



Wellness & HIPAA

HIPAA PRIVACY NOTICE

This Notice describes how medical information about you may be used or disclosed, and how you can get access to this information. Please review it carefully. You may obtain a copy of this Notice online at The Benefit Connection or DealerCentral by referencing the Benefits website.

The AutoNation Medical Benefits Plan/ AutoNation Medical Wraparound Benefits Plan, AutoNation Dental Benefits Plan, AutoNation Flexible Spending Accounts Plan and AutoNation Vision Benefits Plan (the "Plans") understand that medical information about you and your health is personal. The Plans are committed to protecting personal information about you. This Notice will tell you about the ways in which the Plans may use and disclose personal information about you. The Plans also describe your rights and certain obligations they have regarding the use and disclosure of personal information. The Plans are required BY LAW to: (1) make sure that personal information that identifies you is kept private; (2) give you Notice of their legal duties and privacy practices with respect to medical information about you; and (3) follow the terms of the notice that is currently in effect.

USES AND DISCLOSURES OF YOUR INFORMATION

Each Plan may use or disclose your health information for the purposes of its routine treatment, payment or health care operations, or may share health information with each other as necessary to carry out the routine treatment, payment or health care operations relating to the Plans. For example, the Plans may use your health information for management activities related to the Plans, including auditing, fraud and abuse detection, and customer service. The Plans also may use or disclose your health information to pay your claims for benefits. For example, the Plans may use your information to make eligibility determinations, and for billing and claims management purposes. In addition, the Plans may disclose your health information to AutoNation, Inc. (the Plans' sponsor and Employer) so that AutoNation, Inc. can perform administrative functions on behalf of the Plans. Note that the Genetic Information Nondiscrimination ACT (GINA) prohibits using protected health information that is genetic information for underwriting purposes.

The Plans also may use or disclose your health information where required or permitted by law. Federal law under the Health Insurance Portability and Accountability Act of 1996 (**HIPAA**) generally permits health plans to use or disclose health information for the following purposes: where required by law; for public health activities; to report child domestic abuse; for governmental oversight activities; pursuant to judicial or administrative proceedings; for certain law enforcement purposes; for a coroner, medical examiner or funeral director to obtain information about a deceased individual; for organ, eye or tissue donation purposes; for certain government-approved research activities; to avert a serious threat to an individual's or the public's health or safety; or for other government functions, such as related to military service or national security; or to comply with Workers' Compensation laws. In addition, the Plans may disclose your health information to a family member or close friend that you have identified and who is directly involved in your care or payment for your care. The Plans also may notify a family member or other individual involved in your care, of your location, general condition, or death, or to a public or private entity authorized by law or its charter to assist in disaster relief efforts to make such notifications.

For any other uses and disclosures of your health information, the Plans will obtain your written authorization. The Plans will obtain your written authorization to use or disclose your health information for marketing purposes where the Plans receive financial remuneration, for the sale of your health information, or with respect to psychotherapy notes, except for limited health care operations purposes. You may revoke this authorization in writing at any time, provided the Plans have not taken action in reliance on your authorization.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have several rights with respect to your health information, which are described below.

- **Right to Request Restrictions.** You have the **right to** request restrictions on how your information may be used or disclosed. The Plans generally are not required to agree to your requested restrictions unless you have paid out of pocket in full for such services. If the Plans agree with the requested restrictions, they will comply with your request unless the information is needed to provide emergency treatment for you. To request restrictions, you must submit a request form, as provided in the Questions and Requests/Forms section of this Notice below, to the Plans' Office of Privacy Governance.
- **Right to Request Confidential Communications.** You have the **right to** receive plan information confidentially in a certain way or at a certain location, such as at a location other than your home, if you state in writing that disclosing the information through normal means could endanger you. To request confidential communications, you must submit a request form to the Plans' Office of Privacy Governance.
- **Right to Inspect and Copy.** You have the **right to** inspect and copy your information that is maintained by the Plan in a designated record set, including an electronic copy. To inspect and copy your information, you must submit a request form to the Plan Office of Privacy Governance. The Plan may charge a reasonable, cost-based fee, including mailing costs (labor and postage), for such copies. The plans may deny your request to inspect and copy in certain very limited circumstances provided by the law. If you are denied access to health information, you may request that the denial be reviewed. Another privacy representative of the Plans will review your request and the denial. The person conducting the review will not be the person who denied your request. The Plans will comply with the outcome of the review.
- **Right to Amend.** You have the **right to** request an amendment to your personal information that the Plans maintain in a designated record set. To request an amendment, you must submit a request form to the Plans' Office of Privacy Governance. The Plans may deny your request for an amendment if: (1) it is not in writing or does not include a reason to support your request; (2) the Plans believe your information is accurate and complete; (3) the information is not part of the personal information kept by or for the Plans; (4) the information is not part of the information which you would be permitted to inspect or copy; or (5) the information was created by a party other than the Plans, unless the person or entity that created the information is no longer available to make the amendment.



Wellness & HIPAA

- **Right to an Accounting of Disclosures.** You have the **right to** request an accounting of disclosures the Plans have made of your health information for the six years prior to your request, except for disclosures you have authorized or disclosures for routine treatment, payment or health care operations of the Plans. To request an accounting of disclosures, you must submit a request form to the Plans' Office of Privacy Governance. Your request may not include dates before April 14, 2003. The first accounting you request within a 12-month period will be free, but for additional accountings the Plans may charge a reasonable, cost-based fee, including mailing costs (labor and postage). The Plans will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **Right to a Paper Copy of This Notice.** You have the **right to** request a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may ask the Plans to give you a copy of this Notice at any time. You may obtain a copy of this Notice online at The Benefit Connection. To obtain a paper copy of this Notice, you must submit a request form to the Plans' Office of Privacy Governance.

THE PLANS' DUTIES WITH RESPECT TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION

The Plans are required by law to maintain the privacy of your protected health information, and to provide you with a notice of their legal duties and privacy practices with respect to your protected health information. The Plans are required to abide by the terms of this Notice and to make the new notice provisions effective for all protected health information that they maintain, including the information that the Plans currently have as well as any information they receive in the future. The Plans are required to notify you if there is a breach of your unsecured protected health information. If there is a material change to any of the provisions of this Notice, the Plans will distribute a revised privacy notice. The notice will contain the Effective Date on the last page at the very end of the document, unless otherwise specified.

QUESTIONS AND REQUESTS/FORMS

If you have questions, would like more information about the Plans' privacy policies or want to request a form to exercise any of your rights listed above, you may contact the Plans' Office of Privacy Governance at 200 Southwest First Ave, 14th Floor, Fort Lauderdale, FL 33301 or call 1-954-769-6000.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Plans or the Secretary of U.S. Department of Health and Human Services. To file a complaint with the Plans, contact the Plans' Office of Privacy Governance as set forth above. You cannot be retaliated against for filing such a complaint.

NOTICE - FOR AUTONATION EMPLOYEES

When Applying for a Premium Tax Credit from a Federal or State Marketplace

This notice is to provide information about the medical benefits offered through AutoNation's employer-sponsored coverage that will be useful to you if you are considering applying for a premium tax credit from a federal or state marketplace ("Marketplace").

According to the "New Health Insurance Marketplace Coverage Options and Your Health Coverage Notice" enclosed with your new hire information, if you have an offer of health coverage from your employer that meets certain standards related to minimum value and affordability, you may not be eligible for a tax credit through the Marketplace.

If you or your spouse is applying for a premium tax credit and you are eligible for medical benefits through AutoNation's Medical Plan, you or your spouse should provide the information below to the Marketplace. This information may affect the Marketplace's determination of your or your spouse's eligibility to receive the credit.

AutoNation offers minimum essential coverage to you, your spouse and your eligible dependents as defined in the Summary Plan Descriptions (SPDs) that meets the Affordable Care Act guidelines as follows:

- Meets the minimum value standard.
- Is designed to be affordable. However, whether or not such coverage is considered "affordable" for purposes of the premium tax credit depends upon your own situation as described below.

To determine the lowest monthly cost for self-only coverage, visit www.AutoNationBenefits.com and click on the medical plans and credits you may be eligible for under Medical Benefit Options. Calculate the lowest monthly cost as follows

- The lowest cost plan's Full Cost for You Only,
- LESS, the Non-Tobacco User Credit for You
- Multiplied by 2 for employees paid semi-monthly or multiplied by 4 for employees paid weekly.

After you determine the lowest monthly cost for self-only coverage, you will need to compare this amount to your household income to determine if the coverage is considered "affordable" for purposes of the premium tax credit. If the cost you've calculated is less than or equal to 9.83 percent (for 2021) of your household income for the year, the coverage is deemed "affordable" and you will not be eligible for a premium tax credit.