BENEFITS FOR THE ROAD AHEAD

MAGNA

Advantage High Deductible Health Plan

This is the last material in our series explaining the **High Deductible Health Plan (HDHP)** and the **Health Savings Account (HSA)** feature of the plan.

Highlights of the Advantage HDHP

You have a choice…

The **Advantage HDHP** is a **PPO** plan. This means that you have access to all of the providers in the BCBSM PPO network, and you have the option of seeing non-PPO providers using your out-of-network benefits. Of course, you receive the most from your benefits when you receive care from a BCBSM PPO provider.

You don't need to choose a Primary Care Physician with a PPO. You can see any provider you want—even a specialist. There's a lot of freedom with the HDHP plan. For a list of BCBSM PPO providers, visit www.bcbsm.com and select "Find Care" for Individuals and Families and then "Find a Doctor."

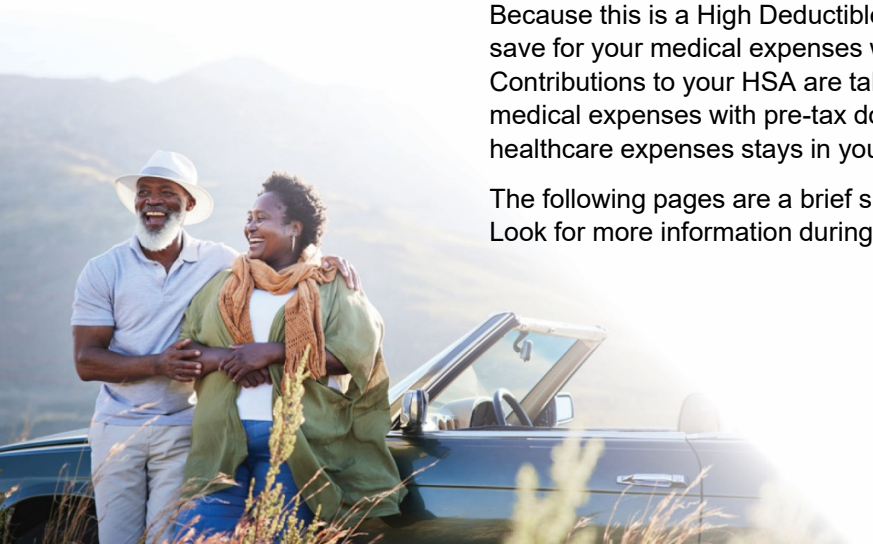
A safety net…

All HDHP services including prescriptions are subject to the deductible except for preventive medical expenses and some preventive maintenance prescriptions (please go to the magna.com/usbenefits site for the list). When the deductible is satisfied, eligible services are paid at 80% including all other eligible prescriptions until your out-of-pocket maximum is reached. Once you meet your out-of-pocket maximum, you are covered at 100%.

Saving for medical expenses…

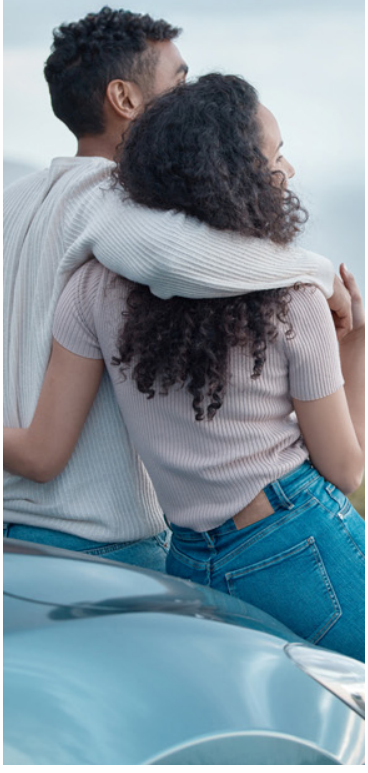
Because this is a High Deductible Health Plan , you have the opportunity to save for your medical expenses with the **Health Savings Account (HSA).** Contributions to your HSA are taken pre-tax so you're actually paying for medical expenses with pre-tax dollars. And what you don't spend on healthcare expenses stays in your HSA.

The following pages are a brief summary of the benefits in the HDHP plan. Look for more information during Open Enrollment.



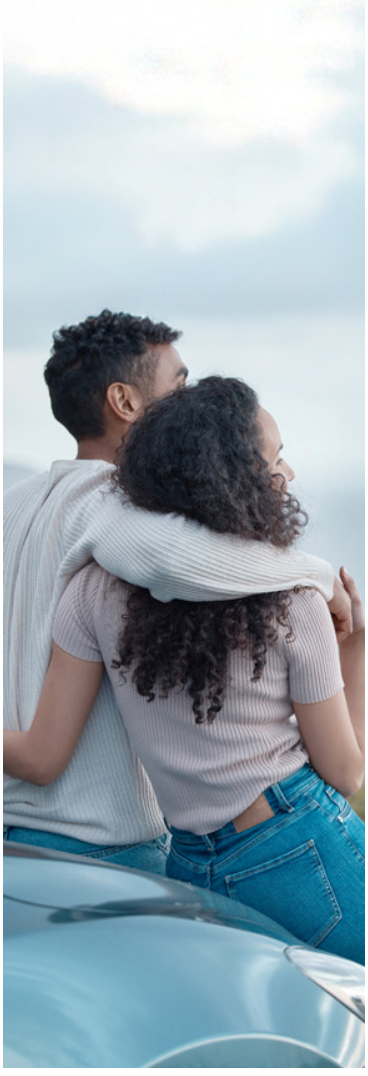
Advantage High Deductible Health Plan Benefit Summary

For more information go to
magna.com/usbenefits



Item/Service	Advantage HDHP	
	In-Network	Out-of-Network
Deductibles, Coinsurance and Maximums		
Annual Deductible	$1,700 Single /$3,400 Family	$3,400 Single /$6,800 Family
Coinsurance	20% after in-network deductible for most services	40% after out-of-network deductible for most services
Annual Out-of-Pocket Maximum (includes deductible, coinsurance, and copays)	$4,000 Single /$8,000 Family	$8,000 Single /$16,000 Family
Prescription Drugs (through Express Scripts)		
Retail Pharmacy (30 day supply)	20% coinsurance **after deductible**	20% coinsurance **after deductible**
Mail Order (90 day supply)	20% coinsurance **after deductible**	Not Covered
Preventive Services		
Health Maintenance Exam	Covered 100%, one per year	Not Covered
Annual Gynecological Exam	Covered 100%, two per year	Not Covered
Pap Smear Screening	Covered 100%, one per year	Not Covered
Routine Mammogram & Related Screening	Covered 100%, one per year	40% after out-of-network deductible, one per year
Routine Colonoscopy	Covered 100%, one per year	40% after out-of-network deductible, one per year
Pediatric and Adult Immunizations	Covered 100%	Not Covered
Well Baby and Child Care	Covered 100%	Not Covered
Physician Office Services		
Office Visits	20% after in-network deductible	40% after out-of-network deductible
Specialist Office Visits	20% after in-network deductible	40% after out-of-network deductible
Allergy Services	20% after in-network deductible	40% after out-of-network deductible

Note: This is a very high-level outline of the HDHP coverage, as administered by BCBSM. This summary does not include all the benefits, limitations, and exclusions of the benefit programs. If there are any discrepancies between this illustration and the benefit proposals or official plan documents, the latter will prevail.



Item/Service	Advantage HDHP	
	In-Network	Out-of-Network
Emergency Medical Care		
Hospital Emergency Room	20% after in-network deductible	20% after in-network deductible
Urgent Care Center	20% after in-network deductible	40% after out-of-network deductible
Ambulance Services	20% after in-network deductible	20% after in-network deductible
Diagnostic Services		
Diagnostic Tests, Lab, Radiology	20% after in-network deductible	40% after out-of-network deductible
Imaging Services (Includes MRI, CAT & PET Scan, CT/CTA & Nuclear Cardiac Studies)	20% after in-network deductible	40% after out-of-network deductible
Maternity Services		
Pre and Post Natal Maternity Services Provided by Physician/ Nurse Midwife	Prenatal—No charge Postnatal— Covered 100%	40% after out-of-network deductible
Delivery and Nursery Care	20% after in-network deductible	40% after out-of-network deductible
Hospital Care		
Inpatient Physician & Nursing Care, Hospital Services and Supplies	20% after in-network deductible	40% after out-of-network deductible
Outpatient Facility Services	20% after in-network deductible	40% after out-of-network deductible
Mental Health Care and Substance Abuse Treatment		
Inpatient Mental Health & Substance Abuse	20% after in-network deductible	40% after out-of-network deductible
Outpatient Mental Health & Substance Abuse	20% after in-network deductible	40% after out-of-network deductible
Other Services		
Chiropractic Spinal Manipulation	20% after in-network deductible	40% after out-of-network deductible
Durable Medical Equipment	20% after in-network deductible	20% after out-of-network deductible
Prosthetic & Orthotic Appliances	20% after in-network deductible	40% after out-of-network deductible