Employee Group Insurance Plan
2016 Medical Plan Guide
For Retired Employees of Case New Holland Inc./United Auto Workers,
Surviving Spouses and Covered Dependents
Retired from 7/1/1994 to 4/1/2005

Please review the information in this guide. If you are eligible for Medicare, you will need to take action in order to have prescription drug coverage in 2016.
Availability of Summary Health Information

The Affordable Care Act requires companies that offer group health plans to make available a Summary of Benefits and Coverage (SBC) and uniform glossary. The SBC summarizes important information about each of the medical plans in a standard format to help you compare them. The uniform glossary includes terms commonly used in healthcare insurance coverage.

The 2016 SBC and uniform glossary is available by contacting CNH Industrial HR Employee Services at 800-561-0877 or e-mail nacnhbenefitservices@cnhind.com.
New Health Care Reform Reporting Requirements

When you file your taxes in 2016, you must provide information regarding your eligibility for health insurance coverage for the 2015 tax year to the Internal Revenue Service (IRS). You will receive a form called the Internal Revenue Service Form 1095-C in late January 2016. You will need this form to file your 2015 tax return.

The benefits and costs discussed in this guide are subject to unilateral modification or termination by CNH Industrial America LLC at any time.
**ABOUT THIS GUIDE**

The September 28, 2015 United States District Court decision in the class action lawsuit *Reese vs. CNH America LLC, formerly known as Case Corporation and CNH Global NV*, ruled that the retiree medical benefits are not considered vested.

**Because of this legal ruling, your current retiree medical plan coverage will be modified and transitioned automatically into the current UAW retiree medical plan as of January 1, 2016. This guide will help you understand your new medical coverage and any action you may need to take.**

Enclosed with this guide is your personalized worksheet that lists your covered dependents (if any) and your current life insurance coverage.

**WHAT’S CHANGING AND WHAT’S STAYING THE SAME**

There are two medical plans for UAW retirees—one if you (or any of your covered family members) are eligible for Medicare, and one if you and your covered family members are not eligible for Medicare.

Here’s an overview of what’s changing for 2016—and what’s staying the same:

<table>
<thead>
<tr>
<th>What’s changing</th>
<th>What’s NOT changing</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Medicare-eligible retirees must independently purchase Medicare Part D prescription drug coverage. <strong>The Non-Network Medical Plan does not provide prescription drug coverage for Medicare-eligible members</strong></td>
<td>• Your premium for coverage in 2016 will be $0</td>
</tr>
<tr>
<td>• You will receive a new medical ID card and group number in January</td>
<td>• CNH Industrial America LLC (CNH) medical plans are administered by Anthem—your provider network is not changing</td>
</tr>
<tr>
<td>• Grandchildren are no longer considered eligible dependents unless they become your legal dependents by legal adoption or guardianship</td>
<td>• CNH is providing valuable retiree medical benefits</td>
</tr>
<tr>
<td>• You will pay more out of your pocket when you receive care and/or fill a prescription</td>
<td>• Preventive care continues to be covered at 100% with in-network providers</td>
</tr>
<tr>
<td></td>
<td>• Coverage for dental, vision and life insurance is not changing</td>
</tr>
</tbody>
</table>

Note: Beginning in 2017, you will be responsible for paying a portion of your medical plan premium. In following years, you will be responsible for 60% of any increase in the cost of retiree medical coverage each year. This means that your contributions will increase by 60% of the total cost increase from one year to the next.

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YOUR CHECKLIST

Use the checklist below to help make sure you have the coverage you need in 2016.

☐ Read this guide to help you understand your medical and prescription drug coverage for 2016. Keep this document for reference throughout the year.

☐ Review the enclosed worksheet to confirm your current covered dependents for accuracy and eligibility and life insurance coverage amount.

☐ If you or any of your covered family members are Medicare-eligible:
  – Those who are Medicare-eligible will need to enroll in Medicare Parts A, B and D by contacting Medicare at 800-MEDICARE (800-633-4227) or going to www.medicare.gov.
  – Those who are not Medicare-eligible require no further action.

☐ If none of your covered family members (including you) are Medicare-eligible:
  – No action is required unless you want to make changes to your existing coverage or dependents.

UNDERSTANDING YOUR BENEFITS

Eligibility

As a current participant in the medical plan for UAW retirees prior to April 1, 2005, you will be enrolled automatically in the current UAW retiree medical plan. If you maintain your coverage, your covered dependents will also be enrolled automatically.

Eligible dependents include your:

- Legally married spouse, as defined by Federal law
- Children under the age of 26, including natural children, adopted children or children placed for adoption, and stepchildren
- Children who are mentally or physically disabled, incapable of self care and claimed as dependents on your federal income tax return (proof of disability must be submitted to CNH)

Important Note

The CNH retiree or pension-eligible surviving spouse is considered the primary member. The primary member must be actively enrolled in order to cover a spouse or other dependents under a CNH-sponsored medical insurance plan.

If you want to opt out of retiree medical coverage or make changes to your covered dependents, call CNH Industrial HR Employee Services at 800-561-0877.

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MEDICAL BENEFITS IF YOU ARE NOT ELIGIBLE FOR MEDICARE

If you and your covered dependents are NOT eligible for Medicare, you will be enrolled in the Network Medical Plan and the Prescription Drug Plan.

The Network Medical Plan

The plan is administered by Anthem and covers 100% of your eligible in-network preventive care expenses.

When you need treatment, you can see a provider of your choice. However, the Network Medical Plan pays a higher level of benefits when you use network providers and facilities. The network is made up of physicians, hospitals and other healthcare providers who have contracted with Anthem to charge lower, negotiated rates for their services.

How the Family Deductible Works
If you cover one or more family members, as soon as one person meets the individual deductible for his/her costs, the plan will begin paying its share of the cost for that person. The rest of the family deductible must be met by the remaining family members.

Are You Eligible for Medicare?
If you answered yes, turn to page 7 to read about your medical plan options.

Are Your Providers in the Network?
Keep in mind that the medical plan pays a higher benefit when you use Anthem in-network providers, and these providers have agreed to charge negotiated rates for their services. That means you can save money by using in-network providers.

Because providers and insurance plans update and change their contracts periodically, it’s a good idea to check with your providers from time to time to make sure they still participate in the Anthem network.

You can verify your provider’s status by:
- Calling Anthem at 888-523-5915
- Visiting Anthem online at www.anthem.com/cnh
- Contacting your provider’s office

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At a Glance: The Network Medical Plan
Below is an overview of the plan coverage. For more information on the plan, you can request a summary plan description (SPD) from CNH Industrial HR Employee Services at 800-561-0877 or e-mail nacnhbenefitservices@cnhind.com.

<table>
<thead>
<tr>
<th>Network Medical Plan</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Care</td>
<td>Plan pays 100%</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>$200 / $400</td>
<td>$500 / $1,000</td>
</tr>
<tr>
<td>(individual / family)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Visit</td>
<td>$20 copay</td>
<td>Plan pays 65%</td>
</tr>
<tr>
<td>Primary care or</td>
<td></td>
<td>(after meeting deductible)</td>
</tr>
<tr>
<td>specialist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coinsurance</td>
<td>Plan pays 85%</td>
<td>Plan pays 65%</td>
</tr>
<tr>
<td>(after meeting deductible)</td>
<td></td>
<td>(after meeting deductible)</td>
</tr>
<tr>
<td><strong>Annual Out-of-</strong></td>
<td>$1,000 / $2,000</td>
<td>$2,000 per person</td>
</tr>
<tr>
<td><strong>Pocket Maximum</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(individual / family)</td>
<td></td>
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</tbody>
</table>

*The out-of-pocket maximum includes the deductible, plus medical plan coinsurance and office visit copays. Prescription drug expenses count toward a separate prescription drug out-of-pocket maximum (see page 6).
**Prescription Drug Plan**

If you are enrolled in the Network Medical Plan and are **not** eligible for Medicare, you’ll also be enrolled in the prescription drug plan. CVS Health is the prescription drug administrator. You will receive a new prescription ID card in late December.

CVS Health has a nationwide network of affiliated pharmacies for your retail prescription needs. Plus, you’ll be able to fill a 90-day supply of your maintenance medications at a CVS pharmacy (including certain Target stores that are becoming CVS pharmacies) throughout the U.S. for the same price as mail order.

In order to receive prescription drug benefits, you must fill your prescription through a CVS participating pharmacy or mail order service. Participating pharmacies include Walgreens, Wal-Mart, Target and many others. To find a retail pharmacy near you, call **855-559-5105** or visit [www.caremark.com](http://www.caremark.com).

### Prescription Drug Benefits

<table>
<thead>
<tr>
<th>Prescription Drugs</th>
<th>Retail CVS pharmacy</th>
<th>Mail order or CVS participating pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copayment (each prescription)</td>
<td>30-day supply or less</td>
<td>30- to 90-day supply</td>
</tr>
<tr>
<td>Generic</td>
<td>$10</td>
<td>Generic</td>
</tr>
<tr>
<td>Brand Formulary</td>
<td>$40</td>
<td>Brand Formulary</td>
</tr>
<tr>
<td>Brand Non-Formulary</td>
<td>$60</td>
<td>Brand Non-Formulary</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum (individual/family)</td>
<td>$5,350/$10,700</td>
<td></td>
</tr>
<tr>
<td><strong>Costs for prescription drugs do not count toward the medical plan deductible or out-of-pocket maximum</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Not sure where to fill your prescriptions? This chart may help.

<table>
<thead>
<tr>
<th>Retail pharmacy</th>
<th>Generally used to fill short-term prescriptions for temporary conditions, such as sinus and other infections. You must use a participating CVS pharmacy. Short-term prescriptions are for a 30-day supply or less.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mail order service or a CVS pharmacy</td>
<td>Generally used to fill long-term maintenance prescriptions for ongoing conditions, such as asthma, diabetes and high blood pressure. Contact CVS Health at <strong>855-559-5015</strong> or visit <a href="http://www.caremark.com">www.caremark.com</a> for information on their mail order service.</td>
</tr>
</tbody>
</table>

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MEDICAL BENEFITS IF YOU OR ANY COVERED FAMILY MEMBERS ARE ELIGIBLE FOR MEDICARE

If you and/or any of your covered dependents are eligible for Medicare, all participants will be enrolled in the Non-Network Medical Plan.

Below is an overview of the medical coverage, which is administered by Anthem. For more details on the Non-Network Medical Plan, you can request a summary plan description (SPD) from CNH Industrial HR Employee Services at 800-561-0877 or e-mail nacnhbenefitservices@cnhind.com.

<table>
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<th>Non-Network Medical Plan</th>
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<tr>
<td>$250 / $500</td>
</tr>
<tr>
<td>Office Visit Primary care or specialist</td>
</tr>
<tr>
<td>Plan pays 80% after you meet the deductible</td>
</tr>
<tr>
<td>Coinsurance</td>
</tr>
<tr>
<td>Plan pays 80%</td>
</tr>
<tr>
<td>Annual Out-of-Pocket Maximum* (individual / family)</td>
</tr>
<tr>
<td>$1,500 / $3,000</td>
</tr>
</tbody>
</table>

*The out-of-pocket maximum includes the deductible and medical plan coinsurance amounts.

For Medicare-eligible participants

Medicare is the primary coverage and the CNH Non-Network Medical Plan is secondary. Anthem, the Non-Network Medical Plan administrator, will calculate what it would pay if it were the primary coverage, then subtract the amount payable under Medicare to determine the benefit payable from the Non-Network Medical Plan. The total benefits payable by Medicare and the CNH Plan will not be more than the amount Anthem would have paid as the primary plan.

Have You Misplaced Your Medicare ID Card?

If you need a replacement Medicare ID card, visit www.medicare.gov, click on Forms, Help & Resources at the top of the page and then select Lost/incorrect Medicare card. From there, you’ll learn about how you can request a replacement card.

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Prescription Drug Coverage

The Non-Network Medical Plan does NOT provide prescription drug coverage for Medicare-eligible participants.

Your current prescription drug coverage will end on December 31, 2015. You must enroll in a Part D Prescription Drug Plan if you want prescription drug coverage on January 1, 2016.

For participants who are Medicare eligible
If you want to continue to have prescription drug coverage for any Medicare-eligible plan participant, you must enroll in a Medicare Part D prescription drug plan. For more information contact Medicare at 800-MEDICARE (800-633-4227) or go to www.mymedicare.gov, visit your local Social Security office or talk with your pharmacist.

- If you do not enroll in a Medicare Part D plan before December 31, 2015, you will not have prescription drug coverage starting January 1, 2016.

- If you enroll after December 31, 2015, you could be charged a 1% per month penalty for each month you are not enrolled in a Medicare Part D plan. In addition, you will be eligible to enroll with a Medicare Part D plan in the future only during their annual enrollment period.

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Prescription drug coverage for participants not eligible for Medicare

Eligible covered participants who are under age 65 and not eligible for Medicare will receive prescription drug benefits through the Prescription Drug Plan. CVS Health is the prescription drug plan administrator. You will receive a new prescription ID card in January.

CVS Health has a nationwide network of affiliated pharmacies for your retail prescription needs. Plus, you’ll be able to fill a 90-day supply of your maintenance medications at a CVS pharmacy (including certain Target stores that are becoming CVS pharmacies) throughout the U.S. for the same price as mail order.

In order to receive prescription drug benefits, you must fill your prescription through a CVS participating pharmacy or mail order service. To find a retail pharmacy near you, call 855-559-5105 or visit www.caremark.com.

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CONTACTS AND RESOURCES

CNH Industrial HR Employee Services

If you have questions about your plan or your eligibility for benefits, contact CNH Industrial HR Employee Services. You can reach CNH Industrial HR Employee Services by calling 800-561-0877. Press 2 to identify yourself as a retiree and follow the prompts to speak with a representative. You can also e-mail nacnhbenefit-services@cnhind.com.

CNH Industrial HR Employee Services representatives are available Monday through Friday from 8 a.m. to 5 p.m. Central time.

Plan Administrators

If you have questions specific to your benefits, please contact your plan administrator. Your plan administrator can help you understand your plan design, explain how your coverage works or assist you with claims.

<table>
<thead>
<tr>
<th>Anthem Blue Cross &amp; Blue Shield</th>
<th>888-523-5915</th>
</tr>
</thead>
<tbody>
<tr>
<td>For medical benefits</td>
<td><a href="http://www.anthem.com/cnh">www.anthem.com/cnh</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CVS Health</th>
<th>855-559-5105</th>
</tr>
</thead>
<tbody>
<tr>
<td>For prescription drug benefits, if you are not eligible for Medicare</td>
<td><a href="http://www.caremark.com">www.caremark.com</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medicare</th>
<th>1-800-MEDICARE (800-633-4227)</th>
</tr>
</thead>
<tbody>
<tr>
<td>For medical benefits, if you are eligible for Medicare</td>
<td><a href="http://www.medicare.gov">www.medicare.gov</a></td>
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You can also find contact information for your plan administrators or vendors on your benefit ID cards.

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IMPORTANT NOTICES

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)
The company takes the protection of your health information seriously. Federal law requires your health plans to provide a Notice of Privacy Practices, which describes how your health information is safeguarded, the circumstances in which your health information may be used and your legal rights. For your convenience, you may request a copy by contacting CNH Industrial HR Employee Services at 800-561-0877.

HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS
THIS NOTICE DESCRIBES SPECIAL CIRCUMSTANCES WHICH MAY ALLOW YOU AND YOUR ELIGIBLE DEPENDENTS TO ENROLL IN GROUP HEALTH COVERAGE DURING THE YEAR. PLEASE REVIEW IT CAREFULLY.

The company sponsors a group health plan (the “Plan”) to provide coverage for health care services for our employees and their eligible dependents. Our records show that you are eligible to participate, which requires that you complete enrollment in the Plan and pay your portion of the cost of coverage through payroll deductions or decline coverage. A federal law called HIPAA requires we notify you about your right to later enroll yourself and eligible dependents for coverage in the Plan under “special enrollment provisions” described below.

Special enrollment provisions
Loss of Other Coverage. If you decline enrollment for yourself or for an eligible dependent because you had other group health plan coverage or other health insurance, you may be able to enroll yourself and your dependents in the Plan if you or your dependents lose eligibility for that other coverage, or if the other employer stops contributing toward your or your dependents’ other coverage. You must request enrollment within 30 days after you or your dependents’ other coverage ends, or after the other employer stops contributing toward the other coverage. Please contact CNH Industrial HR Employee Services at 800-561-0877 for details, including the effective date of coverage added under this special enrollment provision.

New Dependent by Marriage, Birth, Adoption or Placement for Adoption. If you gain a new dependent as a result of a marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your new dependents in the Plan. You must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption. In the event you acquire a new dependent by birth, adoption or placement for adoption, you may also be able to enroll your spouse in the Plan, if your spouse was not previously covered. Please contact CNH Industrial HR Employee Services at 800-561-0877 for details, including the effective date of coverage added under this special enrollment provision.

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Contact information
If you have any questions about this Notice or about how to enroll in the Plan, please contact CNH Industrial HR Employee Services at 800-561-0877 or by writing to:
CNH Industrial HR Employee Services
5729 Washington Avenue
Racine, WI 53046

Notice availability
A copy of this notice is available at our web site www1.essbenefits.com/cnh. Additional information regarding your rights to enroll in the Plan are found in the applicable Summary Plan Description(s) for the Plan, or you may contact CNH Industrial HR Employee Services as provided above for more information.

NEWBORNS’ AND MOTHERS’ HEALTH PROTECTION ACT (NEWBORN’S ACT)
The Newborns’ and Mothers’ Health Protection Act (Newborns’ Act) includes important protections for mothers and their newborn children with regard to the length of the hospital stay following childbirth. In compliance with federal law, the company Healthcare Plan provides the following maternity-related benefits:

- Hospital stays for the mother and newborn will be covered for at least 48 hours following childbirth (or, in the case of a cesarean section, 96 hours).
- The attending physician does not need to obtain authorization from the plan to provide the mother and newborn with this length of hospital stay.
- Shorter stays are permitted if the attending provider, in consultation with the mother, decides to discharge earlier.

If you have questions, contact Anthem at 888-523-5915.

NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS

Introduction
This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan’s Summary Plan Description or contact the Plan Administrator.

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You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse’s plan), even if that plan generally doesn’t accept late enrollees.

What is COBRA continuation coverage?
COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a “qualifying event.” Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a “qualified beneficiary.” You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you’re the spouse of a retired employee, you’ll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-retired employee dies;
- The parent-retired employee becomes entitled to Medicare benefits (Part A, Part B or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a “dependent child.”

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to CNH, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee’s spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

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When is COBRA continuation coverage available?  
The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- Death of the retired employee;
- Commencement of a proceeding in bankruptcy with respect to the employer; or
- The retired employee’s becoming entitled to Medicare benefits (under Part A, Part B or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child’s losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs.

How is COBRA continuation coverage provided?  
Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage  
If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage  
If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This is subject to unilateral modification or termination by CNH Industrial America LLC at any time.
extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

**Are there other coverage options besides COBRA Continuation Coverage?**
Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse’s plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

**If you have questions**
Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor’s Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa).  (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA’s website.) For more information about the Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov).

**Keep your Plan informed of address changes**
To protect your family’s rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

**Plan contact information**
More information can be obtained by calling CNH Industrial HR Employee Services at 800-561-0877 or by writing to:
- CNH Industrial HR Employee Services
- 5729 Washington Avenue
- Racine, WI 53046

**RESERVATION OF RIGHTS**
This guide is a summary of certain benefits. In all cases, the official plan documents govern. As you read through this guide, please keep in mind that all compensation and benefit plans are subject to change because of legislation, economic conditions or other factors. Therefore, the company reserves the right to end, suspend or amend any of its plans, at any time, in whole or in part, for whatever reasons it deems appropriate. Such changes would be made with approval of the Board of Directors or its delegates. If any material changes are made, you will be notified. Further, nothing in this booklet guarantees that benefit levels or allocation of costs will remain unchanged in the future.

*The benefits and costs discussed in this guide are subject to unilateral modification or termination by CNH Industrial America LLC at any time.*
This benefit guide highlights your retiree medical and prescription plan options and provides a brief description of the benefits available and the terms and conditions that may apply in order to receive them. The information provided is not intended to substitute for any official plan documents that may be applicable to and govern any of the benefits described in this guide. In the event there is any conflict between the information provided in this benefits enrollment guide and the terms of the applicable plan documents, the plan documents will control. CNH Industrial America LLC reserves the right to alter or terminate the benefits and the terms and conditions to receive them at any time.