
The Fine Print

Required Health Coverage Notices
Notice of Privacy Practices





July 2022

Dear Employee:

This document contains required legal notices that you should keep with your health plan materials, including:

- **Women's Health and Cancer Rights Act (WHCRA)** – summarizes the benefits available under Hertz health plans if you have had or are going to have a mastectomy
- **Notice of HIPAA Special Enrollment Rights** – explains when you can enroll in the plan due to special circumstances
- **Notice of Privacy Practices** – explains how the Hertz health plans protect your personal medical information
- **Newborn & Mothers Health Protection Notice** – describes federal laws that govern benefits for hospital stays for mothers following the birth of child
- **Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)** – provides information about how your state may help pay for medical coverage if you or your children are eligible for Medicaid or CHIP
- **Medicare Part D Notice** – provides information about how your current prescription drug coverage under Hertz health care plans is affected – and your options for coverage – when you become eligible for Medicare

WHCRA ANNUAL NOTICE

The Hertz medical plans, as required by the Women's Health and Cancer Rights Act of 1998, provide benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and physical complications resulting from mastectomy, including lymphedema. Further details are outlined in your Summary Plan Description, which is available on the Hertz Benefits website, or you may call your local Human Resources Representative or the Corporate Employee Benefits Department. These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this Plan.

HIPAA SPECIAL ENROLLMENT NOTICE

If you decline enrollment for medical benefits for yourself or your eligible dependents (including your spouse or domestic partner) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your eligible dependents in a Hertz medical plan if you or your eligible dependents lose eligibility for that other coverage (or if the other employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your eligible dependents' other coverage ends (or after the other employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your eligible dependents. However you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact the Employee Care Center (ECC) at 800-654-3373.

NOTICE OF PRIVACY PRACTICES

The Hertz Health Plans maintain a Notice of Privacy Practices under the federal Health Insurance Portability and Accountability Act (HIPAA). The Notice provides information to individuals whose protected health information (PHI) will be used or maintained by the Health Plans. If you would like a copy of the Health Plans' Notice of Privacy Practices, it is available beginning on page 8 of this document. You may also request a copy from the Corporate Employee Benefits Department.

SPECIAL RIGHTS FOR MOTHERS AND NEWBORN CHILDREN

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

All benefits will be administered in accordance with the official plan documents (as interpreted by the plan administrator). The plan sponsor, in its sole discretion, reserves the right to amend or terminate any employee benefit plan, program or arrangement at any time for any reason. Hertz or any affiliate reserves the right to change its benefit offerings, at any time, in its discretion. Receipt of this document shall not be construed as a guarantee of future employment with Hertz, or any affiliate.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility.

ALABAMA-Medicaid	CALIFORNIA-Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
ALASKA-Medicaid	COLORADO-Health First Colorado (Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS-Medicaid	FLORIDA-Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268

<p align="center">GEORGIA-Medicaid</p> <p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2</p>	<p align="center">MASSACHUSETTS-Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102</p>
<p align="center">INDIANA-Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>	<p align="center">MINNESOTA-Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>
<p align="center">IOWA-Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p align="center">MISSOURI-Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p align="center">KANSAS-Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884</p>	<p align="center">MONTANA-Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>
<p align="center">KENTUCKY-Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p align="center">NEBRASKA-Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p align="center">LOUISIANA-Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p align="center">NEVADA-Medicaid</p> <p>Medicaid Website: http://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900</p>
<p align="center">MAINE-Medicaid</p> <p>Enrollment Website: https://www.maine.gov/dhhs/ofa/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofa/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</p>	<p align="center">NEW HAMPSHIRE-Medicaid</p> <p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>

NEW JERSEY-Medicaid and CHIP	SOUTH DAKOTA-Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW YORK-Medicaid	TEXAS-Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NORTH CAROLINA-Medicaid	UTAH-Medicaid and CHIP
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH DAKOTA-Medicaid	VERMONT-Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OKLAHOMA-Medicaid and CHIP	VIRGINIA-Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
OREGON-Medicaid	WASHINGTON-Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
PENNSYLVANIA-Medicaid	WEST VIRGINIA-Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
RHODE ISLAND-Medicaid and CHIP	WISCONSIN-Medicaid and CHIP
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA-Medicaid	WYOMING-Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2022, 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. 6156

YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with The Hertz Corporation (Hertz) and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Details about the prescription drug coverage under the Hertz Custom Benefit Program plans offered to you can be found on the Hertz Benefits website (<http://hertzbenefits.com>). Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Hertz has determined that the prescription drug coverage offered by the Hertz Custom Benefit Program plans is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays, and is therefore considered Creditable Coverage. Because your existing coverage is **Creditable Coverage**, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, your current Hertz coverage will not be affected. You can join a Medicare Drug Plan and keep your current Hertz coverage, and this plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Hertz coverage, be aware that you and your dependents may not be able to get this coverage back. Because your prescription coverage is included as part of your medical plan, you are only able to waive the prescription coverage by waiving medical coverage entirely. You will only be able to re-enroll in a Hertz medical plan during Open Enrollment or if you experience a special enrollment event.

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

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

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

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the Hertz Employee Care Center (ECC) at 800-654-3373. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through Hertz changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

Date:	January 1, 2022
Name of Entity/Sender:	The Hertz Corporation
Contact – Position/Office:	Employee Care Center (ECC)
Address:	8501 Williams Rd., Estero, FL 33928
Phone Number:	800-654-3373

THE HERTZ CORPORATION HEALTH PLANS NOTICE OF PRIVACY PRACTICES

Effective Date: November 1, 2015

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

General Information About This Notice

The Hertz Corporation ("Hertz") continues its commitment to maintaining the confidentiality of your private medical information. This Notice describes the legal obligations of the group health plans maintained by Hertz (the "Health Plans") imposed by the Health Insurance Portability and Accountability Act of 1996, the American Recovery and Reinvestment Act of 2009 and accompanying regulations (the "Privacy Rules") regarding your health information. The Privacy Rules require that the Health Plans use and disclose your health information only as described in this Notice. **This Notice only applies to health-related information received by or on behalf of the Health Plans listed below.**

This Notice applies to Hertz employees, former employees, and dependents who participate in any of the following benefit programs under the Health Plans:

- Medical benefit program
- Dental benefit program
- Vision benefit program
- Prescription drug program
- Health care spending account program
- Mental health/substance abuse treatment and other medical care under the Employee Assistance Program
- Wellness program

In this Notice, the terms "we," "us," and "our" refer to the Health Plans (listed above), all Hertz employees involved in the administration of the Health Plans, and all third parties who perform services for the Health Plans. Actions by or obligations of the Health Plans include these Hertz employees and third parties. However, Hertz employees perform only limited Health Plan functions – most Health Plan administrative functions are performed by third party service providers.

Please note:

- This Notice does not apply to insured benefits including benefits provided through an insured HMO or DMO. If you are enrolled in an insured benefit, you will receive a separate notice from the insurance company or HMO provider.
- Hertz also has information security policies to protect your personal information. Hertz's information security policies are posted on our intranet site.

CONTACT INFORMATION

If you have any questions regarding this Notice, please contact:

The Hertz Corporation Corporate
Employee Benefits Department
8501 Williams Road
Esteros, FL 33928
Attn: HIPAA Privacy Officer
(239) 301-7000

What Is Protected?

Federal law requires the Health Plans to have a special policy for safeguarding a category of medical information received or created in the course of administering the Hertz Health Plans, called "protected health information," or "PHI". PHI is health information (including genetic information) that can be used to identify you and that relates to:

- your physical or mental health condition,
- the provision of health care to you, or
- payment for your health care.

Your health records, your claims for health benefits, and the explanation of benefits ("EOB's") sent in connection with payment of your claims are all examples of PHI.

If Hertz obtains your health information in another way – for example, if you are hurt in a work accident or if you provide medical records with your request for Family and Medical Leave Act (FMLA) absence--then Hertz will safeguard that information in accordance with other applicable laws, but such information is not subject to this Notice. Similarly, health information obtained by a non-health- related benefits program, such as the long-term disability program is not protected under this Notice. This Notice does not apply in those types of situations because the health information is not received or created in connection with the Health Plans.

The remainder of this Notice generally describes our rules with respect to your PHI received or created by the Health Plans.

Uses And Disclosures Of Your PHI

To protect the privacy of your PHI, the Health Plans not only guard the physical security of your PHI, but we also limit the way your PHI is used or disclosed to others. We may use or disclose your PHI in certain permissible ways described below. To the extent required by the Privacy Rules, we will limit the use and disclosure of your PHI to the minimum amount necessary to accomplish the intended purpose or task.

- **Treatment.** We may disclose your PHI to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if prior prescriptions contraindicate a pending prescription.
- **Payment.** We may use or disclose your PHI for Plan payment purposes, including the collection of premiums or determination of coverage and benefits. For example, we may use your PHI to reimburse you or your doctors or health care providers for covered treatments and services. We may also disclose PHI to another group health plan or health care provider for their payment purposes. For example, we may exchange your PHI with your spouse's health plan for coordination of benefits purposes.
- **Health Care Operations.** We may use and disclose your PHI for health plan operations. These uses and disclosures are necessary to run the Health Plans. We may use medical information in connection with conducting quality assessment and improvement activities; enrollment, premium rating, and other activities relating to plan coverage; submitting claims for stop-loss (or excess- loss) coverage;

conducting or arranging for medical review, legal services, audit services, and fraud & abuse detection programs; business planning and development such as cost management; and business management and general plan administrative activities. For example, we may use your claims data to alert you to an available case management program if you become pregnant or are diagnosed with diabetes or liver failure. We may also disclose your PHI to another health plan or health care provider who has a relationship with you for their operations activities if the disclosure is for quality assessment and improvement activities, to review the qualifications of health care professionals who provide care to you, or for fraud and abuse detection and prevention purposes.

- **Family and Friends.** We may disclose PHI to a family member, friend, or other person involved in your health care if you are present and you do not object to the sharing of your PHI, or, if you are not present, in the event of an emergency.
- **As Required by Law.** We will disclose your PHI when required to do so by federal, state or local law. For example, we may disclose your PHI when required by national security laws or public health disclosure laws.
- **Workers' Compensation.** We may release your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Reasons.** We may disclose your PHI for public health actions, including:
 - (1) to a public health authority for the prevention or control of disease, injury or disability;
 - (2) to a proper government or health authority to report child abuse or neglect;
 - (3) to report reactions to medications or problems with products regulated by the Food and Drug Administration;
 - (4) to notify individuals of recalls of medication or products they may be using;
 - (5) to notify a person who may have been exposed to a communicable disease or who may be at risk for contracting or spreading a disease or condition; or
 - (6) to report a suspected case of abuse, neglect or domestic violence, as permitted or required by applicable law.
- **Health Oversight Activities.** We may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Government Audits.** We are required to disclose your PHI to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the Privacy Rules.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may disclose your PHI if asked to do so by a law enforcement official (1) in response to a court order, subpoena, warrant, summons or similar process; (2) to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement; (4) about a death that we believe may be the result of criminal conduct; and (5) about criminal conduct.

- **Coroners, Medical Examiners and Funeral Directors.** We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information to funeral directors as necessary to carry out their duties.
- **Military and Veterans.** If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.
- **To Plan Sponsor.** For the purpose of administering the Health Plans, we may disclose PHI to certain employees of Hertz. However, those employees will only use or disclose that information as described above, unless you have authorized further disclosures. Your PHI cannot be used for employment purposes without your specific authorization.
- **Business Associates.** We may enter into agreements with entities or individuals to provide services (for example, claims processing services) to one or more of the Health Plans. These service providers, called "business associates," may create, receive, have access to, use, and/or disclose (including to other business associates) PHI in conjunction with the services they provide to the Health Plans, provided that we have obtained satisfactory written assurances that the business associates will comply with all applicable Privacy Rules with respect to such Health Plans.
- **Research Purposes.** We may use or disclose a "limited data set" of your PHI for certain research purposes.

In no event will we use or disclose PHI that is genetic information for underwriting purposes. In addition to rating and pricing a group insurance policy, this means the Health Plans may not use genetic information (including that requested or collected in a health risk assessment or wellness program) for setting deductibles or other cost sharing mechanisms, determining premiums or other contribution amounts, or applying preexisting condition exclusions.

State law may further limit the permissible ways the Health Plans use or disclose your PHI. If an applicable state law imposes stricter restrictions on the Health Plans, we will comply with that state law.

Other Disclosures

Personal Representatives. We will disclose your PHI to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if:

(1) we have a reasonable belief that:

- you have been, or may be, subjected to domestic violence, abuse or neglect by such person; or
- treating such person as your personal representative could endanger you; and

(2) in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

Spouses and Other Family Members. With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Health Plans, and includes mail with information on the use of benefits under the Health Plans by the employee's spouse and other family members and information on the denial of any benefits under the Health Plans to the employee's spouse and other family members. If a person covered under the Health Plans has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

Authorizations. Other uses or disclosures of your PHI not described above will only be made with your written authorization. This includes disclosures of PHI containing psychotherapy notes (except as necessary for the Health Plans' treatment, payment and healthcare operating purposes), for many marketing purposes and for any sale of your PHI, each as defined under HIPAA regulations. If you have given an authorization, you may revoke written authorization at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

Your Rights

Federal law provides you with certain rights regarding your PHI. Parents of minor children and other individuals with legal authority to make health decisions for a Health Plan participant may exercise these rights on behalf of the participant, consistent with state law.

Right to request restrictions: You have the right to request a restriction or limitation on the Health Plans' use or disclosure of your PHI. For example, you may ask us to limit the scope of your PHI disclosures to a case manager who is assigned to you for monitoring a chronic condition. Because we use your PHI only as necessary to pay the Health Plans benefits, to administer the Health Plans, and to comply with the law, it may not be possible to agree to your request. ***The law does not require the Health Plans to agree to your request for restriction.*** However, if we do agree to your requested restriction or limitation, we will honor the restriction until you agree to terminate the restriction or until we notify you that we are terminating the restriction on a going-forward basis.

You may make a request for restriction on the use and disclosure of your PHI to the Corporate Employee Benefits Department. Contact information for the Corporate Employee Benefits Department is listed on the front of this Notice. When making such a request, you must specify: (1) the PHI you want to limit; (2) how you want the Health Plans to limit the use, disclosure, or both of that PHI; and (3) to whom you want the restrictions to apply.

Right to receive confidential communications: You have the right to request that the Health Plans communicate with you about your PHI at an alternative address or by alternative means if you believe that communication through normal business practices could endanger you. For example, you may request that the Health Plans contact you only at work and not at home.

You should send your written request for confidential communication to the Corporate Employee Benefits Department at the address listed on the front of this Notice. We will accommodate all reasonable requests if you clearly state that you are requesting the confidential communication because you feel that disclosure in another way could endanger your safety. You must make sure your request specifies how or where you wish to be contacted.

Right to inspect and copy your PHI: You have the right to inspect and copy your PHI that is contained in records that the Health Plans maintain for enrollment, payment, claims determination, or case or medical management activities, or that we use to make enrollment, coverage, or payment decisions about you. If PHI is maintained in an electronic health record, you shall have the right to obtain a copy of such PHI in an electronic format and may direct the Health Plans to transmit such copy directly to an entity or person, provided that you clearly and conspicuously communicate your instructions.

However, we will not give you access to PHI records created in anticipation of a civil, criminal, or administrative action or proceeding. We will also deny your request to inspect and copy your PHI if a licensed health care professional hired by the Health Plans has determined that giving you the requested access is reasonably likely to endanger the life or physical safety of you or another individual or to cause substantial harm to you or another individual, or that the record makes references to another person (other than a health care provider), and that the requested access would likely cause substantial harm to the other person.

In the unlikely event that your request to inspect or copy your PHI is denied, you may have that decision reviewed. A different licensed health care professional chosen by the Health Plans will review the request and denial, and we will comply with the health care professional's decision.

Your written request should be sent to the Corporate Employee Benefits Department at the address listed on the front of this Notice. We may charge you a fee to cover the costs of copying, mailing or other supplies directly associated with your request, although if a copy is in electronic form, the fee shall not be greater than the Health Plans' labor costs involved in responding to your request. You will be notified of any costs before you incur any expenses.

Right to amend your PHI: You have the right to request an amendment of your PHI if you believe the information the Health Plans have about you is incorrect or incomplete. You have this right as long as your PHI is maintained by the Health Plans. We will correct any mistakes if we created the PHI or if the person or entity that originally created the PHI is no longer available to make the amendment.

Your written request to amend your PHI should be sent to the Corporate Employee Benefits Department at the address listed on the front of this Notice. Be sure to include evidence to support your request because we cannot amend PHI that we believe to be accurate and complete.

Right to receive an accounting of disclosures of PHI: You have the right to request a list of certain disclosures of your PHI by the Health Plans. The accounting will not include

(1) disclosures necessary for treatment, to determine proper payment of benefits or to operate the Health Plans, (2) disclosures we make to you, (3) disclosures permitted by your authorization, (4) disclosures to friends or family members made in your presence or because of an emergency, (5) disclosures for national security purposes or law enforcement, or (6) as part of a limited data set. Your first request for an accounting within a 12-month period will be free. We may charge you for costs associated with providing you additional accountings. We will notify you of the costs involved, and you may choose to withdraw or modify your request before you incur any expenses.

You may request an accounting of disclosures of your PHI from the Corporate Employee Benefits Department. Contact information for the Corporate Employee Benefits Department is listed on the front of this Notice. When making such a request, you must specify the time period for the accounting, which may not be longer than six (6) years prior to the date of the request, and the form (e.g., electronic, paper) in which you would like the accounting.

Right to Receive Notification of Breaches. The Health Plans must notify you within 60 days of discovery of a breach. A breach occurs if unsecured PHI is acquired, used or disclosed in a manner that is impermissible under the Privacy Rules, unless there is a low probability that the PHI has been compromised.

Right to file a complaint: If you believe your rights have been violated, you should let us know immediately. We will take steps to remedy any violations of the Health Plans' privacy policy or of this Notice.

You may file a formal complaint with our HIPAA Privacy Officer and/or with the United States Department of Health and Human Services at the addresses below. You should attach any documents or evidence that supports your belief that your privacy rights have been violated. We take your complaints very seriously.

Hertz prohibits retaliation against any person for filing such a complaint.

Complaints should be sent to:

<p>The Hertz Corporation Corporate Employee Benefits Department 8501 Williams Road Estero, FL 33928 Attn: HIPAA Privacy Officer (239) 301-7000</p>	<p>U.S. Department of Health and Human Services 200 Independence Avenue. S.W. Washington, D.C. 20201</p>
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Additional Information About This Notice

Changes to this Notice: We reserve the right to change the Health Plans' privacy practices as described in this Notice. Any change may affect the use and disclosure of your PHI already maintained by the Hertz Health Plans, as well as any of your PHI that the Health Plans may receive or create in the future. If there is a material change to the terms of this Notice, you will automatically receive a revised Notice.

How to obtain a copy of this Notice: You can obtain a copy of the current Notice on the Hertz benefits website at hertzbenefits.com or by writing to the Corporate Employee Benefits Department at the address listed on the front of this Notice.

No guarantee of employment: This Notice does not create any right to employment for any individual, nor does it change Hertz's right to discipline or discharge any of its employees in accordance with its applicable policies and procedures.

No change to Health Plan benefits: This Notice explains your privacy rights as a current or former participant in Hertz Health Plans. The Health Plans are bound by the terms of this Notice as they relate to the privacy of your PHI. However, this Notice does not change any other rights or obligations you may have under the Health Plans. You should refer to the Health Plan documents for additional information regarding your Health Plan benefits.