



2025

U.S. Employee Benefits Guide
Benefits, United

At United Rentals, we're grateful for all the hard work you do. We understand that your responsibilities don't end when the workday does, and neither should your employee benefits. We've created three pillars, to show how your benefits provide unity and balance for you and your family. Together, these form **Benefits, United**.



This guide provides a summary of our benefits offerings for non-union employees. Unionized employees should review their collective bargaining agreement to determine what Company-sponsored benefit plans they would be eligible to participate in.

Welcome

Important Contacts 3

Resources 4

When to Enroll in Benefits 5

Eligibility 6

Medical Plans 9

Additional Programs — Anthem Blue Cross 11

Additional Medical Benefits — Kaiser Permanente 16

Where Do I Go for Care? 17

Live Well, Safe, and Healthy 18

Voluntary Medical Benefits 20

Dental Plan 22

Vision Plan 23

Health Savings Account (HSA) 24

Flexible Spending Accounts (FSA) 26

Life and AD&D Insurance 28

Disability Insurance 30

Voluntary Benefits 32

Employees Helping Employees 34

Additional Benefits Programs 35

Planning for Retirement 36

Mental Health Support 37

Employee Bi-weekly Contribution Rates 42

Required Notices 43



If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see **Page 44** for more details.

This document is designed to highlight or summarize key aspects of United Rentals' benefits plans. It is not a Summary Plan Description (SPD) or an official plan document. Your rights and responsibilities under the plans are defined by the official plan documents. In the event of any ambiguity or conflict between this summary and the plan documents, the terms of the plan documents will take precedence.

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 Plans	RX8106 (Gold Plan) RX3536 (Silver/Bronze Plans)	855-220-5725	caremark.com
Medical — Kaiser Permanente	California: Northern California: Southern	602608 229014	800-464-4000	kp.org
	Colorado	35953	800-632-9700	
	Georgia	10393	888-865-5813	
	Mid-Atlantic States	26752	800-777-7902	
	Northwest	22140	800-813-2000	
	Washington	8982	888-901-4636	
Health Savings Account	Optum Bank		866-234-8913	optumbank.com
Biometric Screening — Wellness Incentive	Quest Diagnostics		855-623-9355	My.QuestForHealth.com Registration Key: UR
Dental	Cigna	3328338	800-244-6224	cigna.com
Tobacco Cessation Program	Carelon		866-798-5673	carelonwellbeing.com/ur
Vision	VSP	12101422	800-877-7195	vsp.com
Flexible Spending Accounts	Navia	UR3	800-669-3539	naviabenefits.com
Voluntary Medical Benefits — Accident, Critical Illness, Hospital Indemnity	Allstate		888-282-2550	mybenefits.allstate.com
Disability, Life & AD&D	New York Life	933890	Claims & EOI: 800-225-5695	mynylgbs.com
401(k) Plan	Principal Financial Group	457188	800-547-7754	principal.com
Employee & Family Assistance Program (Carelon Wellbeing)	Carelon		866-798-5673	carelonwellbeing.com/ur
Transportation Account	Navia	UR3	800-669-3539	naviabenefits.com
Legal Assistance Program	LegalEASE		800-248-9000	legaleaseplan.com
Business Travel Accident	ACE American Insurance Company	N0498299A	855-327-1414	diane.basa@ace-ina.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 GET-MET8	metlife.com/mybenefits
Home/Auto Insurance	Liberty Mutual	121911	888-293-2841	LibertyMutual.com/ UnitedRentals
Employee Discount Program	PerkSpot		866-606-6057	UR.perkspot.com
Early Access to Wages	Payactiv		877-937-6966 (English and Spanish)	
Dependent Verification	Alight DVS		866-828-5876	digital.alight.com/unitedrentals



Resources

Learn About Your Benefits and Enroll

United Rentals invests in you with some great benefits that help you live your best life. An overview of each plan is included in this guide, along with links to valuable tools and resources so you can take a deeper dive and find more details about all the benefits available. We are focused on helping you play an active role in understanding your options and costs, and what to expect after you enroll.



Zoe: Our Virtual Benefits Counselor

If you need help deciding which benefits to choose, try ZOE, our interactive benefits counselor. ZOE can recommend the medical and dental plans that may be right for you and your family. Scan this QR code to get started.



Workday Benefits

All your benefit information is now available in **Workday**. Log in to see your current benefit elections, process a Qualified Life Event, or enroll during Open Enrollment.

Have a general benefits question? Log a Workday Help case, and our team will work to get the answers you need.



MyUR Website

The UR intranet site is your go-to source for information about your benefit plans. Start with high-level overviews of each benefit and drill down to the details including Summary Plan Descriptions and more. Go to my.ur.com. Click on **Employee Hub** and then select **Benefits & Wellness**.



Benefits Support

Having trouble enrolling in Workday? Call the 1HR Team at **888-220-9202** for enrollment help.

When to Enroll in Benefits



NEW HIRE ELIGIBILITY	QUALIFIED LIFE EVENTS	OPEN ENROLLMENT
As a newly hired or rehired benefits eligible employee, you have 30 calendar days from your date of hire to enroll in benefits.	Certain events in your life may allow you to make changes to your benefit elections mid year, such as: <ul style="list-style-type: none"> ▪ Marriage ▪ Birth/Adoption ▪ Divorce ▪ Gain other coverage ▪ Loss of other coverage 	Open Enrollment gives you the opportunity to review and make changes to your benefits and covered dependents.
EFFECTIVE DATE:		
Date of Hire	Date of Notification*	January 1 of Next Plan Year
HOW TO ENROLL OR MAKE CHANGES:		
Reference Workday Knowledge Base articles for instructions on how to change your elections if you have a Qualified Life Event or, if you are a new hire, how to enroll.		

*Birth/Adoption is Date of Event

Qualified Life Events

You may change your benefit elections during the year if you experience a Qualified Life Event. Within **30 days** of the date of your Qualified Life Event, you can make changes to your coverage that are consistent with the qualifying event. Otherwise, you will have to wait until the next Open Enrollment period to change your coverage.

QUALIFIED LIFE EVENT	
Change in marital status	Marriage
	Divorce/Legal Separation
	Death
Change in number of dependents	Birth or adoption
	Death
Change in employment	Change in your eligibility status (i.e., full-time to part-time)
	Change in spouse's benefits or employment status

How to Make Changes to Your Elections

- To change your Medical, Dental, Vision, and FSA elections as a result of a qualified status change, go into Workday Benefits & Pay Hub and click "Change Benefits."
- You must provide supporting documentation if you add or remove a dependent.

Most coverage changes are effective on the date of notification and not the specific qualified life event date.

A birth or adoption life event is effective on the date of birth/adoption. This means you may be covered for eligible health services incurred on or after the birth/adoption date and additional deductions for the cost of coverage may be required retroactive to that period of time. This additional amount is a one-time deduction that is processed on the next regularly scheduled paycheck after you have completed your enrollment.

Eligibility

You are eligible to participate in the United Rentals benefit plans if you are a full-time Group A or Group B employee, regularly working at least 30 hours a week, as shown below:

SECTION A	SECTION B
<ul style="list-style-type: none">Employees covered by a collective bargaining agreement that specifically provides for participationHourly/non-exempt Employees (other than hourly employees noted in Group B)Sales Associates	<p>Hourly/Non-exempt Employees that are bonus-eligible</p> <ul style="list-style-type: none">Area DispatchersDispatchersE&D Scaffold SupervisorOperations Supervisor — CES OnsiteGovernment Sales Center SpecialistInside Sales and Senior Inside Sales RepresentativesKey Account Sales CoordinatorsOperations SupervisorsTraining SpecialistsTools Estimator <p>Salaried/Exempt Employees</p>

You May Also Enroll Your Eligible Dependents for Coverage

- Legally married spouse/domestic partner (including common-law spouses and same-sex spouses).
- Registered domestic partner and their children who live with you. Domestic partnerships must be registered.
- Children up to age 26, regardless of student or marital status, including biological, stepchildren, legally adopted children, and children in your legal custody who can be claimed as dependents for federal tax purposes or for whom you are required to provide healthcare coverage under a Qualified Medical Child Support Order. Coverage of dependent children ends on the last day of the month in which they turn 26.
- Eligible children of your domestic partner, if your partner is enrolled. Per IRS rules, domestic partners' expenses are not eligible for Health Savings Account (HSA) or Flexible Spending Accounts (FSA) reimbursement. Contributions for their coverage are deducted from your pay after taxes, and the value of their coverage may be considered taxable.



Who Is Not Eligible

You are not eligible if you are covered under another country's benefit plan, are covered by a collective bargaining agreement that does not provide coverage under the programs, or are a leased employee or independent contractor.

Part-time and temporary employees are eligible for a limited subset of benefits.



If You Are Married to Another United Rentals Employee

- One of you can choose to waive coverage and be covered as an eligible dependent under the other's coverage, or you may each choose "Employee Only" coverage individually.
- Each of your children can be covered only once. If you both select coverage separately, only one of you can cover a particular child.
- You cannot be considered a spouse/domestic partner under the United Rentals Basic Spouse/Domestic Partner Life Insurance if you are also an employee.
- You cannot receive benefits under the United Rentals Voluntary Spouse/Domestic Partner Life or AD&D Insurance Plans if you both elect Voluntary Employee Life or AD&D Insurance coverage.

Verifying Your Covered Dependents

Dependent documentation is required if you are:

- Enrolling for the first time and want to include your current dependents on your coverage.
- A current employee adding dependents during Open Enrollment or as a result of a qualified status change.

If you do not provide the proper verification documentation below, your dependent(s) will be ineligible for United Rentals benefits coverage and will be dropped. If coverage is dropped, your dependent will not be eligible for continuation of coverage through COBRA.

Spouse or Partner

If you've been married longer than 12 months, two documents are required: one from **Section A** and one from **Section B**. Section B is not required if you've been married less than 12 months.

SECTION A

- Government-Issued Marriage Certificate
- Notarized Affidavit of Common-Law Marriage/ Domestic Partnership
- Certificate of Domestic Partnership Registration
- Civil Union Partner Certificate

SECTION B

- Federal Tax Return within last two years listing your spouse: Send only the first Page of your prior year's Federal Tax Return (Form 1040) that shows your dependents, and black out all financial information and Social Security Numbers.
- Proof of Joint Ownership issued within the last six months (includes mortgage statements, bank statements, credit card statements, rental/lease agreements, or property tax statements with both parties' names as co-owners).

Child

Biological Child: Government-Issued Birth Certificate; must include all parents' names.

Adopted Child: Government-Issued Birth Certificate OR Adoption Certificate or Placement Agreement or Petition.

Stepchild: Government-Issued Birth Certificate AND documents to verify spouse as outlined previously.

Legal Guardianship: Legal documentation from the state court or federal government documenting the legal guardianship status.

How Do I Submit Verification Documents?

You must provide the required verification documents within **60 days** of adding your dependent(s) to your plan in one of the following ways:

- Upload online at digital.alight.com/unitedrentals
- Fax securely to **877-965-9555** and include on the cover sheet your name, employee ID, and the phrase, "United Rentals Enrollment Center" (allow two days for processing)
- Mail to Dependent Verification Center, P.O. Box 1401, Lincolnshire, IL 60069-1401 (allow seven days for processing)

For questions, call **866-828-5876** Monday – Friday from 8:00 am to 8:00 pm EST.

When Benefits Begin

If you are eligible for coverage and are newly hired or rehired, your benefits begin immediately upon the date of your hire/rehire.

You have 30 calendar days from the date of your hire/rehire to enroll in your benefits. Regardless of when you enroll during that 30-day period, the effective date of your benefits remains your date of hire/rehire. The costs of your benefits are deducted from your paycheck so **any missed deductions will be taken out of your next scheduled paycheck following the date you enroll.**

Your elections remain in effect for the rest of the calendar year. You may only change your elections during the year if you have a Qualified Life Event, as described on [Page 5](#).

When Benefits End

Your benefits coverage will end as of midnight on:

- The last day of your employment
- The day you begin working less than 30 hours per week (part-time)
- The day your spouse/domestic partner or dependent is no longer eligible for coverage (as it relates to their coverage only)
- The day you transfer to a position with a collective bargaining agreement that does not provide benefits through United Rentals
- The last paid-through day prior to becoming delinquent while on an approved leave of absence

When coverage ends, you and/or your dependents may be eligible to continue coverage for a specified period of time at your own expense under COBRA. **COBRA is not available if the coverage drop was due to nonpayment while on a leave of absence.**



Your physical health is the foundation for everything you do. For a healthy body, you need access to quality, affordable healthcare that fits your needs and lifestyle, plus support for your individual goals. You'll find all this and more through our health plan options, wellness incentives, and tailored programs and resources.



Medical Plans

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

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

- Comprehensive healthcare benefits
- In-network preventive care covered at 100%
- Coverage for eligible children up to age 26
- 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 pay period and 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 With 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.



Depending on your medical plan, you may be eligible to contribute to a Health Savings Account (HSA) or Flexible Spending Account (FSA) to help you save on your healthcare expenses. Look for more information on HSA and FSA options in the **United Finances** section.

Medical Plan Comparison

	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
CALENDAR YEAR DEDUCTIBLE							
Individual	\$250	\$500	\$2,000	\$4,000	\$3,000	\$6,000	\$250
Family	\$750	\$1,500	\$4,000††	\$8,000††	\$6,000††	\$11,000††	\$500
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)							
Individual	\$5,000	\$10,000	\$6,000	\$11,000	\$6,000	\$11,000	\$2,000
Family	\$10,000	\$30,000	\$11,000	\$33,000	\$11,000	\$33,000	\$4,000
	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%*	\$20
Specialist	\$45	50%*	20%*	50%*	30%*	50%*	\$30
Urgent Care	20%*	50%*	20%*	50%*	30%*	50%*	\$30
Emergency Room	20%*		20%*		30%*		\$200
Inpatient Hospital	20%*	50%*	20%*	50%*	30%*	50%*	10%*
Inpatient and Outpatient Mental Health & Substance Abuse	20%* \$25 copay for services performed in an office setting		20%*	50%*	30%*	50%*	Inpatient: 10%* Outpatient: \$10 copay (group) \$20 copay (individual)
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.		20%*: \$25 min.**/\$50 max.		\$30
Non-Preferred Brand	\$50		20%*: \$50 min.**/\$100 max.		20%*: \$50 min.**/\$100 max.		\$60
Specialty — Non PrudentRx	\$50		20%*: \$75 min.**/\$200 max.		20%*: \$75 min.**/\$200 max.		10% up to \$250 max
Specialty — PrudentRx †	\$0 cost share if enrolled; 30% coinsurance if not		\$0 cost share if enrolled*; 30% coinsurance if not		\$0 cost share if enrolled*; 30% coinsurance if not		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.		20%*: \$65 min.**/\$125 max.		\$60
Non-Preferred Brand	\$100		20%*: \$125 min.**/\$250 max.		20%*: \$125 min.**/\$250 max.		\$120
Specialty — Non PrudentRx	\$50		20%*: \$75 min.**/\$200 max.		20%*: \$75 min.**/\$200 max.		10% up to \$250
Specialty — PrudentRx †	\$0 cost share if enrolled; 30% coinsurance if not		\$0 cost share if enrolled*; 30% coinsurance if not		\$0 cost share if enrolled*; 30% coinsurance if not		N/A

†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 a \$250 copay. Inpatient Mental Health & Substance Abuse is a \$250 copay. Outpatient Mental Health & Substance Abuse is a \$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. Silver and Bronze plan participants must satisfy deductible first before \$0 cost share is available; the amount paid toward deductible on a specialty drug will not apply to the out-of-pocket maximum. Must be enrolled. Call PrudentRx at 800-578-4403.

Additional Programs — Anthem Blue Cross

For Managing Your Care

Sydney Health App

To get started with these Anthem programs, log in to your member account online or through the Sydney Health mobile app. The Sydney Health mobile app helps you manage your health through one simple, smart, and personal experience. With Sydney Health you can:

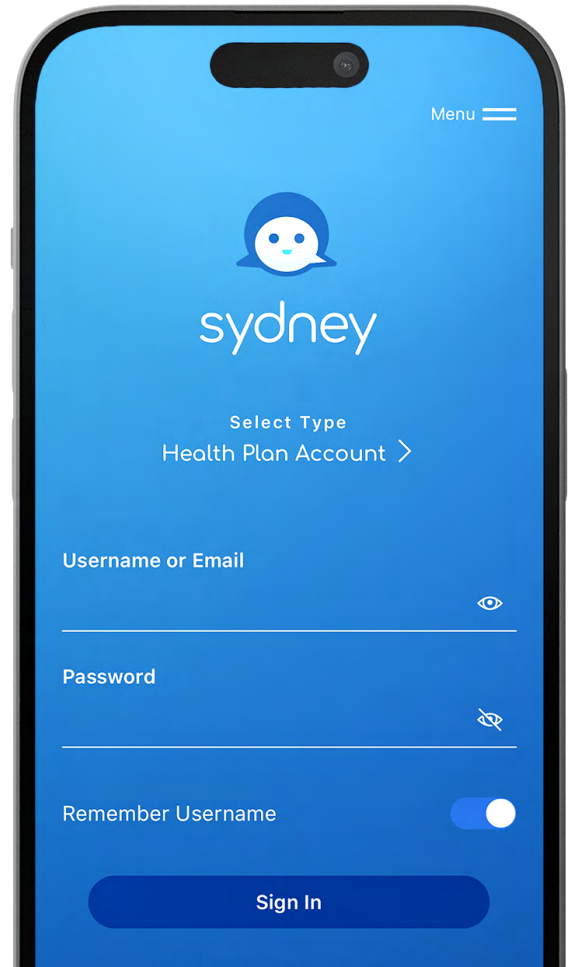
- View and use your digital ID card.
- Find a doctor or hospital in your plan's network.
- View your claims and check their status.
- Use the interactive chat feature.

Anthem Blue Cross

- [anthem.com/ca](https://www.anthem.com/ca)
- 800-934-2961



Sydney Health app
Scan the QR code
to download



Anthem Family Advocate Program

Total Health Connections provides you with a dedicated family advocate to help you and your family manage your healthcare. Connect with a family advocate through the Sydney Health mobile app to:

- Find doctors, specialists, and care facilities
- Keep track of preventive care, manage chronic conditions, and understand your health plan
- Connect with valuable community resources
- Access virtual care via video visits or chats
- Track your health goals and check costs

LiveHealth Online

Take care of your health from anywhere with LiveHealth Online. When your regular doctor isn't available, you can have a video visit with a board-certified doctor using your smartphone, tablet, or computer with a camera. LiveHealth Online offers:

- **NEW!** \$0 copay for Gold Plan, \$0 cost share after deductible for Silver and Bronze Plans
- 24/7 access to doctors who can see you for minor issues such as a cold, the flu, allergies, or fevers
- Secure, private, and convenient two-way video visits
- **NEW!** Mental health visits
- Prescriptions sent directly to your pharmacy, if needed



Visit [livehealthonline.com](https://www.livehealthonline.com) to register and log in or download the free LiveHealth Online mobile app.

Inclusive Care

Part of living a healthy life is finding a doctor you trust. For lesbian, gay, bisexual, transgender, and queer (LGBTQ+) members, Inclusive Care can connect you to providers with experience in LGBTQ+ healthcare who will treat you with dignity and respect. Inclusive Care provides:

- Access to a large network of professionals, including primary and specialty care with LGBTQ+ experience
- World Professional Association for Transgender Health (WPATH) Standards of Care for gender-affirming services, based on your benefit coverage
- Counseling for behavioral health and emotional wellbeing
- Support for coming out at work
- HIV/AIDS treatment and PrEP medication
- Information on gender-affirming surgery and services
- Guidance for supporting LGBTQ+ friends and family members

NEW! Anthem SmartShopper

When you search for cost-effective, quality healthcare services through SmartShopper, you'll get better value and could earn up to \$1,000 in cash rewards! There are more than 100 shoppable procedures in the SmartShopper program. Here's how the Anthem SmartShopper program works:

- **Discuss Your Procedure:** Your doctor informs you for the need of a medical procedure.
- **Explore Your Options:** Access SmartShopper at [anthem.smartshopper.com](https://www.anthem.smartshopper.com), through the Sydney app, or by calling **855-880-2259** to find lower-cost, high-quality options in your area.
- **Complete Your Procedure:** Have the procedure done at one of the preferred providers identified through SmartShopper.
- **Receive Your Reward:** Once your claim is processed, you'll receive a reward. You are able to choose from the available options to receive your cash reward method.

24/7 NurseLine

The 24/7 NurseLine can connect you with an experienced nurse 24 hours a day. Nurses are available to address common healthcare concerns such as medical triage, education, access to health care, diet, social/family dynamics, and mental health issues. NurseLine features:

- A licensed clinical team to assess symptoms, provide guidance on care, and recommend next steps
- Bilingual RNs, a language line, and hearing-impaired services
- Access to the AudioHealth Library

Contact the 24/7 NurseLine at the number on your ID card. If you're referred to 911, poison control, or for pediatric needs, the NurseLine will follow up.

Virtual Second Opinion

Anthem Virtual Second Opinion connects you with leading doctors for a second opinion through My Medical Ally. If you need additional insight on a diagnosis, want to understand your treatment options, or need help making an informed decision, you can consult with an expert via phone, tablet, or computer. My Medical Ally will review your case, provide educational resources, and identify top specialists and hospitals to help you make the best choice. To get started, call My Medical Ally at **888-361-3944** Monday through Friday, 8:00 am to 8:00 pm CST.

Virtual Primary Care (VPC)

Anthem members have access to convenient, affordable on-demand and scheduled secure medical text-chat and video visits for Urgent Care and primary care spanning Urgent Care, prevention and wellness, and condition management for adults ages 18-64. Access through [anthem.com/ca](https://www.anthem.com/ca) or the Sydney Health mobile app.

Our virtual primary care service offers:

- Comprehensive primary care, coordinated by a care team
- 24/7, on-demand urgent care support
- Full preventive care wellness exam
- Chronic condition visits
- Personalized care plans and follow-ups
- Unlimited access to care, including prescription refills and referrals
- AI-driven symptom checker

For Your Unique Needs

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.

Building Healthy Families

Building Healthy Families is designed to support each individual or family's unique path to parenthood. We are recognizing and proactively addressing the needs of BIPOC women (ethnically diverse), those impacted by social drivers of health, our members of the LGBTQ+ community as well as traditional families. There is support throughout each phase of the journey; preconception, maternity, and parenthood.

This program provides:

- A library of family planning content
- Routine tracking tools
- Ongoing risk monitoring technology
- Appointment reminders
- Continuous education driven by AI
- A non-clinical health advocate, available by chat, e-mail, or phone
- An Anthem Nurse Case Manager for high-risk maternity management or any other health questions, which is also offered with the Future Moms program

Hearing Aid Program

Anthem includes coverage of over-the-counter (OTC) hearing aids. Choose from a variety of hearing aid brands, styles, and products with the latest technology features, all with up-front price transparency. You'll need a doctor's prescription indicating you need an OTC hearing aid.

Fertility Benefits

Anthem medical plans include a one-cycle fertility benefit through WINFertility, including access to the best doctors, technology, and support. The Fertility Nurse Care Advocates are available 24/7 to guide you through your fertility journey.



Download the WIN Companion app to take advantage of your benefits on the go! Use employer code **UR24** when creating your account.

Autism Spectrum Disorder Program

If your family is managing autism, this program guides you through the healthcare system to help you access the right resources and maximize your benefits. Highly trained case managers can tailor referrals to meet your family's needs, create customized care plans, offer educational resources, and coordinate care among healthcare professionals. Call the Autism program team at **844-269-0538** to get started.

NEW! Carrum Surgical and Cancer Centers of Excellence

If you've been diagnosed with a musculoskeletal disorder, heart disease, cancer, or the need for bariatric surgery, Carrum Health connects you with top-quality providers at a reduced cost. A dedicated Carrum Health Care Advocate can assist you with:

- Scheduling a free second opinion consultation
- Selecting the most suitable surgeon
- Scheduling appointments
- Coordinating medical record transfers and travel arrangements

By using Carrum Health:

- If you are a Gold Plan participant, your deductible and coinsurance will be waived.
- If you are a Silver or Bronze Plan participant, you will only be subject to the IRS minimum deductible (\$1,650) and your coinsurance will be waived. Your deductible will apply toward your Anthem medical plan deductible.

For more information, contact Carrum Health at carrumhealth.com.



For Your Prescriptions

Transform Diabetes

This is an additional, no-cost program through CVS that provides outreach and services to close gaps in care for plan members with a diagnosis of diabetes or hypertension. The Transform Diabetes Care program provides a better way to manage diabetes and overall health. CVS works confidentially with you to provide personalized health coaching, guidance, and support along with access to a team of pharmacists, nurses, and specialists. If you are managing diabetes, you will be automatically enrolled and eligible to participate in the program again, at no cost to you.

Caremark Savings Program

Powered by GoodRx, the Caremark Savings Program provides you automatic access to GoodRx's prescription pricing to receive lower prices on generic medications (when available). The experience is seamless: once you provide your CVS Caremark ID card at your preferred in-network pharmacy, no further action is required! The amount paid will automatically be applied to your deductible and out-of-pocket thresholds.

Prudent Rx Program

The PrudentRx solution helps you save on your specialty medications with copay assistance from drug manufacturers. Here's how it works:

- Without PrudentRx, you'll pay 30% coinsurance for medications on the program drug list, after any applicable deductibles are met.
- With the PrudentRx solution, which includes enrollment in an available manufacturer copay assistance program, you'll have a \$0 out-of-pocket responsibility on the Anthem Gold Plan.
- If you're enrolled in the Anthem Silver or Bronze Plan, you'll have \$0 out-of-pocket responsibility for drugs listed on the plan's High-Deductible Health Plan (HDHP) Preventive Drug List. For all other drugs, you'll have a \$0 out-of-pocket responsibility for prescriptions covered under the PrudentRx solution after your deductible has been satisfied.*

* Participating members enrolled in HDHPs with HSAs must fully satisfy their deductible before they are eligible for a final \$0 out-of-pocket (OOP) cost, unless the member has been prescribed a medication that qualifies as "preventive care" under Internal Revenue Code (IRC) which is administered and enforced by the Internal Revenue Service (IRS). Amounts paid toward the deductible on a specialty drug will not apply to the out-of-pocket maximum.

For Your Health Goals

Hinge Health

Hinge Health is available to help you conquer back and joint pain, recover from injuries, prepare for surgery, or stay healthy and pain-free. Best of all, Hinge Health's programs are provided at no cost to you and your eligible dependents enrolled in an Anthem medical plan.

Hinge Health provides you with tools to get moving again from the comfort of your home.

- Get a personal care team, including a physical therapist and health coach
- Schedule as many personal physical therapy sessions as needed
- Receive wearable sensors that give live feedback on your form in the app

If you don't have pain and are just looking to stay healthy, you can sign up for their free app. Recommended exercises will be tailored to you based on your job and lifestyle.



To learn more, call **855-902-2777**, apply at: hingehealth.com/ur, or scan the QR code.

Diabetes Prevention Program

You can take steps today that will reduce your risk from becoming one of almost 30 million Americans living with Type 2 diabetes. United Rentals and Solera have teamed up to offer you access to health coaching, personalized health plans, and tools like a Fitbit® activity tracker. Make the changes today that will reduce your risk for diabetes.

All it takes is a minute to see if you qualify.



Visit solera4me.com/UR scan the QR code, or call **888-605-7690** (TTY: 711) Monday through Friday, 9:00 am to 9:00 pm EST.

Additional Medical Benefits 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

Maternity Care

We're here for you before, during, and after the birth of your baby.

Visit kp.org/classes to explore classes and programs for expecting parents — including:

- Preparing for childbirth
- Prenatal yoga
- Breastfeeding
- Newborn care

Go to kp.org/maternity for in-depth resources for every stage of pregnancy, labor and delivery, and your baby's first few weeks at home. Come back often for articles, checklists, videos, virtual tours of our maternity wards, and more.

Getting Care From the Comfort of Home

For primary care, specialty care, and mental health services, connect with your care team from the comfort of your home.



E-visit

Fill out a short questionnaire about your symptoms online and get personalized self-care advice from a Kaiser Permanente clinician.



Phone appointment

Schedule an appointment to talk with a Kaiser Permanente clinician over the phone — just like an in-person visit.



E-mail

Message your doctor's office with non-urgent questions anytime through your kp.org account.



Video visit

Meet face-to-face with a doctor by video for the same high-quality care as an in-person visit.



Mail-order pharmacy

Get prescriptions sent straight to your door with our mail-order delivery service.

Where Do I Go for Care?

The Right Care When You Need It

When you have a sudden health issue, it's important to find the right care for your situation so you can start feeling better as soon as possible. If it's not a medical emergency, consider these care options instead of the emergency room to help save you time and money.

	Live Health Online (virtual care)	Doctor Office or Clinic	Urgent Care	ER
	When to use: For simple, non-emergency diagnosis or prescription	When to use: For non-urgent care and preventive care during normal business hours	When to use: For non-urgent care and preventive care during normal business hours	When to use: For severe or life-threatening medical issues
	Wait Time: Less than 10 mins	Wait Time: Average 30 mins or less	Wait Time: Average 30 mins or less	Wait Time: Average 2 ½ hours
	Cost: \$	Cost: \$\$	Cost: \$\$\$	Cost: \$\$\$\$
Headache	●	●	●	
Migraine		●	●	●
Urinary Tract Infection	●	●	●	
Bronchitis		●	●	
Low-Grade Fever	●	●		
High Fever (over 102 degrees)		●	●	●
Nausea	●	●	●	
Minor Allergy	●	●	●	
Asthma	●	●	●	●
Vomiting (not severe)	●	●	●	
Minor sprain	●	●	●	
Ear Infection	●	●	●	
Severe bleeding, head trauma, difficulty breathing, or unconsciousness (may need to call 911)				●
Vaccinations		●	●	
Eye swelling, irritation, redness, or pain	●	●	●	

Live Well, Safe, and Healthy

Tobacco-Free Incentive

If you and your spouse/domestic partner are enrolled in a United Rentals medical plan and certify that you are both tobacco-free, you can save up to **\$600** on your medical premiums.

United Rentals defines “tobacco-free” as not using tobacco in any form, including cigarettes, e-cigarettes, cigars, pipes, smokeless tobacco (including chewing tobacco or snuff), vaping devices, or other nicotine delivery devices within the last three months. This definition applies to any product that contains tobacco flavoring or is intended to mimic tobacco products or deliver nicotine for any purpose other than that of cessation by nicotine patches or nicotine gum.

Ready to Quit?

Call Carelon Health Options at **866-798-5673** to enroll in the **Kick It! Tobacco Cessation Program**. Upon completion of this program, you will be eligible to receive a pro-rated portion of the tobacco-free incentive based on the number of pay periods left in the year. Providing false information or intentional misrepresentations may result in increased Medical Plan premiums, and/or be subject to disciplinary action (up to and including termination of employment).

Know Your Numbers and Save on Medical Premiums

Learn about your blood pressure, blood sugar, body mass index, and cholesterol levels, and earn **\$1,000** toward next year’s medical premiums by completing your wellness screening and health assessment questionnaire by Dec. 31 of this year.



3 Ways To Do It:

1. Schedule an annual physical exam with your doctor. There’s no cost to you for preventive care.
2. Attend an on-site screening event near you. Check with your branch/office for details.
3. Visit a Quest Diagnostics Patient Service Center for your screening. Log in to your personal Quest portal to schedule (from my.UR.com, scroll down and select the Quest tile in your Employee Toolbox).



IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- » The payment you get isn't based on the size of your medical bill.
- » There might be a limit on how much this policy will pay each year.
- » This policy isn't a substitute for comprehensive health insurance.
- » Since this policy isn't health insurance, it doesn't have to include most federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- » Visit [HealthCare.gov](https://www.healthcare.gov) or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options.
- » To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- » For questions or complaints about this policy, contact your state Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- » If you have this policy through your job, or a family member's job, contact the employer.

Voluntary Medical Benefits

The unexpected can happen, and when it's a medical issue, it can be costly. By enrolling in voluntary medical benefits, you'll get extra financial protection for your medical bills.

Unlike your medical plan, which pays healthcare providers, if you have a covered medical issue, this insurance pays you. Then you can use that money however you choose. There are three types of voluntary medical benefits: Accident Insurance, Critical Illness Insurance, and Hospital Indemnity Insurance.

Accident Insurance

Accidents can happen anytime, anywhere, and when you least expect them. While you can't plan for the unexpected, you can be better prepared financially with Allstate Accident Insurance. Accident Insurance pays for more than 150 different injuries caused by accidents, such as broken bones or dislocations, burns, and concussions, and includes an array of medical services and treatments.

Health Screening Benefits

Allstate will provide an annual benefit when enrolled in Accident Insurance of \$50 per calendar year for taking one of the over 40 eligible screening/prevention measures, including:

- Pap test
- Cholesterol test
- Mammogram
- Colonoscopy
- Stress test

Allstate will pay only one health screening benefit per covered person per calendar year.

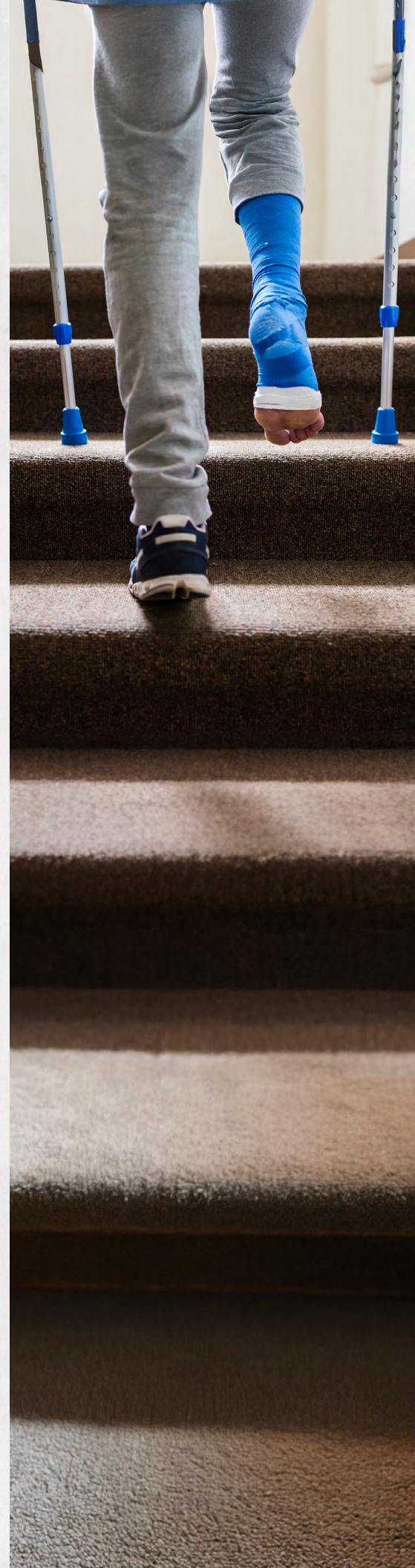
Hospital Indemnity Insurance

Hospital Indemnity Insurance provides financial support by offering fixed cash benefits for hospital stays, helping to cover out-of-pocket expenses such as deductibles, copays, and other costs that health insurance may not fully cover. This plan pays directly to you, regardless of other insurance, giving you the flexibility to use the funds where you need them for a hospital stay.

This plan provides benefits for hospitalization due to accidents and sicknesses, such as:

- Admission to a hospital
- Hospital stays
- Admission to an intensive care unit
- Intensive care unit stays
- Inpatient rehab unit stays

A flat amount is paid for the day that you're admitted to a hospital, and a per-day amount is paid for each day of a covered hospital stay from the very first day of your stay.



Critical Illness Insurance

Critical Illness Insurance can help you and your family have financial stability following a critical illness diagnosis such as cancer, heart attack, or stroke. This is important since some costs associated with these illnesses may not be covered by your existing medical insurance.

If you meet the group policy and certificate requirements, Critical Illness Insurance provides you with a lump-sum payment upon a verified diagnosis of these conditions:

- Partial benefit cancer
- Full benefit cancer
- Kidney failure
- Heart attack
- Stroke
- Major organ transplant
- Coronary artery bypass graft
- Alzheimer's disease
- Coma
- Severe burn
- Paralysis
- Sudden cardiac arrest
- Seven childhood diseases
- 11 infectious diseases including Covid-19
- Six progressive diseases
- Benign brain tumor
- Loss of: ability to speak, hearing, or sight

Health Screening Benefits

Early detection of a serious illness is important to your recovery. As an additional benefit to your Critical Illness Insurance, we provide you with an extra \$100 per calendar year on top of your total benefit amount when you see your physician for eligible health screenings or prevention measures.

Allstate will pay only one health screening benefit per covered person per calendar year.



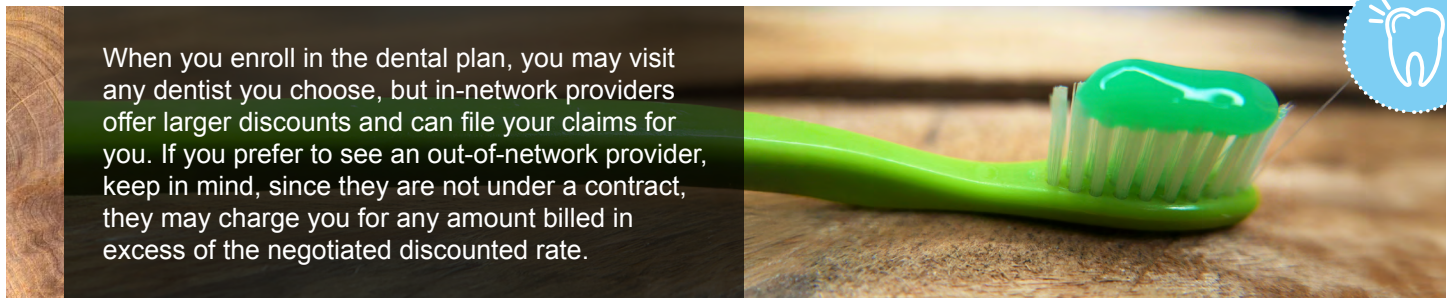
Learn More

For more information about voluntary medical benefits or to file a claim, contact Allstate at 888-282-2550 or mybenefits.allstate.com.

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.

The amount you pay for your coverage is based on who you cover and which plan you choose. DHMO members will receive a physical ID card, while PPO members will access a digital ID card through the MyCigna app. In order to access your ID card, you will need to download the MyCignaApp. DHMO members will still have physical cards.



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.

	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				
Composite Fillings, Space Maintainers, Sealants, Extractions, Oral Surgery, Endodontics, Periodontics	10%*	20%*	20%*	Pre-set copay provided in Patient Charge Schedule
MAJOR PROCEDURES				
Crowns, Inlays/ Onlays, Dentures, and Bridges	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 & Children	50%* up to lifetime maximum of \$2,000			Pre-set copay provided in Patient Charge Schedule

*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.

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	COVERED	Up to \$65 depending on lens type and option
Bifocals		
Trifocals		
Frames	Balance over \$150 allowance	Up to \$70
COVERED SERVICES — CONTACTS IN LIEU OF FRAMES/LENSES		
Contacts — Medically Necessary	\$0	Up to \$210
Contacts — Elective	Balance over \$150 allowance	Up to \$105
BENEFIT FREQUENCY		
Exam	Every Calendar Year	
Lenses		
Frames		
Contacts		

*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.

When obtaining benefits from a non-participating provider, you are responsible for paying the provider as billed. Upon submission of claim to VSP you will be reimbursed in accordance with the non-participating provider reimbursement schedule, less any applicable copayments.



ID cards are not provided with this coverage. Simply call a VSP network provider to schedule an appointment and state that you are a VSP member.



Your financial health can bring either stress or peace of mind, and we aim to help foster the latter. We offer coverage options and tools to help you save money, prepare for the unexpected, and plan for the future.



Health Savings Account

An HSA is a personal savings account you can use to pay for qualified out-of-pocket medical expenses with pre-tax dollars — now or in the future. **You must have a physical street address in Workday to open an account.**

HOW TO USE YOUR HSA

	<p>Eligibility You must be enrolled in either the Anthem Blue Cross Silver or Bronze Plan.</p>				
	<p>Your Contributions You contribute on a pre-tax basis and can change how much you contribute from each paycheck. Your total contributions (including Company contributions) may not exceed the IRS maximum of \$4,300 if you enroll only yourself, or \$8,550 if you enroll in family coverage. You can make an additional catch-up contribution of \$1,000 if you are age 55 or older.</p>				
	<p>Your Company's Contribution</p> <table border="0"> <tr> <td data-bbox="295 1339 472 1367">Employee only</td> <td data-bbox="727 1329 1240 1390">\$400 lump sum in January: Must be enrolled and eligible by 01/01/2025</td> </tr> <tr> <td data-bbox="295 1415 505 1472">Spouse/Domestic Partner or Family</td> <td data-bbox="727 1409 1240 1470">\$800 lump sum in January Must be enrolled and eligible by 01/01/2025</td> </tr> </table>	Employee only	\$400 lump sum in January: Must be enrolled and eligible by 01/01/2025	Spouse/Domestic Partner or Family	\$800 lump sum in January Must be enrolled and eligible by 01/01/2025
Employee only	\$400 lump sum in January: Must be enrolled and eligible by 01/01/2025				
Spouse/Domestic Partner or Family	\$800 lump sum in January Must be enrolled and eligible by 01/01/2025				
	<p>Eligible Expenses Medical, dental, vision, and prescription drug expenses incurred by you and your eligible family members.</p>				
	<p>Using Your Account Once you're enrolled in the HSA, you'll receive a debit card to help manage your HSA reimbursements. 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 healthcare expenses.</p>				
	<p>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 healthcare expenses.</p>				

*If hired between Jan. 2 and July 1, a prorated employer contribution, 1/2 the yearly amount, will be provided in the first paycheck in July.

The HDHP (Silver or Bronze Plan) and HSA: How They Work Together

Together, your and the Company's contributions can cover a portion of your deductible and coinsurance.



Free In-Network Preventive Care

To emphasize the importance of wellness, preventive care is covered at 100%, if you receive this care from in-network providers.



Deductible

You pay for your initial medical costs until you meet your annual deductible. This deductible is higher compared to the other medical plan, but offset by HSA contributions you and the Company may make.



Coinsurance

Once the deductible is met, you and the Company share any further healthcare costs until you meet the out-of-pocket maximum.



Out-of-Pocket Maximum

The plan limits the total amount you'll pay each year. Once you meet your out-of-pocket maximum, the plan pays 100% of your eligible, in-network expenses for the remainder of the year.

How the HSA Works

Please note: Funds available for reimbursement are limited to the balance in your HSA.

Choose the Silver or Bronze Plan during your enrollment.

The Company opens an HSA for you and you and the Company make deposits into your account.

You determine how much to contribute (tax-free) to your HSA each pay period.

Use money in your HSA for eligible medical, dental, and/or vision expenses.

Money left over at the end of the year rolls over for future use.

Your account grows and earns tax-free interest over time.

Yolanda enrolls herself only in the HDHP with HSA. She chooses to use her HSA to pay for covered services — this reduces her out-of-pocket amount needed to meet her deductible before her health plan begins to pay.

YEAR 1 EXAMPLE	YEAR 2 EXAMPLE
The Company deposits \$400 in Yolanda's HSA	The Company deposits \$400 in Yolanda's HSA
She contributes \$3,250 for a total of \$3,650	She contributes \$3,250 for a total of \$3,650
She uses her HSA to pay \$700 of eligible expenses	\$2,950 rolls over from last year for a total of \$6,600
She has \$2,950 in her HSA to roll over to next year	She uses her HSA to pay \$1,250 of eligible expenses
	She has \$5,350 in her HSA to roll over to next year

HSA Options

Optum Bank is our HSA administrator. Please review the chart below for account benefits and a schedule of the minimal fees.

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% of relevant investment balance
Minimum Account Balance for Investing	\$1,000
Account Benefits	All accounts include the use of: 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.



Flexible Spending Accounts

Flexible Spending Accounts (FSAs) allow you to pay for eligible healthcare and dependent care expenses using tax-free dollars. **There are two types of FSAs — the Health Care FSA and the Dependent Care FSA:**

Health Care FSA








If you are enrolled in the Anthem Blue Cross Gold Plan, Kaiser Plan, or another non-HDHP plan outside of UR, you are eligible to participate in a Health Care FSA. These funds can be 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. Employees enrolled in a HSA cannot enroll in a Health Care FSA during the same plan year.

Dependent Care FSA



These funds can be used to pay for day care expenses associated with caring for elder or child dependents that are necessary for you or your spouse to work or attend school full-time. You cannot use your Health Care FSA to pay for Dependent Care expenses.

HEALTH CARE FSA	VS	DEPENDENT CARE FSA
Contribute up to \$3,200 per year, pre-tax.		Contribute up to \$5,000 per year, pre-tax, or \$2,500 if married and filing separate tax returns.*
Receive a debit card to pay for eligible medical expenses.		You must submit claims and be reimbursed if you enroll in this FSA; no debit cards are provided (funds must be available in your account).
Eligible expenses include medical copays, coinsurance, deductibles, eyeglasses, over-the-counter medications prescribed by your doctor.		Can only be used to pay for eligible dependent care expenses including day care, after-school programs, and elder care programs.
Submit claims up to March 31 of the following year for expenses from Jan. 1 to Dec. 31.		Submit claims up to March 31 of the following year for expenses from Jan. 1 to Dec. 31.
If you do not spend all the money in this FSA by March 31 , per IRS regulations, unused dollars will be forfeited for pre-tax contributions.		If you do not spend all the money in this FSA by March 31 , per IRS regulations, unused dollars will be forfeited for pre-tax contributions.




*Note: For Highly Compensated Employees, the maximum contribution amount is lower.

Important!

There is a “use it or lose it” rule imposed by the IRS. In other words, if you do not spend all the money in your FSA by the deadline, any unused dollars in your account(s) after the deadline will be forfeited.

How You Can Save on Taxes With FSAs

Here’s an example of how much you can save when you use the FSAs to pay for your predictable healthcare and dependent care expenses.

	HEALTH CARE FSA		DEPENDENT CARE FSA	
	WITHOUT ACCOUNT	WITH ACCOUNT	WITHOUT ACCOUNT	WITH ACCOUNT
 Your Taxable Annual Income	\$50,000	\$50,000	\$50,000	\$50,000
Account Deposit (Before Taxes)	N/A	\$2,500	N/A	\$5,000
Taxable Wages	\$50,000	\$47,500	\$50,000	\$45,000
Federal & Social Security Taxes Expense (After Taxes)	\$14,325	\$13,609	\$14,325	\$12,894
Take Home (Net)	\$33,175	\$33,891	\$30,675	\$32,106
Annual Tax Savings	\$0	 \$716	\$0	 \$1,431

If you are a participant in a Health Savings Account (HSA), you are not eligible for a Health Care FSA reimbursement account in the same plan year.

Life and AD&D Insurance

It's important to give some serious thought to what expenses and income needs your dependents would have if something happened to you. To make sure you have financial protection, United Rentals offers several different types of Life and AD&D insurance.

Basic Life Insurance

Basic Life insurance is provided at no cost to you, and you are automatically enrolled even if you don't elect medical coverage. If you purchase additional Life insurance for yourself, you may also purchase coverage for your spouse and dependent children.

COVERAGE FOR	COVERAGE AVAILABLE
Employee	<ul style="list-style-type: none"> 1x your basic annual earnings Maximum of \$125,000 (coverage levels may vary by eligibility group, as detailed in the Summary Plan Description) Benefit reduced by 50% of the original amount if you are age 70 or older.
Spouse/ Domestic Partner	<ul style="list-style-type: none"> \$1,500 coverage Benefit reduced by 50% at age 70
Child(ren)	<ul style="list-style-type: none"> \$1,500 coverage Your child(ren) live birth to 26 years are eligible

Basic AD&D Insurance

AD&D insurance is provided as part of your Basic Life coverage and provides you specified benefits for a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye). In the event that death occurs from an accident, 100% of the AD&D benefit would be payable to your beneficiary(ies).

COVERAGE FOR	COVERAGE AVAILABLE
Employee	<ul style="list-style-type: none"> 1x annual base pay, up to a maximum of \$125,000 Benefits reduce by 50% of the original amount if you are age 70 or older Coverage levels may vary by eligibility group

Imputed Income

Under current tax laws, imputed income is the value of your Basic Life insurance that exceeds \$50,000 and is subject to federal income, Social Security, and state income taxes, if applicable. This imputed income amount will be included in your paycheck and shown on your W-2 statement.



Voluntary Life Insurance

Voluntary Life insurance for you, your spouse, and children can help protect your family during difficult times. Voluntary Employee Life insurance enrollment is required for spouse/child(ren) enrollment.

COVERAGE FOR	COVERAGE AVAILABLE
Employee	Increments of 0.5 times to 8x your salary not to exceed \$2,500,000
Spouse/ Domestic Partner	Increments of \$10,000 up to \$250,000; cannot exceed 100% of Employee coverage
Child(ren)	<p>Coverage begins from live birth and continues to age 26.</p> <p>Increments of \$1,000 not to exceed \$25,000 for children aged 6 months to 26 years.</p> <p>Coverage is \$500 for child aged less than 6 months.</p> <p>Coverage cannot exceed 100% of the Employee Voluntary Life coverage amount.</p>

Evidence of Insurability (EOI) Rules

COVERAGE FOR	OPEN ENROLLMENT	NEWLY HIRED	QUALIFIED STATUS CHANGE
Employee	<ul style="list-style-type: none"> 1x salary incremental increases greater than \$200,000 Coverage over \$200,000 Electing coverage after initial eligibility When an EOI has been denied in the past 	<ul style="list-style-type: none"> Coverage over \$200,000 Enrolling more than 60 days after initial eligibility 	<ul style="list-style-type: none"> For any amount
Spouse/ Domestic Partner	<ul style="list-style-type: none"> One increment increases that exceed \$50,000 benefit Coverage over \$50,000 Electing coverage after initial eligibility 	<ul style="list-style-type: none"> Coverage over \$50,000 Enrolling more than 60 days after initial eligibility 	<ul style="list-style-type: none"> Coverage over \$50,000 Enrolling more than 60 days after initial eligibility due to marriage Any increase associated with other types of qualified family status change

Voluntary AD&D Coverage

Eligible employees may purchase Voluntary AD&D for themselves and their family.

COVERAGE FOR	COVERAGE AVAILABLE
Employee	<ul style="list-style-type: none"> ½, 1, 2, 3 or 4x your annual salary, up to a maximum of \$1 million Benefits reduce by 50% of the original amount if you are age 70 or older
Spouse/ Domestic Partner	<ul style="list-style-type: none"> Up to 60% of Voluntary Employee AD&D, up to a maximum of \$300,000 Your spouse/domestic partner under the age of 99 is eligible
Spouse/Domestic Partner and Child(ren)	<ul style="list-style-type: none"> Spouse/Domestic Partner under age 99: Up to 50% of Voluntary Employee AD&D, up to a maximum of \$300,000 Child(ren) from live birth to 26 years: Up to 10% of Voluntary AD&D per child, up to a maximum of \$50,000 per child
Child(ren) only	<ul style="list-style-type: none"> Up to 15% of Voluntary Employee AD&D per child, up to a maximum of \$50,000 per child Child(ren) from live birth to 26 years are eligible

Business Travel Accident Insurance

Business Travel Accident insurance offers coverage in the event of sickness, or accidental death, or dismemberment when you're traveling for business. It is provided at no cost to active, full-time employees who are regularly scheduled to work 30 hours or more per week, as well as eligible dependents who accompany that travel. Union employees are not eligible for this coverage unless specifically indicated in their collective bargaining agreement. Coverage includes:

- 24-hour worldwide business travel protection
- Travel assistance services
- Emergency medical evacuation

For more information about Business Travel Accident coverage, call **855-327-1414** or **630-694-9764** (outside of the U.S.) and reference Policy #ADD NO498299A.

Disability Insurance

If you have a serious injury or illness that keeps you from working, how will you pay your bills? Disability insurance replaces a portion of your income when you are unable to work due to a qualified illness or non-work-related injury.

Short-Term Disability (STD)

Pregnancy, a scheduled surgery, or an unplanned illness or injury could keep you off the job and without income for an extended period of time. STD can protect part of your paycheck should you become disabled.

STD is provided at no cost to you. You are automatically covered as a full-time, non-union employee — no enrollment is needed.

COVERAGE	BENEFIT
Short-Term Disability	<ul style="list-style-type: none">60% of your weekly earnings to a \$1,500 weekly maximum for 26 weeksBenefit begins on the 15th day of disability

Long-Term Disability (LTD)

LTD makes sure you have a portion of your income replaced if you can't work for an extended period of time due to a non-work-related illness or injury. This coverage is coordinated with other benefits you may receive while disabled, such as Social Security and Workers' Compensation. LTD payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever comes first. Certain exclusions and pre-existing condition limitations may apply.

LTD – Hourly Employees

If you are a full-time, non-union hourly employee, LTD is provided at no cost to you — you are automatically covered and no enrollment is needed.

COVERAGE	BENEFIT
Long-Term Disability	<ul style="list-style-type: none">60% of your monthly earnings up to a maximum of \$15,000 per monthBenefit begins after 26 weeks of disability, and payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner

LTD – Salaried/Exempt Employees

If you are a full-time, exempt (salaried) employee, you have two options available at discounted group rates.

	OPTION A	OPTION B
Benefits Begin	After 26 weeks of disability	
Benefit Amount	Up to 60% of your monthly base pay, up to a maximum of \$15,000 per month	Up to 60% of your monthly base pay plus bonus, up to a maximum of \$25,000 per month
Benefit Duration	Up to 24 months at your own occupation, then for as long as you are disabled and unable to perform gainful employment until you return to work, reach retirement age, or in the event of your death	

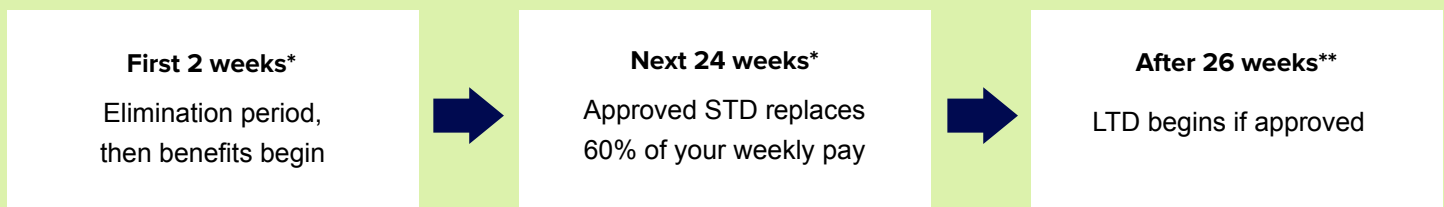
An Example: How STD and LTD Can Work Together

Let's say you have an accident on the ski slopes and you must be away from work due to your injuries. Here's how your disability benefits would work:

- For the first 14 days away from work, you would use your accrued sick and/or vacation time and receive your regular pay.
- For the next 24 weeks, you would receive STD benefits equal to 60% of your pay, up to \$1,500 per week.
- If you are out longer than 26 weeks and cannot perform your job, LTD benefits would begin and would replace 60% of your pay, up to a maximum of \$15,000 per month under Option A or \$25,000 per month under Option B (salaried only). These benefits would continue until you no longer meet the definition of disabled as defined by the insurance company.

Note: All Employer-paid disability coverages are not included in gross income, and will be taxable. Under current tax laws, the benefit will be taxed at the time it is received.

A qualifying disability is a sickness or injury that causes you to be unable to perform any other work for which you are or could be qualified by education, training, or experience.



*Up to \$1,500 weekly

**Up to \$15,000 or \$25,000 monthly, depending on election.



Pre-Existing Condition

A pre-existing condition limitation will apply during your first year on the Plan (or on the increase in coverage level if you move from Option A to Option B). If you received treatment, consultation, care or services, or took prescription medication in the three months before your enrollment, a resulting disability will not be covered.

Once you have been insured on the Plan as an active employee for a consecutive 12 months, the pre-existing condition limitation no longer applies.



Voluntary Benefits

Transportation Account

With the Transportation Account, administered through Navia, you can use pre-tax 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.

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.

- Use for: Monthly passes, tokens, fare cards/vouchers (transit and vanpool expenses) for you
- Contributions: \$315 monthly maximum

Legal Assistance Plan

A legal insurance plan can ease the biggest stresses — finding and paying for legal expertise when you need it most. LegalEASE offers a legal insurance plan that provides support and protection for unexpected personal legal issues.

What you get with a LegalEASE insurance plan:

- An attorney with expertise specific to your personal legal matter
- Access to a national network of attorneys with exceptional experience that are matched to meet your needs
- In and out-of-network coverage
- Concierge help navigating common individual or family legal issues

The value of a LegalEASE insurance plan

As a member, you have access to a national network of over 20,300 attorneys who are matched to your specific legal needs. The Legal Assistance Plan also saves you time and costly legal fees. But most importantly, it gives you confidence and provides coverage for:

- Home and consumer (buying, selling, foreclosure, and tenant disputes)
- Financial (debt collection, collections, contracts)
- Auto and traffic (traffic matters and license suspensions)
- Family (adoption, divorce, name change)
- Estate planning and wills (will, living will, healthcare power of attorney)

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.

The cost of coverage depends on your pet's age, species, and the coverage level that you select.

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.

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 GroupSelect.

Employee Discount Program: PerkSpot

United Rentals partners with PerkSpot to provide exclusive discounts and rebates on goods and services, including health and wellness and family activities. Access at work, home, or on the go and browse thousands of discounts! Visit [UR.PerkSpot.com](https://www.ur.com/PerkSpot) and follow the instructions to register.





Employees Helping Employees

United Compassion Fund

When One of Our Own Is In Need, We're Here to Help

The United Compassion Fund, a tax-exempt 501(c) (3) public charity, is an employee-funded, first-response program that assists employees experiencing financial hardship as the result of an uncontrollable crisis.

Your donations will assist our employees who've experienced an uncontrollable catastrophic situation, such as a:

- Medical Emergency
- Catastrophic Injury or Illness
- Home Fire
- Home Flooding
- Hurricane
- Wildfire

Sign up to donate in Workday and start making a difference in the life of a United Rentals family member.

Questions?

E-mail compassionfund@ur.com.

Leave Donation Program

The Leave Donation Program permits eligible* U.S. employees who have more paid vacation or sick time than they plan to take within a year to choose to donate hours of paid vacation or sick time to assist other employees who are facing a medical emergency or have been affected by a natural disaster. Employees who want to assist may donate their accrued time to a United Rentals managed "leave bank."

Who Can Contribute?

All non-union UR employees who are eligible to accrue leave time may contribute. You may contribute to the leave bank in one-hour increments. Even the smallest donations add up quickly and make a difference.

How Can I Contribute?

If you have accrued vacation or sick time to donate to the Company bank, fill out the Leave Donation Contribution Form. Donations are made anonymously and participation in the program is voluntary. Due to IRS regulations, employees are not permitted to donate to specific individuals in need, only to the Company bank. Go to my.UR.com and type Leave Donation in search box.

Additional Benefits Programs

Tuition Reimbursement

This program is designed to support those with the determination and discipline to obtain a Bachelor's degree.

- Eligible employees may receive up to \$2,000 dollars (U.S.) in Education Assistance for the 2025 calendar year.
- Open to all full-time employees who meet eligibility requirements.
- Assistance covers tuition, books, fees, and necessary supplies.
- Employees must be enrolled in an accredited college or university and be pursuing a Bachelor's degree in a job-related discipline.
- Union employees are not eligible for the Tuition Reimbursement Program unless specifically indicated in their collective bargaining agreement.

To learn more about eligibility requirements, additional program requirements, and to submit an application, please go to my.UR.com > **Employee Hub** > **Career Development Tuition Assistance**.

Scholarship Program for Children of Employees

Through this program, United Rentals is committed to providing need-based financial assistance for top achieving children of United Rentals' employees. Scholarship recipients will be known as Kneeland Scholars in honor of former CEO Michael J. Kneeland and his passion for lifelong learning.

The program will select ten students annually to receive scholarship awards of \$2,500 each, renewable for up to three additional years for a total value of up to \$10,000 per scholarship. To be eligible, students must enroll full-time at an accredited two-year or four-year college, university, or vocational-technical school.

To learn more and apply, visit UnitedRentals.com/scholarships.

Early Access to Pay through Payactiv

Payactiv is offered to non-union United States employees and allows early access to a portion of your earned wages ahead of pay day. In addition to having early access to your earned wages, Payactiv also offers a variety of other financial wellness tools. Included in the app:

- On-demand access to earned wages
- In-app bill pay
- Cash pickup from Walmart Money Centers
- Call an Uber through the app
- Prescription discounts
- Savings and budgeting tools
- Financial counseling and financial planning guides
- And much more



Scan this QR code or download the Payactiv mobile app from the Apple or Google app stores.

Planning for Retirement

What does retirement look like for you? Maybe you plan to travel the world. Or maybe you'd like to take up some hobbies closer to home. Whatever your goal, it's important to take responsibility for your own finances so you have the income you'll need in the future.

One of the best ways to ensure a secure retirement is to start saving as early as possible. The UR 401(k) plan allows you to save for retirement on a pre-tax or Roth post-tax basis. You can begin contributing to the plan at any time once you become eligible — this happens after you achieve 30 days of credited service with the Company. Contributions to your account are made through convenient payroll deductions. To log in for the first time, visit principal.com/welcome where you will be taken through the steps to secure your account. You create your own username, password, and security answers.

Increase Your Retirement Savings With a 401(k)

- All non-union employees are automatically enrolled after 30 days of employment at a 4% pre-tax contribution rate.
 - This amount increases by 1% every April 1 until the contribution reaches 15%.
- UR will match your payroll contributions, per paycheck, at a rate of 100% on the first 1% contributed and 50% on the next 5% contributed. Those employees deemed highly compensated are limited to a maximum match of \$4,000 annually. To fully maximize your UR match, you want to contribute at least 6% of your pay for each check.
- You are 100% vested in Company matching contributions after two years of service.
- Contribute using convenient payroll deductions up to the IRS limits (both deferral and catchup).
- Change the amount of your contributions or stop your payroll contributions at any time (changes go into effect as soon as administratively possible).
- Contributions may range from 1% to 80% in whole number increments.
- Decide how to invest your 401(k) among the various options in the Plan or default to a Target Date Fund based on your age.

Get Personalized, One-On-One Retirement Planning Support

With the Principal Retire Secure™ Program, you can speak with a representative at no cost (and as often as necessary) to help you get and stay on track toward your financial goals. You'll have an opportunity to discuss your goals, savings gaps, asset protection, retirement fund consolidation, planning for future expenses, and insurance needs. Visit principal.com/virtual1on1 to schedule an appointment.

Check Up on Your Account

We know there's a lot to think about when it comes to your finances — both now and later. But with the right knowledge, you can live well today and plan well for tomorrow. Principal® Milestones can help you prioritize and make more informed decisions with financial resources in one convenient place at no cost to you. Visit principal.com/milestones to check out everything available to you through your UR 401(k) account.

Finally, don't forget to do the following once you're logged in to your account:

- Designate your beneficiary(ies)
- Review your investments
- Download the Principal app for on-the-go access to your account

Contact Principal at **800-547-7754** to speak with a representative Monday – Friday from 8:00 am to 10:00 pm EST. Reference contract number 457188.

Union Employees are only eligible for the plan as outlined in their Collective Bargaining Agreement and must take action to participate.





A healthy mind is just as important as a healthy body. You need hassle-free, judgment-free options to get the support you need. We have the in-house UR Wellness app along with convenient, affordable resources to help you manage stressors, big and small.

Mental Health Support

Employee and Family Assistance Program

Mental health is just as important as physical health. Get free, confidential, 24/7 support for you and every member of your household through the Employee & Family Assistance Program (EFAP). Contact Carelon at **866-798-5673** or log on to th.carelonwellbeing.com/ur.

You are eligible to receive up to eight face-to-face sessions per problem, per year, as clinically appropriate.

You also can receive no-cost consultations and referrals for issues related to many personal and professional concerns, including:

- Stress
- Crime victimization
- Marital, family, and relationship concerns
- Work-related issues
- Financial or legal problems
- Anxiety or depression
- Retirement transition
- Substance abuse
- Child or elder care questions
- Loss of a loved one

Talkspace

Talkspace through Carelon lets you (or a family member) share text, voice, or video messages with a therapist. Visit talkspace.com/carelonwellbeing and enter United Rentals when you fill out your info.

UR Wellness App

Take a moment to de-stress with our in-house app, UR Wellness. It provides you and your family with quick, easy access to all our mental health resources in one place. You can also explore an extensive library of wellness-related articles, podcasts, and videos. The UR Wellness app has been downloaded to all Company phones and tablets, or you and your family can go to unitedrentals.com/wellness to start exploring.

eMLife

eMLife is United Rentals' new mindfulness benefit. Download the eMLife app, select "Create an EM Life account" and "Employee Account," and enter Company code "unitedrentals" to get started — it's free for you and all members of your family.

Your care is provided by a staff of certified health professionals, counselors, psychologists, social workers, and medical doctors.

Anthem Behavioral Health Center

If you're enrolled in an Anthem medical plan, LiveHealth online can connect you to mental health professionals. You can use your phone or video chat from the comfort from home or visit in person at low or no additional cost. The Behavioral Health Resource Center can help you find treatment programs and arrange confidential counseling for you and your family.

Also, check out the online Emotional Well-Being Resources from Learn to Live for personalized coaching to manage stress, anxiety, and depression. Explore the Knowledge Hub for easy access to webinars, podcasts, and helpful topics.

To get started, visit livehealthonline.com, call **888-548-3432**, or use Anthem's Sydney Health mobile app. Appointments are available daily from 7:00 am to 11:00 pm.



**GETTING
HELP IS
A SIGN OF
STRENGTH**

Recognition

1UR Volunteer Army Program

Our 1UR program was designed to build a consistent, quality experience for our customers.

- We will become the clear choice for customers by earning their trust with a consistent, quality experience.
- We will support our team with the best training and tools to act with urgency to exceed customer expectations.
- Only through each employee's commitment to safety and service excellence will we deliver Company-wide success.

You can help celebrate a team member who takes an active role in bringing 1UR to life! Share their story using the form on MyUR, and we'll send a 1UR Coin to recognize their contribution.

For more information, visit my.UR.com > **Resource Hub** > **Initiatives** > **1UR Coin Nomination**.

Service Anniversary Award Program

Employee service anniversaries are recognized at five-year intervals, beginning with year five. Managers are encouraged to celebrate their team members and are provided a recognition package for support.

For more information, visit my.UR.com > **Employee Hub** > **Employee Recognition**.

Time Off

Paid Wellness Day

United Rentals offers all active, full-time non-union employees one paid Wellness Day per year to engage with their doctor or participate in activities that support physical, emotional, or financial wellbeing.

Here's how it works:

SCHEDULE

Request your day off from your supervisor, then input your request into Workday using the Time Off (suitcase) app.

ENGAGE

Engage with your doctor at an annual physical exam. You may also choose an activity that supports your physical, financial, or emotional wellbeing.

Some ideas:

- Get outside for a hike, walk, or a new exercise
- Volunteer for a cause that is important to you
- Schedule a Retire Secure Meeting
- Go to principal.com/virtual1on1

ENJOY

Enjoy the rest of your Wellness Day. It's all about you.

Vacation Buy Program

This program allows the purchase of one to five days of additional vacation, to be used after earned vacation time is exhausted. By electing this coverage, you agree to all program conditions. Not available during New Hire Enrollment.

- Full-time, non-union employees are eligible if they have not reached the four-week accrual rate prior to the start of the year for which they are buying extra vacation. Vice Presidents and above are ineligible.
 - Branch employees: Additional vacation requests must be approved and used during the first quarter (January to March) or fourth quarter (October to December) only.
- Available for purchase during the Annual Open Enrollment period each fall, to be effective Jan. 1 and to be deducted each paycheck, in equal amounts, before taxes.
- Purchased vacation does not roll over. If left unused, it will be reimbursed in your last paycheck of the year. If you have a negative vacation balance when employment ends, the amount owed is deducted from your final paycheck.

Paid Parental Leave

UR recognizes the importance of providing ample time and support to new parents as they welcome a child into their lives, whether through adoption, birth, or foster care.

UR provides up to eight weeks of paid Parental Leave to eligible employees, depending on caregiver status. Primary Caregivers are eligible for eight weeks of paid parental leave and Secondary Caregivers are eligible for two weeks of paid parental leave.

For purposes of this program, the phrase “primary caregiver” means the parent or guardian having primary responsibility for the full-time care of a child immediately following birth, adoption, or foster care placement.

For purposes of this program, the phrase “secondary caregiver” means the parent or guardian who has routine responsibility for child care, but less responsibility than the primary caregiver.

Vacation Time

Active, regular, non-union employees accrue vacation time according to the below schedule. Your accrual rate and maximum annual accrual are adjusted on the anniversary of your date of hire.

Vacation accrual based on service and full-time hours worked each pay period	FULL TIME & PART-TIME EMPLOYEES	
	FULL YEAR	BI-WEEKLY PAY PERIOD
0 – 4 Years	80 hours	.03847 accrual rate
5 – 9 Years	120 hours	.0577 accrual rate
10+ Years	160 hours	.07693 accrual rate



Vacation time and sick time are not accrued during a leave of absence. Please refer to the appropriate PPBs for full policy details: Vacation PPB 3J.002.

For more information on the Parental Leave Program, please refer to the Leave of Absence PPB 3J 005.



Vacation Carry-Over

Employees must use their vacation time within the calendar year when it is earned. Any unused vacation time at the end of the calendar year will be forfeited. The following exceptions apply:

1. Branch employees and District employees with eligible Branch job titles who accrue three or more weeks of vacation per year may roll over one week to the next calendar year.
2. Due to local legislation, employees in the Exception States (while still expected to comply with this policy and use their full accrual each year) may roll over accrued and unused vacation time without the risk of forfeiture.
3. Special rollover rules may apply to employees who were employed by companies acquired by United Rentals and whose vacation balance with the predecessor company was recognized by United Rentals at the time of acquisition. Employees in this situation should direct questions about carry-over mechanics to their Human Resources representative.
4. Vacation hours taken are applied to any carry-over balance first, then to accrued vacation hours.

Sick Time Accrual and Payout

Paid sick leave under this policy may be used for absence due to:

- A non-serious illness or injury of the employee or the employee's child, spouse or parent
- A regular, preventive care visit to a physician or dentist by the employee or the employee's child, spouse, or parent
- Due to local regulations, employees in the certain Exception States (while still expected to comply with this policy and use their time accordingly) may have carry-over or payout related to sick time.

Regular Hourly (Non-Exempt) Employees

Regular hourly (non-exempt) employees accrue paid sick leave at the rate of .02308 multiplied by the number of straight time hours paid (up to a maximum of six days per year). This is reduced proportionately if the employee works less than 40 hours per week. The sick hour accrual is based on the total number of paid straight time hours including vacation and holidays. Sick leave accrues from date of hire.

All eligible regular hourly (non-exempt) employees will be paid for unused sick leave accrued each calendar year. In no circumstance shall payment be made for more than 48 hours of unused sick leave.

Sick leave taken in advance of accrual is charged against the current year accrual bank even if this causes the bank to be negative. Employees will not be allowed to take sick leave in excess of 48 hours per year.

Full-Time Salaried (Exempt) Employees

Full-time salaried (exempt) employees accrue paid sick leave at the rate of .02308 multiplied by the number of straight time hours paid (up to a maximum of six days/year). This is reduced proportionately if the employee works less than 40 hours per week. Full time employees must work at least 30 hours/week to be eligible to accrue any sick leave.

The sick hour accrual is based on the total number of paid straight time hours including vacation and holidays. Sick leave accrues from date of hire.

Unused sick leave for salaried (exempt) employees is carried forward from year to year. Carryover is cumulative but limited to a maximum accrual up to 112 hours. The maximum sick leave a full time salaried employee who works 40 hours per week is entitled to take in any given calendar year is 112 hours or 14 days (6 days for current year and, if applicable, up to eight carryover days). This is reduced proportionately if the employee works less than 40 hours per week.

Union employees are not eligible for vacation time or sick time unless specifically indicated in their collective bargaining agreement. Vacation time and sick time are not accrued during a leave of absence. Please refer to the appropriate PPBs for full policy details: Vacation PPB 3J.002; Hourly Sick PPB 3J.004; Salaried Sick PPB 3J.037.

Together United

Together United is where all United Rentals' employees can come together to build a more diverse, inclusive, and empowering workplace through personal, team, and community building efforts.

At United Rentals, Employee Resource Groups or ERGs are groups of employees within the Company who voluntarily come together based on:

- shared characteristics, interests, experiences, or goals,
- to network and build relationships,
- exchange ideas and enhance their professional development,
- as well as help the Company reach our strategic goal of Building a Better Future for all — that is inclusive, empowered and safe.

African & Black Heritage United: Building a space for employees that self-identify as Black, African American, and or as being of African descent and their allies.

HOLA United: Building Hispanic & Latin Advancement (HOLA) while fostering a culture of intentional inclusion and diversity.

LGBTQIA+ United: To Build Pride in our LGBTQIA+ employees and equip our allies.

Mental Wellness United: Building an environment where getting help is a sign of strength.

Planet United: We're creating a better world through awareness, engagement, and improved efficiency.

Veterans United: At United Rentals, our Veterans United Employee Resource Group is committed to the effective placement, transition, and career development of all current and former service members and spouses.

We honor and celebrate the military principles and camaraderie veterans bring to our Company culture through engagement with community partners who serve veterans, and provide a supportive veteran ecosystem by providing networking and sponsorship.

Women United works to transform our industry, drive the competitive advantage of diversity, and supports inclusion through networking, education, and the promotion of career opportunities.



Employee Bi-weekly Contribution Rates

GOLD MEDICAL PLAN		
	GROUP A	GROUP B
EE only	\$145.27	\$185.64
EE + spouse	\$256.78	\$369.41
EE + child(ren)	\$211.69	\$308.40
EE + family	\$313.13	\$453.05

BRONZE MEDICAL PLAN		
	GROUP A	GROUP B
EE only	\$86.98	\$111.92
EE + spouse	\$127.43	\$193.11
EE + Child(ren)	\$111.99	\$164.92
EE + family	\$148.74	\$229.95

DENTAL PLAN		
	DENTAL PPO	DENTAL HMO
EE only	\$6.27	\$3.08
EE + spouse	\$13.05	\$6.42
EE + child(ren)	\$12.01	\$5.92
EE + family	\$21.41	\$10.52

VISION PLAN	
	VISION PLAN
EE only	\$3.07
EE + spouse	\$6.45
EE + Child(ren)	\$5.83
EE + family	\$9.21

VOLUNTARY LIFE INSURANCE MONTHLY RATES	
AGE	COST PER \$1,000 OF COVERAGE
< 25	\$0.054
25 – 29	\$0.064
30 – 34	\$0.087
35 – 39	\$0.097
40 – 44	\$0.108
45 – 49	\$0.162
50 – 54	\$0.248
55 – 59	\$0.462
60 – 64	\$0.710
65 – 69	\$1.367
70+*	\$2.217
CHILD(REN)	\$0.065

*Benefits will be reduced by 50% at age 70.

SILVER MEDICAL PLAN		
	GROUP A	GROUP B
EE only	\$93.94	\$120.41
EE + spouse	\$137.73	\$212.19
EE + child(ren)	\$119.69	\$179.50
EE + family	\$169.37	\$267.22

KAISER HMO* MEDICAL PLAN		
	GROUP A	GROUP B
EE only	\$142.28	\$185.01
EE + spouse	\$261.06	\$366.52
EE + child(ren)	\$215.45	\$304.93
EE + family	\$326.32	\$449.10

*Residents of certain states may also have a Kaiser HMO option. Confirm plan availability when you enroll.

VOLUNTARY AD&D INSURANCE MONTHLY RATES	
	COST PER \$1,000 OF COVERAGE
EE only	\$0.016
EE + family	\$0.024

LONG-TERM DISABILITY INSURANCE RATES	
	FOR FULL-TIME, EXEMPT (SALARIED) EMPLOYEES
Option A	\$0.406 per \$100 of covered monthly base + commissions, up to a \$15,000 maximum monthly benefit
Option B	\$0.451 per \$100 of covered monthly base + commissions + bonus, up to a \$25,000 maximum monthly benefit

LEGAL ASSISTANCE PLAN
Coverage for the LegalEASE Legal Assistance Plan is paid for with post-tax payroll deductions at a bi-weekly rate of \$7.62 or the weekly rate of \$3.81 based on your pay schedule

IDENTITY THEFT PROTECTION PLAN				
	PRIVACY ARMOR		PRIVACY ARMOR PLUS	
	Weekly	Bi-weekly	Weekly	Bi-weekly
Individual	\$1.83	\$3.67	\$2.01	\$4.13
Family	\$6.44	\$3.68	\$3.70	\$7.36

Required Notices

Important Notice from United Rentals, Inc. About Your Prescription Drug Coverage and Medicare under the Kaiser and Anthem Blue Cross Gold, Silver, and Bronze Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with United Rentals, Inc. and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. United Rentals, Inc. has determined that the prescription drug coverage offered by the Kaiser and Anthem Blue Cross Gold, Silver, and Bronze plan(s) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current United Rentals, Inc. coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with United Rentals, Inc. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage...

Contact the person listed at the end of these notices for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through United Rentals, Inc. changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

Date: January 1, 2025
Name of Entity/Sender: United Rentals, Inc
Contact--Position/Office: Nicole Estupinan
Benefits Manager
Address: 100 First Stamford Place, Ste.
700 Stamford, CT 06902
Phone Number: 888-220-9202

Women's Health and Cancer Rights Act

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Nicole Estupinan, Benefits Manager at 888-220-9202.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Nicole Estupinan, Benefits Manager at 888-220-9202.

HIPAA Special Enrollment Rights

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

Loss of eligibility includes but is not limited to:

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

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Nicole Estupinan, Benefits Manager at 888-220-9202.

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: 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 your employer.

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.

Note: 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.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the UR Benefits Team at 880-220-9202.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://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.

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.

Form Approved
OMB No. 1210-0149
(expires 8-31-2024)

PART B: Information About Health Coverage Offered by Your Employer

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.

3. Employer name: United Rentals, Inc
4. Employer Identification Number (EIN): 06-1522496
5. Employer address: 100 First Stamford Place, Ste. 700
6. Employer phone number: 1-888-220-2902

7. City: Stamford
8. State: CT
9. ZIP code: 06902
10. Who can we contact about employee health coverage at this job? UR Benefits Team
11. Phone number: same as above
12. Email address: 1HR@ur.com

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

- As your employer, we offer a health plan to all employees. Eligible employees are all full-time non-union employees. Union employees are not covered unless specifically spelled out in their collective bargaining agreement.
- With respect to dependents, we do offer coverage. Eligible dependents are:
 - Legally married spouse/domestic partner (regardless of gender and including common law spouses and same-sex spouses).
 - Registered same-sex or opposite-sex domestic partner and their children who live with you. Domestic partnerships must be registered.
 - Children up to the age of 26, regardless of student or marital status. Includes natural children, stepchildren, legally adopted children, children living with you before an adoption is final and children for whom a court has appointed you to be legal guardian (provided the dependent can be claimed by you for federal tax purposes or for whom you are required to provide health care coverage under a Qualified Medical Child Support Order). Coverage of dependent children ends on the last day of the month in which they turn 26.
 - Eligible children of a domestic partner may enroll if the domestic partner is enrolled. The IRS generally does not consider domestic partners (or their children) to be eligible dependents, thus their expenses are not eligible for reimbursement under the Health Savings Account (HSA) or Flexible Spending Accounts (FSAs). Contributions for coverage of domestic partners and their children are deducted from your pay after taxes. In addition, the estimated value of their coverage may be considered taxable for purposes of federal income tax.
- This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

**Even if your employer 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, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

Notice Regarding Wellness Program

Live Well Program is a voluntary wellness program available to all medical enrolled employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve participant health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you may be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may also be asked to complete a biometric screening or annual preventive exam, which may include a blood test for total cholesterol, HDL, LDL, triglycerides, glucose, and cotinine screening. Your blood pressure, height, weight, and waist circumference may also be measured. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, individuals who choose to participate in the wellness program may qualify for the \$600 premium discount by earning program credit by certifying that you/spouse are tobacco free. Individuals who choose to earn the up to \$600 tobacco-free credit must be tobacco free along with spouse/dp. See medical rates for details.

Although you are not required to participate in the blood test or other medical examinations or complete the HRA, only participants who do so may qualify for the \$1,000 premium.

Additional incentives may be available for participants who participate in certain health-related activities or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting 855-623-9355.

The information from your HRA or blood test or other medical examinations may be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as wellness programming and content. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and United Rentals, Inc. may use aggregate information it collects to design a program based on identified health risks in the workplace, Quest Diagnostics will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. In order to provide you with services under the wellness program, your personally identifiable health information may be shared with one or more of the following: Lockton Companies.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact 855-623-9355.

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or diall **1-877-KIDS NOW** or www.insure-kidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employersponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

ALABAMA-MEDICAID

Website: myalhipp.com Phone: 1-855-692-5447

ALASKA-MEDICAID

The AK Health Insurance Premium Payment Program Website: myakhipp.com
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: health.alaska.gov/dpa/Pages/default.aspx

ARKANSAS-MEDICAID

Website: myarhipp.com
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA-MEDICAID

Website: Health Insurance Premium Payment (HIPP) Program dhcs.ca.gov/hipp
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO-HEALTH FIRST COLORADO (COLORADO’S MEDICAID PROGRAM) & CHILD HEALTH PLAN PLUS (CHP+)

Health First Colorado Website:

www.healthfirstcolorado.com

Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711

CHP+: www.colorado.gov/pacific/hcpf/child-health-plan-plus

CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI):

www.mycohibi.com

HIBI Customer Service: 1-855-692-6442

FLORIDA-MEDICAID

Website: www.flmedicaidtplecovery.com/

flmedicaidtplecovery.com/hipp/index.html

Phone: 1-877-357-3268

GEORGIA-MEDICAID

GA HIPP Website: Medicaid.georgia.gov/health-insurance-premium-payment-program-hipp

Phone: 678-564-1162, Press 1

GA CHIPRA Website:

Medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra

Phone: (678) 564-1162, Press 2

INDIANA-MEDICAID

Healthy Indiana Plan for low-income adults 19-64

Website: www.in.gov/fssa/hip

Phone: 1-877-438-4479

All other Medicaid

Website: www.in.gov/Medicaid

Phone 1-800-457-4584

IOWA-MEDICAID AND CHIP (HAWKI)

Medicaid Website: dhs.iowa.gov/ime/members

Medicaid Phone: 1-800-338-8366

Hawki Website: dhs.iowa.gov/Hawki

Hawki Phone: 1-800-257-8563

HIPP Website:

dhs.iowa.gov/ime/members/Medicaid-a-to-z/hipp

HIPP Phone: 1-888-346-9562

KANSAS-MEDICAID

Website: www.kancare.ks.gov

Phone: 1-800-792-4884

HIPP Phone 1-800-967-4660

KENTUCKY-MEDICAID

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
Website: chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPPROGRAM@ky.gov
KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>
Phone: 1-877-524-4718
Medicaid Website: <https://chfs.ky.gov/agencies/dms>

LOUISIANA-MEDICAID

Website: www.Medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE-MEDICAID

Enrollment Website: www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003
TTY: Maine relay 711
Website: Private Health Insurance Premium: maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-977-6740
TTY: Maine relay 711

MASSACHUSETTS-MEDICAID AND CHIP

Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840
TTY: (617) 886-8102
Email masspremassistance@accenture.com

MINNESOTA-MEDICAID

Website: mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp
Phone: 1-800-657-3739

MISSOURI-MEDICAID

Website: www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA-MEDICAID

Website: dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084
Email: HSHIPPPProgram@mt.gov

NEBRASKA-MEDICAID

Website: www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA-MEDICAID

Medicaid Website: dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE-MEDICAID

Website: www.dhhs.nh.gov/programs-services/Medicaid/health-insurance-premium-program
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 5218

NEW JERSEY-MEDICAID AND CHIP

Medicaid Website: www.state.nj.us/humanservices/dmahs/clients/Medicaid/
Medicaid Phone: 609-631-2392
CHIP Website: www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

NEW YORK-MEDICAID

Website: www.health.ny.gov/health_care/Medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA-MEDICAID

Website: Medicaid.ncdhhs.gov
Phone: 919-855-4100

NORTH DAKOTA-MEDICAID

Website: www.hhs.nd.gov/healthcare
Phone: 1-844-854-4825

OKLAHOMA-MEDICAID AND CHIP

Website: www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON-MEDICAID

Website: healthcare.oregon.gov/Pages/index.aspx
Phone: 1-800-699-9075

PENNSYLVANIA-MEDICAID AND CHIP

Website: www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx
Phone: 1-800-692-7462
CHIP Website <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>
CHIP Phone 1-800-986-KIDS (5437)

RHODE ISLAND-MEDICAID AND CHIP

Website: www.eohhs.ri.gov
Phone: 1-855-697-4347, or 401-462-0311
(Direct RItShare Line)

SOUTH CAROLINA-MEDICAID

Website: www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA-MEDICAID

Website: dss.sd.gov
Phone: 1-888-828-0059

TEXAS-MEDICAID

Website: www.hhs.texas.gov/services/financial/health-insurancepremium-payment-hipp-program
Phone: 1-800-440-0493

UTAH-MEDICAID AND CHIP

Medicaid Website: Medicaid.utah.gov
CHIP Website: health.utah.gov/chip
Phone: 1-877-543-7669

VERMONT-MEDICAID

Website: dvha.vermont.gov/members/Medicaid/hipp-program
Phone: 1-800-250-8427

VIRGINIA-MEDICAID AND CHIP

Website: www.coverva.org/en/famis-select
coverva.dmas.virginia.gov/learn/premium-assistance/healthinsurance-premium-payment-hipp-programs
Medicaid and CHIP Phone: 1-800-432-5924

WASHINGTON-MEDICAID

Website: www.hca.wa.gov
Phone: 1-800-562-3022

WEST VIRGINIA-MEDICAID AND CHIP

Website: dhr.wv.gov/bms mywvhipp.com
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIP (1-855-699-8447)

WISCONSIN-MEDICAID AND CHIP

Website: www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

WYOMING-MEDICAID

Website: health.wyo.gov/healthcarefin/Medicaid/programs-and-eligibility/
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no person are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

Asistencia con las primas bajo Medicaid y el Programa de Seguro de Salud para Menores (CHIP)

Si usted o sus hijos son elegibles para Medicaid o CHIP y usted es elegible para cobertura médica de su empleador, su estado puede tener un programa de asistencia con las primas que puede ayudar a pagar por la cobertura, utilizando fondos de sus programas Medicaid o CHIP. Si usted o sus hijos no son elegibles para Medicaid o CHIP, usted no será elegible para estos programas de asistencia con las primas, pero es probable que pueda comprar cobertura de seguro individual a través del mercado de seguros médicos. Para obtener más información, visite www.cuidadodesalud.gov.

Si usted o sus dependientes ya están inscritos en Medicaid o CHIP y usted vive en uno de los estados enumerados a continuación, comuníquese con la oficina de Medicaid o CHIP de su estado para saber si hay asistencia con primas disponible.

Si usted o sus dependientes NO están inscritos actualmente en Medicaid o CHIP, y usted cree que usted o cualquiera de sus dependientes puede ser elegible para cualquiera de estos programas, comuníquese con la oficina de Medicaid o CHIP de su estado, llame al **1-877-KIDS NOW** o visite espanol.insurekidsnow.gov para información sobre como presentar su solicitud. Si usted es elegible, pregunte a su estado si tiene un programa que pueda ayudarle a pagar las primas de un plan patrocinado por el empleador. Si usted o sus dependientes son elegibles para asistencia con primas bajo Medicaid o CHIP, y también son elegibles bajo el plan de su empleador, su empleador debe permitirle inscribirse en el plan de su empleador, si usted aún no está inscrito. Esto se llama oportunidad de "inscripción especial", y usted debe solicitar la cobertura dentro de los 60 días de haberse determinado que usted es elegible para la asistencia con las primas. Si tiene preguntas sobre la inscripción en el plan de su empleador, comuníquese con el Departamento del Trabajo electrónicamente a través de www.askebsa.dol.gov o llame al servicio telefónico gratuito **1-866-444-EBSA (3272)**.

Si usted vive en uno de los siguientes estados, tal vez sea elegible para asistencia para pagar las primas del plan de salud de su empleador. La siguiente es una lista de estados actualizada al 31 de julio de 2023. Comuníquese con su estado para obtener más información sobre la elegibilidad -

ALABAMA-MEDICAID

Sitio Web myalhipp.com
Teléfono 1-855-692-5447

ALASKA-MEDICAID

Sitio Web El Programa de Pago de AK primas del seguro médico myakhipp.com
Teléfono 1-866-251-4861
Por Correo Electrónico CustomerService@MyAKHIPP.com
Elegibilidad de Medicaid
health.alaska.gov/dpa/Pages/default.aspx

ARKANSAS-MEDICAID

Sitio Web myarhipp.com/
Teléfono 1-855-MyARHIPP (855-692-7447)

CALIFORNIA-MEDICAID

Sitio Web Pago de la Prima del Seguro de Salud (HIPP)
Programa dhcs.ca.gov/hipp
Teléfono 916-445-8322 / (fax) 916-440-5676
Por Correo Electrónico hipp@dhcs.ca.gov

COLORADO – HEALTH FIRST COLORADO (PROGRAMA MEDICAID DE COLORADO) Y CHILD HEALTH PLAN PLUS (CHP+)

Sitio Web De Health First Colorado
www.healthfirstcolorado.com/es
Sitio Web Centro de atención al cliente de Health First Colorado:
1-800-221-3943 / retransmisor del estado: 711
CHP+ hcpf.colorado.gov/child-health-plan-plus atención al cliente De CHP+ 1-800-359-1991 / retransmisor del estado: 711
Sitio Web Programa de compra de seguro de salud (HIBI, por sus siglas en inglés): www.mycohibi.com
Atención Al Cliente de HIBI 1-855-692-6442

FLORIDA-MEDICAID

Sitio Web www.flMedicaidtprecovery.com/flMedicaidtprecovery.com/hipp/index.html
Teléfono 1-877-357-3268

GEORGIA-MEDICAID

Sitio Web De GA HIPP
Medicaid.georgia.gov/health-insurance-premium-paymentprogram-hipp
Teléfono 678-564-1162, Presiona 1
Sitio Web De GA CHIPRA Medicaid.georgia.gov/programs/third-party-liability/childrenshealth-insurance-program-reauthorization-act-2009-chipra
Teléfono 678-564-1162, Presiona 2

INDIANA-MEDICAID

Healthy Indiana Plan para adultos de bajos ingresos 19-64
Sitio Web www.in.gov/fssa/hip/
Teléfono 1-877-438-4479
Todos los demás Medicaid
Sitio Web www.in.gov/Medicaid/
Teléfono 1-800-457-4584

IOWA – MEDICAID Y CHIP (HAWKI)

Sitio Web De Medicaid dhs.iowa.gov/ime/members
Teléfono De Medicaid 1-800-338-8366
Sitio Web De HAWKI dhs.iowa.gov/Hawki
Teléfono De HAWKI 1-800-257-8563
Sitio Web De HIPP dhs.iowa.gov/ime/members/Medicaid-a-to-z/hipp
Teléfono De HIPAA 1-888-346-9562

KANSAS-MEDICAID

Sitio Web www.kancare.ks.gov
Teléfono 1-800-792-4884
Teléfono De HIPP 1-800-967-4660

KENTUCKY-MEDICAID

Kentucky Integrated Health Insurance Premium Payment (KI-HIPP) Program Sitio Web chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Teléfono 1-855-459-6328
Por Correo Electrónico KIHIPP.PROGRAM@ky.gov
Sitio Web De KCHIP kidshealth.ky.gov/es/Pages/default.aspx
Teléfono 1-877-524-4718
Sitio Web de Medicaid de Kentucky chfs.ky.gov/agencies/dms

LOUISIANA-MEDICAID

Sitio Web www.Medicaid.la.gov o www.lhdh.la.gov/lahipp
Teléfono 1-888-342-6207 (línea directa de Medicaid) o 1-855618-5488 (LaHIPP)

MAINE-MEDICAID

Sitio Web Por Inscripción www.mymaineconnection.gov/benefits/s/?language=en_US
Teléfono 1-800-442-6003 TTY: Maine relay 711
Sitio Web Página Web por primos de seguro de salud privado: www.maine.gov/dhhs/ofi/applications-forms
Teléfono 1-800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – MEDICAID Y CHIP

Sitio Web www.mass.gov/masshealth/pa
Teléfono 1-800-862-4840 TTY: 711

MINNESOTA-MEDICAID

Sitio Web mn.gov/dhs/people-we-serve/children-and-families/healthcare/health-care-programs/programs-and-services/other-insurance.jsp
Teléfono 1-800-657-3739

MISSOURI-MEDICAID

Sitio Web www.dss.mo.gov/mhd/participants/pages/hipp.htm
Teléfono 573-751-2005

MONTANA-MEDICAID

Sitio Web dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Teléfono 1-800-694-3084
Por Correo Electrónico HSHIPPProgram@mt.gov

NEBRASKA-MEDICAID

Sitio Web www.ACCESSNebraska.ne.gov
Teléfono 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA-MEDICAID

Sitio Web De Medicaid dhcftp.nv.gov
Teléfono De Medicaid 1-800-992-0900

NUEVO HAMPSHIRE – MEDICAID

Sitio Web www.dhhs.nh.gov/programs-services/Medicaid/healthinsurance-premium-program
Teléfono 603-271-5218
Teléfono Gratuito Para El Programa De HIPP 1-800-852-3345, ext. 5218

NUEVA JERSEY – MEDICAID Y CHIP

Sitio Web De Medicaid www.state.nj.us/humanservices/dmahs/clients/Medicaid/
Teléfono De Medicaid 609-631-2392
Sitio Web De CHIP www.njfamilycare.org/index.html
Teléfono De CHIP 1-800-701-0710

NUEVA YORK – MEDICAID

Sitio Web www.health.ny.gov/health_care/Medicaid
Teléfono 1-800-541-2831

CAROLINA DEL NORTE – MEDICAID

Sitio Web Medicaid.ncdhhs.gov
Teléfono 919-855-4100

DAKOTA DEL NORTE – MEDICAID

Sitio Web www.hhs.nd.gov/healthcare
Teléfono 1-844-854-4825

OKLAHOMA – MEDICAID Y CHIP

Sitio Web www.insureoklahoma.org
Teléfono 1-888-365-3742

OREGON-MEDICAID

Sitio Web cuidadodesalud.oregon.gov/Pages/index.aspx
Teléfono 1-800-699-9075

PENSILVANIA – MEDICAID Y CHIP

Sitio Web www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx
Teléfono 1-800-692-7462
Sitio Web De CHIP www.benefits.gov/es/benefit/1188
Teléfono De CHIP 1-800-986-JIDS (5437)

RHODE ISLAND – MEDICAID Y CHIP

Sitio Web www.eohhs.ri.gov
Teléfono 1-855-697-4347 o 401-462-0311 (Direct RlTe Share Line)

CAROLINA DEL SUR – MEDICAID

Sitio Web www.scdhhs.gov
Teléfono 1-888-549-0820

DAKOTA DEL SUR – MEDICAID

Sitio Web dss.sd.gov
Teléfono 1-888-828-0059

TEXAS-MEDICAID

Sitio Web www.hhs.texas.gov/es/servicios/finanzas/programa-de-pagode-las-primas-del-seguro-medico
Teléfono 1-800-440-0493

UTAH – MEDICAID Y CHIP

Sitio Web De Medicaid
Medicaid.utah.gov/spanish-language
Sitio Web De CHIP chip.health.utah.gov/espanol/
Teléfono 1-877-543-7669

VERMONT-MEDICAID

Sitio Web dvha.vermont.gov/members/Medicaid/hipp-program
Teléfono 1-800-250-8427

VIRGINIA – MEDICAID Y CHIP

Sitio Web cubrevirginia.dmas.virginia.gov/learn/premium-assistance/famis-select <https://cubrevirginia.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>

Teléfono De Medicaid y De CHIP 1-800-432-5924

WASHINGTON-MEDICAID

Sitio Web www.hca.wa.gov
Teléfono 1-800-562-3022

WEST VIRGINIA – MEDICAID Y CHIP

Sitio Web dhhr.wv.gov/bms/mywvhipp.com/
Teléfono De Medicaid 304-558-1700
Teléfono GRATUITO 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – MEDICAID Y CHIP

Sitio Web www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Teléfono 1-800-362-3002

WYOMING-MEDICAID

Sitio Web <https://health.wyo.gov/healthcarefin/Medicaid/programs-and-eligibility/>
Teléfono 1-800-251-1269

Declaración de la Ley de Reducción de Trámites

Según la Ley de Reducción de Trámites de 1995 (Ley Pública 10413) (PRA, por sus siglas en inglés), no es obligatorio que ninguna persona responda a una recopilación de información, a menos que dicha recopilación tenga un número de control válido de la Oficina de Administración y Presupuesto (OMB, por sus siglas en inglés). El Departamento advierte que una agencia federal no puede llevar a cabo ni patrocinar una recopilación de información, a menos que la OMB la apruebe en virtud de la ley PRA y esta tenga un número de control actualmente válido de la oficina mencionada. El público no tiene la obligación de responder a una recopilación de información, a menos que esta tenga un número de control actualmente válido de la OMB. Consulte la Sección 3507 del Título 44 del Código de Estados Unidos (USC). Además, sin perjuicio de ninguna otra disposición legal, ninguna persona quedará sujeta a sanciones por no cumplir con una recopilación de información, si dicha recopilación no tiene un número de control actualmente válido de la OMB. Consulte la Sección 3512 del Título 44 del Código de Estados Unidos (USC).

Se estima que el tiempo necesario para realizar esta recopilación de información es, en promedio, de aproximadamente siete minutos por persona. Se anima a los interesados a que envíen sus comentarios con respecto al tiempo estimado o a cualquier otro aspecto de esta recopilación de información, como sugerencias para reducir este tiempo, a la dependencia correspondiente del Ministerio de Trabajo de EE. UU., a la siguiente dirección: U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210. También pueden enviar un correo electrónico a ebbsa.opr@dol.gov y hacer referencia al número de control de la OMB 1210-0137.

Número de Control de OMB 1210-0137 (vence al 31 de enero de 2026)

Para saber si otros estados han agregado el programa de asistencia con primas desde el 31 de julio de 2023, o para obtener más información sobre derechos de inscripción especial, comuníquese con alguno de los siguientes:

Departamento del Trabajo de EE.UU.

Administración de Seguridad de Beneficios de los Empleados www.dol.gov/agencies/ebsa/es/about-ebsa/our-activities/ informacion-en-espanol 1-866-444-EBSA (3272)

Departamento de Salud y Servicios Humanos de EE.UU.

Centros para Servicios de Medicare y Medicaid

www.cms.hhs.gov

1-877-267-2323, opción de menú 4, Ext. 61565

Illinois Essential Health Benefit (EHB) Listing

Employer Name: United Rentals, Inc.
 Employer State of Situs: CT
 Name of Issuer: United Rentals, Inc
 Plan Marketing Name: Anthem Blue Cross Medical Plans
 Plan Year: 2025

Ten (10) Essential Health Benefit (EHB) Categories:

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (like surgery and overnight stays)
- Laboratory services
- Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)
- Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)
- Pregnancy, maternity, and newborn care (both before and after birth)
- Prescription drugs
- Preventive and wellness services and chronic disease management
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

2020-2024 ILLINOIS ESSENTIAL HEALTH BENEFIT (EHB) LISTING (P.A. 102-0630)				EMPLOYER PLAN COVERED BENEFIT?
ITEM	EHB BENEFIT	EHB CATEGORY	BENCHMARK PAGE # REFERENCE	
1	Accidental Injury -- Dental	Ambulatory	Pgs. 10 & 17	Yes
2	Allergy Injections and Testing		Pg. 11	Yes
3	Bone anchored hearing aids		Pgs. 17 & 35	Yes
4	Durable Medical Equipment		Pg. 13	Yes
5	Hospice		Pg. 28	Yes
6	Infertility (Fertility) Treatment		Pgs. 23 - 24	Yes
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Pg. 21	Yes
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)		Pgs. 15 - 16	Yes
9	Private-Duty Nursing		Pgs. 17 & 34	Yes
10	Prosthetics/Orthotics		Pg. 13	Yes
11	Sterilization (vasectomy men)		Pg. 10	Yes
12	Temporomandibular Joint Disorder (TMJ)		Pgs. 13 & 24	Yes
13	Emergency Room Services(Includes MH/SUD Emergency)	Emergency services	Pg. 7	Yes
14	Emergency Transportation/Ambulance		Pgs. 4 & 17	Yes
15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	Yes
16	Breast Reconstruction After Mastectomy		Pgs. 24 - 25	Yes
17	Reconstructive Surgery		Pgs. 25 - 26, & 35	Yes
18	Inpatient Hospital Services (e.g., Hospital Stay)		Pg. 15	Yes
19	Skilled Nursing Facility		Pg. 21	Yes
20	Transplants - Human Organ Transplants (Including transportation & lodging)		Pgs. 18 & 31	Yes

2020-2023 ILLINOIS ESSENTIAL HEALTH BENEFIT (EHB) LISTING (P.A. 102-0630)				EMPLOYER PLAN COVERED BENEFIT?
ITEM	EHB BENEFIT	EHB CATEGORY	BENCHMARK PAGE # REFERENCE	
21	Diagnostic Services	Laboratory services	Pgs. 6 & 12	Yes
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Pg. 32	Yes
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)		Pgs. 8 -9, 21	Yes
24	Opioid Medically Assisted Treatment (MAT)		Pg. 21	Yes
25	Substance Use Disorders (Including Inpatient Treatment)		Pgs. 9 & 21	Yes
26	Tele-Psychiatry		Pg. 11	Yes
27	Topical Anti-Inflammatory acute and chronic pain medication		Pg. 32	Yes
28	Pediatric Dental Care		Pediatric Oral and Vision Care	See AllKids Pediatric Dental Document
29	Pediatric Vision Coverage	Pgs. 26 - 27		Yes
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	Yes
31	Outpatient Prescription Drugs	Prescription drugs	Pgs. 29 - 34	Yes
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pgs. 12 & 16	Yes
33	Contraceptive/Birth Control Services		Pgs. 13 & 16	Yes
34	Diabetes Self-Management Training and Education		Pgs. 11 & 35	Yes
35	Diabetic Supplies for Treatment of Diabetes		Pgs. 31 - 32	Yes
36	Mammography - Screening		Pgs. 12, 15, & 24	Yes
37	Osteoporosis - Bone Mass Measurement		Pgs. 12 & 16	Yes
38	Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test		Pg. 16	Yes
39	Preventive Care Services		Pg. 18	Yes
40	Sterilization (women)		Pgs. 10 & 19	Yes
41	Chiropractic & Osteopathic Manipulation		Rehabilitative and Habilitative Services and Devices	Pgs. 12 - 13
42	Habilitative and Rehabilitative Services	Pgs. 8, 9, 11, 12, 22, & 35		Yes

Special Note: Under Pub. Act 102-0104, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary to deliver via telehealth services must be covered in the same manner as when those EHBs are delivered in person.



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.