ANNUAL ENROLLMENT
October 17-30, 2016

TWO WAYS TO ENROLL:

1. Log on to the Benefit Harbor self-service portal at www.mybenefitharbor.com/jiffy
To see your personal benefits information, enter your user ID and password in the top left box. You will be prompted to change your password the first time you sign in.

**USER ID:** Social Security number + 513

**Password:** Date of Birth (MMDDYYYY)
(Example: May 1, 1975 = 05011975)

2. Call Benefit Harbor at 1 866-320-8314
Your Benefits

We offer a comprehensive benefits program consisting of:

- Medical
- Dental
- Vision
- Basic Life and Accidental Death and Dismemberment (AD&D)
- Voluntary Life and AD&D for employees, spouses and child(ren)
- Short-Term Disability
- Long-Term Disability
- 401(k)
- Supplemental Benefits

2017 EMPLOYEE BENEFITS

INTRODUCTION

At Heartland Automotive Services, we clearly recognize it is our dedicated employees who make us the leaders in our industry. Employees from all backgrounds bring excellent skills and new ideas to their jobs, and we value our talented team. Our employees display a high level of passion leading to Heartland Automotive’s success and our appreciation is reflected in the comprehensive benefits program we offer all full time employees.

Heartland’s benefit package is designed with the understanding that each employee has different needs. That’s why we offer you “Choice” to select the benefits that best fit your needs; “Value” to give you the option to purchase only the levels of coverage you need at economical group rates and “Tax Advantages” to pay for many of your benefits with tax-free dollars.

Please review this guide to help you understand the benefit options available to you effective January 1, 2017.

WHAT’S CHANGING IN BENEFITS FOR 2017!

BCBSTX

- Increase to per pay period contributions for dependent tiers to Bronze and Silver plans

No changes to Century medical, MetLife dental, VSP vision, Cigna life, and disability plans. Contributions remain the same for another year!

NEW IN 2017

MDLIVE TELEMEDICINE

ELIGIBILITY

All regular full-time teammates working 30 or more hours per week are eligible for benefits on the first of the month following 30 days from your date of hire. You may also elect coverage for your dependents, including:

- Your legal spouse or same or opposite sex domestic partner (affidavit required),

- Medical - Your natural child or a natural child of your domestic partner, your legally adopted child, step child, a child who is your dependent for federal income tax purposes or whose primary residence is your household and whom you are legal guardian or related by blood or marriage and dependent upon you for more than half of their support; until the end of the calendar month the child reaches age 26.

- Dental - Your natural or adopted child; your stepchild (including the child of a Domestic Partner); or a child who resides with and is fully supported by you; and who, in each case, is under age 26 and unmarried. In addition, your grandchild who is under age 26, unmarried, and who is able to be claimed as a dependent for federal income tax purposes.

- Vision – Any child of the enrollee, including natural child from the date of birth, legally adopted child from the date of placement for adoption, or other child for whom a court or administrative agency holds the enrollee responsible up to the age of 26.

- Voluntary Life – Your unmarried child until they reach age 19 (25 if primarily supported by the employee).

Handicapped child(ren) beyond the carriers limiting age, who are incapable of self-sustaining employment by reason of mental or physical handicap, and chiefly dependent upon you for support and maintenance are covered to the end of the month in which the child does not meet the requirements for extended eligibility as a handicapped child.
VERIFICATION OF ELIGIBLE DEPENDENTS

When you become eligible for coverage, you must complete the applicable affidavit(s) in order to enroll your dependents and/or domestic partner. You are responsible for notifying Heartland Automotive when you move, acquire new dependents, marry or divorce. Please be aware that a misrepresentation of eligible dependents on your enrollment application will result in a forfeiture of your right to participate in Heartland Automotive’s group healthcare plans. If you are unsure if your dependents are eligible, please check with Human Resources.

ENROLLMENT PROCEDURES

The following steps will guide you through the enrollment process:

1. Carefully review the plan information in this benefit enrollment guide. The insurance carriers’ websites also provide important information and tools that can help you make enrollment decisions.
2. Consider the needs of any dependents you may have. If you are married, review any coverages currently offered through your spouse’s employer to avoid costly duplicate coverage.
3. Benefit elections can be updated through the Benefit Harbor web portal (www.mybenefitharbor.com/jiffy) or by calling Benefit Harbor (866-320-8314). Please login or call to confirm, waive, or change your elections.

SECTION 125 AND BENEFIT ELECTION CHANGES

Under Section 125 of the Internal Revenue Service (IRS) code, you are allowed to pay for certain group insurance premiums with tax-free dollars. This means your premium deductions are taken before federal income and Social Security taxes are calculated, saving you up to 23% or more, depending on your tax bracket.

You must make your benefit elections carefully, including the choice to waive coverage. Your pretax elections will remain in effect until the next annual open enrollment period unless you experience an IRS approved qualifying change in status.

QUALIFYING EVENTS

CHANGE IN FAMILY STATUS

When one of the events listed on the chart on page 4 occurs, it is your responsibility to initiate the process to make applicable changes to your benefit elections. You have 30 days from the date of the event to go online at http://heartland.jiffylube.com to enter your election changes and add/delete your dependent(s). You must also provide the supporting documentation, as indicated below, to your Benefits Department within 30 days from the date of your qualified change in family status. Failure to make changes within 30 days from the event date will result in the inability to make changes to any of your elections until the next Open Enrollment period.

Payroll increases or decreases will be reflected on the appropriate paycheck after your revised elections have been processed. Additional premium deductions may be applied based on the effective date of coverage. No retroactive refunds will apply. *Employees must be already be enrolled in Optional Life at the time of the Qualifying Event in order to be able to add Optional Life for their spouse or child(ren).
## CONSUMER EDUCATION TOOLS

As a plan member, you have access to many consumer education tools and value-added programs designed to help you manage your and your dependent’s healthcare – 24 hours a day, seven days a week. You can log on to the carrier websites at:

- [www.bcbstx.com](http://www.bcbstx.com)
- [www.metlife.com](http://www.metlife.com)
- [www.vsp.com](http://www.vsp.com)
- [www.cigna.com](http://www.cigna.com)
- [www.kemperbenefits.com](http://www.kemperbenefits.com)
- [www.multiplan.com/chc](http://www.multiplan.com/chc)

### Qualifying Event

<table>
<thead>
<tr>
<th>Change in marital status:</th>
<th>Election Changes Must Be Consistent with the Event</th>
<th>January 1 - December 31</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marriage (A or R)</td>
<td>Y Y Y Y N Y Y Y</td>
<td>Documentation</td>
</tr>
<tr>
<td>Divorce or Annulment (R)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal Separation (R)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic Partner Addition or Dissolution (A or R)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Death of Spouse (R)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Documentation

- Marriage Certificate
- Divorce Decree
- Final Court Document
- Notarized Statement of Dis-enrollment
- Death Certificate

### Change in the number of dependents:

<table>
<thead>
<tr>
<th>Change in the number of dependents</th>
<th>Election Changes Must Be Consistent with the Event</th>
<th>January 1 - December 31</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth (A)</td>
<td>Y Y Y Y N Y Y Y</td>
<td></td>
</tr>
<tr>
<td>Adoption (A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guardianship of a Child (A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Death of a Dependent (R)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Documentation

- Birth Certificate, Hospital Announcement
- Adoption Agreement
- Court Decree for Guardianship
- Death Certificate

### Dependent Becomes Eligible (A)

<table>
<thead>
<tr>
<th>Dependent Becomes Eligible (A)</th>
<th>Y Y Y Y N Y Y Y</th>
</tr>
</thead>
</table>

### Employee or Dependent Loses Other Coverage (A)

<table>
<thead>
<tr>
<th>Employee or Dependent Loses Other Coverage (A)</th>
<th>Y Y Y Y N Y Y Y</th>
</tr>
</thead>
</table>

### Employee or Dependent Gains Other Coverage

<table>
<thead>
<tr>
<th>Employee or Dependent Gains Other Coverage</th>
<th>Y Y Y Y N Y Y Y</th>
</tr>
</thead>
</table>

### A change in employee’s, spouse’s, or dependent’s employment status (gaining employment, losing employment, change in work hours, change from full to part-time status). (A OR R)

<table>
<thead>
<tr>
<th>A change in employee’s, spouse’s, or dependent’s employment status (gaining employment, losing employment, change in work hours, change from full to part-time status). (A OR R)</th>
<th>Y Y Y Y N Y Y Y</th>
</tr>
</thead>
</table>

### Change in Dependent Care Costs (D)

<table>
<thead>
<tr>
<th>Change in Dependent Care Costs (D)</th>
<th>N N N N N Y N</th>
</tr>
</thead>
</table>

### Court Ordered Dependent, add or drop from coverage (A or R)

<table>
<thead>
<tr>
<th>Court Ordered Dependent, add or drop from coverage (A or R)</th>
<th>Y Y Y Y N Y Y Y</th>
</tr>
</thead>
</table>

Forward required documents for your event via fax at: (972) 701-6920
Via mail to: clientserviceteam@benefitharbor.com or
Mail hard copy to: Benefits Administrator, Benefits Harbor 5445 Legacy Drive, Suite 250, Plano, TX  75024
Heartland Automotive offers you the choice of two medical plans with BlueCross BlueShield of Texas (BCBSTX). Both plans are open access, do not require the selection of a Primary Care Physician, and provide coverage in- and out-of-network. Enrolling in these plans gives you the freedom to go directly to physicians, hospitals and other high quality providers. For care received out-of-network, the provider may bill you for amounts exceeding the plan’s payment schedule and you will have higher out-of-pocket costs.

Note: The Bronze plan meets the ACA requirement of minimum essential coverage (MEC) and affordable coverage.

### IMPORTANT INFORMATION CONCERNING YOUR PRESCRIPTION DRUG COVERAGE

To find out a particular drug is subject to these conditions, please visit bcbstx.com/member or call the number on the back of your ID card.

- **Mail Order:** Selected maintenance medications will only be dispensed via Mail Order. Using prescription mail order services can help you reduce what you pay out-of-pocket and includes free standard shipping.

- **Step Therapy:** The step therapy program encourages safe and cost-effective medication use using a “step” approach in order to obtain coverage for certain high cost medications. In order to receive coverage for these medications, you may need to first try a proven, lower-cost alternative. If your doctor determines that the alternative is not medically effective for you, they may seek approval from BCBSTX.

- **Prior Authorization:** Your doctor will be required to submit certain medications to BCBSTX for approval before they are considered covered under the plan.

- **Specialty Medications:** Must be filled through the Prime Specialty pharmacy. You will no longer be able to fill these prescriptions at the retail pharmacy. With this new program, you can have your self-administered specialty drugs delivered directly to you, or to your doctor’s office. If you have questions related to your specific medications, you may contact Prime Specialty Pharmacy directly at 877-627-6337.

### Bi-Weekly Contributions

<table>
<thead>
<tr>
<th></th>
<th>Silver Group #73089</th>
<th>Bronze Group #153320</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teammate Only</td>
<td>$99.84</td>
<td>$41.60</td>
</tr>
<tr>
<td>Teammate &amp; Spouse / DP*</td>
<td>$360.02</td>
<td>$304.00</td>
</tr>
<tr>
<td>Teammate &amp; Child(ren)</td>
<td>$385.23</td>
<td>$326.62</td>
</tr>
<tr>
<td>Teammate &amp; Family</td>
<td>$594.51</td>
<td>$514.38</td>
</tr>
</tbody>
</table>

* Domestic partner contribution will be on a post tax basis.
VIRTUAL VISITS -
TELEMEDICINE
888-860-8646

CONVENIENT HEALTH CARE
AT YOUR FINGERTIPS

Getting sick is never convenient, and finding time to get to the doctor can be hard. Blue Cross and Blue Shield of Texas (BCBSTX) provides you and your covered dependents access to care for non-emergency medical issues and behavioral health needs through MDLIVE.

Whether you’re at home or traveling, access to a board-certified doctor is available 24 hours a day, seven days a week. You can speak to a doctor immediately or schedule an appointment based on your availability. Virtual visits can also be a better alternative than going to the emergency room or urgent care center.¹

MDLIVE DOCTORS OR THERAPISTS CAN HELP
TREAT THE FOLLOWING CONDITIONS AND MORE:

<table>
<thead>
<tr>
<th>General Health</th>
<th>Behavioral Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Allergies</td>
<td>• Anxiety/depression</td>
</tr>
<tr>
<td>• Asthma</td>
<td>• Child behavior/learning issues</td>
</tr>
<tr>
<td>• Nausea</td>
<td>• Marriage problems</td>
</tr>
<tr>
<td>• Sinus infections</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pediatric Care</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Cold/flu</td>
<td></td>
</tr>
<tr>
<td>• Ear problems</td>
<td></td>
</tr>
<tr>
<td>• Pinkeye</td>
<td></td>
</tr>
</tbody>
</table>

GET CONNECTED TODAY!
To register, you’ll need to provide your first and last name, date of birth and BCBSTX member ID number.
Method of payment $40 copay.

Connect²
Access where available:
- mobile app
- online video
- telephone service

Interact
Real-time consultation with a board-certified doctor or therapist

Diagnose
Prescriptions sent electronically to pharmacy of your choice (when appropriate)

TELEPHONE:
- Call MDLIVE (888-680-8646)
- Speak with a health service specialist
- Speak with a doctor

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

MDLIVE, an independent company, provides virtual visit services for Blue Cross and Blue Shield of Texas. MDLIVE operates and administers the virtual visit program and is solely responsible for its operations and that of its contracted providers.

MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc. and may not be used without written permission.

¹ In the event of an emergency, this service should not take place of an emergency room or urgent care center. MDLIVE doctors do not take the place of your primary care doctor. Proper diagnosis should come from your doctor, and medical advice is always between you and your doctor.

² Internet/Wi-Fi connection is needed for computer access. Data charges may apply when using your tablet or smartphone. Check your phone carrier’s plan for details. Video on-demand consultations for behavioral health are available by appointment. Service is limited to interactive-audio consultations (phone only), along with the ability to prescribe, when clinically appropriate, in Texas. Service is limited to interactive-audio/video (video only), along with the ability to prescribe, when clinically appropriate, in Idaho, Montana, New Mexico and Oklahoma. Virtual visits are currently not available in Arkansas. Service availability depends on member’s location. Virtual visits may not be available on all plans.

MDLIVE is not an insurance product nor a prescription fulfillment warehouse. MDLIVE operates subject to state regulations and may not be available in certain states. MDLIVE does not guarantee that a prescription will be written. MDLIVE does not prescribe DEA-controlled substances, non-therapeutic drugs and certain other drugs that may be harmful because of their potential for abuse. MDLIVE physicians reserve the right to deny care for potential misuse of services.
Had You Know?

- Enrollment in the Century plans satisfies the ACA Individual Mandate (For 2017: Greater of $695 per adult, $347.50 per child or 2.5% of household income)
- Preventive services* such as your routine physical exam/lab work, immunizations, well woman exam, and certain cancer screenings are covered at 100% through participating providers.

**24-HR NURSE LINE HELPFUL HINTS WHEN USING YOUR MEDICAL PLANS**

- A 24/7 Nurseline is available to you through your BCBSTX and Century plans.

  | BCBS | 800-581-0368 |
  | Century | 866-796-1857, Pin: 526 |

- When contemplating whether or not to you should go to an emergency room (ER), consider other options such as your doctor’s office, retail clinics, or urgent care centers which will typically result in lower out-of-pocket costs. Emergency rooms are designed to assist with true medical emergencies.

- Consider using the prescription mail order program to potentially save on monthly copays.

*This is only brief description of preventive benefits available and are subject to change under the Affordable Care Act. To learn more, please visit www.healthcare.gov. A full list by gender and age can also be obtained at www.cdc.gov.*

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**CENTURY HEALTHCARE LIMITED MEDICAL (GROUP #CHC5172)**

Limited Medical plans are also available to employees through Century Healthcare. Heartland Automotive offers two benefit plan options outlined below. Please note, these plans are not comprehensive medical plans.

<table>
<thead>
<tr>
<th>Plan Provisions</th>
<th>Select Plan</th>
<th>Value Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preventive Wellness Benefits</strong></td>
<td>100% covered</td>
<td>100% covered</td>
</tr>
<tr>
<td><strong>Physician Office Visit</strong></td>
<td>Plan pays $80 per visit (6 visits)</td>
<td>Plan pays $60 per visit (6 visits)</td>
</tr>
<tr>
<td><strong>Outpatient Lab / X-Ray</strong></td>
<td>Plan pays $80 per visit (3 visits)</td>
<td>Plan pays $60 per visit (3 visits)</td>
</tr>
<tr>
<td><strong>Advanced Studies (MRI, PET, etc.)</strong></td>
<td>Plan pays $500 per visit (1 visit)</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>Plan pays $250 per visit (1 visit)</td>
<td>Plan pays $250 per visit (1 visit)</td>
</tr>
<tr>
<td><strong>Inpatient Benefit / Anesthesia</strong></td>
<td>Inpatient pays $1,000 (1 surgery) Anesthesia pays 25% of surgery benefit</td>
<td>Inpatient pays $500 (1 surgery) Anesthesia pays 25% of surgery benefit</td>
</tr>
<tr>
<td><strong>Outpatient Benefit / Anesthesia</strong></td>
<td>Outpatient pays $400 (1 surgery) Anesthesia pays 25% of surgery benefit</td>
<td>Outpatient pays $250 (1 surgery) Anesthesia pays 25% of surgery benefit</td>
</tr>
<tr>
<td><strong>Outpatient Minor Surgery</strong></td>
<td>Plan pays $80 per day (1 day)</td>
<td>Plan pays $60 per day (1 day)</td>
</tr>
<tr>
<td><strong>Ambulance</strong></td>
<td>Plan pays $150 per trip (3 trips)</td>
<td>Plan pays $150 per trip (3 trips)</td>
</tr>
<tr>
<td><strong>Hospital Confinement</strong></td>
<td>Plan pays $400 per day (30 day max)</td>
<td>Plan pays $100 per day (30 day max)</td>
</tr>
<tr>
<td><strong>Substance Abuse / Mental Illness Confinement</strong></td>
<td>Plan pays $200 per day (30 day max)</td>
<td>Plan pays $50 per day (30 day max)</td>
</tr>
<tr>
<td><strong>Skilled Nursing Confinement</strong></td>
<td>Plan pays $200 per day (30 day max)</td>
<td>Plan pays $50 per day (30 day max)</td>
</tr>
<tr>
<td><strong>Accident Medical</strong></td>
<td>Plan pays up to $5,000 per occurrence</td>
<td>Plan pays up to $5,000 per occurrence</td>
</tr>
<tr>
<td><strong>Pharmacy Benefits</strong></td>
<td>Tier 1: $10 copay Tier 2: $50 or 50%; whichever is greater Tier 3: Discounts only Monthly Maximum: $100 EE / $200 Family</td>
<td>Tier 1: $10 copay Tier 2: $50 or 50%; whichever is greater Tier 3: Discounts only Monthly Maximum: $100 EE / $200 Family</td>
</tr>
</tbody>
</table>

**Bi-Weekly Contributions**

<table>
<thead>
<tr>
<th></th>
<th>Select</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teammate Only</td>
<td>$51.28</td>
<td>$39.28</td>
</tr>
<tr>
<td>Teammate + 1</td>
<td>$100.80</td>
<td>$71.26</td>
</tr>
<tr>
<td>Teammate + Family</td>
<td>$173.63</td>
<td>$121.48</td>
</tr>
</tbody>
</table>
METLIFE DENTAL (GROUP #119917)

You have the option to purchase voluntary dental insurance through MetLife. The dental plan is a PPO which allows you the choice to utilize in-network as well as out-of-network providers. When utilizing out-of-network providers, you will experience higher out-of-pocket costs. (You do not need ID cards)

<table>
<thead>
<tr>
<th>Plan Provisions</th>
<th>PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year Deductible (Individual/Family)</td>
<td>$50/$100</td>
</tr>
<tr>
<td>Calendar Year Maximum</td>
<td>$1,000</td>
</tr>
<tr>
<td>Preventive Services</td>
<td></td>
</tr>
<tr>
<td>Oral exams (2 per year); Bitewing x-rays (1 per year); Cleanings (2 per year); Topical fluoride treatment &amp; sealants (children under age 19)</td>
<td>Covered at 100%, Deductible Waived</td>
</tr>
<tr>
<td>Basic*</td>
<td>Covered at 80% after deductible</td>
</tr>
<tr>
<td>Fillings; Simple Extractions; Full Mouth X-rays (1 per 60 Months); General Anesthesia; Oral Surgery; Periodontal Maintenance; Space Maintainers (children under age 14)</td>
<td></td>
</tr>
<tr>
<td>Major*</td>
<td>Covered at 50% after deductible</td>
</tr>
<tr>
<td>Crowns; Bridges; Dentures; Inlays/Onlays; Endodontics; Periodontal scaling and root planing</td>
<td></td>
</tr>
<tr>
<td>Orthodontia Services* (Adult and Child)</td>
<td>Covered at 50%</td>
</tr>
<tr>
<td>Orthodontia Lifetime Maximum</td>
<td>$2,000</td>
</tr>
</tbody>
</table>

*12 month waiting period will apply if enrollment process is not completed at the time of eligibility.

Did You Know?
As a VSP member, you may qualify for discounts on LASIK vision correction procedures at certain contracted facilities.

VSP VISION (GROUP #12306530)

You may purchase voluntary vision coverage through Vision Service Plans (VSP). In order to maximize your benefits, you should always confirm your provider participates in the VSP Signature network prior to obtaining services. (You do not need ID cards)

<table>
<thead>
<tr>
<th>Plan Provisions</th>
<th>In-Network</th>
<th>Out-Of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Examination</td>
<td>Every 12 Months</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$10 copay</td>
<td>Up to $50</td>
</tr>
<tr>
<td>Materials Copay</td>
<td></td>
<td>$25 copay</td>
</tr>
<tr>
<td>Lenses</td>
<td>Every 12 Months</td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>Covered In Full</td>
<td>Up to $50</td>
</tr>
<tr>
<td>Bifocal</td>
<td>Covered In Full</td>
<td>Up to $75</td>
</tr>
<tr>
<td>Trifocal</td>
<td>Covered In Full</td>
<td>Up to $100</td>
</tr>
<tr>
<td>Contact Lenses</td>
<td>Every 12 Months</td>
<td></td>
</tr>
<tr>
<td>Elective &amp; Conventional</td>
<td>$120 allowance + 20% off of balance</td>
<td>Up to $105</td>
</tr>
<tr>
<td>Medically Necessary</td>
<td>Covered in full</td>
<td>Up to $210</td>
</tr>
<tr>
<td>Frames</td>
<td>Every 24 Months</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$120 allowance</td>
<td>Up to $70</td>
</tr>
</tbody>
</table>

Bi-Weekly Contributions | Vision
--- | ---
Teammate Only | $2.46
Teammate & Spouse / DP | $4.92
Teammate & Child(ren) | $5.28
Teammate & Family | $8.42
CIGNA BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Heartland Automotive provides, at no cost, a basic life and AD&D insurance benefit equal to one times your annual salary plus $20,000 to a maximum of $170,000. A life insurance benefit of $7,500 is provided to spouses / domestic partners; $5,000 for eligible children 6 months through age 25 and $2,500 for eligible children 15 days to 6 months of age.

CIGNA VOLUNTARY LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

You may purchase voluntary life/AD&D insurance for yourself, your spouse and dependents. You may purchase coverage in $10,000 increments up to a maximum of $500,000 or 100% of the teammate’s elected amount for yourself, spouse, or domestic partner. Please see the table below for information corresponding to your monthly premium. If you would like to increase your current coverage amount or apply for the first time, you may be required to submit an Evidence of Insurability (EOI) form. Coverage will be contingent upon approval from medical underwriting.

<table>
<thead>
<tr>
<th>Age</th>
<th>Teammate, Spouse/ DP Rate per $10,000*</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;30</td>
<td>$0.97</td>
</tr>
<tr>
<td>30-34</td>
<td>$1.02</td>
</tr>
<tr>
<td>35-39</td>
<td>$1.28</td>
</tr>
<tr>
<td>40-44</td>
<td>$1.84</td>
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<tr>
<td>45-49</td>
<td>$3.13</td>
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<tr>
<td>50-54</td>
<td>$4.72</td>
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<tr>
<td>55-59</td>
<td>$7.80</td>
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<tr>
<td>60-64</td>
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<tr>
<td>65-69</td>
<td>$15.58</td>
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<tr>
<td>70-74</td>
<td>$25.44</td>
</tr>
<tr>
<td>75-99</td>
<td>$25.44</td>
</tr>
<tr>
<td>Dependent Children</td>
<td>$2.00</td>
</tr>
</tbody>
</table>

*Spouse rate is based on spouse’s age

To calculate your monthly premium amount, multiply the rate listed for your age bracket by the benefit amount requested (in units of $10,000). Spouse rates will be based on your spouse’s age at the time of enrollment.

Example: Employee Age 42, electing $200,000 benefit

\[
\text{Rate} \times \frac{\text{Benefit Amount}}{\$10,000} = \text{Monthly Premium}
\]

\[
\begin{align*}
\text{Rate} & \times \frac{\$200,000}{\$10,000} = \$36.80 \\
\text{Rate} & \times \frac{\$200,000}{\$10,000} = \text{Monthly Premium}
\end{align*}
\]

CIGNA SHORT-TERM DISABILITY (STD)

(Support Center, RVPs/DMs/GMs/FTMs) STD benefits are administered by Heartland Automotive through Cigna for teammates as a salary continuance program and apply only if you become disabled. After you have been approved for STD, the plan may pay up to 66.67% of your weekly base salary for up to 12 weeks. The maximum weekly benefit is $1,500.
CIGNA LONG-TERM DISABILITY (LTD)

Teammates are also provided LTD coverage through Cigna at no cost. After you have been disabled for 90 days and approved by the carrier, you may receive 60% of earnings up to a monthly maximum based upon your occupation at the time of your disability. The period of disability payments depends on the nature of your disability and your occupation at the time you become disabled. LTD benefits are offset by any Social Security award for which you may become eligible. **After 12 months of employment, AGM, AM, IM, Lead CSA, CSA, Lube Tech are eligible to enroll in LTD benefits.**

YOUR 401(K) SAVINGS PLAN

Eligibility: all full-time employees, 21 years and older, are eligible to participate in Heartland Automotive’s 401(k) plan. Eligibility begins the first of month following 60 days of employment. Please contact Benefits@jiffyworld.com.

SUPPLEMENTAL BENEFITS

Heartland Automotive offers the following supplemental programs through the convenience of automatic payroll deductions. These plans are designed to provide additional insurance protection to you and your family at attractive group rates not available on an individual basis. In addition, the policies are portable, which means you may take them with you if you leave the company.

ACCIDENT INSURANCE

A voluntary accident plan offers coverage for off-the-job accidents, injuries, and ambulance services, in addition to your primary medical insurance and provides expense reimbursement for actual charges up to the policy maximum. Coverage is available for employees, spouses and children.

CRITICAL ILLNESS

Being diagnosed with a critical illness can create a great deal of stress, both emotional and financial. This plan is designed to help minimize the financial burden associated with the diagnosis of illness such as heart attacks, strokes, end-stage renal failure, major organ transplants, and cancer. The plan provides a lump-sum benefit payment upon diagnosis with no restrictions on usage.

Benefits are available at various levels for spouses and dependent children.

WHOLE LIFE INSURANCE

With a wide range of coverage levels, the whole life insurance plan can help ensure your family is financially protected in the event of the loss of a loved one. Benefits from this plan can be used for funeral costs and other final expenses; immediate needs such as probate expenses; ongoing bills such as utilities; debt liquidation such as paying off loans or a mortgage; and future expenses such as education funds or retirement needs.

Benefits are available for employees, spouses, and dependent children.
This brochure summarizes the health care and income protection benefits that are available to Heartland Automotive Services teammates and their eligible dependents. Official plan documents, policies, and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department.

Information provided in this brochure is not a guarantee of benefits.

CONTACTS

BENEFITS DEPARTMENT
CORPORATE/SUPPORT CENTER
Benefits@jiffyworld.com

BENEFIT HARBOR
Enrollment Services
866-320-8314
www.mybenefitharbor.com/jiffy

MEDICAL - BLUECROSS BLUESHIELD
GROUP #73089(SILVER)
GROUP #153320 (BRONZE)
BlueCross BlueShield of Texas
Member Services: 800-521-2227
www.bcbsbtx.com
Nurseline: 800-581-0368

LIMITED MEDICAL - CENTURY HEALTH
GROUP #CHC5172
Century Healthcare
Member Services: 877-685-2432
www.multiplan.com/chc
www.century.datarx.com
Nurseline: 866-796-1857, Pin: 526

DENTAL - METLIFE
GROUP #119917
MetLife
800-438-6388
www.metlife.com

VISION - VSP
GROUP #12306530
VSP
800-877-7195
www.vsp.com

LIFE AND DISABILITY
CIGNA
800-362-4462
www.cigna.com

401(K)
Benefits@jiffyworld.com

SUPPLEMENTAL BENEFITS
Kemper Benefits
877-851-0890
www.kemperbenefits.com
New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information
When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What Is the Health Insurance Marketplace?
The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?
You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?
Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?
For more information about your coverage offered by your employer, please check your summary plan description or contact Benefits Department.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit Healthcare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.
## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

<table>
<thead>
<tr>
<th>3. Employer name</th>
<th>4. Employer Identification Number (EIN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heartland Automotive Services, Inc.</td>
<td>47-0785873</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Employer address</th>
<th>6. Employer phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>105 Decker Court, Suite 900</td>
<td>Main #: 972-812-7968</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>7. City</th>
<th>8. State</th>
<th>9. ZIP code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irving</td>
<td>Texas</td>
<td>75062</td>
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</table>

<table>
<thead>
<tr>
<th>10. Who can we contact about employee health coverage at this job?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charmaine Semien</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. Phone number (if different from above)</th>
<th>12. Email address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><a href="mailto:Charmaine.Semien@jiffyworld.com">Charmaine.Semien@jiffyworld.com</a></td>
</tr>
</tbody>
</table>

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - [ ] All employees. Eligible employees are:
    - [ ] Some employees. Eligible employees are:
      - All full time employees working an average of 30+ hours per week
  - [ ] With respect to dependents:
    - [ ] We do offer coverage. Eligible dependents are:
      - Legal spouses, same or opposite sex domestic partners, dependent children up to the age of 26
    - [ ] We do not offer coverage.
  - [ ] If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

  ** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](http://HealthCare.gov) will guide you through the process. Here’s the employer information you’ll enter when you visit [HealthCare.gov](http://HealthCare.gov) to find out if you can get a tax credit to lower your monthly premiums.
13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**
   - ☐ **Yes** (Continue)
     - 13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? ________________(mm/dd/yyyy) (Continue)
   - ☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?
   - ☑ Yes (Go to question 15) ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* **offered only to the employee** (don’t include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/she received the maximum discount for any tobacco cessation programs, and didn’t receive any other discounts based on wellness programs.
   - a. How much would the employee have to pay in premiums for this plan? $41.60
   - b. How often? ☐ Weekly ☑ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

   If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don’t know, STOP and return form to employee.

16. **What change will the employer make for the new plan year?**
   - ☐ Employer won’t offer health coverage
   - ☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)
   - a. How much would the employee have to pay in premiums for this plan? $
   - b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly
BENEFITS ANNUAL NOTICES

IMPORTANT NOTICE FROM HEARTLAND AUTOMOTIVE SERVICES 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 Heartland Automotive Services 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. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. If neither you nor any of your covered dependents are eligible for or have Medicare, this notice does not apply to you or the dependents, as the case may be. However, you should still keep a copy of this notice in the event you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede this notice.

1. Medicare prescription drug coverage is available 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. Heartland Automotive Services has determined that the prescription drug coverage offered by the BCBS of Texas Bronze and Silver plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered “creditable” prescription drug coverage. This is important for the reasons described below. Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in a Medicare drug plan, as long as you later enroll within specific time periods.

3. Heartland Automotive Services has determined that the prescription drug coverage offered by the Century plans are, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays, and is considered “non-creditable” coverage. This is important, because most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the Plan. It’s also important because if you delay your enrollment in a Medicare drug plan you may have to pay a late enrollment penalty later, when you do enroll in a Medicare drug plan. See the discussion below about late enrollment penalties that might apply when you move from “non-creditable” coverage to a Medicare drug plan after your first opportunity to do so. You have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join. Read this notice carefully - it explains your options.

Consider joining a Medicare drug plan. You can keep your coverage from Heartland Automotive Services. You can keep the coverage regardless of whether it is “creditable” or “non-creditable,” that is, regardless of whether it is as good as a Medicare drug plan. However, because the existing coverage under the Century plan is “non-creditable” coverage, meaning that on average it’s NOT at least as good as standard Medicare prescription drug coverage, you may pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

Enrolling in Medicare – General Rules. As some background, you can join a Medicare drug plan when you first become eligible for Medicare. If you qualify for Medicare due to age, you may enroll in a Medicare drug plan during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. If you qualify for Medicare due to disability or end-stage renal disease, your initial Medicare Part D enrollment period depends on the date your disability or treatment began. For more information, you should contact Medicare at the telephone number or web address listed below.

Late Enrollment and the Late Enrollment Penalty. If you decide to wait to enroll in a Medicare drug plan you may enroll later, during Medicare Part D’s annual enrollment period, which runs each year from October 15th through December 7th. But as a general rule, if you delay your enrollment in a Medicare drug plan after first becoming eligible to enroll, you may have to pay a higher premium when you later enroll in a Medicare drug plan. If after your initial Medicare Part D enrollment period you go 63 continuous days or longer without “creditable” prescription drug coverage (that is, prescription drug coverage that’s at least as good as Medicare’s prescription drug coverage), your monthly Part D premium...
may go up by at least 1% of the premium you would have paid had you enrolled timely, for every month that you did not have creditable coverage after your initial enrollment period.

For example, if you do not enroll in a Medicare drug plan during your Medicare Part D initial enrollment period, and you then go 19 months without “creditable” prescription drug coverage before enrolling in a Medicare drug plan, your Medicare drug plan premium may be at least 19% higher than the premium you otherwise would have paid. You may have to pay this higher premium for as long as you have Medicare prescription drug coverage. Please note again that Heartland Automotive Services has determined the prescription drug coverage you currently have through its Century Plan is NOT “creditable” coverage. This means that if you do not enroll in a Medicare drug plan during your initial enrollment period, and don’t have or acquire “creditable” prescription drug coverage during the ensuing 63 days, you will pay a late enrollment penalty when you ultimately enroll in a Medicare drug plan.

Special Enrollment Periods and Exceptions to the Late Enrollment Penalty There are “special enrollment periods” that allow you to enroll in a Medicare drug plan months or even years after you first became eligible to do so. Whether you will be required to pay a late enrollment penalty when you enroll in a Medicare drug plan during a special enrollment period depends on whether you are moving to a Medicare drug plan from creditable, or non-creditable, prescription drug coverage. If after your Medicare Part D initial enrollment period you lose or decide to leave employer-sponsored or union-sponsored prescription drug coverage, you will be eligible to enroll in a Medicare drug plan during a two-month special enrollment period. If your employer- or union-sponsored prescription drug coverage was “creditable” coverage, your enrollment in a Medicare drug plan will be without penalty (assuming you did not have a 63-consecutive-day or longer break in “creditable” coverage after your Medicare Part D initial enrollment period). On the other hand, if the coverage was “non-creditable” your enrollment in the Medicare drug plan will be subject to a late enrollment penalty unless you had non-creditable coverage for fewer than 63 consecutive days after your Medicare Part D initial enrollment period.

In addition, if through no fault of your own you otherwise lose creditable prescription drug coverage (e.g., your employer- or union-sponsored plan’s coverage changes from creditable to non-creditable, or you lose creditable prescription drug coverage under an individual policy), you will be able to join a Medicare drug plan without penalty. This special enrollment period ends two months after the month in which your other coverage ends. Please note again that Heartland Automotive Services has determined the prescription drug coverage you currently have through its Century Plan is NOT “creditable” coverage. This means when you lose or decide to leave coverage under the Heartland Automotive Services Plan after your initial Medicare Part D enrollment period you will pay a late enrollment penalty when you ultimately enroll in a Medicare drug plan.

Compare Coverage 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. See the Heartland Automotive Services Plan summary plan description for a summary of its prescription drug coverage. If you don’t have a copy of the summary plan description, you can get one by contacting us at the telephone number or address listed below.

Coordinating Other Coverage with Medicare Part D Generally speaking, if you decide to join a Medicare drug plan while covered under Heartland Automotive Services Plan due to your employment (or someone else’s employment, such as a spouse or parent) your coverage under the Heartland Automotive Services Plan will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan’s summary plan description or contact Medicare at the telephone number or web address listed below. If you do decide to join a Medicare drug plan and drop your Heartland Automotive Services prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. To regain coverage you would have to re-enroll in the Plan, pursuant to the Plan’s eligibility and enrollment rules. You should review the Plan’s summary plan description to determine if and when you are allowed to re-enroll or add coverage.

For more information about this notice or your current prescription drug coverage, Contact Charmaine Semien at 972.812.7968.

NOTE: 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 Heartland Automotive Services changes. You also may request a copy.
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).

HEARTLAND AUTOMOTIVE SERVICES IMPORTANT NOTICE. COMPREHENSIVE NOTICE OF PRIVACY POLICY AND PROCEDURES

(This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.)

This Notice is provided to you on behalf of:

Heartland Automotive Services Medical Plan
Heartland Automotive Services Dental Care Plan
Heartland Automotive Services Vision Plan
Heartland Automotive Services Life and Disability Plan

These plans comprise what is called an "Affiliated Covered Entity," and are treated as a single plan for purposes of this Notice and the privacy rules that require it. For purposes of this Notice, we’ll refer to these plans as a single “Plan.”

The Plan’s Duty to Safeguard Your Protected Health Information.
Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care is considered “Protected Health Information” ("PHI"). The Plan is required to extend certain protections to your PHI, and to give you this Notice about its privacy practices that explains how, when and why the Plan may use or disclose your PHI. Except in specified circumstances, the Plan may use or disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure. The Plan is required to follow the privacy practices described in this Notice, though it reserves the right to change those practices and the terms of this Notice at any time. If it does so, and the change is material, you will receive a revised version of this Notice either by hand delivery, mail delivery to your last known address, or some other fashion. This Notice, and any material revisions of it, will also be provided to you in writing upon your request (ask your Human Resources representative, or contact the Plan’s Privacy Official, described below), and will be posted on any website maintained by Heartland Automotive Services that describes benefits available to employees and dependents. You may also receive one or more other privacy notices, from insurance companies that provide benefits under the Plan. Those notices will describe how the insurance companies use and disclose PHI, and your rights with respect to the PHI they maintain.

How the Plan May Use and Disclose Your Protected Health Information.
The Plan uses and discloses PHI for a variety of reasons. For its routine uses and disclosures it does not require your authorization, but for other uses and disclosures, your authorization (or the authorization of your personal representative (e.g., a person who is your custodian, guardian, or has your power-of-attorney) may be required. The following offers more
description and examples of the Plan’s uses and disclosures of your PHI.

Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations.

- **Treatment:** Generally, and as you would expect, the Plan is permitted to disclose your PHI for purposes of your medical treatment. Thus, it may disclose your PHI to doctors, nurses, hospitals, emergency medical technicians, pharmacists and other health care professionals where the disclosure is for your medical treatment. For example, if you are injured in an accident, and it’s important for your treatment team to know your blood type, the Plan could disclose that PHI to the team in order to allow it to more effectively provide treatment to you.

- **Payment:** Of course, the Plan’s most important function, as far as you are concerned, is that it pays for all or some of the medical care you receive (provided the care is covered by the Plan). In the course of its payment operations, the Plan receives a substantial amount of PHI about you. For example, doctors, hospitals and pharmacies that provide you care send the Plan detailed information about the care they provided, so that they can be paid for their services. The Plan may also share your PHI with other plans, in certain cases. For example, if you are covered by more than one health care plan (e.g., covered by this Plan, and your spouse’s plan, or covered by the plans covering your father and mother), we may share your PHI with the other plans to coordinate payment of your claims.

- **Health care operations:** The Plan may use and disclose your PHI in the course of its “health care operations.” For example, it may use your PHI in evaluating the quality of services you received, or disclose your PHI to an accountant or attorney for audit purposes. In some cases, the Plan may disclose your PHI to insurance companies for purposes of obtaining various insurance coverage.

Other Uses and Disclosures of Your PHI Not Requiring Authorization. The law provides that the Plan may use and disclose your PHI without authorization in the following circumstances:

- **To the Plan Sponsor:** The Plan may disclose PHI to the employers (such as Heartland Automotive Services) who sponsor or maintain the Plan for the benefit of employees and dependents. However, the PHI may only be used for limited purposes, and may not be used for purposes of employment-related actions or decisions or in connection with any other benefit or employee benefit plan of the employers. PHI may be disclosed to: the human resources or employee benefits department for purposes of enrollments and disenrollments, census, claim resolutions, and other matters related to Plan administration; payroll department for purposes of ensuring appropriate payroll deductions and other payments by covered persons for their coverage; information technology department, as needed for preparation of data compilations and reports related to Plan administration; finance department for purposes of reconciling appropriate payments of premium to and benefits from the Plan, and other matters related to Plan administration; internal legal counsel to assist with resolution of claim, coverage and other disputes related to the Plan’s provision of benefits.

- **To the Plan’s Service Providers:** The Plan may disclose PHI to its service providers (“business associates”) who perform claim payment and plan management services. The Plan requires a written contract that obligates the business associated to safeguard and limit the use of PHI.

- **Required by law:** The Plan may disclose PHI when a law requires that it report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order. It must also disclose PHI to authorities that monitor compliance with these privacy requirements.

- **For public health activities:** The Plan may disclose PHI when required to collect information about disease or injury, or to report vital statistics to the public health authority.

- **For health oversight activities:** The Plan may disclose PHI to agencies or departments responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents.

- **Relating to decedents:** The Plan may disclose PHI relating to an individual's death to coroners, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.

- **For research purposes:** In certain circumstances, and under strict supervision of a privacy board, the Plan may disclose PHI to assist medical and psychiatric research.

- **To avert threat to health or safety:** In order to avoid a serious threat to health or safety, the Plan may disclose PHI as
necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

**For specific government functions:** The Plan may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government programs relating to eligibility and enrollment, and for national security reasons.

**Uses and Disclosures Requiring Authorization:** For uses and disclosures beyond treatment, payment and operations purposes, and for reasons not included in one of the exceptions described above, the Plan is required to have your written authorization. Your authorizations can be revoked at any time to stop future uses and disclosures, except to the extent that the Plan has already undertaken an action in reliance upon your authorization.

**Uses and Disclosures Requiring You to have an Opportunity to Object:** The Plan may share PHI with your family, friend or other person involved in your care, or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or death. However, the Plan may disclose your PHI only if it informs you about the disclosure in advance and you do not object (but if there is an emergency situation and you cannot be given your opportunity to object, disclosure may be made if it is consistent with any prior expressed wishes and disclosure is determined to be in your best interests; you must be informed and given an opportunity to object to further disclosure as soon as you are able to do so).

**Your Rights Regarding Your Protected Health Information.**

You have the following rights relating to your protected health information:

- **To request restrictions on uses and disclosures:** You have the right to ask that the Plan limit how it uses or discloses your PHI. The Plan will consider your request, but is not legally bound to agree to the restriction. To the extent that it agrees to any restrictions on its use or disclosure of your PHI, it will put the agreement in writing and abide by it except in emergency situations. The Plan cannot agree to limit uses or disclosures that are required by law. **Effective February 17, 2010, you can restrict disclosure of PHI for payment or health care operations if you pay the health care provider the full out-of-pocket cost.**

- **To choose how the Plan contacts you:** You have the right to ask that the Plan send you information at an alternative address or by an alternative means. To request confidential communications, you must make your request in writing to the Privacy Official. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. The Plan must agree to your request as long as it is reasonably easy for it to accommodate the request.

- **To inspect and copy your PHI:** Unless your access is restricted for clear and documented treatment reasons, you have a right to see your PHI in the possession of the Plan or its vendors if you put your request in writing. The Plan, or someone on behalf of the Plan, will respond to your request, normally within 30 days. If your request is denied, you will receive written reasons for the denial and an explanation of any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed but may be waived, depending on your circumstances. You have a right to choose what portions of your information you want copied and to receive, upon request, prior information on the cost of copying.

- **To request amendment of your PHI:** If you believe that there is a mistake or missing information in a record of your PHI held by the Plan or one of its vendors, you may request, in writing, that the record be corrected or supplemented. The Plan or someone on its behalf will respond, normally within 60 days of receiving your request. The Plan may deny the request if it is determined that the PHI is: (i) correct and complete; (ii) not created by the Plan or its vendor and/or not part of the Plan’s or vendor’s records; or (iii) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If the request for amendment is approved, the Plan or vendor, as the case may be, will change the PHI and so inform you, and tell others that need to know about the change in the PHI.

- **To find out what disclosures have been made:** You have a right to get a list of when, to whom, for what purpose, and what portion of your PHI has been released by the Plan and its vendors, other than instances of disclosure for which you gave authorization, or instances where the disclosure was made to you or your family. In addition, the disclosure list will not include disclosures for treatment, payment, or health care operations. The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or before the date the federal privacy rules applied to the Plan. You will normally receive a response to your written request for such a list within 60 days after you make the request in writing. Your request can relate to disclosures going as far
back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

How to Complain about the Plan’s Privacy Practices.
If you think the Plan or one of its vendors may have violated your privacy rights, or if you disagree with a decision made by the Plan or a vendor about access to your PHI, you may file a complaint with the person listed in the section immediately below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services. The law does not permit anyone to take retaliatory action against you if you make such complaints.

Notification of a Privacy Breach
Any individual whose unsecured PHI has been, or is reasonably believed to have been used, accessed, acquired or disclosed in an unauthorized manner will receive written notification from the Plan within 60 days of the discovery of the breach.

If the breach involves 500 or more residents of a state, the Plan will notify prominent media outlets in the state. The Plan will maintain a log of security breaches and will report this information to HHS on an annual basis. Immediate reporting from the Plan to HHS is required if a security breach involves 500 or more people.

Contact Person for Information, or to Submit a Complaint.
If you have questions about this Notice please contact the Plan’s Privacy Official or Deputy Privacy Official(s) (see below). If you have any complaints about the Plan’s privacy practices or handling of your PHI, please contact the Privacy Official or an authorized Deputy Privacy Official.

Privacy Official
The Plan’s Privacy Official, the person responsible for ensuring compliance with this Notice, is:
Mark Guckdan
Senior VP Human Resources
972.812.7902

Organized Health Care Arrangement Designation.
The Plan participates in what the federal privacy rules call an “Organized Health Care Arrangement.” The purpose of that participation is that it allows PHI to be shared between the members of the Arrangement, without authorization by the persons whose PHI is shared, for health care operations. Primarily, the designation is useful to the Plan because it allows the insurers who participate in the Arrangement to share PHI with the Plan for purposes such as shopping for other insurance bids.

The members of the Organized Health Care Arrangement are:

Heartland Automotive Services Medical Plan  Heartland Automotive Services Dental Care Plan
Heartland Automotive Services Vision Plan  Heartland Automotive Services Life and Disability Plan

Effective Date.
The effective date of this Notice is: January 1, 2017.

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents’ other coverage).
Loss of eligibility includes but is not limited to:

- Loss of eligibility for coverage as a result of ceasing to meet the plan’s eligibility requirements (i.e., legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- Failing to return from an FMLA leave of absence; and
- Loss of coverage under Medicaid or the Children’s Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent(s)’ other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

WOMEN’S HEALTH AND CANCER RIGHTS ACT OF 1998 ANNUAL NOTICE

Did you know that in accordance with the “Women’s Health and Cancer Rights Act of 1998,” all group health plans are required to notify each participant of the following benefits. Coverage available under the plan for participants receiving eligible services in connection with a mastectomy and who elect breast reconstruction in connection with such mastectomy will include:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce symmetrical appearance;
- Prostheses; and
- Treatment of any physical complications, including treatment of lymphedema, the swelling sometimes caused by surgery.

Services and supplies will be in a manner determined in consultation with the attending physician and patient. Such coverage may be subject to annual deductibles, coinsurance, and other plan provisions as may be deemed appropriate and as are consistent with those established for other benefits under the plan. Please refer to your medical carrier’s Summary Plan Description for a full description of coverage under the plan.

MICHELLE’S LAW

Amends the Employee Retirement Income Security Act of 1974 (ERISA), the Public Health Service Act, and the Internal Revenue Code to prohibit a group health plan from terminating coverage of a dependent child due to a medically necessary leave of absence from, or any other change in enrollment at, postsecondary education institution that commences while such child is suffering from a serious illness or injury that causes such child to lose student status for purposes of coverage under the plan, before the earlier of: (1) one year after the first day of the medically necessary leave of absence; or (2) the date on which such coverage would otherwise terminate under the terms of the plan.
NOTICE OF RIGHT TO DESIGNATE PRIMARY CARE PROVIDER, AND NO OBLIGATION FOR PRE-AUTHORIZATION FOR OB/GYN CARE

You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. If your plan designates a primary care provider automatically, until you make this designation, the plan designates one for you. If your plan requires or allows for the designation of a primary care provider for a child, you may designate a pediatrician as the primary care provider. If your plan provides coverage for obstetric or gynecological care and require the designation by a participant or beneficiary of a primary care provider, you do not need prior authorization from the plan or from any other person including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

MEDICAID AND THE CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP) OFFER FREE OR LOW-COST HEALTH COVERAGE TO CHILDREN AND FAMILIES

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

To see if any other states have added a premium assistance program since January 31, 2014, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

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If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2014. Contact your State for more information on eligibility –
Disclaimer: The complete terms of each Benefit Plan are set forth in the applicable policy, contract, plan document or as defined by law. The plan sponsor has made every effort to comply with the regulations of the Healthcare Reform and all new legislation. In the event that anything described in this notice is in unclear or appears in conflict with the provisions set forth in the policies, contracts, plan documents or the law will prevail.
The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this Guide and the official Plan Documents, the official documents will govern.