

MAGNA INTERNATIONAL OF AMERICA, INC.

**Prescription Drug Program
Summary of Benefits**

GENERAL INFORMATION

The Magna International of America, Inc. Prescription Drug Program (the "Program" or the "Plan") is part of the Magna International of America, Inc. Welfare Benefit Plan (sometimes also called the "Plan"). The purpose of the Program is to provide eligible employees and their spouses and dependents with access to prescription drugs.

Under the Prescription Drug Program, the Plan generally will pay, subject to the copayments (see page 3), restrictions (see pages 3-4), and exclusions (see pages 4-5) described below, for prescription drugs that are necessary for the treatment of an illness or injury of you or your dependents (as described in the eligibility provisions of the Magna International of America, Inc. Welfare Benefit Plan summary plan description.)

The Pharmacy Benefit Manager for the Program is responsible for the routine processing of claims and benefits. The Pharmacy Benefit Manager is identified in the annual open enrollment materials.

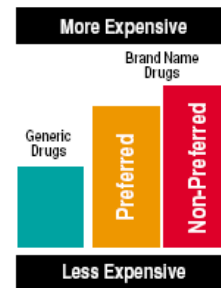
This summary of the Prescription Drug Program is a supplement to the Summary Plan Description of the Magna International of America, Inc. Welfare Benefit Plan. Certain information required by ERISA may be found in the Summary Plan Description. To the extent of any conflict between the Summary Plan Description and the terms of this summary regarding the Prescription Drug Program, this summary will control.

While this summary is intended to be an accurate summary of the benefits available, in the event of any conflict between the terms of this summary and the Plan itself, the terms of the Plan will control.

HOW THE PRESCRIPTION DRUG PROGRAM WORKS

There are three categories/classifications of prescription drugs. Each category has a different cost share, shown below. 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 the Plan. Preferred brand-name drugs are more cost effective than non-preferred brand-name drugs and will cost you less as well. The Pharmacy Benefit Manager maintains a list of preferred brand-name drugs on its formulary that have been determined by the Pharmacy Benefit Manager to be the most cost effective brand-name drugs available. You may obtain a list of these drugs by calling the Pharmacy Benefit Manager or by accessing information on the Pharmacy Benefit Manager's website.
- **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.



Specialty drugs are provided through the Pharmacy Benefit Manager's Specialty Pharmacy Program (see page 4). Specialty drugs are only covered through the Specialty Pharmacy Program.

GENERAL PLAN PROVISIONS

By signing up for the Medical Plan of your choice, you are automatically enrolled in the Prescription Drug Program. You may not separately enroll in the Prescription Drug Program. The Prescription Drug Program is the same regardless of which Medical Plan option you choose.

You must use generic drugs if there is a generic drug that may be given in place of a brand-name drug to achieve similar results for many people. A generic alternative may contain different active ingredients than the brand-name drug, but it usually provides a similar effect when treating a specific condition. If a generic drug is available, and you or your doctor choose a preferred drug instead, you will pay your cost share for the brand drug, **PLUS** the ingredient cost between the generic and the preferred drug, which is called the Product Selection Fee. *In some cases, this can be a significant cost to you; however, if you are enrolled in a plan with a copay cap, the cap would apply.*

The schedule of Deductibles, Copayments and Minimum/Maximum Costs for the Prescription Drug Program is shared annually during open enrollment and is always accessible by request to your Human Resources representative or online at magna.com/usbenefits.

COVERED DRUGS

The following prescription drugs are covered under the Plan:

- Federal legend and state restricted drugs
- Compounded medications if all the ingredients are covered
- Insulin
- Needles and syringes when dispensed with insulin
- Contraceptives (including contraceptive devices) as required by the Affordable Care Act
- Diabetic testing supplies
- Preventive drugs, supplements and vitamins as required by the Affordable Care Act

All prescriptions at retail (other than those described below) are limited to a 30 day supply.

PRESCRIPTION LIMITATIONS

Limitations on quantity

Certain medications are covered in LIMITED QUANTITIES. Check with the Pharmacy Benefit Manager for the affected medications and the limits that apply.

Specialty drugs

Certain specialty drugs are available only through the Specialty Pharmacy Program (see below).

MAIL ORDER PROGRAM

The mail order prescription program is available for long-term and ongoing prescription drug needs, commonly called maintenance drugs. Use of the mail order program for maintenance drugs is **mandatory**. You will be required to pay the full cost for your maintenance drugs if you do not use the mail order service after three refills at a retail site.

If you are taking medication on a regular basis, ordering your prescriptions through the mail order program is convenient. When prescribed by your physician, you can order up to a 90-day supply (three months) of medication by mail from the Pharmacy Benefit Manager.

Your medication is delivered to your home, postage-paid, usually within 7-10 days after the Pharmacy Benefit Manager receives the prescription for a new order.

The Pharmacy Benefit Manager will automatically substitute a generic drug, if available, unless the prescriber writes the prescription as Dispense As Written (DAW) 1 or 2.

If you have questions, call the Pharmacy Benefit Manager or refer to information on the Pharmacy Benefit Manager's website.

SPECIALTY PHARMACY PROGRAM

Specialty medications are a category of expensive drugs resulting from advances in drug development research, technology and design. They are used to treat specific complex and chronic conditions such as cancer, hepatitis C, bleeding disorders, and multiple sclerosis.

These specialty drugs may be available as oral, injectable or infused medications. They often require refrigeration or other special handling.

If your physician prescribes a specialty drug, you **must** have it filled through the Pharmacy Benefit Manager's specialty pharmacy.

Contact information for the specialty pharmacy is available from the Pharmacy Benefit Manager.

PRIOR AUTHORIZATION/COVERAGE REVIEW

In some cases, your prescription will not be covered until the Pharmacy Benefit Manager has made a coverage review (also called prior authorization). This review makes sure that you're getting a medication that is prescribed for its intended use and covered by the Prescription Drug Program. The Pharmacy Benefit Manager will consult with your doctor to determine if your medication will be covered.

Your prescription will not be covered until the coverage review is complete. Most reviews are completed within a few days after the Pharmacy Benefit Manager receives complete information from your doctor. If you receive coverage approval, your prescription will be filled like normal. If your coverage is not approved, you can ask your doctor to prescribe an alternative medication or you can choose to pay full price for the prescription. You can also appeal the denial as explained in the coverage review denial letter or communication.

EXCLUSIONS

The following are not covered under the Prescription Drug Program:

- Non-federal legend drugs
- Federal legend non-drugs
- Non-federal legend non-drugs

- Contraceptive devices (other than as required by the Affordable Care Act)
- Vitamins and vitamin supplements (other than as required by the Affordable Care Act)
- Investigational drugs (see explanation below)
- Impotency agents (e.g. Viagra)
- Any drugs used for cosmetic purposes (e.g. Rogaine or Minoxidil for baldness)
- Abortifacients
- Fertility agents
- Nutritional supplements
- Ostomy supplies
- Blood glucose monitor
- Any "lifestyle" drug, that is, one that enhances an individual's quality of life or extends the normal life span, by addressing non-threatening conditions such as baldness, impotence, or wrinkles
- Specialty drugs not filled through the Specialty Pharmacy Program
- Therapeutic devices/appliances (other than as specifically listed)
- Dental fluoride products
- Any prescription refilled in excess of the number specified by the physician
- Prescriptions refilled before the previous filling has been used
- Charges for the administration of any drug
- Prescriptions that an eligible person is entitled to receive without charge under any workers' compensation or similar laws
- Prescriptions that are forged or otherwise wrongfully obtained
- Prescriptions payable by government-sponsored health care programs such as Medicare or TRICARE, for which you are eligible
- Drugs or services obtained before the effective date or after your coverage ends

The list of exclusions above is subject to change. Please refer to the Pharmacy Benefit Manager's website or app for drugs that are covered.

A drug is considered "investigational" if its use has not been approved by the U.S. Food and Drug Administration or if it is an approved drug but is not being used in a therapy for which it is generally prescribed. The Pharmacy Benefit Manager's decision whether a drug or its use are "investigational" shall be binding.

HOW TO GET YOUR PRESCRIPTION FILLED

When purchasing a prescription and/or refill at a participating network pharmacy, follow these steps:

1. Present your prescription identification card and the prescription to the pharmacy.
2. The pharmacist will contact the Pharmacy Benefit Manager to verify that the prescription is for a covered drug and to determine the appropriate copayment and minimum/maximum payment as specified above.

3. If the prescription is for a covered drug, the pharmacist will charge you the appropriate copayment.

To locate a participating network pharmacy in your area, go to the Pharmacy Benefit Manager's website. You can search for nearby pharmacies by ZIP code or by city and state.

If you have your prescription filled at a non-participating pharmacy, you may have to pay the full cost of the drug and file a claim form with the Pharmacy Benefit Manager to be reimbursed. You can obtain a claim form from your Human Resources representative or online at magna.com/usbenefits.

CLAIMS PROCESSING; HOW TO APPEAL A DENIED CLAIM

Refer to the Summary Plan Description for the Magna International of America, Inc. Welfare Benefit Plan, which explains the claim and appeal process.

The Prescription Drug Program is not insured by an insurance company. In the event that the Welfare Benefit Plan does not, for any reason, pay any expenses that are eligible for payment under this Plan, you are responsible for those expenses. The Pharmacy Benefit Manager merely processes claims and does not ensure that any expenses covered by this Plan will be paid.

COORDINATION OF BENEFITS

Benefits under this Plan will generally be coordinated with benefits you may have under another prescription drug plan. If you present two prescription drug identification cards to the pharmacy, the pharmacy will generally fill your prescription through the plan that is identified as the primary coverage. Please refer to the "Coordination of Benefits" section of the Summary Plan Description of the Welfare Benefit Plan for additional details.

COBRA CONTINUATION COVERAGE

If you elect to continue your medical plan coverage after a qualifying event, you will also be covered by the Prescription Drug Program. See the "COBRA" section in the Summary Plan Description for the Welfare Benefit Plan for more information on your right to elect COBRA continuation coverage.

AMENDMENT OR TERMINATION

Magna International of America, Inc., by its Board of Directors or a duly authorized representative, may modify, amend or terminate the Program, at any time in its sole discretion.

Any such modifications, amendments or terminations that affect covered individuals will be communicated to them. If the Plan is terminated, benefits will only be paid for claims incurred before the date of termination.

OTHER IMPORTANT INFORMATION

The following sections of the Summary Plan Description for the Welfare Benefit Plan are incorporated into this summary of benefits:

- Eligibility
- Enrollment
- Contributions
- Making Changes to Your Coverage During the Year
- Coverage During Leave of Absence
- COBRA
- Claim and Appeal Process
- Administrative Information
- ERISA

This booklet (together with the information incorporated from the Summary Plan Description for the Welfare Benefit Plan (SPD)), highlights key features of the Prescription Drug Program. The Plan is governed by this summary, the SPD and a legal Plan document. If there is a conflict between this summary and the Plan document, the Plan document will always govern. This summary shall govern in the event of a conflict between it and any written or verbal explanation from Employer or Plan representatives.

Nothing in this booklet says or implies that the benefit levels or cost of the Plan will not be changed in the future, or that the Prescription Drug Program will continue indefinitely. Additionally, the Employer may, as it is deemed legally permissible, seek reimbursement from the Plan for expenses paid or incurred by the Employer on behalf of the Plan.

While Magna International of America, Inc. intends to continue offering this Prescription Drug Program, it reserves the right to terminate, discontinue, change or amend the Plan at any time, for any reason. If you have any questions about the Plan, contact your Human Resources representative.