

## Health Care Coverage Rates

Your 2025 per-paycheck contributions for health care coverage are based on the plans you elect and who you choose to cover. These rates are effective January 1, 2025, to December 31, 2025, and do not include any wellness discount on medical premiums that may apply to you and/or your spouse/domestic partner.<sup>1</sup>

Health Care Plans	If You Are Paid Biweekly				If You Are Paid Weekly			
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
<b>Medical</b>								
<b>PPO Plan</b>	\$181.48	\$422.85	\$344.86	\$615.38	\$90.74	\$211.43	\$172.43	\$307.69
<b>CDHP with HSA</b>	\$99.74	\$232.15	\$189.53	\$337.68	\$49.87	\$116.07	\$94.76	\$168.84
<b>CoPay Plan</b>	\$51.14	\$130.48	\$106.08	\$189.79	\$25.57	\$65.24	\$53.04	\$94.90
<b>Dental</b>								
<b>Cigna Dental DHMO</b>	\$3.04	\$6.27	\$6.12	\$10.58	\$1.52	\$3.13	\$3.06	\$5.29
<b>Plan B—Full Dental PPO</b>	\$11.40	\$23.62	\$23.10	\$38.96	\$5.70	\$11.81	\$11.55	\$19.48
<b>Plan C—Preventive Care Only</b>	\$2.67	\$5.52	\$5.30	\$9.06	\$1.34	\$2.76	\$2.65	\$4.53
<b>Vision</b>								
<b>EyeMed Vision Plan</b>	\$3.14	\$5.58	\$5.53	\$7.44	\$1.57	\$2.79	\$2.76	\$3.72

<sup>1</sup> By law, if a domestic partner does not qualify as a tax dependent, the cost for his/her benefits cannot be paid pre-tax, and the "value" of Team Member and employer-provided domestic partner contributions is taxable.

If you are covered by a collective bargaining agreement that has not provided for participation in all or some of the benefits listed as part of the Hertz Custom Benefit Program, certain portions of the content in this chart will not apply to you. Please refer to your labor agreement or contact your Human Resource Business Partner for further information about the benefits available to you and any limitations or restrictions on eligibility.