



U.S. COBRA Benefits Guide 2022





Welcome

COBRA, the Consolidated Omnibus Budget Reconciliation Act of 1985, requires group health plans to offer temporary continuation coverage to you and your eligible dependents (qualified beneficiaries) after a qualifying event or loss of group health coverage. You are receiving this Guide because you may be eligible for, or have recently become covered under, the United Rentals, Inc. Self-Funded Health Care Plan (“the Plan”). You may enroll in one or more of the Plan’s five group health benefits: Medical, Dental, Vision, Health Care Flexible Spending Account (FSA) and Health Savings Account (HSA).

For additional information about your rights and obligations under the Plan and under federal law, visit UR.BenefitsNow.com or call 888-220-9202. COBRA applies only to the group health benefits offered under the Plan and not to any other benefits offered by United Rentals. The Plan provides no greater COBRA rights than what COBRA requires — nothing in this notice is intended to expand your rights beyond COBRA’s requirements.

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Health Insurance Marketplace

There may be coverage options available to you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse’s plan) through what is called a “special enrollment period.” Some of these options may cost less than COBRA continuation coverage, or offer more generous coverage. Compare your options and choose the coverage that is best for you, keeping in mind that once you have made your choice, it can be difficult or impossible to switch to another coverage option.



COBRA Basics

Enrolling for the First Time

You have up to 60 days from the date of your initial COBRA notice, or your loss of coverage date (whichever is later), to elect COBRA coverage. You can complete your COBRA enrollment online at [UR.BenefitsNow.com](https://www.urbenefitsnow.com) or by calling the United Rentals COBRA Enrollment Center at 888-220-9202.

After enrolling, you will receive a billing statement in the middle of each month for coverage the following month. Your monthly billing statement will be sent using your preferred delivery method, either electronic or postal mail. To change your delivery preference, visit the United Rentals COBRA Enrollment website at [UR.BenefitsNow.com](https://www.urbenefitsnow.com).

Re-Enrolling in COBRA

If you are re-enrolling for COBRA benefits, visit [UR.BenefitsNow.com](https://www.urbenefitsnow.com) or call 888-220-9202 within two weeks of receipt of the Open Enrollment notification letter.

Cost of Coverage

Qualified beneficiaries who elect COBRA continuation are required to pay 102% of the cost of the Plan's coverage. In the event COBRA continuing coverage is extended, you may be required to pay up to 150% of the cost of the Plan's coverage during the extension of coverage (see page 6).

Qualified Beneficiaries

A qualified beneficiary is an individual who was covered by a group health plan on the day before a qualifying event occurred and who is:

- An employee;
- The employee's spouse/domestic partner or former spouse;
- The employee's dependent child;
- Any child(ren) born to or placed for adoption with a covered employee during a period of continuation coverage; or
- Any child(ren) for whom a Court has appointed an employee to be legal guardian under a Qualified Medical Child Support Order.





Qualifying Events

“Qualifying events” are those that cause an individual to lose group health coverage. The type of qualifying event determines who the qualified beneficiaries are for that event and the period of time the Plan must offer continuation coverage.

Covered Employee

You are entitled to elect COBRA if you lose group health coverage under the Plan due to:

- Reduction of employment hours; or
- Employment ends for any reason other than gross misconduct.

Covered Dependents

You are entitled to elect COBRA if you lose group health coverage under the Plan due to:

- Reduction of employment hours of the covered employee;
- Termination of the covered employee’s employment for any reason other than gross misconduct;
- Covered employee becomes entitled to Medicare benefits;
- Divorce or legal separation of the spouse from the covered employee; or
- Death of the covered employee.

If a covered employee reduces or eliminates a spouse/ domestic partner’s group health coverage in anticipation of a divorce or legal separation and a divorce or legal separation later occurs, then the divorce or legal separation may be considered a qualifying event for you even though your coverage was reduced or eliminated before the divorce or legal separation.

In addition, a dependent child is entitled to elect COBRA if he/she loses group health coverage as a result of losing his/her “dependent child” status as result of turning age 26.

Qualifying Event Notice

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the United Rentals COBRA Enrollment Center has been notified that a qualifying event has occurred.

United Rentals will notify the Plan if the qualifying event is:

- Termination or reduction in employment hours of the covered employee;
- The covered employee’s entitlement to Medicare benefits; or
- Death of the covered employee.

The covered employee or one of the qualified beneficiaries must notify the Plan if the qualifying event is:

- Divorce;
- Legal separation; or
- A child’s loss of dependent status under the Plan.

Within 60 days of the qualifying event, notify United Rentals COBRA Enrollment Center by calling 888-220-9202 or by visiting [UR.BenefitsNow.com](https://www.urbenefitsnow.com).

Be prepared to provide:

- Date;
- Employer’s name;
- Employee’s name and social security number;
- Dependent’s name, social security number, mailing address, telephone number, gender and date of birth (if applicable);
- Reason for loss of coverage; and
- Date of loss of coverage.

If notice is not made within 60 days, your rights to continue coverage will terminate. If you need help acting on behalf of any beneficiary, call 888-220-9202.



Qualifying Events

Keep Your Plan Informed of Address Changes

Keep the United Rentals COBRA Enrollment Center informed of any changes in the addresses of family members by visiting [UR.BenefitsNow.com](https://www.urbenefitsnow.com) or by calling 888-220-9202.

Election Notice

After receiving a qualifying event notice, the Plan will offer continuation coverage to each qualified beneficiary who will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouse/domestic partner, and parents may elect COBRA continuation coverage on behalf of their children.



Duration of Continuation Coverage

The maximum duration of COBRA Medical, Dental and Vision benefits depends on the type of qualifying event.

COBRA will last up to 36 months if the qualifying event is:

- Covered employee becomes entitled to Medicare benefits;
- Divorce or legal separation of the spouse from the covered employee;
- A child's loss of dependent status under the Plan; or
- Death of the covered employee.

COBRA will last up to 18 months if the qualifying event is:

- Reduction of employment hours of the covered employee; or
- Termination of the covered employee's employment for any reason other than gross misconduct.

If the covered employee became entitled to Medicare benefits less than 18 months before the qualifying event, continuing coverage of the Plan's Medical, Dental and Vision benefits can last up to 36 months after the date of Medicare entitlement for qualified beneficiaries other than the employee who loses coverage as a result of the qualifying event.

For example, if a covered employee becomes entitled to Medicare eight months before the date on which his employment terminates, COBRA continuation coverage for his spouse/domestic partner and children who lose coverage as a result of the qualifying event can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus eight months). This COBRA coverage period is available only if the covered employee becomes entitled to Medicare within 18 months BEFORE the termination or reduction of hours.



Qualifying Events

Extending Cobra Benefits

There are two circumstances under which individuals who are entitled to 18 months of COBRA continuation coverage can become entitled to an extension of benefits. The first is when one of the qualified beneficiaries is disabled; the second is when a second qualifying event occurs. *You may be required to pay up to 150% of the Plan's cost during the extension of coverage.*

Disability

If a qualified beneficiary is disabled as determined by the Social Security Administration (SSA), all of the family's qualified beneficiaries may be entitled to an 11-month extension of COBRA benefits (29 months total). This extension is available only for qualified beneficiaries who are receiving COBRA coverage due to the covered employee's termination of employment or reduction of hours.

The disability must have started at some time before the 60th day of COBRA continuation coverage and last at least until the end of the 18-month period of continuation coverage.

The qualified beneficiary must provide SSA notice of his/her disability to the United Rentals COBRA Enrollment Center by visiting [UR.BenefitsNow.com](https://www.urbenefitsnow.com) or by calling 888-220-9202 prior to the end of the 18-month continuation period and within 30 days after the latest of:

- The date of the qualifying event;
- The date the qualified beneficiary loses coverage;
- The date of the SSA's disability determination; or
- The date that the qualified beneficiary is informed of the obligation to provide the disability notice.

Second Qualifying Event

If your family experiences a second qualifying event while receiving 18 months of continuation coverage, qualifying beneficiaries can receive up to 18 additional months of COBRA continuation coverage (36 months total).

This extension may be available if it would have caused a qualified beneficiary to lose coverage under the Plan had the first qualifying event not occurred. For example:

- Covered employee becomes entitled to Medicare benefits;
- Divorce or legal separation of the spouse from the covered employee;
- A child's loss of dependent status under the Plan; or
- Death of the covered employee.

Prior to the end of the 18-month continuation period and within 30 days of the second qualifying event, the qualified beneficiary must contact United Rentals COBRA Enrollment Center at [UR.BenefitsNow.com](https://www.urbenefitsnow.com) or call 888-220-9202.



Medical Plans

Our medical coverage provides you and your family the protection you need for everyday health issues or when the unexpected happens.

You can choose from any of the medical plans. Each medical plan offers:

- Comprehensive health care benefits
- In-network preventive care covered at 100%
- Prescription drug coverage

Choose the Plan That's Right for You

The key difference between the plans is the amount of money you'll pay each month when you need care. The plans have different:

- Annual deductible amount – the amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay
- Out-of-pocket maximums – the most you will pay each year for eligible network services including prescriptions
- Copay and coinsurance – money you pay toward the cost of covered services

Save when you use in-network providers

In-network providers offer the highest level of benefits and lower out-of-pocket costs. Network providers charge you reduced fees but providers outside the plan's network set their own rates, which means you may have to pay the difference if a provider's fees are above the Reasonable and Customary (R&C) limits.





Medical Plans

Medical Plans

Our medical coverage provides you and your family the protection you need for everyday health issues or when the unexpected happens. **All Anthem plan participants will be receiving new cards for 2022.**

	Anthem Blue Cross Gold Plan		Anthem Blue Cross Silver Plan		Anthem Blue Cross Bronze Plan		Kaiser Permanente**
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
Calendar Year Deductible							
Individual	\$250	\$250	\$2,000	\$2,000	\$3,000	\$3,000	\$0
Family	\$750	\$750	\$4,000 ^{††}	\$4,000 ^{††}	\$6,000 ^{††}	\$6,000 ^{††}	\$0
Calendar Year Out-of-Pocket Maximum (Includes Deductible)							
Individual	\$5,000	\$10,000	\$6,000	\$11,000	\$6,000	\$11,000	\$1,500
Family	\$10,000	\$30,000	\$11,000	\$33,000	\$11,000	\$33,000	\$3,000
You Pay		You Pay		You Pay		You Pay	
Coinsurance / Copays							
Preventive Care	\$0	50%*	\$0	50%*	\$0	50%*	\$0
Primary Care Physician	\$25	50%*	20%*	50%*	30%	50%*	\$25
Specialist	\$45	50%*	20%*	50%*	30%	50%*	\$40
Urgent Care	20%*	50%*	20%*	50%*	30%	50%*	\$25
Emergency Room	20%*		20%*		30%		\$100
Inpatient Hospital	20%*	50%*	20%*	50%*	30%*	50%*	\$25
Inpatient Mental Health & Substance Abuse	20%*	50%*	20%*	50%*	30%*	50%*	\$12
Outpatient Mental Health & Substance Abuse	\$25	\$25	20%*	50%*	30%*	50%*	\$5
Pharmacy							
Retail Rx (up to 30-day supply)							
Preventive	N/A		\$0		\$0		N/A
Generic	\$10		\$10*		\$10*		\$10
Preferred Brand	\$30		20%*: \$25 min.**/\$50 max.		30%*: \$25 min.**/\$50 max.		\$35
Non-Preferred Brand	\$50		20%*: \$50 min.**/\$100 max.		30%*: \$50 min.**/\$100 max.		N/A
Specialty	\$50		20%*: \$75 min.**/\$200 max.		30%*: \$75 min.**/\$200 max.		N/A
Mail Order Rx (up to 90-day supply)							
Preventive	N/A		\$0		\$0		N/A
Generic	\$20		\$20*		\$20*		\$20
Preferred Brand	\$60		20%*: \$65 min.**/\$125 max.		30%*: \$65 min.**/\$125 max.		\$70
Non-Preferred Brand	\$100		20%*: \$125 min.**/\$250 max.		30%*: \$125 min.**/\$250 max.		N/A
Specialty	\$50		20%*: \$75 min.**/\$200 max.		30%*: \$75 min.**/\$200 max.		N/A

* Copay/cost share applies after plan deductible is met

** The benefits for Colorado are not the same as what is in this benefits guide. Inpatient Hospital is \$250 copay

- Inpatient Mental Health & Substance Abuse is \$250 copay
- Outpatient Mental Health & Substance Abuse is \$25 copay

†† For coverage types other than Employee Only, the deductible will automatically default to the family deductible



Additional Medical Benefits

Anthem Blue Cross

Clinical Support

The Anthem Blue Cross Clinical Support team is dedicated to helping you and your family enjoy your best health at the lowest cost. Contact your Clinical Support Expert by visiting [anthem.com/ca](https://www.anthem.com/ca) or calling 800-934-2961 for help with:

- Making realistic health goals
- Managing chronic conditions
- Planning for and recovering from care
- Being connected with specialized professionals
- Coordinating complex care

Advanced Imaging Management (AIM)

If your doctor prescribes sleep medicine or radiology, request that he/she contact the Advanced Imaging Management (AIM) Program at the phone number listed on your Medical Plan ID Card. AIM will review the doctor's request, evaluate the options and contact you by phone to discuss any alternatives that meet AIM's quality and cost criteria.

Prior authorization is not required. Covered services will not be denied and there are no penalties associated with selecting an alternate provider or facility.

Sydney Health App

View all your benefits and access wellness tools to improve your overall health with the Sydney Health app.

The Sydney Health mobile app works with you by guiding you to better overall health — and for you by bringing your benefits and health information together in one convenient place. Sydney Health has everything you need to know about your benefits, so you can make the most of them while taking care of your health.

LiveHealth Online

Another great benefit available to Gold, Silver and Bronze enrollees is LiveHealth Online. An online video visit is a convenient option to see your doctor or another doctor in your network for common conditions such as COVID-19, flu, rash, headache, sore throat, and pink eye. Having trouble sleeping? A virtual visit with a sleep specialist using our new virtual Healthy Sleep program can help you get a good night's rest. So skip the trip to an urgent care center and avoid the long wait times for an appointment using LiveHealth Online from your phone or tablet.

- Free to sign up
- No monthly fees
- \$59 per virtual visit with a doctor, therapist, or sleep specialist

Get started at [livehealthonline.com](https://www.livehealthonline.com)

Future Moms

The Future Moms program offers a guided course of care and treatment, leading to overall healthier outcomes for mothers and their newborns. Future Moms helps routine to high-risk expectant mothers focus on early prenatal interventions, risk assessments and education. The program includes special management emphasis for expectant mothers at highest risk for premature birth or other serious maternal issues. The program consists of nurse coaches, supported by pharmacists, registered dietitians, social workers and medical directors. You'll get:

- 24/7 phone access to a nurse coach who can talk with you about your pregnancy and answer your questions.
- Your Pregnancy Week by Week, a book to show you what changes you can expect for you and your baby over the next nine months.
- Useful tools to help you, your doctor and your Future Moms nurse coach track your pregnancy and spot possible risks.



Additional Medical Benefits

24/7 NurseLine

You may have emergencies or questions for nurses around-the-clock. 24/7 NurseLine provides you with accurate health information any time of the day or night. Through one-on-one counseling with experienced nurses available 24 hours a day via a convenient toll-free number, you can make more informed decisions about the most appropriate and cost-effective use of health care services. A staff of experienced nurses is trained to address common health care concerns such as medical triage, education, access to health care, diet, social/family dynamics and mental health issues.

Specifically, the 24/7 NurseLine features:

- A skilled clinical team – RN license (BSN preferred) that helps Members assess systems, understand medical conditions, ensure Members receive the right care in the right setting and refer you to programs and tools appropriate to Your condition.
- Bilingual RNs, language line and hearing impaired services.
- Access to the AudioHealth Library, containing hundreds of audiotapes on a wide variety of health topics.
- Proactive callbacks within 24 to 48 hours for Members referred to 911 emergency services, poison control and pediatric Members with needs identified as either emergent or urgent.
- Referrals to relevant community resources.

Kaiser Permanente

Complete Care Program

The Kaiser Permanente Complete Care program provides personalized care plans to help manage and delay progression of certain conditions. Your physician will work with you to set personal goals, and you will receive educational materials on prevention, self-management and lifestyle behaviors that affect your disease.

- Asthma
- Cancer
- Cardiovascular disease (CAD)
- Chronic kidney disease
- Chronic pain
- Depression
- Diabetes
- Heart failure
- HIV/AIDS
- Hypertension
- Obesity
- Osteoporosis

Vision Benefit

Kaiser also provides vision coverage:

- \$200 allowance for medically necessary eyewear every 24 months
- \$25 copay for office exams

Prenatal Care

If you are pregnant, Kaiser Permanente can support you in making healthy decisions for yourself and your unborn baby. Visit [kp.org](https://www.kp.org) > Health & Wellness > Live Healthy to find tools and resources you can use before, during and after your pregnancy.



Where Do I Go for Care?

Care Center	Why would I use this care center?	What type of care would they provide?	What are the cost and time considerations?
Doctor's Office			
	<p>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 preventive and routine care, manage your medications and refer you to a specialist, if necessary.</p>	<ul style="list-style-type: none"> • Routine checkups • Immunizations • Preventive services • Manage your general health 	<ul style="list-style-type: none"> • Often requires a copayment and/or coinsurance • Normally requires an appointment • Little wait time with scheduled appointment
Convenience Care Clinic			
	<p>You can't get to your doctor's office, but your condition is not urgent and is not an emergency. Convenience care clinics are often located in malls or retail stores offering services for minor health conditions. Staffed by nurse practitioners and physician assistants.</p>	<ul style="list-style-type: none"> • Common infections (e.g., strep throat) • Minor skin conditions (e.g., poison ivy) • Flu shots • Pregnancy tests • Minor cuts • Earaches 	<ul style="list-style-type: none"> • Often requires a copayment and/or coinsurance similar to office visit • Walk-in patients welcome with no appointments necessary, but wait times can vary
Urgent Care Clinic			
	<p>You may need care quickly, but it is not an emergency, and your primary physician may not be available. Urgent care centers offer treatment for non-life-threatening injuries or illnesses. Staffed by qualified physicians.</p>	<ul style="list-style-type: none"> • Sprains • Strains • Minor broken bones (e.g., finger) • Minor infections • Minor burns 	<ul style="list-style-type: none"> • Often requires a copayment and/or coinsurance usually higher than an office visit • Walk-in patients welcome, but waiting periods may be longer as patients with more urgent needs will be treated first
Emergency Room			
	<p>You need immediate treatment of a very serious or critical condition. The ER is for the treatment of life-threatening or very serious conditions that require immediate medical attention.</p> <p>Do not ignore an emergency. If a situation seems life threatening, take action. Call 911 or your local emergency number right away.</p>	<ul style="list-style-type: none"> • Heavy bleeding • Large open wounds • Chest pain • Sudden weakness or trouble walking • Major burns • Spinal injuries • Severe head injury • Difficulty breathing 	<ul style="list-style-type: none"> • Often requires a much higher copayment and/or coinsurance than an office visit or urgent care visit • Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first



Health Savings Account (HSA)

An HSA is a personal savings account you can use to pay for qualified out-of-pocket medical expenses with pretax dollars — now or in the future. Once you're enrolled in the HSA, you'll receive a debit card to help manage your HSA reimbursements. Our HSA can also be used to pay for eligible medical, dental and vision expenses for you and your eligible dependents.

How a Health Savings Account (HSA) Works



Eligibility

You must be enrolled in either the Anthem Blue Cross Silver or Bronze Plan.



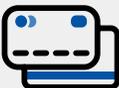
Your Contributions

You contribute on a pretax basis and can change how much you contribute from each paycheck. Your total contributions (including Company contributions) may not exceed the IRS maximum of \$3,650 if you enroll only yourself, or \$7,300 if you enroll in family coverage. You can make an additional catch-up contribution if you are age 55 or older.



Eligible Expenses

Medical, dental, vision and prescription drug expenses incurred by you and your eligible family members.



Using Your Account

Use the debit card linked to your HSA to cover eligible expenses, or pay for expenses out of your own pocket and save your HSA money for future health care expenses.



Remaining Funds

Money left in your HSA at the end of the year will roll over to the next year — you'll never lose your HSA dollars. If you leave the Company or retire, you can take your HSA with you and continue to pay and save for future eligible health care expenses.



Health Savings Account (HSA)

HSA Options

Optum Bank, our HSA administrator, offers three HSA options: eSaver, eAccess and eInvestor. You will automatically be enrolled in the **eAccess option** if you do not contact Optum Bank at 866-234-8913 to elect another option. Please review the chart below for account benefits and a schedule of the fees associated with each HSA option:

	eSaver	eAccess (Default)	eInvestor
Monthly Maintenance Fee (Average balance for fee waiver does not include invested funds.)	\$3.00, waived if average balance is \$5,000 or more	\$1.00, waived if average balance is \$500 or more	\$3.00, waived if average balance is \$5,000 or more
ATM Fee	\$2.50 per ATM transaction (Does not include any additional fees charged by the bank/ATM used to withdraw funds.)		
Outbound Transfer Fee	\$20.00 per outbound transfer or rollover of funds to another HSA custodian		
Monthly Investment Fee (Applies only if HSA funds are invested.)	\$0.00	\$3.00	\$2.50
Minimum Account Balance for Investing	\$2,000	\$2,000	\$500
Account Benefits	All accounts include the use of: <ul style="list-style-type: none"> • HSA Debit Mastercard®, which can be used to directly pay for eligible expenses • Online Bill Payment and Mobile Access • Receipt Vault: upload and store images of your receipts online 		

Your HSA is Always Yours – No Matter What!

One of the best features of an HSA is that any money left in your HSA account at the end of the year rolls over so you can use it next year or sometime in the future. And if you leave the company or retire, your HSA goes with you!

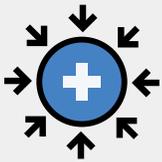
The Triple Tax Advantage

- 1 You can use your HSA funds to cover qualified medical expenses, plus dental and vision expenses too – tax-free.
- 2 Unused funds grow and can earn interest over time – tax-free.
- 3 You can save your HSA funds to use for your health care when you leave the Company or retire – tax-free.



Flexible Spending Accounts (FSA)

The Flexible Spending Account (FSA) allow you to pay for eligible health care expenses using tax-free dollars.



Health Care FSA for Gold and Kaiser Plan Participants

Used to pay for services not covered by your medical, dental or vision plan such as copays, coinsurance, deductibles, prescription expenses, lab exams and tests, contact lenses and eyeglasses.

Continuing Your Health Care FSA

Your COBRA notice will provide details about FSA continuation, including your monthly premium and your election deadline. Those participating in an FSA will be offered the opportunity to continue the election through COBRA coverage.

Unless otherwise elected, all qualified beneficiaries who were covered under the Health Care FSA will be covered together for Health Care FSA COBRA coverage. However, each qualified beneficiary could alternatively elect separate COBRA coverage to cover that beneficiary only, with a separate Health Care FSA annual limit and a separate premium. If you are interested in this alternative, contact the United Rentals COBRA Enrollment Center at 888-220-9202.

If You Do Not Continue Your Health Care FSA

After termination, a covered employee's FSA and PayFlex Debit Card are inactivated. If you do not elect to continue your Health Care FSA through COBRA or do not qualify as described above:

- Submit claims for eligible expenses incurred up to/ including your termination date at payflex.com or by paper form.
- Any FSA balance will be forfeited in accordance with IRS rules.

It's Easy to Use This Account

You pay for certain eligible expenses out of your pocket as usual. You may use your debit card or submit a claim (along with the appropriate documentation) to be reimbursed for those expenses from the dollars in your account.



Dental Plan

Your dental health is an important part of your overall wellness. Dental insurance gives you a reason to smile — it's affordable and covers preventive care (including regular checkups) as well as fillings, bridges, crowns, and other dental services.

When you enroll in the Dental plan, you may visit any dentist you choose, but in-network providers offer larger discounts and can file your claims for you. If you prefer to see an out-of-network provider, keep in mind, since they are not under a contract, they may charge you for any amount billed in excess of the negotiated discounted rate.

The amount you pay for your coverage is based on who you cover and which plan you choose.

	Cigna DPPO			DHMO
	CIGNA ADVANTAGE NETWORK	CIGNA DPPO NETWORK/ OUT-OF-AREA**	OUT-OF-NETWORK***	IN-NETWORK ONLY
Calendar Year Deductible				
Individual	\$50	\$100	\$100	N/A
Family	\$100	\$200	\$200	N/A
Annual Benefit Maximum Per Member (excluding orthodontia)				
Per Individual	\$2,000	\$1,000		N/A
	You Pay	You Pay	You Pay	You Pay
Preventive Care				
Exams, Cleanings, X-rays, Fluoride Treatments	\$0			No charge for most preventive services
Basic Services				
Fillings, Space Maintainers, Sealants, Extractions, Oral Surgery, Endodontics, Periodontics, Emergency Exams	10%*	20%*	10%*	Pre-set copay provided in Patient Charge Schedule
Major Procedures				
Crowns, Inlays/Onlays, Dentures and Bridgework, Repairs	50%*	50%*	50%*	Pre-set copay provided in Patient Charge Schedule
Orthodontia				
24-Month Treatment Fee—Additional fees will apply for pre-ortho visits and treatment, records and retention, and banding				
Adults	50%* up to lifetime maximum of \$2,000			Pre-set copay provided in Patient Charge Schedule
Children (up to 19th birthday)				

* Copay applies after plan deductible is met.

** For employees who do not have a participating primary dentist within 25 miles of their home.

*** Out-of-network provider fees over the Plan's reasonable and customary limits are your responsibility.



Vision Plan

You may elect vision care coverage, which provides affordable, quality vision care nationwide. Although vision care services and supplies are covered in-network and out-of-network, your benefits are generally greater when you use in-network providers. Your costs are based on the family members you choose to cover. **ID cards are not provided with this coverage.** Note: Kaiser Plan participants have a separate vision plan covered under their medical plan. Please review benefits to determine if additional coverage through VSP is necessary.

	VSP Vision Plan	
	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
	You Pay	Reimbursement
Cost		
Exam	\$25	Up to \$45
Covered Services - Lenses		
Single Lenses	\$25 (combined with exam) plus 20 – 25% discount on lens options	Up to \$65 depending on lens type and option
Bifocals		
Trifocals		
Frames	Balance over \$130 allowance	Up to \$70
Covered Services - Contacts in lieu of Frames/Lenses*		
Contacts - Medically Necessary	\$0	Up to \$210
Contacts - Elective	Balance over \$130 allowance	Up to \$105
Benefit Frequency		
Exams	Once every 12 Months	Once every 12 Months
Lenses	Once every 12 Months	Once every 12 Months
Frames	Once every 24 Months	Once every 24 Months
Contacts	Once every 12 Months	Once every 12 Months

*There is up to a \$60 copay for your contact lens exam (fitting and evaluation). The Vision Plan covers either lenses with frames or contact lenses, but not both. If you choose to switch to eyeglasses, they are covered 12 months from the date you obtained contact lenses.





Disability and Life Insurance

Life Insurance

If you're separating from employment or otherwise losing your Group insurance coverage, it's important to understand your options to help ensure you receive the protection you and your loved ones need. Group Life Insurance plans include a conversion and/or portability option for you to continue the coverage you had with your employer. To help you determine which choice is right for you, the chart to the right is designed to answer the most common questions about each option and provides a side-by-side comparison of portability and conversion.

Disability Insurance

Disability coverage through United Rentals will end at date of termination. The only exception to this is if you were receiving a disability benefit at the time your employment ended with United Rentals. If so, you may continue coverage under the United Rentals' plan policy. Please contact Prudential for additional information.

	Conversion	Portability
What type of policy will I be issued?	Individual Whole Life Policy	Group Term Life Policy (Independent from the Group Life Insurance coverage through your employer).
Will I have to answer medical questions?	No. Proof of good health is not required. Because of this, the conversion premium is usually more expensive than what you paid while working.	Proof of good health is generally optional. If evidence of insurability is provided, you may obtain a lower premium.
How much coverage can I convert or port?	The coverage amount can be less than, but cannot exceed, your current coverage amount.	The coverage amount is subject to a minimum of \$20,000 and a maximum of five times your annual earning or \$1 million – whichever is less.
How is the cost determined?	The cost is determined by the amount of life insurance you would like to convert, your age, and the state in which you reside.	The cost is determined by the type of the portability plan offered by the employer, the amount of life insurance coverage being ported by you, as well as your age, and whether you submit and pass short-form evidence of insurability to secure preferred rates.
Will my rate remain consistent throughout the lifetime of the policy?	Yes, your rate will not change from the date the policy is approved.	No, your rates will rise as you age due to the attained age rating structure of the product.
Does the policy accrue cash value?	Yes. The policy can accrue cash value after three years. ¹	No. The policy will have no cash value.
When must I apply by?	You must apply within 31 days after the date your group coverage terminates. ²	You must apply within 31 days after the date your group coverage terminates. ²
When will the new policy be effective?	The conversion policy will be effective on the 32nd calendar day after your Group Life Insurance coverage ends.	The portability coverage will be effective the first of the month following the date your Group Life Insurance coverage ends.
How long is the policy effective for?	The policy is effective as long as premiums are paid, and the policy is paid up at age 85.	Coverage terminates at age 80.
Can I increase or decrease my coverage amount after I apply?	No, the amount of coverage you apply for cannot be increased or decreased later.	No, the amount of coverage you apply for cannot be increased; you may choose to decrease it at a later date; however, if you reduce coverage, you will not be able to increase it in the future.
Can I apply for both the conversion and portability option?	If eligible, you may exercise conversion and portability at the same time, as long as you're not duplicating coverage or carrying over more coverage than you were eligible to continue.	
Do I have any options for coverage other than conversion or portability?	Another option would be to apply for new Individual Life insurance coverage through medical underwriting. If interested, talk to your financial professional about different product types, additional coverage amounts, and possibly lower premiums.	

¹A policy's cash value may consist of both guaranteed and non-guaranteed values. Non-guaranteed values may include dividends or earnings, which are not guaranteed and will change.

²The time to elect to continue your life insurance coverage may vary, and you should refer to your group certificate for complete details.



Voluntary Benefits

Critical Illness

You can protect yourself from the unexpected costs of a serious illness. Even the most generous medical plan does not cover all the expenses of a major medical condition like a heart attack or cancer. Critical Illness Insurance pays a full lump sum benefit directly to you if you are diagnosed with a covered illness that meets the plan criteria. The benefit is paid in addition to any other insurance coverage you may have.

Accident Insurance

Major injuries are painful. But the financial impact of the medical treatment doesn't have to be. Accident Insurance pays benefits directly to you if you suffer a covered injury such as a fracture, burn, ligament damage, or concussion. Benefits are paid even if you have other coverage. The benefit amount is calculated based on the type of injury, its severity, and what medical services are required in treatment and recovery.

Hospital Indemnity Insurance

Even with medical insurance, a hospital stay can cost you thousands of dollars in deductibles and coinsurance. Hospital Indemnity Insurance pays a benefit directly to you if you or a covered family member receives hospital care. You receive a benefit for being admitted to the hospital and then for each day you're confined. Additional benefits are paid based on the type of services you receive including emergency room or intensive care unit. All plans are portable, so you can take your policy with you if you change jobs or retire.

Transportation Account

Use pretax dollars to pay for your transportation expenses while commuting to work. This can be used for Lyft and Uber in select cities. This program is voluntary and you may participate on a month-to-month basis. Both contributions and reimbursements cannot exceed the monthly statutory limits. Any unused funds in any month are rolled over to the next month's contribution. The contribution amounts are current as of the time of this publication but are subject to change by the IRS. You can take your transportation account with you. Contact Payflex to find out how.

Account	Use For	Contributions
Transportation or Public Transit	Monthly passes, tokens, fare cards/vouchers (transit and vanpool expenses) for you	\$265 monthly maximum

Legal Assistance Plan

MetLife provides legal services from a nationwide network of 12,000 experienced attorneys. You can get advice for a wide range of legal issues, including estate planning, family law, immigration, real estate, traffic offenses, identity theft, debt collection and more.

Contact Metlife to find out how to take your coverage with you.

Pet Insurance

Let's not forget about our furry friends! MetLife Pet insurance from VPI/NCC helps offset the cost of caring for your pet. VPI covers everything from preventive care to accidents and illness, as well as the costs of X-rays, office visits, medications, surgeries, and hospital stays. You can either choose your own vet or use a licensed vet in the VPI network. The cost of coverage depends on your pet's age, species, and the coverage level that you select. This coverage is portable, so you can take it with you if you leave United Rentals. Contact Metlife for more information.

Identity Theft Insurance

Unfortunately, identity theft is on the rise. But Allstate's identity theft monitoring can help outsmart these criminals by preventing fraud, detecting fraudulent activity on a daily basis, and resolving identity theft issues you may face. Also included is a \$25,000 identity fraud insurance policy to cover out-of-pocket expenses relating to your identity theft. There are two coverage levels to choose from: PrivacyArmor and PrivacyArmor Plus. Contact Allstate for additional information regarding how to continue your coverage after your employment ends with United Rentals.

Auto and Home Insurance

Your home and your car are two of your most valuable assets. It only makes sense to access group rates so you can pay less for your home and auto insurance. You may start or stop your coverage at any time throughout the year, and your coverage stays with you even if you leave United Rentals. Benefit payments are deducted from your paycheck on a post-tax basis. Benefits are offered through Liberty Mutual and Farmers. You can contact Liberty Mutual or Farmers directly to find out how you can continue coverage after you leave United Rentals.





What Should You Do With Your United Rentals 401(k) Account Post Term?

Use the chart below to help see which options match your wants and needs. Note that the Plan has a delay feature in place to which your term date will not automatically load in Principal's system for approximately 25 days. In addition the Plan has following structures in place:

- If vested balance is under \$1,000 account will be cashed out after 60 days.
- If vested balance is between \$1,000 – \$5,000 account will be auto rolled into a Principal IRA after 60 days.
- If vested balance is over \$5,000 monies will remain in Plan until action is taken by the participant.

	Roll to an IRA	Keep Money Where It Is ¹	Move to a New Employer Plan
I want to keep my savings invested. You'll keep the same tax advantages and stay open to potential market growth.	✓	✓	✓
I want to add more money to the account. Once you leave an employer, you can't add money to that account.	✓	—	✓
I like the investments I have today. If you leave your money in the plan, you'll keep the same investment options. You may be able to choose similar investment options in an Individual Retirement Account (IRA) or new employer plan.	Varies by account	✓	Varies by plan
I'd like to choose from a wider range of investment options. IRAs typically offer more investment options to choose from than employer plans.	✓	Varies by plan ²	Varies by plan ²
I want help picking investments and managing my account. IRAs may offer investment advice and ongoing account management.	✓	Varies by plan	Varies by plan
I want to combine multiple accounts into a single account. Some people combine retirement accounts to simplify managing their savings. An IRA lets you roll in outside accounts; a current employer plan may allow this.	✓	—	Varies by plan

¹If your account balance is below a certain dollar amount set by the plan, you may not be allowed to leave your savings in the plan.

²Your plan may offer brokerage windows, which could provide additional investment options.

	Roll to an IRA	Keep Money Where It Is ¹	Move to a New Employer Plan
<p>I want to be able to borrow money from my account. You might be able to take a loan from a current employer's plan, but not your former employer's plan or an IRA (though you might be able to withdraw IRA contributions for certain expenses).</p>	—	—	Varies by plan
<p>I want to retire and withdraw money as early as age 55. You may be able to start withdrawing money from an employer plan penalty free at age 55 if you leave your job. With an IRA, you have to wait until age 59½ (with a few exceptions).</p>	—	✓	✓
<p>I want my retirement savings account to belong to me individually. An IRA belongs to you and isn't tied to your job (past or present).</p>	✓	—	—

Thinking About Cashing Out?



- It can be tempting to take your savings as a lump sum, but there are consequences:
- You might lose up to 30% of your account to taxes and penalties.
 - You'll miss out on any future growth or earnings.
 - It may move you to a higher tax bracket, so you might have to pay more in taxes.

Take the Next Step

- **Call 800-547-7754 to get started.** Our retirement specialists can go through your options with you and help you take action when you're ready.
- **Learn more** about rolling over to a Principal® IRA or retirement plan account at principal.com/rolloveraccount.

The above information should not be taken as a recommendation. No one factor is more important than another. The list is limited and other factors should be considered.

The subject matter in this communication is educational only and provided with the understanding that Principal® is not rendering legal, accounting or tax advice. You should consult with appropriate counsel or other advisors on all matters pertaining to legal, tax, or accounting obligations and requirements.

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Important Contacts

Coverage	Contact	Group Number	Phone	Website
Medical – Anthem (Gold, Silver, Bronze)	Anthem Blue Cross/C20879		800-934-2961	anthem.com/ca
Prescription Drugs	CVS/Caremark Gold Plan Silver/Bronze Plan	URRX8106 URRX3536	855-220-5725	caremark.com
Medical – Kaiser Permanente	California: Northern California: Southern	602608 229014	800-464-4000	kp.org
	Colorado Member Services	35953	1-800-632-9700	
	Georgia	10393	888-865-5813	
	Mid-Atlantic States	26752	800-777-7902	
	Northwest	22140	800-813-2000	
	Washington	1922700	888-630-4636	
Health Savings Account	Optum Bank		866-234-8913	optumbank.com
Dental	Cigna	3328338	800-244-6224	cigna.com
Vision	VSP	12101422	800-877-7195	vsp.com
Flexible Spending Accounts	PayFlex	30038	800-284-4885	payflex.com
Voluntary Medical Benefits – Accident, Critical Illness, Hospital Indemnity	MetLife		888-220-9202	metlife.com
Life and AD&D Insurance	Prudential	50030	Claims: 800-524-0542 EOI: 888-257-0412	N/A
Disability – Short- & Long-Term	Prudential		Claims: 800-842-1718	prudential.com/mybenefits
401(k) Plan	Principal Financial Group	457188	800-547-7754	principal.com
Transportation Account	PayFlex	30038	800-284-4885	payflex.com
Legal Assistance Program	MetLife		800-821-6400	legalplans.com
Identity Theft Protection	Allstate		800-789-2720	www.myaip.com
Pet Insurance	MetLife		800 GET-MET8	metlife.com/mybenefits
Home/Auto Insurance	Farmers GroupSelect		800-438-6381	myautohome.farmers.com
Home/Auto Insurance	Liberty Mutual	121911	888-293-2841	LibertyMutual.com/ UnitedRentals

Important Notices

Medicare Part D Notice

Important Notice from United Rentals About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with United Rentals 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. United Rentals has determined that the prescription drug coverage offered by the CVS/Caremark Plan 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 CVS/Caremark coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current United Rentals coverage, be aware that you and your dependents will 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 United Rentals 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 below for further information or call the United Rentals Benefits Team at 888-220-9202. 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 United Rentals 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).

Important Notices

Remember: Keep this Creditable Coverage 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: September 1, 2021
Name of Entity/Sender: United Rentals
Contact--Position/Office: Christine Solis-Mendoza,
Health & Welfare Benefits
Manager
Address: 100 First Stamford Place,
Stamford, CT 06902
Phone Number: 888-220-9202

Health Insurance Marketplace Coverage Options Notice

General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by United Rentals.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan.

However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards.

If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides, does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.

If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution, as well as your employee contribution to employer-offered coverage, is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

Note: An employer-sponsored health plan meets the “minimum value standard” if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986).

How Can I Get More Information About the Marketplace?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage and its cost. Please visit www.HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

Information About Health Coverage Offered by United Rentals

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

Here is some basic information about health coverage offered by this employer:

- The coverage your employer offers to eligible employees meets the minimum value standard, and the cost of this coverage is intended to be affordable, based on employee wages.
- Even if United Rentals intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

Important Notices

- If you decide to shop for coverage in the Marketplace, www.HealthCare.gov will guide you through the process.

United Rentals Information	Detail
1. Employer Name	United Rentals
2. Employer Identification Number (EIN)	06-1522496
3. Employer Address	100 First Stamford Place, Suite 700
4. Employer Phone Number	203-622-3131
5. City	Stamford
6. State	CT
7. Zip Code	06902
8. Who can we contact about employee health coverage at this job?	United Rentals Benefits Team
9. Phone Number	877-552-2273
10. Email Address	benefits@ur.com

For more information about:

- The Marketplace and Marketplace coverage options, visit www.HealthCare.gov or contact the Help Center at 1-800-318-2596.
- Coverage offered by United Rentals including eligibility and pricing information, visit www.UR.BenefitsNow.com or call 888-220-9202 Monday through Friday, 8:00 a.m. to 6:00 p.m. Eastern Time.

Notes

A series of horizontal dotted lines for taking notes.



This brochure highlights the main features of the United Rentals Employee Benefits Program. It does not include all plan rules, details, limitations and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. United Rentals reserves the right to change or discontinue its employee benefits plans at any time.