



Upbound Benefits

2026

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Upbound is proud to support our coworkers' overall well-being with a variety of benefit options. This guide offers details on our 2026 offerings for you and your family. Contact the Benefits department with any questions.

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Scan for Your Plans!

Scan with your
smartphone to
access enrollment
materials online
anytime.



See **page 46** for important information concerning Medicare Part D coverage.

In this Guide, we use the term Company to refer to Upbound Group, Inc. This Guide is intended to describe the eligibility requirements, enrollment procedures, and coverage effective dates for the benefits offered by the Company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

3 Welcome

Upbound appreciates the hard work and dedication you bring to our team every day. To do our part, we are committed to keeping your benefits affordable and beneficial for you and your eligible family members.

Upbound strives to provide benefits that:

- » Meet your needs
- » Are easy to understand and use
- » Provide excellent value for affordable costs

To be your healthiest and help keep costs down, we ask that you consider having a physical or wellness checkup with your physician every year and schedule your age or gender-appropriate tests when due. Taking a proactive stance on your health will benefit you in many ways.

This guide is designed to assist you and your family in making the best choices for your needs in 2026. It contains explanations of each benefit, contact information for benefit vendors, and costs you can expect for each benefit. Please review this guide in its entirety and keep as a resource throughout the year.

Any questions?

We're here to help. Contact Upbound Benefits at 866-331-2769, Monday - Friday, 7am - 6pm CST.

You may also reach us anytime via email at rac-benefits@rentacenter.com.

What's changing this year?

- » Medical Plan Update
 - GLP-1 medication will no longer be covered under Upbound medical plans; alternative treatments available
- » Voluntary Benefits Transition
 - Life, Disability, and Supplemental Health Benefits will move to Unum
- » FSA/HSA Vendor Change
 - HealthEquity
- » Dependent Care FSA Limit Increase
 - New limit: \$7,500
 - If married and filing separately: \$3,750



Eligibility and Enrollment

Upbound's benefits are designed to support your unique needs.

Eligibility

If you are a full-time coworker of Upbound who is regularly scheduled to work at least 30 hours a week, you are eligible to participate in medical, dental, vision, life and disability plans, and additional benefits.

Open Enrollment

Open Enrollment for 2026 benefits runs from October 6 – October 17.

Since this year's enrollment is passive, your 2025 benefit elections will automatically roll over to 2026 – except for contribution amounts to the following accounts:

- » Medical Flexible Spending Account (FSA)
- » Dependent Care Benefit
- » Limited Purpose FSA
- » Health Savings Account (HSA)

If you contributed to any of these in 2025 and wish to continue in 2026, you must re-enter your contribution amounts during the enrollment period.

Please log into MyADP via MyApps Hub to review your current benefit elections and make any necessary changes

Also, make sure you confirm your personal information (address, email, phone number).

Qualifying Life Event Changes

In the event you experience a change in your status, such as marriage, divorce, birth of a baby, adoption, spouse loses or gains coverage, or death of an immediate family member, you will have **31 days from the date of the life event to notify Upbound Benefits to request an enrollment change.** If notification is not provided within 31 days of the life event, you will have to wait until the next available Open Enrollment period to make any changes. More information and a complete list of Qualifying Life Events is available in WorkDay or on (p.6) of this guide.

New Hire Enrollment

New hire enrollment begins **60 days** after hire, but must be completed by the 90th day after hire. If you don't complete enrollment before your 90th day, you will only have the Company-provided Basic Life and AD&D Insurance (p.38) and EAP (p.11).

Dependents

Dependents eligible for coverage include:

- » Legal spouse
- » Natural, adopted, or foster child(ren) until age 26
- » Stepchild(ren) (i.e., the child of your legally married spouse)
- » Any child for whom the court requires you to provide health coverage or names you as guardian

Your parents, children who do not fit the above definition, and former spouses (including those for whom you are required to provide medical coverage) are not eligible for benefits under the Company.

If you are enrolling a dependent, you will be asked to provide dependent verification within 30 days of enrolling, or the dependent coverage election will not be approved or eligible to participate in 2026 benefit plans.

Working Spouse Surcharge

If your spouse has access to healthcare coverage through their employer, they are subject to a monthly surcharge if they elect Upbound coverage. If your spouse does not work, works part time, is not eligible for coverage, has lost coverage as an active coworker but has been offered COBRA or is covered by Medicare, the surcharge does not apply.

Note: The Company reserves the right to verify if your spouse is provided coverage elsewhere. This information must be consistent with the information you report. Misrepresenting whether your spouse has access to medical coverage may result in disciplinary action.

Note: You must fulfill the legal requirements of your state/county before you are eligible to add them as a dependent on Upbound Benefits. This proof will be required during the Dependent Verification process. Domestic Partner benefits are taxed separately.

How to Enroll

MyADP is your Open Enrollment tool and year-round resource to manage your benefits.

We invite you to take advantage of the following features for a simplified enrollment experience:

- » Contact Upbound's Benefits Assistance Center at 866-331-2769 for benefits information and assistance enrolling.
- » For technical assistance with the MyADP app, please call ADP Support at 800-778-8433.

Steps to Enroll

After you have carefully reviewed all of your options and are ready to enroll, follow these steps:

- 1** Log on to MyADP via the MyApps Hub desktop icon or <https://myapps.upbound.com/> and click the MyADP tile (or via the MyADP mobile app).
- 2** Select the “Benefits” tab in MyADP.
- 3** Click “Enroll Now” to begin your annual enrollment.
- 4** Finalize your elections.
- 5** **Important! Be sure to click “Confirm Elections” or your elections will not be saved. Follow all the onscreen prompts until you receive a confirmation number. The confirmation number indicates you have completed enrollment.**
- 6** **Print a confirmation statement as you will not receive one in the mail.**

Additional action may be required if you:

- » Elected additional life insurance (EOI)
- » Added a new dependent (Dependent Verification)
- » Designate a life beneficiary who is not a minor

Now's the Time to Enroll!

What are Qualifying Life Events?

You can enroll in your benefits when you are first hired and make changes to your elections during Open Enrollment each year. But changes in your life called Qualifying Life Events (QLEs) determined by the IRS can allow you to enroll in health insurance or make changes outside of these times as long as you make the change within 31 days of the Life Event.

When a Qualifying Life Event occurs, you have <u>31 days</u> to request changes to your coverage. Your change in coverage must be consistent with your change in status.				
 A change in the number of dependents (through birth or adoption or if a child is no longer an eligible dependent)		 A change in a spouse's employment status (resulting in a loss or gain of coverage)		 A change in employment status from full time to part time, or part time to full time, resulting in a gain or loss of eligibility
	 Entitlement to Medicare or Medicaid		 Changes that make you no longer eligible for Medicaid or the Children's Health Insurance Program (CHIP)	
 Death in the family (leading to change in dependents or loss of coverage)		 Turning 26 and losing coverage through a parent's plan		 Changes in address or location that may affect coverage
	 Eligibility for coverage through the Marketplace (Healthcare.gov)		 A change in your legal marital status (marriage, divorce, or legal separation)	

Reach out to Upbound's Benefits Team with questions regarding specific life events and your ability to request changes. Don't miss out on a chance to update your benefits!

Ready for Open Enrollment?

Upbound covers a significant amount of your benefit costs. Your contributions for medical, dental, and vision benefits are deducted on a pre-tax basis, which reduces the amount you're required to pay taxes on. Coworker contributions vary depending on the level of coverage you select — typically, the more coverage you have, the more you'll pay up front for it.

Open Enrollment Action Items



Update your personal information.

Confirm your mailing address and phone number are up to date.



Decision tool.

Thinking about making some changes and want to know more about the differences between the two Medical Plans? Try using the decision tool in MyADP!



Double-check covered medications.

If you make any changes to your plan, consider how it affects your prescriptions (i.e., do you want to have access to prescriptions with a small copay right away, or are you OK with having to cover your entire deductible before prescription benefits kick in?).



Consider your HSA or FSA.

An HSA or FSA can help cover healthcare costs, including dental and vision services and prescriptions. Adding one of these accounts to your benefits can help with your long-term financial goals.





The Benefits Assistance Center

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The Benefits Assistance Center Is Available to Take Your Call!

Upbound Benefits Assistance Center is dedicated to making sure our co-workers have a top-notch customer service experience. When you call the Benefits Assistance Center, you will speak with a dedicated service representative who can help you with a wide range of questions and concerns including:

- Benefits and Plan Coverage Information
- Open Enrollment Support
- Provider Contact(s)
- Ordering Replacement ID Cards
- Claims Assistance
- Warm Transfers to Insurance Providers
- Dependent Eligibility
- Enrollment and Eligibility Assistance

Contact Upbound Benefits Assistance Center

Hours of Operation: 7am - 6pm CST

Toll-free Phone Number: 866-331-2769

Email: UpboundBenefits@bac.lockton.com

Do you make your good health a priority every day? Upbound is here to help. All benefits-eligible/medical plan enrolled coworkers and spouses are welcome to participate and the program is completely confidential.

Tobacco User Surcharge

Quitting is more than an ending — it's a fresh start! We want to support your quitting journey and save you money. Upbound has a tobacco/nicotine user surcharge to help control coworker medical premium costs. This surcharge applies to any coworker and/or spouse enrolled in the medical plan who uses any form of tobacco. You can find the tobacco surcharge rates in the Medical section of this guide.

Need help quitting? We've got you! Upbound provides tobacco cessation support through Well onTarget.

Tobacco Cessation Programs

BCBS offers tobacco cessation through its online website, wellontarget.com. This digital self-management program offers resources, tips, and techniques to help support your goals of becoming tobacco-free. This six-week interactive course focuses on behavioral changes that reinforce healthier habits. The course addresses many factors that contribute to addiction, including physical, psychological, social, and cultural.

BCBS – Well onTarget Program:

Offers a six-week, self-guided online program designed to help members quit tobacco and stay tobacco-free. It includes daily check-ins, behavior-based habit building, and progress assessments. Accessible via wellontarget.com or by calling 877-806-9380.



Note

In 2026, tobacco users enrolled in a Company medical plan can remove their tobacco surcharge and have it refunded back to January 1, 2026, upon completion of the BCBS Tobacco Cessation course by June 30, 2026. After July 1, 2026, the next opportunity to remove the surcharge will be Open Enrollment. The surcharge can also be waived by an affidavit stating you've quit smoking for more than 60 days. Coworkers can submit their program completion certificates or affidavits to the Benefits team at rac-benefits@rentacenter.com.

CVS Caremark Tobacco Cessation Products:

The following tobacco cessation products are covered at no cost under ACA preventive services for adults who are not pregnant:

- » Over-the-Counter Nicotine Replacement Therapies
 - Nicotine polacrilex gum
 - Nicotine polacrilex lozenge
 - Nicotine transdermal patch
- » Prescription Nicotine Products
 - Nicotrol Inhaler System
 - Nicotrol NS Nasal Spray
- » Non-Nicotine Prescription Medications
 - Bupropion HCl SR 12 hr 150 mg (generic Zyban)
 - Varenicline tartrate

Note:

Coverage for these products are available with or without a prescription, but OTC tobacco cessation products must be processed at the pharmacy counter to be eligible for insurance coverage.

Fitness Program



BCBS offers the Fitness Program for exclusively for coworkers and covered dependents (16 and older). The program gives coworkers access to a nationwide network of fitness locations.

To enroll, log in to Blue Access for Members at bcbstx.com and search for the Fitness Program under My Health > Wellness.

Coworkers may also sign up by phone at 888-762-BLUE (2583) Monday - Friday, between 7am - 7pm, CT.

Membership includes:

PLAN	MONTHLY COST	ACCESS
Base	\$19	3,500+ Standard Gyms
Core	\$29	8,500+ Standard Gyms
Power	\$39	13,000+ Standard Gyms
Elite	\$129	Access to 1 Luxury Gym + All Standard Gyms (Luxury Gyms differ by tier, 180+ available)
Pro	\$159	
Signature	\$199	
Premier	\$239	

- » Enrollment Fee: \$19 one-time
- » Digital-Only Option: Access to workout videos and live streams for \$10/month

Wondr



Wondr is a weight loss program that is designed to help you lose weight, sleep better and stress less. This skills-based digital weight loss program will teach you how to enjoy the foods you love to improve your overall health.

Who's eligible?

Coworkers, spouses and covered dependents over age 18 enrolled on the BCBSTX medical plan are eligible to participate in the program.

Is there a cost?

There is no cost for coworkers, spouses and covered dependents over age 18 enrolled in a BCBS medical plan. Wondr Health is covered as a preventive medical expense under your health plan.

To learn more and enroll, visit wonderhealth.com/rac.

Livongo by Teledoc Health



Coworkers with diabetes can SAVE MONEY using Livongo. Membership is free to all Upbound medical plan participants who have diabetes. Livongo provides resources and support to manage your diabetes, including savings on medical supplies.

Membership includes:

- » High-Tech Smart Meter: More than a standard meter, it automatically uploads your blood glucose readings to your secure online account, providing real-time personalized tips and feedback.
- » Unlimited FREE Test Strips: When you're about to run out of strips, the smart meter automatically ships more test strips to your door.
- » Support from Coaches: Connect with a coach anytime about diabetes questions, nutrition or lifestyle changes.
- » Livongo Mobile App: View blood glucose readings, receive personalized messages on readings and trends, maintain access to coaches and order supplies.

Learn more and enroll today at Join.Livongo.com/RAC using registration code: RAC or call 800-945-4355.



11 Mental Health



Just as you exercise and eat well to keep your body strong and visit the doctor when you're sick, it's important to care for your mental health too. What steps do you take to stay mentally healthy? Do you know where to turn when you need support? Whether you're dealing with work-life balance or anxiety, there are resources available to help.

Coworker Assistance Program

We're here for you when you need help. Our Coworker Assistance Program (EAP) helps you and your family manage your total health, including mental, emotional, and physical. And there's no cost to you — whether or not you're enrolled in a Company-sponsored medical plan.

Through the EAP, you have access to mental health assistance and legal and financial help from professionals. You also have 24-hour access to helpful resources by phone and a designated number of face-to-face visits per issue with a licensed professional. All services provided are confidential and will not be shared with Upbound.

The Program provides referrals to help with:

- » Emotional health and well-being
- » Alcohol or drug dependency
- » Marriage or family problems
- » Job pressures
- » Stress, anxiety, depression
- » Grief and loss
- » Financial or legal advice

The following services are **free to use**, confidential, and available to you and your family members:

Mental Health Sessions

Up to **three sessions** to help manage stress, anxiety and depression, resolve conflict, improve relationships, overcome substance abuse and address any personal issues, with options for in-person, telephonic, or video counseling sessions.

Life Coaching

To help reach personal and professional goals, manage life transitions, overcome obstacles, strengthen relationships, and build balance.

Financial Consultation

To help build financial wellness related to budgeting, buying a home, paying off debt, managing taxes, preventing identify theft, and saving for retirement or tuition.

Legal Consultation

To help with a variety of personal legal matters including estate planning, wills, real estate, bankruptcy, divorce, custody, and more.

How to Get Started:

- » Visit <http://unum.com/lifebalance>, and click on “Member Portal & App” in the top menu.
- » If you would like more information, call 800-854-1446.

Life Management

To provide information and referrals when seeking childcare, adoption, special needs support, eldercare, housing, transportation, education, and pet care.

Personal Assistant

To help manage everyday tasks and give back time by providing information and referrals for home services, repairs, travel, entertainment, dining and personal services.

Medical Advocacy

To help navigate insurance, obtain doctor referrals, secure medical equipment or transportation, and plan for transitional care and discharge.

Member Portal and App

Access your benefits 24/7/365 with online requests and chat options, and explore thousands of articles, webinars, podcasts, and tools covering total well-being.

About Personalized Matching Support

Get matched with a provider who fits your needs using our questionnaire or a one-to-one conversation with our support team.

Immediate Availability

Same-day matching with providers who have openings within 48 hours.

In-Person or Virtual Care

Book an online or virtual appointment with our providers.

How it Works

1 Scan this QR code



2 Filter for your preferences, such as gender and language to find the right provider.

3 Add your health plan details and select an appointment slot - Headway will handle the rest.

Mental Health and Your Medical Plan

Emotional wellness is a vital part of your overall well-being — it's about adapting to life's changes and managing stress effectively.

When your three EAP sessions are used up, your medical plan continues to support your mental health:

Choice Medical Plan:

Covers behavioral and mental health services at 70% per visit after the deductible.

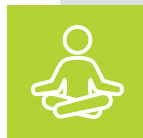
Premium Plan: Offers coverage with a \$30 copay.

Both plans include access to virtual therapy through BCBSTX, allowing you to receive confidential, one-on-one counseling from the comfort of your home — via video or phone.

Your licensed therapist can provide a diagnosis, treatment, and medication if needed, and you can continue seeing the same therapist to build a consistent relationship.

For details on inpatient and outpatient coverage, please refer to your plan documents.

The Big Five of Emotional Wellness



Practice mindfulness.

Practice deep breathing, take a walk, enjoy nature, and stay present in each moment.



Strengthen social connections.

Reach out to a friend or family member daily — even if it's just a call or text.



Get quality sleep.

Keep a consistent sleep schedule and limit electronic use before bed.



Improve your outlook.

Treat people with kindness, including yourself.



Deal with your stress in healthy ways.

Think positively, exercise regularly, and set priorities.

Get back to feeling your best with MDLIVE

Behavioral Health is now available privately and conveniently with MDLIVE. Licensed therapists can support you with talk therapy and coping strategies, and board-certified psychiatrists are here to help with assessments and medication management. Providers are qualified to help with many behavioral matters ranging from anxiety, depression, bipolar, stress management, grief, loss, and much more.

Fees are dependent on your selected service and medical plan:

- » Upbound Premium Medical Plan
 - Medical Services: FREE
 - Behavioral Health: \$30
- » Upbound Choice Medical Plan
 - Medical Services: \$48 per visit up to the \$2,700 individual deductible for non-emergency medical consultation. Once the deductible has been met, each visit will be 30% coinsurance of this fee.
 - Behavioral Health: \$45-\$250 depending on the provider (MD vs. Master-Level Clinician) and the service (diagnostic vs. therapy session) up to the \$2,700 individual deductible. Once the deductible has been met, each visit will be 30% coinsurance of this fee.

To activate your account via the MDLIVE mobile app, please:

- » Download the MDLIVE mobile app
- » Launch the app and tap “Create Account” at the bottom of the screen to complete your information
- » Type RENT-A-CENTER in the company name field; it will appear in the drop down menu for you to select
- » Enter your BCBS member ID number

The network of certified professional and credentialed providers will be available to you based on the U.S. state in which you are located. MDLIVE makes sure that each provider is fully licensed to practice medicine in your state. Please note some state laws require that a doctor can only prescribe medication in certain situations and subject to certain



Learn to Live

Learn to adjust unhelpful thoughts and control your moods

Explore quick and easy lessons whenever it fits your schedule. A little homework between sessions helps you keep up your progress. Activities are based on therapy techniques with a track record of helping people get better.

An expert coach can guide you

If you need one-on-one support, this program allows you to connect with a coach by phone, text, or email to encourage you to reach your goals and master new skills.

Your personal details are private

Just like with face-to-face therapy, your personal results, program progress, and messages with your coach will not be shared with your employer.

Check out the programs included at no added cost through your BlueCross BlueShield of Texas (BCBSTX) plan:

1. Log in at [bcbstx.com](https://www.bcbstx.com)
2. Click Behavioral Health
3. Choose Digital Mental Health

Or tap Digital Mental Health in the BCBSTX app.

Register a Minor

BCBSTX members 13 to 17 years old can also use the programs. Once you've logged in to Learn to Live using the steps above, go to the **Resources** tab. Then, find the **Register a Minor** link to send your teen a registration email.

Note

If you have trouble registering or need additional assistance, please call MDLIVE at 800-400-6354.

Other Mental Health Resources

No matter your problem, don't be afraid to ask for help. There are resources available 24/7.



988 Suicide & Crisis Lifeline

Dial 988 to be connected with 24/7/365 emotional support.

Free, confidential crisis counseling, including appropriate follow-up services, is available no matter where you live in the United States.



Crisis Text Line

Text "HOME" to 741741.

Send a text 24/7 to the Crisis Text Line to speak with a crisis counselor who can provide support and information. Standard text messaging rates may apply.



War Vet Call Center

Call 877-WAR-VETS (877-927-8387)

Veterans and their family members will have the opportunity to talk about military life and/or adjustment to civilian life.

Call 911 if you or someone you know is in immediate danger or go to the nearest emergency room.



Note

Nearly 40% of individuals aged 12 and older who experienced depression received counseling or therapy from a health professional in 2025.

15 Medical Benefits

Medical benefits are provided through BlueCross BlueShield of Texas (BCBSTX), which offers two plans. Consider the premiums and out-of-pocket costs for each plan when making a selection. Keep in mind, your choice is effective for the entire 2026 plan year unless you have a Qualifying Life Event.

Medical Premiums

Premium contributions for medical are deducted from your paycheck on a pre-tax basis. Your level of coverage determines your weekly contributions.

	CHOICE MEDICAL PLAN	PREMIUM MEDICAL PLAN
WEEKLY CONTRIBUTIONS		
COWORKER ONLY	\$33.25	\$51.59
COWORKER + SPOUSE	\$85.98	\$136.42
COWORKER + CHILD(REN)	\$71.08	\$110.05
FAMILY	\$113.49	\$185.71
WEEKLY CONTRIBUTIONS: SALARIED COWORKERS WHOSE BASE SALARY IS 100K OR MORE		
COWORKER ONLY	\$36.57	\$56.75
COWORKER + SPOUSE	\$94.58	\$150.06
COWORKER + CHILD(REN)	\$78.18	\$121.06
FAMILY	\$124.84	\$204.29

Surcharge May Apply

If your spouse is eligible for medical coverage elsewhere but enrolls, a \$12 surcharge will be applied per week. Tobacco users will pay a higher premium, a \$16 surcharge per week, but could be eligible to remove this surcharge with completion of our tobacco cessation program.

How to Find a Provider

After receiving your member ID card, register for Blue Access for Members (BAM) for personalized search results.

If you are unable to register for BAM or prefer to search as a guest:

- » Visit bcbstx.com
- » Click on "Find care" and select "Find a Doctor or Hospital"
- » Scroll down and choose "Basic Guest Search"
- » Click "Search for Doctors as a Guest"
- » Enter your city, ZIP code, and employer plan

For Utah employees, select "Preferred Blue Option (Utah)" before searching.

Note

To get the most value out of your medical plan, be sure to visit in-network providers whenever possible.

Medical Plan Summary

This chart summarizes the 2026 medical coverage provided by BlueCross BlueShield of Texas (BCBSTX). All covered services are subject to medical necessity as determined by the plan. Please note that all out-of-network services are subject to Reasonable and Customary (R&C) limitations.

		CHOICE MEDICAL PLAN		PREMIUM MEDICAL PLAN	
		IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
CALENDAR YEAR DEDUCTIBLE					
INDIVIDUAL		\$2,700	\$5,000	\$1,200	\$3,200
FAMILY		\$5,400	\$10,000	\$3,400	\$9,400
COINSURANCE (PLAN PAYS)		70%*	50%*	70%*	50%*
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)					
INDIVIDUAL		\$6,600	\$19,800	\$6,600	\$19,800
FAMILY		\$13,200	\$39,600	\$13,200	\$39,600
COPAYS/COINSURANCE					
PREVENTIVE CARE		100%**	50%*	\$0	50%*
PRIMARY CARE		30%*	50%*	\$30	50%*
SPECIALIST SERVICES		30%*	50%*	\$40	50%*
DIAGNOSTIC CARE		30%*	50%*	30%*	50%*
INPATIENT		30%*	50%*	\$250	50%*
OUTPATIENT		30%*	50%*	\$100	50%*
URGENT CARE		30%*	50%*	\$30	50%*
EMERGENCY ROOM		30%*	30%*	30%*	30%*

*After deductible
**Diagnostic test may be billed separately from other preventive care services

Premium Medical Plan Embedded Deductible

The PPO plan has an embedded deductible, meaning each individual must meet their individual deductible before coinsurance applies. For those who cover dependents, once the family deductible is met, no further individual deductibles must be met. No individual may contribute more than the individual amount to the family deductible.

Choice Medical Plan Aggregated Deductible

The HDHP has an aggregate deductible, meaning the family deductible amount will include all combined eligible expenses that you and your covered dependents incur. The family deductible amount may be satisfied by one member or a combination of two or more members covered under your medical plan. The same typically applies for the out-of-pocket maximum. Until deductible is met, only preventive care is covered. For Plan Year 2026, if you cover yourself and anyone else in your family, you will have to pay the family deductible of \$5,400 before the plan will pay for anything other than preventative care.

Healthcare Cost Transparency

There are so many different providers and varying costs for healthcare services — how do you choose? Online services called healthcare cost transparency tools can help. Available through most health insurance carriers, these tools allow you to compare costs for services, from prescriptions to major surgeries, to make your choices simpler. Visit [bcbstx.com](https://www.bcbstx.com) to learn more.

Note

Keep healthcare costs down by seeing the right provider for your situation.
See (p.22) for more information.

17 How to Pick a Plan

What plan is right for you? Consider any medical needs you foresee for the upcoming plan year, your overall health, and any medications you currently take.

How does a PPO (Preferred Provider Organization) work?

- » You'll pay more in premiums, but perhaps less at the time of service.
- » You can choose from a network of providers who offer a fixed copay for services, and you don't have to pay your deductible first.
- » If you or your dependent(s) expect to need more medical care this year or you have a chronic illness, the PPO may be the right choice for you to ensure your healthcare needs are covered.
- » Prescriptions are covered with copay from day one.

How does an HDHP (High Deductible Health Plan) work?

- » You'll pay less in premiums. (Think less money from your paycheck.)
- » You will be responsible for the full cost of non-preventive medical services until you meet your deductible of \$2,700 for individual coverage, or \$5,400 if you or any other family member is covered under a family plan.
- » You can also use a Health Savings Account in conjunction, which provides a safety net for unexpected medical costs and tax advantages.
- » If you expect to mostly use preventive care (which is covered), this plan could be for you.
- » You must meet your annual deductible of \$2,700 (individual) or \$5,400 (family coverage) before prescription drugs are covered with a copay.



Meet Joe

Joe covers his wife and child on his medical plan. While Joe and his child only expect to need preventive care during the year, his wife has a serious heart condition and is scheduled for open-heart surgery next year. Which plan is right for Joe?

Choice Medical Plan With HSA

With the HSA Choice Medical Plan, you'll pay the entire cost of non-preventive care until you reach your deductible. Once your deductible is met, the plan begins to share the cost of care in the form of coinsurance, where you pay a percentage of the cost. Deductibles and coinsurance are applied toward your annual out-of-pocket maximum.

This plan is the only medical plan option that comes with an HSA, which allows you to set aside pre-tax dollars to pay for eligible out-of-pocket healthcare expenses.

How Does This Plan Work for Joe?

- » When Joe and his family receive healthcare, they will pay for the full cost of care and prescriptions until they meet the family deductible (\$5,400).
- » Joe's wife will likely meet the family deductible amount due to her upcoming surgery. Once the family deductible is met, they would pay 30% of the costs for any in-network healthcare and for medications for the family until the out-of-pocket maximum is reached (\$13,200).
- » If out-of-pocket costs for his wife's surgery meet the family out-of-pocket maximum, any of her additional healthcare costs and prescriptions will be paid at 100% for the remainder of the year.
- » To help Joe's family save for current and future healthcare costs, the Company will make quarterly contributions to Joe's HSA to complement any amount he decides to contribute on a pre-tax basis. Joe can feel secure knowing he's making an investment toward his family's future healthcare expenses.

Meet Preston

Preston covers his wife and child on his medical plan. While Preston and his wife only expect to need preventative care during the year, his child will need his tonsils out. Which plan is right for Preston?

Premium Plan

With the Premium Plan, you will pay the entire cost of surgery until you reach the deductible. Once the deductible is met, the plan begins to share the cost of care in the form of coinsurance, where you will pay a percentage of the cost. Deductibles and coinsurance are applied toward the out-of-pocket maximum.

The premium plan covers office visits, prescriptions, tests, and many other services within an office setting at the cost of a copay.

How Does This Plan Work for Preston?

- » When Preston and his family have surgery, they will pay for the full cost of care and prescriptions up to the deductible (\$1,200).
- » If Preston's family meets the deductible amount due to the child's surgery, they will pay 30% for all additional in-network healthcare costs until the out-of-pocket maximum is reached (\$6,600).
- » If the out-of-pocket maximum is met, all remaining healthcare costs for the year will be paid at 100%.



19 Out-of-Pocket Costs

These are the types of payments you're responsible for:

Copay

The fixed amount you pay for healthcare services at the time you receive them. For example, the premium plan offers copays of \$30 for primary care and urgent care visits (refer to p.17).

Coinsurance

Your percentage of the cost of a covered service. If your office visit is \$100 and your coinsurance is 30% (and you've met your deductible but not your out-of-pocket maximum), your payment would be \$30.

Deductible

The amount you must pay for covered services before your insurance begins paying its portion/coinsurance. For 2026, the deductible for the premium plan is \$1,200 and the deductible for the Choice Plan is \$2,700.

Out-of-Pocket Maximum

The amount you will pay during the plan year before your insurance begins to pay 100% of the allowed amount. For example, coworker only coverage is \$6,600 and includes the deductible, coinsurance and copays you paid throughout the calendar year (refer to p.17).

20 Preventive Care

Routine checkups and screenings are considered preventive, so they're often paid at 100% by your insurance. Some common covered services include:



Wellness visits, physicals, and standard immunizations



Screenings for blood pressure, cancer, cholesterol, depression, obesity, and diabetes



Pediatric screenings for hearing, vision, obesity, and developmental disorders



Anemia screenings, breastfeeding support, and pumps for pregnant and nursing women



Iron supplements (for infants at risk for anemia)



It's important to take advantage of these covered services. But remember that diagnostic care to identify health risks is covered according to plan benefits, even if done during a preventive care visit. So, if your doctor finds a new condition or potential risk during your preventive appointment, the services may be billed as diagnostic medicine and result in some out-of-pocket costs. Read over your benefit summary to see what specific preventive services are provided to you.

What vaccines are covered 100% under preventive care?

Many vaccines are covered under preventive care when delivered by a doctor or provider in your plan's network. These include chickenpox, flu, shingles and tetanus. For a full list, visit www.healthcare.gov/preventive-care-adults/.

21 Where to Go for Care

You're feeling sick, but your primary care physician is booked through the end of the month. You have a question about the side effects of a new prescription, but the pharmacy is closed. Or you're on vacation and are under the weather. Instead of rushing to the emergency room or relying on questionable information from the internet, consider all of your site-of-care options.



Telemedicine (\$)

When to Use

You need care for minor illnesses and ailments but would prefer not to leave home. These services are available by phone and online (via webcam).

Types of Care*

- » Cold & flu symptoms
- » Bronchitis
- » Urinary tract infection
- » Sinus problems

Costs and Time Considerations**

- » Usually a first-time consultation fee and a flat fee or copay for any visit thereafter
- » Typically immediate access to care
- » Prescriptions through telemedicine or virtual visits not allowed in all states



Primary Care Center (\$)

When to Use

You need routine care or treatment for a current health issue. Your primary doctor knows you and your health history, can access your medical records, provide routine care, and manage your medications.

Types of Care*

- » Routine checkups
- » Immunizations
- » Preventive services
- » Managing your general health

Costs and Time Considerations**

- » Often requires a copay and/or coinsurance
- » Normally requires an appointment
- » Short wait time with scheduled appointment

*This is a sample list of services and may not be all inclusive.

**Costs and time information represent averages only and are not tied to a specific condition or treatment.

Note

- » A virtual visit directly with your primary care physician (vs. BCBSTX) might also be an option — and typically costs the same as an office visit.
- » UNUM offers three free EAP visits.



Urgent Care Center (\$\$)

When to Use

You need care quickly, but it is not a true emergency. Urgent care centers offer treatment for non-life-threatening injuries or illnesses.

Types of Care*

- » Strains, sprains
- » Minor broken bones (e.g., finger)
- » Flu
- » Covid
- » Strep throat testing

Costs and Time Considerations**

- » HDHP Plan Deductible: +30%
- » Premium Only Plan: \$30 copay



Emergency Room (\$\$\$)

When to Use

You need immediate treatment for a serious life-threatening condition. If a situation seems life threatening, call 911 or your local emergency number right away.

Types of Care*

- » Heavy bleeding
- » Chest pain
- » Major burns
- » Severe head injury

Costs and Time Considerations**

- » For HDHP plan deductible + 30%
- » Often requires a much higher copay and/or coinsurance
- » Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first
- » Ambulance charges, if applicable, will be separate and may not be in-network

*This is a sample list of services and may not be all inclusive.

**Cost and time estimates are averages only and are not based on any specific condition or treatment. They apply exclusively to in-network services.

Do Your Homework

What may seem like an urgent care center might actually be a standalone ER. These facilities come with a higher price tag, so ask for clarification if the word “emergency” appears in the company name.

23 Virtual Medicine

When you're under the weather, there's no place like home, and if you're busy with work and family, scheduling an in-person doctor's appointment can be a pain. Virtual medicine is a convenient and easy way to connect with a doctor on your time.

Medical plan participants have access to telemedicine services through MDLIVE and can see a doctor whenever and wherever. With MDLIVE, you can talk to a doctor while you're at work, at home, or on the go, which leaves you more time that's not spent driving to or waiting to visit an in-office doctor. Virtual Visits allow you to talk with a board-certified physician over the phone or via video chat. These doctors can diagnose and treat your symptoms, including writing a prescription if necessary. These services are available 24 hours a day, 7 days a week, 365 days a year.

Virtual doctors can treat many medical conditions, including:

- » Cold and flu
- » Allergies
- » Bronchitis
- » Bladder infection/
urinary tract
infection
- » Respiratory infection
- » Pink eye
- » Sore throat
- » Stomachache
- » Sinus problems
- » Behavioral Health

Fees are dependent on your selected service and medical plan:

- » Upbound Premium Medical Plan
 - Medical Services: FREE
 - Behavioral Health: \$30
- » Upbound Choice Medical Plan
(Deductible and Coinsurance applies to both)
 - Medical Services: \$48 per visit up to the \$2,700 individual deductible for non-emergency medical consultation. Once the deductible has been met, each visit will be 30% coinsurance of this fee.
 - Behavioral Health: \$45-\$250 depending on the provider (MD vs. Master-Level Clinician) and the service (diagnostic vs. therapy session) up to the \$2,700 individual deductible. Once the deductible has been met, each visit will be 30% coinsurance of this fee.

Activate your Virtual Visits account today

- » Call 888-680-8646
- » Go to MDLIVE.com/bcbstx
- » Text BCBSTX to 635-483
- » Download the app (scan QR code below)

Note

REMEMBER: Telemedicine is never a replacement for life-threatening emergencies.

24 Pharmacy Benefits

Prescription Drug Coverage for Medical Plans

Our Prescription Drug Program is coordinated through CVS/Caremark. After your enrollment is complete, you will receive information from CVS/Caremark about how to register online at caremark.com. Once registered, you will be able to view preferred drug lists, locate retail pharmacies, view claim information, use mail order prescription services, and the Specialty Pharmacy program. Certain medications may require prior authorization, step therapy, or quantity management for coverage. Your cost is determined by the tier assigned to the prescription drug product. Products are assigned as Generic Drugs, Preferred Brand Drugs, Non-preferred Brand Drugs, or Specialty.

Specialty Drugs

Specialty drugs are used to treat complex diseases such as multiple sclerosis, rheumatoid arthritis, hemophilia, cancer and hepatitis. Specialty drugs should be ordered through CVS Specialty.

Pay \$0 if you're enrolled in the PPO Plan* with the PrudentRX Copay Program.

As part of your prescription plan, the PrudentRx Copay Program allows you to get your specialty medications at no cost to you. That means \$0 out-of-pocket for any medications on your Specialty Drug List when you fill at CVS Specialty. PrudentRx will work with manufacturers to get copay card assistance and will manage enrollment and renewals on your behalf. Even if there is no copay card program for your medication, your cost will be \$0 for as long as you are enrolled in the program.

To enroll in the program, call PrudentRx at 800-578-4403.

*HDHP Plan participants are not eligible due to IRS rules regarding plans with Health Savings Accounts.

CHOICE PLAN

PREMIUM PLAN

	IN-NETWORK	IN-NETWORK
RETAIL RX (30-DAY SUPPLY)		
GENERIC DRUGS	30%*	\$10
PREFERRED BRAND DRUGS	30%*	\$30
NON-PREFERRED BRAND DRUGS	30%*	\$60
SPECIALTY	30% - min \$300/max \$500*	30% - min \$300/max \$500
MAIL ORDER RX (90-DAY SUPPLY)		
GENERIC DRUGS	\$20*	\$20
PREFERRED BRAND DRUGS	30%*	\$60
NON-PREFERRED BRAND DRUGS	30%*	\$120
SPECIALTY	30% - min \$300/max \$500*	30% - min \$300/max \$500

*After deductible

Generic Drugs

Want to save money on meds? Generic drugs are versions of brand-name drugs with the exact same dosage, intended use, side effects, route of administration, risks, safety, and strength. Because they are the same medicine, generic drugs are just as effective as the brand names, and they are held to the same rigid FDA standards. But generic versions cost 80% to 85% less on average than the brand-name equivalent. To find out if there is a generic equivalent for your brand-name drug, visit www.fda.gov.

Mail Order

If you choose to receive your medication through mail order, you will get a 3-month supply for the price of two months.

Retail pharmacies cover a 30-day supply, while mail order covers a 90-day supply at CVS retail.

If you would like information on how to get started, call 833-270-1162. Make sure you have your member ID card, prescription information, and your doctor's contact information ready.

To start your mail order delivery, visit caremark.com/rxdelivery.

90-day Supply at CVS Retail Location

If your doctor provides a prescription for 90-day refills, you can get them filled at the CVS retail pharmacy if you prefer to pick them up instead of use the Mail Order Program. You still get the savings and you control when you pick it up!

No-Cost Preventive Drug List

Your health plan may include certain prescription and over-the-counter (OTC) preventive medicines as a benefit of membership at no cost to you when you use a pharmacy or doctor in your health plan's network. There is no copay, deductible, or coinsurance, even if your deductible or out-of-pocket maximum has not been met. Coverage for these medicines can vary according to the type of plan you are enrolled in. Visit flimp.live/Upbound-Benefits to view the No-Cost Preventive Drug List.



26 Health Savings Account

Your HSA can be used for qualified expenses for you, your spouse, and/or tax dependent(s), even if they're not covered by your plan. If you are not currently enrolled in a HDHP but you have unused HSA funds from a previous account, those funds can still be used for qualified expenses.

HealthEquity will issue you a debit card with direct access to your account balance. You will need to verify your identity with required documentation to complete the process. Once enrolled, you may use your debit card to pay for qualified medical expenses. Like a regular debit card, you must have a balance in your HSA account to use the card.

Eligible expenses include doctors' visits, eye exams, prescription expenses, laser eye surgery, menstrual products, PPE, over-the-counter medications, and more. Visit IRS Publication 502 on www.irs.gov for a complete list.

Eligibility

You are eligible to contribute to an HSA if:

- » You are enrolled in an HSA-eligible High Deductible Health Plan.
- » You are not covered by your spouse's or parent's non-HDHP.
- » You or your spouse does not have a Healthcare Flexible Spending Account (FSA) or Health Reimbursement Account.
- » You are not eligible to be claimed as a dependent on someone else's tax return.
- » You are not enrolled in Medicare or TRICARE.
- » You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care. (Service-related care will not be taken into consideration.)

Note

Because HSA funds never expire, contributing your annual maximum to your HSA can help you save to pay for healthcare expenses tax-free after retirement.



Pre-tax Paycheck Contributions

Employer Pre-tax Contributions



Tax-free Payments
(for qualified medical expenses)



Unused funds roll over annually



You Own Your HSA

Your HSA is a personal bank account that you own and manage. You decide how much you contribute, when to use the money for medical services and when to reimburse yourself. You can save and roll over HSA funds to the next year if you don't spend them all in the calendar year. You can even let funds accumulate year over year to use for eligible expenses in retirement. HSA funds are also portable if you change plans or jobs. There are no vesting requirements (you own all contributed HSA funds immediately) or forfeiture provisions (you keep all HSA funds whether you leave the Company or retire).

How to Enroll

To enroll in Upbound's HSA, you must elect the HDHP with Upbound. Submit all HSA enrollment materials and choose the amount to contribute on a pre-tax basis. Upbound will establish an HSA account in your name and send in your contribution once bank account information has been provided and verified.

HSAs and Taxes

HSA contributions are made through payroll deduction on a pre-tax basis when you open an account with HealthEquity. The money in your HSA (including interest and investment earnings) grows tax-free. When the funds are used for qualified medical expenses, they are spent tax-free.*

Per IRS regulations, if HSA funds are used for purposes other than qualified medical expenses and you are younger than age 65, you must pay federal income tax on the amount withdrawn, plus a 20% penalty tax. This is why it's important to know what medical expenses qualify for HSA use and to keep track of where you spend your HSA funds.

HSA Funding Limits

The IRS places an annual limit on the maximum amount that can be contributed to HSAs. For 2026, contributions (which include any employer contribution) are limited to the following:

ANNUAL HSA FUNDING LIMITS	
COWORKER	\$4,400
FAMILY	\$8,750
CATCH-UP CONTRIBUTION (AGES 55+)	\$1,000

Upbound provides an HSA employer contribution that will be deposited on a quarterly basis.

EMPLOYER ANNUAL HSA CONTRIBUTION	
COWORKER	\$250*
FAMILY	\$500*

*This amount is broken up into four quarterly payments and deposited after the close of the calendar quarter.

HSA contributions over the IRS annual contribution limits (\$4,400 for individual coverage and \$8,750 for family coverage for 2026) are not tax deductible and are generally subject to a 6% excise tax.

If you've contributed too much to your HSA this year, you have two options:

- » Remove the excess contributions and the net income attributable to the excess contribution before you file your federal income tax return (including extensions). You'll pay income taxes on the excess removed but won't have to pay a penalty tax.
- » Leave the excess contributions in your HSA and pay 6% excise tax on them. Next year consider contributing less than the annual limit to your HSA.

The Upbound HSA is established with HealthEquity. You may be able to roll over funds from another HSA. For more enrollment information, contact Human Resources or visit <https://www.healthequity.com/>.

Preventive Care Incentive

Coworkers and legal spouses who are enrolled in the Choice Plan and who receive a preventive wellness exam during 2026 will receive an additional \$100 contributed to their HSA account from Upbound following the service on a quarterly basis.

How to Use It?

You'll receive an HSA debit card to access the funds in your account. When you have a qualified health service, you can use your HSA debit card or save your HSA balance and pay out-of-pocket. You have the freedom to use it or save it.

Keep Your Receipts!

When you use your debit card for eligible healthcare expenses, keep your receipts in case additional verification is required.

28 Flexible Spending Accounts

Take control of your spending! A Flexible Spending Account (FSA) is a special tax-free account you put money into to pay for certain out-of-pocket expenses. This optional benefit is **NOT** compatible with the Choice Plan. Coworkers may choose to elect this benefit with the Premium Plan or with no plan at all.

Healthcare Flexible Spending Account

- » Compatible **ONLY WITH** the Premium Medical Plan

You can contribute up to \$3,300 (projected for 2026) annually (deductibles, copays, coinsurance, menstrual products, PPE, over-the-counter medications, etc.) with pre-tax dollars, which reduces your taxable income and increases your take-home pay. You can even pay for eligible expenses with an FSA debit card at the same time you receive them — no waiting for reimbursement.

Limited Use Flexible Spending Account

A Limited Use Flexible Spending Account (LUFSA) is only compatible with the Choice Medical Plan. You can enroll in both the HSA and the LUFSA to maximize your savings. A LUFSA allows for reimbursement of eligible dental and vision expenses and cannot be used for any medical reimbursement. The contribution limit is projected to be \$3,300 in 2026.

Using the Account

Use your FSA debit card at doctor and dentist offices, pharmacies, and vision service providers. It cannot be used at locations that do not offer services under the plan, unless the provider has also complied with IRS regulations. The transaction will be denied if you use the card at an ineligible location.

Submit a claim form along with the required documentation. Contact HealthEquity with reimbursement questions. If you need to submit a receipt, HealthEquity will notify you. Always save receipts for your records.

While FSA debit cards allow you to pay for services at point of sale, they do not remove the IRS regulations for substantiation. Always keep receipts and Explanation of Benefits (EOBs) for any debit card charges in case you need to prove an expense was eligible. Without proof an expense was valid, your card could be turned off and the expense deemed taxable.

General Rules

The IRS has the following rules for Healthcare and Dependent Care:

- » Expenses must occur during the 2026 plan year.
- » Funds cannot be transferred between FSAs.
- » You are not permitted to claim the same expenses on both your federal income taxes and Dependent Care FSA.
- » This plan is considered a "use it or lose it" type plan. However, Upbound allows a projected maximum of \$660 for 2026 that may be rolled over to the next calendar plan year FSA. To be eligible to roll over your unused FSA up to the maximum the IRS allows, you MUST elect to contribute some amount for the upcoming calendar year. If you do not, your funds will not qualify for the rollover. Any amount over the projected \$660 that you have not used will be forfeited.
- » You cannot change your FSA election in the middle of the plan year without a Qualifying Life Event.
- » Terminated coworkers have ninety (90) days following termination to submit FSA claims for reimbursement that were incurred up to and including your last day of employment.
- » Those considered highly compensated coworkers (family gross earnings were \$160,000 or more last year) may have different FSA contribution limits. Visit www.irs.gov for more info.
- » Any copayment that is the same for everyone (\$30 doctor visit as an example) does not need to be substantiated.

Forgot to Use All of Your FSA Funds?

Don't worry, the FSA plan is projected to allow you to roll over up to \$660 of unused funds left in your account after the end of the year into your 2026 account. To access your rollover funds for the 2026 plan year, you must enroll in the plan — even if you elect a minimal contribution, such as \$100. This participation will qualify you to roll over up to \$660.

If you elect not to participate for 2026, your entire unused balance will be forfeited.

Dependent Care Benefits

REMINDER: Dependent Care Benefits are not for payments made related to medical care/services for your dependents.

You may opt to participate in the Dependent Care Benefits – even if you don't elect any other benefits. Set aside pre-tax funds into a Dependent Care Benefits account for expenses associated with caring for elderly or child dependents. Reimbursement from your Dependent Care account is limited to the total amount that is currently deposited in your account.

- » With the Dependent Care Benefit, you can set aside up to \$7,500 to pay for child or elder care expenses on a pre-tax basis.
- » Eligible dependents include children under 13 and a spouse or other individual who is physically or mentally incapable of self-care and has the same principal place of residence as the coworker for more than half the year.
- » You must provide the tax identification number or Social Security number of the party providing care to be reimbursed.

This account covers dependent daycare expenses that are necessary for you and your spouse to work or attend school full time. Eligible expenses include:

- » In-home babysitting services (not provided by a dependent)
- » Care of a preschool child by a licensed nursery or daycare provider
- » Before- and after-school care
- » Day camp
- » In-house dependent daycare

Due to federal regulations, expenses for your domestic partner and your domestic partner's children may not be reimbursed under the Dependent Care Benefits. Check with your tax advisor to determine if any exceptions apply.

FSA Debit Card

You will receive an FSA debit card from HealthEquity for convenient access to the funds in your Dependent Care account. Funds contributed will be added to your debit card following each pay period.

How Much Should I Contribute to My Dependent Care Benefit Account?

Think about how much money you usually spend on dependent care each year. Do you have a child in daycare? Do you have a child that attends an after-school program? Do you have a family member that attends an elder care program? Add up these types of expenses to help you determine how much to contribute to your Dependent Care account.

Example

Meet Alizabeth. To save on daycare costs for her daughter, Alizabeth enrolled in the Dependent Care Flexible Spending Account (FSA). She chose to contribute the annual maximum of \$7,500, which means \$144.24 is deducted from her pre-tax earnings each week. Alizabeth's Dependent Care funds become available as they are deducted. Once the money is in her account, she can either:

- » Use her provided debit card to pay for daycare directly, or
- » File a claim with HealthEquity to reimburse herself



Note

- » The Dependent Care is not to be used for medical expenses, nor is it the same as electing medical coverage for dependents.
- » If you leave employment with the Company during the year, you will have 90 days from the date of your termination to submit expenses for reimbursement. Any expenses incurred after your term date are not reimbursable.

30 FSA vs. HSA

Flexible Spending Accounts

Health Savings Accounts

Your employer owns your FSA. If you leave your employer, you lose access to the account unless you have a COBRA right.



OWNERSHIP

You own your HSA. It is a savings account in your name, and you always have access to the funds, even if you change jobs.

You can elect a Healthcare FSA even if you waive other coverage. You cannot make changes to your contribution during the Plan Year without a Qualifying Life Event. You cannot be enrolled in both a Healthcare FSA and an HSA.



ELIGIBILITY & ENROLLMENT

You must be enrolled in a Qualified HDHP to contribute money to your HSA. You cannot be covered by a spouse's non-High Deductible plan or a spouse's FSA or enrolled in Medicare or TRICARE. You can change your contribution at any time during the Plan Year.

FSA contributions are tax-free via payroll deduction. Funds are spent tax-free when used for qualified expenses.



TAXATION

HSA contributions are tax-free; the account grows tax-free; and funds are spent tax-free on qualified expenses.

You can contribute up to \$3,300 in 2026 to an FSA. This amount may be increased annually.



CONTRIBUTIONS

Both you and your employer can contribute up to \$4,400 in 2026 (up to \$8,750 for families). Ages 55+ can make an annual \$1,000 "catch-up" HSA contribution.

Some plans include an FSA debit card to pay for eligible expenses. If not, you pay up front and submit receipts for reimbursement.



PAYMENT

Many HSAs include a debit card to pay for qualified expenses directly. Alternatively, you can save funds for future expenses or retirement.

Any unclaimed funds at the end of the year are forfeited. Up to a projected amount of \$660 may be rolled over from plan year 2026. Exceptions might include an additional 2.5-month grace period for expenses to be and reimbursed, or an allowed rollover amount.



ROLLOVER OR GRACE PERIOD

HSA funds roll over from year to year. The account is portable and may be used for future qualified expenses — even in retirement years.

Physician services, hospital services, prescriptions, menstrual products, PPE, over-the-counter medications, dental care, and vision care. A full list is available at www.irs.gov.



QUALIFIED EXPENSES

Physician services, hospital services, prescriptions, menstrual products, PPE, over-the-counter medications, dental care, vision care, Medicare Part D plans, COBRA premiums, and long-term care premiums. A full list is available at www.irs.gov.

Dependent Care Benefits (pre-tax dollars can be used for elder or child dependent care) and Limited Use FSA (used to pay for eligible dental and vision expenses).



OTHER TYPES

There is only one type of HSA.

31 Dental Benefits

Like brushing and flossing, visiting your dentist is an essential part of your oral health. Upbound offers affordable plan options from CIGNA for routine care and beyond.

Stay In-Network

If your dentist doesn't participate in your plan's network, your out-of-pocket costs will be higher, and you are subject to any charges beyond the Reasonable and Customary (R&C). To find a network dentist, visit CIGNA at my.cigna.com.

Dental Premiums

Dental premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your weekly premium.

Dental Plan Summary

This chart summarizes the dental coverage provided by CIGNA for 2026.

	HIGH PLAN	LOW PLAN	DHMO*
WEEKLY CONTRIBUTIONS			
COWORKER ONLY	\$5.37	\$3.62	\$3.26
COWORKER + SPOUSE	\$11.82	\$7.96	\$7.18
COWORKER + CHILD(REN)	\$14.13	\$9.51	\$8.58
FAMILY	\$22.95	\$15.45	\$13.93
	IN NETWORK & OUT-OF-NETWORK	IN-NETWORK & OUT-OF-NETWORK	IN-NETWORK & OUT-OF-NETWORK
CALENDAR YEAR DEDUCTIBLE			
INDIVIDUAL	\$50	\$50	\$0
FAMILY	\$150	\$150	\$0
CALENDAR YEAR MAXIMUM			
PER PERSON	\$1,500	\$1,000	None
COVERED SERVICES			
PREVENTIVE SERVICES Oral Exams, Routine Cleanings, Bitewing X-rays, Fluoride Applications, Sealants, Space Maintainers, Panoramic X-rays	100%	100%	100%
BASIC SERVICES Full Mouth X-rays, Fillings, Oral Surgery, Simple Extractions	80%	70%	\$12-\$125 copay
MAJOR SERVICES Oral Surgery, Complex Extractions, Denture Adjustments and Repairs, Root Canal Therapy, Periodontics, Crowns, Dentures, Bridges	50%	40%	\$400-\$470 copay
ORTHODONTICS Adults and Children up to 19	50%	Not covered	Child to 19 - \$2,040 copay Adult - \$2,376 copay
ORTHODONTIC LIFETIME MAXIMUM	50%, max of \$1,500	Not covered	N/A

*The DHMO Plan consists of a select group of providers located near your ZIP code, offering greater discounts. This plan requires you to see one of these designated providers.

Note

In addition to keeping your teeth healthy, regular dental checkups can help dentists spot symptoms of other serious conditions such as osteoporosis, cancer, and diabetes.

32 Vision Benefits

Getting your eyes checked regularly is important even if you don't wear glasses or contacts. We provide quality vision care for you and your family through United Healthcare.

Vision Premiums

Vision premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your weekly premium.

Vision Plan Summary

This chart summarizes the vision coverage provided by United Healthcare for 2026.

VISION PLAN

WEEKLY CONTRIBUTIONS			
COWORKER ONLY	\$1.13		
COWORKER + SPOUSE	\$2.37		
COWORKER + CHILD(REN)	\$2.53		
FAMILY	\$4.02		
	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
EXAMS			
COPAY	\$10	Up to \$15	Once every 12 months
LENSES			
SINGLE VISION	Covered 100%*	Up to \$40 allowance	Once every 12 months
BIFOCAL	Covered 100%*	Up to \$60 allowance	
TRIFOCAL	Covered 100%*	Up to \$80 allowance	
LENTICULAR	Covered 100%*	Up to \$80 allowance	
CONTACTS (IN LIEU OF LENSES AND FRAMES)			
FITTING AND EVALUATION**	Covered 100%*	Up to \$200 allowance	Once every 12 months
ELECTIVE	\$200 allowance*	Up to \$200 allowance	
MEDICALLY NECESSARY	Covered 100%*	Up to \$200 allowance	
FRAMES			
ALLOWANCE	\$150	Up to \$45	Once every 24 months

*After materials copay
**Fitting and Evaluation fee applied to contact lens allowance.

Member Website: myuhcvision.com

Create a username and password to:

- » Verify benefits and eligibility
- » Print a member ID card
- » Locate a provider
- » Access online offers and services
- » Find answers to frequently asked questions

The provider may reference the name Spectera when you inform them you have a United Healthcare vision plan. Spectera Eyecare Networks is the name of the United Healthcare's national network, which includes ophthalmologists and optometrists. These providers are located at both private and retail settings.

Note

As part of our commitment to preventive care, UHC Vision provides Retinal Screening Photography for diabetic members at no cost (\$0).

33 Supplemental Health Benefits

Upbound offers several ways to supplement your medical plan coverage. This additional insurance can help cover unexpected expenses, regardless of any benefit you may receive from your medical plan. Coverage is available for yourself and your dependents and offered at discounted group rates.

Be Well Benefit

Each year, family members who are enrolled in accident, critical illness, or hospital coverage are eligible to receive a \$50 reward for completing a covered Be Well Screening. This includes services such as annual exams, screenings, imaging, immunizations, and other preventive care.

Accident and AD&D Insurance

You can't always prevent accidents, but you can be prepared for them, including preparing for any unexpected expenses. Accident coverage through UNUM provides benefits for you and your covered family member for expenses related to an accidental injury.

	OPTION 1	OPTION 2
WEEKLY PREMIUMS		
COWORKER	\$1.34	\$0.98
COWORKER + SPOUSE	\$2.36	\$1.73
COWORKER + CHILDREN	\$3.16	\$2.25
FAMILY	\$4.18	\$3.00

COVERAGE TYPE	OPTION 1	OPTION 2
SUMMARY OF BENEFITS*		
HOSPITAL ADMISSION	\$1,000	\$800
DAILY HOSPITAL STAY	\$250	\$200
EMERGENCY ROOM TREATMENT	\$200	\$150
CONCUSSION	\$120	\$100
LACERATION (NO REPAIR)	\$65	\$50
LACERATION (REPAIR < 2 INCHES)	\$200	\$150
LACERATION (REPAIR > 6 INCHES)	\$800	\$600
AMBULANCE (GROUND)	\$1,800	\$1,200
PROSTHETIC DEVICE (ONE LIMB/DEVICE)	\$2,500	\$2,000
PROSTHETIC DEVICE (TWO OR MORE LIMBS/DEVICES)	\$5,000	\$4,000
FRACTURE (E.G., ANKLE)	\$550	\$450
DISLOCATION (E.G., HIP)	\$4,125	\$3,375
BURNS (3RD DEGREE: >20%)	15.00%	15.00%
PRESCRIPTION BENEFIT	25%	25%
ORGANIZED SPORTS BONUS	25%	25%
THERAPY SERVICES (PT, CHIRO, ETC.)	\$30/day	\$30/day
THERAPY SERVICES MAX DAYS	10 days	10 days
BE WELL SCREENING BENEFIT	\$50/year	\$50/year

*This list is a summary. Refer to plan documents for a comprehensive list of covered benefits.

Critical Illness Coverage

Critical Illness coverage through UNUM pays a lump-sum benefit if you are diagnosed with a covered disease or condition. You can use this money however you like. Examples include helping pay for expenses not covered by your medical plan, lost wages, childcare, travel, home healthcare costs, or any of your regular household expenses. The UNUM Critical Illness Protection Plan sends a lump-sum payment directly to you after your diagnosis so you can stay on top of your bills.

Plan Highlights

- » Guaranteed Issue Coverage (No Pre-Existing Limitations)
 - Coworker: \$20,000
 - Spouse: \$10,000
 - Child(ren): \$10,000
- » Maximum lifetime benefit
 - 1,000% of insurance amount
- » Pre-Existing Conditions: This plan does NOT have a pre-existing condition exclusion; however, your date of diagnosis must be on or after the effective date of your policy for benefits to be paid.

Here is a short list of conditions that may be covered:

- | | |
|---------------------------|-----------------------|
| » Benign brain tumor | » Heart attack |
| » Chronic renal failure | » Heart failure |
| » Coronary artery disease | » Major organ failure |
| » Cancer | » Permanent paralysis |
| » Coma | » Stroke |

Coworker/Spouse Premiums

To find you and your spouse's premium:

- » Determine your age band:
 - All age-based premiums are determined using the coworker's age — this includes both coworker and spouse coverage.
- » Select a benefit:
 - Select a coworker and spouse benefit from the table on the next page
 - Coworker and spouse rates change as insured moves from one age bracket to the next, based on the age determination rules

Tobacco rates will apply to anyone who is a tobacco user covered under the medical plan.

Dependent Child(ren)

Your dependent child(ren) is eligible for a benefit amount of 50% of your Critical Illness benefit election, limited to a maximum of \$10,000.

Please Note: Child Premiums are included in the Coworker Premium Tables.

Please read this important information:

- » You may not have coverage as both a coworker and as a dependent.
- » Coworker must have coverage in order for spouse and dependent children to be covered.



All rates shown are weekly premiums, based on 52-weeks.

OPTION 1: EE \$10,000/SP \$5,000/CH \$5,000								
AGE	COWORKER ONLY		COWORKER + SPOUSE		COWORKER + CHILD(REN)		FAMILY	
	NON-TOBACCO	TOBACCO	NON-TOBACCO	TOBACCO	NON-TOBACCO	TOBACCO	NON-TOBACCO	TOBACCO
UNDER 25	\$0.32	\$0.37	\$0.42	\$0.48	\$0.32	\$0.37	\$0.42	\$0.48
25-29	\$0.46	\$0.48	\$0.42	\$0.51	\$0.46	\$0.48	\$0.42	\$0.51
30-34	\$0.53	\$0.65	\$0.58	\$0.72	\$0.53	\$0.65	\$0.58	\$0.72
35-39	\$0.76	\$1.04	\$0.83	\$1.15	\$0.76	\$1.04	\$0.83	\$1.15
40-44	\$1.27	\$1.96	\$1.34	\$2.12	\$1.27	\$1.96	\$1.34	\$2.12
45-49	\$2.12	\$3.67	\$2.24	\$3.92	\$2.12	\$3.67	\$2.24	\$3.92
50-54	\$3.07	\$5.61	\$3.23	\$5.93	\$3.07	\$5.61	\$3.23	\$5.93
55-59	\$4.41	\$7.68	\$4.66	\$8.03	\$4.41	\$7.68	\$4.66	\$8.03
60-64	\$6.35	\$12.21	\$7.18	\$12.92	\$6.35	\$12.21	\$7.18	\$12.92
65-69	\$6.46	\$12.35	\$7.20	\$13.52	\$6.46	\$12.35	\$7.20	\$13.52
70-74	\$12.88	\$19.71	\$15.12	\$20.03	\$12.88	\$19.71	\$15.12	\$20.03
75-79	\$15.97	\$25.64	\$16.02	\$25.98	\$15.97	\$25.64	\$16.02	\$25.98
80-84	\$16.36	\$28.50	\$16.57	\$30.44	\$16.36	\$28.50	\$16.57	\$30.44
85+	\$17.10	\$31.94	\$17.10	\$31.94	\$17.10	\$31.94	\$17.10	\$31.94

OPTION 2: EE \$20,000/SP \$10,000/CH \$10,000								
AGE	COWORKER ONLY		COWORKER + SPOUSE		COWORKER + CHILD(REN)		FAMILY	
	NON-TOBACCO	TOBACCO	NON-TOBACCO	TOBACCO	NON-TOBACCO	TOBACCO	NON-TOBACCO	TOBACCO
UNDER 25	\$0.65	\$0.74	\$0.83	\$0.97	\$0.65	\$0.74	\$0.83	\$0.97
25-29	\$0.92	\$0.97	\$0.83	\$1.02	\$0.92	\$0.97	\$0.83	\$1.02
30-34	\$1.06	\$1.29	\$1.15	\$1.43	\$1.06	\$1.29	\$1.15	\$1.43
35-39	\$1.52	\$2.08	\$1.66	\$2.31	\$1.52	\$2.08	\$1.66	\$2.31
40-44	\$2.54	\$3.92	\$2.68	\$4.25	\$2.54	\$3.92	\$2.68	\$4.25
45-49	\$4.25	\$7.34	\$4.48	\$7.85	\$4.25	\$7.34	\$4.48	\$7.85
50-54	\$6.14	\$11.22	\$6.46	\$11.86	\$6.14	\$11.22	\$6.46	\$11.86
55-59	\$8.82	\$15.37	\$9.32	\$16.06	\$8.82	\$15.37	\$9.32	\$16.06
60-64	\$12.69	\$24.42	\$14.35	\$25.85	\$12.69	\$24.42	\$14.35	\$25.85
65-69	\$12.92	\$24.69	\$14.40	\$27.05	\$12.92	\$24.69	\$14.40	\$27.05
70-74	\$25.75	\$39.42	\$30.23	\$40.06	\$25.75	\$39.42	\$30.23	\$40.06
75-79	\$31.94	\$51.28	\$32.03	\$51.97	\$31.94	\$51.28	\$32.03	\$51.97
80-84	\$32.72	\$57.00	\$33.14	\$60.88	\$32.72	\$57.00	\$33.14	\$60.88
85+	\$34.20	\$63.88	\$34.20	\$63.88	\$34.20	\$63.88	\$34.20	\$63.88

Hospital Indemnity Insurance

Even with health insurance, a hospital stay can mean high out-of-pocket costs and stress, especially if you have a High Deductible Health Plan. If you receive covered hospital care and submit a claim, the Hospital Indemnity Protection Plan will pay you directly – in a single payment (lump sum). You can use the money any way you choose. Covered hospital expenses include admission, confinement, and Intensive Care Unit (ICU) confinement. You can use your payments for health plan deductibles and other costs such as medications, rehabilitation, or transportation. You may also use them for bills and living expenses or growing your savings account.

A hospital indemnity claim can be filed once your hospital stay is complete.

Plan Highlights

- » No pre-existing conditions exclusions
- » No deductibles
- » Eligible for continuation of coverage
- » Coverage offered on a voluntary basis
- » Portability
- » FMLA / MSLA Continuation

	OPTION 1	OPTION 2
BENEFITS		
ROOM AND BOARD BENEFIT PER DAY	\$100	\$150
CRITICAL CARE UNIT BENEFIT PER DAY	\$100	\$150
ONE DAILY HOSPITAL ADMISSIONS	\$500	\$1,000
ONE DAILY HOSPITAL CRITICAL CARE ADMISSION	\$500	\$1,000

Note: On-Call Travel Assistance is included for both standard and enhanced.

	OPTION 1	OPTION 2
WEEKLY PREMIUMS		
COWORKER	\$1.48	\$2.15
COWORKER + SPOUSE	\$3.63	\$5.58
COWORKER + CHILD(REN)	\$2.50	\$3.57
FAMILY	\$4.65	\$6.99

Be Well Benefit

Every year, each family member who has Hospital coverage can also receive \$50 for getting a covered Be Well screening test, such as:

- » Annual exams by a physician, including sports physicals, well child visits, dental and vision exams
- » Screenings for cancer, including pap smear, colonoscopy
- » Cardiovascular function screenings
- » Screenings for cholesterol and diabetes
- » Imaging studies, including chest X-ray, mammography
- » Immunizations including HPV, MMR, tetanus, influenza



37 Survivor Benefits

It's hard to think about, but it's important to have a plan in place to provide for your family if something were to happen to you. Survivor benefits provide financial protection for your loved ones in the event of an unexpected event.

Basic Life and Accidental Death & Dismemberment Insurance

Upbound provides coworkers with Basic Life and Accidental Death and Dismemberment (AD&D) insurance as part of your basic coverage through UNUM, which guarantees that your spouse or other designated survivor(s) continue to receive benefits after death.

Your Basic Life and AD&D insurance benefit is 1x your annual earnings, up to \$1,000,000.

If you are a full-time coworker, you automatically receive Life and AD&D insurance even if you waive other coverage.

Naming a Beneficiary

Your beneficiary is the person you designate to receive your Life insurance benefits in the event of your death. This includes any benefits payable under Basic Life. You receive the benefit payment for a dependent's death under the UNUM insurance.

You can change your beneficiary at any time. You can update beneficiaries in MyADP. Please note that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches age 18. You may also choose to establish a trust for your child and have the life insurance policy payout to the trust. Contact Human Resources or your own legal counsel with any questions.

If you choose to name a minor child under 18, you should consult with the EAP for FREE will planning and advice. For more information on the EAP, please refer to the top of (p.11) within this guide.



Voluntary Life

Upbound will continue to provide Basic Life and Accidental Death & Dismemberment (AD&D) Insurance automatically at no cost to coworkers in the event of a serious accident or death. This coverage is through UNUM. You do not need to enroll in Basic Life and AD&D. Eligible coworkers may purchase additional Voluntary Life insurance. Premiums are paid through payroll deductions.

BASIC COWORKER LIFE/AD&D	
COVERAGE AMOUNT	1x your annual earnings (a minimum of \$40,000)
WHO PAYS	Upbound
MAXIMUM BENEFIT	\$1,000,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	No
VOLUNTARY COWORKER LIFE	
COVERAGE AMOUNT	Increments of \$10,000
WHO PAYS	Coworker
MAXIMUM BENEFIT	The lesser of 5x your base earnings or \$1,000,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	EOI is required when making elections greater than \$500,000 or increasing benefit amounts after initial enrollment.
VOLUNTARY SPOUSE LIFE	
COVERAGE AMOUNT	Increments of \$5,000
WHO PAYS	Coworker
MAXIMUM BENEFIT	\$100,000*
EVIDENCE OF INSURABILITY (EOI) REQUIRED	EOI is required when making elections greater than \$50,000. EOI is also required when increasing benefit amounts after initial enrollment or if first time electing benefit is after initial enrollment opportunity. Please note: In order to enroll dependents, you must elect supplemental coworker coverage for yourself.
VOLUNTARY CHILD LIFE	
COVERAGE AMOUNT	Increments of \$5,000
WHO PAYS	Coworker
MAXIMUM BENEFIT	\$10,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	EOI is not required for children. Please note: In order to enroll dependents, you must elect supplemental coworker coverage for yourself.

VOLUNTARY LIFE INSURANCE	
RATES - \$1,000 WEEKLY	
AGE (AS OF JANUARY 1, 2026)	COWORKER & SPOUSE
18-24	\$0.047
25-29	\$0.040
30-34	\$0.052
35-39	\$0.064
40-44	\$0.092
45-49	\$0.139
50-54	\$0.225
55-59	\$0.421
60-64	\$0.559
65-69	\$0.830
70-74	\$1.352
75+	\$1.352

VOLUNTARY CHILD LIFE INSURANCE	
PREMIUM RATES - \$5,000 WEEKLY	
Up to age 26	\$0.20
PREMIUM RATES - \$10,000 WEEKLY	
Up to age 26	\$0.39

TO CALCULATE HOW MUCH YOUR VOLUNTARY LIFE COVERAGE WILL COST:			
\$	÷ 1,000 =	\$	x Age Based = Rate
Benefit Elected			Monthly Premium

*Spouse benefit cannot exceed 100% of coworker benefit.

39 Income Protection

You and your loved ones depend on your regular income. That's why Upbound offers disability coverage to protect you financially in the event you cannot work as a result of a debilitating injury or illness. A portion of your income is protected until you can return to work or you reach retirement age.

Voluntary Short-Term Disability (STD) Insurance

Short-Term Disability (STD) benefits are available for purchase on a voluntary basis. This insurance replaces 60% of your income if you become partially or totally disabled for a short time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Benefits Department for details.

COWORKER COST	\$0.429 per \$10 benefit
WEEKLY MAXIMUM BENEFIT	\$1,500
ELIMINATION PERIOD	Benefits will begin on the first day of accident and eighth day of illness.
MAXIMUM BENEFIT PERIOD	26 weeks
LIMITATIONS	<ul style="list-style-type: none">» Pre-Existing Condition Limitation - 3/12*» Offsets: Your benefit may be reduced by other income sources such as, but not limited to, Social Security, Workers Compensation, State Disability Plans.

Voluntary Long-Term Disability (LTD) Insurance

Long-Term Disability (LTD) benefits are available for purchase on a voluntary basis. This insurance replaces 60% of your income if you become partially or totally disabled for an extended time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Benefits Department for details.

COWORKER COST	\$1.75 per week
MONTHLY MAXIMUM BENEFIT	\$10,000
ELIMINATION PERIOD	180 days
MAXIMUM BENEFIT PERIOD	Benefits will be payable to age 65 or your Social Security Normal Retirement Age.
LIMITATIONS	<ul style="list-style-type: none">» Pre-Existing Condition Limitation - 3/12*» Mental and Nervous Limitation - 24 months outpatient» Substance Abuse Limitation - 24 months» Offsets: Your benefit may be reduced by other income sources such as, but not limited to, Social Security, Workers Compensation, State Disability Plans.

*Pre-Existing Condition Limitation:

Benefits will not be paid for a disability caused by, contributed to by, or resulting from a pre-existing condition unless the insured has been actively at work for one (1) full day following the end of twelve (12) consecutive months from the date he/she became an insured.

Pre-existing condition means any sickness or injury for which the insured received medical treatment, consultation, care, or services, including diagnostic procedures, or took prescribed drugs or medicines, during the three (3) months immediately prior to the effective date of the increase.

40 Retirement Planning

No matter what point of your career you're in, it's never a bad time to think about your future and save for retirement.

Contributing to a 401(k) account now can help keep you financially secure later in life. The Upbound 401(k) plan provides you with the tools you need to prepare.

PLAN AT A GLANCE

PLAN NAME	Upbound 401(k) Plan
RECORD KEEPER	Fidelity
WEBSITE	www.NetBenefits.com
ELIGIBILITY	After 90 days of service
COMPANY MATCH	The company matches your contributions dollar for dollar (100%) on the first 3% of your pay that you contribute, plus 50 cents on the dollar (50%) for the next 2% you contribute.

All About 401(k)

Participating in the Upbound 401(k) Plan is one of the easiest and most effective ways to save for retirement. The sooner you participate, the more time your assets have to grow.

A 401(k) plan is an employer-sponsored retirement plan that allows coworkers to contribute a portion of their paycheck to save for retirement.

- » Contributions are automatically deducted from payroll
- » Coworker contributions can be either tax deferred or Roth

Benefits include:

- » Tax Deferred - lowers taxable income and savings grow tax deferred.
- » Roth Deferrals - pay taxes at your current tax rate and pay no additional taxes when distributed (earnings on your investment are taxable).
- » Receive our Company match (100% of the 1st 3% of your contribution and 50% of the next 2%. If you contribute 5% or more, you get a 4% match!).
- » Your contribution and the employer match are vested immediately.

Administrative services are provided by Fidelity. You may start making pre-tax contributions into the plan after 90 days of service.



You Have Options. Determine what type of contribution (Tax Deferred or Roth) is right for you and set your contribution rate. These contributions will be deducted from your paycheck and submitted by Upbound on your behalf. You may also sign up to have your contribution amount automatically increased on an annual basis, which will help on your journey to reach your retirement savings goals. Your plan also offers a variety of investment options depending on whether you are a "Do it Yourself" type of investor or if you prefer "Do it for Me."

If you choose Roth 401(k), contributions are deducted from your paycheck after taxes, so you are paying taxes on those dollars now versus paying taxes when you withdrawal during retirement.

Contributing to the Plan

The IRS sets restrictions on how much you can contribute for the year, as well as other restrictions based on your rate of pay. For more information on what limits may impact you, go to www.irs.gov/retirement-plans and click on the "Contribution Limits" link under "Resources for Individuals."

Not sure if you're getting close to the annual contribution limit? Our payroll system tracks how much you've contributed. If you started at the Company mid-year, let the Payroll Department know how much you contributed at your previous employer so that can be factored in and you won't be subject to penalties for overcontributing.

How Much Should I Save?

Industry standards suggest saving at least 12% to 15% of your income, including Upbound's generous match of 100% of the 1st 3% you contribute and 50% of the next 2%. If you can't afford to save that much, make sure to save up to the matching amount so you don't leave free money behind.

Schedule Your Personal Financial Wellness Appointment

Take the next step in your financial journey by connecting with your dedicated Financial Wellness Coach, Dan Berve from Balefire Wealth.

Schedule a Zoom appointment:

<https://scheduler.zoom.us/dan-berve> or Contact Dan at 720-773-9166 / dberve@balefirewealth.com

Consolidating Your Retirement Savings

If you have an existing qualified retirement plan (pre-tax) with a previous employer, you may transfer that account into the plan any time.

Regardless of which retirement account you choose or how much you contribute, remember to think of it as a long-term strategy. Dipping into the account early will jeopardize the quality of your retirement and you may be subject to early withdrawal penalties from the IRS.

Investing in the Plan

- » Roth 401(k) contribution options are still available.
- » You can choose to elect for your contributions to be tax deferred, after-tax, or a mix of both!
- » The same plan rules and guidelines apply, but now you have the choice of saving on taxes now and getting taxed at retirement or having your contributions taxed now and at retirement taking those funds tax-free.

It's up to you how to invest the assets. The Upbound 401(k) plan offers a selection of investment options for you to choose from. You may change your investment choices any time. For more details, visit www.NetBenefits.com.

Vesting

Vesting refers to how much of your 401(k) funds you can take with you if or when you leave Upbound. Your contributions and the company's contributions to the plan are always 100% yours.

Vesting Schedule: Immediate

Coworkers are 100% vested from day one. This means you have full ownership of your benefits immediately upon joining the company — no waiting period required.

How the 401(k) Plan Works:

- » All Upbound coworkers are eligible to participate in the plan following your first 90 days of employment.
- » Select whether you would like to contribute traditional contributions where the federal tax is deferred to your account or after-tax Roth contributions.
- » Select a percentage of your weekly pay to be automatically deducted from your paycheck and contributed to your account. All contribution amounts must be entered as a percentage of pay. Flat dollar amounts are not accepted.
- » You can enroll in the plan and make changes to your weekly contribution amount at any time during the year once you have met the initial 90-day waiting period.
- » Beneficiary designations can be reviewed and updated at any time by visiting www.NetBenefits.com. Please note due to IRS laws, your beneficiary must be your spouse unless a notarized waiver has been completed.

Choose to Start Saving Now

Enroll in your Upbound plan today. To learn more visit venrollment.com/v/upbound-401-k-retirement-savings-plan.

Benefits of 401(k)

Tax Savings

In a 401(k), you don't owe taxes annually on interest, dividends, or profits earned.

Flexibility

You can change the amount of your contributions any time.

Upbound Match

Your retirement savings grows faster with the Company's match!

42 Additional Benefits

Upbound wants you to succeed in all aspects of life, so we offer a variety of additional benefits to make your day-to-day easier.

Allstate Identity Protection Pro+ Cyber

Protect What Matters Most — Your Identity

Take advantage of a special offer from Allstate Identity Protection Pro+ Cyber to safeguard yourself and your family from identity theft, scams, and financial fraud.

Core Benefits

- » Comprehensive Monitoring: Your personal information is continuously monitored across public and private databases, with alerts for potential threats.
- » Full-Service Remediation: If your identity is compromised, Allstate's dedicated specialists will work with you to fully restore it.
- » \$1 Million Identity Theft Insurance: Covers out-of-pocket expenses related to identity restoration.
- » Financial Transaction Monitoring: Tracks your financial activity and alerts you to suspicious transactions.

NEW! Enhanced Protection for 2026

Allstate's Pro+ Cyber plan goes beyond basic monitoring to offer proactive defense and expert recovery support.

- » Allstate Scam Protection: Proactively monitors for scams and provides robust recovery assistance if you're targeted.
- » 24/7 Identity Monitoring: Around-the-clock surveillance of your personal data across multiple platforms.
- » Expert Support: Access to specialists who guide you through every step of identity recovery.
- » Family Digital Safety: Includes device tracking and mental health support for children and teens.
- » Malware & Threat Protection: Helps safeguard your devices from malicious software and cyber threats.

This plan is available via payroll deduction and is yours to keep if you retire or leave Upbound. If you have any questions, visit myaip.com or call 800-789-2720 or email customercare@aip.com.

ARAG

Legal Insurance Offered through ARAG

Save time and money with legal insurance to help you address everyday situations like traffic tickets, resolving warranty issues, completing a will or buying a home. When you need help, don't waste time looking for the right attorney or money on costly fees, which average \$323 per hour. With ARAG legal insurance, most covered legal matters are 100% paid-in-full when you work with a network attorney.

Legal insurance offers:

- » In-office services: Meet with an experienced attorney from a nationwide network of more than 10,000 credentialed attorneys who can advise and represent you.
- » Telephone advice: Unlimited access to talk to a knowledgeable professional over-the phone when you need information and direction to address legal matters.
- » Online resources: The ARAG Legal Center provides online tools and useful information so you can find help with legal issues on your own.

You will continue to have two plan offerings:

- » The Ultimate Advisor Plan will cover all benefits listed above.
- » The Ultimate Advisor Plus Plan will cover additional services, such as divorce, child support, financial education and counseling and tax audit/collection defense, for up to 20 hours per event.

See the complete list of what your plan covers at ARAGlegal.com/myinfo and enter Access Code: 18109rac.

If you need additional help, please call ARAG at 800-247-4184.

PLANS AND PRICING

WEEKLY CONTRIBUTIONS

ULTIMATE ADVISOR	\$2.42
ULTIMATE ADVISOR PLUS	\$4.15

PLANS AND PRICING

WEEKLY CONTRIBUTIONS

COWORKER	\$1.60
FAMILY	\$2.99

Spot Pet Insurance

In partnership with Spot, we're offering coverage designed to provide peace of mind for unexpected vet bills, covering dogs and cats of all ages and breeds.



How Spot Pet Insurance Works:

- » Visit any licensed vet or specialist
- » Submit your claim online
- » Get reimbursed

Go to <https://spotpet.link/upbound>

Code: EB_UPBOUND

800-905-1595

Discount Programs

Benefits Plus Coworker Discounts Plus Program

Our Coworker Discounts Plus program offers many of the same discounts and savings our customers get with their paid Benefits Plus membership.

This program allows coworkers to save at places like:

- » Local restaurants
- » 20% at [1800Flowers.com](https://www.1800flowers.com)
- » On pet prescriptions
- » And more!

Go to bpcoworker.mymemberguide.com to register or call 800-578-4237.

Mobile Phone Service Discounts

AT&T Discount:

- » Save \$10/mo. per line on the unlimited plan
- » 25% off eligible wireless accessories

How to Sign Up:

Go to att.com/wireless/rentacenter, or visit the AT&T store closest to you with proof of eligibility (business card or pay stub).

ID90 Travel Discounts

ID90 Travel gives Upbound coworkers access to book hotels, all-inclusive resorts, rental cars, cruises and more at discounted rates.

Visit www.id90travel.com/create-account and find RENT-A-CENTER in the company drop down menu. Enter your coworker ID, company email address, and create a password.

Education Discounts

Upbound has partnered with two accredited online universities to offer you and your immediate family members savings on degree and certificate programs to help you keep moving forward.

University of Arizona Global Campus

847-407-0959

www.aiuniv.edu/rac

You may receive:

- » 15% tuition grant for individual courses or a degree program
- » 43% tuition grant for MBA programs
- » Reduced tuition for professional certificates

Colorado Technical University

866-897-1560

www.coloradotech.edu/RAC

15% Tuition Grant for Upbound Coworkers and Family

Mortgage Discount — Rocket Mortgage

We've partnered with Rocket Mortgage to provide our coworkers a 1% discount on the loan amount up to a \$10,000 savings. Rocket Mortgage offers a number of different home loan options, including low down payment options, VA loans, cash-out refinances, and the ability to choose your term. You can also take advantage of exclusive VIP benefits, including:

- » A dedicated Home Loan Expert who can help you choose which product is best
- » Complimentary Mortgage Review to see which option is right for you
- » Access to complimentary credit consulting

Visit vip.rocketmortgage.com/upbound or call 877-457-0068 to get started.



44 Glossary

Balance Billing – When you are billed by a provider for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is \$100 and the allowed amount is \$60, you may be billed by the provider for the remaining \$40.

Coinsurance – Your share of the cost of a covered healthcare service, calculated as a percent of the allowed amount for the service, typically after you meet your deductible.

Copay – The fixed amount you pay for healthcare services received, as determined by your insurance plan.

Deductible – The amount you owe for healthcare services before your insurance begins to pay its portion. For example, if your deductible is \$1,000, your plan does not pay anything until you've paid \$1,000 for covered services. This deductible may not apply to all services, including preventive care.

Explanation of Benefits (EOB) – A statement from your insurance carrier that explains which services were provided, their cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer's decision.

Flexible Spending Accounts (FSAs) – A special tax-free account you put money into that you use to pay for certain out-of-pocket healthcare costs. You'll save an amount equal to the taxes you would have paid on the money you set aside. FSAs are "use it or lose it," so funds not used by the end of the plan year will be lost. Some Healthcare FSAs do allow for a grace period or rollover into the next plan year.

- » **Healthcare FSA** – A pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses that aren't covered by your insurance plan. All expenses must be qualified as defined in Section 213(d) of the Internal Revenue Code.
- » **Dependent Care Benefits** – A pre-tax benefit account used to pay for dependent care services. For additional information on eligible expenses, refer to Publication 503 on the IRS website.
- » **Limited Use FSA** – Designed to complement a Health Savings Account, a Limited Use FSA allows for reimbursement of eligible dental and vision expenses.

Healthcare Cost Transparency – Also known as market transparency or medical transparency. Online cost transparency tools, available through health insurance carriers, allow you to search an extensive national database to compare varying costs for services.

Health Savings Account (HSA) – A personal healthcare bank account funded by your or your employer's tax-free dollars to pay for qualified medical expenses. You must be enrolled in a HDHP to open an HSA. Funds contributed to an HSA roll over from year to year and the account is portable if you change jobs.

High Deductible Health Plan (HDHP) – A plan option that provides choice, flexibility, and control when it comes to healthcare spending. Most preventive care is covered at 100% with in-network providers, and all qualified coworker-paid medical expenses count toward your deductible and out-of-pocket maximum.

Minimum Essential Coverage plan – Covers 100% of the cost of certain preventive services, when delivered by a network provider. Helps cover the costs of certain medical expenses incurred due to an accident or sickness at a specified benefit amount for a limited number of days per year.



Network – A group of physicians, hospitals, and healthcare providers that have agreed to provide medical services to a health insurance plan’s members at discounted costs.

- » **In-Network** – Providers that contract with your insurance company to provide healthcare services at the negotiated carrier discounted rates.
- » **Out-of-Network** – Providers that are not contracted with your insurance company. If you choose an out-of-network provider, services will not be covered at the in-network negotiated carrier discounted rates.
- » **Non-Participating** – Providers that have declined entering into a contract with your insurance provider. They may not accept any insurance and you could pay for all costs out-of-pocket.

Open Enrollment – The period set by the employer during which coworkers and dependents may enroll for coverage.

Out-of-Pocket Maximum – The most you pay during the plan year before your health insurance begins to pay 100% of the allowed amount. This does not include your premium, out-of-network provider charges beyond the Reasonable & Customary, or healthcare your plan doesn’t cover. Check with your carrier to confirm what applies to the maximum.



Over-the-Counter (OTC) Medications – Medications available without a prescription.

Prescription Medications – Medications prescribed by a doctor. Cost of these medications is determined by their assigned tier: Generic Drugs, Preferred Brand Drugs, Non-preferred Brand Drugs, or Specialty.

- » **Generic Drugs** – Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding preferred or non-preferred versions. Usually the most cost-effective version of any medication.
- » **Preferred Brand Drugs** – Brand-name drugs on your provider’s approved list (available online).
- » **Non-Preferred Brand Drugs** – Brand-name drugs not on your provider’s list of approved drugs. These drugs are typically newer and have higher copayments.
- » **Specialty** – Prescription medications used to treat complex, chronic, and often costly conditions. Because of the high cost, many insurers require that specific criteria be met before a drug is covered. These medications are usually required to be filled at a specific pharmacy.
- » **Prior Authorization** – A requirement that your physician obtain approval from your health insurance plan to prescribe a specific medication for you.
- » **Step Therapy** – The goal of a Step Therapy Program is to guide coworkers to less expensive, yet equally effective, medications while keeping member and physician disruption to a minimum. You must typically try a generic or preferred-brand medication before “stepping up” to a non-preferred brand.

Reasonable and Customary Allowance (R&C) – The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The R&C amount is sometimes used to determine the allowed amount. Also known as the UCR (Usual, Customary, and Reasonable) amount.

Summary of Benefits and Coverage (SBC) – Mandated by healthcare reform, you are provided with a summary of your benefits and plan coverage.

Summary Plan Description (SPD) – The document(s) that outline the rights, obligations, and material provisions of the plan(s) to all participants and their beneficiaries.

Required Notices

Important Notice From Upbound Group Inc. About Your Prescription Drug Coverage and Medicare Under the Choice and Premium Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Upbound Group Inc. and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not 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.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

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 drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Upbound Group Inc. has determined that the prescription drug coverage offered by the Choice and Premium plan(s) is, on average for all plan participants, expected to pay out as much as 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 to 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 (2) 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 decide to join a Medicare drug plan, your current Upbound Group Inc. coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not be able to get this coverage back.

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

You should also know that if you drop or lose your current coverage with Upbound Group Inc. and don't 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 nineteen months without creditable 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 October to join.

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

Contact the person listed at the end of these notices for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Upbound Group Inc. changes. You also may request a copy of this notice at any time.

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 drug plans.

For more information about Medicare prescription drug coverage:

- » Visit www.medicare.gov
- » Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- » 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 Medicare prescription drug coverage 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 Medicare Part D 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 or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	January 1, 2026
Name of Entity/Sender:	Upbound Group Inc.
Contact—Position/Office:	Human Resources
Address:	15501 Headquarters Dr. Plano, TX 75024
Phone Number:	800-778-8433

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- » All stages of reconstruction of the breast on which the mastectomy was performed;
- » Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- » Prostheses; and
- » Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at 800-778-8433.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for healthcare benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 800-778-8433.

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- » Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- » Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- » Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- » Failing to return from an FMLA leave of absence; and
- » Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources at 800-778-8433.

Illinois Essential Health Benefit (EHB) Listing

Employer Name:	Upbound Group Inc.
Employer State of Situs:	Texas
Name of Issuer:	BCBS
Plan Marketing Name:	Choice, Premium Plans
Plan Year:	2026

Ten (10) Essential Health Benefit (EHB) Categories:

- » Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- » Emergency services
- » Hospitalization (like surgery and overnight stays)
- » Laboratory services
- » Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)
- » Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)
- » Pregnancy, maternity, and newborn care (both before and after birth)
- » Prescription drugs
- » Preventive and wellness services and chronic disease management
- » Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

2020-2025 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)				Employer Plan Covered Benefit?
Item	EHB Benefit	EHB Category	Benchmark Page # Reference	
1	Accidental Injury -- Dental	Ambulatory	Pgs. 10 & 17	Yes
2	Allergy Injections and Testing		Pg. 11	Yes
3	Bone anchored hearing aids		Pgs. 17 & 35	Yes
4	Durable Medical Equipment		Pg. 13	Yes
5	Hospice		Pg. 28	Yes
6	Infertility (Fertility) Treatment		Pgs. 23 - 24	Yes
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Pg. 21	Yes
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)		Pgs. 15 - 16	Yes
9	Private-Duty Nursing		Pgs. 17 & 34	Yes
10	Prosthetics/Orthotics		Pg. 13	Yes
11	Sterilization (vasectomy men)		Pg. 10	Yes
12	Temporomandibular Joint Disorder (TMJ)		Pgs. 13 & 24	Yes
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	Pg. 7	Yes
14	Emergency Transportation/Ambulance		Pgs. 4 & 17	Yes
15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	Yes
16	Breast Reconstruction After Mastectomy		Pgs. 24 - 25	Yes
17	Reconstructive Surgery		Pgs. 25 - 26, & 35	Yes
18	Inpatient Hospital Services (e.g., Hospital Stay)		Pg. 15	Yes
19	Skilled Nursing Facility		Pg. 21	Yes
20	Transplants - Human Organ Transplants (Including transportation & lodging)		Pgs. 18 & 31	Yes

2020-2025 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)				Employer Plan Covered Benefit?
Item	EHB Benefit	EHB Category	Benchmark Page # Reference	
21	Diagnostic Services	Laboratory services	Pgs. 6 & 12	Yes
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Pg. 32	Yes
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)		Pgs. 8 - 9, 21	Yes
24	Opioid Medically Assisted Treatment (MAT)		Pg. 21	Yes
25	Substance Use Disorders (Including Inpatient Treatment)		Pgs. 9 & 21	Yes
26	Tele-Psychiatry		Pg. 11	Yes
27	Topical Anti-Inflammatory acute and chronic pain medication		Pg. 32	Yes
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See AllKids Pediatric Dental Document	Yes
29	Pediatric Vision Coverage		Pgs. 26 - 27	Yes
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	Yes
31	Outpatient Prescription Drugs	Prescription drugs	Pgs. 29 - 34	Yes
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pgs. 12 & 16	Yes
33	Contraceptive/Birth Control Services		Pgs. 13 & 16	Yes
34	Diabetes Self-Management Training and Education		Pgs. 11 & 35	Yes
35	Diabetic Supplies for Treatment of Diabetes		Pgs. 31 - 32	Yes
36	Mammography - Screening		Pgs. 12, 15, & 24	Yes
37	Osteoporosis - Bone Mass Measurement		Pgs. 12 & 16	Yes
38	Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test		Pg. 16	Yes
39	Preventive Care Services		Pg. 18	Yes
40	Sterilization (women)		Pgs. 10 & 19	Yes
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pgs. 12 - 13	Yes
42	Habilitative and Rehabilitative Services		Pgs. 8, 9, 11, 12, 22, & 35	Yes

Special Note: Under Pub. Act 102-0104, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary to deliver via telehealth services must be covered in the same manner as when those EHBs are delivered in person.

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're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, 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, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't 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, contact the Department of Labor at www.askebsa.dol.gov or call **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 premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid

WEBSITE <http://myalhipp.com/>
PHONE 1-855-692-5447

ALASKA – Medicaid

WEBSITE The AK Health Insurance Premium Payment Program
<http://myakhipp.com/>
PHONE 1-866-251-4861
EMAIL CustomerService@MyAKHIPP.com
MEDICAID ELIGIBILITY <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid

WEBSITE <http://myarhipp.com/>
PHONE 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

WEBSITE Health Insurance Premium Payment (HIPP) Program
<http://dhcs.ca.gov/hipp>
PHONE 916-445-8322 / (fax) 916-440-5676
EMAIL: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

WEBSITE Health First Colorado Website:
<https://www.healthfirstcolorado.com/>
PHONE Health First Colorado Member Contact Center:
1-800-221-3943 / State Relay 711
CHP+ WEBSITE <https://hcpf.colorado.gov/child-health-plan-plus>
CHP+ PHONE Customer Service: 1-800-359-1991 / State Relay 711
WEBSITE Health Insurance Buy-In Program (HIBI):
<https://www.mycohibi.com/>
PHONE HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

WEBSITE <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>
PHONE 1-877-357-3268

GEORGIA – Medicaid

GA HIPP WEBSITE <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
PHONE 678-564-1162, Press 1
GA CHIPRA WEBSITE <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
PHONE 678-564-1162, Press 2

INDIANA – Medicaid

WEBSITE Health Insurance Premium Payment Program
Family and Social Services Administration
<http://www.in.gov/fssa/dfr/>
PHONE 1-800-403-0864 or 1-800-457-4584 (Member Services Phone)
WEBSITE All other Medicaid
<https://www.in.gov/medicaid/>

IOWA – Medicaid and CHIP (Hawki)

MEDICAID WEBSITE <https://hhs.iowa.gov/programs/welcome-iowa-medicaid>
MEDICAID PHONE 1-800-338-8366
HAWKI WEBSITE <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki>
HAWKI PHONE 1-800-257-8563
HIPP WEBSITE <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp>
HIPP PHONE 1-888-346-9562

KANSAS – Medicaid

WEBSITE <https://www.kancare.ks.gov/>
PHONE 1-800-792-4884
HIPP PHONE 1-800-967-4660

KENTUCKY – Medicaid

WEBSITE Kentucky Integrated Health Insurance Premium Payment (KI-HIPP) Program
<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
PHONE 1-855-459-6328
EMAIL KIHIPPROGRAM@ky.gov
KCHIP WEBSITE <https://kynect.ky.gov>
KCHIP PHONE 1-877-524-4718
MEDICAID WEBSITE <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid

WEBSITE www.medicaid.la.gov or www.ldh.la.gov/lahipp
PHONE 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

ENROLLMENT WEBSITE https://www.mymaineconnection.gov/benefits/s/?language=en_US
PHONE 1-800-442-6003 TTY: Maine relay 711
WEBSITE Private Health Insurance Premium
<https://www.maine.gov/dhhs/ofi/applications-forms>
PHONE 1-800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

WEBSITE <https://www.mass.gov/masshealth/pa>
PHONE 1-800-862-4840 TTY: 711
EMAIL masspremassistance@accenture.com

MINNESOTA – Medicaid

WEBSITE <https://mn.gov/dhs/health-care-coverage/>
PHONE 1-800-657-3672

MISSOURI – Medicaid

WEBSITE <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
PHONE 573-751-2005

MONTANA – Medicaid

WEBSITE <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
PHONE 1-800-694-3084
EMAIL HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

WEBSITE <http://www.ACCESSNebraska.ne.gov>
1-855-632-7633
PHONE Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid

WEBSITE <http://dhcfp.nv.gov>
PHONE 1-800-992-0900

NEW HAMPSHIRE – Medicaid

WEBSITE <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
PHONE 603-271-5218
TOLL FREE FOR HIPPI PROGRAM 1-800-852-3345, ext 15218
EMAIL DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

MEDICAID WEBSITE <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
MEDICAID PHONE 1-800-356-1561
CHIP WEBSITE <http://www.njfamilycare.org/index.html>
CHIP PHONE 1-800-701-0710 TTY: 711
609-631-2392 (Premium Assistance Phone)

NEW YORK – Medicaid

WEBSITE https://www.health.ny.gov/health_care/medicaid/
PHONE 1-800-541-2831

NORTH CAROLINA – Medicaid

WEBSITE <https://medicaid.ncdhhs.gov/>
PHONE 919-855-4100

NORTH DAKOTA – Medicaid

WEBSITE <https://www.hhs.nd.gov/healthcare>
PHONE 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

WEBSITE <http://www.insureoklahoma.org>
PHONE 1-888-365-3742

OREGON – Medicaid and CHIP

WEBSITE <http://healthcare.oregon.gov/Pages/index.aspx>
PHONE 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP

WEBSITE <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>
PHONE 1-800-692-7462
CHIP WEBSITE <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>
CHIP PHONE 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

WEBSITE <http://www.eohhs.ri.gov/>
PHONE 1-855-697-4347, or 401-462-0311 (Direct Rlfe Share Line)

SOUTH CAROLINA – Medicaid

WEBSITE <https://www.scdhhs.gov>
PHONE 1-888-549-0820

SOUTH DAKOTA - Medicaid

WEBSITE <http://dss.sd.gov>
PHONE 1-888-828-0059

TEXAS – Medicaid

WEBSITE <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>
PHONE 1-800-440-0493

UTAH – Medicaid and CHIP

WEBSITE <https://medicaid.utah.gov/upp/>
<https://medicaid.utah.gov/expansion/> (Adult Expansion)
<https://medicaid.utah.gov/buyout-program/> (Utah Medicaid Buyout Program)
<https://chip.utah.gov/> (CHIP)
EMAIL [Utah's Premium Partnership for Health Insurance \(UPP\)](mailto:upp@utah.gov)
upp@utah.gov
PHONE 1-888-222-2542

VERMONT– Medicaid

WEBSITE <https://dvha.vermont.gov/members/medicaid/hipp-program>
PHONE 1-800-250-8427

VIRGINIA – Medicaid and CHIP

WEBSITE <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
MEDICAID AND CHIP PHONE 1-800-432-5924

WASHINGTON – Medicaid

WEBSITE <https://www.hca.wa.gov/>
PHONE 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

WEBSITE <http://dhhr.wv.gov/bms>
<http://mywvhipp.com>
MEDICAID PHONE 304-558-1700
CHIP TOLL-FREE 1-855-MyWVHIP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

WEBSITE <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
PHONE 1-800-362-3002

WYOMING – Medicaid

WEBSITE <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
PHONE 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits
Security Administration
www.dol.gov/agencies/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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

52 Important Contacts

Medical

BCBSTX
888-705-2582
www.bcbstx.com

Telemedicine

BCBSTX
888-680-8646
MDLIVE.com/bcbstx

Pharmacy

CVS/Caremark
833-270-1162
caremark.com

Mail Order

caremark.com/rxdelivery

Prudent Rx (Specialty Rx)
800-578-4403

Dental

CIGNA
800-244-6224
<https://my.cigna.com>
Group ID #: 3339248

Vision

United Healthcare
888-756-8779
www.myuhcvision.com
Group ID #: 903227

Health Savings Account

HealthEquity
855-731-5220
<https://www.healthequity.com/>

Flexible Spending Accounts

HealthEquity
844-650-8936
<https://www.healthequity.com/>

Diabetes Management

Livongo by Teledoc Health
800-945-4355
Join.Livongo.com/RAC

Supplemental Health (Accident, Critical Illness, Hospital Indemnity)

800-635-5597
<https://portal.unum.com>
Policy #'s: Acc. 985631, CI 985632,
Hosp. 985633

Life and AD&D

UNUM
800-445-0402
www.unum.com/employees/file-a-claim
Policy #: 985625

Request a Leave

UNUM
866-779-1054
www.unum.com/employees/file-a-claim
Policy #: 985625

Disability

UNUM
800-633-7479
<https://portal.unum.com>
Group ID #: 134158

Coworker Assistance Program

UNUM
800-854-1446
www.unum.com/lifebalance

Retirement

Fidelity
NetBenefits.com

Pet Insurance

Spot Pet Insurance
800-905-1595
<https://spotpet.link/upbound>
Code: EB_UPBOUND

Discount Program

Benefits Plus Coworker
Discounts Plus Program
bpcoworker.mymemberguide.com

Identity Theft

Allstate Identity Protection
800-789-2720
www.myaip.com
customercare@aip.com

Legal Insurance

ARAG
800-247-4184
www.ARAGlegal.com/myinfo
Access code: 18109rac

MyADP Support

800-778-8433
(For technical support)

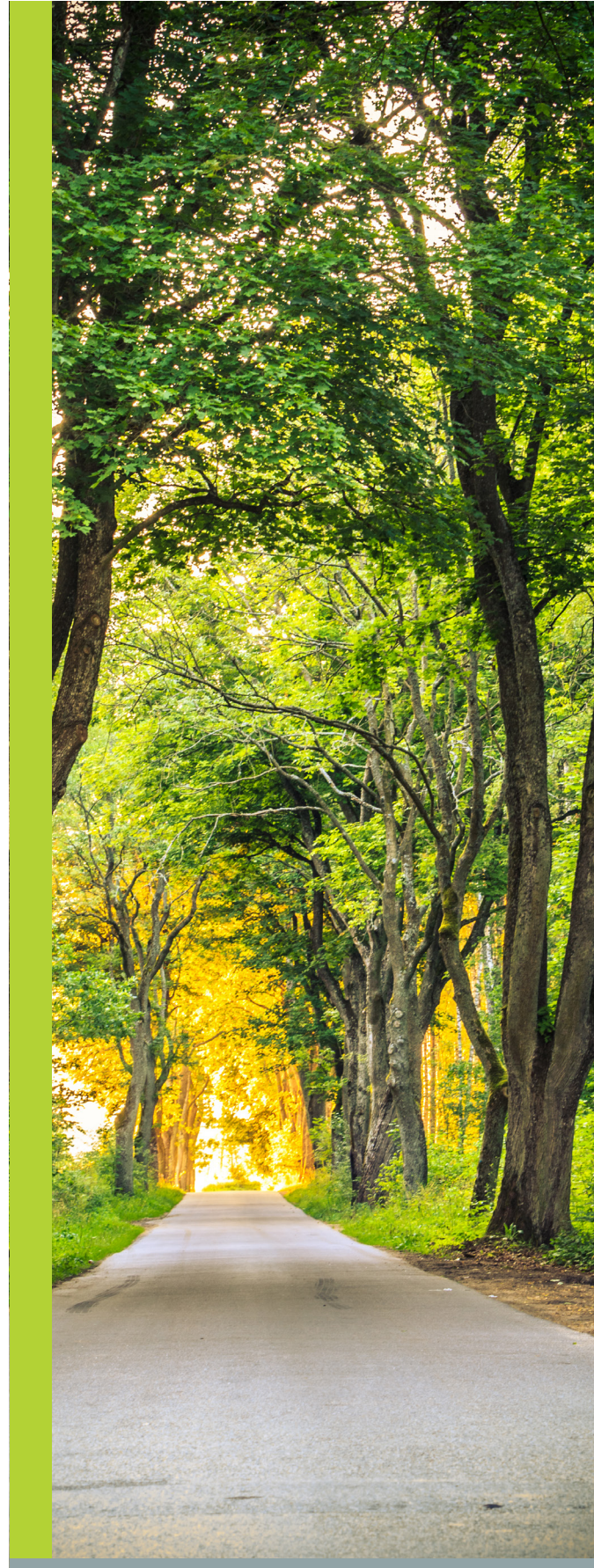
Upbound Benefits Department

5501 Headquarters Dr.
Plano, TX 75042
800-778-8433
<https://flimp.live/upbound-benefits>

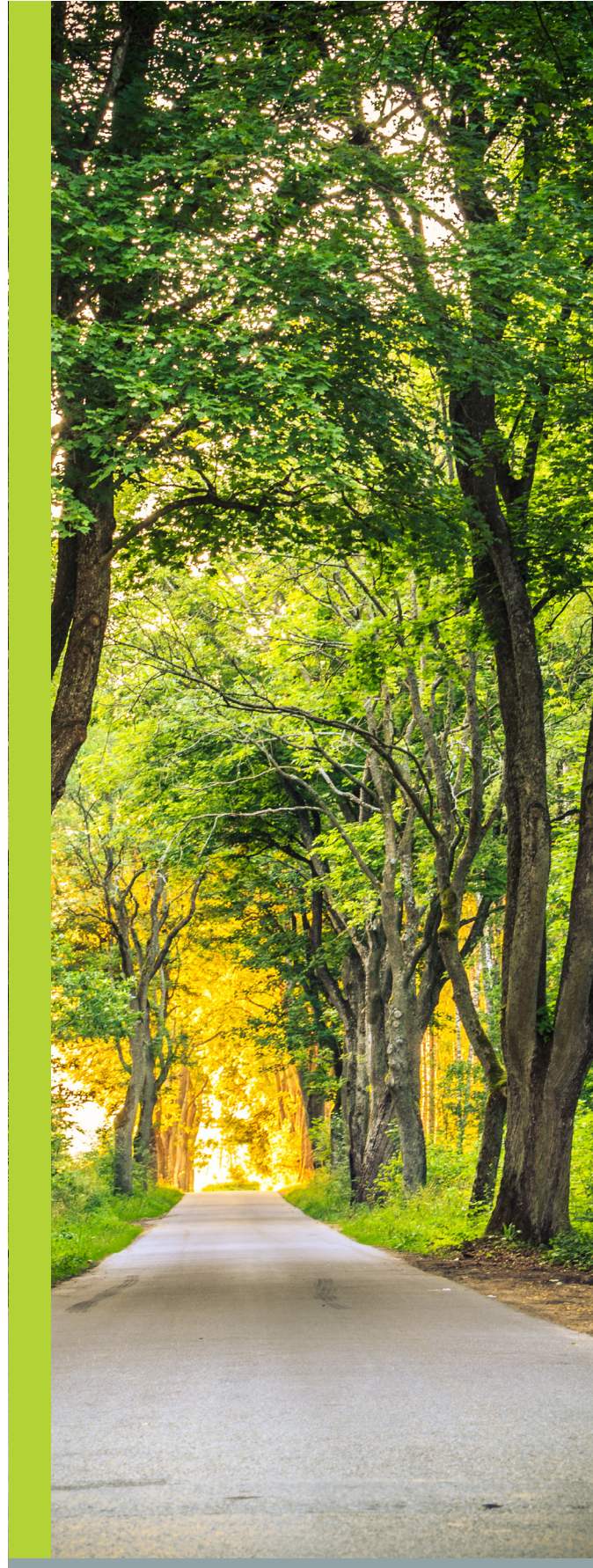
Upbound Benefits Assistance Center

866-331-2769
UpboundBenefits@bac.lockton.com or
Rac-Benefits@rentacenter.com





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