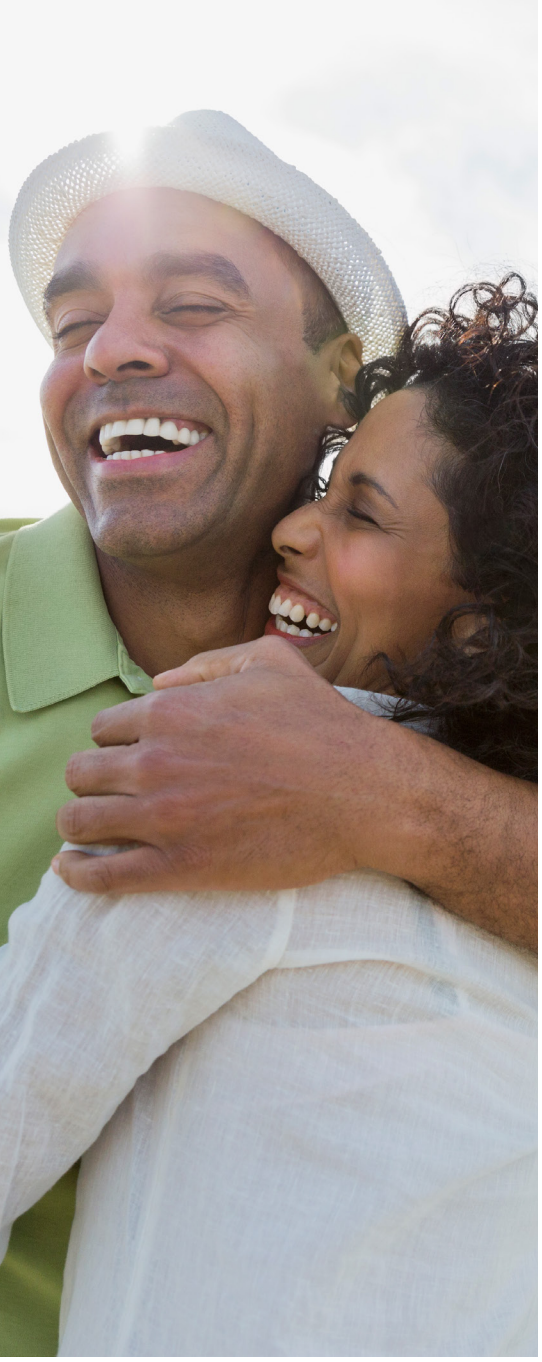
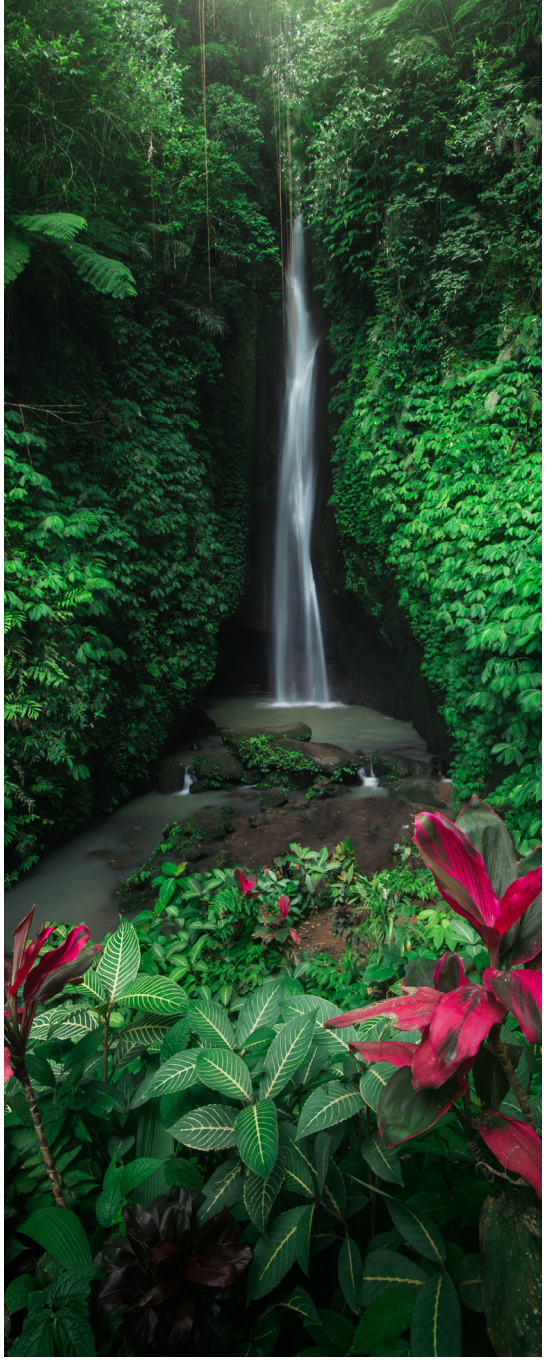






Upbound Benefits Hawaii

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.

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Scan for Your Plans!

Scan with your smartphone to access enrollment materials online anytime.

See **page 34** 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 at least 20+ hours a week for four consecutive weeks, 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 through 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 Healthcare Flexible Spending Account and Dependent Care Benefit. If you contributed to either account in 2026 and wish to continue in 2027, you must re-enter your contribution amount during Open Enrollment.**

Qualifying Life EventChanges

In the event you experience a change in your status, such as marriage, divorce, your spouse loses or gains coverage, death of an immediate family member, birth of a baby, or adoption, 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.

In 2027, QLE can be submitted via Workday.

New Hire Enrollment

New Hire enrollment begins immediately after hire but must be completed by the 30th day after hire. Benefits will begin the first of the month following 28 days of service. If you do not complete your enrollment by the 30th day, you will only have company-provided Basic Life and AD&D Insurance and EAP.

Dependents

Dependents eligible for coverage include:

- Legal spouse
- Natural, adopted, foster, and stepchildren are eligible 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.

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 the Applications Hub at 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

Any questions?

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

Make sure your mailing address and phone number are up to date, so you don't miss important benefits communications.

Understand Your Wellness Options.

Your health matters — at work and beyond.

Take advantage of HMAA's Wellness for Life Program, which includes:

- Preventive care
- Diabetes education
- Coworker Assistance Programs (EAP)
- Wellness discounts

Consider your FSA.

A Flexible Spending Account (FSA) helps you save on healthcare expenses like:

- Medical services
- Dental and vision care
- Prescription medications



7 Medical, Prescription Drug, Dental, and Vision Plans

Medical benefits are provided through HMAA. 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.

WEEKLY CONTRIBUTIONS	
COWORKER ONLY	1.5% of weekly salary*
COWORKER + SPOUSE	$122.47
COWORKER + CHILD(REN)	$100.67
FAMILY	$161.75
WEEKLY CONTRIBUTIONS – FOR SALARIED COWORKERS EARNING OVER $100,000 ANNUALLY	
COWORKER ONLY	1.5% of weekly salary*
COWORKER + SPOUSE	$134.60
COWORKER + CHILD(REN)	$110.77
FAMILY	$177.92

*Coworker only premiums are 1.5% of weekly salary. Your premium will be based on your salary as of January 1, 2027. For new hires, your premium will be based on your salary as of your first day of employment.

How to Find a Provider

For a complete list of HMAA network providers and personalized assistance:

- Visit hmaa.com or
- Call Customer Care at 808-941-4622

Note

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



Medical and Prescription Plan Summary

This chart summarizes the 2027 medical coverage provided by Hawaii Medical Assurance Association (HMAA). 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.

	COMPREHENSIVE PLUS (PPO)
CALENDAR YEAR DEDUCTIBLE	
INDIVIDUAL	$100
FAMILY	$300
COINSURANCE	80%
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)	
INDIVIDUAL	$2,000
FAMILY	$6,000
COPAYS/COINSURANCE	
PREVENTIVE CARE	100%
PHYSICIAN VISITS	$15
SPECIALIST SERVICES	$15
DIAGNOSTIC TEST	20%
IMAGING	20%
INPATIENT	20%
OUTPATIENT	20%
URGENT CARE	$25
EMERGENCY ROOM	20%
MENTAL HEALTH	20%
TELEHEALTH SERVICES	Your deductible and coinsurance amounts vary depending on the type of service. Refer to the copayment/coinsurance amounts listed in this chart for the service you receive.
RETAIL RX (30 DAY SUPPLY)	
GENERIC DRUGS	$5
PREFERRED BRAND DRUGS	$20
NON-PREFERRED BRAND DRUGS	$35
ALL PRESCRIPTIONS OVER $250	Greater of copayment or 20% of ingredient cost
90-DAY RETAIL & MAIL ORDER RX	
GENERIC DRUGS	$10
PREFERRED BRAND DRUGS	$45
NON-PREFERRED BRAND DRUGS	$75
ALL PRESCRIPTIONS OVER $250	Greater of copayment or 20% of ingredient cost

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 hmaa.com or to learn more.

Alternative Care

HMAA medical plans include coverage for medically necessary acupuncture, chiropractic care, massage therapy, and naturopathic services. These services can help relieve pain, improve physical function, support healthy lifestyle changes, and address other health concerns.

Alternative care is subject to applicable coinsurance and a combined maximum benefit of $1,000 per calendar year. Reimbursement is based on HMAA's eligible charges. Using an in-network provider will help you receive the highest level of coverage and reduce your out-of-pocket expenses.

Learn More

Visit https://www.hmaa.com/providers, call HMAA Customer Service at 808-941-4622 or toll-free at 800-621-6998, or email HMAAwellness@hmaa.com. Refer to your plan documents for complete coverage details.

HMAA DENTAL ADVANCED

	PLAN PAYS
ANNUAL MAXIMUM	
PER PERSON	$1,200
COVERED SERVICES	
PREVENTIVE SERVICES Cleanings (twice per calendar year) Fluoride Treatments (twice per calendar year through age 17) All Other X-rays (as required)	100%
BASIC SERVICES Oral Exams (twice per calendar year) Bitewing X-rays (twice per calendar year) Full Mouth X-rays (once per 3 calendar years)	100%
RESTORATIVE SERVICES Restorative Treatment Palliative Treatment Oral Surgery Endodontics Periodontics	70%
MAJOR SERVICES* Crowns** Bridges and Dentures** (repairs and adjustments)	50%

* Major dental services are available to members who have been enrolled continuously with the same HMAA group for the 12 months preceding the date of service.
** Replacements are covered if the existing crown, bridge, or denture is at least 5 years old.

VISION

	PARTICIPATING & AFFILIATE PROVIDER* PLAN PAYS	NON-PARTICIPATING PROVIDER PLAN PAYS	FREQUENCY
EXAMS			
VISION EXAM	100%, after $25 copay	Up to $45	Once every 12 months
LENSES (IN LIEU OF CONTACTS)*			
SINGLE VISION LENSES	100%	Up to $30	Once every 12 months
LINED BIFOCAL LENSES	100%	Up to $50	
LINED TRIFOCAL LENSES	100%	Up to $65	
LENSES ENHANCEMENTS			
STANDARD PROGRESSIVE LENSES	100%	Up to $50	Once every 12 months
PREMIUM PROGRESSIVE LENSES	100%, after copay ranging from $95 to $105	Up to $50	
CUSTOM PROGRESSIVE LENSES	100%, after copay ranging from $150 to $175	Up to $50	
CONTACTS (IN LIEU OF LENSES AND FRAMES)			
ALLOWANCE	$120	Up to $105	Once every 12 months
CONTACT LENS EXAM Fitting and evaluation	100%, after copay (up to $60)	Up to $105	
FRAMES			
ALLOWANCE	$150 frame allowance $170 Featured Frame Brands $80 Costco 20% off the amount over the allowance	Up to $70	Once every 24 months

*Polycarbonate lenses for dependent children

10 Wellness

The HMAA Wellness for Life program provides a variety of wellness solutions to help you take the next step toward living a healthy lifestyle.

Baby & Me

HMAA's free maternity support program is designed to help you and your baby stay healthy during pregnancy, through delivery, and beyond. HMAA medical plan members within the first 20 weeks of pregnancy may enroll. Once enrolled, you'll be paired with a maternity program nurse who will check in monthly by phone or email.

Participants may receive up to $1,000 in program incentives, including:

- $250 Target eGiftCard
- Breast pump
- Prenatal classes
- Digital Healthy Baby Kit
- Physician-grade fetal Doppler

Get Started

https://www.hmaa.com/wellness/baby-and-me-incentives/
or email BabyandMe@hmaa.com

Colorectal Cancer Screening

HMAA offers eligible members a free, easy-to-use, at-home fecal immunochemical test, or FIT, kit. The test screens for colorectal cancer by detecting blood in the stool and can be completed in the privacy of your home.

HMAA members ages 45 through 75 may qualify if they have not had a sigmoidoscopy within the last five years, a colonoscopy within the past 10 years, or a FIT within the last 12 months. Members must be covered by an HMAA medical plan on the last day of the month in which the request is submitted.

Get Started

Visit https://www.hmaa.com/fitkit
call 808-791-7635
email HMAAwellness@hmaa.com

Diabetes Prevention Program

Eligible HMAA members receive free access to Personify Health – Transform, a CDC-approved, 12-month digital diabetes prevention program. Members age 18 or older can complete a short online quiz to determine whether they qualify based on their reported risk factors for Type 2 diabetes.

- The personalized program includes:
- Individual support from a health coach
- Digital lessons focused on nutrition, exercise, and healthy lifestyle changes
- A free wireless scale
- An activity tracker for eligible engaged participants
- Tools to track weight, physical activity, meals, and progress

Get Started

Visit https://www.hmaa.com/wellness/diabetes-prevention-program/ to complete the qualification quiz. For program assistance, call Personify Health at 888-345-2425 or email transform@personifyhealth.com.

Active & Fit Direct

Active&Fit Direct gives you access to thousands of participating standard gyms and premium fitness studios, with memberships starting at $28 per month, plus applicable enrollment fees and taxes. Choose from yoga, strength training, Pilates, and other fitness options.

The program does not require a long-term contract and does not charge annual fees or cancellation penalties. You can also access free on-demand workout videos and personalized, one-on-one virtual coaching in areas such as sleep, stress, nutrition, and weight management. Additional gym memberships receive a $5 monthly discount. You may also enroll your spouse or domestic partner for an additional fee.

Get Started: https://www.hmaa.com/wellness/active-and-fit/

Member Plus Discount Program

HMAA is partnered with more than 40 merchants to provide special discounts to HMAA members on health and wellness services such as fitness memberships, food and beverages, spa services, and more.

For more information and requirements on HMAA's Wellness for Life programs, visit hmaa.com/wellness or contact HMAA's Wellness Team at 808-791-7635 or toll-free at 800-621-6998 ext. 635 or email HMAAwellness@hmaa.com.

Health Assessment

Take HMAA's confidential Health Assessment to learn more about your overall well-being at no cost. The assessment includes questions about your physical, mental, and work-life health and takes approximately 15 minutes to complete.

After submitting the assessment, you'll immediately receive a Personal Health Report showing what you're doing well and areas where you may be able to improve. Participation is voluntary, and your individual responses and results will not be shared with Upbound.

Get Started

Visit https://www.hmaa.com/wellness/healthassessment to register or log in. For assistance, email HMAAwellness@hmaa.com.



Flu Prevention Program

HMAA offers convenient, free flu vaccinations from September through February, while supplies last. Members may receive a flu vaccination at a participating pharmacy. Worksite vaccination clinics may also be available.

Participants must be at least age 14. Members ages 14 through 17 must present a valid prescription from a physician and an HMAA ID card. Members age 18 or older must present a photo ID and HMAA ID card.

Get Started

Contact a participating pharmacy to schedule an appointment or confirm whether walk-ins are accepted. For additional information, email FluPrevention@hmaa.com.

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.

Learn More:

Visit MIDI at joinmidi.com/menopausebenefit.

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.

12 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.

Healthcare Flexible Spending Account

You can contribute up to $3,500 (projected for 2027) annually for qualified medical expenses (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.

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. Upbound allows you to roll over up to the IRS-permitted maximum of unused Healthcare FSA funds into the following plan year. You must elect to participate in the following plan year to access your rollover funds.
- You cannot change your FSA election in the middle of the plan year without a Qualifying Life Event.
- Terminated employees 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 employees (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 ($15 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 allows you to roll over up to $680 of unused funds left in your account after the end of the year into your 2027 account. You must elect to participate in the 2027 plan year in order to access your rollover funds. Any funds left in excess of $680 will be forfeited.

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 employee for more than half the year.
- You must provide the tax identification number or Social Security number of the party providing care to be reimbursed.

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

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

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

FSA Debit Card

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

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

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

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 his 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.

14 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.

HiDoc is HMAA's free telemedicine service, hosted by MD Live by Evernorth. The service provides HMAA members with confidential, secure, 24/7 access to physicians and therapists online or by phone.

HiDoc is intended to work alongside your primary care physician and not replace an existing provider relationship. If you do not have a primary care physician, HiDoc also offers primary care services. HiDoc telemedicine visits have no out-of-pocket cost.

You can use HiDoc while in Hawai'i or traveling within the United States for:

- Non-emergency medical needs
- Urgent care for adults and children
- Routine and primary care
- Dermatology
- Mental health counseling**
- Chronic condition management
- General health concerns
- Prescription refills*

Common conditions treated through urgent care include allergies, cough and flu symptoms, ear infections, eye issues, skin conditions, sore throat, urinary tract infections, and travel-related illness.

Mental health counseling is available for concerns such as anxiety, depression, eating disorders, insomnia, panic attacks or phobias, PTSD, relationship concerns, and stress.

*Prescription refills should be requested only in urgent situations when your primary care physician is unavailable.

**Mental health counseling is subject to physician availability; scheduling timelines may differ from other consultations.

Schedule a Consultation

- Call 888-838-8075
- Visit www.HiDocOnline.com
- Use the MDLIVE mobile app

You'll need your name, HMAA member ID number, and date of birth to verify eligibility. For technical assistance, email Support@HiDocOnline.com. For other questions, email HMAAwellness@hmaa.com.

Note

- A virtual visit directly with your primary care physician (vs. HMAA) might also be an option — and typically costs the same as an office visit.
- UNUM offers a limited number of free EAP visits. Please refer to the mental health page for more information.

15 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 resources 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 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 identify theft, and saving for retirement or tuition.

Legal Consultation

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

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.

HMAA Employee Assistance Program

If you are enrolled in an HMAA medical plan, you also have access to HMAA's Employee Assistance Program. The program includes six fully covered, confidential visits per calendar year per coworker.

The program provides support for personal, family, and work-related concerns, including:

- Substance use
- Parenting or caregiving concerns
- Financial pressures
- Challenges involving coworkers or family members
- Workplace changes and transitions

Services may include confidential counseling with trained professionals, referrals, educational sessions, and other support.

Find an EAP Provider

- Visit https://www.hmaa.com/providers
- Select the HWMG logo to search for providers in Hawaii
- Under Specialty, select "Employee Assistance Program Provider."
- Contact the provider directly to schedule an appointment.

Providers are available throughout Oʻahu, Hawaiʻi Island, Maui, and Kauaʻi. For more information, call HMAA at 808-941-4622 or toll-free at 800-621-6998, or email HMAAwellness@hmaa.com.

Other Mental Health Resources

No matter your problem, whether you're a manager or entry-level coworker, 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.

17 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.

Coinsurance

Your percentage of the cost of a covered service. If your office visit is $100 and your coinsurance is 20% (and you've met your deductible but not your out-of-pocket maximum), your payment would be $20.

Deductible

The amount you must pay for covered services before your insurance begins paying its portion/coinsurance.

Out-of-Pocket Maximum

The most you will pay during the plan year before your insurance begins to pay 100% of the allowed amount.

18 Preventive Care

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

Free Flu Vaccinations

HMAA provides free flu vaccinations to eligible members from September through February, while supplies last. Vaccinations are available at participating pharmacies, and worksite vaccination clinics may also be offered. Age, identification, and eligibility requirements apply.

For more information, email FluPrevention@hmaa.com.



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/.

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**

- HiDoc telemedicine visits have no out-of-pocket cost
- Typically provides convenient 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.

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)
- 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**
- 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.
**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.

21 Retirement Planning

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

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

PLAN AT A GLANCE	
PLAN NAME	Upbound 401(k) Plan
RECORD KEEPER	Fidelity
WEBSITE	www.NetBenefits.com
ELIGIBILITY	After 90 days of service
COMPANY MATCH	The company matches your contributions dollar for dollar (100%) on the first 3% of your pay that you contribute, plus $0.50 on the dollar (50%) on the next 2% you contribute.

All About 401(k)

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

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

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

Benefits include:

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

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

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

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

Contributing to the Plan

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

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

How Much Should I Save?

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

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!

Fidelity INVESTMENTS

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!

23 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. Health insurance helps with medical expenses, but this coverage is an additional layer of protection that can help pay deductibles, copays, and even typical day-to-day expenses such as a mortgage or car payment. Benefits are payable to you to use as you wish.

	OPTION 1	OPTION 2
WEEKLY CONTRIBUTIONS		
COWORKER	$1.34	$0.98
COWORKER + SPOUSE	$2.36	$1.73
COWORKER + CHILDREN	$3.16	$2.25
FAMILY	$4.20	$3.00

	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%	15%
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 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 your 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

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.



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 lump-sum payment. 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.

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-TIME HOSPITAL ADMISSION	$500	$1,000

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 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



27 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 through UNUM at no cost. This coverage provides financial protection for your designated beneficiary in the event of your death or a covered accidental loss.

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. As a full-time coworker, you are automatically enrolled in this coverage, even if you waive other benefits.

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 your Coworkers Assistance Program for FREE will planning and advice. For more information on the Coworkers Assistance Program, please refer to the top of (p.15) within this Guide.



Voluntary Life

Upbound will continue to provide Basic Life 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. You may wish for extra coverage for more peace of mind. Eligible coworkers may purchase additional Voluntary Life. Premiums are paid through payroll deductions.

BASIC COWORKER LIFE	
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

*Spouse benefit cannot exceed 100% of coworker benefit.

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

29 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

If you work in Hawaii, you are covered by a 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 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.

30 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

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 for more information.

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

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.



32 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.

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 HMAA 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 HMAA 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.

36 Important Contacts

Medical, Prescription Drug, Dental, and Vision
HMAA
808-941-4622
www.hmaa.com

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

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

Life and AD&D
UNUM
800-445-0402
Policy #: 985625

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

Disability
UNUM
855-775-2524
877-202-0055
www.rslclaims.com
Group ID #: 134158

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

Retirement
Fidelity
800-835-5095
www.NetBenefits.com

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

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

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

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

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

MIDI – Perimenopause and Menopause Support
joinmidi.com/menopausebenefit

HMAA Wellness
808-791-7635
800-621-6998
HMAAwellness@hmaa.com
https://www.hmaa.com/wellness

HiDoc Telemedicine
888-838-8075
Support@HiDocOnline.com
https://www.hidoconline.com

Baby & Me
BabyandMe@hmaa.com
https://www.hmaa.com/babyandme

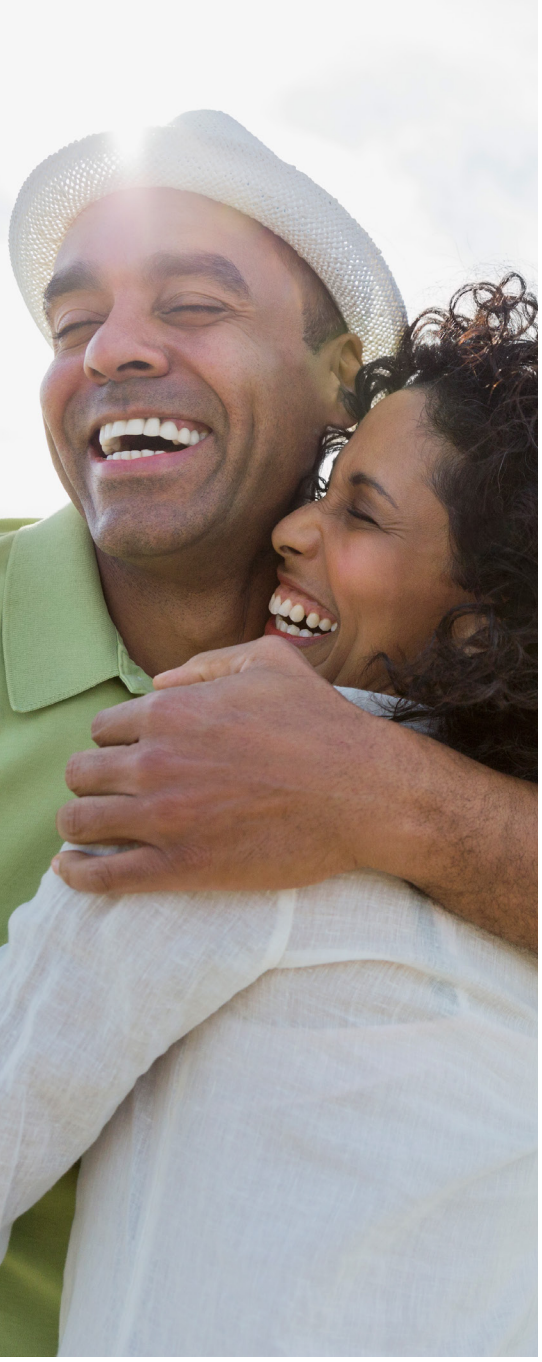
Colorectal Cancer Screening
808-791-7635
HMAAwellness@hmaa.com
https://www.hmaa.com/fitkit

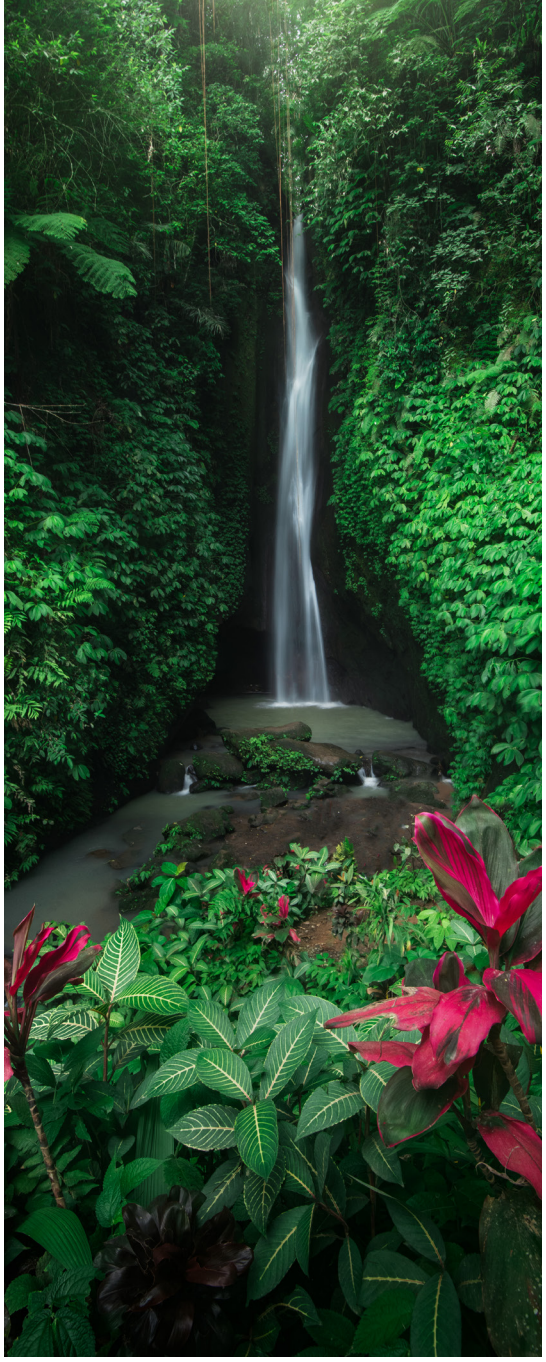
Diabetes Prevention Program
888-345-2425
transform@personifyhealth.com
https://www.hmaa.com/wellness/diabetes-prevention-program

Active&Fit Direct
https://www.hmaa.com/wellness/active-and-fit/

HMAA Customer Service
808-941-4622
800-621-6998
https://www.hmaa.com

HMAA Flu Prevention Program
FluPrevention@hmaa.com
https://www.hmaa.com/wellness







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