



2026

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.

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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 40** 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.



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.



Healthee: Our Virtual Benefits Counselor

If you need help deciding which benefits to choose, try Healthee, our interactive benefits counselor. Healthee 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.



Benefits Website

The UR benefits site is your go-to source for information about your benefits plans. Start with high-level overviews of each benefit and drill down to the details including Summary Plan Descriptions and more.

<https://unitedrentalsbenefits.com>



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 midyear, such as: <ul style="list-style-type: none"> ▪ Marriage ▪ Birth/Adoption ▪ Divorce ▪ Gain of 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 Event	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.		

*A Domestic Partner (DP) cannot be added or removed with a qualified event, only during Open Enrollment, unless the DP qualifies as a "qualifying relative" under IRC 152, and other criteria applies.

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	Within 60 days of 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 Flexible Spending Account (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.

Eligibility

You are eligible to participate in the United Rentals benefits 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 (FSAs) 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 Dependent Verification Center" (allow two days for processing)
- Mail to:

United Rentals Dependent Verification Center
P.O. Box 299109
Lewisville, TX 75029-9109

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

- Benefits start immediately on your hire/rehire date if you're eligible.
- You have 30 calendar days from your hire/rehire date to enroll in benefits.
- No matter when you enroll within those 30 days, your benefits are effective from your hire/rehire date.
- Benefit costs are deducted from your paycheck.
- If deductions are missed, they will be taken from your next scheduled paycheck after enrollment.
- Your benefit elections stay in effect for the rest of the calendar year.
- Changes are only allowed if you experience a Qualified Life Event (see [Page 4](#) for details).

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 amounts** — 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
- **Copays and coinsurance amounts** — money you pay toward the cost of covered services



Not sure which plan to choose?

Healthee can make recommendations for you and your family.

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

	BCBS GOLD PLAN		BCBS SILVER PLAN		BCBS 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	\$5,000
Family	\$10,000	\$30,000	\$11,000	\$33,000	\$11,000	\$33,000	\$10,000
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%*	20%*
Inpatient and Outpatient Mental Health & Substance Abuse	\$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
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

†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.

MEET QUANTUM HEALTH

Your Healthcare Warriors

INTRODUCING QUANTUM HEALTH



It's a free addition to your benefits and is here to help keep you and your wallet healthy. Your Care Coordinator is on your side. No request is too big or too small.



Your healthcare warrior.

ANSWER THE CALL!

Quantum will call you if they can save you money, if there is a problem with your prescription or upcoming procedure, or to coordinate your care.



SIGN UP NOW!

Sign up for free help from Quantum Health. Don't wait.

myurhealth.com

GET HELP WITH

- ✓ Benefits questions
- ✓ Managing the next steps in your care
- ✓ Finding the right place for care
- ✓ Finding a doctor
- ✓ Making sense of what insurance pays and what you owe
- ✓ Explaining your medical bill
- ✓ Getting approval for a procedure
- ✓ Understanding your benefits coverage

YOUR ONE PLACE TO TURN



One number to call with questions



One app for self-service help



One team of dedicated experts

SIGN UP FOR QUANTUM HEALTH NOW



Use this QR code to download the Quantum Health app or register at myurhealth.com.



Descarga una versión en español de este cartel.

866-678-3297
Monday – Friday,
8:30am – 10pm ET



For Your Unique Needs

Fertility Benefits

BCBS 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.

MDLive

Take care of your health from anywhere with MDLive. 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. MDLive offers:

- \$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
- Mental health visits
- Prescriptions sent directly to your pharmacy, if needed

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 BCBS medical plan deductible.



If you have any questions about the benefits on this page, reach out to a Quantum Care Coordinator by calling **866-678-3297**. You can also visit myurhealth.com.



For Your Prescriptions

Archimedes

Specialty medications are managed by Archimedes to ensure you get the appropriate medications at the lowest price. Archimedes will reach out if you or one of your dependents need one of these medications to ensure your care is handled appropriately.

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. CVS works confidentially with you to provide personalized health coaching, guidance, and support along with access to a team of pharmacists, nurses, and specialists.

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.

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 a BCBS medical plan.

- 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

Diabetes Prevention Program

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.



If you have any questions about the benefits on this page, reach out to a Quantum Care Coordinator by calling **866-678-3297**. You can also visit myurhealth.com.



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.

	MDLive (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 prorated 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 being subject to disciplinary action (up to and including termination of employment).

Know Your Numbers and Log In to Your Quantum App to Save On Medical Premiums

Employees enrolled in a UR medical plan can earn a \$1,000 wellness incentive toward next year’s medical premiums. To earn the incentive, employees must complete a wellness screening, health risk assessment, and the employee and spouse enrolled in a UR medical plan must register within the Quantum app or website.

3 Ways to Complete a Wellness Screening:

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).



Voluntary Medical Benefits

Unlike your medical plan, which pays healthcare providers, if you enroll in voluntary benefits, 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

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.

Hospital Indemnity Insurance

Hospital Indemnity Insurance pays you if you have a hospital stay. You can use those funds to cover out-of-pocket medical expenses or other financial needs.

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 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. Earn \$100 per calendar year for receiving eligible preventive health screenings if you are enrolled in a Critical Illness plan.

If enrolled in an Accident plan, you can receive \$50 per calendar year for a preventive screening. The Standard (formerly Allstate) will only pay 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 The Standard at 888-282-2550 or mybenefits.standard.com.

Dental Plan

DHMO members will receive a physical ID card, while PPO members will access a digital ID card through the Quantum app.

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 two participating dentists within 10 miles of their home.

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

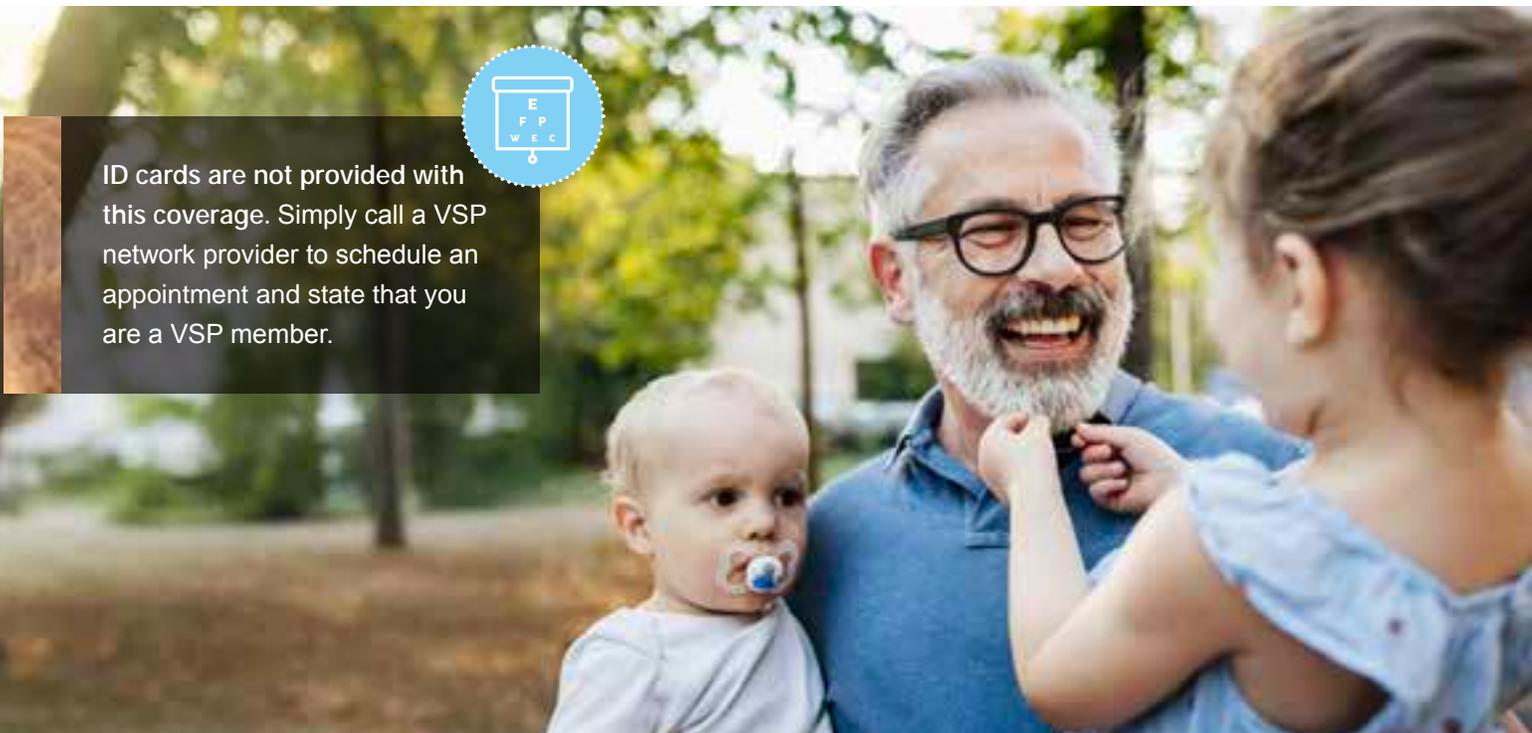
Vision Plan

Note: Kaiser Plan participants have a separate vision plan covered under their medical plan. Please review your 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 a claim to VSP, you will be reimbursed in accordance with the non-participating provider reimbursement schedule, less any applicable copays.



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

A Health Savings Account (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 BCBS 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 \$4,400 if you enroll only yourself, or \$8,750 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 1371 472 1402">Employee only</td> <td data-bbox="792 1371 1308 1434">\$400 lump sum in January: Must be enrolled and eligible by 01/01/2026</td> </tr> <tr> <td data-bbox="295 1472 505 1535">Spouse/Domestic Partner or Family</td> <td data-bbox="792 1472 1308 1535">\$800 lump sum in January: Must be enrolled and eligible by 01/01/2026</td> </tr> </table>	Employee only	\$400 lump sum in January: Must be enrolled and eligible by 01/01/2026	Spouse/Domestic Partner or Family	\$800 lump sum in January: Must be enrolled and eligible by 01/01/2026
Employee only	\$400 lump sum in January: Must be enrolled and eligible by 01/01/2026				
Spouse/Domestic Partner or Family	\$800 lump sum in January: Must be enrolled and eligible by 01/01/2026				
	<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 you are hired between Jan. 2 and July 1, you will receive a prorated employer contribution equal to 1/2 the yearly amount. This will be provided in the first paycheck in July.

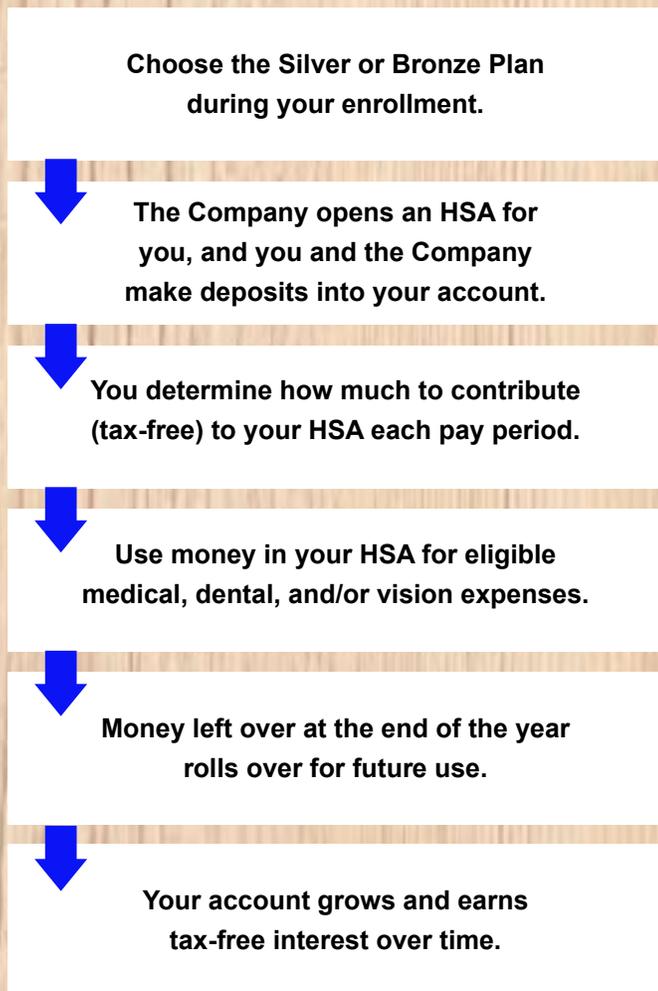
The HDHP (Silver or Bronze Plan) and HSA: How They Work Together

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

 <p>Free In-Network Preventive Care</p> <p>To emphasize the importance of wellness, preventive care is covered at 100%, if you receive this care from in-network providers.</p>	 <p>Deductible</p> <p>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.</p>	 <p>Coinsurance</p> <p>Once the deductible is met, you and the Company share any further healthcare costs until you meet the out-of-pocket maximum.</p>	 <p>Out-of-Pocket Maximum</p> <p>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.</p>
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How the HSA Works

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



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 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 an 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 \$3,400 per year, pre-tax.		Contribute up to \$7,500 per year, pre-tax, or \$3,750 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

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. 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 earningsMaximum of \$125,000 (coverage levels may vary by eligibility group, as detailed in the Summary Plan Description)
Spouse/ Domestic Partner	<ul style="list-style-type: none">\$1,500 coverage
Child(ren)	<ul style="list-style-type: none">\$1,500 coverageYour 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 \$125,000Coverage 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 0.5x 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)	Coverage begins from live birth and continues to age 26. Increments of \$1,000 not to exceed \$25,000 for children aged 6 months to 26 years. Coverage is \$500 for child aged less than 6 months. Coverage cannot exceed 100% of the Employee Voluntary Life coverage amount.

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 30 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 30 days after initial eligibility 	<ul style="list-style-type: none"> Any coverage over \$50,000 due to marriage event Any increase associated with other types of qualified family status change Any amount if enrolling in coverage after initial eligibility

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
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, 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

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. For coverage to be approved, you may need to provide Evidence of Insurability.

	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 or reach retirement age, or in the event of your death	

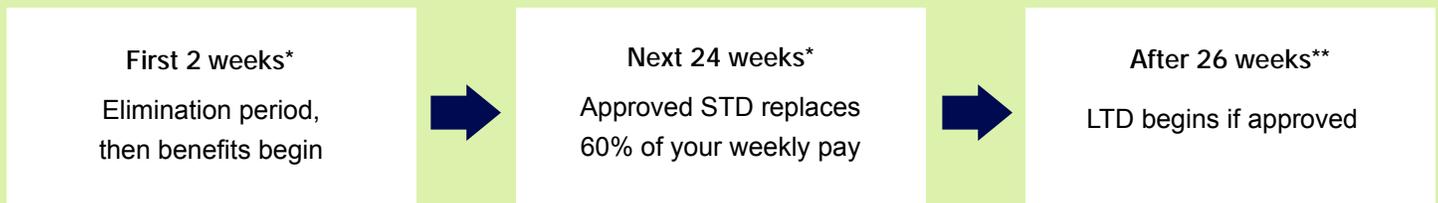
An Example: How STD and LTD Can Work Together

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 Company-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, 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

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: Individual or Family Plan.

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 MetLife Auto & Home.

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.

Identity Theft Insurance can be selected through Workday during enrollment. To enroll in Pet Insurance or Home and Auto Insurance, contact the vendor directly. The vendor will then send files into Workday to withhold from your paycheck. For more information, the Auto and Home contact number for MetLife is **800-438-6388** and for Liberty Mutual is **888-293-2841**. For Pet Insurance through MetLife call **800-438-6388**.





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

Donate vacation or sick time to assist other employees in need!

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.

Eligibility	Full-time employees and Union employees as allowed by their CBA enrolled in an accredited college or university pursuing a bachelors degree or job related discipline
Benefit	\$5,250 per year for tuition, books, fees, or other supplies

To learn more about eligibility requirements and 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.

- 10 students selected annually for award of \$2,500 each
- Scholarship is renewable for up to three years up to \$10,000 per scholarship

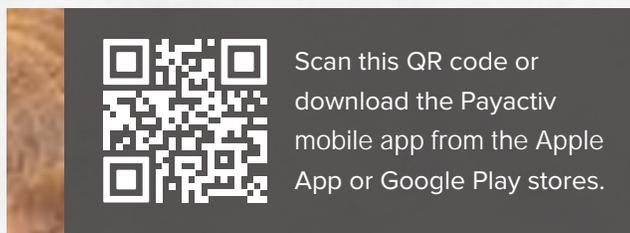
Students must be enrolled full time at an accredited two- or four-year college, university, or vocational-technical school.

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



NEW! Partnership with Bank of America

United Rentals employees can enjoy exclusive banking rewards with Bank of America.

- Access to the preferred rewards program with the \$20,000 balance requirement waived
- No fees on select everyday banking services
- 25% credit card bonus rewards for eligible cards
- Discounts on home equity lines of credit and mortgage applications

Sign up at bankofamerica.com for a Bank of America account and you will be prompted to enroll when setting up United Rentals direct deposit. Have an existing account with Bank of America? You can enroll directly in your Bank of America online account.

Planning for Retirement

What does retirement look like for you? Whatever your goal, it's important to take responsibility for your own finances so you have the income you'll need in the future.

The UR 401(k) plan allows you to save for retirement on a traditional pre-tax and/or Roth (after-tax) basis. 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 user name, password, and security answers.

Increase Your Retirement Savings With a 401(k)

- All non-union employees are automatically enrolled at a 4% pre-tax contribution rate after 30 days. This will increase by 1% every April 1 until reach 15% if you don't elect a change.
- Contribute as pre-tax, Roth or combo of the two via payroll deductions up to the IRS limits (both deferral and catch-up). Contribution elections may range from 1% to 80% in whole increments.
- Election changes can be made at any time and will go into effect as soon as administratively possible.
- 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.

United Rentals 401k Match	
You Contribute	UR Contributes
1%	1%
2%	1.5%
3%	2%
4%	2.5%
5%	3%
6%	3.5%
To maximize your match, contribute at least 6%	
You are 100% vested in the UR match after 2 years of service. Highly Compensated Employees (HCE) are limited to a \$4,000 maximum match annually	



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

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

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.



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

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 unitedrentalsbenefits.com/efap to start exploring. Get free, confidential, 24/7 support for you and every member of your household through the Employee & Family Assistance Program (EFAP). 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 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.

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.

Telemedicine

If you're enrolled in a BCBS medical plan, MDLive can connect you to mental health professionals. Connect with a board-certified doctor or therapist by phone, video, or mobile app. Get 24/7 non-emergency care in minutes, avoid costly ER visits, and access services in English or Spanish, or with translation support in other languages.

To get started, contact a Quantum Health Care Coordinator by calling **866-678-3297**, visiting myurhealth.com, or by downloading the app.



**GETTING
HELP IS
A SIGN OF
STRENGTH**

Recognition

Get a 1UR Coin for going above and beyond

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.

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.

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. Recognition will be handled through the [Awardco](#) platform, which can be accessed via Single Sign-on (SSO) using your UR credentials.

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

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	BIWEEKLY 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.



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.

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. Only available for purchase during Open Enrollment.

Eligibility: Full-time, non-union employees are eligible if they have not reached the four-week accrual rate before or during the benefit year. If an employee is set to hit four weeks of vacation accrual in the next year, they will not be eligible for this benefit. Vice Presidents and above are ineligible.

- Purchased time is deducted from each paycheck before taxes.
- Purchased vacation does not rollover. Unused amounts will be reimbursed in the last paycheck of the year.
- If employment ends with a negative vacation balance, the amount owed is deducted from your final paycheck.

Paid Wellness Day

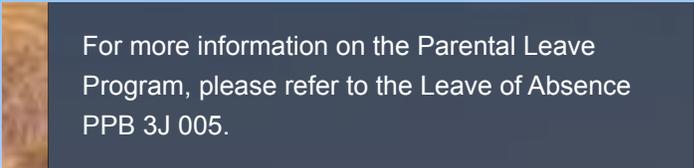
United Rentals offers all active, full-time non-union employees one paid Wellness Day per year to engage with their doctor or participate in activities that support physical, emotional, or financial wellbeing.

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

Paid Parental Leave

UR provides paid Parental Leave to eligible employees

- Primary caregivers are eligible for eight weeks of paid parental leave
 - Primary care givers have primary responsibility for the full-time care of a child immediately following birth, adoption, or foster care placement
- Secondary caregivers are eligible for two weeks of paid parental leave
 - Secondary caregivers are the parents or guardians who have routine responsibility for child care, but less than the primary caregiver.



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

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.

	ACCRUAL RATE	ACCRUAL CAP	USE CAP	BALANCE AT YEAR END
Hourly (non-exempt) employees	.02308 x number of hours paid	6 days per year	48 hours per year	Unused sick leave is paid out up to a maximum of 48 hours
Full-time salaried employees	.02308 x number of hours paid	6 days per year	48 hours per year	Unused sick leave is carried forward to a maximum of 112 hours

There are some exceptions to the chart above where required by state or local law.

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,
- Networking and building relationships,
- Exchanging and enhancing their professional development,
- Helping 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 through networking and sponsorship.

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

Employee Biweekly 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

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

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

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.

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

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

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

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

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

LEGAL ASSISTANCE PLAN	
Coverage for the LegalEASE Legal Assistance Plan is paid for with post-tax payroll deductions at a biweekly 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	Biweekly	Weekly	Biweekly
Individual	\$1.83	\$3.67	\$2.07	\$4.13
Family	\$3.22	\$6.44	\$3.68	\$7.36

Required Notices

Important Notice from United Rentals, Inc. About Your Prescription Drug Coverage and Medicare under the Kaiser and BCBS 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 BCBS 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, 2026
Name of Entity/Sender: United Rentals, Inc
Contact--Position/Office: 1HR
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 1HR 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 1HR 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)' 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 1HR 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 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 will guide you through the process. Here's the employer information you'll enter when you visit 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.flMedicaidprecovery.com/flMedicaidprecovery.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: KIHIPPPROGRAM@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.lhd.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: HSHIPPProgram@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: dhhr.wv.gov/bms mywvhipp.com
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (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)

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: BCBS
 Plan Year: 2026

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)

2020-2026 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	Emergency services	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

2020-2026 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	Yes
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 benefits 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.