



*Focused
on YOU ↑*



YOUR 2019
BENEFITS GUIDE

IGNITE / EXCITE / ACCELERATE

Benefits : Focused On You

AutoNation



IMPORTANT CHANGES TO YOUR 2019 BENEFITS



HERE'S HOW WE'RE MAKING YOUR BENEFITS EVEN MORE VALUABLE IN 2019

- **Your Healthcare Flexible Spending Account (HCFSAs)** annual maximum contribution increases to \$2,650. Use tax-free dollars to pay for certain out-of-pocket healthcare, dental and vision expenses.
- **Vision care plan coverage** and premiums stay the same in 2019.
- **Your Company Paid Cancer Insurance Plan** provides a lump-sum payment of up to \$5,000 to you if you are diagnosed with cancer and up to \$2,500 if your spouse or children (up to age 26) are diagnosed with cancer.

You asked, and **WE'RE DELIVERING** More Choices, Convenience, and Value

New Medical Options and a Health Savings Account (HSA)

Your Blue Cross Blue Shield medical options have been enhanced and your out-of-pocket expenses are more predictable. Two new Blue Cross options include copays and a third, lower premium Blue Cross option includes a Health Savings Account (HSA), with a contribution from AutoNation to jumpstart your savings - receive \$200 if you enroll just yourself or \$400 if you enroll yourself and any other family members.

TO LEARN MORE, SEE PAGE 6.

New - Company Paid Maternity Leave for Retail Associates

Full-time retail associates are now eligible for a Company Paid Maternity Leave that pays a benefit while you recover from the physical effects of giving birth. Associates will receive 50% of their Eligible Pay for up to 6 consecutive weeks for a normal delivery and up to 8 consecutive weeks for a Caesarian delivery.

TO LEARN MORE, SEE PAGE 26.

New - Telemedicine Makes Medical Care Even More Convenient and Accessible

Need medical advice, but can't wait days or weeks for an appointment? Schedule a live, virtual office visit with a medical or mental health professional and get immediate help.

TO LEARN MORE, SEE PAGE 12.

New - Bariatric Surgery is Now Covered

Bariatric surgery is now covered under the Blue Cross 70%, 80%, and 90% medical plan options. **TO LEARN MORE, SEE PAGE 6.**

IMPORTANT CHANGES TO YOUR 2019 BENEFITS, *continued*

New Dental Coverage Choices for 2019

Cigna replaces MetLife as the new national dental carrier in 2019, with 3 options to choose from - CIGNA Dental Plus, CIGNA Dental Premium, or CIGNA Dental HMO.

TO LEARN MORE, SEE PAGE 20.

New - Company Paid Employee Assistance Program (EAP)

Need help navigating the twists and turns of life? Expert help and advice from licensed, experienced counselors is just a phone call away and is available 24/7/365.

TO LEARN MORE, SEE PAGE 32.

Your 2018 MSRP Healthy Credits Roll Over to 2019

MSRP Biometric Healthy Credits you received in 2018 automatically roll over into 2019. If you did not earn credits in 2018, you still have the opportunity to earn them for 2019. You will need to answer the tobacco usage question during Annual Enrollment to earn the Non-Tobacco Credit. **TO LEARN MORE, SEE PAGE 18.**

New Voluntary Benefits

Get extra protection for yourself and your family with new, voluntary benefits available in 2019 - Supplemental Medical Accident Insurance, Critical Illness Insurance, and Identity Theft Protection. **TO LEARN MORE, SEE PAGES 13 AND 31.**

There are no increases in premiums for **Personal Accident Insurance, Spouse Life Insurance, and Dependent Life Insurance** in 2019.

ADDITIONAL LIFE INSURANCE rates increased 1% or less depending on your age and amount of coverage.

Understanding Medical and Prescription Drug Expenses

Each medical plan option requires you to cover certain expenses out-of-pocket:

- Your **Deductible** is the amount you must pay first for covered services before the plan pays.
- **Coinurance** is the percent (after your deductible) you pay for a covered service. For example, under the 70% option the plan pays for 70% of the covered service and you would pay the other 30%.
- Your **Copay** is the dollar amount you pay for certain services like a visit to your doctor or for a prescription such as a generic or brand medication. Copays vary for each option. You do not need to meet your deductible for medical services for the copays to apply. For prescription drugs, you must meet the prescription deductible first before the copays apply.
- Once you reach your **out-of-pocket maximum** (including both medical and prescription drug costs), your plan pays 100% of the cost of any additional covered services for the rest of the year.

* For the Blue Cross 80% and 90% Plans, your annual deductible for prescription drugs is separate from your annual deductible for medical services. However, both deductibles count toward meeting your annual medical out-of-pocket maximum. For the Blue Cross 70% plan, your annual deductible for prescription drugs is included within the medical plan deductible



MEDICAL & PRESCRIPTION DRUG COVERAGE

Your Choices Now Include Medical Options with More Copays

Your Blue Cross Blue Shield Medical Options Are Changing. You Must Choose a New Plan During Annual Enrollment.

We've enhanced your medical and prescription drug coverage choices and added copays in two of the options to make it easier for you to predict and manage healthcare costs.

Your new medical plan choices for 2019 include three different Blue Cross Blue Shield options - a 70% option with a Health Savings Account (HSA), an 80% option with copays, and a 90% option with copays. Each offers different levels of out-of-pocket costs for covered services and different premium amounts. Your coverage through Blue Cross Blue Shield remains the same, but the options themselves have been redesigned.

All three Blue Cross Blue Shield options cover the same prescription medications, but the amount you pay out-of-pocket depends on the option you choose.

Using drugs on the formulary saves you money. To view the 2019 formulary, please visit the Annual Enrollment section at www.KnowYourBenefits.org.

Call MyQHealth™ at 888-979-7677 to learn more, or visit www.KnowYourBenefits.org

In some areas of the country, associates can also choose coverage through a Health Maintenance Organization (HMO).

COMPARE THE BENEFITS AND COSTS FOR EACH OPTION

What you pay in premiums and what you pay when you receive services is what differs among the three Blue Cross Blue Shield options. All three options cover the same services.

MEDICAL PLAN DESIGN		BLUE CROSS 70% WITH HSA	BLUE CROSS 80% WITH COPAYS	BLUE CROSS 90% WITH COPAYS¹
	Deductible (Individual/Family)	\$3,000/\$6,000	\$1,750/\$3,500	\$1,000/\$2,000
	Coinurance	70%	80%	90%
	Out-of-Pocket (OOP) Maximum (including deductible) (Individual/Family)	\$6,750/\$13,500	\$5,750/\$11,500	\$4,750/\$9,500
	Hospital Inpatient Copay/Coinurance	70%	\$500 Copay (No Deductible) for Hospital Facility Services	90%
	Outpatient Surgery	70%	80%	90%
	Urgent Care	70%	\$50	\$45
	Primary Care (Includes Telemedicine)	70%	\$35	\$30
	Specialist (Includes Telemedicine)	70%	\$70	\$60
	Emergency Room	70%	80%	90%
RX PLAN DESIGN	All Medical Services Tied to Out-of-Pocket Maximum	YES	YES	YES
	Deductible (Individual/Family)	Included with Medical²	\$125/\$250	\$100/\$200
	Retail: Generic	\$10	\$10	\$10
	Retail: Brand Formulary	\$80	\$70	\$60
	Retail: Brand Nonformulary	50%	60%	70%
	Mail Order: Generic	\$20	\$20	\$20
	Mail Order: Brand Formulary	\$160	\$140	\$120
	Mail Order: Brand Nonformulary	50%	60%	70%
	Specialty Drugs	50% (\$600 Max per script)	60% (\$550 Max per script)	70% (\$500 Max per script)
	Health Savings Account Company Funding	\$200 Individual/yr \$400 Family/yr	n/a	n/a
	Optional Associate HSA Contribution³	Up to \$3,300 Single Up to \$6,600 Family	n/a	n/a

¹ Out-of-Network deductible/Out-of-Pocket maximum at 2x In-Network, coinsurance at 70%
³ Combined associate and company funding subject to 2019 IRS maximums of \$3,500/\$7,000

² If you enroll in the Blue Cross 70% with HSA option, there are many preventive medications that are not subject to the deductible. You will just pay the copay or coinsurance. For a list of these medications, please visit www.KnowYourBenefits.org and click on the Annual Enrollment tile.



The Blue Cross Options Now Cover Bariatric Surgery

Certain bariatric surgeries are covered for plan members who meet the following requirements:

- Surgery must be pre-authorized by MyQHealth.
- Surgery must take place at a designated Blue Cross Center of Excellence.
- You are limited to 1 bariatric surgical procedure per lifetime.

Get Maintenance Drugs Online or at Walgreens

Maintenance medications are drugs you take every month, like blood pressure or cholesterol lowering medications, for a chronic condition. If you are a member of one of the national Blue Cross Blue Shield options, you can obtain a 90-day supply of your medication by mail order from Express Scripts, or get your 90-day supply at any Walgreens pharmacy. Either way, you save money.

Specialty drugs must be filled through the Accredo mail-order pharmacy.

NEW

Open a Health Savings Account (HSA) When You Enroll in the Blue Cross 70% with HSA Option

When it comes to healthcare, it pays to plan ahead, and one of the best ways to save money is by contributing to a Health Savings Account (HSA).

An HSA is like a 401(k) or individual retirement account (IRA) for healthcare expenses:

- Your HSA provides tax advantages and you can use it for medical and prescription drug expenses today, or save for future use.
- You own the HSA. The money in your account rolls over year-to-year and, unlike a Flexible Spending Account (FSA), it never expires.
- You can use your pre-tax HSA account to cover medical, drug, dental and vision expenses now or you can continue to contribute and earn interest. Once you have \$1,000 in your account, you can invest your money to help grow your balance even more.

AutoNation Gives You Money to Jumpstart Your HSA Account!

AutoNation will contribute \$200 to your HSA if you enroll in the Blue Cross 70% with an HSA Option, and \$400 if you enroll yourself and another family member.

You can also contribute up to \$3,300 for an individual and up to \$6,600 for a family in 2019.

You Get a Triple Tax-Free Advantage

An HSA provides tax advantages that few other investments vehicles can match:

- Contributions to your HSA are exempt from federal income taxes, and from some state income taxes, too. When you contribute through pre-tax payroll deductions, dollars flow into your HSA account tax-free to build your savings faster.
- Interest and investment income your HSA earns accumulate tax-free, so your HSA balance grows faster, even at modest rates of return.
- Withdrawals from your HSA also are tax-free, unlike withdrawals from other savings vehicles like IRAs or 401(k) accounts. Every dollar you withdraw can be used to pay health care expenses, maximizing your purchasing power.

HAVE QUESTIONS ON HSA?

Beginning November 1, 2018, you can contact a Bank of America customer care representative at 877-744-4015 for answers to questions you may have. Representatives are available 24 hours a day, seven days a week.

Your HSA Funds are Yours – for Life

Unlike a Flexible Spending Account (FSA) balance that you must use during a plan year or forfeit, **your HSA balance never expires**. The money is yours, even the money AutoNation contributes, and it stays yours. There is no vesting period, and if you leave AutoNation or retire, the money in your HSA goes with you, so it's always available when you need it.

You can even make withdrawals if you are no longer enrolled in a High Deductible Health Plan, like the Blue Cross 70% with HSA option.

Certain conditions apply. You can open and contribute to an HSA if:

- You are enrolled in a high-deductible health plan (HDHP) - like AutoNation's Blue Cross 70% with HSA option.
- You are not covered by a spouse's plan.
- You do not receive military health care benefits.
- You are not claimed as a dependent on another person's tax return.
- You are **not enrolled** in Medicare.

Using Your HSA is Easy

The HSA is administered by Bank of America and, like a personal bank account, your cash balance is FDIC insured. You can access the funds in your HSA in several convenient ways:

- **Use your HSA for Life® from Bank of America Visa™ card** to pay your provider for allowable expenses and the amount is automatically deducted from your HSA balance.
- **Pay directly from your HSA** by using the HSA website. Just like online bill pay, you login, request payment and the provider will receive a check.
- **Reimburse yourself** when you pay out-of-pocket for qualified services by logging in to your account and transferring funds to your bank account or requesting a check.

When you enroll in **HSA FOR LIFE®**, you and any family members you authorize will receive a Bank of America Visa® debit card that you can use to pay allowable expenses directly from your HSA balance.

When opening a new **HSA** account, Bank of America is required by law to validate your identification. This is no different than when you open a personal bank account.

Check Out Your Savings When You Contribute to an HSA.

Payroll contributions to the HSA are tax-free, so the income you pay taxes on is reduced and you save money.

Let's look at an example for John who is single with no dependents. John is contributing \$125 per month via payroll deductions to his HSA.

	WITH HSA	WITHOUT HSA
Annual Pay	\$35,000	\$35,000
Pre-Tax HSA Contribution	-\$1,500	-\$0
Taxable Income	\$33,500	\$35,000
Federal Income & Social Security Taxes	-\$7,362	-\$7,852
After Tax Dollars Spent on Medical or Drug Expenses	\$0	-\$1,500
Spendable Income	\$26,138	\$25,648
Potential Tax Saving with HSA*	\$490	\$0

*Actual savings may vary based on your tax situation. Consult a tax professional for more information.



Focused On You

Which Medical Option Might Be Right For You?

MEET BILL, AGE 28



Bill, an AutoNation Service Technician, is single and enjoys playing sports and working on cars. Bill is healthy, typically only goes for an annual preventive check-up and does not take maintenance medications.

BILL ENROLLED IN THE BLUE CROSS 70% WITH HSA OPTION.

Bill chose this plan because it provides coverage at a lower premium cost, and the added protection and flexibility of a Health Savings Account (HSA). He does not expect to use his benefits frequently and is comfortable with a higher deductible (\$3,000 for an individual). He also benefits because AutoNation will contribute \$200 to his HSA just for enrolling in this option.

Bill also decided to contribute additional money to his HSA, which is deducted, pre-tax, from each pay check. Money he would have paid in taxes now helps him save for future medical expenses that he might encounter. Since he is active and plays sports, he wants to save the money in his HSA in case he needs medical care if he is injured. Bill also likes the fact that his HSA is his money, and that he will always have access to these funds. He can use the money this year, next year, or many years from now, and it will continue to grow tax-free. He can even invest if his balance is over \$1,000 to earn more. He can take it with him when he retires from or leaves AutoNation.

Planning ahead is always easier than catching up. Review the plans in detail to ensure you choose the option that provides the greatest value to you and your family.

MEET KIM, AGE 45



Kim, an AutoNation Service Advisor, is married and has two children. She and her family keep busy. Her son plays basketball and her daughter is a gymnast. The family enjoys camping and watching their favorite football team. Kim's family members do not have any serious medical conditions, but her husband takes a maintenance medication for high blood pressure and her son has allergies.

KIM ENROLLED IN THE BLUE CROSS 80% WITH COPAY OPTION AND COVERS HERSELF, HER HUSBAND AND THEIR CHILDREN.

Kim prefers to pay a higher premium in exchange for a lower deductible and the predictability of copays. With two active, school-age children and occasional run-ins with poison ivy while camping, Kim knows in advance what she will pay for the urgent care, pediatrician and allergist visits that occur multiple times each year.

Kim's plan also has a separate prescription drug deductible that is lower than the medical deductible. Once she meets the prescription deductible, she pays a flat copay for her husband's and son's medications, enabling her to budget effectively and providing added peace of mind.

Kim is also enrolling in the Supplemental Medical Accident Insurance because she has taken her children to the emergency room or urgent care several times in the past few years for injuries they received while playing sports. If they are injured, Kim will get a cash benefit to help pay the out-of-pocket costs for the unexpected accidents.*

***SEE PAGE 15 FOR MORE INFORMATION ON THE NEW SUPPLEMENTAL MEDICAL ACCIDENT INSURANCE PLAN.**

MEET JILL, AGE 56



Jill works in sales, is married and has an adult child. She enjoys reading and outdoor activities like hiking and biking. Jill is generally healthy, gets a preventive check-up every year, and takes a maintenance medication.

JILL ENROLLED IN THE BLUE CROSS 70% WITH HSA PLAN AND COVERS ONLY HERSELF.

Jill chose this plan because it provides her with coverage at a lower premium cost, along with the added protection and flexibility of a Health Savings Account (HSA). Her maintenance medication isn't subject to the deductible and she only pays a flat dollar copay for her drugs every month. The HSA Visa™ debit card makes it easy for her to pay for these expenses. Jill wants to retire at age 65 and travel with her husband. She knows the HSA will help her build savings to cover medical expenses during retirement, including Medicare premiums, which frees up more money for travel.

Along with AutoNation's \$200 contribution to Jill's HSA, she will contribute money that is deducted, pre-tax, from each pay check. She benefits by avoiding taxes on her contribution and can choose to invest her HSA balance to build additional funds because the money in her HSA rolls over each year and accumulates. Since Jill is over age 55, she is allowed to contribute an additional \$1,000 per year as "catch up" contributions. The HSA is her personal money and is hers to use even after she retires from AutoNation.

Jill is also enrolling herself and her husband in the new Critical Illness Insurance plan that pays a lump sum cash benefit if she or her husband has a stroke, heart attack, or is diagnosed with many other illnesses. This coverage will help offset any unexpected costs as she builds her HSA balance.*

***SEE PAGE 13 FOR MORE INFORMATION ON THE NEW CRITICAL ILLNESS INSURANCE PLAN.**

MEET JACK, AGE 64



Jack, a Customer Care Manager, is a 20-year AutoNation employee and is married. He is an antique car enthusiast and enjoys going to the movies and spending time with his grandchildren. Jack's wife has diabetes and is a cancer survivor. Jack takes a specialty medication for rheumatoid arthritis. His specialist is out-of-network and does not take any insurance, but Jack does not want to switch doctors. Jack also plans on getting a long-needed hip replacement this year.

JACK ENROLLED HIMSELF AND HIS WIFE IN THE BLUE CROSS 90% WITH COPAY OPTION.

Jack felt this was his best option for several reasons. His medical expenses are unpredictable, but he knows that he will use his benefits, including out-of-network coverage for the specialist he sees frequently for his arthritis. Jack pays a higher premium, but gets a lower deductible, lower coinsurance, and has out-of-network coverage that the Blue Cross 70% and 80% options do not provide.

This plan also has the lowest prescription drug deductible of the three options, and the out-of-pocket cost for his specialty drug will be lowest under the 90% option. Jack is thankful that AutoNation offers a plan that best meets his and his wife's needs. He spends less time worrying about medical care and expenses, and more time focused on the things he enjoys - like car shows and his family.

Jack is also enrolling in the Critical Illness Insurance plan because he wants extra protection in case he or his wife are diagnosed with any other critical illnesses.*

***SEE PAGE 13 FOR MORE INFORMATION ON THE NEW CRITICAL ILLNESS INSURANCE PLAN.**

IGNITE/EXCITE/ACCELERATE



MyQHealth is Your Personal Healthcare Benefits Advisor

Navigating and managing your health is easier when you have an experienced guide.

If you enroll in a Blue Cross 70%, 80%, or 90% medical option, your plan includes MyQHealth™, your single point of contact for everything related to your healthcare and prescription drug benefits. Your MyQHealth Care Coordinator is just a phone call away, ready to help you resolve claim problems and billing issues, find providers and schedule services, pre-certify you for services to make sure you are covered, listen to your concerns and offer guidance on living a healthier life. They can identify if you have health risks and help you engage with a Personal Care Guide Nurse.

MyQHealth helps you understand and get the greatest value from your medical and prescription drug benefits.



For more information, visit www.KnowYourBenefits.org or call **MyQHealth** at **1-888-979-7677** from 8:30 a.m. – 10:00 p.m. Eastern Time, Monday through Friday.



You Must **Pre-Certify** To Be Covered For Certain Services & Procedures

Pre-certifying helps reduce your out-of-pocket costs by avoiding duplicate services and making sure a service is covered. If you enroll in the Blue Cross 70%, 80%, or 90% options, the following services must be pre-certified:

- MRIs, MRAs, CAT scans and PET scans, regardless of location
- Outpatient surgery
- Therapy (physical, occupational, speech, behavioral)
- Durable medical equipment over \$500 and all rentals
- Prosthetics and orthotics over \$500
- Dialysis
- Home health care
- Hospice
- Transplants
- Sleep studies
- Oncology services (chemotherapy and radiation)
- Hospitalizations including inpatient acute care, skilled nursing, skilled rehabilitation, and behavioral health or substance abuse
- Partial hospitalization and intensive outpatient for mental health or substance abuse
- Bariatric surgery

You Must Use Free-Standing Testing Facilities

If you enroll in Blue Cross 70%, 80%, or 90% options you must use free-standing (not hospital) facilities to be covered for imaging and diagnostic lab tests.* Call MyQHealth before receiving any lab or imaging services. They can help you find an in-network provider.

*Diagnostic lab tests, x-rays and imaging are covered in an outpatient facility when required during a visit to an emergency room, urgent care or retail clinic, or during an inpatient hospital stay or outpatient surgery.

Call **MyQHealth** at **1-888-979-7677** to pre-certify.

Comparison Shop like a Pro with Healthcare Bluebook™

If you enroll in a **Blue Cross** 70%, 80%, or 90% option, you can use Healthcare Bluebook to compare quality ratings for facilities and search for fair prices for common medical services and procedures before you receive them. Healthcare Bluebook helps take the mystery out of healthcare and can save you hundreds or thousands of dollars in out-of-pocket costs.

The examples below show common medical procedures from the lowest to highest price.



Visit www.KnowYourBenefits.org click “Medical & Drugs,” or call **MyQHealth** at 1-888-979-7677 to learn more.

WOMEN’S HEALTH AND CANCER RIGHTS ACT

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for: All stages of reconstruction of the breast on which the mastectomy was performed; Surgery and reconstruction of the other breast to produce a symmetrical appearance; Prostheses; and Treatment of physical complications of the mastectomy, including lymphedema. These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. If you would like more information, call your medical insurance carrier.



TELEMEDICINE

Telemedicine Lets You Schedule a Virtual Doctor's Visit – When and Where You Need It

Need medical advice or treatment? Have a sick child with an earache and can't wait for an appointment? Now you, your covered spouse and covered dependents can schedule an immediate virtual office visit with a medical or mental health professional through Amwell:

- You can download the app or go online and register to create your account.
- You can choose the type of service you need – medical or mental health.
- You can choose doctors by looking at their profiles and selecting the one that's right for you.
- You'll enter your health information and the reason for your visit, and then begin your live video chat.

After you complete your virtual visit, you can view the doctor's notes and the diagnosis, and any prescribed medications will be automatically sent to your pharmacy.

Your cost for a telemedicine visit is the same as you would pay for a visit to your primary care provider or specialist, depending on the type of provider you contact.

Virtual visits help make care more convenient and comfortable for you and your covered dependents.



CRITICAL ILLNESS & SUPPLEMENTAL MEDICAL ACCIDENT INSURANCE

Critical Illness Insurance Lets You Focus on Recovery Instead of Bills

When you or a family member experiences a serious illness, unexpected costs can create unwelcome stress.

Critical Illness Insurance coverage, from MetLife, pays a cash benefit if you or another enrolled family member experiences a covered illnesses such as heart attack, cancer, stroke, or 26 other conditions. You receive a lump-sum payment that is yours to spend any way you choose, and a benefit is paid regardless of your medical coverage.

This coverage is not a replacement for medical or disability coverage - it is extra protection that helps offset unexpected costs.

Eligible Individual	Initial Benefit
Employee	\$10,000/\$20,000/\$30,000
Spouse/Child	50% of Employees' Initial Benefit

Tailor your coverage to your needs

- Choose the benefit level you want - \$10,000, \$20,000 or \$30,000. The plan covers multiple illnesses and recurrences of an illness, so the total payout could be up to 3 times your coverage amount.
- Purchase coverage for yourself, you and a dependent child, you and your spouse, or you and your family.
- You and your eligible family members are guaranteed coverage – there's no medical exam required. Benefits cannot be reduced due to age. If you choose to cover your dependents, their coverage amount will be 50% of your benefit amount.
- For your convenience, premiums are deducted automatically from your paycheck.

Your premium is based on your age and if you use tobacco – if you earn the Non-Tobacco healthy credit, your premium will be reduced.



CHOOSE THE BENEFIT LEVEL YOU WANT - \$10,000, \$20,000 OR \$30,000. The plan covers multiple illnesses and recurrences of an illness, so the total payout could be up to 3 times your coverage amount.

Learn more about Amwell telemedicine, including services covered under each Blue Cross option, by visiting www.KnowYourBenefits.org or by calling MyQHealth at 1-888-979-7677.



If you are diagnosed with one of the following critical illnesses, you will receive 100% of your elected benefit level:

- Cancer
- Heart attack
- Major organ transplant
- Coronary artery bypass graft
- Alzheimer's Disease
- Stroke
- Kidney failure



The average cost of an **EMERGENCY ROOM** visit is \$1,233
– Fox Business News

SPORTS are the leading cause of injury in adolescents
–Medicalnewstoday.com

Supplemental Medical Accident Insurance

Accidents happen, and unexpected injuries can lead to unanticipated costs that can strain your finances.

Supplemental Medical Accident Insurance Coverage, from MetLife, helps cushion the impact of an accident by providing a cash benefit you can use for copays, deductibles, non-medical bills and other expenses your medical plan and other insurance does not cover.

When an accident that leads to injury occurs, you receive a cash benefit to use as you see fit, no matter what your medical plan covers. You can purchase coverage for yourself, you and your dependent children, you and your spouse, or you and your family – to meet your needs and budget:

- There are no age restrictions to enroll.
- Benefits cannot be reduced due to age.
- You, your spouse and your children are eligible for the same benefit amounts.

3 in 5

bankruptcy filings in 2014 were due to medical bills
– NerdWallet.com

YOU WILL RECEIVE 25% OF THE BENEFIT AMOUNT FOR 22 ADDITIONAL CONDITIONS:

Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Did You Know!

You can get monthly Critical Illness Insurance coverage for less than you'll pay for a tank of gas, monthly gym membership or 2 gallons of milk each week. But the peace of mind you'll receive is priceless!

There are 4 major categories
covering 150 different events
that pay a cash benefit.

Below is a list of common accident events and their payout amounts.¹

INJURY	SERVICE	ACCIDENT PLAN PAYOUT
AMBULANCE TO HOSPITAL	Ground	\$175
COMA	Coma	\$10,000
CONCUSSION	Concussion	\$400
MEDICAL TREATMENT	Medical Appliance – Crutches	\$100
EMERGENCY CARE BENEFIT	Emergency Room	\$150
	Physician's Office	\$50
	Urgent Care	\$50
DISLOCATION	Rib	\$500
	Elbow	\$500
	Wrist	\$500
FRACTURE BENEFIT	Ankle	\$1,000
	Foot (except toes)	\$1,000
	Leg	\$4,000

¹ Benefit amounts may vary by state, check your certificate of coverage for details.

SUPPLEMENTAL MEDICAL ACCIDENT AND CRITICAL ILLNESS INSURANCE HEALTH SCREENING BENEFIT
Get screened. And get \$50!

Get paid for taking care of your health. If you and any family members are enrolled in Supplemental Medical Accident Insurance or Critical Illness Insurance coverage, MetLife's Health Screening Benefit pays you \$50 each year, per covered individual, for taking a covered screening or test. Most states allow up to 45 different screening tests. See your certificate of coverage for a complete listing! **Some examples are:**

Annual physical exams	EKG
Pap smear or thin prep pap test	Breast exams
Carotid Doppler	Skin cancer screening
Colonoscopy	Cardiac stress test
HPV vaccination	Blood test to measure cholesterol
Endoscopy	

More than likely, you already complete one or more of these tests as part of your annual check-up, or as part of your MSRP Biometric Screening. You can file a claim with MetLife and receive your \$50 payment within 10 days.

REMEMBER KIM FROM THE EARLIER EXAMPLE ON PAGE 8?

If Kim submits a claim for herself and each of her three family members under the health screening benefit, that's \$200 she'll be paid. With a premium of \$18.46 per month for family coverage (or \$221.52 a year) minus the \$200 reimbursement for the health screenings, she'll pay less than \$1.80 per month for this coverage. Also, if one of her family members has an accident, this coverage would more than pay for itself. If Kim had also enrolled in Critical Illness Insurance, she would have gotten an additional \$200 for having her family complete the preventive screenings.



Annual PHYSICAL EXAMS
help reveal changes in
your health.

– Centers for Disease Control and
Prevention (CDC).

Annual mammograms for
women in their 40s and 50s
reduce breast cancer deaths
by up to 20%.

– Mayo Clinic

See www.KnowYourBenefits.org for details.

HAVE QUESTIONS?

Beginning November 1, 2018, you can learn more about Critical Illness and Supplemental Medical Accident Insurance coverage by visiting www.KnowYourBenefits.org or by calling **MetLife at 1-800-438-6388** to speak with a representative.



Earn Your Non-Tobacco Healthy Credit If You Do Not Use Tobacco.

During your online enrollment, you will be asked to answer whether or not you use tobacco. If you do not use tobacco, AutoNation rewards you with a 20% Non-Tobacco healthy credit off the expected medical cost of the option you select for 2019. If you are covering your spouse and your spouse is a non-tobacco user, you will receive a 10% Non-Tobacco healthy credit off the spouse medical premium. If covering your spouse, the MSRP Biometric Screening will also include a cotinine screening. If your spouse tests negative for cotinine, the Non-Tobacco healthy credit for your spouse will be applied. Your tobacco status also affects your Life Insurance and Critical Illness Insurance premiums.



MSRP BIOMETRIC SCREENING

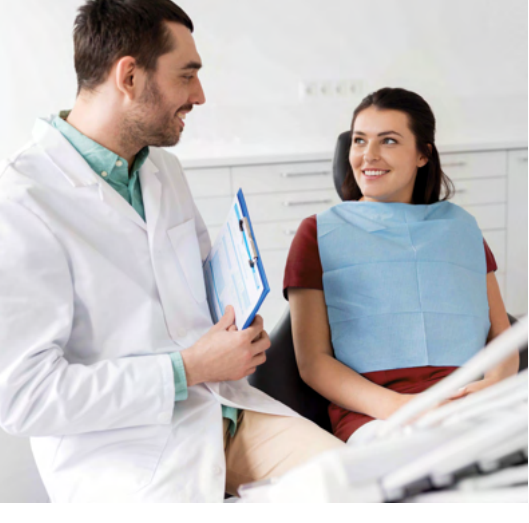
Your 2018 MSRP Healthy Credits Automatically Roll Over to 2019.
If you missed out on healthy credits in 2018, it's now easier than ever to earn them.
Visit www.KnowYourBenefits.org to learn more.

HEALTHY CREDITS REDUCE YOUR PREMIUMS UP TO 45% <small>Am I eligible for a 2019 healthy credit screening? Visit www.KnowYourBenefits.org to find out.</small>	
REDUCE YOUR PREMIUM:	REDUCE YOUR SPOUSE'S PREMIUM:
<div>25%</div> <div>BY COMPLETING AND PASSING THE MSRP BIOMETRIC SCREENING BY 12/31/2018</div> <div>If you do not pass the MSRP Biometric Screening (fail 3 out of 5 screening components) you can still earn healthy credits. Just call the MSRP Health Advisor at 1-888-979-7677 to schedule your call to discuss your screening results. You must schedule and complete the call by 1/31/19 to earn the credit.</div>	<div>15%</div> <div>BY COMPLETING AND PASSING THE MSRP BIOMETRIC SCREENING BY 12/31/2018</div> <div>If your spouse does not pass the MSRP Biometric Screening (fail 3 out of 5 screening components) you can still earn healthy credits. Your spouse can call the MSRP Health Advisor at 1-888-979-7677 to schedule the call to discuss their screening results. Your spouse must schedule and complete the call by 1/31/19 to earn the credit.</div>
<div>20%</div> <div>BY ANSWERING THE ONLINE TOBACCO USAGE QUESTION DURING YOUR BENEFIT ENROLLMENT</div> <div>If you use tobacco, you can still earn the credit by completing a free online tobacco cessation course and submitting proof of completion by 1/31/2019.</div>	<div>10%</div> <div>BY PASSING THE COTININE (NICOTINE) SCREENING THAT CHECKS FOR TOBACCO USE (INCLUDED IN THE MSRP SCREENING)</div> <div>If your spouse uses tobacco, they can still earn the credit by completing a free online tobacco cessation course and submitting proof of completion by 1/31/2019.</div>
To get more information on the MSRP alternative requirements and tobacco cessation course, go to www.KnowYourBenefits.org and click "MSRP."	

Even if your 2018 healthy credit rolls over to 2019, because you already earned them, you can still complete a new biometric screening to update your screening results.

The screening is free and the results will not affect any credits you earned in 2018. You won't lose your or your spouse's credits from 2018 as a result of the new screening, no matter the results.

Benefits are focused on you! AutoNation offers a free screening to help you become aware of any health risks you may have. You will receive a comprehensive report with your results.



All dental plan options include benefits for Preventive Care, Basic Services and Major Restorative services.

Regular dental care **HELPS PREVENT** other problems linked to stroke or heart disease.

Cigna covers **ADULT** and **CHILD** orthodontia under all 3 dental options.



DENTAL COVERAGE

Dental Coverage

Good dental care is important for maintaining your overall health, and you are more likely to visit a dentist regularly when your benefits include a dental plan.

You have three dental plan options, provided by Cigna, to choose from: Dental Plus, Dental Premium and Dental HMO, a dental health maintenance organization. The 2019 dental plan options offer greater choice that enhances the value of this important benefit. You can go in or out of network for services and receive benefits under the Plus or Premium options. If you select the HMO option, you must receive your services from your designated Cigna HMO participating dentist to receive benefits.

Cigna Helps Make Dental Care Easier to Understand and Use

Your Cigna coverage includes the MyCigna mobile app, with 24/7/365 access to tools that help you make the most of your dental benefits:

- Compare plan dentist rankings based on affordability, patient experience, and professional history.
- Read verified dental office reviews and view dentist profiles.
- Schedule appointments online and receive reminders.
- Search for a dentist by procedure, with information personalized for your option, and view your out-of-pocket costs.

Get the Dental Services Your Medical Condition Requires – at No Extra Cost

Cigna’s Dental Oral Health Integration Program® is free to Cigna dental plan members. This valuable benefit **reimburses your out-of-pocket costs** for certain dental services used to treat gum disease and tooth decay if you are under treatment for certain medical conditions such as heart disease, stroke, diabetes, maternity, chronic kidney disease, organ transplant, or head and neck cancer radiation. You also receive discounts for prescribed mouthwashes, fluoride gels and toothpastes ordered through Cigna Home Delivery Pharmacy.

Visit the Cigna website to obtain an enrollment form for this value-added program, or call **1-800-244-6224** to learn more. You can access the Cigna website beginning January 1, 2019 through **www.KnowYourBenefits.org**.

DENTAL COVERAGE,continued



	CIGNA DENTAL PLUS ¹	CIGNA DENTAL PREMIUM ¹	CIGNA DENTAL HMO ²
Annual Deductible	\$0 individual/\$0 family	\$100 individual/\$300 family; Waived for Preventive and Diagnostic Services	\$0 individual/\$0 family
Preventive/ Diagnostic	100% Covered	100% Covered	100% Covered
Basic Restorative	60% Covered	75% After Deductible	Charges vary. Refer to the Patient charge schedule on www.KnowYourBenefits.org .
Major Restorative	50% Covered	60% After Deductible	Charges vary. Refer to the Patient charge schedule on www.KnowYourBenefits.org .
Orthodontia	Child and Adult 40% covered	Child and Adult 50% covered	Child and adult copays apply. Check with Cigna for details.
Orthodontia Lifetime Maximum	\$1,500; combined with out-of-network	\$2,000; combined with out-of-network	Eligible once per lifetime
Annual Maximum Benefit	\$1,500; combined with out-of-network	\$2,000; combined with out-of-network	Maximum does not apply

¹ The Plus and Premium plans have out-of-network coverage at the same level as in-network. Members are responsible for the difference between billed charges and the plan reimbursement for out-of-network services.

² The HMO plan does not have out-of-network coverage. The HMO plan requires you to select a primary dentist.

Learn more about your dental options. Visit www.KnowYourBenefits.org



VISION & HEARING COVERAGE



**YOUR EYEMED NETWORK
BENEFITS COVER:**

- Eye exams
- Frames
- Lenses
- Contact lenses
- Discounts for LASIK surgery & PRK treatments

Vision Coverage

Vision Coverage Premiums are Unchanged for 2019

Your vision coverage through EyeMed’s Insight network includes access to more than 55,000 eye doctors nationwide and 41,000 eyewear retailers including national chains like LensCrafters®, Pearle Vision®, Target® Optical, and Sears® Optical. Pick a provider with locations and hours that work for you or shop online at participating sites including lenscrafters.com, targetoptical.com, ray-ban.com, glasses.com and contactsdirect.com.

You can choose any provider, but you will receive a higher benefit level with better pricing, and pay lower out-of-pocket costs, for services from in-network providers.

**Your Coverage includes the Amplifon Independent Hearing
Discount network.**

Protect your hearing with 40% discounts on hearing exams at participating providers, discounts on hearing aids and free batteries for 2 years with purchase, a 60-day trial period, and a 3-year warranty with loss and damage coverage.

Amplifon’s low-price guarantee matches any price you find elsewhere - and beats it by 5%!

Contact Amplifon at **1-844-526-5432** to learn more about hearing benefits.

SCHEDULE OF VISION BENEFITS

	IN-NETWORK BENEFITS
Deductible	None
Claim Form Required	No
COVERED VISION SERVICES	YOUR COST
Examination (Every 12 months)	
Examination (with dilation as necessary)	\$0 Copayment
Standard Plastic Lenses (Every 12 months)	
Single	\$10 Copayment
Bifocal	\$10 Copayment
Trifocal	\$10 Copayment
Lenticular	\$10 Copayment
Frames (Every 24 months)	
Frames	\$0 Copayment, \$150 allowance, 20% off balance over \$150
Contact Lenses - Materials Only (Every 12 months)	
Medically Necessary	\$0 Copayment
Elective - Conventional	\$0 Copayment, \$130 allowance, 15% off balance over \$130
- Disposable	\$0 Copayment, \$130 allowance, plus balance over \$130



DISABILITY COVERAGE

Disability Coverage

Protect Yourself and Your Family if You are Unable to Work

What would happen if you become ill or get injured at home? Consider how you will pay your bills if you are no longer able to work due to a disability.

How disability coverage works

Short-term disability benefits begin after seven days if you are off work due to an illness or injury (that is not work-related). **The seven-day waiting period is waived for recovery from the physical effects of giving birth.** Benefits can continue for up to 26 weeks, as long as you remain disabled.

Long-term disability benefits begin if you continue to be disabled after 26 weeks (even if it is work-related).

These benefits are reduced by any other benefits payable, such as Social Security, workers compensation, or those mandated by other federal and state programs.

Premium rates are based on your age and Eligible Pay. You can find details on disability coverage, the definition of Eligible Pay, and the cost of coverage at **www.KnowYourBenefits.org**.

If you live in a state with state disability benefits, you may want to consider which option best meets your needs.

DISABILITY COVERAGE IS MORE AFFORDABLE IN 2019!

Retail associates will pay, on average, 16% less than in 2018 for disability coverage. Don't miss this opportunity to protect yourself and your family.

1 *in* 5

WORKERS

will be disabled for a year or more before they reach age 65.

DISABILITY COVERAGE, *continued*



Example:

John is a 45-year-old Parts Department Associate whose Eligible Pay is \$40,000. John is healthy and regularly visits his primary care provider for check-ups. He has \$3,000 set aside for emergencies, which will cover one-month of his expenses. John slips and falls on his front porch and injures his back. His doctor tells him that he will be off work for two months to recover.

John is concerned his savings will not be enough to cover for his time off work recovering from his injury. What will he do?

If John was enrolled in the Retail Voluntary Disability Plan, he would receive 65% of his Eligible Pay - \$2,166 per month - in Short-Term Disability benefits to help cover his living expenses.

DISABILITY PREVENTS YOU FROM EARNING A LIVING.

1 *in* 4

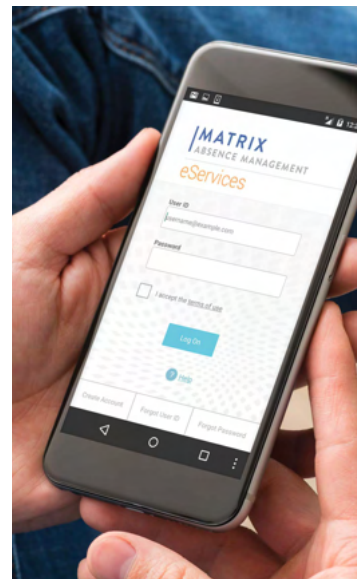
OF TODAY'S

20-year-olds will become disabled before they retire.

50%

OF FORECLOSURES

Disability can create severe financial problems and contributes to half of all home foreclosures in any given year.



Filing a Disability Claim is Easier than ever with the Matrix eServices Mobile App

Use the free Matrix eServices mobile app to **file a short-term disability or Family Medical Leave Act (FMLA) claim:**

- File a claim.
- View your claim details.
- Report intermittent absences.
- Upload and view claim forms and documentation.
- Connect quickly with your claims examiner and provide feedback.
- Stay informed with text/SMS alerts.

350,000

UNEXPECTED

ILLNESSES AND INJURIES cause 350,000 personal bankruptcies each year.

The app is available for iOS and Android devices. Just search for Matrix eServices.



New in 2019 - Company Paid Retail Maternity Leave

AutoNation is Focused On You!

Full-time Retail associates receive Company Paid Maternity Leave that pays a benefit while you recover from the physical effects of giving birth.

Associates will receive 50% of their Eligible Pay for up to 6 consecutive weeks for a normal delivery and up to 8 consecutive weeks for a Caesarian delivery.

If you go on leave after giving birth, there is no waiting period for benefits paid. You could receive benefits as early as the date of your delivery!

Help protect yourself from unexpected events by enrolling in the Retail Voluntary Disability Plan

Retail associates can purchase Voluntary Disability Insurance that pays a benefit for time away from work needed to recover from a disability, including complications during pregnancy.

The Retail Voluntary Disability Plan provides higher payment amounts for a longer period of time, and provides additional coverage compared to the Company Paid Maternity Leave.

TYPE OF BENEFIT	RETAIL MATERNITY PLAN	RETAIL VOLUNTARY DISABILITY PLAN
Coverage for any injury or illness		X
Coverage for any complications prior to delivery of a baby		X
Coverage after delivery of a baby	X	X
Length of Coverage	Up to 8 weeks ¹	Up to 5 years ²
Amount of benefit you will receive	50% of Eligible Pay	Up to 65% of Eligible Pay ³
Cost of coverage	Company-paid	Employee-paid

¹ Benefit length is up to 6 consecutive weeks with a normal delivery and up to 8 consecutive weeks with a cesarean delivery.

² Short-term disability benefit up to 26 weeks and long-term disability benefit up to 5 years.

³ 65% of Eligible Pay for short-term disability benefits and 50% of Eligible Pay for long-term disability benefits.



Example:

Susan is a 29-year-old Associate whose Eligibility Pay is \$42,000.

Susan is expecting her second child. She has \$2,000 set aside to cover pre- and post-delivery medical expenses, but is unsure how long she will be off work after she has her baby. Susan is not enrolled in the Retail Voluntary Disability Plan.

Susan has her baby via a normal delivery:

- She will receive \$403.85 per week for up to six weeks from her Company Paid Maternity Leave benefit.
- If Susan enrolled in the Retail Voluntary Disability Plan for only a few dollars per paycheck, she would receive an additional \$121.15 – or \$525 per week! That adds up to \$726 more over the six weeks she is on leave.

On top of the additional weekly benefits, enrolling in the Retail Voluntary Disability Plan also protects Susan if she has complications before or after delivering her baby by providing up to 26 weeks of benefits under Short-Term Disability.



FLEXIBLE SPENDING ACCOUNTS (FSAs)

Flexible Spending Accounts

AutoNation offers two flexible spending accounts (FSAs). A Healthcare FSA is an account you use to pay for health care for you and your dependents. You can also enroll in a Dependent Care FSA to pay for expenses like day care and other allowable expenses. The Dependent Care FSA is not for healthcare expenses for your dependents. You can use FSAs even if you do not enroll in any other AutoNation benefits. If you enrolled in an FSA last year, your election will not roll over to 2019. You must re-elect this option every year.

FSAs Help Lower Your Out-of-Pocket Costs

When you contribute pre-tax dollars from each pay period to your FSA, the money is not taxed by federal or most state governments. **Using pre-tax funds helps you save** on out-of-pocket expenses for prescription drugs and medical, dental, vision and dependent care.

USE IT OR LOSE IT RULE

Under IRS rules, you must use your FSA balance by the claim submission deadline or lose your remaining account balance. The deadline to file for reimbursement of 2019 expenses is **April 30, 2020** (for claims incurred by December 31, 2019). If you do not file by the deadline, you forfeit any unused money in your account.

RULES FOR REIMBURSEMENT

If you enroll in either FSA for 2019, you must receive and pay for services during 2019 to submit a claim and receive reimbursement.

If you enroll in the Blue Cross 70% with HSA option for 2019, you have the option to open a Health Savings Account (HSA) and AutoNation will contribute money to help get your account started. Since you have an HSA if you enroll in the 70% option, you won't be eligible to open a Healthcare FSA, too. **SEE PAGE 6 TO LEARN MORE**

Health Care FSA (HCFSA)

Use an HCFSA to pay your, your spouse's and your dependent children's out-of-pocket expenses for medical, prescription drugs, dental and vision services not covered by insurance, including deductibles, co-pays and coinsurance. Orthodontia (braces) and dental services, glasses and contact lenses, and certain over-the-counter medications also are eligible.

You may contribute as little as \$24 or as much as \$2,650 in 2019. Choose the total amount when you enroll and it will be divided and deducted equally each pay period.

Dependent Care FSA (DCFSA)

Use this FSA to cover costs for day care, before-school and after-school care, day camp, nursery or preschool while you or your spouse work. Covered services can be inside or outside your home for a child under age 13. This FSA also covers elder care expenses for dependents, such as a parent, who are mentally or physically unable to care for themselves and live in your home 8 or more hours per day.

You cannot use this FSA to pay for your dependents' health care expenses. Those expenses must be paid from an HCFSA or HSA if you enroll in the Blue Cross 70% option.

You may contribute as little as \$24 a year or as much as \$5,000. You choose the total amount when you enroll and it will be divided and deducted equally each pay period.

LIFE & ACCIDENT

Life & Accident Insurance

Company Paid Life & Accident Insurance

AutoNation provides **FREE** Basic Life, Accidental Death & Dismemberment (AD&D), Cancer Insurance, and Business Travel Accident Insurance.

Life and accident insurance coverage provide important financial protection and security for you and your dependents, at no cost to you. Your company paid coverage includes:

Basic Life and AD&D Insurance

This plan pays:

- A benefit to your beneficiary if you die.
- An additional benefit if your death results from an accident.
- A benefit to you if you are paralyzed, lose limbs, or suffer total and permanent vision or hearing loss from an accident.

The amount of coverage varies based on your job code or Eligible Pay.

Business Travel Accident Insurance

This Company Paid coverage pays benefits in addition to any life or accident insurance benefits you may receive. You are covered for up to \$100,000* if you die or suffer certain disabling injuries in an accident while traveling on AutoNation business.

*Officers and executives are covered at a higher level.

Company Paid Cancer Coverage

AutoNation's Cancer Insurance Plan provides important financial protection when you need it most.

Every AutoNation Associate receives Cancer Insurance coverage at no cost.

If you, your spouse or your dependent children (up to age 26) receive a cancer diagnosis, this plan pays a lump-sum benefit to spend any way you choose. The plan will pay you up to \$5,000 if you are diagnosed with cancer and up to \$2,500 if your spouse or children (up to age 26) are diagnosed with cancer.

Both your Basic Life and Additional Life insurance coverages include an extended death benefit if you are totally disabled. If you are totally disabled when your coverage ends, and you were totally disabled prior to age 60, your Basic Life insurance and Additional Life coverages will be extended for 12 months from the date your coverage ends. Contact MetLife at 1-800-638-6420 for details.

If you are diagnosed with cancer covered under this Plan and you also enrolled in Critical Illness Insurance coverage, you can submit a single claim form to MetLife and receive cash payments from both plans.



Additional Life Insurance

Purchasing Additional Life Insurance coverage from MetLife offers increased financial security and peace of mind:

- **For You** – purchase Additional Life Insurance up to five times your eligible pay to help your beneficiaries with future expenses. If you earn the MSRP or Non-Tobacco credits, you can save even more on your Additional Life Insurance premiums.
- **For your spouse** – you can buy \$10,000 or \$20,000 in coverage for your spouse. If your spouse earns the MSRP or Non-Tobacco credits, you can save even more on the Spouse Life Insurance premiums.
- **For your child** – you can buy \$5,000 or \$10,000 in life insurance for all eligible, unmarried children, beginning at 14 days old and up to age 26.

Personal Accident Insurance Plan (PAIP)

You can purchase PAIP coverage up to 10 times your Eligible Pay. Benefits protect you and your family if an accident causes your death, paralysis, loss of limbs, or total and permanent loss of your sight or hearing. You can add family coverage for eligible dependents up to a maximum of \$25,000 for your spouse or each child.

PAIP COVERAGE OPTIONS FOR
YOUR ELIGIBLE DEPENDENTS*

SPOUSE ONLY

50% of your coverage

CHILD(REN) ONLY

15% for each child

SPOUSE & CHILD(REN)

40% for your spouse;
10% for each child

* The maximum coverage limit is \$25,000 for each dependent – spouse or child.

Free, Value-Added Services from MetLife

If you purchase Additional Life Insurance from MetLife, you also receive these free services:

- Will preparation including a face-to-face meeting with an attorney to prepare a will, living will or power of attorney for you and your spouse.
- Estate resolution services for probating your or your spouse’s estate. Beneficiaries can consult a participating attorney with questions about the probate process.
- Portability, so you can continue your term life insurance if you retire or leave AutoNation.

FREE FOR ALL ASSOCIATES

MetLife provides these free services to all associates covered by the Company Paid Basic Life Insurance coverage:

- Grief counseling to help you and your dependents cope with major life events including death, divorce, a child leaving home, pet loss, or a serious medical condition.
- A Funeral Planning Guide to help you organize and document important information and decisions for your family and beneficiaries.



IDENTITY THEFT PROTECTION

Identity Theft Protection

Starting in 2019, you can purchase Identity Theft Protection called PrivacyArmor® by InfoArmor.

PrivacyArmor offers the most extensive identity protection services and coverage available including:

- **Comprehensive identity monitoring** that can detect high-risk activity and alert you at the first sign of fraud.
- **Fraud remediation and restoration** if identity theft or fraud occurs. A dedicated Privacy Advocate will work to manage your recovery and restore your identity. Privacy Advocate® support is available 24/7/365.
- **Identity theft reimbursement** that helps cover out-of-pocket expenses, lost wages or legal fees, and restore any funds stolen from your HSA or 401(k) accounts.
- **Coverage also includes Dark Web monitoring, tax fraud refund advances, unlimited credit reports from TransUnion, financial transaction monitoring, credit report disputes, credit and debit card monitoring, and social media reputation monitoring.**

You can get alerts for credit inquiries, accounts opened in your name, compromised credentials, financial transactions, and more. Enrolling your family extends that protection to anyone in your household.

Learn more by visiting www.KnowYourBenefits.org
or, beginning November 1, 2018, call InfoArmor at
1-877-805-3909 with any questions.



DID YOU KNOW?

- Identity theft happened once every 2 seconds in 2017.
- In 2017, there were 16.7 million victims of identity fraud.
- You are more likely to have your identity stolen than your car taken or home burglarized.
- The average time spent repairing damage from identity theft is 330 hours.
- Your children are also susceptible to identity theft. Since minors are not actively applying or monitoring their credit, their identities become easy prey for identity thieves.



EMPLOYEE ASSISTANCE PROGRAM (EAP)

EAP, continued

Employee Assistance Program (EAP)

Starting January 1, 2019, your AutoNation Company Paid benefits will include an Employee Assistance Program (EAP).

Things do not always go as planned. When you need help navigating the twists and turns of life, you can count on professional support and guidance from LifeWorks – a leading provider of employee assistance services. LifeWorks' licensed, experienced counselors are available 24/7/365 to listen and provide expert help for a wide range of issues including:

- Family matters like divorce, caring for a family member or returning to work following childbirth.
- Financial issues like budgeting, retirement planning, buying or selling a home, or taxes.
- Legal issues such as civil, criminal or family law, financial matters, real estate or tax planning.
- Health issues like anxiety, depression, sleep or kicking a bad habit like smoking.
- Domestic abuse issues and finding help for yourself or a loved one.
- Suicide including recognizing the warning signs, or where to find support for yourself or a loved one.
- Everyday life including things like moving to a new community, grief, military family matters or even training your pet.
- Work matters like relocation, relationships with co-workers and managers, or organizational issues.

All services are free and confidential.



Get Help When and How You Want It

You and any household member can receive up to 5 phone or video consultations per issue, per year, with a LifeWorks counselor. Simply call 1-888-319-7819 and follow the prompts to speak with a counselor or schedule an appointment.

You also can log on to www.AutoNation.lifeworks.com or download and use the free mobile app to find useful educational tools and resources, chat, or schedule an appointment with a counselor. You will need the following user name and password to login:

- **User name:** **autonation**
- **Password:** **lifeworks**

Visit www.KnowYourBenefits.org to learn more about the Employee Assistance Program and to see a detailed list of the services provided.

Employee Assistance Program (EAP)

WHEN YOU NEED SOME SUPPORT, LIFEWORKS IS HERE TO HELP.



Phone
1-888-319-7819



Web
autonation.lifeworks.com
user name: **autonation** and
password: **lifeworks**



Mobile App
user name: **autonation** and
password: **lifeworks**



401(k)

401(k) Retirement Plan

AutoNation’s 401(k) Plan, administered by Wells Fargo, offers you an easy way to save for retirement.

Plan for the future while enjoying important tax advantages that help your retirement savings grow:

- Contribute to your 401(k) using convenient tax-deferred payroll deductions.
- Interest and investment earnings in your 401(k) account are tax-deferred. You will not be taxed until you withdraw money from your account once you retire.
- AutoNation contributes \$.50 for every dollar you contribute per pay period up to a maximum of 4% of your Eligible Pay.¹

Here’s an example that helps illustrate the matching contributions.

	PERCENT OF EARNINGS	ELIGIBLE PAY	MATCH CALCULATION	TOTAL CONTRIBUTION
Elected contribution %	6%	\$1,000		\$60
Maximum contribution % eligible for AutoNation match	4%	\$1,000	\$40	
AutoNation contribution % (\$.50 for every \$1)			50%	
AutoNation match			\$20	\$20
Total associate + AutoNation contributions per pay period				\$80

Getting Started is Easy

You can enroll in the 401(k) plan following your first AutoNation paycheck by using one of these convenient options:

- Text RETIRE to 93557 and Wells Fargo will send a return message with a link. Click the link and follow the directions to enroll.
- Visit www.wellsfargo.com to enroll, or download the Wells Fargo mobile app and follow the links.
- Call Wells Fargo at 1-800-728-3123 to speak with a customer service representative who will guide you through the enrollment process.

¹ AutoNation’s Company match contribution applies to pretax and catch-up contributions only. Associates eligible for matching contributions in the AutoNation Deferred Compensation Plan are not eligible for matching contributions in the AutoNation 401(k) Plan. Associates who are age 18 or older and not under a collectively bargained agreement (i.e., union contract) that does not allow for participation, are eligible to join the Plan.

401(k), continued

NEED HELP?

Wells Fargo has tools and resources to assist with your retirement savings strategy.

Online Dashboard and Retirement Income Estimator

Your retirement account dashboard provides an easy way to see if you are on track to meet your retirement savings goal and includes the Retirement Income Estimator and How Do I Compare tools. These interactive tools visually show if you are on track, allow you to model savings based on increased contributions to the Plan, and illustrate how your savings compare to your peers.

Retirement Investment Advice

Available at no cost, the Retirement Investment Advice program can help make it easier for you to manage your account. The program provides a personalized investment strategy that will help you determine how much to save and which investments to choose based on your risk tolerance and investor type.

Once You Enroll, Keep It Going

Take time to manage your 401(k) account. After all, it’s your money:

- Review your account at least once a year. Check your contribution rate and your investments to make sure you’re staying on track for meeting your goals.
- You can increase your contribution automatically each year on your birthday or when you receive other compensation increases.
- Contribute more than 4% of your pay. The plan allows you to contribute up to 50% of your eligible pay, subject to the IRS limit of \$18,500. Associates age 50 or older are permitted an additional \$6,000 catch-up contribution.
- Make sure you designate a specific beneficiary or beneficiaries on the Wells Fargo website for your 401(k) plan. Your account is passed along according to your wishes following your death.

When Do I Become Vested in My Account?

Vesting refers to your “ownership” of a benefit from the Plan. You are always 100% vested in the money you contribute to the Plan and in the earnings on that money. Associates hired on or after January 1, 2011 are vested in AutoNation’s matching contributions according to the following schedule:

- 1 year - 33%
- 2 years - 67%
- 3 years - 100%

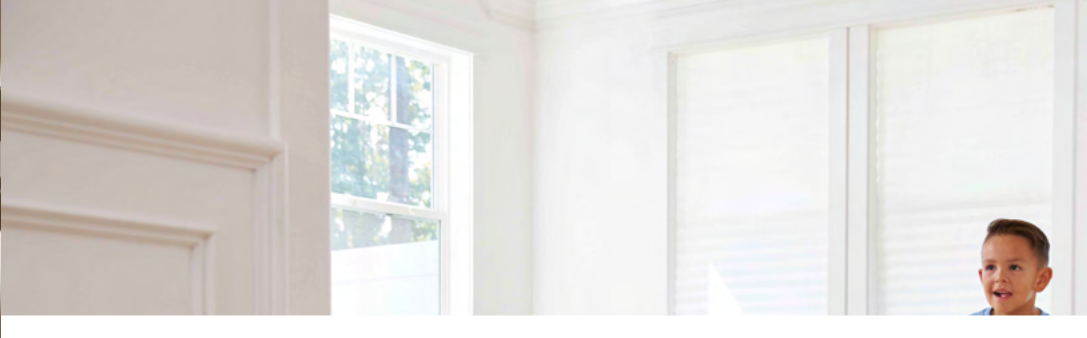
IF YOU WERE HIRED BEFORE JANUARY 1, 2011, YOU ARE FULLY VESTED IN AUTONATION’S MATCHING CONTRIBUTIONS.

YOU CAN MAKE CHANGES TO YOUR 401(K) PLAN:

- Visit www.wellsfargo.com.
- Download and sign on to the Wells Fargo mobile app.
- Call **1-800-728-3123** to speak with a Wells Fargo customer service representative.



YOUDECIDE



SPDS & SBC



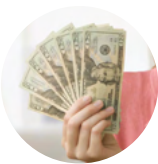
YouDecide Discounts, Great Deals & One-Stop Convenience

Who says benefits can't be fun, too?

Your AutoNation benefits include free membership to Employee Advantages, powered by YouDecide. YouDecide is your one-stop destination online site for a wide variety of products and services. Enjoy great everyday prices and specials on:

Pet insurance	Cellular phone service
Air fare, hotels and car rentals	Fitness club memberships
Movie tickets	Child care
Destinations like Walt Disney World	and more
Technology and consumer electronics	

You receive deals and discounts that you typically will not get directly from providers and retailers but are available to AutoNation employees through YouDecide.



START SAVING NOW

You can link to the YouDecide website directly through www.KnowYourBenefits.org or contact your YouDecide Consumer Advisor by calling 1-877-720-3222 Monday through Friday, 8 a.m. - 7 p.m. ET or emailing advisor@youdecide.com and mentioning client ID AN772.

The following pages are legal notice requirements.

Summary Plan Descriptions

Summary Plan Descriptions (SPDs) are documents that explain the benefits you may receive by enrolling in AutoNation's benefit plans. SPDs contain a comprehensive description of the benefit plans, including the terms and conditions of participation, coverage and employee rights. SPDs will help you better understand the coverage provided, steps to follow to access plan benefits, specific exclusions or limitations under the plan and your rights (including appeals) and responsibilities as a member.

SPDs summarize benefit plans in nontechnical language so you can better understand the benefits available to you. They do not grant or change your rights under the plan or those of your dependents and beneficiaries. Please read each appropriate SPD in order to become familiar with your benefits and to understand your rights and obligations as a participant. Educating yourself is the first step in making informed decisions for your benefit and for your beneficiaries.

Summary of Benefits & Coverage

Although SPDs already provide information about the plan, the Summary of Benefits and Coverage (SBC) is a document in a standard format that provides comparable information regarding health plan benefits and coverage. The SBCs are intended to provide an apples-to-apples comparison of options to help in determining which medical option to choose. A uniform glossary is also included with generic definitions of medical benefit terms. You should review the SBC and SPD for each plan you choose to enroll in.

You can also request **paper copies** of SPDs or SBCs at no charge from The Benefit Connection by calling **1-877-550-2363**

You can access the SPDs & SBCs electronically on the enrollment site. Go to **www.KnowYourBenefits.org**, and then click on **"Benefits Enrollment & Changes."** Click **"Login"** on the **"Enroll Now"** tile.

WELLNESS & HIPAA

NOTICE

REGARDING WELLNESS PROGRAM

The AutoNation MSRP Biometric Screening Program is a voluntary wellness program available to all employees and their covered spouses who are eligible to enroll in the AutoNation Medical Benefits Plan.

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 or your spouse chooses to participate in the wellness program, you and/or your spouse will be asked to complete a biometric screening, which will measure your height and weight as well as your and/or your spouse's blood pressure. The screening also includes a blood test that tests for HDL cholesterol, triglycerides and glucose. Spouses will also be screened for cotinine, which measures nicotine levels in the blood. You will be asked a tobacco use question during your online enrollment. Once you (and your covered spouse) complete the screening, you can choose to call the MSRP Health Advisor, who will discuss your screening results with you. You (and your covered spouse) are not required to participate in the program.

The employee will receive:

- 25% off the employee portion of the medical premium for completing and passing the biometric screening (or completing the alternative requirement).
- 20% off the employee portion of the medical premium if they answer they are a non-tobacco user (or are a tobacco user) and complete the alternative requirement.

Spouses will receive an incentive of:

- 15% off the spouse portion of the medical premium for completing and passing the biometric screening (or completing the alternative requirement).
- 10% off the spouse portion of the medical premium if they pass the cotinine screening (or are a tobacco user and complete the alternative requirement).

Although you are not required to participate in the AutoNation MSRP Biometric Screening program, only employees and spouses who do so will be eligible to receive the credits.

The results from your biometric screening will be used to provide you with information to help you understand your potential health risks, and may also be used to offer you services through the wellness program, such as access to online wellness courses (i.e. nutrition, exercise, etc.) and health coaches. You also are encouraged to share your results or concerns with your own doctor.

PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

AutoNation is required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and AutoNation, Inc. may use aggregate information it collects to design a program based on identified health risks in the workplace, the MSRP Biometric Screening Program will never disclose any of your personal information either publicly or to AutoNation, 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. The only individual(s) who will receive your personally identifiable health information are certain contracted third parties including, but not limited to, insurance carriers and AutoNation Benefit Plan consultants in order to provide you with services under the wellness program.

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, you will be notified 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 complete a Benefit Inquiry and HIPAA form, which can be found on www.KnowYourBenefits.org under the Benefits Information section.

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, dial 1-877-KIDS NOW or go to 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 July 31, 2018. Contact your State for more information on eligibility.

ALABAMA – Medicaid
http://myalhipp.com/ • 1-855-692-5447
ALASKA – Medicaid
The AK Health Insurance Premium Payment Program http://myakhipp.com/ • 1-866-251-4861 CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
ARKANSAS – Medicaid
http://myarhipp.com/ • 1-855-MyARHIPP (855-692-7447)
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/State Relay 711
FLORIDA – Medicaid
http://flmedicaidprecovery.com/hipp/ • 1-877-357-3268
GEORGIA – Medicaid
http://dch.georgia.gov/medicaid – Click on Health Insurance Premium Payment (HIPP) 404-656-4507
INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 http://www.in.gov/fssa/hip/ • 1-877-438-4479 All other Medicaid: http://www.indianamedicaid.com • 1-800-403-0864
IOWA – Medicaid
https://dhs.iowa.gov/hawk-i 1-800-257-8563

KANSAS – Medicaid
http://www.kdheks.gov/hcf/ • 1-785-296-3512
KENTUCKY – Medicaid
http://chfs.ky.gov/dms/default.htm • 1-800-635-2570
LOUISIANA – Medicaid
http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 1-888-695-2447
MAINE – Medicaid
http://www.maine.gov/dhhs/ofi/public-assistance/index.html 1-800-442-6003 • TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP
http://www.mass.gov/eohhs/gov/departments/masshealth/ 1-800-862-4840
MINNESOTA – Medicaid
https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp 1-800-657-3739
MISSOURI – Medicaid
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm 573-751-2005
MONTANA – Medicaid
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP 1-800-694-3084
NEBRASKA – Medicaid
http://www.ACCESSNebraska.ne.gov • Phone: 855-632-7633 Lincoln: 402-473-7000 • Omaha: 402-595-1178
NEVADA – Medicaid
https://dhcfp.nv.gov • 1-800-992-0900

NEW HAMPSHIRE – Medicaid
https://www.dhhs.nh.gov/ombp/nhhpp/ • 603-271-5218 Hotline: NH Medicaid Service Center at 1-888-901-4999
NEW JERSEY – Medicaid and CHIP
Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ 609-631-2392 CHIP: http://www.njfamilycare.org/index.html • 1-800-701-0710
NEW YORK – Medicaid
https://www.health.ny.gov/health_care/medicaid/ • 1-800-541-2831
NORTH CAROLINA – Medicaid
https://dma.ncdhhs.gov/ • 919-855-4100
NORTH DAKOTA – Medicaid
http://www.nd.gov/dhs/services/medicalserv/medicaid/ 1-844-854-4825
OKLAHOMA – Medicaid and CHIP
http://www.insureoklahoma.org • 1-888-365-3742
OREGON – Medicaid
http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html 1-800-699-9075
PENNSYLVANIA – Medicaid
http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm 1-800-692-7462
RHODE ISLAND – Medicaid
http://www.eohhs.ri.gov/ • 855-697-4347
SOUTH CAROLINA – Medicaid
https://www.scdhhs.gov • 1-888-549-0820
SOUTH DAKOTA – Medicaid
http://dss.sd.gov • 1-888-828-0059

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. OMB Control Number 1210-0137 (expires 12/31/2019).

TEXAS – Medicaid
http://gethipptexas.com/ • 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
http://www.greenmountaincare.org/ • 1-800-250-8427
VIRGINIA – Medicaid and CHIP
Medicaid: http://www.coverva.org/programs_premium_assistance.cfm • 1-800-432-5924 CHIP: http://www.coverva.org/programs_premium_assistance.cfm • 1-855-242-8282
WASHINGTON – Medicaid
http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program 1-800-562-3022 ext. 15473
WEST VIRGINIA – Medicaid
http://mywvhipp.com/ • 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP
https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf 1-800-362-3002
WYOMING – Medicaid
https://wyequalitycare.acs-inc.com/ • 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2018, 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

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 www.KnowYourBenefits.org.

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 Plans in a designated record set, including an electronic copy. To inspect and copy your information, you must submit a request form to the Plans’ Office of Privacy Governance. The Plans 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.

- **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 9.86 percent (for 2019) of your household income for the year, the coverage is deemed “affordable” and you will not be eligible for a premium tax credit.



Benefits : Focused On You

AutoNation