and/or HR for additional information regarding how to add your spouse to your coverage.

Can I add Life insurance to my coverage? If so, what are the rules and costs?

Yes, you can add or change your Life insurance elections during Open Enrollment in Workday. If you are increasing the amount, you will also be subject to Evidence of Insurability guidelines which means before the increase is effective, you will need to complete the form and it will need to be approved by Hartford. Please see HR for the Evidence of Insurability form.

If Hartford approves, then your increased coverage amount and subsequent change to payroll deductions will take effect on the approval date given by Hartford.

For this OE only you can apply to increase your supplemental Life insurance up to the guaranteed issue amount without completing the Medical Questionnaire. (Only valid through OE from 11/10/2025 – 11/21/2025).

Can I add my children to my coverage through Magna?

Yes, dependent children can be added to the Magna plan if they meet eligibility requirements. If they do, they could be eligible for coverage up to the end of the month in which they turn 26*. Eligibility criteria include:

- a. Your child(ren) regardless of their marital status, regardless of student status and whether or not they live with you, or you provide any of their support
- b. Child(ren) for whom the Plan is required to provide coverage under a Qualified Medical Support Order (QMSO)
- c. If the child(ren) is enrolled in other coverage, coverage will coordinate based on the following:
 - I. Divorce decrees and court orders will dictate primary and secondary placement of coverage.
 - II. Otherwise, coverage will follow the birthday rule meaning whichever parent's birthday is earlier in the year will be the primary coverage and the other plan will be secondary coverage.

**Disabled dependent children are eligible to remain on the Magna plan after the age of 26. If eligible, supporting documentation must be filed with HR no later than 31 days after the child turns 26.*

My eligible child recently was married. Can they remain on my plan?

Congratulations! Eligible dependents can have coverage under the Magna plan until the end of the month when they turn age 26 per ACA guidelines, regardless of marital status.

While your dependent remains eligible for Magna coverage, they are subject to all plan guidelines and provisions. It is important to note that Magna's plan does not cover maternity services for a dependent, other than a spouse, except for pre- and post-natal care of the dependent. If there is a possibility of your dependent having a child in the near future, they may want to look at other coverage options to help ensure potential maternity services will be covered.

My eligible child will turn 26 next year – does he/she need to come off of my plan at Open Enrollment knowing he/she will be 26 next year?

No, your dependent can remain enrolled in your plan through the end of the month in which they turn 26 per ACA guidelines. After they turn 26, they will receive a COBRA notice notifying them that their coverage has ended. They can continue to elect coverage through Magna's plan under COBRA and/or elect coverage under the healthcare.gov plans and/or elect coverage through their employer/spouse's employer as their loss of coverage under your plan would be considered a qualified life event.

What is a Qualified Life Event? When do I have to let HR know if I have one?

A Qualified Life Event is a substantial change in your life or coverage. This includes marriage, divorce, birth/adoption of a child, spouse gaining/losing coverage through an employer, etc.

Qualified Life Events allow you to make a plan change depending on the life event i.e. adding a child to the plan due to birth.

You have 31 days from the date of the life event to notify your HR department and supply them with the appropriate supporting documentation. **If you do not notify HR & provide the documentation within 31 days, you will have to wait until the next Open Enrollment to make a change.**

If I am on a leave of absence – do I still need to participate in open enrollment and how?

Yes. HR will reach out to all employees on leave to notify them of the upcoming open enrollment. Those on leave will not be eligible for any special enrollment outside of open enrollment, so they must still participate, even while on leave.

For employees who have been on a leave for 90 days or less, they can still complete their open enrollment in Workday. For those who have been on a leave for over 90 days, HR will need to complete the employee's open enrollment via Workday on their behalf.

Please note, for anyone who is on a leave type where they are still an employee, but their benefits are terminated i.e. long term disability (LTD) or temporary layoff leave,

they were offered COBRA so if they did elect, they will be able to participate in the COBRA open enrollment directly with Wex.

I do not know my Workday login to complete open enrollment – what do I do?

Please reach out to HR and IT team to ensure you get your login credentials. If you do not get your login during the open enrollment timeframe, HR will need to work with your HR team to complete the open enrollment event on your behalf during the open enrollment timeframe 11/10/2025 – 11/21/2025.

I am on COBRA coverage how do I change my coverage for next year?

You will need to contact WEX as they handle COBRA open enrollment and they will be able to assist with your changes.

- a. 1-866-451-3399

How can I tell if I have active coverage through a vendor?

After checking in your workday account please make sure you are seeing benefits elected and that all of your personal information is correct and added. If all the below is correct, then you should be able to call the vendors and/or register/login through the vendor apps/websites.

- a. Do you and your dependent have all personal information workday: legal first name, legal last name, date of birth, gender, full address with state/zip code and US social security number.
- b. In your workday account in the Benefit tab do you show active benefits for yourself and all your family members?

With the new LightCare vision benefit can I go anywhere to get sunglasses or blue light glasses (i.e. Amazon, Warby Parker, Sunglass Hut) OR do I have to go to an in-network provider?

Members access the same Network as their primary benefit. LightCare can be used at Visionworks, Eyemart Express, and Costco locations; it can't be used at Walmart. While Nike and Dragon online sites do offer non-prescription blue light filtering glasses, VSP benefits cannot be tied to them. Purchases from these sites are considered out-of-network. Eyeconic is the only retail option that is integrated with VSP benefits.

If I went out of network to get Sunglasses or Blue Light glasses can I submit my receipt the same as the vision reimbursement form to be reimbursed up to the glasses limit per the plan?

Yes. Members can be reimbursed following the plan's out-of-network schedule amount for the frame, and both their frame and lens benefits will be exhausted.

Do sunglasses have to be UV to be eligible? What is needed for blue light glasses to fall within coverage?

The sunglasses do not have to be UV, these can be any non-prescription sunglasses OR non-prescription blue-light filtering glasses. However, members would be using both their frame and lens benefit towards:

- Non-prescription sunglasses or non-prescription blue-light filtering glasses.
- Pre-made and ready-to-wear glasses from the doctor's frame board, or Eyeconic.

Can I still enroll in employee + 1 coverage for myself and one dependent?

Yes, although our plan structure shows EE and EE + Family there are still 3 rates for each plan (EE, EE+1 and EE + family). The Plan design only has a single and family tier so someone who is EE+1 falls under the Family tier.

Plan Breakdown

In-Network	Enhanced PPO	Standard PPO	Advantage HDHP
Deductible (Employee/Family)	\$200 / \$400	\$500 / \$1,000	\$1,700 / \$3,400
Coinsurance	20%	20%	20%
Out-of-Pocket Maximum Employee / Family	\$2,000 / \$4,000 (Includes deductibles, coinsurance, and copays)	\$3,500 / \$7,000 (Includes deductibles, coinsurance, and copays)	\$4,000 / \$8,000 (Includes deductibles and coinsurance)
Primary Care Physician (PCP) Office Visit Copay	\$20	\$25	20% after deductible
Specialist Office Visit Copay	\$20	\$45	20% after deductible
Urgent Care Copay	\$20	\$50	20% after deductible
Emergency Room Copay	\$150 then 20% coinsurance after deductible; copay waived if admitted	\$150 then 20% coinsurance after deductible; copay waived if admitted	20% after deductible

How does GoodRx work with Express Scripts?

GoodRx is partnering with Express Scripts to help ensure members pay the lowest available price!

You do not have to enroll with GoodRx and there's no need to carry and present discount cards or use apps at the pharmacy. When you fill prescriptions at an in-network pharmacy any available savings will be applied automatically.

Just fill your prescriptions at an in-network pharmacy and show your prescription ID card. If savings are available, your deductible, accumulators and out-of-pocket cost will be updated.

With Express Scripts partnering with GoodRx do these medications apply towards the deductible?

Yes, for generic and non-specialty brand drugs these would apply towards the accumulator.

Do medications apply towards the deductible on the Advantage HDHP?

Yes, medications do apply towards the Advantage HDHP deductible.

With an HSA how does investing work?

When considering any financial decisions like Investing you should always consult your Accountant/ tax advisor first. Once enrolled you can also call WEX directly to better understand your options and how to invest.

A. Call: 1-866-451-3399

B. Live chat: www.wex.com, select Login, then Benefit Accounts. And then select a Participant Accounts option.

If I am newly eligible for benefits and do not submit a benefit election, do I get benefits?

Yes, if no action is taken during the enrollment window you will be automatically enrolled in Employee only coverage under the Advantage HDHP with Pharmacy. You will not be automatically enrolled in an HSA nor will you receive the company contribution unless you enroll in an HSA and contribute yourself.

Dental and Vision insurances will be waived.

Can I opt out of Magna's medical plan?

It is important to Magna that our employees have adequate coverage to support their well-being. Make sure to look at the Magna Benefits Guide for Open Enrollment or the Benefits Microsite at www.magna.com/usbenefits to see an overview of the comprehensive coverage that Magna offers.

If you are already covered under another medical plan and wish to opt out of Magna's coverage, you will just need to provide proof of other, current coverage, to HR.

If you are not covered under another medical plan and still wish to opt out of Magna's plan, please see HR for an attestation form to sign to waive coverage.

How do I update my life insurance beneficiaries?

All eligible full-time Magna employees receive life insurance and Accidental, Death and Dismemberment (AD&D) from Magna. You also have the option to elect and pay for additional supplemental life insurance. Your beneficiary information will need to be updated in Workday for your life insurance policy. Instructions are below:

1. Log in to Workday to view your profile
2. Select Actions
3. Benefits
4. Change Benefits
5. Select Change Beneficiaries
6. Enter the effective date
7. Submit
8. Click "Let's get started"
9. Follow the prompts

I made a plan change during Open Enrollment, when will I receive new medical cards?

You should expect to receive a new medical card prior to January 1, 2026, if you made a plan change.

Who do I contact if I have more questions regarding Open Enrollment?

If some of your questions are still unanswered, please contact your HR Representative.

Who are our vendors and how can I contact them?

Benefit	Carrier	Phone	Website
Medical	Blue Cross Blue Shield of Michigan	888-890-4943	www.BCBSM.com
Virtual Teladoc Visits	Blue Cross Blue Shield of Michigan	844-606-1608	www.bcbsm.com/virtualcare
Prescription Drugs	Express Scripts	800-818-6632	www.express-scripts.com
Dental	Delta Dental	800-524-0149	www.deltadentalmi.com
Vision	VSP	800-877-7195	www.vsp.com
Disability & Life Insurance	The Hartford	888-262-5883	www.thehartford.com
Employee Family Assistance Program	WPO	800-851-7032	www.homeweb.ca
Retirement/401k	Principal	800-547-7754	www.principal.com

Forward.
For all.