



# Upbound Benefits Hawaii

2026

**upbound**<sup>™</sup>



acima

**Get It Now!**

home  choice  
furniture • appliances • computers • electronics



# 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 2026 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, Prescription Drug, Dental, and Vision Plans
10	Wellness
11	Flexible Spending Accounts
13	Virtual Medicine
14	Mental Health
20	Retirement Planning
22	Supplemental Health Benefits
26	Survivor Benefits
28	Income Protection
29	Additional Benefits
31	Glossary
33	Required Notices
35	Important Contacts



### Scan for Your Plans!

Scan with your  
smartphone to  
access enrollment  
materials online  
anytime.



See **page 33** 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 2026 benefits runs from October 6 – October 17. **If you do not enroll during this time, your benefits will roll over to 2026, except for your contribution amounts if you contributed to your Flexible Spending Account (FSA) and Dependent Care Benefit account. You will not be able to add or change your benefits after Open Enrollment unless you experience a Qualifying Life Event.**

### 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 MyADP. In 2026, 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 or foster child(ren)
- » Stepchild(ren) (i.e., the child of your legally married spouse)
- » Any child for whom the court requires you to provide health coverage or names you as guardian

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

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



\*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

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

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

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

### Steps to Enroll

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

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

Additional action may be required if you:

- » Elected additional life insurance (EOI)
- » Added a new dependent (Dependent Verification)
- » 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](mailto:upboundbenefits@bac.lockton.com) for benefits information or assistance enrolling. For Saturday availability, please contact the ADP Benefits line at 800-778-8433, 7 am - 4 pm CST.



# 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 ( <a href="https://www.healthcare.gov">Healthcare.gov</a> )		 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!

# 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... and more!



### Consider your FSA.

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

- » Medical services
- » Dental and vision care
- » Prescription medications





# Medical, Prescription Drug, Dental, and Vision Plans

Medical benefits are provided through HMAA. Keep in mind your choice is effective for the entire 2026 plan year unless you have a Qualifying Life Event.

## Medical Premiums

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

### WEEKLY CONTRIBUTIONS

COWORKER ONLY	1.5% of weekly salary*
COWORKER + SPOUSE	\$114.37
COWORKER + CHILD(REN)	\$93.90
FAMILY	\$151.01

### WEEKLY CONTRIBUTIONS – FOR SALARIED COWORKERS EARNING OVER \$100,000 ANNUALLY

COWORKER ONLY	1.5% of weekly salary*
COWORKER + SPOUSE	\$125.81
COWORKER + CHILD(REN)	\$103.29
FAMILY	\$166.17

\*Coworker only premiums are 1.5% of weekly salary. Your premium will be based on your salary as of January 1, 2026. 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](http://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 2026 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	
RETAIL RX AND MAIL ORDER RX (31-90 DAY SUPPLY)		
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](https://hmaa.com) or to learn more.

### Note

Keep healthcare costs down by seeing the right provider for your situation.  
See page 18 for more information.



## HMAA DENTAL ADVANCED

ANNUAL MAXIMUM	
PER PERSON	\$1,200
COVERED SERVICES	
PREVENTIVE SERVICES	100%
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)	70%
RESTORATIVE SERVICES	
Restorative Treatment	
Palliative Treatment	
Oral Surgery	
Endodontics	
Periodontics	50%
MAJOR SERVICES*	
Crowns**	
Bridges and Dentures** (repairs and adjustments)	

\* 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	100% for frames up to \$120 (up to \$65 at Costco) 20% off the amount over your 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 maternity incentive program is designed to help expectant moms and their babies stay healthy during and after pregnancy. There is no cost to participate in this voluntary program.

Members covered by an HMAA medical plan and in weeks 1 to 20 of pregnancy may enroll.

Submit a request online at [hmaa.com/babyandme](https://hmaa.com/babyandme) or contact HMAA's Wellness Department:

[HMAAwellness@hmaa.com](mailto:HMAAwellness@hmaa.com)

808-791-7635 or toll-free 888-941-4622 ext. 635

HMAA will verify your eligibility and contact you to confirm your enrollment. Once enrolled, you will be paired with a maternity program nurse who will work closely with you in tandem with your physician (not as a replacement). Your nurse will call you to develop a custom care plan and check in periodically throughout your pregnancy.

### Incentives include:

- » Healthy Baby Kit with information on pregnancy stages, nutrition, baby care, etc.
- » Up to \$150 reimbursement for prenatal classes at any Baby & Me In-network class provider.
- » \$250 Target gift card for diaper products.
- » Breast pump with accessories from Pharmacare Hawaii.
- » Physician grade fetal doppler

## Colorectal Cancer Screening

HMAA members between the ages of 45 and 75 who have not had a sigmoidoscopy in the last five years, a colonoscopy in the past 10 years, or a FIT in the last 12 months are eligible for a free at-home FIT kit.

If you are eligible, visit [hmaa.com/wellness](https://hmaa.com/wellness) to submit an online request.



## Active & Fit Direct

This program allows you to choose from thousands of participating standard and premium fitness centers and studios nationwide, starting at \$28 per month (plus an enrollment fee and applicable taxes), or select a single gym membership from an expanded fitness center network in Hawaii (e.g., UFC Gym or CrossFit) at a higher monthly cost, without requiring sponsorship or payment by your health plan. You can easily cancel your enrollment at any time after three consecutive months. The minimum age requirement is 18.

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](https://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](mailto:HMAAwellness@hmaa.com).





# 11 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 \$3,300 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 2026 plan year.
- » Funds cannot be transferred between FSAs.
- » You are not permitted to claim the same expenses on both your federal income taxes and Dependent Care FSA.
- » This plan is considered a "use it or lose it" type plan. However, Upbound allows a projected maximum of \$660 for 2026 that may be rolled over to the next calendar plan year FSA. Any amount over the projected \$660 that you have not used will be forfeited.
- » You cannot change your FSA election in the middle of the plan year without a Qualifying Life Event.
- » Terminated 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 \$160,000 or more last year) may have different FSA contribution limits. Visit [www.irs.gov](https://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 \$660 of unused funds left in your account after the end of the year into your 2026 account. You must elect to participate in the 2026 plan year in order to access your rollover funds. Any funds left in excess of \$660 will be forfeited.

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

## Dependent Care Benefits

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

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

- » With the Dependent Care Benefit, you can set aside up to \$7,500 to pay for child or elder care expenses on a pre-tax basis.
- » Eligible dependents include children under 13 and a spouse or other individual who is physically or mentally incapable of self-care and has the same principal place of residence as the 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 Alizabeth

To save on daycare costs for her daughter, Alizabeth enrolled in the Dependent Care Flexible Spending Account (FSA). She chose to contribute the annual maximum of \$7,500, which means \$144.24 is deducted from her pre-tax earnings each week.

Alizabeth's Dependent Care funds become available as they are deducted. Once the money is in her account, she can either:

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



## Note

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

# 13 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) which provides members with virtual access to a local network of physicians and therapists, day or night. HiDoc® is intended to work in tandem with your primary care physician (PCP) and not as a replacement. If you do not have a PCP, HiDoc® also offers primary care services. Consultations are confidential and secure, and a HiDoc® telemedicine visit has **no out-of-pocket cost!** Skip the waiting room and speak with a doctor, usually within 30 minutes from anywhere, or schedule an appointment for a later date and time.

You can schedule a consultation with a HiDoc® physician in Hawaii and while traveling (domestically or internationally) for:

- » Non-emergent medical issues
- » Routine medical care or consultations during normal or off-business hours when your primary care physician is not immediately available

Conditions commonly treated through telemedicine include:

- |                       |                           |
|-----------------------|---------------------------|
| » Allergies           | » Prescription Refills*   |
| » Cough/Flu           | » Skin Issues/Rashes      |
| » Diarrhea            | » Sore Throat             |
| » Ear Infection       | » Traveling Illness       |
| » Eye Issues          | » Urinary Tract Infection |
| » High Blood Pressure | » Vomiting                |

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

For technical assistance, email [support@HiDocOnline.com](mailto:support@HiDocOnline.com).

If you need additional assistance, please call 808-400-4113 or email [HMAAwellness@hmaa.com](mailto:HMAAwellness@hmaa.com).

## How Do I Schedule a Consultation?

There are three ways to schedule a phone or video consultation. You will need to provide your HMAA member ID located on the front of your insurance card and date of birth to verify your eligibility.

- » Call 888-838-8075
- » Visit [www.HiDocOnline.com](http://www.HiDocOnline.com)
- » Access the HiDoc® Online mobile app

You can also schedule a mental health counseling\*\* appointment if you have concerns that include:

- |                   |                          |
|-------------------|--------------------------|
| » Anxiety         | » Panic Attack or Phobia |
| » Depression      | » PTSD                   |
| » Eating Disorder | » Relationship Issues    |
| » Insomnia        | » Stress                 |

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

## 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.



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

## Life Coaching

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

## Financial Consultation

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

## Legal Consultation

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

## 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

In addition, you have access to the HMAA Employee Assistance Program. Your medical plan coverage includes up to six (6) fully covered visits per calendar year per employee. The following services are available through self or supervisor referral, and all sessions are completely confidential.

There are EAP providers throughout Oahu, Hawaii Island, Maui, and Kauai. Follow these steps to find a participating provider:

- » Go to [www.hmaa.com/providers](http://www.hmaa.com/providers)
- » Click on the HWMG logo to search for providers in Hawaii
- » Under the Specialty field, select Employee Assistance Program Provider
- » Contact your desired EAP provider to schedule an appointment

## 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.**

## Note

According to NAMI, as of 2025, approx. 234,000 adults in Hawaii (1 in 5) live with a mental health condition, highlighting the ongoing need for accessible mental health services across the state.

# 16 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.



# 17 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/](http://www.healthcare.gov/preventive-care-adults/).

# 18 Where to Go for Care

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



## Telemedicine (\$)

### When to Use

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

### Types of Care\*

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

### Costs and Time Considerations\*\*

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



## Primary Care Center (\$)

### When to Use

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

### Types of Care\*

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

### Costs and Time Considerations\*\*

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

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

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



## 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.



# 20 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	<a href="http://www.NetBenefits.com">www.NetBenefits.com</a>
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](http://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!



## 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](http://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](http://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](http://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!

# 22 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	\$4.18	\$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      | » Heart attack        |
| » Chronic renal failure   | » Heart failure       |
| » Coronary artery disease | » Major organ failure |
| » Cancer                  | » Permanent paralysis |
| » Coma                    | » Stroke              |

### Coworker/Spouse Premiums

To find you and your spouse's premium:

- » Determine your age band:
  - Your age = your age at your last birthday.
  - Spouse age = based on their age at their last birthday.
- » Select a benefit:
  - Select a coworker and spouse benefit from the table below.

## 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

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

## Be Well Benefit!

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

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





# 26 Survivor Benefits

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

## Basic Life and Accidental Death & Dismemberment Insurance

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

Your Basic Life and AD&D insurance benefit is 1x your annual earnings, up to \$1,000,000. If you are a full-time coworker, you automatically receive Life and AD&D insurance even if you waive other coverage.

## Naming a Beneficiary

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

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

If you choose to name a minor child under 18, you should consult with 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.14) 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, 2026)	COWORKER & SPOUSE
18-24	\$0.047
25-29	\$0.040
30-34	\$0.052
35-39	\$0.064
40-44	\$0.092
45-49	\$0.139
50-54	\$0.225
55-59	\$0.421
60-64	\$0.559
65-69	\$0.830
70-74	\$1.352
75+	\$1.352

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

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

\*Spouse benefit cannot exceed 100% of coworker benefit.



# 28 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	<ul style="list-style-type: none"><li>» Pre-Existing Condition Limitation - 3/12*</li><li>» Mental and Nervous Limitation – 24 months outpatient</li><li>» Substance Abuse Limitation – 24 months</li><li>» Offsets: Your benefit may be reduced by other income sources such as, but not limited to, Social Security, Workers Compensation, State Disability Plans.</li></ul>

### \*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.

# 29 Additional Benefits

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

## Allstate Identity Protection Pro+ Cyber

### Protect What Matters Most — Your Identity

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

#### Core Benefits

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

### NEW! Enhanced Protection for 2026

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

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

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

## ARAG

### Legal Insurance Offered through ARAG

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

#### Legal insurance offers:

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

### You will continue to have two plan offerings:

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

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

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

#### PLANS AND PRICING

##### WEEKLY CONTRIBUTIONS

ULTIMATE ADVISOR	\$2.42
ULTIMATE ADVISOR PLUS	\$4.15

#### PLANS AND PRICING

##### WEEKLY CONTRIBUTIONS

COWORKER	\$1.60
FAMILY	\$2.99

## Discount Programs

### Benefits Plus Coworker Discounts Plus Program

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

This program allows coworkers to save at places like:

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

Go to [bpcoworker.mymemberguide.com](https://bpcoworker.mymemberguide.com) to register.

### Mobile Phone Service Discounts

#### AT&T Discount:

20% off qualifying AT&T services and 25% off eligible wireless accessories.

#### How to Sign Up:

Go to [att.com/wireless/rentacenter](https://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](https://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.

#### University of Arizona Global Campus

847-407-0959

[www.aiuniv.edu/rac](https://www.aiuniv.edu/rac)

Save 40% on Tuition

#### Colorado Technical University

866-897-1560

[www.coloradotech.edu/RAC](https://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](https://vip.rocketmortgage.com/upbound) or call 877-457-0068 to get started.





# 31 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.

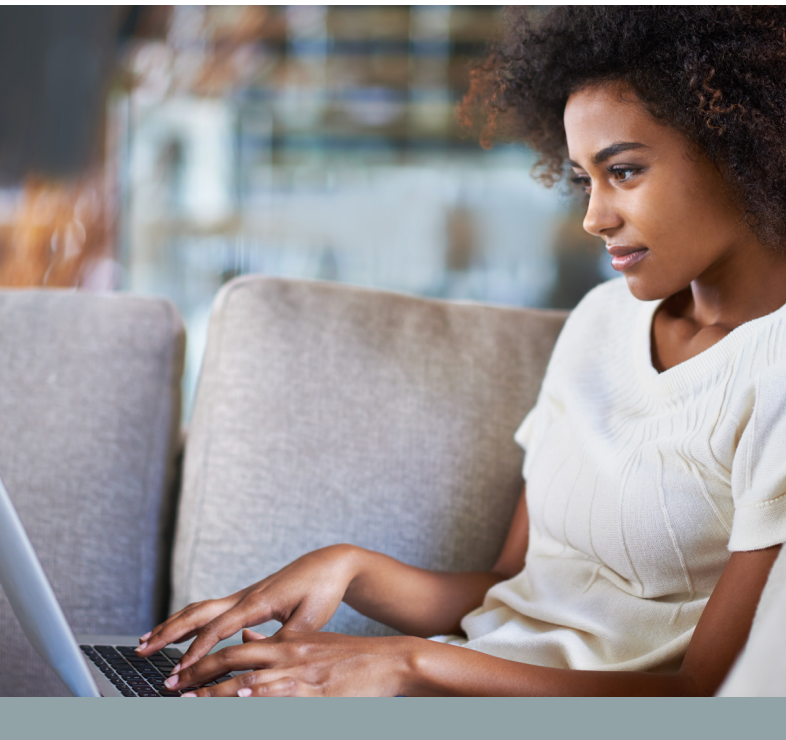
- » **Healthcare FSA** – A pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses that aren't covered by your insurance plan. All expenses must be qualified as defined in Section 213(d) of the Internal Revenue Code.
- » **Dependent Care Benefits** – A pre-tax benefit 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](http://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](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

*Remember: Keep this Medicare Part D notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).*

Date:	January 1, 2026
Name of Entity/Sender:	Upbound Group, Inc.
Contact—Position/Office:	Human Resources
Address:	5501 Headquarters Dr Plano, TX 75024
Phone Number:	800-778-8433

## Women's Health and Cancer Rights Act

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

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

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

## HIPAA Privacy and Security

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

## HIPAA Special Enrollment Rights

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

Loss of eligibility includes but is not limited to:

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

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 31 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 31 days after the marriage, birth, adoption, or placement for adoption.

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

# 35 Important Contacts

## Medical, Prescription Drug, Dental, and Vision

HMAA  
808-941-4622  
[www.hmaa.com](http://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

## Telemedicine

HiDoc  
844-423-6242  
[www.hidoonline.com](http://www.hidoonline.com)

## Flexible Spending Accounts

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

## Life and AD&D

UNUM  
855-775-2524  
800-351-7500  
[www.rslclaims.com](http://www.rslclaims.com)  
Group ID #: 166271

## Request a Leave

UNUM  
877-202-0055  
[www.matrixabsence.com](http://www.matrixabsence.com)

## Disability

UNUM  
855-775-2524  
877-202-0055  
[www.rslclaims.com](http://www.rslclaims.com)  
Group ID #: 134158

## Retirement

Fidelity  
[NetBenefits.com](http://NetBenefits.com)

## Coworker Assistance Program

UNUM  
855-775-4357  
<https://rsli.mylifeexpert.com/>  
Code: RSLI859

## Identity Theft

Allstate Identity Protection Pro+  
Cyber  
800-789-2720  
[www.myaip.com](http://www.myaip.com)  
[customercare@aip.com](mailto:customercare@aip.com)

## Legal Insurance

ARAG  
800-247-4184  
[www.araglegalcenter.com](http://www.araglegalcenter.com)  
Access code: 18109rac

## Discount Program

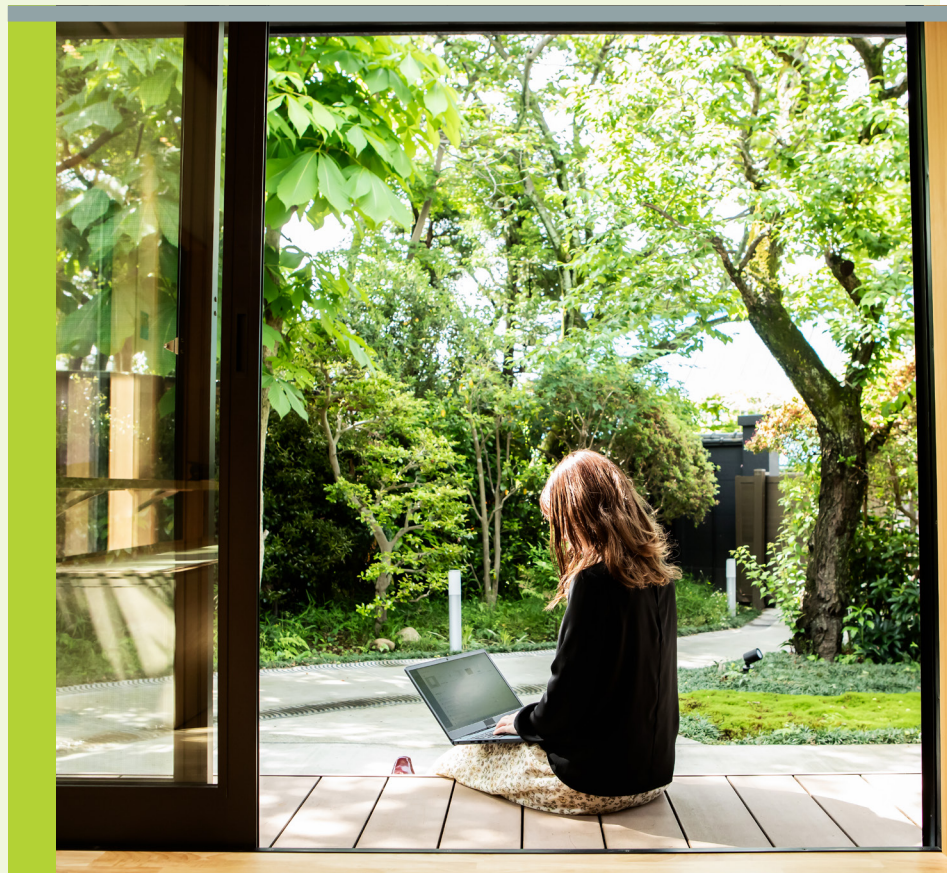
Benefits Plus Coworker  
Discounts Plus Program  
<https://bpcoworker.mymemberguide.com/>

## MyADP Support

For technical support  
800-778-8433

## Upbound Benefits Department

5501 Headquarters Dr.  
Plano, TX 75024  
800-778-8433  
[Rac-Benefits@rentacenter.com](mailto:Rac-Benefits@rentacenter.com)  
<https://flimp.live/upbound-benefits>







**upbound™**



**acima**

**Get It Now!**

**home choice**