

# The Hertz Corporation –

## Retiree Medicare Supplement Plan

### Summary of Benefits



January 1, 2024 – December 31, 2024

Covered Services			
Medicare-Approved Services Covered Under Medicare Part A (Subject to Any Limitations Medicare May Have):	Medicare Pays For:	This Plan Pays For:	Covered Person Pays For:
Inpatient Hospital Stays Including ICU, Semi-Private Room (Unless a Private Room is Medically Necessary), Meals, General Nursing, Other Hospital Services and Supplies	All of the first 60 days of Inpatient Hospital care in a Benefit Period after a Deductible (\$1,632)	100% of Medicare Part A Hospital Deductible for the first 60 days of hospitalization per Benefit Period	0% for the first 60 days
	All but \$408 per day for days 61-90	100% of Medicare Part A daily coinsurance amount for the 61 <sup>st</sup> through 90 <sup>th</sup> days of hospitalization limited to 30 days per conferment.  <b>Note: 60 days must elapse between admissions.</b>	0% of Medicare Part A daily coinsurance for days 61-90
	All but \$816 per day for days 91-150 days using Lifetime Reserve Days	100% of Medicare Part A daily coinsurance amount if any of the 60 Lifetime Reserve Days are used	0% of Medicare Part A daily coinsurance amount for 60 Lifetime Reserve Days
	Nothing beyond 60 Lifetime Reserve Days	Nothing beyond 60 Lifetime Reserve Days	All costs after 60 Lifetime Reserve Days

Medicare-Approved Services Covered Under Medicare Part A (Subject to Any Limitations Medicare May Have):	Medicare Pays For:	This Plan Pays For:	Covered Person Pays For:
Skilled Nursing Facility Care, Semi-Private Room, Following 3-Day Related Inpatient Hospital Stay / Inpatient Rehabilitation Facility	All approved amounts for days 1-20		\$0 per day for days 1-20
	All but \$204 per day for days 21-100	100% of Medicare Part A daily coinsurance amount for Skilled Nursing Facility Care for the 21st through 100th days up to a maximum of 80 days per Benefit Period	0% of daily coinsurance for days 21-100
	Nothing beyond day 100	Nothing beyond day 100	All costs after day 100
In-Hospital Physician Visits, Anesthesia Services, Surgery	Generally 80%	100% of Medicare Part B annual Deductible up to a maximum of \$240	0% of Medicare Part B annual Deductible

**UMR Plan Advisor Customer Service:** 1-833-584-3789 [www.umar.com](http://www.umar.com)  
**Submit Claims to:** UMR P.O. Box 30541 Salt Lake City, UT 84130-0541

*This is a summary of benefits and not a guarantee. Benefit payments are subject to all plan provisions and eligibility requirements at the time services are rendered. The plan document and summary plan description are the official sources of information. In the event of a discrepancy, the plan document and summary plan description will prevail.*