

2018 BENEFITS GUIDE



GM FINANCIAL



2018 GM FINANCIAL BENEFITS

Designed with you in mind

You are GM Financial's greatest asset. It's our mission to provide you with an overall benefits package that makes this a great place to work. Throughout the 2018 Benefits Guide, you will see health and wellness options to help you find the solution that works best for you. We've also outlined the additional benefits offered to GM Financial team members.

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HEALTHY LIVING INCENTIVE PROGRAM

Rewards for healthy lifestyles, better habits

The Healthy Living Incentive Program is part of our wellness initiative that promotes healthier lifestyles to all team members and their families, while giving opportunities to earn credits toward medical premiums.

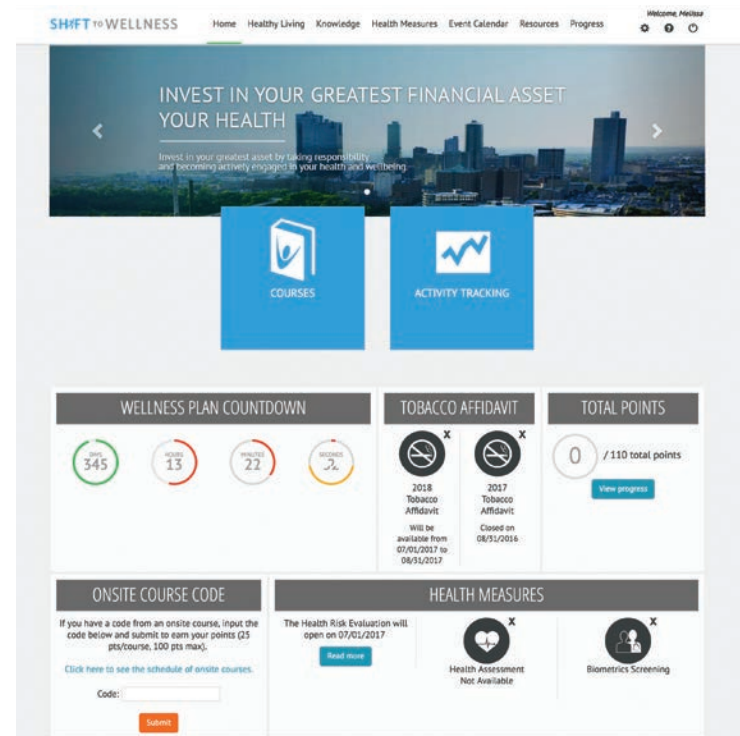
Team members and their spouses will be required to earn a set number of points between Sept. 1 and Aug. 31. They also need to complete a biometric screening and health risk assessment, in order to be eligible to receive the wellness screening credit.

You and your eligible spouse can each receive the tobacco-free wellness credit by acknowledging you are tobacco free on the Shift to Wellness site. If you are not yet tobacco free, complete the six-week Cigna Tobacco Cessation Program and email the completion certificate to HRConnection@gmfinancial.com.

Shift to Wellness is GM Financial's hub for our wellness program. From work or home, all you need is internet access to be in touch with the most up-to-date wellness information.

Points can be earned by completing and logging activities in the following categories:

- Tobacco affidavit / tobacco cessation program
- Preventative exams and screenings
- Wellness activities
- Physical activities
- Educational awareness activities



Points for all activities must be logged in the Shift to Wellness portal by **Aug. 31** each year.

Employees must earn **50 points**.
Spouses must earn **30 points**.

Visit ShiftToWellness.com for more information and a list of all the possible points you can earn.

Shift your health into high gear

Team member accounts are active after the first week of employment. Spouse accounts are active after benefits become effective. If you have any questions, contact HR Connection.

Log in, be active

There are three different ways team members can access Shift to Wellness.



AT WORK

- On the home page of InsideGMF, scroll to the bottom of the page
- Within the Quick Links section, click the Shift to Wellness link
- Sign in when prompted with your work log in and password information



AT HOME

- Visit www.ShiftToWellness.com
- Using all caps, enter your work user ID (i.e. ACRED1)
- Your password will initially be your birthday (MMDDYYYY)
- You will be prompted to set a new password after your first time logging in
- Don't forget, your spouse can also log in after benefits become effective



SPOUSES

- Visit www.ShiftToWellness.com
- The user name for a spouse will be your user ID + "S" at the end (i.e. ACRED1S)
- Your spouse's password will initially be their birthday (MMDDYYYY)
- Your spouse will be prompted to set a new password after their first time logging in

"I have a family of five on my benefits.

The cost of my healthcare for my family is much more reasonable than my husband's

company. I am easily able to manage the claims and monitor what my financial responsibilities are on the Cigna website."

> Ashley R. Hays
Servicing Training and Development Specialist
AOC II

ELIGIBLE DEPENDENTS

Know who is covered as an eligible dependent

Dependents are defined as:

- Your lawful spouse; for common-law marriages, please contact HR Connection to make sure HR has the appropriate documentation on file.
- Any child of yours who is younger than 26 years old.
- Any child of yours who is primarily supported by you and incapable of self-sustaining employment by reason of mental or physical handicap. Proof of the child's condition and dependence must be submitted to Cigna within 31 days after the date the child ceases to qualify.
- **Dependent may not be covered by more than one team member.**

A child includes:

- Your biological child.
- A legally adopted child, including a child for whom you are involved in a suit to adopt.
- A stepchild.
- A child born to your dependent child, provided that grandchild is considered your dependent for federal income tax purposes. Your dependent child must also still meet eligible dependent guidelines.
- Benefits for a dependent child will continue until the end of the month during which his or her 26th birthday occurs.

STATUS CHANGES

How it affects coverage

Because you pay for your benefits on a before-tax basis, the IRS will not allow you to change your elections during the year unless you experience a qualifying life event, which includes:

- Marriage, divorce or legal separation.
- Birth or adoption of a child.
- Gain or loss of spouse's job.
- Gain or loss of coverage through your spouse's employer.
- Death of a dependent spouse or child.
- Gain or loss of eligibility status of your child.

Keep in mind, you have 31 days from the date of the event to change your coverage. Additionally, the change in coverage must be consistent with the status change. For example, if you get married, you have 31 days to enroll your new spouse or drop your coverage if you will be added to your spouse's plan.

GM Financial is not responsible for claims paid on ineligible dependents.

The team member will be responsible for any expenses incurred by any ineligible dependents listed under their plan and may be **subject to disciplinary action, up to and including termination of employment.**

HEALTH AND WELLNESS BENEFITS

Keeping your health insurance costs low

We work hard to keep your medical insurance premiums affordable by benchmarking against other companies throughout the year.

Plans are customized to meet your needs and keep costs low, which helps GM Financial use attractive health benefits to appeal to and retain employees like you.



ENROLLING ON INSIDEGMF

After you've had a chance to review your benefits options and have determined the plans that best suit your needs, you can enroll through InsideGMF.

HERE'S HOW:

1. Go to **Business Tools**.
2. Select **ERP**.
3. Enter your **user ID** and **password**.
4. Select **GMF US Employee Self Service** in the **Main Menu**.
5. Select **Benefits** to begin enrollment.

This site will guide you through the process of verifying your personal information, making your benefit elections, verifying your dependent information, choosing your beneficiaries and verifying your benefit choices. The system automatically submits your information to the GM Financial Benefits department. Be sure to print a copy of your confirmation statement after completing enrollment.

Additionally, information about enrolling for your 2018 benefits, including a list of Frequently Asked Questions, is located on the HR Benefits site on InsideGMF. For questions, contact HR Connection at **Ext. 27084** or **1-866-411-HR4U (4748)**.


THE RIGHT CHOICE IS UP TO YOU

Designed with you in mind

You are GM Financial's greatest asset. It's our mission to provide you with an overall benefits package that makes this a great place to work. Throughout the 2018 Benefits Guide, you will find health and wellness options to help you select the solution that works best for you. We've also outlined the additional benefits offered as a GM Financial team member.

By understanding the available benefits options, you ensure that — from medical coverage and vision plans to life insurance and flexible spending accounts — the benefits package you select meets your needs. Remember, what works for someone else might not necessarily be the best fit for you. That's why GM Financial's benefit plans have options to help you choose.

Effective budgeting and planning will help you make the most of your medical plan. The doctors you visit and services you receive are up to you. In addition, you can save more money by using in-network providers.



"Our benefits programs have helped me obtain a level of health that, without them, I would not have achieved. I am able to go to the doctor and take necessary tests for diagnosis and prevention. I am able to procure my medication at a reasonable cost. It is a very generous plan, and I feel privileged to have it."

- Pamela Daniels
Customer Account Representative II
Chandler

GETTING STARTED

Follow these steps to make sure you get the coverage you need for 2018

1. Review your current coverage.

Does it still meet your needs? Do you need a different type of coverage?

2. Use this guide to evaluate the options available.

If you need additional information on the coverage options available, call HR Connection at Ext. 27084 or 1-866-411-HR4U (4748), or visit the HR Benefits site on InsideGMF.

If you need to determine if your doctor is in Cigna's network, visit myCigna.com and click on the 'Find a Doctor or Service' tab.

3. Compare your coverage with your spouse's.

If your spouse has coverage available through his or her employer, consider which coverage best meets your needs. Most medical and dental plans have a coordination of benefits provision, which means that double coverage rarely results in double benefits.

4. Review the medical and dental networks.

Before deciding on a medical or dental plan, visit the provider's website to see if your provider is a member of the plan's network.

5. Choose your benefits carefully.

Once you've enrolled, you cannot change your benefits until the next enrollment period, unless you have a qualifying life event, such as marriage, birth, death or experiencing a gain or loss of other benefits coverage. See the HR Benefits site on InsideGMF, or call HR Connection for more information.

6. Keep your information up to date.

When you enroll on InsideGMF, you'll have a chance to review and update your dependent and beneficiary information.

7. Re-enroll every year.

Even if you don't want to make any changes to your benefits, you still have to verify your current elections on InsideGMF and re-enroll in the HSA, Flexible Spending Accounts and the Dependent Care Spending Account (DCSA).

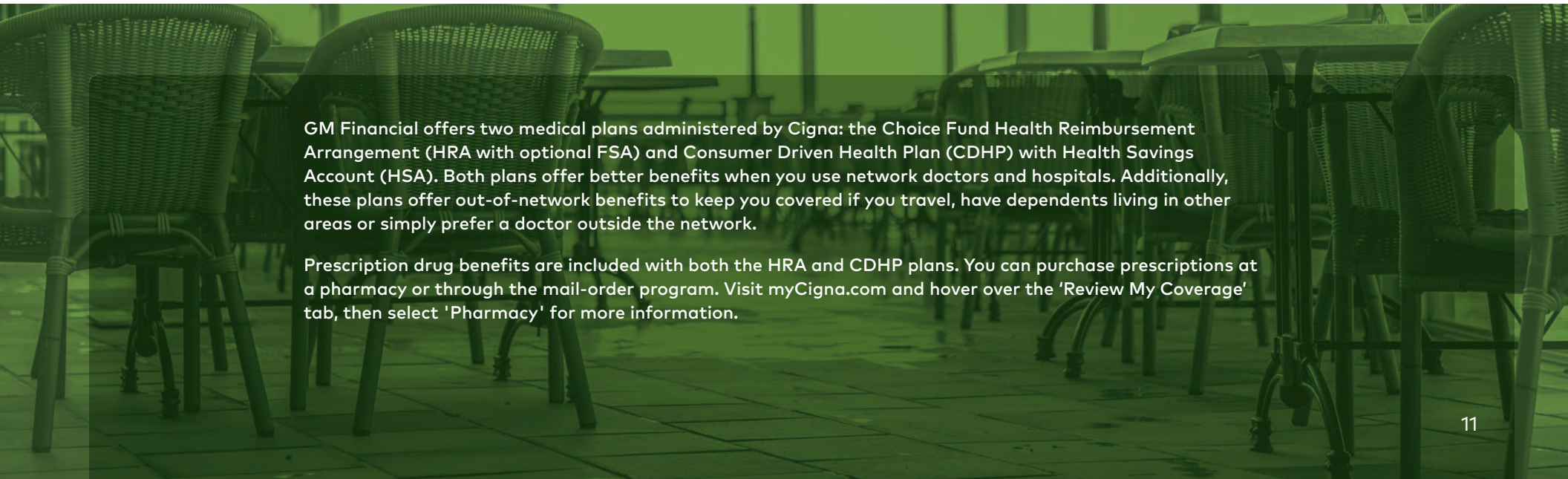
Want to keep your current benefits?

You still need to confirm your elections during open enrollment.

HSAs, FSAs and DCSPs require you to enroll.

MEDICAL OPTIONS

Two plans to meet your needs: **HRA** with optional FSA and **CDHP** with HSA



GM Financial offers two medical plans administered by Cigna: the Choice Fund Health Reimbursement Arrangement (HRA with optional FSA) and Consumer Driven Health Plan (CDHP) with Health Savings Account (HSA). Both plans offer better benefits when you use network doctors and hospitals. Additionally, these plans offer out-of-network benefits to keep you covered if you travel, have dependents living in other areas or simply prefer a doctor outside the network.

Prescription drug benefits are included with both the HRA and CDHP plans. You can purchase prescriptions at a pharmacy or through the mail-order program. Visit myCigna.com and hover over the 'Review My Coverage' tab, then select 'Pharmacy' for more information.

HRA

Choice Fund Health
Reimbursement Arrangement

There are three main elements that make up the HRA plan:

Health Reimbursement Arrangement

GM Financial establishes a health fund by funding a portion of the deductible — \$500 for single coverage or \$1,000 for family coverage — that can be used to pay for any covered health care expenses during the plan year. Payments for services covered by your plan (doctor visits, prescriptions, etc.) are first paid by this health fund established by GM Financial. The company funding is pro-rated based on your benefit effective date.

Deductible

Once you've used the company fund money, you are responsible for paying the next portion of your expenses up to your annual deductible (\$750 for single coverage or \$1,500 for family coverage).

NOTE: Unless you elect not to receive an Explanation of Benefits (EOB), you should receive an EOB for all medical claims. Be sure to review your EOB to confirm you are paying for the negotiated rate, not the billed rate.

Medical plan


Once you meet your deductible, your medical plan begins providing coverage for eligible services. You and GM Financial share the costs of your medical benefits.



"The onsite medical facility is amazing. It has saved me trips to my doctor and missing days from work.

It is an awesome benefit that gives peace of mind when you are not feeling well and need immediate attention."

> **Annette Reynolds**
Consumer Services – Leasing
San Antonio



"I am glad we have the Benefits team always looking for the best deal for their employees. In my experience, when I go to the doctor or dentist for a checkup, GM Financial has me covered, which is very convenient."

> AnhQuan Nguyen
*Property tax analyst, Finance
Burnett*

FLEXIBLE SPENDING ACCOUNT

Use your pre-tax dollars for approved health care expenses

When you enroll in the Flexible Spending Account, you will have the convenience of contributing pre-tax dollars that can be used to cover prescriptions, medical, vision and dental expenses. There are two ways to utilize your Flexible Spending Account: You may pay for your medically necessary expenses out of pocket and submit your receipt for reimbursement, or you may use a Flexible Spending Account debit card. If you use the Flexible Spending Account debit card, you should keep all your receipts to substantiate your purchases.

If you received a Flexible Spending Account debit card last year and plan to participate again this year, please keep your original card. A new card is issued to you automatically when your original card expires.

All participating team members are required to sign a debit authorization form each year and return it to the Benefits team.

Note: If you don't use the money in your FSA by the designated period, your funds will be forfeited. For more information on the Flexible Spending Account guidelines, contact HR Connection at 1-866-411-HR4U.

NOTE: If you choose the CDHP with HSA plan, you are unable to participate in the Health Care FSA.



TaxSaver is a vendor the company uses to manage our team members' Flexible Spending Accounts (FSAs) and Dependent Care Spending Accounts (DCSA). You can use the **TaxSaver** app to check your account balances, review previously submitted claims, review debit card transactions and submit claims. Search "TaxSaver Plan" to download.

FSA

Contribute up to...

To pay for...

Under these guidelines...

HEALTH CARE SPENDING ACCOUNT

\$2,600 each year
(\$100 per pay period)

Health-related fees, service, and qualifying prescription medications

Qualifying health-related expenses must be: medically necessary non-reimbursable under any other plan and tax-deductible under IRS rules

"The customer service with Cigna has been excellent, and the calls with my health coach have been great. The health coaching is free, and an awesome tool. I really can't wait for my next call from my coach!"

*- Debra Wilson
Team Leader, Collections
Charlotte*

CDHP

Consumer Driven Health Plan
with Health Savings Account

The CDHP is a plan that has a much higher deductible but a lower bi-weekly premium. With this plan, a personal health savings account will be opened on your behalf, and GM Financial will contribute \$500 for individual or \$1,000 for family coverage. Each year, half of the contribution is funded in January, and the remaining half is funded in July. The contribution is pro-rated based on the benefit effective date.

By enrolling in the CDHP you can contribute to your HSA. An HSA is designed to help individuals save for IRS-qualified medical and retiree health expenses on a tax free basis.

There are two ways to pay medical claims:

1. Cigna files a claim, and it's paid with available funds from your HSA.
2. You can save your HSA contributions for retirement by turning off the auto pay function at MyCigna.com.

HSA

- The maximum contribution to an HSA is \$3,450 for an individual and \$6,900 per family.
- The company funds \$500 for an individual and \$1,000 per family. The maximum you can contribute is \$2,950 for an individual and \$5,900 per family.
- There is no time limit to use the funds contributed to your HSA.
- Contributions are tax advantaged because earnings grow tax free and qualified distributions are tax free.
- You own the account and can rollover HSA funds from another HSA.
- HSA contributions (including company contributions and bi-weekly payroll contributions) are deposited into your personal account and will remain yours regardless of your employment status with GM Financial.
- Those age 55+ can contribute an extra \$1,000 toward the HSA catch-up contribution.

Using your HSA

You can use HSA funds to pay qualified health care expenses for yourself, your spouse or dependents you claim on your federal income tax.

- Online bill pay: You can use the online bill pay feature, free of charge, to have a check sent to your health care professional for qualified health care expenses.
- Debit card: You can use your HSA debit card to pay for any covered health care expenses.
- Checks: For a fee, you can purchase an HSA checkbook and use checks to reimburse yourself for qualified, out-of-pocket expenses or to pay your health care professional directly. The fee for the checkbook will be withdrawn from your HSA cash account.
- Auto Pay: This permits Cigna to automatically pay some or all of your medical expenses with your HSA funds. You can add or remove the Auto Pay function at any time during the year by going to your HSA bank and changing your Auto Pay settings.

PLAN COMPARISONS

PLAN BENEFITS	HRA*	CDHP**
Annual Wellness Exam	\$0	\$0
Coinsurance In-Network*** <i>(Employee pays)</i>	20%	20%
Coinsurance Out-of-Network*** <i>(Employee pays)</i> <i>Physician Services</i> <i>Emergency Services</i> <i>Lab Testing</i>	40%	40%
Deductible In-Network <i>(Individual/Family coverage levels)</i>	\$1,250/\$2,500	\$2,000/\$4,000
Deductible Out-of-Network <i>(Individual/Family coverage levels)</i>	\$2,500/\$4,000	\$4,000/\$8,000
Out-of-Pocket Max In-Network <i>(Individual/Family coverage levels)</i>	\$4,000/\$8,000	\$4,000/\$8,000
Out-of-Pocket Max Out-of-Network <i>(Individual/Family coverage levels)</i>	\$8,000/\$14,000	\$8,000/\$16,000
PRESCRIPTION DRUGS†	Rx Services are subject to contract year deductible	
Rx Deductible		
Retail Rx Copays (\$) / Coinsurance (%)		
Generic	30% of charge	20% of charge
Generic Maintenance Medication	No charge	No charge
Preferred Brand Name	40% of charge	20% of charge
Non-Preferred Brand Name	50% of charge	20% of charge
Mail-order Rx Copays (\$) / Coinsurance (%)		
Generic	30% of charge	20% of charge
Generic Maintenance Medication	No charge	No charge
Preferred Brand Name	40% of charge	20% of charge
Non-Preferred Brand Name	50% of charge	20% of charge

This guide is intended as an overview of your benefits. The complete details about how the plans work are included in the Summary Plan Description (SPD), which is available on InsideGMF. If there are any inconsistencies between this brochure and the plan documents, the plan documents will govern. The company reserves the right to change or end benefit plans at any time.



UNDERSTANDING YOUR DEDUCTIBLE

Family deductible for HRA and CDHP

All family members contribute toward a collective deductible. An individual cannot have claims covered under the plan coinsurance until the total family deductible has been satisfied. If you have family coverage, you must meet the family deductible. The individual deductible only applies when individual coverage is elected.

Family coverage - Individual out-of-pocket maximum – There is an individual out-of-pocket maximum of \$6,550 for the HRA and CDHP. When one person in your family reaches the individual limit, the plan will begin to pay at 100 percent for that person. When the family out-of-pocket maximum is met, the plan will begin to pay at 100 percent for all family members.

PLAN BENEFITS	HRA*	CDHP**
Deductible In-Network <i>(Individual/Family coverage levels)</i>	\$1,250/\$2,500	\$2,000/\$4,000
Deductible Out-of-Network <i>(Individual/Family coverage levels)</i>	\$2,500/\$4,000	\$4,000/\$8,000

Mail-Order Rx

No matter which medical plan you choose, prescription drug benefits are included. Cigna offers pharmacy home delivery, designed for individuals who take prescription medications on a regular basis.

Switch from pharmacy pick-up to mail order using these steps:

1. Call 800-285-4812.
2. Provide your name, Cigna ID number, prescription medication names, prescribing physician's name and payment information.
3. Cigna will request a prescription from your doctor, fill it and then mail it to your home address on file.

* **HRA** GM Financial Health Fund Contribution toward deductible: \$500 individual/\$1,000 family coverage, prorated based on your benefits effective date.
** **CDHP** GM Financial Fund Contribution is \$500 individual or \$1,000 family coverage. Half is funded in January, and half is funded in July.
*** **Coinsurance goes into effect after deductible has been met.**
† **Prescription drugs:**
Preferred brand – brand name drug that is listed on the national formulary
Non-preferred brand – brand name drug not listed on the national formulary; these drugs usually have the highest cost
Generic – generic drugs are comparable to brand name drugs, in that they are similar in dosage form, strength, route of administration, quality and performance characteristics, and intended use; generic drugs usually have the lowest cost
Prescription drugs on HRA plan – \$75 maximum after deductible is met, for retail, \$150 maximum after deductible is met for mail-order.



VISION

The vision plan, administered by new provider EyeMed, offers coverage for eye exams, frames, lenses and contacts. You can see any provider you choose, but benefits are at their maximum when you use an EyeMed network provider. The broad-based network includes optometrists, ophthalmologists and national and regional optical chains.

Choose from the Basic Plan or the Enhanced Plan.

The Basic Plan allows visits, lens and contacts every year, however, frames are covered by the Basic Plan every two years. The Enhanced Plan allows \$50 more toward frames if you stay in-network, and \$20 more reimbursement if you choose care out-of-network. Lens option add-ons are 20% of the retail price. With the Enhanced Plan, you have the option to have an eye exam, purchase lenses, contacts and frames every year.

Options are detailed in the tables on the following pages.

Tips for good vision

- Provide good light for reading, working or studying (soft background light plus a light on your task).
- Take periodic breaks from close work and visually demanding tasks. Blink often, and close and rest your eyes when they feel tired or dry.
- Avoid glare on TV and computer screens. Place your TV or computer screen where lights do not reflect on the screen. Some people find it easier to work on a computer in a dimly lit room. Special non-glare screens that fit over the computer screen are also available.
- Wear proper eye safety equipment for hazardous tasks.
- Wear UV-blocking sunglasses to protect your eyes from excessive ultraviolet light from the sun, which increases the risk of cataracts.

VISION

VISION COVERAGE BENEFITS

Vision Care Services	
Exam	
Contact Lens Fit and Follow-Up <i>(Contact lens fit and two follow up visits are available once a comprehensive eye exam has been completed)</i>	
Frames	
Any available frame at a provider location	
Lenses	
Standard Plastic Lenses <i>(Single, Bifocal, Trifocal, Lenticular, Standard Progressive Lens, Premium Progressive Lens)</i>	
Lens Options <i>(UV Treatment, Tint (Solid and Gradient), Standard Plastic Scratch Coating, Standard Polycarbonate – Adults, Standard Polycarbonate – Under 19 years old, Standard Anti-Reflective Coating, Polarized, Photocromatic / Transition Plastic, Premium Anti-Reflective)</i>	
Other Add-ons	

BASIC COVERAGE

ENHANCED COVERAGE

MEMBER COST IN-NETWORK*	OUT-OF-NETWORK REIMBURSEMENT	MEMBER COST IN-NETWORK*	OUT-OF-NETWORK REIMBURSEMENT
\$20 copay	\$42	\$20 copay	\$42
Standard:\$20 copay, paid-in-full fit and two follow-up visits Premium: \$20 copay, 10% off retail prices, then apply \$55 allowance	\$42	Standard:\$20 copay, paid-in-full fit and two follow-up visits Premium: \$20 copay, 10% off retail prices, then apply \$55 allowance	\$42
\$0 copay; \$100 allowance, 20% off balance over \$100	\$80	\$0 copay; \$150 allowance, 20% off balance over \$150	\$100
See price list on EyeMed website	See price list on EyeMed website	See price list on EyeMed website	See price list on EyeMed website
See price list on EyeMed website	N/A	See price list on EyeMed website	N/A
20% off retail price	N/A	20% off retail price	N/A

VISION COVERAGE
BENEFITS *(CONTINUED)*

Contacts *(allowance includes materials only)*

Conventional

Disposable

Medically Necessary

Laser Vision Correction

Lasik or PRK from U.S. Laser Network

BASIC COVERAGE

MEMBER COST IN-NETWORK*	OUT-OF-NETWORK REIMBURSEMENT
\$0 copay; \$100 allowance, 15% off balance over \$100	\$100
\$0 copay; \$100 allowance, plus balance over \$100	\$100
\$0 copay; paid-in-full	\$210
15% off retail price or 5% off promotional price	N/A

ENHANCED COVERAGE

MEMBER COST IN-NETWORK*	OUT-OF-NETWORK REIMBURSEMENT
\$0 copay; \$150 allowance, 15% off balance over \$100	\$100
\$0 copay; \$150 allowance, plus balance over \$100	\$100
\$0 copay; paid-in-full	\$210
15% off retail price or 5% off promotional price	N/A

Additional Pairs Benefit: In-Network Only

Members receive a 40% discount off an additional complete pair of eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used. There is no out-of-network reimbursement for additional pairs of eyeglasses.

DENTAL

PDP Plus/DMO

There are two dental plan options to help cover your routine preventive care, basic and major dental services, and orthodontic care. Both plans cover similar dental services but they differ in your choice of dentists and in the amount you pay for coverage and services.

Don't take your smile for granted

Maintain a healthy mouth by routinely practicing good oral hygiene habits and reporting problems to your dentist or doctor. Clean your teeth daily and see your dentist once or twice a year to prevent gum disease and other oral problems.

To clean your teeth properly, brush them at least two times a day — plus preferably after each meal and snack — and floss daily. Also follow these other tips:

- Use a soft-bristled toothbrush — it's gentler on the gums. And remember to replace it every three months.
- Place your toothbrush at an angle against your teeth, and use short back-and-forth motions to clean your teeth. Also clean the inside and chewing surfaces of your teeth and tongue.
- When you floss, gently ease the floss between your teeth. Then pull the ends of the floss against the front and back surface of a tooth so that the floss forms a "C" as it wraps around the tooth. Gently pull the floss from the gumline to the top of the tooth to scrape off plaque. Remember to floss the backs of your teeth and to expose fresh floss between your fingers as you progress through your teeth.



Use the **MetLife** app to access your MetLife account to find a dentist and more. You can also access any additional home, auto or pet insurance accounts. Search "MetLife US" to download. You will need your User ID from MetLife's My Benefits page.



Use the **Aetna** app to find a dentist. Using the app, you can view your dental ID card information, look up claims or view your personal health record. Search "Aetna" to download.

PLAN COMPARISONS

PLAN BENEFITS	METLIFE PREFERRED DENTIST PROGRAM (PDP PLUS)	AETNA DENTAL MAINTENANCE ORGANIZATION (DMO)
Deductible <i>(Individual/Family)</i>	\$50/\$150	None
Preventive Care <i>(once every 6 months)</i>	100% with no deductible	100% after \$5 copay
Basic Care <i>(such as fillings)</i>	90%	50%-100% after \$5 copay, depending on the service
Major Care <i>(such as crowns, bridges and root canals)</i>	60%	50% after \$5 copay
Orthodontia	50% with no deductible <i>(Lifetime maximum up to \$1,500 per child under age 19; no adult coverage)</i>	Child and adult orthodontia 50% after \$5 copay <i>(Lifetime maximum up to \$1,500)</i>
Plan Maximum	\$2,000 per person, per cal- endar year	No lifetime maximum

\$1,500 lifetime maximum per dependent for orthodontia, regardless of dental carrier.

Multiple care options are available

If you prefer in-person care visits when you're sick, head to your nearest local urgent care center, convenience care clinic or make an appointment with your primary care physician.

Remember the emergency room or emergency urgent care facilities are not intended for routine health care problems. If you visit an emergency room for a non-emergency health issue, you may experience a longer wait time and a higher cost of treatment.

Cigna Telehealth Connection

Cigna Telehealth Connection lets you get the care you need — including most prescriptions — for a wide range of minor conditions. Now you can connect with a board-certified doctor via secure video chat or phone without leaving your home or office.

Use this service for minor, non-life threatening conditions. You have the option to choose from AmWell or MDLIVE doctors. Remember to pre-register for both of these services.

For more information, visit **myCIGNA.com** or contact **HR Connection** at 866-411-HR4U (4748).

DEPENDENT CARE SPENDING ACCOUNT

The Dependent Care Spending Account is for child care expenses for children under age 13. If you have a disabled dependent, special rules may apply. The plan lets you set aside pre-tax dollars from your paycheck to cover child day care costs. To be eligible to participate in the plan:

- The child day care service must be necessary so you can work, and
- If you are married, your spouse must be:
 - Employed
 - Or a full-time student at least five months during the plan year
 - Or mentally or physically disabled and unable to provide care for himself or herself

You can contribute up to \$5,000 a year per family (\$192.31 per pay period based on 26 pay periods each year) to the Dependent Care Spending Account. If you are married, and you and your spouse file separate tax returns, the maximum you can contribute is \$2,500. Your contribution is automatically withheld from your paycheck based on your elections.

If you don't use the money in your Dependent Care Spending Account by the designated period, the funds will be forfeited. For more information on your Dependent Care Spending Accounts and the guidelines, contact HR Connection at 866-411-HR4U (4748).



FSA	DEPENDENT CARE SPENDING ACCOUNT
Contribute up to...	\$5,000 each year <i>(\$192.31 per pay period)</i>
To pay for...	Day care expenses for children and disabled dependents
Under these guidelines...	Qualifying dependent-related expenses must be necessary so you can work

LONG-TERM CARE

Long-term Care coverage helps protect you from the high costs of nursing homes and professional home care. It offers benefits if you or a covered family member suffers severe cognitive impairment or need assistance with the activities of daily living, such as bathing, dressing and eating. You can select coverage for yourself, your spouse, your parents and grandparents or your

spouse’s parents and grandparents. To enroll in Long-Term Care coverage, you must complete two forms for each person you want to cover (one enrollment form and one evidence of insurability form). To enroll anyone other than you or your spouse, you must complete and submit the forms available on the HR Benefits page on InsideGMF prior to your benefit effective date.

LONG-TERM CARE	OPTION A	OPTION B
Benefits begin...	after 90 days of cognitive impairment or the loss of two activities of daily living	after 90 days of cognitive impairment or the loss of two activities of daily living
Plan pays...	up to \$3,000 per month (facility care) or up to \$1,500 per month (professional home care)	first year: up to \$3,000 per month (facility care) or up to \$1,500 per month (professional home care) subsequent years: benefit increases by 5% (compounded annually), up to \$6,000 per month
Benefits continue...	for up to 5 years (facility care) or up to 10 years (professional home care)	for up to 5 years (facility care) or up to 10 years (professional home care)

DISABILITY

Disability benefits replace a portion of your pay when you can’t work due to illness, injury or pregnancy due to your own serious health condition listed under the FMLA/ADA guidelines.

GM Financial pays the cost of basic Short-term Disability and Long-term Disability coverage. Team members have the option to elect an additional Short-Term Disability buy-up plan.

DISABILITY	BASIC SHORT-TERM DISABILITY	ADDITIONAL SHORT-TERM DISABILITY	BASIC LONG-TERM DISABILITY
Benefits begin...	after 7 days of disability	after 7 days of disability	after 90 days of disability
Plan pays...	50% of monthly pay up to \$1,450 per week	60% of monthly pay up to \$1,750 per week	60% of monthly pay up to \$10,000 per month
Benefits continue...	up to 90 days	up to 90 days	up to 90 days

"The affordable life insurance benefit through the company helped me establish a sense of security in case something were to happen to me. I spent countless nights researching to find additional life insurance on top of my previous plan. I found the basic and accidental coverage that fit my budget through GM Financial."

> Nelson Lopez
Call Monitoring Compliance Analyst
Burnett

LIFE AND AD&D PLANS

Part of the reason you work is to provide security and protection for yourself and your family members. GM Financial provides you with Basic Life Insurance equal to two times your annual salary, up to \$250,000, to help you maintain that security and protection. For added protection, you can purchase additional Employee Life Insurance, Dependent Life Insurance and Accidental Death and Dismemberment (AD&D) coverage.

Life Insurance Plan Benefits

You can elect additional Supplemental Employee Life Insurance in **\$10,000 increments**.¹ but, may not exceed seven times your annual salary or \$750,000. Employee must select the additional supplemental life for themselves in order to select the coverage for a spouse/child.

DEPENDENT LIFE COVERAGE OPTIONS

SPOUSE ²	CHILD ³
\$5,000	\$2,500 each child
\$10,000	\$5,000 each child
\$20,000	\$10,000 each child
\$40,000	\$20,000 each child

¹ You must complete an evidence of insurability form (available on the HR Benefits page on InsideGMF) any time you or your spouse increase your life insurance coverage by more than one level or any amount that equals or exceeds \$400,000.

² Spouse life is not available after age 70.

³ If child is younger than six months old, benefit paid will be \$1,000 regardless of requested coverage.



AD&D PLAN BENEFITS

OPTIONS	OPT. 1	OPT. 2	OPT. 3	OPT. 4	OPT. 5	OPT. 6
Employee only	\$25,000	\$50,000	\$100,000	\$200,000	\$300,000	\$500,000
Employee + spouse						
Employee	\$25,000	\$50,000	\$100,000	\$200,000	\$300,000	\$500,000
Spouse	\$15,000	\$30,000	\$60,000	\$120,000	\$180,000	\$300,000
Employee + children						
Employee	\$25,000	\$50,000	\$100,000	\$200,000	\$300,000	\$500,000
Each child	\$6,250	\$12,500	\$25,000	\$50,000	\$50,000	\$50,000
Employee + family						
Employee	\$25,000	\$50,000	\$100,000	\$200,000	\$300,000	\$500,000
Spouse	\$12,500	\$25,000	\$50,000	\$100,000	\$150,000	\$250,000
Each child	\$3,7500	\$7,500	\$15,000	\$30,000	\$45,000	\$50,000

* Only available if annual salary is at least \$50,000.*

WE'RE HERE FOR YOU

Employee Assistance Program

The Employee Assistance Program (EAP) helps you and your eligible family members with matters that may affect your health, family life or job performance, such as relationship problems, work-life issues, drug or alcohol abuse or mental health conditions. No enrollment is required; this benefit is free for all team members and their dependents.

To use the EAP, simply call toll- free 888-992-4462, option 6, and a trained representative will listen to your concerns and/or refer you to a program counselor in your area.

"My husband was diagnosed with lymphoma, and since has had two surgeries, chemotherapy and radiation treatments. Knowing that we have good health insurance and support from my job has made this journey so much easier. There is a lot of stress involved with cancer, knowing how you are going to pay for it reduces that stress a lot. We are so thankful that we have this benefit."

*- Connie Towles
Regulatory Compliance Leader, Compliance
Burnett*



HEALTH RESOURCES

Convenience with the MDLIVE App and myCigna.com



Use the **MDLIVE** app to access a doctor on your mobile device. A Board Certified doctor can diagnose and prescribe medicine for non-emergency medical conditions by phone or video. Search "MDLIVE" to download.



The **myCigna** app gives you a simple way to personalize, organize and access your important health information. Search for a doctor, dentist, pharmacy or health care facility from Cigna's national network and compare quality-of-care ratings and costs, quickly view your entire family's ID cards, view and search claims, look up and compare actual costs at 60,000 pharmacies nationwide. Search "myCigna" to download.

MDLIVE App

Cigna offers the MDLIVE App for GM Financial team members. MDLIVE provides 24/7 access to a doctor on your mobile device. It is the perfect app to use when you are unable to get an appointment with your primary care doctor. It's easy to use and available on your schedule anytime, anywhere. You can talk to a doctor on the phone or by email.

MDLIVE uses U.S. Board Certified doctors to diagnose and prescribe medicine (when necessary) for non-emergency medical conditions. The doctors practice primary care, pediatrics, and family and emergency medicine.

Some of the conditions that can be treated through MDLIVE include:

- Allergies
- Asthma
- Bronchitis
- Cold
- Flu
- Ear infections
- Respiratory infection
- Joint aches and pain
- Sinus problems

When should you use MDLIVE?

- If you are considering the ER or urgent care for a non-emergency medical issue
- Your primary care physician is not available
- If you get sick while you're at home, while traveling or when you're at work

Getting started is easy:

1. Register online at mdlive.com/gmfinancial or call 1-888-726-3171. You will need to enter your first and last name, gender, date of birth and your Cigna Customer ID# (which can be found on your Cigna insurance card).
2. Complete your medical history during registration.
3. Request a consultation.

Download the MDLIVE App for your mobile device on the App Store, Google Play and Windows Store.

myCigna.com

Cigna is GM Financial's medical plan administrator, and its website allows you to view your medical plan from home or work and see specific information, including your co-insurance, paid claims, HSA balance, pending claims and more.

Hospital Comparison Tool — Compare hospitals based on specific illnesses or procedures. The site response is based on your needs or preferences

Healthy Babies Program — This Cigna program gives you information and support to help you and your baby — from prenatal to post-delivery. Enroll during your first trimester and receive \$150, or \$75 from Cigna for enrolling in your second trimester.

24-Hour Nurse Access — Direct, toll-free connection to registered nurses and recorded programs on important health topics, 24/7, from anywhere in the U.S.

Savings Center — Find discount offers from many health-related and wellness companies, including Weight Watchers, Drugstore.com, optical and chiropractic care and much more.

To be a cost-savvy consumer and ensure you are receiving the best treatment available, take advantage of all the research tools found on **myCigna.com**.

ADDITIONAL BENEFITS

In addition to your medical benefits, GM Financial offers you and your family benefits to help you live well, plan ahead and give back. These benefits, like paid time off, additional insurance coverage, 401(k), educational reimbursement, paid time off for community investment and discounts on GM vehicles, support our team members. GM Financial is committed to making a difference in our communities.

DAYS OFF

Make your days count

GM Financial offers three ways for team members to enjoy time off from work:

Vacation time — Vacation time can be used as it is accrued, starting day one.

Floating holidays — Full-time team members are granted four floating holidays per year to use at any time. The floating holidays are granted each year on Jan. 1, but must be used on or before Dec. 31 of the same year or you will lose them. New team members joining GM Financial will receive 32 hours if hired in first quarter, 24 if hired in second quarter, 16 if hired in third quarter, or 8 if hired in fourth quarter.

Personal time — Five personal days are granted to each full-time team member on their first anniversary and each anniversary thereafter. These days must be used before your anniversary date of the next year or you will lose them.

Paid time off is accumulated based on length of service, position and full-time or part-time status.

PTO / sick time may vary in certain states to comply with local requirements.

ADDITIONAL COVERAGE THROUGH METLIFE

Auto and home insurance

Your family means the most to you, but it's just as important to protect your assets — your home and vehicle — especially when these assets impact your loved ones. MetLife Auto and Home gives you convenient access to this kind of protection.

Pet insurance

Have a furry friend that's part of the family? It's hard to anticipate or imagine accidents and illness, but if your pet becomes sick or hurt, you'll want to be prepared. MetLife Veterinary Pet Insurance (VPI) makes it easier. From wellness care to accidents, pet insurance protects your pets and your wallet.

VPI provides benefits for veterinary treatments related to accidents and illness, including cancer. It can cover diagnostic tests, X-rays, prescriptions, surgeries, hospitalization and more. Competitively priced wellness coverage can also be added. You'll have access to veterinarians worldwide, benefits that renew in full each year and no additional charge for chronic care coverage.

With VPI, you can be sure you're getting the best care for your pet.

401(K)

Plan ahead with our 401(k) plan

GM Financial is focused on helping team members plan for the future, which is why the company has a competitive 401(k) plan to assist team members as they plan for retirement in the way that best meets their needs.

Here's how GM Financial's 401(k) plan works:

- **Choose your contribution type – traditional or Roth—** Traditional pre-tax contributions will come out of your paycheck on a pre-taxed basis, which provides you with some tax shelter on your income now. You will then pay taxes on the distributions from the plan after you reach retirement age. Roth contributions come out of your paycheck after taxes, which allows you to avoid paying taxes on qualified distributions during retirement.
- **Company match—** GM Financial currently matches 100% of the first 3% you contribute and 50% of the next 3%. The match occurs on a bi-weekly basis for both traditional and Roth options. In order to receive the matching funds, team members must participate in the plan and be employed by GM Financial on the last day of the calendar year.
- **Automatic deductions—** You can contribute 1% to 50% of your pay, which will be automatically deducted from your paycheck, making saving hassle free. Your contributions will automatically increase by 1% (up to 15%) each January.
- **Automatically enrolled—** As a new team members, you are automatically enrolled at 3%. You are always 100% vested and become vested in company contributions based on your years of service.
- **Vesting—** Participants are 25% vested in company-matched contributions after two years of service, 50% vested after three years of service, 75% vested after four years of service and 100% vested after five years of service.
- **Flexibility—** The 401(k) plan allows you to determine how much risk you can comfortably assume, by offering you a variety of choices in which to invest. You may change your investment strategy as you see fit by altering your investment choices.

NOTE: New team members are automatically enrolled at 3%.

Participation in the 401(k) plan does involve risks. The value of investments may increase or decrease depending on the type of investment. You can learn more about GM Financial's 401(k) plan, eligibility requirements and how to enroll on the HR Compensation page on InsideGMF.

To update your 401(k) contribution options, log in to your T. Rowe Price account and select "Current Elections," or use the T. Rowe Price smartphone app.



Use the **T. Rowe Price** app to view any of your accounts or investments, including workplace retirement, IRA, mutual fund, brokerage and variable annuity. Search "T. Rowe Price Personal" to download.



"The new Education Reimbursement Benefit program is great! I love the idea of being able to prevent some of the debt while furthering my education."

*- Sharaka Turner
Customer Account Representative II
Charlotte*

EDUCATION REIMBURSEMENT PROGRAM

Support your educational goals

An education reimbursement program is open to full-time, non-officer team members pursuing an associate's, bachelor's or master's degree. The program has a lifetime maximum benefit of \$30,000 for a bachelor's degree and \$20,000 for a master's degree, depending on the grade earned.

Participants are required to choose a degree plan that meets the organization's development needs. To see if your degree plan aligns with our reimbursement program, please contact HR Connection.

To participate, team members must be in good standing and maintain a "meets expectations" rating on annual performance reviews.

Complete eligibility requirements and frequently asked questions are available on InsideGMF.

Email HRConnection@gmfinancial.com or call **817-302-8205** with any questions.

GM Financial team members make a difference in communities across the U.S.

Team members across the company spend much time and effort in service of their neighbors each year. If you would like to participate in a volunteer opportunity by yourself or with your department, there are three ways that the company can help you give back to your community.

Community Service Hours — GM Financial offers full-time team members eight hours of paid time off to volunteer each quarter for an approved organization. Part-time team members are offered four hours of paid time off to volunteer each quarter.

Dollars for Doers — GM Financial contributes to the eligible agencies where our team members volunteer. As part of the Dollars for Doers program, GM Financial donates \$5 for every hour a team member spends volunteering outside of work hours, up to \$250. Team members qualify after volunteering 20 hours and can select either one or two approved nonprofit recipients.

Walk/Run/Cycle — All team members are eligible to be reimbursed for entry fees up to \$35 each for two Walk/Run/Cycle events benefitting an approved 501(c)(3) organization per year. Fees can be reimbursed through an expense report.





COMMUNITY INVESTMENT

Give back to your community with service



GM FAMILY FIRST



We're all part of the GM family

Working for General Motors has its perks, including the GM Employee Discount. This allows team members to purchase new GM vehicles at an employee discount through GMFamilyFirst.com and the Company-owned Vehicle Purchase Program, where you can tag a company-owned ride and save big. Please visit the Employee Financing page on InsideGMF for details on financing your new GM vehicle.

GM Employee Discount

GM Financial employees and eligible family members can take advantage of the GM Employee Discount through **GMFamilyFirst.com**, where you can find additional savings on the purchase or lease of select Chevrolet, Buick, GMC and Cadillac vehicles. Get an even better deal by combining your GM Employee Discount with most currently available offers, including select special offers like bonus cash. Offers vary by region, so be sure to check what's available in your area.

Log on to GMFamilyFirst.com to build your dream GM vehicle, research discount pricing and incentives, and search local dealership inventory. Through GMFamilyFirst.com, you can receive an authorization number, print it out and take it to your participating GM dealer to receive the discount. Use this perk for yourself, or give it to an eligible family member.

GM Company-Owned Vehicle Purchase Program

For team members seeking to maximize their dollar, there's another option — the GM Company-Owned Vehicle Purchase Program. This program allows individuals to "tag" eligible company-owned vehicles for purchase after the company no longer needs them. The company designates these vehicles for promotional events, executive travel and other uses, as, they often have low mileage and are in great condition.

Through GMFamilyFirst.com, team members can search for the type of vehicle they want, right down to the year, make, model, color, location and window of availability. Since these vehicles are priced based on their mileage and are often below their wholesale values, their prices cannot be combined with the Employee Vehicle Allowance, but they are eligible for select other current offers and available bonus cash.



Visit **GMFamilyFirst.com** to learn more.



BENEFITS AT A GLANCE

From medical to life coverage and spending accounts, GM Financial offers benefit plans that will have you covered, day in and day out. But even better is the choice you have within each plan — options within options — so you can create a benefits package that fits you perfectly. In addition to health care benefits, GM Financial currently offers a variety of programs to help you and your family plan for the future.

This overview details some of the great benefits team members can take advantage of when they join GM Financial.

For questions about any of your GM Financial benefits, contact HR Connection at 866-411-HR4U or HRConnection@gmfinancial.com.

BENEFIT	ELIGIBILITY	DETAILS
401(k) — p.38	Upon hire	Auto-enrolled at 3%, can change at any time. The company may match contributions up to 6% each year – 100% on the first 3% and 50% on the next 3%
CollegeBoundfund	Upon hire	Allows you to save for college
Community Service — p.42	Upon hire	8 hours/quarter for full-time team members 4 hours/quarter for part-time team members
Dental Plans — p.24	First of the month, following 30 days of employment	Two different options depending on needs
Dependent Care Spending Account — p.27	First of the month, following 30 days of employment	Eligible to contribute up to \$5,000 (per family) pre-tax for eligible expenses
Floating Holidays — p.36	Granted on a calendar-year basis	Full-time team members are granted four floating holidays per year. New employees joining GM Financial will receive 32 hours if hired in Q1, 24 if hired in Q2, 16 if hired in Q3, 8 if hired in Q4
GM Family First — p.44	Upon hire	Discounts on purchases of new GM vehicles
Health Savings Account — p.17	You must be enrolled in the CDHP to have the HSA plan.	Contributions are tax advantaged because earnings grow tax-free, and qualified distributions are tax free. You own the account and can rollover HSA funds from another HSA.
Life Insurance — p.30	First of the month, following 30 days of employment	Company pays life insurance two times annual base salary up to \$250,000, can purchase additional coverage
Medical Plans — p.11	First of the month, following 30 days of employment	CDHP and HRA plan offered through Cigna; prescription coverage included
Paid Holidays	Upon hire	8 days/year
Personal Days — p.36	Upon first anniversary date	40 hours/year
Short-term Disability (STD) and Long-term Disability (LTD) — p.28	First of the month, following 30 days of employment	Company pays basic STD and LTD, 7-day elimination period for STD. Option to purchase additional coverage
Sick Time	Upon hire	48 hours/year, accrues bi-weekly, unused sick time rolls over from year to year
Team Member Discounts	Upon hire	Discounts from various national retailers and service providers
Vacation — p.36	Upon hire	2 weeks per year
Vision — p.21	First of the month, following 30 days of employment	EyeMed

Notice Regarding Wellness Program

Shift to Wellness is a voluntary wellness program available to all employees and their dependents. The program is administered according to federal rules permitting employer sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or “HRA” that asks a series of questions about your health related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for all or some of the following: total cholesterol, HDL, LDL, triglycerides and glucose. Your blood pressure, height, weight, and waist circumference will also be measured.

You are not required to complete the HRA or to participate in the blood test or other medical examinations. However, employees and spouses who choose to participate in the wellness program will each be eligible for a \$13.85 per bi-weekly pay period premium discount if they complete the wellness point's requirements. They will also each be eligible to receive a \$13.85 per bi-weekly pay period tobacco-free discount for being tobacco free or completing a reasonable alternative standard. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the incentive.

Additional incentives may be available for employees who participate in certain health related activities or achieve certain health outcomes. If you are unable to participate in any of the health related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the Asset Health Support Team at 855-444-1255.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as wellness programming and content. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and General Motors Financial Company, Inc. may use aggregate information it collects to design a program based on identified health risks in the workplace, Shift to Wellness will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. In order to provide you with services under the wellness program, your personally identifiable health information may be shared with one or more of the following: Asset Health, CIGNA Onsite Health LLC, Lockton Companies and SCIO, who may be provided biometric screening or health assessment results.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact HR Connection at 866-411-4748.

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

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)**.

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, 2017. Contact your State for more information on eligibility.

ALABAMA – Medicaid	
WEBSITE	http://myalhipp.com/
PHONE	1-855-692-5447

ALASKA – Medicaid	
WEBSITE	The AK Health Insurance Premium Payment Program http://myakhipp.com/
PHONE	1-866-251-4861
EMAIL	CustomerService@MYAKHIPP.com
MEDICAID ELIGIBILITY	http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

ARKANSAS – Medicaid	
WEBSITE	http://myarhipp.com/
PHONE	1-855-MyARHIPP (855-692-7447)

COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	
WEBSITE	Health First Colorado http://www.colorado.gov/hcpf
PHONE	Health First Colorado Member Contact Center 1-800-221-3943/ State Relay 711
WEBSITE	CHP+ Colorado.gov/HCPF/Child-Health-Plan-Plus
PHONE	CHP+ Customer Service 1-800-359-1991/ State Relay 711

FLORIDA – Medicaid	
WEBSITE	http://flmedicaidtprecovery.com/hipp/
PHONE	1-877-357-3268

GEORGIA – Medicaid	
WEBSITE	http://dch.georgia.gov/medicaid Click on Health Insurance Premium Payment (HIPP)
PHONE	1-404-656-4507

INDIANA – Medicaid	
Healthy Indiana Plan for Low-Income Adults 19-64	
WEBSITE	http://www.in.gov/fssa/hip/
PHONE	1-877-438-4479
All other Medicaid	
WEBSITE	http://www.indianamedicaid.com
PHONE	1-800-403-0864

IOWA – Medicaid	
WEBSITE	http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
PHONE	1-888-346-9562

KANSAS – Medicaid	
WEBSITE	http://www.kdheks.gov/hcfl/
PHONE	1-785-296-3512

KENTUCKY – Medicaid	
WEBSITE	http://chfs.ky.gov/dms/default.htm
PHONE	1-800-635-2570

LOUISIANA – Medicaid	
WEBSITE	http://dhh.louisiana.gov/index.cfm/subhome/1/n/331
PHONE	1-888-695-2447

MAINE – Medicaid	
WEBSITE	http://www.maine.gov/dhhs/ofi/public-assistance/index.html
PHONE	1-800-442-6003
TTY:	Maine relay 711

MASSACHUSETTS – Medicaid and CHIP	
WEBSITE	http://www.mass.gov/eohhs/gov/departments/masshealth/
PHONE	1-800-462-1120

MINNESOTA – Medicaid	
WEBSITE	http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp
PHONE	1-800-657-3739

MISSOURI – Medicaid	
WEBSITE	http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
PHONE	573-751-2005

MONTANA – Medicaid	
WEBSITE	http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
PHONE	1-800-694-3084

NEBRASKA – Medicaid	
WEBSITE	http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx
PHONE	1-855-632-7633

NEVADA – Medicaid	
WEBSITE	https://dwss.nv.gov/
PHONE	1-800-992-0900

NEW HAMPSHIRE – Medicaid	
WEBSITE	http://www.dhhs.nh.gov/oii/documents/hippapp.pdf
PHONE	1-603-271-5218

NEW JERSEY – Medicaid and CHIP	
MEDICAID WEBSITE	http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
MEDICAID PHONE	1-609-631-2392
CHIP WEBSITE	http://www.njfamilycare.org/index.html
CHIP PHONE	1-800-701-0710

NEW YORK – Medicaid	
WEBSITE	https://www.health.ny.gov/health_care/medicaid/
PHONE	1-800-541-2831

NORTH CAROLINA – Medicaid	
WEBSITE	https://dma.ncdhhs.gov/
PHONE	1-919-855-4100

NORTH DAKOTA – Medicaid	
WEBSITE	http://www.nd.gov/dhs/services/medicalserv/medicaid/
PHONE	1-844-854-4825

OKLAHOMA – Medicaid and CHIP	
WEBSITE	http://www.insureoklahoma.org
PHONE	1-888-365-3742

OREGON – Medicaid	
WEBSITE	http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html
PHONE	1-800-699-9075

PENNSYLVANIA – Medicaid	
WEBSITE	http://www.dhs.pa.gov/provider/medicalassistance/healthinsurance/premiumpaymenthippprogram/index.htm
PHONE	1-800-692-7462

RHODE ISLAND – Medicaid	
WEBSITE	http://www.eohhs.ri.gov/
PHONE	1-401-462-5300

SOUTH DAKOTA - Medicaid	
WEBSITE	http://dss.sd.gov
PHONE	1-888-828-0059

TEXAS – Medicaid	
WEBSITE	http://gethiptexas.com/
PHONE	1-800-440-0493

UTAH – Medicaid and CHIP	
MEDICAID WEBSITE	https://medicaid.utah.gov/
CHIP WEBSITE	http://health.utah.gov/chip
PHONE	1-877-543-7669

VERMONT– Medicaid	
WEBSITE	http://www.greenmountaincare.org/
PHONE	1-800-250-8427

VIRGINIA – Medicaid and CHIP	
MEDICAID WEBSITE	http://www.coverva.org/programs_premium_assistance.cfm
MEDICAID PHONE	1-800-432-5924
CHIP WEBSITE	http://www.coverva.org/programs_premium_assistance.cfm
CHIP PHONE	1-855-242-8282

WASHINGTON – Medicaid	
WEBSITE	http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program
PHONE	1-800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid	
WEBSITE	http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx
PHONE	1-877-598-5820, HMS Third Party Liability

WISCONSIN – Medicaid and CHIP	
WEBSITE	https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf
PHONE	1-800-362-3002

WYOMING – Medicaid	
WEBSITE	https://wyequalitycare.acs-inc.com/
PHONE	1-307-777-7531

To see if any other states have added a premium assistance program since January 31, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

Required Notices

Important Notice from General Motors Financial Company, Inc. About Your Prescription Drug Coverage and Medicare under the CIGNA Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with General Motors Financial Company, Inc. 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. If you are considering joining, 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. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 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. General Motors Financial Company, Inc. has determined that the prescription drug coverage offered by the CIGNA plan(s) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare 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. You may also enroll each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current General Motors Financial Company, Inc. coverage 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 herein.

If you do decide to join a Medicare drug plan and drop your current General Motors Financial Company, Inc. coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with General Motors Financial Company, Inc. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage...

Contact the person listed at the end of these notices for further information.

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 General Motors Financial Company, Inc. changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage...

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).

Remember: Keep this Medicare Part D notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	January 1, 2018
Name of Entity/Sender:	General Motors Financial Company, Inc.
Contact—Position/Office:	Human Resources
Address:	801 Cherry Street, Ste. 3500 Fort Worth, TX 76102
Phone Number:	866-411-4748

NOTES

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

