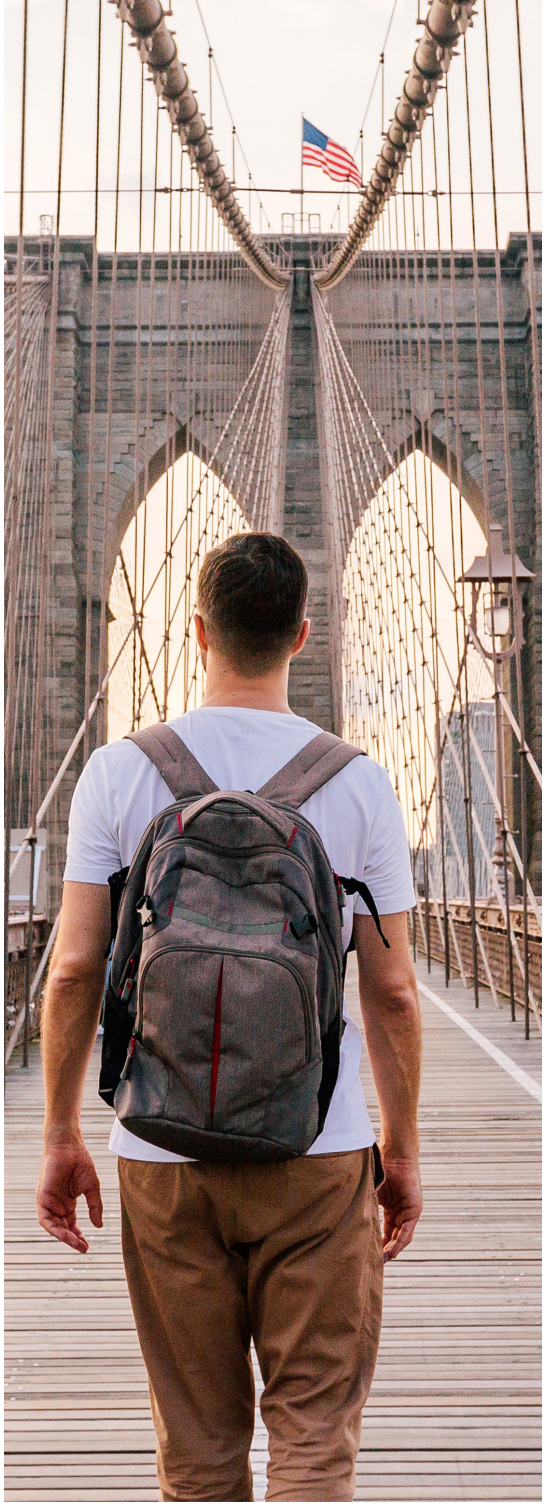




Upbound Benefits

2027

upbound™

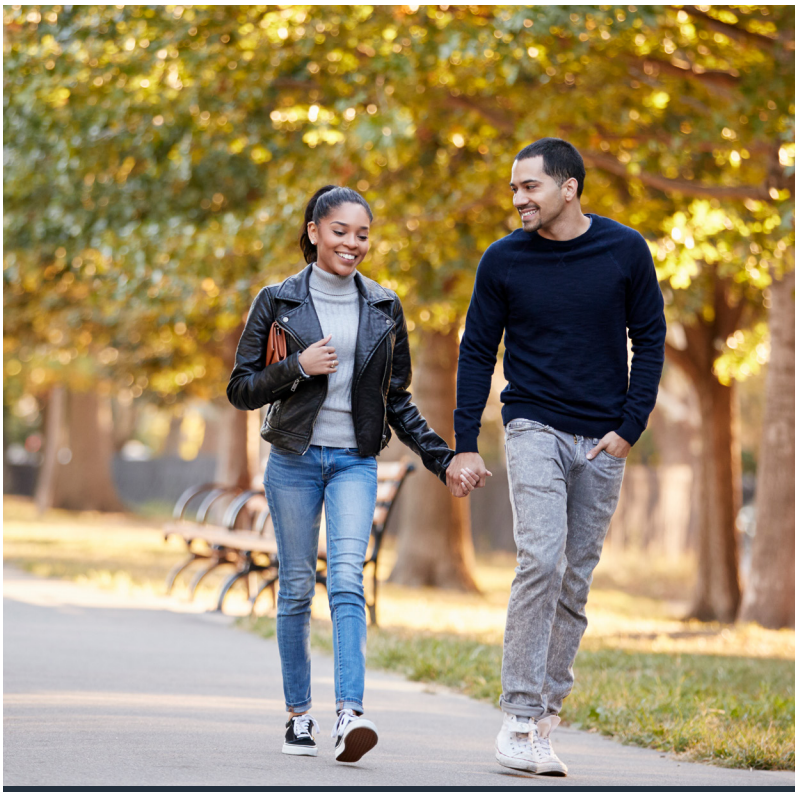
acima · RAC Rent-A-Center · brigit

Get It Now! · home choice

2 Table of Contents

Upbound is proud to support our coworkers' overall well-being with a variety of benefit options. This guide offers details on our 2027 offerings for you and your family. Contact the Benefits department with any questions.

3 Welcome
4 Eligibility and Enrollment
7 Ready for Open Enrollment?
9 Wellness
11 Mental Health
15 Medical Benefits
21 Virtual Medicine
22 Pharmacy Benefits
24 Health Savings Account
26 Flexible Spending Accounts
28 FSA vs. HSA
29 Dental Benefits
30 Vision Benefits
31 Supplemental Health Benefits
35 Survivor Benefits
37 Income Protection
38 Retirement Planning
40 Additional Benefits
42 Glossary
44 Required Notices
46 Important Contacts



Scan for Your Plans!

Scan with your smartphone to access enrollment materials online anytime.

See **page 44** 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 providing benefits that are affordable, valuable, and designed to support you and your eligible family members. Upbound strives to provide benefits that meet your needs, are easy to understand, and provide excellent value at affordable costs.

As healthcare and prescription drug costs continue to rise across the country, employers everywhere are experiencing increased healthcare expenses. Despite these challenges, Upbound remains committed to providing comprehensive benefits while continuing to share a significant portion of the cost of coverage on behalf of coworkers.

To help manage rising healthcare costs while maintaining quality coverage, the 2027 medical plans include modest plan design changes. In addition, Upbound is introducing new programs and resources to help coworkers access care, make informed benefits decisions, and reduce out-of-pocket healthcare expenses.

To be your healthiest and help keep costs down, we encourage you to schedule annual preventive care visits and age-appropriate screenings with your physician. Taking a proactive approach to your health can help you stay well and get the most value from your benefits.

This guide is designed to assist you and your family in making the best benefit choices for your needs in 2027. It contains explanations of each benefit, contact information for benefit vendors, and details about the costs and coverage available to you. Please review this guide in its entirety and keep it a resource throughout the year.

Any questions?

We're here to help. Contact Upbound Benefits at **866-331-2769**, Monday - Friday, 7am - 6pm CT.
You may also reach us anytime via email at **rac-benefits@rentacenter.com**.

What's changing this year?

- Enhanced Premium PPO HRA – Upbound will contribute up to $250 for coworker-only coverage or $500 for family coverage to help pay eligible medical and prescription expenses.
- Premium PPO Deductible Update – The deductible will increase from $1,200 for individual coverage and $3,400 for family coverage to $1,500 for individual coverage and $4,000 for family coverage.
- Choice Plan Deductible Update – The deductible will increase from $2,700 for individual coverage and $5,400 for family coverage to $3,000 for individual coverage and $6,000 for family coverage.
- NEW! **MIDI Health** – Virtual specialized care and support for menopause, perimenopause, and midlife women's health needs.
- NEW! **Lantern** – Expert guidance and access to high-quality providers for surgery, and other complex conditions. Lantern can help connect coworkers with top-performing specialists while potentially reducing out-of-pocket costs.
- NEW! **Nayya** – Personalized benefits decision support to help coworkers choose the coverage that best fits their needs.
- HSA-Only Enrollment Change – Coworkers who wish to elect the HSA-only option (without enrolling in a medical plan) must contact the Benefits Team directly, as this option is no longer available through Open Enrollment or Life Event enrollment.
- Enhanced Behavioral Health Coverage – MDLIVE virtual behavioral health visits are now covered at 100% under the Premium PPO Plan, providing access to virtual counseling and therapy services at no cost.

4 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 2027 benefits runs from November 2 – November 13.

Since this year's enrollment is passive, your 2026 benefit elections will automatically roll over to 2027 — 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 2026 and wish to continue in 2027, you must re-enter your contribution amounts during the enrollment period.

Please log into Workday 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.

Dependent Verification

If you are enrolling a dependent, you will be required to provide documentation verifying their eligibility for coverage, such as a marriage certificate, birth certificate, adoption paperwork, or other supporting documents. Coverage cannot be approved until all required documentation has been received and verified. Contact the Benefits Team if you need assistance.

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.

How to Enroll

Workday 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.

Steps to Enroll

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

1. **Log on to Workday via the MyApps Hub desktop icon or https://myapps.upbound.com/ and click the Workday tile (or via the Workday mobile app).**
2. **Select the "Benefits" tab in Workday.**
3. **Click "Enroll Now" to begin your benefit 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 31 days 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!

7 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 Workday!

Double-check covered medications.

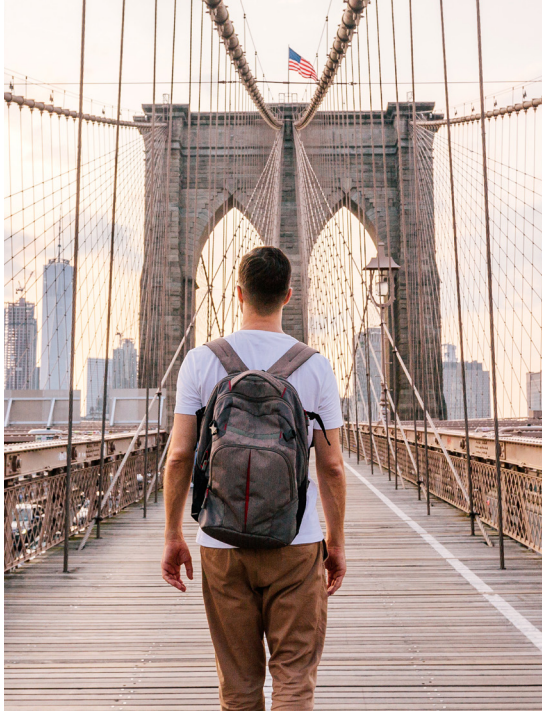
If you make any changes to your plan, consider how it affects your prescriptions (i.e., do you want to have access to prescriptions with a small copay right away, or are you OK with having to cover your entire deductible before prescription benefits kick in?).

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

upbound™

acima · RAC Rent-A-Center · brigit

Get It Now! · home choice

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

9 Wellness

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 Optum.

Optum Quit For Life®

Ready to quit tobacco or nicotine? Upbound provides access to Quit For Life®, an eight-week tobacco cessation program available at no additional cost. The program supports coworkers who want to quit all forms of tobacco and nicotine through a personalized Quit Plan, a dedicated quit coach, and 24/7 support by phone, chat, and text. Coworkers can also access digital tools to track progress, stay motivated, and build healthy habits. Eligible participants may receive free nicotine replacement therapy, including patches or gum, delivered directly to their home. With more than 30 years of experience helping people quit, Quit For Life provides the support and resources needed for long-term success.

Visit quitnow.net or call 866-QUIT-4-LIFE (866-784-8454) to get started.



Note

In 2027, tobacco users enrolled in a Company medical plan can remove their tobacco surcharge and have it refunded back to January 1, 2027, upon completion of the Optum Tobacco Cessation course by June 30, 2027. After July 1, 2027, the next opportunity to remove the surcharge will be Open Enrollment. The surcharge may also be waived by submitting an affidavit confirming that you have stopped using tobacco and nicotine products 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 NS Nasal Spray
- Non-Nicotine Prescription Medications
  - Bupropion HCl SR 12 hr 150 mg (generic Zyban)
  - Varenicline tartrate

Note:

Eligible tobacco cessation products are covered at no cost to help support individuals who are trying to quit tobacco use. Coverage is available for up to 168 days of each tobacco cessation product per treatment year, with no prior authorization required. Coverage may vary based on formulary and plan guidelines.

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 **wondrhealth.com/BCBSTX**.

MIDI Health

MIDI Health provides eligible coworkers and their covered dependents with access to virtual, specialized care for perimenopause, menopause, and other midlife women's health concerns.

Through convenient virtual appointments, coworkers can connect with expert clinicians who offer personalized treatment plans, symptom management, hormone and non-hormone treatment options, lifestyle coaching, and ongoing support.

Services are available through in-network BCBSTX coverage.

Learn More:
Visit Midi at **joinmidi.com/menopausebenefit**.

Diabetes Management Program by Teladoc Health

Your health and the health of your family are important to Upbound. With that in mind, Teladoc Health is being offered at no cost to you so you can easily live your healthiest life and feel your best.

The program includes tools and support, tailored to you:

- Expert coaching – Coaches provide guidance and offer real-time support for out-of-range readings.
- Unlimited strips – Get as many strips and lancets as you need, delivered right to your door.
- A connected meter – The meter provides real-time tips and automatically uploads your blood sugar readings.

Learn more and enroll today at **TeladocHealth.com/register/RAC** using registration code: RAC or call **800-835-2362** (available 24/7).

Lantern

Lantern provides eligible coworkers and covered family members with access to high-quality surgeons and specialists for planned procedures and complex medical conditions.

Lantern offers personalized care navigation, assistance finding top-rated providers, support coordinating treatment, and potential savings on eligible procedures.

Travel assistance may also be available when specialized care is not offered locally.

To learn more, call **855-360-1129** or visit **LanternCare.com/for-members**.



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

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 **877-260-6995**.

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

Mental Health Sessions

Up to **five 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 identity 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.

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.

Headway

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 five 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:

Behavioral health virtual visits through MDLIVE are now covered at 100% under the Premium Plan.

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.

MDLIVE

Powered by MDLIVE

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: 100% covered (no member cost share)
  - Behavioral: 100% covered (no member cost share)
- Upbound Choice Medical Plan
  - Medical: 70% after deductible
  - Behavioral Health: 70% after deductible

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

Care When and Where You Need It

MDLIVE's network of licensed physicians and behavioral health professionals is available throughout the U.S. Providers are matched based on your location and state licensing requirements. Please note that state regulations may affect the availability of certain services and prescriptions.

Learn to Live

learntolive

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
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

According to the CDC, 1 in 5 U.S. adults (19%) have been diagnosed with depression by a healthcare professional in 2026.

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 2027 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	$39.74	$60.44
COWORKER + SPOUSE	$100.15	$146.15
COWORKER + CHILD(REN)	$89.33	$131.30
FAMILY	$148.74	$218.62
WEEKLY CONTRIBUTIONS: SALARIED COWORKERS WHOSE BASE SALARY IS $100K OR MORE		
COWORKER ONLY	$44.99	$66.48
COWORKER + SPOUSE	$111.17	$158.84
COWORKER + CHILD(REN)	$99.50	$143.01
FAMILY	$165.66	$238.12

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.

Avoid the tobacco surcharge.

Enroll in the Quit For Life® eight-week tobacco cessation program to access personalized coaching, 24/7 support, and free nicotine replacement therapy for eligible participants.

Call 866-QUIT-4-LIFE (866-784-8454) or visit quitnow.net for more information.

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 2027 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	$3,000	$5,200	$1,500	$3,200
FAMILY	$6,000	$10,400	$4,000	$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

**In-network diagnostic and imaging services may be covered at no cost in accordance with applicable plan provisions.

Premium Medical Plan (PPO) – Embedded Deductible

With an embedded deductible, each covered family member has their own deductible to meet before the plan begins sharing costs through coinsurance.

- Individual deductibles apply to each covered person.
- Once the family deductible is met, no additional individual deductibles need to be satisfied.
- No family member contributes more than their individual deductible amount toward the family deductible.

Example: If you cover yourself and your family, one family member can meet their individual deductible and begin receiving benefits even if the full family deductible has not been met.

Choice Medical Plan (HDHP) – Aggregate Deductible

With an aggregate deductible, all eligible expenses for covered family members count toward one combined family deductible.

- The family deductible can be met by one family member or by multiple family members combined.
- Until the family deductible is met, the plan generally covers preventive care only.
- For 2027, family coverage has a $6,000 aggregate deductible.

Example: If you cover yourself and your family, the plan will not begin paying benefits for non-preventive services until the full $6,000 family deductible has been met.

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 to learn more.

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 $3,000 for individual coverage, or $6,000 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 $3,000 (individual) or $6,000 (family coverage) before prescription drugs are covered with a copay.



18 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.16).

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 2027, the deductible for the Premium Plan is $1,500 and the deductible for the Choice Plan is $3,000.

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 for the Choice Plan is $6,600 and includes the deductible, coinsurance and copays you paid throughout the calendar year (refer to p.16).

19 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 five 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-19
- 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**

- Choice Plan: 30% coinsurance after deductible
- 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.

21 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 based on your medical plan.

Upbound Premium Medical Plan

- Virtual Medical Visits: FREE
- Virtual Behavioral Health Visits: FREE

Behavioral health virtual visits through MDLIVE are now covered at 100% under the Premium Plan, giving coworkers access to virtual counseling and therapy services at no cost. This change aligns behavioral health coverage with virtual medical visit coverage under the Premium Plan.

Connect with a board-certified doctor or licensed behavioral health provider from the comfort of your home at no cost to you.

Upbound Choice Medical Plan

- Deductible and coinsurance apply to both services.
- Virtual Medical Visits: Covered at 70% after you meet your deductible
- Virtual Behavioral Health Visits: Covered at 70% after you meet your deductible

Once your deductible is met, the plan pays 70% of the cost for covered virtual medical and behavioral health visits, and you pay the remaining 30%.

Activate your Virtual Visits account today

- Call **888-680-8646**
- Go to **MDLIVE.com/bcbstx**
- **Text BCBSTX** to **635-483**
- Download the app

Note

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

22 Pharmacy Benefits

Prescription Drug Coverage for Medical Plans

Your prescription drug coverage is provided through CVS Caremark.

After you enroll, CVS Caremark will send you information on how to register your account online at Caremark.com.

Once registered, you can:

- Search for covered medications
- Find in-network pharmacies
- Review drug pricing and coverage information
- Manage mail-order prescriptions
- Access specialty pharmacy services

Some medications may require prior authorization, step therapy, or quantity limits before coverage is approved.

Your cost will depend on the type of medication prescribed. Covered drugs are categorized as:

- Generic Drugs
- Preferred Brand Drugs
- Non-Preferred Brand Drugs
- Specialty Drugs

For more information about your prescription drug benefits, visit Caremark.com or contact CVS Caremark Member Services.

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

Save money with generic medications.

Generic drugs contain the same active ingredients, strength, dosage form, safety standards, and intended use as their brand-name counterparts. They are reviewed and approved by the FDA and typically cost 80% to 85% less than brand-name medications. To learn whether a generic alternative is available for your prescription, visit the FDA website.

Mail Order Prescriptions

Get up to a 90-day supply delivered to your home.

Mail order may help you save time and money by providing a three-month supply of medication for the cost of two monthly fills.

To get started, call 833-270-1162.

Be sure to have your member ID card, prescription information, and your provider's details available.

To begin using mail delivery, visit **Caremark.com/rxdelivery**.

90-Day Supply at CVS Retail Pharmacies

Many maintenance medications can be filled in a 90-day supply at participating CVS retail pharmacies, giving you the same convenience as mail order while allowing you to pick up prescriptions locally.

No-Cost Preventive Drug List

Your plan may cover certain preventive prescription and over the counter (OTC) medications at no cost when obtained through participating pharmacies or healthcare providers.

Coverage may be available before satisfying your deductible and without copays or coinsurance, depending on your health plan. Visit the Upbound Benefits website to view the current No-Cost Preventive Drug List.

Save on prescriptions

- Choose generic medications when available
- Fill maintenance medications in a 90-day supply
- Use mail order for added convenience
- Take advantage of no-cost preventive medications when eligible



24 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 must not have received VA medical benefits for non-service-connected care during the past 90 days. Care received for a service-connected disability does not affect HSA eligibility.

Coworkers interested in enrolling in the HSA-only option should contact the Benefits Team for assistance. This option is not available through Open Enrollment or Life Event enrollment workflows.



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.

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 2027, contributions (which include any employer contribution) are limited to the following:

ANNUAL HSA FUNDING LIMITS	
COWORKER	$4,500
FAMILY	$9,000
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 ($4,500 for individual coverage and $9,000 for family coverage for 2027) 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 2027 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.

26 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 $3,500 (projected for 2027) 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 $3,500 (projected for 2027).

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 2027 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 $700 (projected for 2027) 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 $700 (projected for 2027) 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 $170,000 (projected for 2027) 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 $680 of unused funds left in your account after the end of the year into your 2027 account. To access your rollover funds for the 2027 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 $680.

If you elect not to participate for 2027, 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 FSA?

Think about how much you expect to spend on eligible dependent care expenses during the year. This may include:

- Daycare or preschool expenses for your child
- Before- or after-school care programs
- Adult day care services for an eligible family member

Estimate your annual expenses and consider contributing that amount to your Dependent Care FSA. The IRS allows you to contribute up to $7,500 per household annually (or $3,750 if married and filing separately), helping you pay for eligible care expenses with pre-tax dollars.

Example

Meet Frank. He expects to spend about $7,500 on daycare for his daughter during the year. To maximize his tax savings, Frank elects to contribute the annual maximum to her Dependent Care FSA.

This amounts to approximately $144.24 per paycheck (based on 52 pay periods). Funds become available as contributions are deducted from each paycheck.

As eligible expenses are incurred, Frank can:

- Use his HealthEquity debit card to pay for qualified dependent care expenses, or
- Submit a claim to HealthEquity for reimbursement.

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.

28 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 $3,500 (projected in 2027) to an FSA. This amount may be increased annually.	 CONTRIBUTIONS	Both you and your employer can contribute up to $4,500 in 2027 (up to $9,000 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 $700 (projected for 2027) may be rolled over from plan year 2027. 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.

Please refer to your summary plan description or plan certificate for your plan's specific FSA or HSA benefits.

29 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 2027.

	HIGH PLAN	LOW PLAN	DHMO*
WEEKLY CONTRIBUTIONS			
COWORKER ONLY	$5.64	$3.80	$3.26
COWORKER + SPOUSE	$12.42	$8.36	$7.18
COWORKER + CHILD(REN)	$14.84	$9.99	$8.58
FAMILY	$24.10	$16.22	$13.93
	IN NETWORK & OUT-OF-NETWORK	IN-NETWORK & OUT-OF-NETWORK	DESIGNATED DHMO PROVIDERS ONLY
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	50% Children up to age 19	Not covered	Children up to age 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.

30 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 UnitedHealthcare.

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 UnitedHealthcare for 2027.

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 UnitedHealthcare vision plan. Spectera Eyecare Networks is the name of the UnitedHealthcare'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).

31 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	$4.20	$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 condition limitations)
  - Coworker: $20,000
  - Spouse: $10,000
  - Child(ren): $10,000
- Maximum lifetime benefit
  - 1,000% of insurance amount
- Pre-existing condition limitations: This plan does NOT have a Pre-existing condition limitations 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
- Chronic renal failure
- Coronary artery disease
- Cancer
- Coma
- Heart attack
- Heart failure
- Major organ failure
- Permanent paralysis
- 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 condition limitations exclusions
- No deductibles
- Eligible for continuation of coverage
- Coverage offered on a voluntary basis
- Portability
- FMLA / MSLA Continuation



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

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

WEEKLY PREMIUMS	OPTION 1	OPTION 2
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 reward** 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

35 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, with a minimum benefit of $40,000 and a maximum benefit of $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 Workday. 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, 2027)	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.

37 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	» 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	» 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 Limitations:

Your STD and LTD plans do not cover disabilities caused by, contributed to by, or resulting from a pre-existing condition.

You have a pre-existing condition if:

- You received medical treatment, consultation, care or services, including diagnostic measures, or took prescribed drugs or medicines during the 3 months just prior to your effective date of coverage; and
- The disability begins during the first 12 months after your effective date of coverage.

38 Retirement Planning

Save for your future with the Upbound 401(k) Plan. Whether you're just getting started or nearing retirement, the plan makes it easy to save through convenient payroll deductions and company matching contributions.

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	Contribute at least 5% of pay to receive the full company match: - 100% match on the first 3% - 50% match on the next 2%

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

Why Participate?

- Convenient payroll deductions
- Traditional (pre-tax) or Roth (after-tax) contributions
- Company match to help boost your savings
- Professionally managed investment options through Fidelity
- Automatic contribution increases available

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

Choose How You Save

- Traditional (pre-tax) and Roth (after-tax) contribution options available
- Automatic payroll deductions make saving easy
- Optional annual contribution increases help keep your savings on track
- Flexible investment options for both self-directed and guided investors

Contributing to the Plan

- Contribute up to IRS annual limits
- Monitor your contributions through Fidelity
- Previous-year contributions from another employer may count toward your annual limit
- Visit irs.gov/retirement-plans for current contribution limits

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 are unable to contribute that much, make sure to save up to the matching amount so you don't leave free money behind.

Need Help Planning for Retirement?

Schedule a complimentary appointment with Upbound's dedicated **Financial Wellness Coach, Dan Berve**.

- Retirement planning
- Investment guidance
- Budgeting and financial wellness support

Call: 720-773-9166
Email: 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!

40 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 2027

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**.

PLANS AND PRICING

WEEKLY CONTRIBUTIONS	
COWORKER	$1.60
FAMILY	$2.99

ARAG

Legal Insurance Offered through ARAG

Legal issues can come up at any time. And facing them alone can be overwhelming when you're not sure what to do. A legal insurance plan from ARAG® provides access to experienced network attorneys and trusted resources for a wide range of legal needs, like fighting a traffic ticket, calling out a contractor who botched a home remodel or purchasing a car that turned into a lemon. A network attorney is only a phone call away for professional legal guidance and representation for these situations. And when you work with a network attorney, their fees are paid in full for most covered legal matters, saving you time and money.

Why Enroll in the Legal Plan?

- Work with a network attorney and attorney fees are paid in full for most covered legal matters.
- Save thousands of dollars, on average, for legal matters by avoiding costly legal fees.
- ARAG helps connect you with local attorneys – many who average 20+ years of experience.
- Address your covered legal situations with a network attorney who is only a phone call away.
- Your network attorney can help throughout your legal matter, including preparing and reviewing legal documents, offering legal advice and representing you in court.
- Use DIY Docs® to create, edit and save legal documents online, like a will, trust or power of attorney, using state-specific, attorney-reviewed templates.

You will continue to have two plan offerings:

- The Ultimate Advisor Plan covers most common personal legal issues.
- The Ultimate Advisor Plus Plan includes more robust coverage plus additional services.

Visit **ARAGlegal.com/myinfo** and enter **Access Code 18109rac** to compare plans, explore your coverage details, learn about the legal matters covered under your plan, access valuable legal resources and tools, and much more.

PLANS AND PRICING

WEEKLY CONTRIBUTIONS	
ULTIMATE ADVISOR	$2.42
ULTIMATE ADVISOR PLUS	$4.15

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
- 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.

42 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 BCBSTX 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 BCBSTX 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, 2027
Name of Entity/Sender:	Upbound Group Inc.
Contact—Position/Office:	Human Resources
Address:	5501 Headquarters Dr. Plano, Texas 75024-5837
Phone Number:	866-331-2796

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 866-331-2796.

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 866-331-2796.

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 866-331-2796.

46 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

PrudentRx (Specialty Rx)
800-578-4403

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

Vision
UnitedHealthcare
800-638-3120
www.myuhcvision.com
Group ID #: 903227

Health Savings Account
HealthEquity
866-346-5800
https://www.healthequity.com/

Flexible Spending Accounts
HealthEquity
866-346-5800
https://www.healthequity.com/

Diabetes Management
Teladoc Health
800-835-2362 (available 24/7)
TeladocHealth.com/register/RAC

Weight Management
Wondr Health
http://wondrhealth.com/BCBSTX

Supplemental Health (Accident, Critical Illness, Hospital Indemnity)
800-635-5597
https://portal.unum.com
Policy #: 985631 (Acc)
985632 (CI)
985633 (Hosp)

Life and AD&D
UNUM
800-445-0402
Policy #: 985625
(Call for questions on an existing claim, not to file a claim)

Request a Leave
UNUM
866-868-6737
https://portal.unum.com
www.unum.com/employees/file-a-claim

Disability
UNUM
866-868-6737
https://portal.unum.com
Policy #: 985627 (STD)

Coworker Assistance Program
UNUM
877-260-6995
www.unum.com/lifebalance

Retirement
Fidelity
800-835-5095
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
800-578-4237
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

Upbound Benefits Department
5501 Headquarters Dr.
Plano, TX 75042
https://flimp.live/upbound-benefits

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

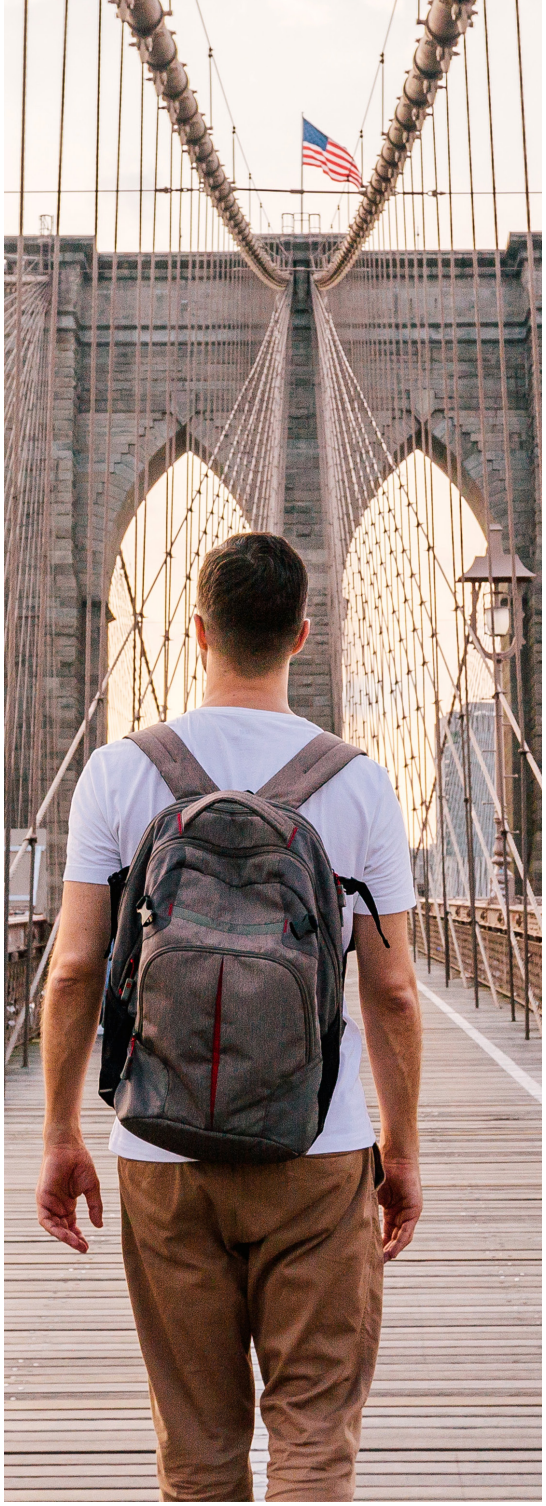
Lantern – Surgery Benefit
855-360-1129
lanterncare.com/for-members

MIDI – Perimenopause and Menopause Support
joinmidi.com/menopausebenefit

Tobacco Cessation Program
Quit For Life®
866-QUIT-4-LIFE (866-784-8454)
quitnow.net









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Get It Now! home choice