

Important Information about Your 2024 Honda Benefits Coverage

October 2023

As required under federal law, Honda is providing you with this booklet that contains a number of important notices related to your health plan benefits, as follows:

- **Important Notice from Honda About Creditable Prescription Drug Coverage and Medicare**
- **Notice of Special Enrollment Rights for Health Plan Coverage**
- **Women’s Health and Cancer Rights Act Notice**
- **Newborns’ and Mothers’ Health Protection Act Notice**
- **Honda HIPPA Privacy Notice**
- **Provider-Choice Rights Notice**

Information included in this booklet is applicable to benefits-eligible associates of **Honda**. You and your eligible dependents are encouraged to read the notices carefully as they contain important information about your benefits.

These notices are available online. Visit www.myhondaconnect.com and click the “Summary Plan Documents” link. You may print the notices yourself, or you may request a free, hard copy of the notices by contacting the My Benefits Connect Center at www.myhondaconnect.com or by calling **1-866-778-5885**, Monday – Friday, 8:30 a.m. – 10 p.m. ET.

Notes:

Below are the instructions on where to find the following legal documents and regulatory notices online.

- **Summary Plan Description (SPD) – A Guide to Your Benefits**
- **Summary of Benefits and Coverage (SBC)**
- **Summary Annual Reports (SARs)**
- **Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)**

Visit www.myhondaconnect.com and click the “Summary Plan Documents” link.

- **Wellness Program Notices (ADA & GINA notices)**

Visit www.wellbeing.honda.com and click the “GINA /PHI Notice” link at the bottom of the page.

- **General (Initial) COBRA Notice**

The general COBRA Notice will be mailed to the covered associate and the covered associate's spouse by the COBRA administrator within ninety (90) days after enrolling in the employer's health plan. If the spouse enrolls later than the employee, the notice will be mailed to the spouse within ninety (90) days after he or she enrolls.

Important Notice to Employees from Honda About Creditable Prescription Drug Coverage and Medicare

The purpose of this notice is to advise you that the prescription drug coverage listed below under the Honda medical plan are expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2024. This is known as “creditable coverage.”

Why this is important. If you or your covered dependent(s) are enrolled in any prescription drug coverage during 2024 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty – as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

If you or your family members aren't currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice doesn't apply to you.

Please read the notice below carefully. It has information about prescription drug coverage with Honda and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

Notice of Creditable Coverage

You may have heard about Medicare's prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by the Honda prescription drug plan, you'll be interested to know that the prescription drug coverage under the plan is, on average, at least as good as standard Medicare prescription drug coverage for 2024. This is called creditable coverage. Coverage under this plan will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the Honda plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop Honda coverage, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment event for the Honda plan, assuming you remain eligible.

You should know that if you waive or leave coverage with Honda and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future – such as before the next period you can enroll in Medicare prescription drug coverage, if this Honda coverage changes, or upon your request.

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. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

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

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov or call 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.

For more information about this notice or your prescription drug coverage, contact the My Benefits Connect Center at www.myhondaconnect.com or by calling **1-866-778-5885**.

Notice of Special Enrollment Rights for Health Plan Coverage

As you know, if you have declined enrollment in Honda's health plan for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under the plans without waiting for the next benefits enrollment period, provided that you request enrollment within 31 days after your other coverage ends. 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, provided that you request enrollment within 31 days after the marriage, or within 60 days after the birth, adoption or placement for adoption.

Honda will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have *60 days* – instead of 31 – from the date of the Medicaid/CHIP eligibility change to request enrollment in the Honda group health plan.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

Women's Health and Cancer Rights Act Notice

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 of 1998 (WHCRA). 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 this plan. If you would like more information on WHCRA benefits, contact your plan administrator at benefits@ahm.honda.com or 1-937-642-5000, extension 47082.

Newborns' and Mothers' Health Protection Act Notice

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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, contact your plan administrator at benefits@ahm.honda.com or 1-937-642-5000, extension 47082.

Honda HIPAA Privacy Notice

Important

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.

Notice of Privacy Practices — Application

This notice describes the privacy practices of the medical, prescription drug, dental and vision plans, Healthcare FSA and the Mental Health and Wellness Benefit included in the Honda Health & Welfare Benefits Plan (the "Health Plan"). This notice does not apply to disability benefits, life insurance or any non-health-related plans or benefits.

"Protected health information" is health information that identifies you and relates to your medical history (i.e., the medical care you receive or the amounts paid for that care) that is created or obtained by the

Health Plan in connection with your eligibility for or receipt of medical benefits under the Health Plan. Federal law requires that the Health Plan maintain the privacy of protected health information, give you this notice of the Health Plan's legal duties and privacy practices and follow the terms of this notice as currently in effect.

Honda contracts with claims administrators and other third parties to provide Health Plan services. The current claims administrators are listed in "Contact Information." When their services involve the use of protected health information, the third parties will be required to perform their duties in a manner consistent with this notice. For purposes of this notice, the "Health Plan" includes third parties when performing services for the Health Plan. Protected health information may be shared among the components of the Health Plan, and the third parties providing services for components of the Health Plan, in the course of paying benefits and conducting Health Plan operations.

Use of Protected Health Information for Payment, Operations and Treatment

The Health Plan uses and discloses your protected health information for payment of benefits, Health Plan operations and treatment activities. The following paragraphs describe the ways that the Health Plan might use your protected health information for payment, Health Plan operations and treatment. For each category, a number of uses or disclosures will be listed, along with an example. However, not every use or disclosure in a category will be listed.

Payment

The Health Plan will use and disclose your protected health information to determine and pay for covered services. Payment activities include determining eligibility; conducting pre-certification utilization and medical necessity reviews; coordinating care; calculating cost sharing amounts; coordinating benefits, reimbursement and subrogation; and responding to questions, complaints and appeals. For example, the Health Plan may use your medical history and other health information to decide whether a particular treatment is medically necessary and what the payment should be. During that process, the Health Plan may disclose information to your provider. The Health Plan may mail Explanation of Benefits (EOB) forms and other information to the associate, retiree or former associate at the address it has on record for the associate, retiree or former associate. You can also receive your EOB electronically at either umr.com, bcbsal.org or kp.org.

Health Plan Operations

The Health Plan will use and disclose your protected health information for Health Plan operations. Operational activities include quality assessment and improvement; performance measurement and outcomes assessment; health services research; and preventive health, disease management, case management and care coordination. For example, the Health Plan may use protected health information to provide disease management programs for participants with specific conditions, such as diabetes, asthma or heart failure. Other operational activities requiring use and disclosure of protected health information include administration of stop loss coverage, legal, actuarial and audit services; business planning and cost management; detection and investigation of fraud; administration of pharmaceutical programs and payments; and other general administrative activities, including data and information systems management and customer service. The Health Plan is prohibited from using or disclosing protected health information that is genetic information for underwriting purposes.

Treatment

The Health Plan may use or disclose your protected health information to facilitate medical treatment or services by providers. The Health Plan may disclose protected health information to doctors, dentists, pharmacies, hospitals and other healthcare providers who take care of you. For example, doctors may

request medical information from the Health Plan to supplement their own records. The Health Plan may also send certain information to doctors for patient safety or other treatment-related reasons.

Disclosure to Others Involved in Your Healthcare

The Health Plan may disclose protected health information to a family member, a friend or any other person you identify, provided the information is directly relevant to that person's involvement with your healthcare or payment for that care. For example, if a family member or a caregiver calls the Health Plan with prior knowledge of a claim, the Health Plan may confirm whether the claim has been received and paid. You have the right to stop or limit this kind of disclosure. See "Contact Information" for a list of current claims administrators.

Disclosures Authorized by You

The Health Plan will not use or disclose your protected health information for any reason other than those described in this notice unless you provide written authorization. For example, unless you provide written authorization, the Health Plan is prohibited from selling your protected health information or using or disclosing your protected health information for marketing activities that result in financial remuneration to the Health Plan.

You may give the Health Plan written authorization to use and/or disclose your protected health information to anyone for any purpose. If you give the Health Plan an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure made pursuant to your authorization while it was in effect.

Disclosures to Honda

The Health Plan will share enrollment information about you and your family members with Honda. The Health Plan will also periodically disclose protected health information to the My Benefits Connect Center and American Honda Benefits Department so that the My Benefits Connect Center and/or the American Honda Benefits Department can assist participants with benefit questions and oversee the administration of the Health Plan. The My Benefits Connect Center and American Honda Benefits Department will only use the protected health information for participant assistance and Health Plan administration, or as required by law. Specifically, Honda certifies that it will:

- Not use or disclose protected health information for employment-related actions and decisions or in connection with any non-health-related benefits or another employee benefit plan sponsored by Honda affiliates
- Not use or further disclose protected health information other than as permitted or required by this notice or as required by law
- Ensure that any agents (including subcontractors) to whom Honda provides protected health information received from the Health Plan agree to the same restrictions and conditions that apply to Honda with respect to such information
- Report to the Health Plan's Privacy Officer any use or disclosure of protected health information that is inconsistent with the uses or disclosures provided in this notice of which Honda becomes aware
- Confirm that the Health Plan makes your protected health information available to you for access, amendment and/or accounting
- Make internal practices, books and records relating to the use and disclosure of protected health information received from the Health Plan available to the Secretary of the Department of Health and Human Services for purposes of determining compliance by the Health Plan with federal law

- Return protected health information to the Health Plan (when feasible), destroy protected health information (when return is not feasible and retention is not required by law) or continue to maintain the privacy of all protected health information (when return is not feasible or retention is required by law)
- Use its best efforts to request only the minimum necessary type and amount of protected health information to carry out the functions for which the information is requested
- Ensure adequate separation between the My Benefits Connect Center and American Honda Benefits Department and the other departments of Honda by utilizing reasonable and appropriate security measures so that protected health information received by the My Benefits Connect Center and/or American Honda Benefits Department is not disclosed to associates in other departments of Honda in violation of this notice. Honda staff members who work with protected health information will undergo training on the protection of health information and the privacy practices described in this notice.
- Implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the electronic protected health information that the My Benefits Connect Center and American Honda Benefits Department creates, receives, maintains or transmits on behalf of the plan
- Ensure that any agents (including subcontractors) who provide such electronic protected health information agree to implement reasonable and appropriate security measures to protect such electronic protected health information
- Report to the Health Plan any security incident of which any agent becomes aware

Other Uses of Protected Health Information

- **Communications about Benefits.** The Health Plan may use or disclose protected health information in providing you with treatment alternatives, treatment reminders or other health-related benefits and services.
- **Disclosures to Providers and Other Health Plans.** The Health Plan may disclose protected health information to providers or other health plans for payment, treatment and certain operational activities of the provider or other health plan.
- **Law Enforcement.** The Health Plan may disclose protected health information to federal, state and local law enforcement officials. The Health Plan may release protected health information if asked to do so by a law enforcement official in response to a court or administrative order, valid subpoena, warrant, summons or similar process, to identify or locate a suspect, fugitive, material witness or missing person, about the victim of a crime if, under certain limited circumstances, the Health Plan is unable to obtain the victim's agreement, about a death the Health Plan believes may be the result of criminal conduct, and, in emergency circumstances, to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.
- **Legal Proceedings.** The Health Plan may disclose protected health information in response to a court order or other lawful process. If you are involved in a lawsuit or a dispute, the Health Plan may disclose your protected health information in response to a court or administrative order. The Health Plan may also disclose your protected health information in response to a valid 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.
- **Public Welfare.** The Health Plan may disclose protected health information to address matters of public interest as required or permitted by law. The Health Plan may disclose your protected health information for public health activities. These activities generally include reports to prevent or control disease, injury or disability; of births and deaths; of child abuse or neglect, for public health investigations and/or interventions, such as reactions to medications or problems with products; to

notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and, if you agree or when required or authorized by law, to notify the appropriate government authority if the Health Plan believes a patient has been the victim of abuse, neglect or domestic violence.

- **Governmental Regulation.** The Health Plan may disclose protected health information to the U.S. Department of Labor and other government agencies for activities authorized by law. These activities include, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor group health plans, the healthcare system, government programs and compliance with civil rights laws.
- **Coroners, Medical Examiners and Funeral Directors.** The Health Plan may disclose protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. The Health Plan may also release protected health information to funeral directors as necessary to carry out their duties.
- **Organ and Tissue Donation.** The Health Plan may disclose protected health information, if you are an organ donor, to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Research.** The Health Plan may disclose protected health information to researchers, provided measures are taken to protect your privacy.
- **To Avert a Serious Threat to Health or Safety.** The Health Plan may disclose protected health information to prevent or lessen a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent or lessen the threat. For example, the Health Plan may disclose your protected health information in a proceeding regarding the licensure of a physician.
- **Military and Veterans.** The Health Plan may disclose protected health information if you are a member of the armed forces, as required by military command authorities. The Health Plan may also disclose protected health information about foreign military personnel to the appropriate foreign military authority.
- **National Security and Intelligence Activities.** The Health Plan may disclose protected health information to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.
- **Inmates.** The Health Plan may disclose protected health information to a correctional institution or law enforcement official if you are an inmate of the correctional institution or under the custody of the law enforcement official. This disclosure would be necessary (a) for the institution to provide you with healthcare; (b) to protect your health and safety or the health and safety of others; or (c) for the safety and security of the correctional institution.
- **Workers' Compensation.** The Health Plan may disclose protected health information for Workers' Compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

Participant Rights

Federal privacy regulations give you the right to:

- See and/or get a copy of protected health information held by the Health Plan in a "designated record set" (e.g., records used in making eligibility, claims, medical management and other decisions), to the extent required by law. You must make your request in writing. The Health Plan will charge a reasonable fee for producing and mailing the copies.
- Amend protected health information that is in a designated record set. If you think that your protected health information held by the Health Plan is incorrect or incomplete, you may ask the Health Plan to amend that information. Your request must be made in writing and include the reason for the request. The Health Plan may deny your request if you ask the Health Plan to amend information that:
 - Is not part of the protected health information kept by or for the Health Plan;

- Was not created by the Health Plan, unless the person or entity that created the information is no longer available to make the amendment; or
- Is not part of the information that you would be permitted to inspect and copy—or is accurate and complete. If the Health Plan denies the request, you may file a written statement of disagreement with the plan administrator.
- Get a list of certain disclosures the Health Plan has made about you. The list will not include disclosures made to you or with your written authorization or in the course of treatment, payment or healthcare operations. Your request must be made in writing and specify the time period for which you are requesting information. The period cannot go back more than six years from the date of your request. If you request such an accounting more than once in a 12-month period, the Health Plan will charge a reasonable fee.
- Request that the Health Plan communicate with you at an alternative location (for example, by sending materials to a P.O. box instead of the associate's home address) if you believe that normal communications would endanger you or you have other good cause. The Health Plan will accommodate reasonable requests.
- Request restrictions as to the ways that the Health Plan uses or discloses your protected health information. The Health Plan will consider, but need not agree to, such requests. Generally, you have the right to require a healthcare provider to restrict the disclosure of your protected health information to the Health Plan. However, to obtain such a restriction, you would need to pay your healthcare provider in full for services and supplies because the restriction would prevent the Health Plan from making payments on your behalf to your healthcare provider.
- Request a copy of this notice.
- Receive notification of breaches of unsecured protected health information.

Contact Information

If you want to exercise any of the rights described in this notice, you may contact:

- For matters concerning medical benefits:
(*Refer to your enrolled medical plan provider or care coordinator)

Quantum
Care Coordinators by Quantum Health
7450 Huntington Park Drive, Suite 100
Columbus, Ohio 43235

UMR
P.O. Box 30541
Salt Lake City, UT 84130-0543

Blue Cross and Blue Shield of Alabama
Legal Support Services Department
450 Riverchase Parkway East
P.O. Box 995
Birmingham, AL 35298-0001

California:
Kaiser Foundation Health Plan, Inc.
Claims Department
P.O. Box 7004
Downey, CA 90242-7004

Georgia:
Kaiser Permanente
Claims Administration
P.O. Box 370010
Denver, CO 80237-9998

Northwest:
Kaiser Permanente
Claims Administration
P.O. Box 370050
Denver, CO 80237-9998

- For matters concerning prescription drug benefits (HSA and PPO Plans):

CVS/Caremark
Customer Care Correspondence
P.O. Box 6590
Lee's Summit, MO 64064-6590

**If you are enrolled in a Kaiser HMO Plan, refer to the same contact information for your medical plan*

- For matters concerning dental benefits:

Delta Dental
P.O. Box 9089
Farmington Hills, MI 48333-9089

- For matters concerning vision benefits:

Vision Service Plan
3333 Quality Drive
Rancho Cordova, CA 95670

- For matters concerning the Mental Health and Wellness Benefit:

Spring Health
60 Madison Ave, 2nd Floor
New York, NY, 10010

- For matters concerning the Healthcare FSA:

UMR
P.O. Box 30541
Salt Lake City, UT 84130-0543

- For matters concerning enrollment, coverage elections, and changes to coverage elections:

My Benefits Connect Center
P.O. Box 661155
Dallas, TX 75266-1155

Questions and Complaints

If you have questions regarding this notice, you may contact the Honda Health Plan Privacy Officer in writing at 24025 Honda Parkway, Marysville, Ohio 43040-9251. You may also direct questions to the claims administrators listed under “Contact Information” above.

You have the right to file a written complaint with the Health Plan’s Privacy Officer if you think your privacy rights have been violated. Include your name, address and telephone number. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

The Health Plan’s Privacy Officer will investigate and address any issues of noncompliance with this notice of which he/she is notified or becomes aware.

Changes to This Notice

This notice is effective January 1, 2024. Honda may change the terms of this notice and the Health Plan’s privacy policies at any time. If Honda makes a change, the new terms and policies will then apply to all protected health information maintained by the Health Plan, even if the information was created or received before the change to the notice. If Honda makes any material changes, it will distribute a new notice.

Provider-Choice Rights Notice

The Honda healthcare plans generally allow the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Quantum Health care coordinators at **1-866-778-5885** or your enrolled medical plan provider.

For children, you may designate a pediatrician as the primary care provider.