

# 2025 HEALTH PLAN RATES

Amazon shares the cost of health benefits with you. Your cost depends on your work status, the plan you choose, and the dependents you cover. These rates are effective through **December 31, 2025**.

|                                             | MONTHLY PAYCHECK DEDUCTIONS |                                   |                |              | BIWEEKLY PAYCHECK DEDUCTIONS |                                   |                |              | WEEKLY PAYCHECK DEDUCTIONS |                                   |                |              |
|---------------------------------------------|-----------------------------|-----------------------------------|----------------|--------------|------------------------------|-----------------------------------|----------------|--------------|----------------------------|-----------------------------------|----------------|--------------|
|                                             | You Only                    | You + Spouse/<br>Domestic Partner | You + Children | You + Family | You Only                     | You + Spouse/<br>Domestic Partner | You + Children | You + Family | You Only                   | You + Spouse/<br>Domestic Partner | You + Children | You + Family |
| MEDICAL PLANS                               |                             |                                   |                |              |                              |                                   |                |              |                            |                                   |                |              |
| Basic Plan                                  | \$33.00                     | \$225.00                          | \$184.00       | \$374.00     | \$15.23                      | \$103.85                          | \$84.92        | \$172.62     | \$7.62                     | \$51.92                           | \$42.46        | \$86.31      |
| Enhanced Plan                               | \$95.00                     | \$368.00                          | \$295.00       | \$563.00     | \$43.85                      | \$169.85                          | \$136.15       | \$259.85     | \$21.92                    | \$84.92                           | \$68.08        | \$129.92     |
| Premium Plan                                | \$108.00                    | \$385.00                          | \$301.00       | \$587.00     | \$49.85                      | \$177.69                          | \$138.92       | \$270.92     | \$24.92                    | \$88.85                           | \$69.46        | \$135.46     |
| Health Savings Plan                         | \$81.00                     | \$341.00                          | \$282.00       | \$536.00     | \$37.38                      | \$157.38                          | \$130.15       | \$247.38     | \$18.69                    | \$78.69                           | \$65.08        | \$123.69     |
| Kaiser HMO (CA, CO, DC, GA, MD, OR, VA, WA) | \$108.00                    | \$385.00                          | \$310.00       | \$587.00     | \$49.85                      | \$177.69                          | \$143.08       | \$270.92     | \$24.92                    | \$88.85                           | \$71.54        | \$135.46     |
| SIMNSA Mexico Care Plan (SoCal)             | \$36.00                     | \$118.00                          | \$148.00       | \$207.00     | \$16.62                      | \$54.46                           | \$68.31        | \$95.54      | \$8.31                     | \$27.23                           | \$34.15        | \$47.77      |
| Kaiser HMO Hawaii <sup>1</sup>              | \$19.00                     | \$385.00                          | \$310.00       | \$587.00     | \$8.77                       | \$177.69                          | \$143.08       | \$270.92     | \$4.38                     | \$88.85                           | \$71.54        | \$135.46     |
| HMSA Hawaii <sup>1</sup>                    | \$19.00                     | \$259.00                          | \$199.00       | \$440.00     | \$8.77                       | \$119.54                          | \$91.85        | \$203.08     | \$4.38                     | \$59.77                           | \$45.92        | \$101.54     |
| DENTAL PLANS                                |                             |                                   |                |              |                              |                                   |                |              |                            |                                   |                |              |
| Basic                                       | \$3.00                      | \$28.00                           | \$28.00        | \$44.00      | \$1.38                       | \$12.92                           | \$12.92        | \$20.31      | \$0.69                     | \$6.46                            | \$6.46         | \$10.15      |
| Enhanced                                    | \$15.00                     | \$53.00                           | \$53.00        | \$80.00      | \$6.92                       | \$24.46                           | \$24.46        | \$36.92      | \$3.46                     | \$12.23                           | \$12.23        | \$18.46      |
| VISION PLANS                                |                             |                                   |                |              |                              |                                   |                |              |                            |                                   |                |              |
| Basic                                       | \$4.00                      | \$8.00                            | \$8.00         | \$12.00      | \$1.85                       | \$3.69                            | \$3.69         | \$5.54       | \$0.92                     | \$1.85                            | \$1.85         | \$2.77       |
| Enhanced                                    | \$16.00                     | \$32.00                           | \$30.00        | \$46.00      | \$7.38                       | \$14.77                           | \$13.85        | \$21.23      | \$3.69                     | \$7.38                            | \$6.92         | \$10.62      |

<sup>1</sup> Hawaii employees have access to the Kaiser HMO Hawaii and HMSA Hawaii plans.

If you cover your domestic partner or their children, the IRS may consider the amount you and Amazon contribute toward the cost of their coverage as taxable income. This is known as imputed income and it reduces your take-home pay.