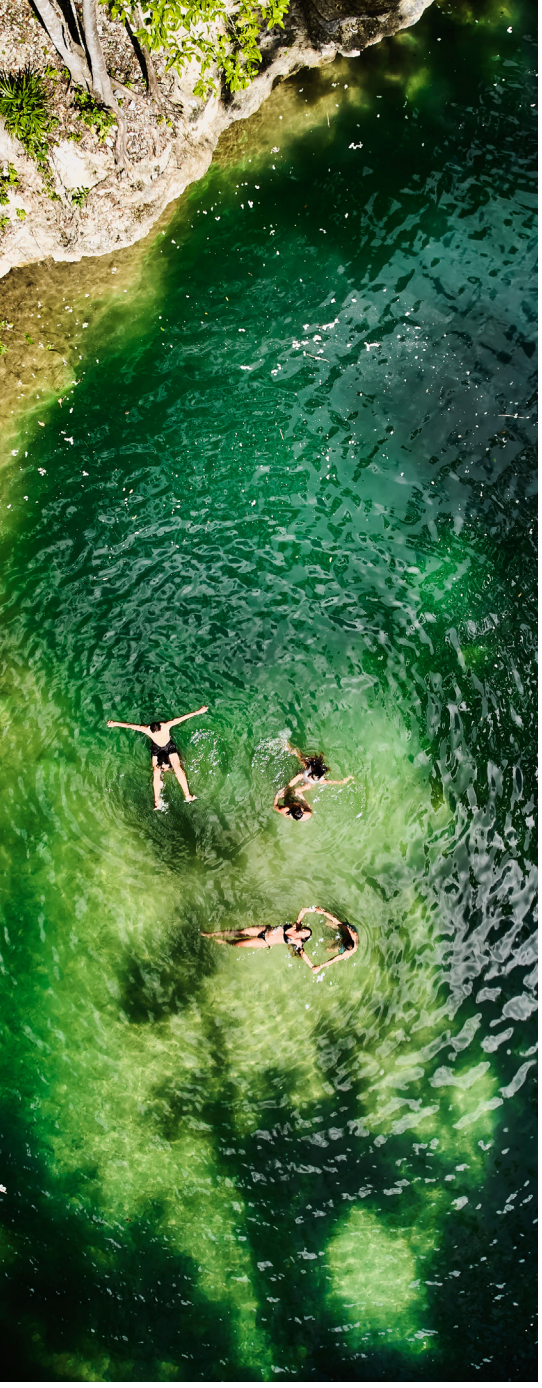
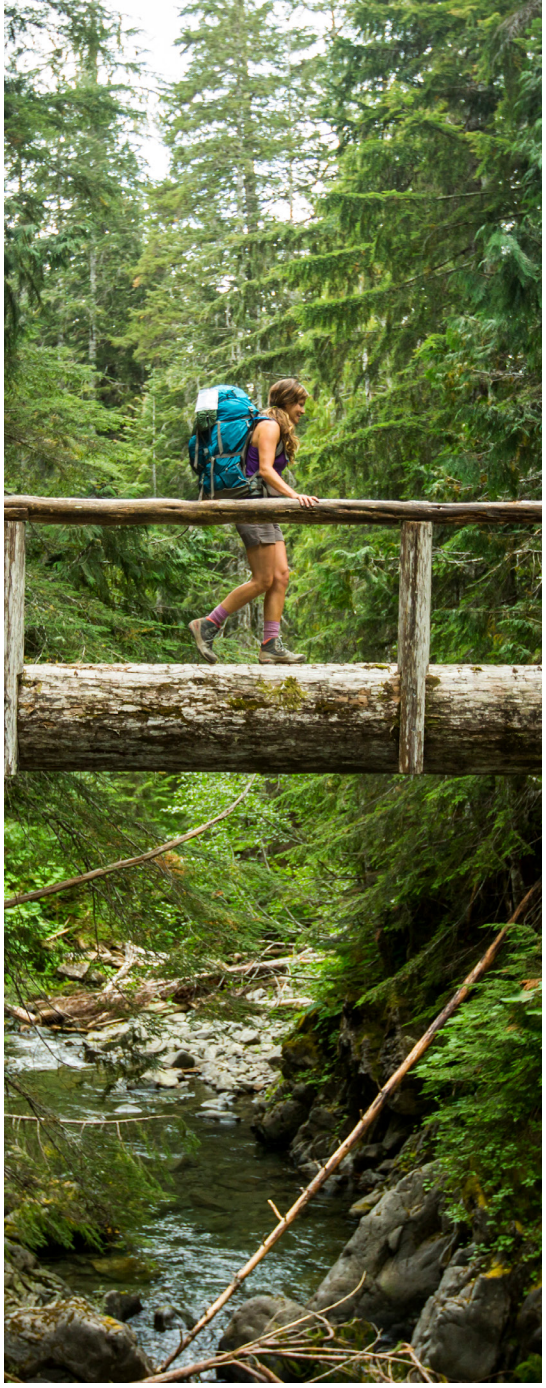
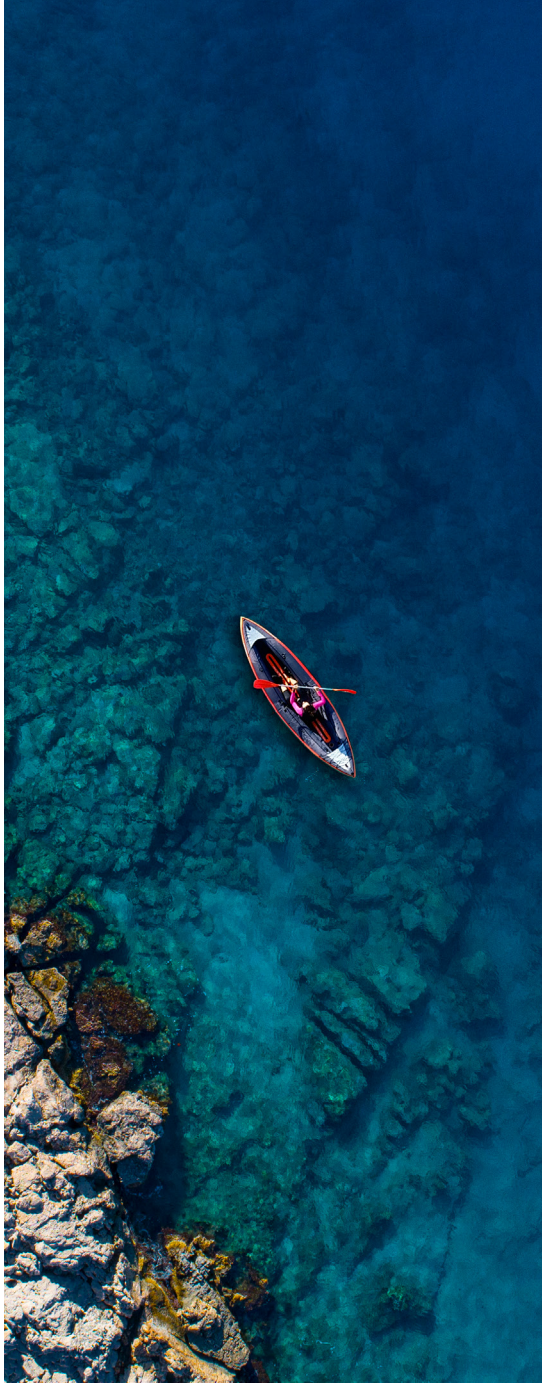




Upbound Benefits Puerto Rico

2027

upbound™

acima · RBC 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 Eligibility and Enrollment

4 How to Enroll

6 Ready for Open Enrollment?

7 Medical, Pharmacy Drugs, Dental, and Vision

10 Mental Health

15 Wellness

16 Retirement Planning

18 Supplemental Health Benefits

22 Survivor Benefits

24 Income Protection

25 Additional Benefits

28 Glossary

30 Required Notices

32 Important Contacts



Scan for Your Plans!

Scan with your smartphone to access enrollment materials online anytime.

See **page 30** 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 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 Monday, November 2 – November 13. **Since this year's enrollment is passive, your 2026 benefit elections will automatically roll over to 2027. You will not be able to add or change your benefits after Open Enrollment unless you experience a Qualifying Life Event.**

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.

Qualifying Life Events can be submitted through Workday.

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.22) and EAP (p.10).

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.

You are required to provide dependent verification when you are in the enrollment process. Make sure you have a PDF or JPG of the document ie. birth certificate or marriage license. Without documentation your enrollment cannot be submitted.



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

4 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 https://myapps.upbound.com/ or via the mobile app.**
2. **Select the "Benefits" tab in Workday.**
3. **Click "Enroll Now" to begin your annual enrollment.**
4. **Finalize your elections.**
5. **Important! Be sure to click "Confirm Elections" or your elections will not be saved. Follow all the onscreen prompts until you receive a confirmation number. The confirmation number indicates you have completed enrollment.**
6. **Print a confirmation statement as you will not receive one in the mail.**

Additional action may be required if you:

- Elected additional life insurance (EOI)
- Added a new dependent (Dependent Verification)
- Need to select a life insurance beneficiary

We're here to help. Contact Upbound Benefits at 866-331-2769, Monday - Friday, 7:00 am - 6:00 pm, or email upboundbenefits@bac.lockton.com for benefits information or assistance enrolling.

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.

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

6 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.

Verify Dependents

Verify that you have all your dependents in Workday that you want to cover. If any dependents do not live with you, please update their correct address and phone number listed in Workday.

Review Coverage

Review all benefit selections and ensure you have selected exactly what you will need for 2027.



7 Medical, Pharmacy Drugs, Dental, and Vision

Medical, Pharmacy Drugs, Dental, and Vision benefits are all covered under one plan provided by Triple-S Salud. Please consider if this plan is right for you, keeping in mind your choice is effective for the entire 2027 plan year unless you have a Qualifying Life Event.

Medical Premiums

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

WEEKLY CONTRIBUTIONS	
COWORKER ONLY	$0
COWORKER + SPOUSE	$52.99
COWORKER + ONE CHILD	$52.99
FAMILY	$89.40
WEEKLY CONTRIBUTIONS FOR SALARIED COWORKERS EARNING OVER $100,000 ANNUALLY	
COWORKER ONLY	$6.95
COWORKER + SPOUSE	$58.29
COWORKER + ONE CHILD	$58.29
FAMILY	$98.34

How to Find a Provider

Visit sspr.com or call Customer Care at 787-774-6060 for a list of Triple-S Salud network providers.



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 Triple-S Salud. All covered services are subject to medical necessity as determined by the plan. Please note all out-of-network services are subject to Reasonable and Customary (R&C) limitations.

	BASIC MEDICAL PLAN
	IN-NETWORK
CALENDAR YEAR DEDUCTIBLE	
COWORKER	$0
FAMILY	$0
MAJOR MEDICAL	Individual $100/Family $300
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)	
COWORKER	$6,350
FAMILY	$12,700
MAJOR MEDICAL	Individual $2,000/Family $6,000
COPAYS/COINSURANCE	
SALUS CLINICS	$0
MI CONSULTA MD	$0
TELECONSULTA MD	$10
GENERALIST SERVICES	$12
SPECIALIST SERVICES	$15
DIAGNOSTIC TESTS	25%
LABS, X-RAYS, SPECIALIZED TESTS	35%
HOSPITAL ADMISSION	Preferred $100; Non-preferred $200
OUTPATIENT	$100
URGENT CARE	$15
EMERGENCY ROOM	Sickness $75/Accident $50
TELECONSULTA MD	$10

*After deductible

Out-of-Network Services

The services covered by this policy that are provided by doctors or non-participating providers of Triple-S Salud are covered only in cases of emergency, as required by law, and are paid directly to the provider based on the contracted rate that would have been paid to a participating provider, after discounting the applicable copayment and/or coinsurance, as established in this policy. In the event that an insured member covered under this plan receives post-emergency or post-stabilization healthcare services that are covered under the healthcare plan of the non-participating provider, Triple-S Salud will reimburse the insured member based on what is less between the expense incurred and the fee that would have been paid to a participating provider, after deducting the applicable copayment and/or coinsurance as established in this policy, provided there is a weighty medical reason why the patient cannot be transferred to a participating provider.

Under other circumstances, out-of-network providers are not covered by this policy. This means that you are responsible for the total cost of the services you received from non-participating providers.

The Major Medical coverage is issued in consideration of the payment of the premiums by the employer in advance and is subject to the terms and conditions of the policy for hospitalization, medical-surgical, and ambulatory services of Triple-S Salud that are not in conflict with the benefits and conditions of this coverage.

This coverage provides benefits for some limited or excluded services in the basic coverage as stated in Paragraph B of Covered Medical Expenses and services rendered outside of Puerto Rico, as long as the established conditions are fulfilled on this coverage for said services.

Medical expenses covered under the Major Medical insurance will be paid directly to the member or through Assignment of Benefits, according to Triple-S Salud established fees and to the amounts applicable to the member and each one of his/her eligible dependents.

For more information, please visit your medical plan documents at ssspr.com or call 787-774-6060.

PHARMACY

	30-DAY SUPPLY	90-DAY SUPPLY
GENERIC	$10	$20
PREFERRED	15% minimum; $15 copay	11% minimum; $30 copay
NON-PREFERRED	25% minimum; $25 copay	25% minimum; $75 copay
PREFERRED SPECIALTY*	30%	Not available for 90-day supply
NON-PREFERRED SPECIALTY*	30%	Not available for 90-day supply
ORAL CHEMOTHERAPY DRUGS*	No Charge	Not available for 90-day supply

*Mail Order is not available for specialty or chemotherapy drugs

Prescription drugs obtained outside the United States and its territories are covered through reimbursement of up to 75% of the established Triple-S Salud fee schedule, after applicable member cost-sharing is applied.

DENTAL

	IN-NETWORK
BASIC SERVICES	$0
PREVENTIVE SERVICES	$0
DIAGNOSTIC SERVICES	$0
RESTORATIVE SERVICES	$0
ENDODONTIC SERVICES	20%
ORAL SURGERY	20%
PROSTHODONTICS	50%, up to $1,000 annually
PERIODONTICS SERVICES	20%, up to $1,000 annually
ORTHODONTIC SERVICES	$1,000 maximum lifetime benefit
IMPLANTS	Not covered

VISION

	IN-NETWORK
EYEGLASSES OR CONTACT LENSES	Up to $150 every 2 years
REFRACTION EXAM	$0

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 sspr.com to learn more.

10 Mental Health

You exercise and eat healthy to keep your body strong, and you visit your doctor when you are feeling sick. But your mental health is just as important. What do you do to stay healthy mentally? Do you know where you can go when you need help? Whether you need assistance with work-life balance or anxiety, there are resources available to help you out.

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. You may access information, benefits, educational materials, and more by phone at 800-854-1446 or http://unum.com/lifebalance.

The Program provides referrals to help with:

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

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

Mental Health Sessions

Up to **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.

Triple-S Employee Assistance Program

In addition, Triple-S Salud's Employee Assistance Program is managed by Inspira. Evaluation and treatment services include up to 10 sessions per coworker and each eligible dependent per policy year.

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.

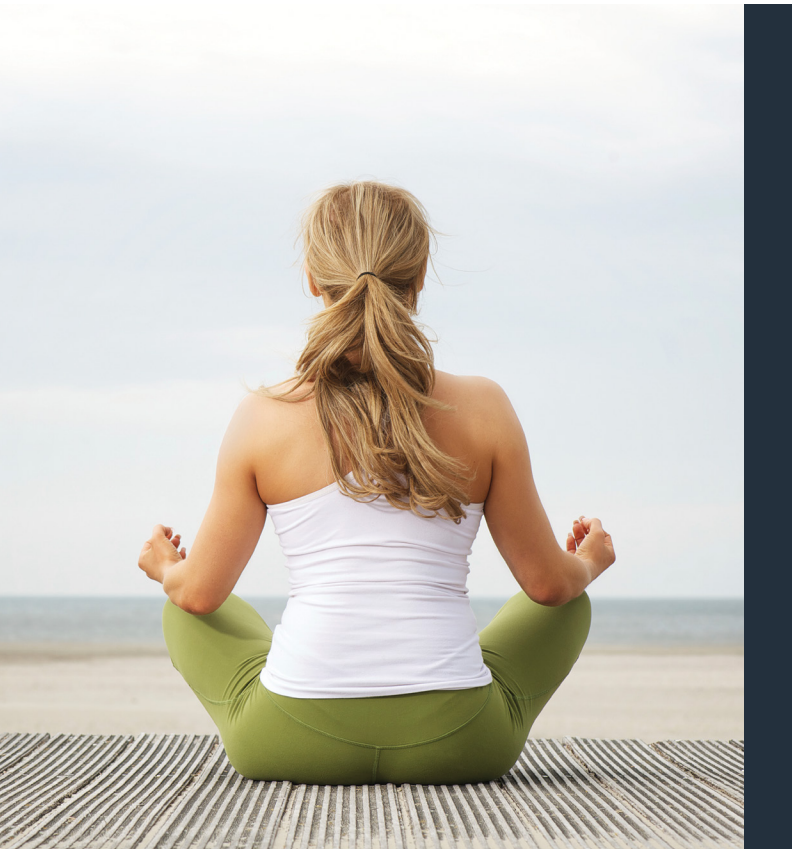
Send a text 24/7 to the Crisis Text Line to speak with a crisis counselor who can provide support and information. Standard text messaging rates may apply.

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, 7.3% of Puerto Rican adults suffer from a serious mental illness, and 1 in 10 experience severe depressive disorder, often without receiving treatment.

12 Preventive Care

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

- **Wellness visits, physicals, and standard immunizations**
- **Screenings for blood pressure, cancer, cholesterol, depression, obesity, and diabetes**
- **Pediatric screenings for hearing, vision, obesity, and developmental disorders**
- **Anemia screenings, breastfeeding support, and pumps for pregnant and nursing women**
- **Iron supplements (for infants at risk for anemia)**



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

What vaccines are covered 100% under preventive care?

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

13 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.

Salus Clinics - Preventive Care

This network of clinics offers you the flexibility to receive multiple primary medical services from more than 20 specialists and dentists in one location with a single electronic medical record. In addition, it offers preventive care programs, diagnostic testing services, and integrated programs that allow you to receive multiple services on the same day.

Clinic locations

- Guaynabo
- Carolina
- Hato Rey
- Ponce

Services

- Primary Care Physicians
- Specialists
- Imaging Center
- Laboratory
- Preventive Care Programs

To make an appointment, call 787-789-1996.
Visit saluspr.com for more information.

Telemedicine ($)

When to Use

You need convenient care without leaving home.

Types of Care*

TeleConsulta MD offers virtual consultations with physicians, specialists, and psychologists.

Costs and Time Considerations**

- Mi Consulta MD visits are available at no charge
- TeleConsulta MD visits have a $10 copay
- Virtual care provides a convenient option when you prefer not to leave home

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.



Urgent Care Center ($$)

When to Use

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

In Florida: Visit a Sanitas Urgent Clinic for a $50 copy.

Types of Care*

- Strains, sprains
- Minor broken bones (e.g., finger)
- Minor infections
- Minor burns

Costs and Time Considerations**

- Copay and/or coinsurance usually higher than an office visit
- Walk-in patients welcome, but urgency determines order seen and wait time



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**

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

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.

15 Wellness

Triple-S Salud offers several wellness and care management programs designed to help members improve their overall health and manage chronic conditions. Participation is voluntary and available at no additional cost to eligible members.

Contigo Wellness Programs

Triple-S Salud goes the extra mile to take care of your health. They provide a group of experts to help you stay focused on your overall well-being. Experts include nurses, health educators, social workers, and nutritionists. All programs are voluntary.

Clinical Care Programs

- Evaluate your health, social, and nutritional needs.
- Develop a health care plan based on your specific needs.
- Schedule your services (appointments and others).
- Coordinate group and individual educational activities for physical and mental health.
- Manage chronic health conditions that are out of control.

Health Modification and Care Programs

Do you need help controlling a chronic condition? The Contigo Wellness team is available to offer the tools you need to manage and care for conditions such as:

- Diabetes
- Asthma
- Heart Failure
- Hypertension
- Chronic Obstructive Pulmonary Disease (COPD)
- Obesity

They also have programs to help you manage:

- High-risk pregnancies
- Terminal-stage cancer
- Ulcers and homebound care needs
- Children with special needs requiring service coordination
- High usage of emergency room services
- Cerebrovascular accidents
- Mental health

For more information, please call 787-774-6060.

Contigo Mama

The Contigo Mama prenatal program offers educational materials about the different stages of pregnancy, nutrition, prenatal care, the delivery and postpartum process, and newborn care. Educational workshops on painless labor and breastfeeding are offered by nutritionists and lactation specialists, perinatal educators, and prenatal nurses. These courses are available virtually from the moment you learn about your pregnancy. In addition, you can watch them at your own pace as long as you complete the course before giving birth. The prenatal nurse will assist you in coordinating other services, such as a breast pump, according to your policy and other required services. Additionally, the prenatal nurse can assist you with questions that you may have during your pregnancy. Upon completion of the course, you will obtain a certificate of participation and will be invited to a special event only for mothers who have graduated from “Contigo Mamá.”

For more information about the program or to register, email us at contigomama@ssspr.com.

Triple-S Natural

Looking for alternative medicine options? Triple-S Natural provides access to alternative medicine services for a $15 copay per visit, with coverage for up to 6 visits each policy year.

Optum Quit For Life®

Upbound offers Optum Quit For Life®, an eight-week tobacco cessation program available at no additional cost. The program helps coworkers quit tobacco and nicotine through:

- A personalized Quit Plan
- A dedicated quit coach
- 24/7 support by phone, chat, and text
- Digital tools to track progress and build healthy habits
- Free nicotine replacement therapy, such as patches or gum, for eligible participants

To get started:

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

16 Retirement Planning

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

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

PLAN AT A GLANCE	
PLAN NAME	Upbound 401(k) Plan
RECORD KEEPER	Fidelity
WEBSITE	www.NetBenefits.com
ELIGIBILITY	After 90 days of service
COMPANY MATCH	Upbound matches $0.50 for every $1 you contribute, up to 6% of your gross income.

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 will be tax deferred

Benefits include:

- Tax Deferred - lowers taxable income and savings grow tax deferred.
- Receive our Company match ($0.50 for every $1 you contribute, up to 6% of your gross income).

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

Fidelity INVESTMENTS®

Contributing to the Plan

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

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

How Much Should I Save?

Industry standards suggest saving at least 12% to 15% of your income, including Upbound's generous matching contribution of $0.50 for every $1 you contribute, up to 6% of your gross income. If you can't afford to save that much, make sure to save up to the matching amount so you don't leave free money behind.

Even if retirement isn't on your mind, starting now with weekly contributions will give you time to grow your savings and secure your financial future. It's never too early or too late to start saving for retirement!



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

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 to the plan are always 100% yours, but Company matching contributions are subject to a vesting schedule, meaning the amount of Company money you can access depends on your years of service. In the current schedule, you'll be fully vested after two years of service.

Vesting Schedule

VESTING SCHEDULE	
YEARS OF SERVICE	PERCENTAGE VESTED
1 year of service	0%
2 years of service	100%

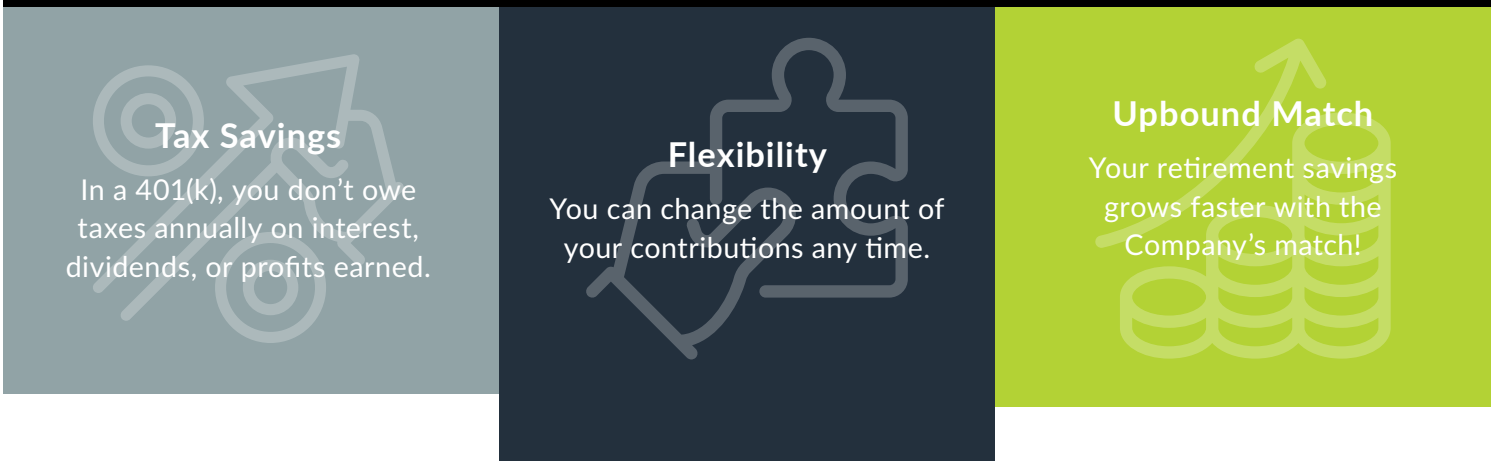
How the 401(k) Plan Works:

- All Upbound coworkers are eligible to participate in the plan following your first 90 days of employment.
- 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)



18 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.

Accident and AD&D Insurance

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

Each year, family members who are enrolled in accident 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.

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

	OPTION 1	OPTION 2
SUMMARY OF BENEFITS*		
HOSPITAL ADMISSION	$1,000	$800
DAILY HOSPITAL STAY	$250	$200
EMERGENCY ROOM TREATMENT	$250	$150
CONCUSSION	$300	$200
LACERATION (NO REPAIR)	$200	$150
LACERATION (REPAIR < 2 INCHES)	$200	$150
LACERATION (REPAIR ≥ 6 INCHES)	$800	$600
AMBULANCE (GROUND)	$400	$300
AMBULANCE (AIR)	$1,200	$1,300
PROSTHETIC DEVICE (ONE LIMB/ DEVICE)	$1,250	$1,000
PROSTHETIC DEVICE (TWO OR MORE)	$2,500	$2,000
FRACTURE (E.G., ANKLE)	$550	$450
DISLOCATION (E.G., HIP)	$4,125	$3,375
BURNS (3RD DEGREE ≥20%)	$15,000	$10,000
PRESCRIPTION BENEFIT	25%	15%
ORGANIZED SPORTS BONUS	50%	25%
THERAPY SERVICES (PT., CHIRO., ETC.)	$30/day	$25/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 medical questions)
  - Coworker: $20,000
  - Spouse: $10,000
  - Child(ren): $10,000
- Maximum lifetime benefit
  - 1,000% of insurance amount
- Pre-Existing Conditions: This plan does NOT have a pre-existing condition exclusion; however, your date of diagnosis must be on or after the effective date of your policy for benefits to be paid.

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

- Benign brain tumor
- 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 applies to both coworker and spouse coverage.
- Select a Benefit:
  - Choose a coworker and spouse benefit from the table on the next page.
  - Rates for coworker and spouse coverage will change as the insured moves from one age bracket to another, based on the age determination rules.

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.

Be Well Benefit

Each year, family members who are enrolled in critical illness 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.

OPTION 1: EE $10,000/SP $5,000/CH $5,000

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

OPTION 2: EE $20,000/SP $10,000/CH $10,000

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

Hospital Indemnity Insurance

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

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

Plan Highlights

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

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

WEEKLY CONTRIBUTIONS	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



22 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 & Dismemberment (AD&D) insurance as part of your basic coverage through Unum, which helps provide financial protection for your designated beneficiary or beneficiaries in the event of your 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.10) 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 & AD&D. Eligible coworkers may purchase additional Voluntary Life. 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.

24 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.

Short-Term Disability (STD) Insurance

If you work in Puerto Rico, you are covered by the state disability plan and are not eligible for the UNUM Short-Term Disability Plan. Enrollment in your state disability plan is automatic, so you are not required to enroll. If you are transferred out of this state, you may enroll in the Upbound Short-Term Disability plan with UNUM as a Qualifying Life Event.

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 Human Resources for details.

COWORKER WEEKLY COST	$1.75
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 Limitation:

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

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



25 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.

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

Save time and money with legal insurance to help you address everyday situations like traffic tickets, resolving warranty issues, completing a will or buying a home. When you need help, don't waste time looking for the right attorney or money on costly fees, which average $323 per hour.

With ARAG legal insurance, most covered legal matters are 100% paid-in-full when you work with a network attorney.

Legal insurance offers:

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

You will continue to have two plan offerings:

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

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

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

PLANS AND PRICING

WEEKLY CONTRIBUTIONS	
ULTIMATE ADVISOR	$2.42
ULTIMATE ADVISOR PLUS	$4.15



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.

Mobile Phone Service Discounts

AT&T Discount:

- Save 20% on our AT&T Premium 2.0 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 dropdown 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.

American Intercontinental University
847-407-0959
www.aiuniv.edu/rac

- 15% tuition grant for individual courses or a degree program

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.

28 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.

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.

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.



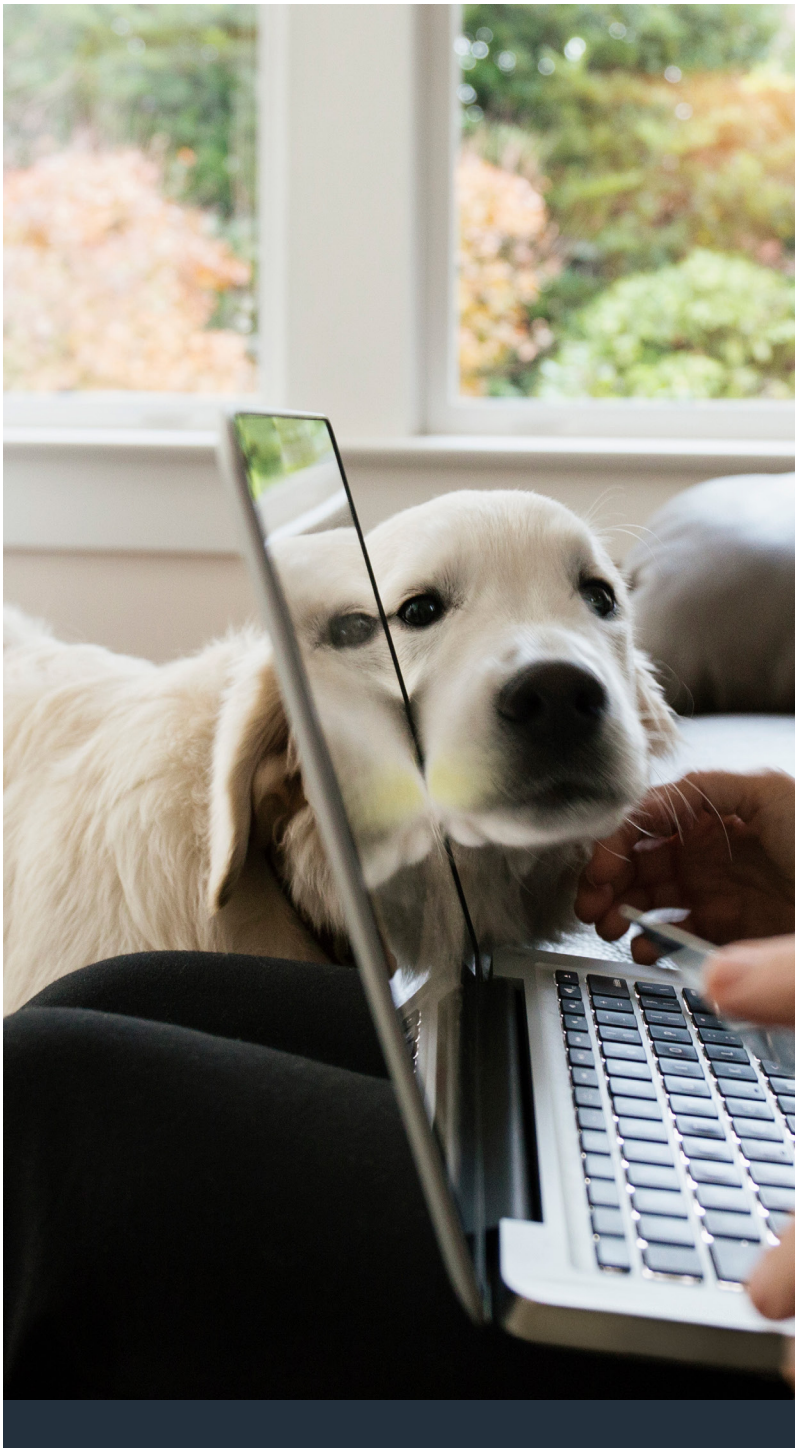
Prescription Medications – Medications prescribed by a doctor. Cost of these medications is determined by their assigned tier: Generic Drugs, Preferred Brand Drugs, Non-preferred Brand Drugs, or Specialty.

- **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:	866-331-2769

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 866-331-2769.

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 866-331-2769.

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 866-331-2769.

32 Important Contacts

Medical, Prescription Drug, Dental, and Vision
Triple-S Salud
787-774-6060
www.ssspr.com

Life and AD&D
UNUM
800-445-0402
services.unum.com
Group ID #: 166271

Disability
UNUM
800-633-7479
services.unum.com
Group ID #: 134158

Retirement
Fidelity
800-835-5095
NetBenefits.com

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

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

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

Tobacco Cessation Program
Quit For Life
1-866-QUIT-4-LIFE (1-866-784-8454)
quitnow.net

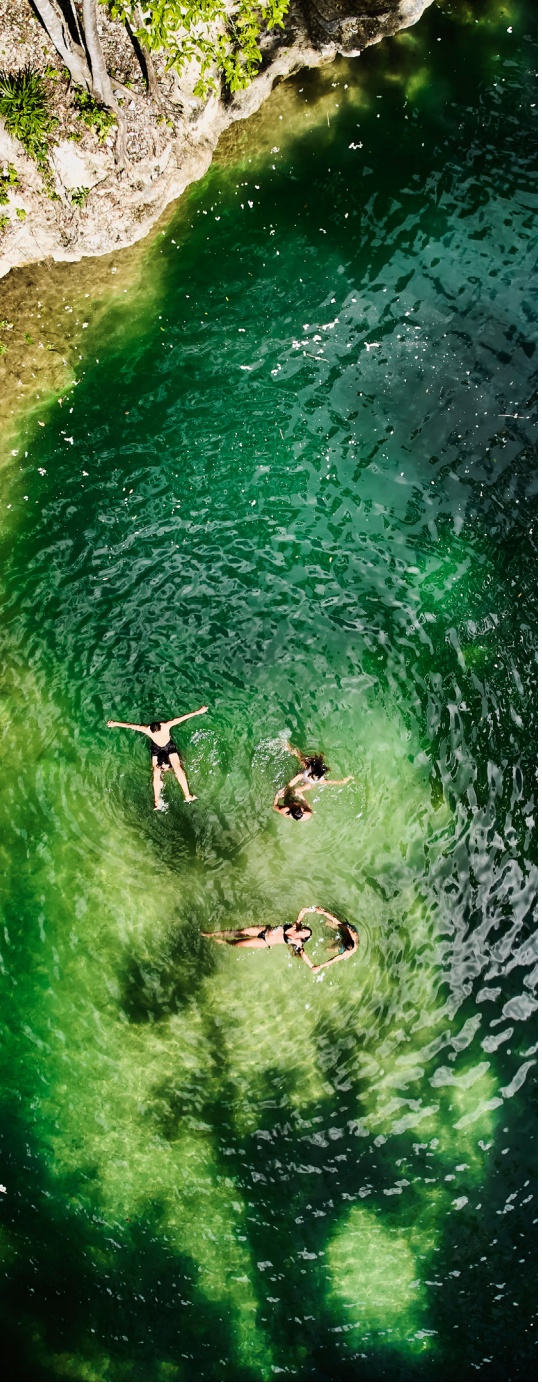
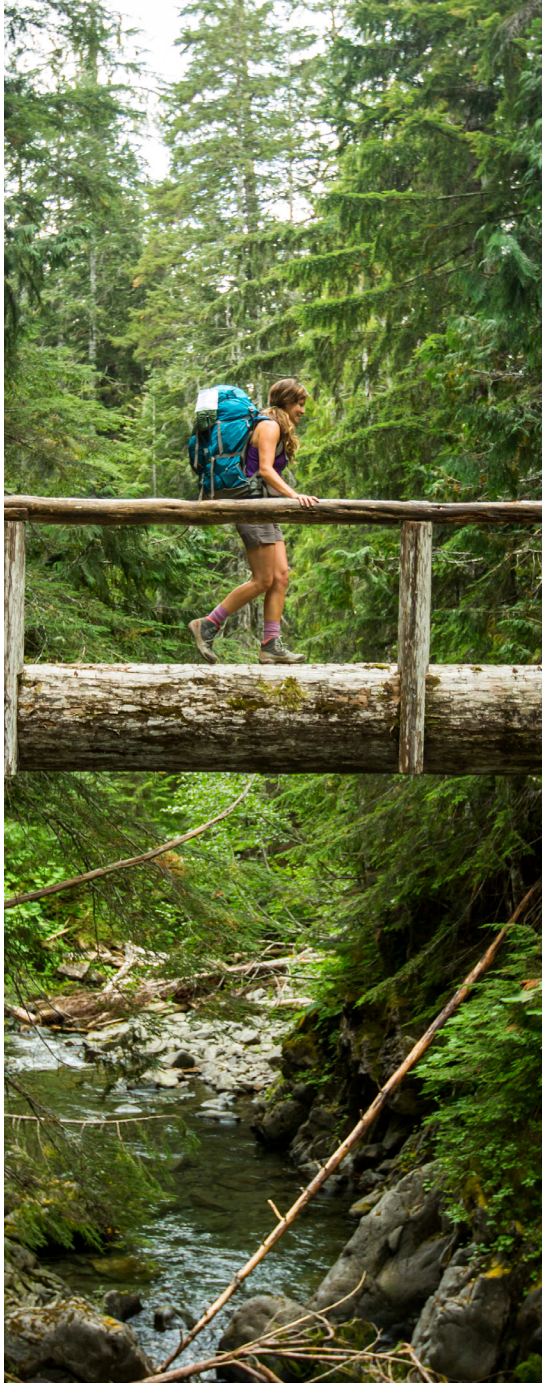
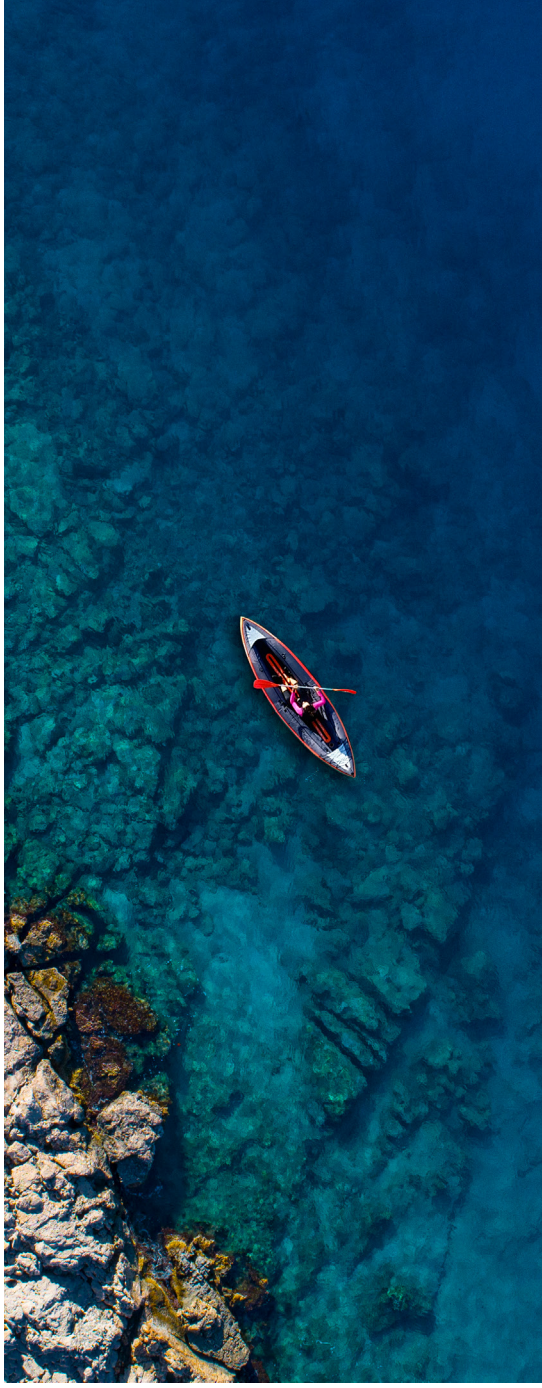
Legal Insurance
ARAG
800-247-4184
www.araglegalcenter.com
Access code: 18109rac

Supplemental Health (Accident, Critical Illness, Hospital Indemnity)
800-635-5597
portal.unum.com

Upbound Benefits Department
5501 Headquarters Dr.
Plano, TX 75024
866-331-2769
UpboundBenefits@bac.lockton.com
Rac-Benefits@rentacenter.com
https://flimp.live/upbound-benefits

Discount Program
Benefits Plus Coworker Discounts Plus Program
800-578-4237
bpcoworker.mymemberguide.com



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