

**CHRYSLER GROUP LLC HEALTH CARE PROGRAM
NOTICE OF PRIVACY PRACTICES – JANUARY 2011**

HERE IS THE NOTICE OF PRIVACY PRACTICES YOU REQUESTED.

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.

The Chrysler Group LLC Health Care Plans and the employees who support the Plans (defined below) are required by law to maintain the privacy of your protected health information and to provide you with this Notice pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Plans may use or disclose protected health information about you to pay health care related claims and for day-to-day administrative purposes. Access to protected health information is restricted to those who need access to such information to perform their duties.

The Plan Obligations

The Plans are required to:

- Maintain the privacy of protected health information;
- Provide you with this Notice of Privacy Practices explaining the Plan's legal duties and privacy practices with respect to your protected health information;
- Abide by the terms of this Notice;
- Notify you if a Plan is unable to agree to a requested restriction on how your information is used or disclosed;
- Accommodate reasonable requests you may make to communicate protected health information by alternative means or at alternative locations; and
- Accommodate your request for an accounting of disclosures.

The Plans reserve the right to change a privacy practice and the terms of this Notice and to make the new notice effective for all protected health information.

Revised notices will be made available to you in writing as required.

Your Health Information Rights

Provided that your request is in writing to the HIPAA Coordinator (see Contact Information), you have the right to:

- Request a restriction on certain uses and disclosures of your information;
- Obtain a paper copy of the Notice of Privacy Practices upon request;
- Inspect and obtain a copy of your health records (i.e., health information that we maintain about you) within the designated record set;
- Request that your health record be amended;
- Request communications of your protected health information by alternative means or at alternative locations; and
- Receive an accounting of disclosures made of your protected health information.

How The Plans May Use or Disclose Your Health Information

For Payment - The Plans may use and disclose your protected health information to pay claims associated with treatment and services that you receive by virtue of your enrollment in the plans. Such purposes include, but are not limited to, eligibility, claims management, pre-certification or pre-authorization, medical review, utilization review, risk adjustment of payments, billing, and subrogation. For example, information about you may be used to pay a doctor's bill for services rendered by that doctor while treating you.

For Health Care Operations – The Plans may use and disclose health information about you for day-to-day plan operations. Such purposes include, but are not limited to, business management and administration, business planning and developments, cost management, customer service, enrollment, underwriting, premium rating, care management, case management, legal services, audit functions, fraud and abuse detection, performance evaluation, professional training, provider credentialing, due diligence, formulary development, and quality assurance or other quality initiatives. For example, to project future benefit costs, handle claims appeals or audit the accuracy of the claims processing performed by a third party administrator. The Plans may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, generic prescription drug substitutions.

Plan Sponsor – The Plans may disclose health information to the Plan Sponsor as long as the Plan Sponsor complies with the certification requirements and utilizes this information for legitimate business purposes.

Required by Law - The Plans may use or disclose health information about you as required by state and federal law. For example, the Plans may disclose information for the following purposes:

- For judicial and administrative proceedings pursuant to legal authority;
- To report information regarding victims of abuse, neglect, or domestic violence;

- To assist law enforcement officials in the performance of their law enforcement duties; and
- To comply with laws and regulations related to Workers Compensation.

Other Uses - The following types of uses and disclosures generally will not apply to the Plans, however as part of the regulations we are required to include them in this Notice.

Public Health – Your protected health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities in the prevention or control of disease, injury, or disability, or for other activities relating to public health. Your protected health information may be disclosed to avert a serious threat to the health or safety of yourself or any other person pursuant to applicable law.

Governmental Functions – Your protected health information may be disclosed to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized. Also, when appropriate conditions apply, protected health information of individuals who are armed forces personnel may be disclosed when required to do so.

Decedents – Protected health information may be disclosed to funeral directors or coroners in order to enable them to carry out their lawful duties.

Organ/Tissue Donation – Your protected health information may be used or disclosed for cadaveric organ, eye or tissue donation purposes.

Research – Your protected health information may be used for

research purposes provided that an Institutional Review Board or privacy board (1) approves the waiver of the individual authorization and (2) has reviewed the research proposal and established protocols to ensure the privacy of the information; and (3) approved the research.

Other uses and disclosures will be made only with your prior written authorization. You may revoke this authorization except to the extent the Plan has already made a disclosure in reliance on such authorization. Psychotherapy notes cannot be disclosed by the Plans, except in connection with a legal action or other proceedings brought by the person who is the subject of the notes.

No Change to Plans

Except for the privacy rights described in this Notice, nothing contained in this Notice shall be construed to change any rights or obligations you may have under the Plans. You should refer to the Plan documents for complete information regarding any rights or obligations you may have under the Plans.

Complaints

You may file a complaint with the Chrysler Group LLC Business Practices Office and/or the Department of Health and Human Services if you believe your privacy rights have been violated (see Contact Information below). You will not be retaliated against for filing such a complaint.

Contact Information

If you need additional information, please contact:

HIPAA Coordinator
Chrysler Group LLC
1000 Chrysler Drive
CIMS 485-07-26
Auburn Hills, MI 48326

For complaints about use or disclosure of PHI please send written correspondence to:

Chrysler Group LLC
Business Practices Offices
1000 Chrysler Drive
CIMS 485-02-12
Auburn Hills, MI 48326

Plans

Today the Plans include the following Chrysler Group LLC Health Care Plans (however this list may change from time to time):

UAW Hourly and Salaried Employees (Exhibit B)

IAM Hourly Employees

IAM Hourly Retirees

IBT Hourly Employees

IBT Hourly Retirees

IUE Hourly and Salaried Retirees

IUOE Hourly and Salaried Employees

IUOE Hourly and Salaried Retirees

MESA Hourly Retirees

SPFPA Retirees

Salaried Non-Represented Employees & Retiree Choice Retirees

Non-Retiree Choice Retirees

Flexible Spending Account

Health Care Retirement Account (HRA)

Retirement Health Care Account (RHCA)

Participants who select long-term care coverage or choose to receive benefits through a health maintenance organization (HMO) will receive a Notice related to those benefits directly from those insurers.