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U.S. COBRA  
Benefits Guide





# Welcome

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## COBRA Continuation Coverage

As a COBRA participant, you have the choice to elect to keep your current benefit offerings. You may also choose to remove coverage that you have previously elected.

The following benefits may be continued through COBRA:

- Medical with Pharmacy
- Dental
- Vision
- Health Care Flexible Spending Account

## 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.





# Important Contacts

COVERAGE	CONTACT	GROUP NUMBER	PHONE	WEBSITE
<b>Medical – Anthem (Gold, Silver, Bronze)</b>	Anthem Blue Cross/C20879		800-934-2961	<a href="http://anthem.com/ca">anthem.com/ca</a>
<b>Prescription Drugs</b>	CVS/Caremark Gold Plan Silver/Bronze Plan	URRX8106 URRX3536	855-220-5725	<a href="http://caremark.com">caremark.com</a>
<b>Medical – Kaiser Permanente</b>	California: Northern California: Southern	602608 229014	800-464-4000	<a href="http://kp.org">kp.org</a>
	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	
<b>Health Savings Account</b>	Optum Bank		866-234-8913	<a href="http://optumbank.com">optumbank.com</a>
<b>Dental</b>	Cigna	3328338	800-244-6224	<a href="http://cigna.com">cigna.com</a>
<b>Vision</b>	VSP	12101422	800-877-7195	<a href="http://vsp.com">vsp.com</a>
<b>Flexible Spending Accounts</b>	PayFlex	30038	800-284-4885	<a href="http://payflex.com">payflex.com</a>
<b>Voluntary Medical Benefits – Accident, Critical Illness, Hospital Indemnity</b>	MetLife		888-220-9202	<a href="http://metlife.com">metlife.com</a>
<b>Life and AD&amp;D Insurance</b>	Prudential	50030	Claims: 800-524-0542 EOI: 888-257-0412	N/A
<b>Disability – Short- &amp; Long-Term</b>	Prudential		Claims: 800-842-1718	<a href="http://prudential.com/mybenefits">prudential.com/mybenefits</a>
<b>401(k) Plan</b>	Principal Financial Group	457188	800-547-7754	<a href="http://principal.com">principal.com</a>
<b>Transportation Account</b>	PayFlex	30038	800-284-4885	<a href="http://payflex.com">payflex.com</a>
<b>Legal Assistance Program</b>	MetLife		800-821-6400	<a href="http://legalplans.com">legalplans.com</a>
<b>Identity Theft Protection</b>	Allstate		800-789-2720	<a href="http://myaip.com">myaip.com</a>
<b>Pet Insurance</b>	MetLife		800 GET-MET8	<a href="http://metlife.com/mybenefits">metlife.com/mybenefits</a>
<b>Home/Auto Insurance</b>	Farmers GroupSelect		800 GET-MET8	<a href="http://metlife.com/mybenefits">metlife.com/mybenefits</a>
<b>Home/Auto Insurance</b>	Liberty Mutual	121911	888-293-2841	<a href="http://LibertyMutual.com/UnitedRentals">LibertyMutual.com/ UnitedRentals</a>



# COBRA Basics

## Electing COBRA

You will have 60 days from the date of your initial COBRA notice, or your loss of coverage date (whichever is later), to elect COBRA coverage. Once elected and paid for, your coverage will be reinstated back to your separation date so there will be no lapse in coverage.

If you would like to continue coverage, you are required to enroll in COBRA. If you do not elect COBRA coverage within the 60-day election period, you and your dependent(s) will not be covered. The election deadline will be clearly marked on your Election Notice.

## Eligibility

To be eligible for the benefits in this guide, you must be COBRA-eligible and, depending on the qualifying event, there is a maximum coverage period for you and your dependents. You should also be aware that you will lose your COBRA eligibility if you enroll in benefits offered by your spouse/domestic partner's employer.

### Eligible dependents include your:

- Spouse or domestic partner; and
- Children up to age 26, including those of your domestic partner.

### The cost of medical, dental, and vision coverage is based on the following levels:

- You only
- You + Spouse or Domestic Partner
- You + Child(ren)
- You + Family

## Continuation Coverage

QUALIFYING EVENTS	QUALIFIED BENEFICIARIES	MAX PERIOD OF COVERAGE
Termination or reduction in hours of employment	Employee Spouse Dependent Child	18 months
Employee enrollment in Medicare	Spouse Dependent Child	36 months
Divorce or legal separation	Spouse Dependent Child	36 months
Death of employee	Spouse Dependent Child	36 months
Loss of dependent child status under the plan	Dependent Child	36 months



# Qualifying Events

The benefits you select will be effective through the end of 2023 and can only be changed if you experience a qualifying change in employment or family status. Examples of a qualified change in employment or family status include:

- Marriage, legal separation, divorce or termination of a domestic partnership;
- Birth, legal adoption of a child or placement of a child with you for legal adoption;
- Death of your spouse, domestic partner or dependent child;
- Change in residence (only if your current coverage isn't available in the new location or if you are offered a plan that you were not previously offered);
- Change in employee work schedule resulting in gain of employee benefit coverage.

If you experience a qualifying event and wish to make changes to your benefits, you have 30 days to make any updates.

**IMPORTANT:** If you have a baby, please note that your newborn is not automatically enrolled in your benefits, so please be sure to update your coverage.





# Medical Plans

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

	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
<b>CALENDAR YEAR DEDUCTIBLE</b>							
<b>Individual</b>	\$250	\$250	\$2,000	\$2,000	\$3,000	\$3,000	\$0
<b>Family</b>	\$750	\$750	\$4,000††	\$4,000††	\$6,000††	\$6,000††	\$0
<b>CALENDAR YEAR OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)</b>							
<b>Individual</b>	\$5,000	\$10,000	\$6,000	\$11,000	\$6,000	\$11,000	\$1,500
<b>Family</b>	\$10,000	\$30,000	\$11,000	\$33,000	\$11,000	\$33,000	\$3,000
	YOU PAY		YOU PAY		YOU PAY		YOU PAY
<b>COINSURANCE / COPAYS</b>							
<b>Preventive Care</b>	\$0	50%*	\$0	50%*	\$0	50%*	\$0
<b>Primary Care Physician</b>	\$25	50%*	20%*	50%*	30%*	50%*	\$25
<b>Specialist</b>	\$45	50%*	20%*	50%*	30%*	50%*	\$40
<b>Urgent Care</b>	20%*	50%*	20%*	50%*	30%*	50%*	\$25
<b>Emergency Room</b>	20%*		20%*		30%*		\$100
<b>Inpatient Hospital</b>	20%*	50%*	20%*	50%*	30%*	50%*	\$25
<b>Inpatient and Outpatient Mental Health &amp; Substance Abuse</b>	20%*	50%*	20%*	50%*	30%*	50%*	\$12 Inpatient copay \$5 Outpatient copay
	\$25 copay for services performed in an office setting		20%*	50%*	30%*	50%*	
<b>PHARMACY</b>							
<b>RETAIL RX (UP TO 30-DAY SUPPLY)</b>							
<b>Preventive</b>	N/A		\$0		\$0		N/A
<b>Generic</b>	\$10		\$10*		\$10*		\$10
<b>Preferred Brand</b>	\$30		20%*: \$25 min.**/\$50 max.		30%*: \$25 min.**/\$50 max.		\$35
<b>Non-Preferred Brand</b>	\$50		20%*: \$50 min.**/\$100 max.		30%*: \$50 min.**/\$100 max.		N/A
<b>Specialty – Non PrudentRx</b>	\$50		20%*: \$75 min.**/\$200 max.		30%*: \$75 min.**/\$200 max.		N/A
<b>Specialty – PrudentRx</b>	\$0 cost of share to member if enrolled. If not enrolled 30% coinsurance‡						
<b>MAIL ORDER RX (UP TO 90-DAY SUPPLY)</b>							
<b>Preventive</b>	N/A		\$0		\$0		N/A
<b>Generic</b>	\$20		\$20*		\$20*		\$20
<b>Preferred Brand</b>	\$60		20%*: \$65 min.**/\$125 max.		30%*: \$65 min.**/\$125 max.		\$70
<b>Non Preferred Brand</b>	\$100		20%*: \$125 min.**/\$250 max.		30%*: \$125 min.**/\$250 max.		N/A
<b>Specialty – Non PrudentRx</b>	\$50		20%*: \$75 min.**/\$200 max.		30%*: \$75 min.**/\$200 max.		N/A
<b>Specialty – PrudentRx</b>	\$0 cost of share to member if enrolled. If not enrolled 30% coinsurance‡						

† Available to employees in the following states only: California, Colorado, Mid Atlantic, Georgia, Northwest and Washington.

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

\* Copay/cost share applies after plan deductible is met.

\*\* If the actual cost of the drug is less than the minimum, you pay the cost of the drug.

\*\*\* 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

‡ The PrudentRx Copay Program allows you to get any of your covered specialty medications that are on your Plan's Exclusive Specialty Drug list for \$0 out-of-pocket when you fill at CVS Specialty. Must be enrolled. Call PrudentRx 800-578-4403.



# Savings/Spending Accounts

## Flexible Spending Accounts (FSA)

### 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. Your continued contributions will be made on an after-tax basis.

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 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](https://www.payflex.com) or by paper form.
- Any FSA balance will be forfeited in accordance with IRS rules.



# 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.

	CIGNA DPPO			DHMO
	CIGNA ADVANTAGE NETWORK	CIGNA DPPO NETWORK/ OUT-OF-AREA**	OUT-OF-NETWORK***	IN-NETWORK ONLY
<b>CALENDAR YEAR DEDUCTIBLE</b>				
<b>Individual</b>	\$50	\$100	\$100	N/A
<b>Family</b>	\$100	\$200	\$200	N/A
<b>ANNUAL BENEFIT MAXIMUM PER MEMBER (EXCLUDING ORTHODONTIA)</b>				
<b>Per Individual</b>	\$2,000	\$1,000		N/A
	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>
<b>PREVENTIVE CARE</b>				
<b>Exams, Cleanings, X-rays, Fluoride Treatments</b>	\$0			No charge for most preventive services
<b>BASIC SERVICES</b>				
<b>Fillings, Space Maintainers, Sealants, Extractions, Oral Surgery, Endodontics, Periodontics, Emergency Exams</b>	10%*	20%*	10%*	Pre-set copay provided in Patient Charge Schedule
<b>MAJOR PROCEDURES</b>				
<b>Crowns, Inlays/Onlays, Dentures and Bridgework, Repairs</b>	50%*	50%*	50%*	Pre-set copay provided in Patient Charge Schedule
<b>ORTHODONTIA</b>				
24-Month Treatment Fee—Additional fees will apply for pre-ortho visits and treatment, records and retention, and banding				
<b>Adults</b>	50%* up to lifetime maximum of \$2,000			Pre-set copay provided in Patient Charge Schedule
<b>Children (up to 19th birthday)</b>				

\* 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
<b>COST</b>		
<b>Exam</b>	\$25	Up to \$45
<b>COVERED SERVICES - LENSES</b>		
<b>Single Lenses</b>	\$25 (combined with exam) plus 20 – 25% discount on lens options	Up to \$65 depending on lens type and option
<b>Bifocals</b>		
<b>Trifocals</b>		
<b>Frames</b>	Balance over \$130 allowance	Up to \$70
<b>COVERED SERVICES - CONTACTS IN LIEU OF FRAMES/LENSES*</b>		
<b>Contacts - Medically Necessary</b>	\$0	Up to \$210
<b>Contacts - Elective</b>	Balance over \$130 allowance	Up to \$105
<b>BENEFIT FREQUENCY</b>		
<b>Exams</b>	Once every 12 months	Once every 12 months
<b>Lenses</b>	Once every 12 months	Once every 12 months
<b>Frames</b>	Once every 24 months	Once every 24 months
<b>Contacts</b>	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.





# Life and Disability 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 is designed to answer the most common questions about each option and provides a side-by-side comparison of portability and conversion.

	CONVERSION	PORTABILITY
<b>What type of policy will I be issued?</b>	Individual Whole Life Policy	Group Term Life Policy (Independent from the Group Life Insurance coverage through your employer).
<b>Will I have to answer medical questions?</b>	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.
<b>How much coverage can I convert or port?</b>	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.
<b>How is the cost determined?</b>	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.
<b>Will my rate remain consistent throughout the lifetime of the policy?</b>	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.
<b>Does the policy accrue cash value?</b>	Yes. The policy can accrue cash value after three years. <sup>1</sup>	No. The policy will have no cash value.
<b>When must I apply by?</b>	You must apply within 31 days after the date your group coverage terminates. <sup>2</sup>	You must apply within 31 days after the date your group coverage terminates. <sup>2</sup>
<b>When will the new policy be effective?</b>	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.
<b>How long is the policy effective for?</b>	The policy is effective as long as premiums are paid, and the policy is paid up at age 85.	Coverage terminates at age 80.
<b>Can I increase or decrease my coverage amount after I apply?</b>	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.
<b>Can I apply for both the conversion and portability option?</b>	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.	
<b>Do I have any options for coverage other than conversion or portability?</b>	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.	

<sup>1</sup>A 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.

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

## 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.



# Voluntary Benefits

The following benefits are portable, meaning you can continue your coverage after your separation date.

COVERAGE	CONTACT	GROUP NUMBER	PHONE	WEBSITE
<b>Voluntary Medical Benefits – Accident, Critical Illness, Hospital Indemnity</b>	MetLife		888-220-9202	<a href="http://metlife.com">metlife.com</a>
<b>Transportation Account</b>	PayFlex	30038	800-284-4885	<a href="http://payflex.com">payflex.com</a>
<b>Legal Assistance Program</b>	MetLife		800-821-6400	<a href="http://legalplans.com">legalplans.com</a>
<b>Identity Theft Protection</b>	Allstate		800-789-2720	<a href="http://www.myaip.com">www.myaip.com</a>
<b>Pet Insurance</b>	MetLife		800-GET-MET8	<a href="http://metlife.com/mybenefits">metlife.com/mybenefits</a>
<b>Home/Auto Insurance</b>	Farmers GroupSelect		800-GET-MET8	<a href="http://metlife.com/mybenefits">metlife.com/mybenefits</a>
<b>Home/Auto Insurance</b>	Liberty Mutual	121911	888-293-2841	<a href="http://LibertyMutual.com/UnitedRentals">LibertyMutual.com/UnitedRentals</a>



# What To Do With Your 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 <sup>1</sup>	MOVE TO A NEW EMPLOYER PLAN
<p><b>I want to keep my savings invested.</b> You'll keep the same tax advantages and stay open to potential market growth.</p>	✓	✓	✓
<p><b>I want to add more money to the account.</b> Once you leave an employer, you can't add money to that account.</p>	✓	—	✓
<p><b>I like the investments I have today.</b> 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.</p>	Varies by account	✓	Varies by plan
<p><b>I'd like to choose from a wider range of investment options.</b> IRAs typically offer more investment options to choose from than employer plans.</p>	✓	Varies by plan <sup>2</sup>	Varies by plan <sup>2</sup>
<p><b>I want help picking investments and managing my account.</b> IRAs may offer investment advice and ongoing account management.</p>	✓	Varies by plan	Varies by plan
<p><b>I want to combine multiple accounts into a single account.</b> 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.</p>	✓	—	Varies by plan

<sup>1</sup> If 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.

<sup>2</sup> Your plan may offer brokerage windows, which could provide additional investment options.

	ROLL TO AN IRA	KEEP MONEY WHERE IT IS <sup>1</sup>	MOVE TO A NEW EMPLOYER PLAN
<p><b>I want to be able to borrow money from my account.</b></p> <p>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><b>I want to retire and withdraw money as early as age 55.</b></p> <p>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><b>I want my retirement savings account to belong to me individually.</b></p> <p>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<sup>®</sup> IRA or retirement plan account at: [principal.com/rolloveraccount](https://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.

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# COBRA Monthly Premiums

Health includes medical and prescription coverage; dental and vision are separate.

	GOLD PLAN HEALTH	SILVER PLAN HEALTH	BRONZE PLAN HEALTH	KAISER PLAN HEALTH	DENTAL PPO	DENTAL HMO	VISION
<b>EE only</b>	\$697.96	\$641.79	\$624.76	\$714.68	\$34.81	\$19.36	\$7.89
<b>EE + Spouse</b>	\$1,465.73	\$1,347.77	\$1,312.00	\$1,429.37	\$69.65	\$41.76	\$16.60
<b>EE + Child(ren)</b>	\$1,326.13	\$1,219.41	\$1,187.04	\$1,322.16	\$64.41	\$35.35	\$15.00
<b>EE + DP</b>	\$1,465.73	\$1,347.77	\$1,312.00	\$1,429.37	\$69.65	\$41.76	\$16.60
<b>EE + DP + Child(ren)</b>	\$2,093.90	\$1,925.39	\$1,874.28	\$2,286.98	\$121.85	\$62.35	\$23.69
<b>Family</b>	\$2,093.90	\$1,925.39	\$1,874.28	\$2,286.98	\$121.85	\$62.35	\$23.69

For additional information about your rights and obligations under the Plan and under federal law, you may contact the ThrivePass, P.O. Box 220, Minneapolis, MN 55440-0220 or by calling 866-855-2844 (Option 3 for COBRA). Detailed information about COBRA is also available in the 2021 Summary Plan Description that is accessible online at <https://unitedrentalsbenefits.com>.



# 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](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 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](http://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.
- If you decide to shop for coverage in the Marketplace, [www.HealthCare.gov](http://www.HealthCare.gov) will guide you through the process.

<b>United Rentals Information</b>	<b>Detail</b>
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	<a href="mailto:benefits@ur.com"><b><u>benefits@ur.com</u></b></a>

**For more information about:**

- The Marketplace and Marketplace coverage options, visit [\*\*www.HealthCare.gov\*\*](http://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\*\*](http://www.UR.BenefitsNow.com) or call 888-220-9202 Monday through Friday, 8:00 a.m. to 6:00 p.m. Eastern Time.



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.