



Dollar Car Rental Employee Benefits Guide

Effective 9/1/2024 through 8/31/2025



Learn more on the Dollar Car Rental Benefits Website:
www.dollarbenefits.weebly.com

*This guide is not a guarantee of rates or coverage. Please review plan documents for summary of benefits.



**Learn more about
your employee
benefits offerings:**

www.dollarbenefits.weebly.com



dollar.TM
CAR RENTAL

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Eligibility

Eligible dependents include:

- Legally married spouse
- Children up to age 26
- Children under the age of 20; or to age 26 if a fulltime student (stand-alone dental or standalone vision)








A regular full-time employee is one who is hired to work a minimum of thirty (30) hours or more per week. Regular full-time employees are eligible to participate in Dollar Rental Car's benefit plans. Participation in the plan will begin the **first of the month following 60 days of full-time employment.**

You are not eligible to participate in the plan if you are a part-time, temporary, leased, or seasonal employee, an independent contractor, or a person performing services pursuant to a contract under which you are designated an independent contractor (regardless of whether you might later be deemed a common law employee by a court or governmental agency).

Dollar Car Rental | www.dollarbenefits.weebly.com | 2024-2025

2024 - 2025 Benefit Carriers

Effective 9/1/2024

Benefit	Carrier
Medical Administrator Medical Provider Network	<p>Medical Plan Administrator:  MERITAINSM HEALTH <i>An Aetna Company</i></p> <p>National Provider Network:  aetnaTM</p>
Pharmacy	 PRIME THERAPEUTICS[®]
Dental	 MetLife
Vision	 vsp VISIONTM
Life and AD&D	 MetLife
Grief Counseling	 MetLife

Medical Plan Administrator:



National Provider Network:



Medical Plan

Group #: 12967

Customer Service: 800-925-2272

Log In (EOB, Claim Status, Lookup Costs, Find Provider):

www.meritain.com

	In Network	Out of Network
Overall Deductible	\$300 Person / \$600 Family	\$600 Person / \$1,800 Family
Out of pocket limit	\$3,000 Person / \$9,000 Family	\$6,000 Person / \$18,000 Family
Primary Care Visit	\$25 copay/ visit	50% coinsurance
Specialist Visit	\$25 copay/ visit	50% coinsurance
Diagnostic Test	20% coinsurance	50% coinsurance
Imaging (CT / PET scans, MRIs)	20% coinsurance	50% coinsurance
Emergency Room Care	\$100 copay/visit, then 20% coinsurance (emergency services) 50% coinsurance (non-emergency services)	\$100 copay/visit, then 50% coinsurance (emergency services) 50% coinsurance (non-emergency services)
Emergency Medical Transportation	20% coinsurance	20% coinsurance
Urgent Care	\$50 copay/visit, then 20% coinsurance	\$50 copay/visit, then 50% coinsurance
Mental Health – Outpatient	\$25 copay/visit	50% coinsurance
Mental Health – Inpatient	20% coinsurance	50% coinsurance
Office Visits – Pregnancy	20% coinsurance	50% coinsurance
Childbirth/ Delivery Professional Services	20% coinsurance	50% coinsurance
Childbirth/ Delivery Facility Services	20% coinsurance	50% coinsurance
Home Health Care	20% coinsurance	50% coinsurance
Skilled Nursing Care	20% coinsurance	50% coinsurance

This is a brief outline of your benefits. It is not a Summary Plan Description or intended to replace the Schedule of Benefits contained within the Plan Document. If any provision is inconsistent with the language of the Plan Document, the Plan Document will govern.

2024-25 Medical Rates

Monthly Rates

	POS
Employee	\$230.00
Employee + Spouse	\$632.50
Employee + Children	\$483.00
Employee + Family	\$1,058.00



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Pharmacy Benefits



	Participating Provider	Non-Participating Provider
Generic Drugs	No charge (retail) \$30 copay (mail order)	No charge (retail)
Formulary Brand	\$25 copay (retail) \$50 copay (mail order)	\$25 copay (retail)
Non-formulary Brand	\$50 copay (retail) \$80 copay (mail order)	\$50 (retail)
Specialty Drugs	Contact Payer Matrix	

Maximize Your Benefit!

Your decisions play a key role in the effectiveness of your prescription benefit. Here are a few tips to help you maximize your benefit.

Request Generics

- Generic medications provide quality, cost-effective alternatives to brand medications and may help reduce costs to you and your plan.
- Ask your local pharmacy if they offer any low-cost generic programs. Use your prescription benefit card to process your order and receive the lower priced alternative, whether it is the pharmacy's generic program price or your copay

Take Your Medications As Directed

- Taking medications exactly as prescribed is one of the most important things you can do to enhance your health and prevent medical complications.
- Missing doses, stopping medication early or swapping medications with other people can lead to serious problems that may negatively impact health outcomes.

Take Advantage of Over-The-Counter (OTC) Products

- Some medications that used to only be available by prescription (e.g., Claritin[®], Prilosec[®], and Zyrtec[®]) are now available over-the-counter without a prescription.
- Ask your doctor if any OTC alternatives are available to effectively treat your condition. Switching to an OTC product could save both you and your plan money.

BENEFIT	IN-NETWORK	OUT OF NETWORK
Annual Calendar-Year Maximum Per Individual	\$1500	\$1000
Deductible Individual/ Family	\$50 (Type B & C) – Individual \$150 (Type B&C) – Family	\$50 (Type B & C) – Individual \$150 (Type B&C) – Family
A. Preventive Services	100%	100%
B. Basic Services	80%	80%
C. Major Services	50%	50%

Type A

- Oral Examinations 1 in 6 months
- X-Rays 1 every 60 months

Type B

- Fillings
- Endodontics
- Periodontal Surgery Peridontics
- Oral Surgery

Type C

- Crowns 1 in 60 months
- Dentures 1 in 60 months

How do I find a participating PDP dentist? There are more than 150,000 participating PDP dentist locations nationwide, including over 37,000 specialist locations. You can receive a list of these participating PDP dentists online at www.metlife.com/mybenefits or call 1-800-275-4638 to have a list faxed or mailed to you.

2024-25 Dental Rates

Monthly Rates

Dental

Employee	\$9.72
Employee + Spouse	\$27.50
Employee + Children	\$29.43
Employee + Family	\$60.94



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VSP Vision Plan

Plan summary available on employee benefits website

Visit vsp.com or call 800.877.7195

VSP Plan		In network	Out of network
Eye Exam	Focuses on your eyes and overall wellness Every 12 months	\$25 copay	Up to \$50
Frame	20% off a complete pair of prescription glasses and 15% off the contact lens exam Plus a total \$200 allowance for frame, lenses, lens enhancements or contacts Every 24 months	\$0 copay	Glasses up to \$200
Lenses	20% off a complete pair of prescription glasses and 15% off the contact lens exam Plus a total \$200 allowance for frame, lenses, lens enhancements or contacts Every 24 months	\$0 Copay	\$70 allowance

Monthly Cost

Vision

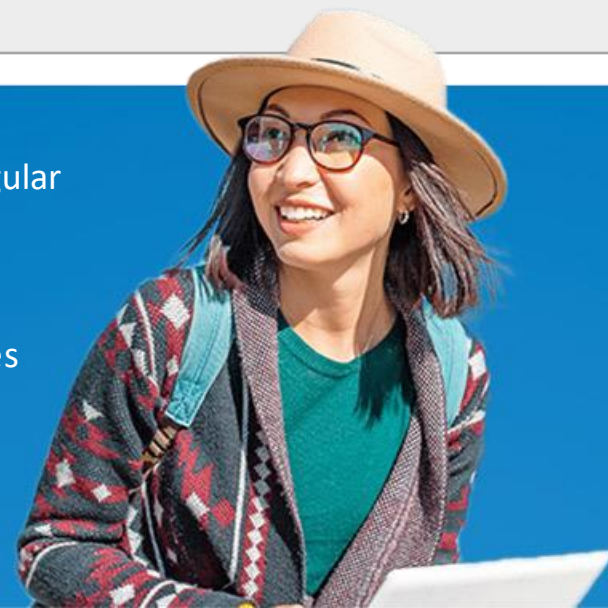
Employee

Employee + Spouse

Employee + Children

Employee + Family

Laser Vision Correction
Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities



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Basic Term Life and AD&D



	\$15,000 Policy - Managers	\$10,000 Policy – Employees
Who is it for?	For All Active Full-Time Managers working at least 35 hours per week	For All Active Full-Time Employees Excluding Managers working at least 35 hours per week
Plan Maximum	\$15,000	\$10,000
Age Reduction Formula (reduces by)	Reduces by 35% at age 65, and to 50% of the original amount at age 70	Reduces by 35% at age 65, and to 50% of the original amount at age 70
Employee Contribution		
<ul style="list-style-type: none"> • Basic Life • AD&D 	<p>0%</p> <p>0%</p>	<p>0%</p> <p>0%</p>

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Contact Information and Resources

BENEFIT	PROVIDER	WEBSITE / EMAIL	PHONE
Medical	Meritain <i>(Claims, Billing, Cost Lookup)</i>	www.meritain.com <i>(Claims, Billing, Cost Lookup)</i>	Meritain: 1-800-925-2272
	Aetna <i>(Find Provider)</i>	www.aetna.com/individuals-families/find-a-doctor.html <i>(Find Provider)</i>	Aetna: 1-800-872-3862
Pharmacy	Prime Therapeutics	www.primetherapeutics.com	
	Payer Matrix <i>(Specialty Drugs)</i>	www.payermatrix.com	1-800-424-0472 1-877-305-6202
Dental	MetLife	www.metlife.com	1-800-638-5433
Vision	VSP	www.vsp.com	1-800-877-7195
Life and AD&D	MetLife	www.metlife.com	1-800-638-5433
Human Resources	Dollar Rental Car	cindy@dollarseattle.com	206-433-6766 ext. 213
Benefit Advocate	Kris Kirkpatrick	kris@lbgadvisors.com	425-778-2800

Required Notices

The U.S. government requires companies offering certain employee benefit plans to inform covered employees and their dependents about laws/provisions that affect the governance and/or coverage within those plans. The company has full details available for you concerning the following laws/provisions:

Summaries of each can be found in the Your Required Notices brochure. For complete information and more detailed explanations about any of these notices, contact your Human Resources department. Also, from time to time, you may receive detailed explanations directly from the company via letter or email.

- Notice of HIPAA Special Enrollment Rights
- Wellness Program Disclosure Notice of Alternative Standard
- Medicare Part D Notice
- Children's Health Insurance Program (CHIP) Notice
- Grandfather Status
- Notice of Patient Protection Provisions
- COBRA Notice
- Medical Child Support Order Notice
- Women's Health and Cancer Rights Act
- Summary of Benefits and Coverage
- Mental Health Parity and Addiction Equity Act (MHPAEA) Notice