

Hertz®



2014 OPEN ENROLLMENT GUIDE

Custom Benefit Program

CHOOSE WELL. LIVE WELL.

July 2014 - June 2015

May 2014

Dear Fellow Employee:

I am pleased to provide you with your personalized enrollment materials for the Hertz Custom Benefit Program for the 2014 – 2015 Plan Year. This is your opportunity to educate yourself about the programs Hertz offers, and make smart benefit decisions. Open Enrollment takes place from May 7 to 23 and is your chance to create your own valuable benefits package, based on your family's needs.

As I recently announced in the Enrollment Preview brochure, there will be minor changes to the medical plans and the Dental HMO plan for the 2014 – 2015 Plan Year. Additionally, you will have more opportunities to protect your family's finances with new dependent life insurance coverage levels. Consider these changes and your family's current needs as you make your benefits elections.

While base premium rates did not change during last year's Open Enrollment, modest increases in medical plan contributions will be necessary in 2014. However, employees who took full advantage of our *A Credit to Your Health* program, with the \$150 increase in available credits, may not experience an increase and may, in fact, experience lower net contributions.

Enrollment this year will again take place online through the BenefitsPlus website. Review the benefit options available to you and then make your elections, all on one easy-to-use website. If you do not wish to make changes to your current elections, use the "Accept All" option to simplify the enrollment process.

Remember, making smart benefit decisions is about more than just the cost – it's about understanding how the plans work and the total value they offer you. Take the time to carefully review the plans, resources and tools available to you, so that you can feel confident in your enrollment choices, which will generally remain in effect for the entire Plan Year.

As always, your local Human Resources Representative, the Hertz Employee Care Center and the Corporate Employee Benefits Department are available to assist you throughout the enrollment process.

Sincerely,

A handwritten signature in cursive script that reads "LeighAnne Baker".

LeighAnne Baker

Executive Vice President and Chief Human Resources Officer

What's new or changing beginning July 1, 2014?

Consider the changes below, as well as your family's current needs, as you make your benefits elections during Open Enrollment.



Medical Plans	<ul style="list-style-type: none">■ Except for the Economy Plan, all plans will have a modest increase in annual deductibles.■ Any amount you contribute toward your deductible will count toward your out-of-pocket maximum, as required by the Affordable Care Act. The out-of-pocket maximums for each plan have been modified.
Choice Plus Plan A	<ul style="list-style-type: none">■ The copays for primary care doctor or specialist visits will increase by \$5, and the Emergency Room copay will increase by \$50. This is the first time in four years that we have made any changes to these copays.
Dependent Life Insurance	<ul style="list-style-type: none">■ We are adding coverage options for dependent life insurance. This gives you the opportunity for greater financial protection for your family.
Cigna DMO Schedule	<ul style="list-style-type: none">■ There will be a new Patient Charge Schedule under the Cigna Dental Maintenance Organization (DMO) for the new Plan Year.

Summary of Benefits and Coverage (SBC)

The Affordable Care Act requires all health plan insurers and group health plans to provide eligible enrollees with a Summary of Benefits and Coverage (SBC). The SBC provides you with information to better understand your plan and allows you to compare options.

SBCs for all medical plans available to you are posted on the BenefitsPlus website at www.hertz.com/benefitsplus.

You may request a paper copy of an SBC at any time by contacting the HR Employee Care Center at **1-800-654-3373**.

Summary Plan Description (SPD) Now Online

At Hertz, sustainability is driven by a global vision we call Living Journey. As part of this vision, we are excited to announce that the new SPD for The Hertz Custom Benefit Program can be found online at www.hertz.com/benefitsplus. Since 2006, Hertz has reduced paper waste by 60%, and by providing the SPD in online format, we continue to support our Living Journey.

We encourage you to refer to the SPD online as needed. If you need a paper copy of the SPD mailed to your home, you may contact the HR Employee Care Center at 1-800-654-3373, or you may request it during your enrollment online.

See page 19 for more information regarding your SPD.

What do you need to know about enrolling for benefits?

Enrolling for benefits is easy with BenefitsPlus.

Submit your elections online between May 7th and May 23rd.



How to Enroll

Step 1 Go to BenefitsPlus at www.hertz.com/benefitsplus.

Step 2 Enter your Employee ID (Hertz Employee Number) and Password. Click **Submit**.

Employee ID – Each employee has his or her own unique Employee ID. If you do not know your Employee ID, refer to your Enrollment Worksheet or your pay stub.

Password – If this is your first time logging in to BenefitsPlus, your initial password is your month and year of birth in “MMYYYY” format. For example, if your month and year of birth is February 1967, your initial password would be 021967. If you have forgotten your password or want to change your password, select the **Forgot My Password** or the **Change My Password** link and follow the instructions to reset your password.

Step 3 To begin the Open Enrollment process, simply click on the Open Enrollment banner at the top of the home screen. You can also click on the Open Enrollment task in the **Worklist**.

Step 4 On the bottom right corner of the Open Enrollment page, select **Begin**.

Step 5 Review your Personal Information. If any of this information is not correct, contact the HR Employee Care Center at **1-800-654-3373**. During this step, you will be required to indicate whether your spouse/domestic partner is currently employed at The Hertz Corporation or an affiliate that has adopted the Program's benefits. Once this selection has been made, click on **Accept and Continue**.

Step 6 Follow the prompts through the required Dependent Information page. When complete, select **Accept and Continue**. A summary for your review will appear. If the information is correct, again select **Accept and Continue**.

Step 7 On the Enrollment Summary page, your current benefit elections and per pay period costs are displayed. If you agree with the selections shown, click on the **Accept All** button to continue enrolling with your current benefits.

To make a change or view your benefit options, select **Modify/View** next to the benefit selected. Select **Accept and Continue** after you are completed with each benefit. At the bottom of the Enrollment Summary screen, select **Accept and Continue** when you are satisfied with your elections.

Step 8 Update or add Beneficiary information. When finished, select **Accept and Continue**.

Step 9 On the Review & Submit page, confirm your selections are correct. Click **Modify/View** to make additional changes. When you are satisfied with your selections, click **Submit**.

You will be directed to the Process Complete page. At the bottom of this screen, you will see an option to print your benefit elections. Please be sure to print a copy for your records.

Anytime. Anywhere.

Benefits
Managing your
life's journey
plus

BenefitsPlus is an online self-service benefits website that you can access 24 hours a day, seven days a week from any computer with Internet access. If you need further assistance, call the HR Employee Care Center at **1-800-654-3377**. Representatives are available 8 a.m. to 8 p.m. Central Time, Monday through Friday.

What If I Don't Enroll?

If you are currently enrolled in the Hertz Custom Benefits Program (the Program) and do not enroll online during Open Enrollment, you will receive the same benefits that were in effect on the last day of the previous Plan Year, except for the Flexible Spending Accounts (FSAs). Your contributions will automatically be adjusted to reflect the new Plan Year contribution amounts.

If you contributed to either the Health Care or Dependent Care FSA in the previous Plan Year, you will not automatically be re-enrolled in the FSA and your contributions will not continue into the new Plan Year. You must enroll online to elect to contribute to an FSA during the 2014 - 2015 Plan Year.

If you are a new employee and do not enroll online during your initial enrollment period, you will automatically be enrolled in:

- Economy Plan, medical coverage for employee only*
- Employee Life Insurance (one times base salary)
- Long-Term Disability (50% coverage with pre-tax deductions)

If you wish to waive benefits, you must go online and elect to waive coverage.

** If you reside in Massachusetts, you will default to the Consumer Health Account Plan 2 with employee-only medical coverage.*



After You Enroll

After you make your elections online, print a Confirmation Statement for your records. Review all of your information on this statement to ensure your coverage choices are correct. If there are errors, you can make corrections anytime during the Open Enrollment period.

After the enrollment period, you will receive a printed Confirmation Statement in the mail. If the benefits you elected are not correctly listed, you must notify the HR Employee Care Center at **1-800-654-3373** during the correction period (as stated on your Confirmation Statement). Changes will be made only in the case of errors.

Additionally, carefully review your payroll statements in the month your elections are effective to ensure the accuracy of your deductions. Deductions may be prorated for the first pay period that you are covered.

During the enrollment period, you may log in as often as you like and make as many updates as needed. However, once the enrollment period closes, your elections will be final and no further changes will be allowed.

Note: *Your contributions for certain coverages are based on your age and/or base pay. During the Plan Year, your contributions will be subject to adjustment based on changes to your age and/or base pay.*

\$ Enroll Online and Be Eligible to Win \$500

When you enroll online, you will be entered into drawings to win one of four \$500 cash prizes!

The earlier you enroll, the more chances you have to win one of the \$500 cash prizes.

First Drawing	All enrollments completed by May 11th
Second Drawing	All enrollments completed by May 15th
Third Drawing	All enrollments completed by May 19th
Fourth Drawing	All enrollments completed by May 23rd

Who is eligible for benefits?

Your Eligibility

You must meet the following requirements to be eligible to participate in the Program.

- You are an employee of The Hertz Corporation or an affiliate that has adopted the Program,

AND

- You are a regular full-time employee or a regular part-time employee scheduled to work at least 30 hours per week (20 hours per week if you were hired prior to April 1, 2007; 25 hours per week if you were hired on or after April 1, 2007, and before January 1, 2014).*

* 20 hours per week in Hawaii. Additionally, the scheduled hours requirement may vary for some collective bargaining units covered under the Program.

Is My Spouse Eligible for Benefits?

Yes. However, the Program does not provide benefits to a fiancé or to a legally separated or divorced spouse.

If you and your same-sex domestic partner have gotten married, you may change your domestic partner's relationship to "spouse" and gain the favorable pre-tax treatment of your health plan contributions. If you do so, you will be required to provide proof of your marriage.

Additional Contribution When Spouse/Domestic Partner Waives His/Her Medical Coverage

If your spouse or domestic partner is eligible to elect medical coverage through his or her employer but chooses not to enroll in that employer's plan, you must pay an additional charge of \$40 per week to enroll your spouse or domestic partner in a Hertz Medical Plan. Your spouse's or domestic partner's eligibility for coverage through his or her employer will be audited during the dependent verification process.

Does My Domestic Partner Qualify for Benefits?

Benefits are available to same- or opposite-sex domestic partners and their children. To qualify for coverage, your domestic partnership must be one that is registered with a governmental domestic partnership registry authorizing such registrations, or you and your domestic partner must:

- Be age 18 or older,
- Have lived together for at least six months and have a serious, committed relationship,
- Be financially interdependent,
- Not be related to each other in a way that would prohibit legal marriage, and
- Not be legally married or the domestic partner of anyone else.

Children of an employee's domestic partner are also eligible for coverage if they meet the eligibility requirements of a dependent child.

When you enroll a domestic partner for coverage, your contributions will include both pre-tax and post-tax amounts.** These will be displayed during your online enrollment.

** You are also responsible for paying tax on the value of the Company's contribution toward coverage for your domestic partner and/or his or her dependent children (imputed income). This amount will be calculated and deducted from your paycheck each pay period.

Does My Child Qualify as a Dependent?

Children are eligible for the Medical, Dental and Vision plans up to age 26, regardless of student status.

Children are eligible under the Dependent Life Insurance and AD&D plans up to age 19 (age 23 if a full-time student).

The following children are eligible for dependent coverage:*

- Your natural children,
- Your domestic partner's natural children,
- Stepchildren,
- Legally adopted children,
- Children in the process of adoption who have been placed in your home in a parent/child relationship,
- Foster children,
- Children for whom you are the legal (court-appointed) guardian, or
- Children for whom you are legally required to provide coverage by either a divorce decree or a Qualified Medical Child Support Order (QMCSO) that meets the statutory requirements to bind an employer to provide the coverage.

* Refer to the SPD for further qualifications.

Dependent Verification

To ensure that only eligible dependents are covered under our health plans, you will be asked to provide documentation that verifies your newly enrolled dependent's eligibility under the Plan.

You can expect to receive your audit letter directly from ConSova (administrator of our Dependent Audit Program) shortly after your benefit coverage effective date, with instructions on what documents to submit, how and where to submit them, and the deadlines for submission. Failure to submit requested documentation may result in the loss of coverage for your dependent(s).

A partial list of documents you may be asked to provide for a new dependent includes:

- Birth Certificate
- Marriage Certificate/Domestic Partner Affidavit
- Affidavit of common-law spouse (in states where recognized)
- Adoption Certificate
- Most recent Tax Return

For more information, please contact the HR Employee Care Center at **1-800-654-3373**.

Did You Know?

You may cover different eligible dependents under the Medical, Dental and Vision plans. For example, if you have a baby, you may choose to cover the baby under your Medical plan, but not your Dental or Vision plan.



Other general benefits information

When Do My Benefits Start?

If you are currently enrolled in the Program, the benefits you elect during Open Enrollment will become effective on July 1, 2014.

If you are a new employee whose initial enrollment takes place during the Plan Year, your benefits become effective on the first day of the month following 60 days of continuous employment. For example, if you are hired on June 15, your benefits become effective on September 1.

How Can I Change My Benefits?

Choose your benefits carefully, as the choices you make now generally will remain in effect for the entire Plan Year (July 1 through June 30). You can only change your benefits during the Plan Year if you have a qualifying change in family status. Your Summary Plan Description details what the Program considers to be a qualifying change.

Refer to the instructions in the Work & Life tab on the BenefitsPlus website for making changes. Be prepared to provide proof of the change that is consistent with the qualifying life event.

How Much Will I Pay?

Your personalized costs for benefits are displayed on your Enrollment Worksheet and on the online BenefitsPlus enrollment system.

Remember, your medical plan costs are significantly reduced if you are a non-tobacco user and if you participated in our *A Credit to Your Health* program (up to \$750* annually for you and up to \$1,500* annually for you and your spouse/domestic partner).

** \$600 if you earned full credits under the A Credit to Your Health program plus \$150 if you qualify for the non-tobacco user credit. Your covered spouse/domestic partner can earn the same credits.*



What are my medical options?

Hertz offers comprehensive and competitive medical options to let you personalize your benefits. Each year, you have the opportunity to re-evaluate your needs and choose the plans that are right for you and your family.



Your Medical Plan Options

Economy Plan

Consumer Health Account Plan 1

Consumer Health Account Plan 2

Choice Plus Plan A

Economy Plan – This plan balances a high deductible with the lowest contributions. No benefits are provided for out-of-network care. This plan is not available to employees who reside in Massachusetts.

AND

Consumer Health Account Plans 1 and 2 – These plans include a Health Reimbursement Account (HRA), which provides money from Hertz to partially offset the cost of your deductible.

AND

Choice Plus Plan A – This PPO option is available only to eligible employees hired before July 1, 2010.

Due to the high costs of medical services, it is essential that everyone have some form of medical coverage. Consequently, you are provided with the option to waive medical coverage under this Program only if you already have coverage under another medical plan.



Supplemental Medical Plans through Aflac

The Supplemental Group Accident and Critical Illness Plans through Aflac provide financial protection if you, your spouse and/or your children become seriously injured or ill. These plans provide a valuable benefit to supplement the Hertz medical plans by helping offset your out-of-pocket expenses. Aflac pays a lump-sum benefit, and you choose how to use it.

Review the Voluntary Benefits brochure in your Open Enrollment Kit for more details.

myuhc.com® Tools

Hertz medical plans are administered by UnitedHealthcare. Visit their website at www.myuhc.com to:

- Check eligible expenses
- Check costs for treatment before doctor visits
- Find the best doctors and hospitals
- Manage your claims
- Calculate your FSA tax savings

Compare Your Medical Plan Options for the 2014 - 2015 Plan Year

Hertz provides you with a choice of medical plans. These plans differ in how much you will pay for medical care. This chart can help you compare costs under each plan.

United Healthcare Options		Choice Plus Plan A ¹		Economy Plan ²
Network Choice		In-Network	Out-of-Network	In-Network Only
Deductible ³	Employee Only	\$525	\$1,050	\$2,600
	Employee Plus One ⁴	\$1,050	\$2,100	\$3,900
	Family ⁴	\$1,575	\$3,150	\$5,200
Hertz Contribution to the HRA ⁵	Employee Only	N/A		N/A
	Employee Plus One	N/A		N/A
	Family	N/A		N/A
Net Deductible after HRA	Employee Only	\$525	\$1,050	\$2,600
	Employee Plus One	\$1,050	\$2,100	\$3,900
	Family	\$1,575	\$3,150	\$5,200
Out-of-Pocket Maximum without Deductible	Employee Only	\$3,300	\$6,600	\$6,350
	Employee Plus One ⁶	\$6,600	\$13,200	\$9,525
	Family ⁶	\$9,900	\$19,800	\$12,700
Physician/Specialist Visit (Hertz pays)	Physician Office Visit	\$30 copay (You pay)	50%	70%
	Specialist Visit	\$50 copay (You pay)	50%	70%
Preventive Care (Hertz pays)	Wellness Visit	100%	50%	100%
Coinsurance (Hertz pays)	Inpatient Hospital Services	80%	50%	70%
	Outpatient Surgical Services	80%	50%	70%
	Emergency Room	\$200 copay and 80% ⁷		70%
X-Ray and Laboratory (Hertz pays)	Laboratory	80%	50%	70%
	X-Ray	80%	50%	70%
	MRI/CAT Scan	80%	50%	70%
Lifetime Maximum		Unlimited		Unlimited
Prescription drug benefits are separate from the medical plans and are not subject to the medical copayments, deductibles and out-of-pocket maximums.				
Prescription Drugs Retail (30-Day Supply)	Generic	80% (\$10 minimum/\$100 maximum)		
	Brand Formulary	75% (\$20 minimum/\$150 maximum)		
	Non-formulary	70% (\$50 minimum/\$200 maximum)		
Mail Order or Preferred Retail Pharmacy (90-Day Supply)	Generic	80% (\$20 minimum/\$200 maximum)		
	Brand Formulary	75% (\$40 minimum/\$300 maximum)		
	Non-formulary	70% (\$100 minimum/\$400 maximum)		

1. Choice Plus Plan A is not available to employees hired on or after July 1, 2010.

2. The Economy Plan is not available to employees residing in Massachusetts.

3. Out-of-network deductibles do not qualify toward satisfying the in-network deductibles, and in-network deductibles do not qualify toward satisfying the out-of-network deductibles. The out-of-pocket maximums include amounts applied to the deductibles as well as copays under Choice Plus Plan A (except prescription drugs copays). Out-of-pocket maximums are also separate for in-network and out-of-network services.

4. Aggregate family deductible: All covered family members contribute until satisfied, but no one family member satisfies more than the individual deductible amount.

5. Contributions to the HRA by Hertz will be prorated in monthly amounts equal to 1/12 the full year contribution amount for the number of months remaining in the Plan Year when the individual's coverage becomes effective.

6. Under the Economy Plan and the Consumer Health Account Plans, there is an aggregate family out-of-pocket maximum. All covered family members contribute until satisfied, but no one family member satisfies more than the individual out-of-pocket amount.

7. Copay waived and subject to deductible/coinsurance, if admitted.

Consumer Health Account Plan 1		Consumer Health Account Plan 2	
In-Network	Out-of-Network	In-Network	Out-of-Network
\$1,275	\$2,550	\$2,075	\$4,150
\$1,925	\$3,850	\$3,125	\$6,250
\$2,550	\$5,100	\$4,150	\$8,300
\$600		\$600	
\$900		\$900	
\$1,200		\$1,200	
\$675	\$1,950	\$1,475	\$3,550
\$1,025	\$2,950	\$2,225	\$5,350
\$1,350	\$3,900	\$2,950	\$7,100
\$4,000	\$8,000	\$5,800	\$11,600
\$6,000	\$12,000	\$8,700	\$17,400
\$8,000	\$16,000	\$11,600	\$23,200
80%	60%	80%	60%
80%	60%	80%	60%
100%	60%	100%	60%
80%	60%	80%	60%
80%	60%	80%	60%
80%		80%	
80%	60%	80%	60%
80%	60%	80%	60%
80%	60%	80%	60%
Unlimited		Unlimited	
80% (\$10 minimum/\$100 maximum) 75% (\$20 minimum/\$150 maximum) 70% (\$50 minimum/\$200 maximum)			
80% (\$20 minimum/\$200 maximum) 75% (\$40 minimum/\$300 maximum) 70% (\$100 minimum/\$400 maximum)			

Using Network Providers Saves You Money

If you use a network provider, you will pay less, since the plans pay higher benefits for in-network services. In addition, network physicians and facilities have agreed to offer their services at reduced fees. When you use an out-of-network provider, you are responsible for any amount that is above the eligible expense as determined by UnitedHealthcare. For most expenses, this will be based on 140% of the Medicare allowable charge for the same or similar services.

How does an HRA work?

Consumer Health Account Plans

The Consumer Health Account Plans offer an HRA that is funded with money from Hertz. This money is used to pay for out-of-pocket medical expenses like the deductible, which must be satisfied before the plan will help cover eligible health care expenses.

How the HRA Works

1 Your deductible. Your HRA pays first.

When you have an eligible expense, like a doctor visit, it will be applied to your deductible. However, if you have funds in your HRA, they will be used to pay for these expenses, thus reducing your out-of-pocket for the deductible. You won't have to pay anything until the HRA is exhausted.

2 Your coverage. Your plan pays a percentage of your expenses.

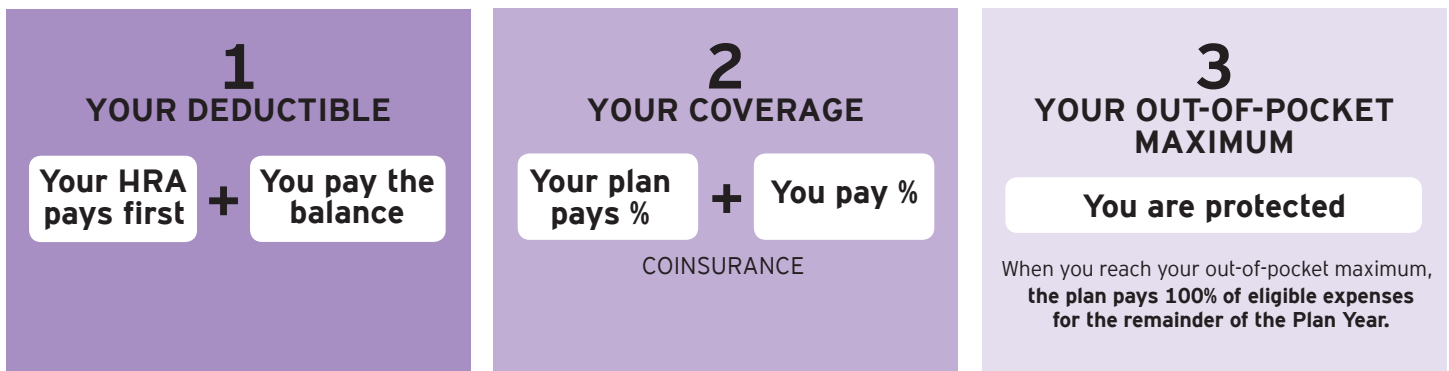
Your health plan has coinsurance, which is when the plan shares the cost of expenses with you. The plan will pay a percentage of each eligible expense, and you will pay the rest. For example, if your plan pays 80% of the cost, you will pay 20%. If you have funds remaining in your HRA, they will be used to offset your out-of-pocket coinsurance costs.

3 Your out-of-pocket maximum. You are protected from major expenses.

An out-of-pocket maximum protects you from major expenses. The out-of-pocket maximum amount is the most you have to pay each year for covered services. The plan will then pay 100% of all remaining covered expenses for the rest of the Plan Year. Your deductible and coinsurance payments apply to your out-of-pocket maximum.

4 The amount you don't use carries over to the next year.

Any unused funds in your HRA carry over to the next Plan Year to be used to pay for future eligible expenses.



Preventive Care Is Covered 100% in the Network.

- Remember, preventive care is covered at 100% in-network. There is no deductible to satisfy.
- Visit www.uhcpreventivecare.com to learn more about the age- and gender-appropriate preventive care recommendations that may be right for you.

Choosing your medical plan

Take the time to understand what the similarities and differences are among the plan options when deciding which plan is best for you.

How Do the Medical Plans Compare?

What Is the Same about the Options?

- They all cover the same medical services and use the same provider network – the UnitedHealthcare Choice Plus provider network.
- They all cover in-network preventive care at 100%.
- You have access to the same health care management programs and resources.

What Is Different about the Options?

- Deductible amounts, coinsurance levels and out-of-pocket maximums differ.
- The Consumer Health Account Plans include the Health Reimbursement Account (HRA) component, funded by Hertz, that helps you cover out-of-pocket medical expenses by helping you meet your deductible. When you use the account, the money is tax-free – and your unused HRA balance rolls over from Plan Year to Plan Year, provided you stay in a Consumer Health Account Plan.
- With the Consumer Health Account Plans and Choice Plus Plan A, you have flexibility to go outside the Choice Plus network, but you receive the highest level of benefits when you use a network provider. Using network providers can significantly help control what you pay out of pocket. With the Economy Plan, coverage is limited to the use of in-network providers.
- Employee contribution amounts differ.

UnitedHealthcare Plan Cost Estimator

This online tool helps you compare the total estimated costs for each medical plan. Simply enter basic information about yourself, answer a few questions about how you use health care services and view your results.

Remember to enter your annual payroll contributions. Refer to your personalized Enrollment Worksheet and take your per pay period cost and multiply it by the number of paychecks you receive in the year. Use this annual cost and enter it into the Plan Cost Estimator to help you determine the total cost and which plan may be right for you.

The tool will help you:

- Understand the actual costs of health care services
- Determine which plan best meets your needs, which will also help you manage rising health care costs
- Model various scenarios and understand what's associated with each plan
- Maximize the value of your health benefits

Go online to www.welcometouhc.com/hertz to use this tool. You can also access this website and tool via the BenefitsPlus website.

Health Care Lane

When you visit Health Care Lane, you will visit different businesses with friendly employees who are excited to talk to you about all sorts of health care and benefits topics. Enjoy fun facts and even test your knowledge as you take a leisurely stroll.

Visit Health Care Lane at www.healthcarelane.com/hertz.

Building a culture of health at Hertz

We are continuing to build a culture of health and wellness at Hertz. Making healthy lifestyle choices and informed health care decisions helps all of us lead happier and more productive lives, at Hertz and at home.



A Credit to Your Health

Hertz will continue the *A Credit to Your Health* program, which provides you (and your spouse/domestic partner, if covered) incentives for understanding your health status and taking actions to improve your health and well-being.

Through the program, you and your covered spouse/domestic partner can each earn up to \$600 in “credits” toward your medical plan contributions for the 2015 – 2016 Plan Year. You must be enrolled in a Hertz medical plan administered by UnitedHealthcare to participate.

Here's How It Works



Take the Online Health Assessment

This Health Action helps you understand where you can make changes to live healthier.



Get a Preventive Exam or Biometric Screening

This Health Action measures your Body Mass Index (BMI), LDL Cholesterol, Blood Pressure and Fasting Blood Sugar.



Earn Your Credits

Earn up to \$600 in credits for the next Plan Year.



Save on Your Premiums

Your credits translate into lower per pay period contributions to your medical coverage.

For more details about the *A Credit to Your Health* program, review the *A Credit to Your Health* brochure on the BenefitsPlus website. New hires will find this brochure in their Enrollment Kit.



Review Your Scorecard

You and your spouse or domestic partner can view your scorecards online at www.myuhc.com to determine how much you earned. First-time users will need to register and establish a username and password. The credits shown on your scorecard will be reflected in per pay period amounts on your Open Enrollment Worksheet and Confirmation Statement.

New Medical Plan Participants

You and/or your spouse or domestic partner have until the end of the month in which your medical coverage becomes effective to complete the Health Assessment and get a preventive exam or biometric screening to earn initial credits to offset your medical plan costs. You should also work toward your full credits for the subsequent Plan Year.

Credit for Being Tobacco-Free

Employees who do not use tobacco – or who are enrolled in our tobacco cessation program – will receive a credit toward their medical plan contributions. The credit will be available based on your coverage election:

Employee Only	\$150 per Plan Year
Employee Plus One	\$300 per Plan Year
Family	\$300 per Plan Year

To claim the credit during Open Enrollment for the 2014 – 2015 Plan Year, both you and your spouse/domestic partner* (if covered) must:

- Be tobacco-free for six months as of July 1, 2014. To be considered tobacco-free, you must not have used tobacco products of any kind, including cigarettes, cigars, pipes and chewing tobacco.

OR

- Have enrolled in the Quit for Life tobacco cessation program through Alere Wellbeing anytime after November 1, 2013, and actively participated in at least four coaching calls under the program before May 1, 2014.

For new enrollments anytime after July 1, 2014, you (and your spouse/domestic partner, if covered) must be tobacco-free for six months as of your coverage effective date.

**Important Note: If you cover a spouse or domestic partner, but only one of you meets the requirements, then no credit will be earned.*



Hertz Tobacco Cessation Program

If you've tried to quit before, it's time to try something different. When you join the free Quit for Life® Program, an individualized quitting plan will be put together just for you, addressing your needs and concerns. You may also qualify for free nicotine replacement therapy – in the form of patch or gum – to help you quit.



Quit For Life® Program

If you are ready to quit, call **1-866-QUIT-4-LIFE (1-866-784-8454)** or visit **www.quitnow.net/hertz**.



Other Programs to Help Manage Your Health

NurseLine

1-866-271-7345

UnitedHealthcare's NurseLine gives you access to a registered nurse at any time. Registered nurses can help you:

- Understand a wide range of symptoms,
- Determine if an ER, doctor's visit or self-care is right for you,
- Find a doctor or hospital based on your preferences,
- Learn about a health condition, and more.

The confidential NurseLine is available to you 24 hours a day, seven days a week. Best of all, this service is provided at no cost to you.

Health Advocate

1-866-695-8622

www.HealthAdvocate.com/hertz

The Health Advocate program provides a trained professional – who can help you understand your benefits, find the right provider, schedule appointments and assist you with claims or billing problems. When you contact Health Advocate, you establish a relationship with a professional who stays with you until the problem is resolved. You will even be able to use this service for health care issues involving your parents or parents-in-law.

Wellness Coaching

1-866-271-7345

www.myuhc.com

You can speak to a personal Wellness Coach over the phone for help with things like nutrition, weight loss, stress management and exercise programs. Your coach will help you set goals and develop a plan, call you to help motivate you, monitor and help you track your progress and success, and more.

Wellness Coaching can also help you earn credits under the *A Credit to Your Health* program.

For More Information about Valuable Programs and Services

Go to www.hertz.com/benefitsplus to access information on these valuable programs available at no cost to you: Health Advocate, Quit for Life tobacco cessation program, and the Employee Assistance Program (EAP).

Through UnitedHealthcare, you have access to:

The Healthy Pregnancy Program, Disease Management Programs, the Neonatal Resource Program, and more. You can also visit www.myuhc.com to learn more, or link to myuhc from BenefitsPlus.



What are my other benefit options?

Your benefits package is more than just medical benefits. It also includes dental and vision coverage as well as benefits that provide you with financial security.



Dental

You can elect dental coverage for you and your family from three dental plans – CIGNA Dental Care (CDC), Hertz Dental Plan B and Hertz Dental Plan C. Visit www.cigna.com to verify whether your dentist is a participating provider. See the instructions on this page.

CIGNA Dental Care (CDC): This is an HMO dental plan that provides in-network-only coverage for preventive, restorative and orthodontic care. Out-of-pocket expenses are limited to the fees in the Patient Charge Schedule, which has been changed for 2014 – 2015 (available on the BenefitsPlus website).

Hertz Dental Plan B: This is a PPO dental plan that allows you to see any provider. However, you pay less when you visit an in-network provider. The Plan Year deductibles in this plan are \$75 for in-network care and \$150 for out-of-network care. Covered services include preventive and diagnostic, restorative, and orthodontia care. Preventive and diagnostic care is covered at 100%. You pay coinsurance after satisfying the deductible for other services as follows: 80% in-network and 70% out-of-network for basic services; 50% in-network and 40% out-of-network for major and orthodontia treatment.

Hertz Dental Plan C: Similar to Dental Plan B, but covered services include diagnostic and preventive care only. This care is covered at 100% (for in- and out-of-network). There are no deductibles in this plan.

For More Information

This guide has high-level summaries of important benefits provided by Hertz. For more information on any of these benefit plans, please see the Summary Plan Description and/or coverage brochures available on the BenefitsPlus website.

How to Find a Cigna Participating Dentist

Hertz Dental Plans B and C are administered by Cigna and use the Cigna Dental PPO “Core” Network. To verify whether your dentist is part of the Core Network or to find other participating dentists, go to the online directory on www.cigna.com and:

- Click on “Find a Doctor” at the top of the page.
- Click on “Select a Plan,” then select “Cigna Dental PPO” and “Core Network,” and click “Select.”
- Click on “Dentist.”
- Select the type of Dentist you want to search.
- On the pop-up screen, enter your zip code, and click on “Search.”

Vision

You can elect coverage for you and your family through EyeMed. Like the medical and dental plans, the vision plan provides you with in-network and out-of-network benefits. Benefits include annual eye exams for a \$20 copay in-network, a \$140 allowance for frames every two years with a 20% discount on any balance over \$140, and a \$105 allowance for contact lenses with a 15% discount on any balance over \$105. For further details, refer to the vision plan brochure or the Summary Plan Description on the BenefitsPlus website.



Did You Know?

- Under the EyeMed vision plan, the Fit and Follow-up benefit allows you to get a contact lens fitting exam for a copay of up to \$55 without using your contact lens allowance.

Financial security when you need it most

Hertz offers various opportunities to help protect you and your family in the event of death, serious illness or an accident.

Life Insurance

The Program offers various opportunities to help protect you and your family in the event of death. Life insurance allows you to have peace of mind, knowing the financial health of your family and beneficiaries will be protected.

Employee Life Insurance

Coverage*	From a minimum of \$10,000 to a maximum of six times your base pay, rounded to the nearest \$1,000 Note: Hertz provides you with an allowance to cover the cost of coverage equal to one times your base pay.
Base Pay**	Your annual pay excluding overtime, incentive pay, bonuses and any other forms of special compensation
Plan Maximum	\$3,000,000
Guaranteed Issue Amount	Up to one times base pay or \$200,000 (whichever is less)

* When the amount of life insurance you choose exceeds \$50,000, you will be responsible to pay taxes on the value of the amount over \$50,000. This additional amount subject to tax is called imputed income and will be reflected in your pay.

** For commission salespeople with more than one year of service, base pay equals 80% of the prior year's annualized Hertz W-2 earnings.

Dependent Life Insurance

You can elect dependent life insurance coverage, even if you have chosen not to cover your dependents under any of the Program's health plans. With dependent life insurance, you are automatically the beneficiary. The cost for dependent life insurance is deducted from your paycheck on an after-tax basis.

You have the opportunity to protect your family's finances with six coverage levels ranging from \$10,000 to \$100,000.

Spouse or Domestic Partner	Coverage options range from \$10,000 to \$100,000 (Guaranteed Issue Amount is \$30,000)
Child	Coverage options range from \$5,000 to \$15,000

Proving Your Good Health

If you enroll in LTD coverage when you first become eligible, you automatically qualify for coverage. If you waive or end coverage and want to enroll later, you will have to wait until a future Open Enrollment. At that time, you will be required to provide proof of your good health to the insurance company.

Likewise, if you elect to increase your life insurance coverage above your current election, or if you elect to increase your Dependent Life Insurance to an option greater than \$30,000, you are required to provide proof of good health.

A Statement of Health Form will be sent to your home for completion and submission to the insurance company. Failure to submit proof of good health will result in the denial of your elected coverage amount.

You may also need to provide additional documentation or have a medical examination following the insurance company's initial review of your health statement. Your coverage amount and related payroll deductions will become effective once the insurance company approves your coverage.

Accidental Death and Dismemberment

AD&D coverage provides financial protection for you and your family against accidental death or injuries. You can elect Employee or Family coverage.

Employee coverage: You have the option to purchase protection up to \$750,000 or 10 times your annual base pay, whichever is less.

Family coverage: If you elect Family coverage, your spouse/domestic partner is covered at 50% of your coverage amount and your children are covered at 10% of your coverage amount.

Long-Term Disability

Long-Term Disability (LTD) benefits replace a portion of your income while you are recovering from an illness or injury. LTD benefits begin after 26 weeks of total disability. You can choose to purchase LTD coverage equal to 50% of your base salary (with a monthly benefit maximum of \$13,000) or 60% of your base salary (with a monthly benefit maximum of \$16,000). You can elect to pay your contributions on a pre-tax or after-tax basis. If you elect to pay contributions on a pre-tax basis, any future benefit will be taxable income. By paying your LTD contributions on an after-tax basis, any future benefit received under the plan will not be taxable income.

LTD benefits are paid monthly and may be reduced by other benefits, such as Social Security or Workers' Compensation.

Supplemental Short-Term Disability

(non-exempt employees)

Hertz provides "core" STD benefits to eligible non-exempt employees equal to 50% of their weekly base pay up to \$150 weekly (unless state statutes require otherwise). If you are a non-exempt employee covered under the STD plan, you can elect (or re-elect) to purchase Supplemental STD coverage to increase your total weekly benefit to 50% of your weekly base pay up to \$500 (combined Core and Supplemental benefits).

Note: Supplemental STD is not available to exempt employees or to non-exempt employees in California, Hawaii, New Jersey or Rhode Island.



Flexible Spending Accounts (FSAs) save you money. It's that simple.

When you use pre-tax dollars to pay for eligible FSA expenses, it's like buying these items on sale. To see how much you will save by contributing to an FSA, visit www.welcometouhc.com/hertz and use the free FSA tax savings calculator.

FSA Overview

With the Flexible Spending Accounts (FSAs), you use pre-tax dollars to pay for out-of-pocket costs for health and dependent care. Simply elect an amount for the Plan Year (July 1 - June 30), and your contributions will be deducted in equal installments from your paycheck each pay period before taxes are calculated.

Your FSA is administered by UnitedHealthcare, which means your medical claims automatically roll over to your Health Care FSA. When you have FSA funds available, the money will be sent to you as a check or straight to your bank account if you sign up for direct deposit on www.myuhc.com.

Health Care FSA

You may set aside up to \$2,500 in your Health Care FSA. Your Health Care FSA is fully funded on July 1, 2014. This means you can get reimbursed up to your Plan Year election for eligible out-of-pocket expenses right away. Your payroll deductions will continue through the end of the Plan Year. Examples of eligible expenses include your out-of-pocket costs associated with:

- Health, vision, dental expenses not covered by medical insurance
- Prescription drugs
- Medical equipment
- Hearing tests and aids
- Speech and physical therapy
- Eyeglasses and contact lenses

Hertz makes it easy for you to pay for prescription drug expenses with an FSA debit card. As you use this card, eligible prescription drug expenses will be deducted automatically from your account. Remember to keep your receipts from your eligible expenses in case verification of the expense is required. This debit card may only be used for eligible prescription drug expenses.

For a complete list of eligible health care expenses, visit www.irs.gov/publications/p502.

Estimate Your Costs

Estimate your average yearly out-of-pocket expenses. What was spent in prior years is a good indicator of future expenses.

With the FSAs, you have until September 15, 2015, following the end of the Plan Year to incur eligible expenses. All claims for reimbursement must be submitted by December 31, 2015. You will lose any unused funds if you have a balance in your account at year-end. Manage your FSAs online at www.myuhc.com.

Dependent Care FSA

You can contribute up to \$5,000 each Plan Year to a Dependent Care FSA. If you are married and you and your spouse file separate tax returns, your limit is reduced to \$2,500 each Plan Year. Your contributions become available as they are deposited into your account. The Dependent Care FSA is for expenses related to caring for a child or adult dependent so you (and your spouse) can work or attend school full time. Eligible dependent care expenses include:

- Before-school and after-school care
- Expenses for preschool/nursery school
- Extended day care programs
- Au pair services (amounts paid for the actual care of the dependent)
- Babysitter (in or out of the home)
- Nanny services (amounts paid for the actual care of the dependent)
- Summer day camp for your qualifying child under the age of 13
- Elder day care for a qualifying individual

For a complete list of eligible dependent care expenses, visit www.irs.gov/publications/p503.

Important legal information

Summary Plan Descriptions Online

You are entitled to a comprehensive summary of your rights and obligations under the Hertz Custom Benefit Program (the Plan). These rights and obligations are described in the Plan's Summary Plan Description (SPD), which has been posted to our BenefitsPlus website. In order to ensure that you fully understand the benefits available to you and your obligations as a Plan participant, you must familiarize yourself with the information contained within the SPD. During the online enrollment process, you will be required to acknowledge that the SPD was available to you.

At the same time that you acknowledge the online availability of the SPD, you will also have the opportunity to (i) request a paper copy of the SPD be mailed to your home or (ii) consent to receipt of the SPD via the BenefitsPlus website. You can also print the SPD from the enrollment website if you have access to a printer. By consenting to receive the SPD via the website, you will be confirming that you do not wish to receive a paper copy and that you have the hardware and software required to access the SPD electronically, including a computer with Internet access and Adobe Acrobat. At any time before, during or after annual enrollment, you can request a paper copy of the SPD be mailed to you. To request a paper copy, contact the Hertz Employee Care Center at **1-800-654-3373**.

Annual Notices

Important Notice about Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about the prescription drug coverage with The Hertz Corporation and your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare prescription drug plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly contribution.
2. Hertz has determined that the prescription drug coverage offered by the Hertz Custom Benefit Program plans are, on average for all Plan participants, expected to pay out as much as the standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage through no fault of your own, you will also be eligible for a two-month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you do decide to join a Medicare drug plan and waive the Hertz Custom Benefit Program prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.

If you waive your coverage with the Hertz Custom Benefit Program and enroll in a Medicare prescription drug plan, your future enrollment in the Hertz Custom Benefit Program medical plan may be limited. Because your Hertz prescription coverage is tied to your elected Hertz Medical Plan coverage, you would only be able to waive the Hertz prescription coverage by waiving medical coverage entirely (Hertz Choice Plus Plan A, or Consumer Health Account Plan 1 or 2). You will only be able to re-enroll in a Hertz plan during the Open Enrollment period or if you experience a special enrollment event under HIPAA.

You should compare the Hertz coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Details about the prescription drug coverage under the Hertz plans offered to you can be found in the other materials included in your Enrollment Kit.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose coverage with the Hertz Custom Benefit Program and do not join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information about This Notice or Your Current Prescription Drug Coverage...

For further information, contact the Corporate Employee Benefits Department at **1-201-307-2255**. Note: 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 coverage through Hertz 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. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans.

For More Information about Medicare Prescription Drug Coverage:

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

If you have limited income and resources, extra help paying for a Medicare prescription drug plan is available. For information about this extra help, visit Social Security on the web at **www.socialsecurity.gov**, or call them at **1-800-772-1213 (TTY 1-800-325-0778)**.

Remember: Keep this notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether you have maintained creditable coverage and, therefore, whether you are required to pay a higher premium (a penalty).

WHCRA Annual Notice

The Hertz medical plans, as required by the Women’s Health and Cancer Rights Act of 1998, provide benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from mastectomy, including lymphedemas. Further details are outlined in your Summary Plan Description, or you may call your local Human Resources Representative or the Corporate Employee Benefits Department. These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this Plan. See pages 8 and 9 of this guide for Plan deductibles and coinsurance.

Confidentiality of Your Health Information Related to Health Care Plan and Health Care FSA

Consistent with the privacy rule (the “Privacy Rule”) under the federal Health Insurance Portability and Accountability Act (“HIPAA”), only certain people at Hertz can, without written authorization from a Plan participant or beneficiary, use or disclose individually identifiable health information deemed “protected health information” (“PHI”), which is maintained by or for the Program. Also, such PHI is to be used for Program administrative purposes, principally those described as “payment” and “health care operations” under the Privacy Rule.

The job functions of Hertz employees who can use or disclose PHI for these purposes are:

- Benefits Administration
- Human Resources
- Legal Counsel

If you know that employees of Hertz have used and disclosed PHI inappropriately or have inappropriately obtained PHI, you may contact the Hertz Privacy Officer or a benefits administrator in the Corporate Employee Benefits Department.

Hertz is committed to maintaining the privacy of your PHI and will only use and disclose PHI as is necessary for Program administrative purposes and in compliance with the Privacy Rule or as required by law. Further, the Program shall comply with the security rule set forth under HIPAA by utilizing administrative, physical and technical safeguards to protect the Program’s electronic PHI.

Hertz employees will not use your PHI in making employment-related decisions about you or in connection with any benefits that are not related to health benefits. You may obtain a copy of the privacy notice on the BenefitsPlus website or by contacting the Corporate Employee Benefits Department.

Special Rights for Mothers and Newborn Children

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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Premium Assistance under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs but who also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office, dial 1-877-KIDS-NOW or visit www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the contributions for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free **1-866-444-EBSA (3272)**.

If you live in one of the following States, you may be eligible for assistance paying your employer health plan contributions. The following list of States is current as of January 31, 2013. You should contact your State for further information on eligibility.

ALABAMA – Medicaid http://www.medicaid.alabama.gov 1-855-692-5447	INDIANA – Medicaid http://www.in.gov/fssa 1-800-889-9949
ALASKA – Medicaid http://health.hss.state.ak.us/dpa/programs/medicaid/ (Outside of Anchorage): 1-888-318-8890 (Anchorage): 907-269-6529	IOWA – Medicaid www.dhs.state.ia.us/hipp/ 1-888-346-9562
ARIZONA – CHIP http://www.azahcccs.gov/applicants (Outside of Maricopa County): 1-877-764-5437 (Maricopa County): 602-417-5437	KANSAS – Medicaid http://www.kdheks.gov/hcf/ 1-800-792-4884
COLORADO – Medicaid Medicaid http://www.colorado.gov/ Medicaid (In state): 1-800-866-3513 Medicaid (Out of state): 1-800-221-3943	KENTUCKY – Medicaid http://chfs.ky.gov/dms/default.htm 1-800-635-2570
FLORIDA – Medicaid https://www.flmedicaidtprecovery.com/ 1-877-357-3268	LOUISIANA – Medicaid http://www.lahipp.dhh.louisiana.gov 1-888-695-2447
GEORGIA – Medicaid http://dch.georgia.gov/ Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) 1-800-869-1150	MAINE – Medicaid http://www.maine.gov/dhhs/ofi/public-assistance/index.html 1-800-977-6740 TTY 1-800-977-6741
IDAHO – Medicaid and CHIP Medicaid www.accesstohealthinsurance.idaho.gov Medicaid 1-800-926-2588 CHIP www.medicaid.idaho.gov CHIP 1-800-926-2588	MASSACHUSETTS – Medicaid and CHIP http://www.mass.gov/MassHealth 1-800-462-1120
	MINNESOTA – Medicaid http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance 1-800-657-3629

MISSOURI – Medicaid
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm 573-751-2005
MONTANA – Medicaid
http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml 1-800-694-3084
NEBRASKA – Medicaid
www.ACCESSNebraska.ne.gov 1-800-383-4278
NEVADA – Medicaid
http://dwss.nv.gov/ 1-800-992-0900
NEW HAMPSHIRE – Medicaid
http://www.dhhs.nh.gov/oii/documents/hippapp.pdf 603-271-5218
NEW JERSEY – Medicaid and CHIP
Medicaid http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid 609-631-2392 CHIP http://www.njfamilycare.org/index.html CHIP 1-800-701-0710
NEW YORK – Medicaid
http://www.nyhealth.gov/health_care/medicaid/ 1-800-541-2831
NORTH CAROLINA – Medicaid
http://www.ncdhhs.gov/dma 919-855-4100
NORTH DAKOTA – Medicaid
http://www.nd.gov/dhs/services/medicalserv/medicaid/ 1-800-755-2604
OKLAHOMA – Medicaid and CHIP
http://www.insureoklahoma.org 1-888-365-3742
OREGON – Medicaid and CHIP
http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov 1-877-314-5678
PENNSYLVANIA – Medicaid
http://www.dpw.state.pa.us/hipp 1-800-692-7462
RHODE ISLAND – Medicaid
http://www.benefits.gov/benefits/benefit-details/1639 401-462-5300
SOUTH CAROLINA – Medicaid
http://www.scdhhs.gov 1-888-549-0820
SOUTH DAKOTA - Medicaid
http://dss.sd.gov 1-888-828-0059

TEXAS – Medicaid
http://www.hhsc.state.tx.us/Medicaid/Index.html 1-800-440-0493
UTAH – Medicaid and CHIP
http://health.utah.gov/upp 1-866-435-7414
VERMONT – Medicaid
http://www.greenmountaincare.org/ 1-800-250-8427
VIRGINIA – Medicaid and CHIP
Medicaid http://www.dss.virginia.gov/benefit/medical_assistance/index.cgi Medicaid 1-800-432-5924 CHIP http://www.famis.org/ CHIP 1-866-873-2647
WASHINGTON – Medicaid
http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtml 1-800-562-3022 ext. 15473
WEST VIRGINIA – Medicaid
www.dhhr.wv.gov/bms/ 1-877-598-5820, HMS Third Party Liability
WISCONSIN – Medicaid
http://www.badgercareplus.org/pubs/p-10095.htm 1-800-362-3002
WYOMING – Medicaid
http://health.wyo.gov/healthcarefin/equalitycare 307-777-7531

To see if any more States have added a premium assistance program since January 31, 2013, or for more information on special enrollment rights, you can contact:

U.S. Department of Labor Employee Benefits Security Administration

www.dol.gov/ebsa

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services

www.cms.hhs.gov

1-877-267-2323, Menu Option 4, Ext. 61565



*This Enrollment Guide is provided for informational purposes.
It is not a contract of employment between you and Hertz.
It does not cover all provisions, limitations and exclusions. There are official plan
documents, policies and certificates of insurance that govern in all cases.*