



**Hub
Group**

2027 Driver Benefits Annual Enrollment Guide

October 12 - 25, 2026



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Welcome

Benefits Annual Enrollment will be held October 12 - 25, 2026. This is your opportunity to enroll in or make changes to core and voluntary benefits for a January 1, 2027 effective date. **This year's Annual Enrollment requires your active participation, which means you need to enroll or validate your benefits on our new platform. Flexible Spending Accounts (FSA) elections are required each year and will not carry over.** This guide will help you understand the benefit options that are available on January 1, 2027.

Highlights of What's Changing or New for 2027

- ✓ We are pleased to share that there will be no increases to vision premiums for 2027.
- ✓ **Spousal Coverage Surcharge:** Effective January 1, 2027, employees who enroll a spouse in the Hub Group medical plan will pay a \$150 monthly surcharge if the spouse has access to other employer-sponsored medical coverage and elects not to enroll in that coverage.
- ✓ **Updates to the Standard PPO Plan for Illinois Participants:** Beginning January 1, 2027, the Standard Plan will adopt the Blue Choice Options (BCO) 3-tier network in Illinois. This change introduces a higher benefit level when using Tier 1 providers (90% coinsurance), while Tier 2 providers remain at the current 80% coinsurance level. Tier 3 providers will be considered out-of-network.
- ✓ **New Benefit Available:** We are pleased to share that Identity Theft Protection will be available for 2027.
- ✓ **New Providers:** We reviewed our portfolio of voluntary benefits to identify the most competitive options in the marketplace and are happy to announce that we have partnered with new providers. We believe you will be pleased with the new features and competitive rates.
 - Accident, Critical Illness, and Hospital Indemnity Insurance will be provided through Chubb. **During this enrollment period only, you can elect coverage without answering medical questions.**
 - Basic Life and AD&D, Supplemental Life & AD&D, Voluntary Short-Term Disability, Voluntary Long-Term Disability, and Life Insurance with Long-Term Care Coverage will be provided through The Standard. **During this enrollment period only, you can elect coverage without answering medical questions.**

Benefit Counselors Can Assist

Schedule a confidential, one-on-one phone appointment with a Benefit Counselor to learn more about the 2027 benefit options and enroll in your core and voluntary benefits. Visit hubgroup.mybenefitsappointment.com or call 844-532-2237 to schedule your appointment with an English or Spanish speaking counselor.

We are pleased to introduce bswift, our new benefits enrollment platform. You can also log into bswift to enroll in or change your benefits. You must have your username and password to enroll online.

You will still use HCM to access your pay stubs, emergency contacts, personal information, and more, but bswift will be used for all future benefit enrollments.

Online Benefits Information Resource

Our online benefits library gives you instant access to important benefits information – anytime, anywhere. This is your go-to, online resource for your benefit needs. To learn more, visit HubGroupDriver.MyBenefitsLibrary.com.

Enrollment Guidelines

Making Enrollment Changes During the Year

During each annual enrollment period, you will have the opportunity to review your benefit elections and make changes for the coming year. You are responsible for reviewing your paystub(s) to ensure that the correct deductions are being taken from your pay, and for notifying the Benefits department immediately if you believe a correction needs to be made.

Certain plans allow limited changes to your benefit elections during the year. These benefits include Medical, Dental, Vision, Flexible Spending Account, Life, and Disability. For these benefits, you may only make changes to your elections during the year if you have a status change.

Status changes include:

- Change in legal marital status, including marriage, divorce, death of a spouse, legal separation, or annulment
- Change in number of children, including birth, adoption, placement of adoption, or death of a child
- Change in employment status of employee, spouse, or dependent, including termination or commencement of employment, commencement or return from unpaid leave of absence
- Change in dependent eligibility status, including attainment of age, student status, or any similar circumstance

The change to your benefit elections must be consistent with the status change. You have 30 days from the date of change in status to request your enrollment change and provide supporting documentation to the Benefits department. In most cases, your election will become effective the day of the qualifying event. Otherwise, you must wait until the next annual enrollment period in the fall to make a change to your elections.



Medical Insurance

Administered by Blue Cross Blue Shield of Illinois

Hub Group offers medical coverage through Blue Cross Blue Shield of Illinois (BCBSIL). In these plans, you will have access to a large provider network of doctors and hospitals, giving you the availability to receive the greatest discounts on your healthcare expenses. Your medical claims will be adjudicated by BCBSIL.

There are three medical plan options available. Two are traditional PPO Plans and the third is a High Deductible Health Plan (HDHP) which can be coupled with a Health Savings Account (HSA).

Employees who reside and receive care in Wisconsin, Georgia, and Florida are subject to select medical networks. Please see page 5 for additional details about your plan network.

	High Deductible Health Plan (HDHP)	The Standard PPO Plan	Premium Plan
Benefits	In-Network	In-Network	In-Network
Annual Deductible	Aggregate Deductible	Embedded Deductible	Embedded Deductible
Individual	\$3,000	\$2,000	\$1,250
Family	\$5,500	\$6,000	\$3,750
Hospital Admission	\$0	N/A	N/A
Coinsurance	20% after deductible	20% after deductible*	20% after deductible
Hub Group HSA Match Contribution	\$500 individual / \$1,000 family (Maximum Annual Amounts)	N/A	N/A
Annual Medical Out-of-Pocket Maximum			
Individual	\$5,500	\$5,350	\$4,000
Family	\$9,500	\$11,450	\$10,000
Coinsurance			
Preventative Visit	\$0	\$0	\$0
Physician Office Visit	20% after deductible	\$30 copay	\$25 copay
MDLIVE Visit	20% after deductible	\$0 copay	\$0 copay
Specialist Office Visit	20% after deductible	\$50 copay	\$45 copay
Urgent Care Visit	20% after deductible	\$50 copay	\$50 copay
Emergency Room Services	20% after deductible	\$300 copay for 1 - 2 visits, \$500 copay for 3 - 4 visits, \$750 copay for 5+ visits	\$300 copay for 1 - 2 visits, \$500 copay for 3 - 4 visits, \$750 copay for 5+ visits
Inpatient	20% after deductible	20% after deductible	20% after deductible
Outpatient	20% after deductible	20% after deductible	20% after deductible

Weekly Medical Rates			
Tier	High Deductible Health Plan	The Standard PPO Plan	Premium Plan
Employee	\$36.82	\$51.67	\$92.52
Employee + Child(ren)	\$106.45	\$120.57	\$212.13
Employee + Spouse	\$135.35	\$161.48	\$250.49
Employee + Family	\$205.93	\$236.83	\$343.01

*If seeing a provider in Illinois, the Blue Choice Network (Standard PPO Plan) has Tier 1 and Tier 2 in-network providers. Your coinsurance is 10% after deductible for Tier 1 providers; 20% for Tier 2 providers; 40% for out-of-network. **Note: Coinsurance is 20% for all in-network providers outside of Illinois.**

The above information is intended as a benefit summary only. It does not include all of the benefit provisions, limitations and qualifications. If this information conflicts in any way with the contract, the contract will prevail. For further details, please view the Summary of Benefits and Coverage.

Medical Insurance

Administered by Kaiser Permanente

Employees who reside in California or Georgia have access to additional medical plan options through Kaiser Permanente. Kaiser combines medical care and health coverage through an integrated network of doctors, specialists, hospitals, and pharmacies designed to provide coordinated, high-quality care. In most cases, you will receive care from Kaiser Permanente providers and facilities, and your medical claims will be administered by Kaiser Permanente.

Depending on your state of residence, you may have access to a Kaiser HMO plan option. These plans offer predictable copays for many services and emphasize preventive care, helping you manage your health while keeping healthcare costs affordable.

	Kaiser CA HMO	Kaiser GA HMO
Benefits	In-Network	In-Network
Annual Deductible	Embedded Deductible	Embedded Deductible
Individual	\$2,000	\$2,500
Family	\$4,000	\$5,000
Hospital Admission	N/A	N/A
Coinsurance	20% after deductible	20% after deductible
Hub Group HSA Match Contribution	N/A	N/A
Annual Medical Out-of-Pocket Maximum		
Individual	\$4,000	\$5,000
Family	\$8,000	\$10,000
Coinsurance		
Preventative Visit	\$0	\$0
Physician Office Visit	\$30 copay	\$40 copay
Virtual Visit	\$0	\$0
Specialist Office Visit	\$40 copay	\$50 copay
Urgent Care Visit*	\$30 copay	\$80 copay
Emergency Room Services	20% after deductible	\$250 copay (waived if admitted)
Inpatient	20% after deductible	20% after deductible
Outpatient	20% after deductible	20% after deductible

Weekly Medical Rates		
Tier	Kaiser CA HMO	Kaiser GA HMO
Employee	\$41.47	\$46.83
Employee + Child(ren)	\$118.08	\$126.33
Employee + Spouse	\$147.29	\$158.43
Employee + Family	\$248.47	\$280.62

* Referral to a specialist is generally required, although self-referrals are permitted for certain specialists.

The above information is intended as a benefit summary only. It does not include all of the benefit provisions, limitations and qualifications. If this information conflicts in any way with the contract, the contract will prevail. For further details, please view the Summary of Benefits and Coverage.

Medical Networks

Employees who reside and receive care in Wisconsin, Georgia, and Florida are subject to select medical networks. If you live in any of these three states but receive care outside the states outlined above, you have access to the full Blue Card Participating Provider Organization (PPO) Network. To locate an in-network doctor or hospital near you, you can visit bcbsil.com and click on "Find a Doctor." Under Network, select the appropriate networks based on where you live:

- Florida Select Network: Network Blue
- Illinois Select Network: Blue Choice Options (BCO)
- Georgia Select Network: Blue Open Access POS
- Wisconsin Select Network: Blue Preferred POS
- All other states: Participation Provider Organization (PPO)

Out-of-network details can be found online at HubGroupDriver.MyBenefitsLibrary.com in the medical section under "Your 2027 Benefit Options".

The Standard PPO Plan Network for Illinois Participants

The Standard PPO Plan rewards you for choosing providers in the plan's Tier 1 network. By selecting a Tier 1 doctor, specialist, or hospital, you'll generally pay less out of pocket than you would when using a Tier 2 provider in the broader PPO network. While you still have the flexibility to access Tier 2 providers, staying within Tier 1 whenever possible can help you make the most of your health care dollars.

To maximize your savings, consider using Tier 1 providers whenever possible. You can search for providers by logging in to Blue Access for Members (BAM) at bcbsil.com/member or by using the Provider Finder tool at bcbsil.com. When searching as a guest, select *Blue Choice Options* to view Tier 1 providers or select *Participating Provider Organization (PPO)* to view Tier 2 providers. Choosing Tier 1 providers can help reduce your deductible, coinsurance, and other out-of-pocket expenses throughout the year.

Spousal Surcharge (for Medical Only)

Effective January 1, 2027, a **\$150 monthly (\$1,800 annual)** surcharge will apply if your spouse is enrolled in a Hub Group medical plan and has access to medical coverage through their own employer but chooses not to enroll in that coverage. If you enroll your spouse in a Hub Group medical plan, you must complete a **Certification of Spousal Coverage Status Affidavit** during Benefits Annual Enrollment. If the affidavit is not submitted, the surcharge will be applied automatically.

Pharmacy Benefits

	High Deductible Health Plan (HDHP)	The Standard PPO Plan	Premium Plan
Benefits	In-Network	In-Network	In-Network
Retail (34 Day Supply)			
Prescription Drug Copay Max (Individual/Family)	Applied to Medical Deductible	\$1,000 / \$2,000	\$500 / \$1,000
Generic Drugs	\$10 copay after deductible	\$10 copay	\$10 copay
Formulary Brand Drugs	20% coinsurance, after deductible	\$60 copay	\$60 copay
Non-Formulary Brand Drugs	20% coinsurance, after deductible	\$105 copay	\$105 copay
Specialty Drugs (30-day limit)	ExpressScripts Accredo	ExpressScripts Accredo	ExpressScripts Accredo

	Kaiser CA HMO	Kaiser GA HMO
Benefits	In-Network	In-Network
Retail (30 Day Supply)		
Prescription Drug Copay Max	Applied to Medical Deductible	Applied to Medical Deductible
Generic Drugs	\$15 copay	\$5 copay
Formulary Brand Drugs	\$35 copay	\$15 copay
Non-Formulary Brand Drugs	\$35 copay	\$45 copay
Specialty Drugs (30-day limit)	20% coinsurance up to \$250 per prescription	20% coinsurance up to \$300 per prescription



Express Scripts Accredo Pharmacy

If Blue Cross and Blue Shield of Illinois (BCBSIL) members are prescribed a specialty medication by their doctor, they are required to fill the specialty medication prescription through Express Scripts Accredo. If they choose to obtain their covered specialty medication through any contracting pharmacy other than through the Express Scripts Accredo program, they will be subject to a reduction in benefits.

Visit patient.accredo.com. Select *New User? Register Now.* and follow the instructions to create an account. You can also call **833.721.1619**, 24/7 to create an account or to transfer your current prescriptions. Please have your member ID card, prescription information and your doctor’s contact information ready. Once you’ve created an account, you can ask your doctor to send your prescription electronically to Express Scripts Accredo, or fax a prescription request to 888-302-1028.

	High Deductible Health Plan (HDHP)	The Standard PPO Plan	Premium Plan
Benefits	In-Network	In-Network	In-Network
90-Day Supply			
Generic Drugs	\$25 copay after deductible	\$20 copay	\$20 copay
Formulary Brand Drugs	20% coinsurance, after deductible	\$120 copay	\$120 copay
Non-Formulary Brand Drugs	20% coinsurance, after deductible	\$210 copay	\$210 copay

Flex Access

Medicines for long-term health conditions can be expensive and hard to get when and where you need them. FlexAccess is here to help. FlexAccess is a unique copay assistance solution for Blue Cross and Blue Shield of Illinois (BCBSIL) members. It maximizes prescription savings opportunities, ease of use and access to cost-sharing assistance.

How it works:

When you are taking a specialty medication, the program automatically reaches out to you by phone to engage in the copay assistance program. The concierge service assists you in finding, enrolling, and managing your copay assistance for a list of targeted drugs. If a coupon is available that lowers the net cost, you will pay that lowest amount.

Maintenance Medication Options

The 90DayMyWay program with BCBSIL will save you both time and money. You can obtain your 90-day supply of maintenance medications through a network of contracting retail and mail service pharmacies. **Two 30-day fills are permitted at a retail pharmacy before you are required to move to a 90-day supply. Otherwise, the prescription is not covered.** Your specific health care benefit plan and whether your medication is generic, formulary or non-formulary brand will determine the amount you pay. Using a generic or formulary medication will save you money. ***If you haven't used mail order yet, call 833-715-0942 or visit express-scripts.com/rx to get started.***

How to Purchase a Maintenance Medication at a Retail Pharmacy

Locate a contracting 90-day supply retail pharmacy within the state at MyPrime.com. You may need a new prescription to purchase a 90-day supply of your maintenance medications at contracting retail pharmacies. Ask your pharmacist if a new prescription is needed.

How to Purchase a Maintenance Medication from a Mail Service Pharmacy

Mail order through Express Scripts® Pharmacy is a safe, convenient way to get your long-term medicines delivered right to your door.

1. Go to express-scripts.com/rx
2. Register and create a profile
3. See your active medicines and/or send your refill order

Pharmacy Plan Features

Step Therapy Program

Under this program, a "step" approach is required to receive coverage for certain high-cost medications. This means that to receive coverage you may need to first try a proven safe, cost-effective medication before using a more costly treatment, if needed. Remember, treatment decisions are always between you and your doctor.

Prior Authorization Program

The Prior Authorization Program encourages safe and cost-effective medication use. The program applies to certain high-cost drugs that have the potential for misuse. Before these medications can be covered, your doctor will need to obtain approval through BCBSIL. If you are already taking, or are prescribed, a drug that is part of the prior authorization program, your doctor can submit a prior authorization request form so your prescription can be considered for coverage. Certain drugs that are new to the market may also need prior authorization. Your doctor can find prior authorization forms on the provider website at bcbsil.com. Doctors may also call 800.285.9426 with questions, or to get a form.

Member Pays the Difference Penalty

The Member Pays the Difference Penalty is only applied when your physician prescribes, or you choose to take, a non-preferred brand drug when a generic drug equivalent is available. You will pay the Non-Preferred Brand copay/coinsurance, plus the cost difference between the brand cost and the generic cost of the medication. This penalty also applies to prescriptions that are written with no substitutions.

Drug	Brand Cost	Generic Cost	Difference	Non-Preferred Brand Copay	Member Pays*
Prescription Medication 1	\$100	\$24	\$76	\$105	\$100
Prescription Medication 2	\$79.50	\$17	\$62.50	\$105	\$79.50

*You will not pay more than the non-preferred brand cost.

What is the BlueCard® PPO Program

Blue Cross and Blue Shield Participating Provider Organization (PPO) network gives you access to doctors and hospitals almost everywhere. Always carry your BCBSIL ID card with you, even when you travel. You'll always find the care you need. More than 85 percent of all doctors and hospitals throughout the United States contract with Blue Cross and Blue Shield Plans. Outside of the U.S., you have access to doctors and hospitals in more than 200 countries.

Blue Access for Members (BAM)

BCBSIL Online – bcbsil.com

On the Blue Access for Members webpage, you can login and do the following:

- ✓ Locate a doctor, hospital or Urgent Care Center in your network
- ✓ Check the status and history of a claim
- ✓ Access an Explanation of Benefit (EOB)
- ✓ Confirm who in your family is covered under your plan
- ✓ Sign up to receive claim status alerts and EOBs electronically
- ✓ Request a new or replacement member ID card or print a temporary member ID card
- ✓ Find and review outcome history for procedures previously performed in hospitals

It's Easy to Get Started

1. Have your group and member identification numbers ready – you can find these on your BCBSIL ID card
2. Go to bcbsil.com
3. Click on "Member Services"
4. Sign Up for Online Account Access
5. Follow the instructions to register, creating a user ID and password

When you login to BAM, you can view claim information for yourself and your dependents, if they are enrolled in your Hub Group, Inc. medical plan.

BCBSIL Resources

24/7 Nurseline—Around the Clock, Toll-free Support | [800.299.0274](tel:800.299.0274)

The 24/7 Nurseline is available 24 hours a day, 7 days a week. The registered nurses can:

- ✓ Help you decide if you should call your doctor, go to the ER or treat the problem yourself
- ✓ Answer many of your health-related questions
- ✓ Help you understand your condition

When should you call? The toll-free Nurseline can help you or a covered family member get answers to questions regarding many health-related topics, including:

- ✓ Asthma, back pain or chronic health issues
- ✓ Dizziness or severe headaches
- ✓ High fever
- ✓ A baby's nonstop crying
- ✓ Cuts or burns
- ✓ Sore throat

Urgent Care Center or Free-Standing ER

Knowing the difference can save you money. Urgent Care Centers and Free Standing Emergency Rooms (ERs) can be hard to tell apart. Free standing ERs often look a lot like Urgent Care Centers, but costs are higher, just as if you went to the ER at a hospital. Here are some ways to know if you are at a Free Standing ER.

Free-Standing ERs:

- ✓ Look like Urgent Care Centers, but include EMERGENCY in facility names.
- ✓ Are open 24 hours a day, 7 days a week.
- ✓ Are physically separate from a hospital.
- ✓ Are staffed ER physicians.

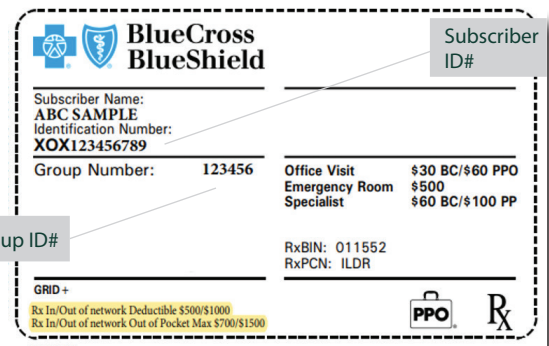
The cost of going to an Urgent Care Center is substantially less than going to an Emergency Room. Go to bcbsil.com to find an Urgent Care Center that's convenient to where you live and work.

BCBSIL RESOURCES

My Health Tab

BAM gives you immediate online access to health and wellness information. The My Health tab features information on topics such as:

- ✓ Smoking Cessation
- ✓ Back Pain
- ✓ Fitness
- ✓ Diabetes
- ✓ Nutrition
- ✓ Obesity



BCBSIL Behavioral Health

Your health plan includes behavioral health benefits so you and your covered family members can get the support you may need for issues such as: substance use disorders, anxiety, stress and depression, attention deficit disorders, bipolar disorder, eating disorders, panic disorders, schizophrenia and other psychotic disorders.

Behavioral health professionals from BCBSIL are here to help you learn where and how to get help. Call the Customer Service or behavioral health number on the back of your member ID card to get started.

HingeHealth

Hinge Health is designed for anyone living with musculoskeletal pain and provides digital exercise to treat muscle and joint pain from head to toe. This program is available to BCBSIL medical plan participants and covered dependent(s) at no cost to you. A personalized program with 1:1 support with a dedicated physical therapist and health coach will be developed and delivered through virtual sessions. Visit hinge.health/hubgroup or call 855.902.2777 to get started.

Teladoc Health Chronic Condition Management

This program supports the management of diabetes, pre-diabetes, hypertension and other health goals like managing weight and stress, and is available to BCBSIL medical plan participants and covered dependent(s) at no cost to you. You may also receive advanced health devices such as a blood glucose meter, unlimited test strips, blood pressure monitor and a connected scale. Visit teladochealth.com/go/hubgroup or call 800.835.2362 to get started.

MDLIVE

Virtual doctor and licensed therapist visits save time and money! BCBSIL offers covered employees and covered dependents access to non-emergency medical care through MDLIVE. You may speak with a board-certified doctor or licensed therapist immediately or schedule an appointment for telephonic or virtual visits. If a prescription is needed, one will be sent to a convenient pharmacy. MDLIVE doctors can help treat the following non-emergency conditions and more:

Adult Medical Care

- Allergies
- Asthma
- Nausea
- Sinus infections
- Cold/Flu

Pediatric Medical Care

- Cold/Flu
- Ear Problems
- Pink Eye

MOBILE APP

- ✓ Download the app from the Apple App StoreSM, Google PlayTM Store or Windows[®] Store
- ✓ Open the app and choose a doctor
- ✓ Video chat with the doctor from your mobile device

TELEPHONE

- ✓ Call MDLIVE (888.676.4204)
- ✓ Speak with a health service specialist
- ✓ Speak with a doctor or therapist

WEBSITE

- ✓ Visit the website mdlive.com/bcbsil
- ✓ Choose a doctor or therapist
- ✓ Video chat with the doctor or therapist
- ✓ You can also access through Blue Access for MembersSM at bcbsil.com

MDLIVE includes virtual sessions with a licensed behavioral health therapist by appointment. Get virtual care for:

- Depression
- Eating disorders
- ADHD
- Substance use disorders
- Trauma and PTSD
- Autism spectrum disorder



Voluntary Financial Wellness Benefits *New Provider!*

Administered by Chubb

Voluntary benefits are designed to work in conjunction with your medical plan to offset out-of-pocket medical costs, however, you do not need to be enrolled in Hub Group's medical plan in order to elect voluntary benefits with Chubb. These programs protect your finances by paying you a cash benefit to use as you like and may pay in addition to any benefits your medical plan may provide.

Plan Features:

- ✓ Coverage is available for you, your spouse and child(ren)
- ✓ **Guaranteed Renewable:** Your coverage will not be canceled as long as your premiums are paid as due
- ✓ **Fully Portable:** You can keep your coverage even if you change jobs or retire
- ✓ HSA Compatible

Hospital Indemnity Insurance

Even with health insurance, a stay in the hospital can quickly become costly as out-of-pocket expenses begin to add up. Hospital Indemnity Insurance can reduce the financial and emotional stress of a hospital stay by providing a lump sum cash benefit directly to you that can be used however you need, whether that's for deductibles, coinsurance or even childcare expenses. Medical history is not required for coverage to be issued.

Accident Insurance

Having an unexpected accident can cause more than physical injury, it can hurt your bank account, too. Accident Insurance can help cover the out-of-pocket costs associated with on- and off-the-job accidents by paying you a benefit depending on the injuries you suffer and the treatment you receive. Coverage applies towards events such as concussions, dislocations, fractures, physical therapy, and x-rays. Receive an additional 25% on each benefit for injuries sustained in an organized sport. Every year that you complete a qualified health screening, you're eligible for a \$75 Health Screening Benefit. Your covered dependent(s) (if applicable) are also eligible to receive the benefit. Medical history is not required for coverage to be issued.

Critical Illness Insurance

No one plans to get sick, which is why being diagnosed with a condition can be especially draining, both emotionally and financially. This policy provides you with a lump sum cash benefit in the event you or a covered dependent is diagnosed with a covered condition such as cancer, heart attack, or stroke. It can help provide financial protection so you can focus on what's really important—getting better. You also have the option to select your level of coverage so you can make sure you have the right protection for your family. Every year that you complete a qualified health screening, you're eligible for a \$100 Health Screening Benefit. Your covered dependent(s), if applicable, are also eligible to receive the benefit. See below for further information regarding the Guarantee Issue amounts.

Plan Features:

- ✓ Rates are based on your age as of January 1, 2027
- ✓ **No Benefit Reduction:** Benefits never decrease due to age

Guarantee Issue and Enrollment

During this open enrollment period, you may elect up to the Guarantee Issue and Plan Maximum amount of \$30,000 for employees, up to \$30,000 for spouse, and \$15,000 for children, if applicable, without answering medical questions. Child coverage is limited to 50% of the employee's coverage amount.

Health Savings Account (HSA)

Administered by Fidelity

If you enroll in the HDHP medical plan, you are eligible to contribute to a Health Savings Account (HSA) with Fidelity. After opening your Fidelity HSA, you will automatically receive a welcome packet from Fidelity with details about your HSA. Once your account has been established, the HSA amounts deducted from your paycheck on a pre-tax basis, as well as the match made by Hub Group, can be deposited to your Fidelity account. These funds can be used to pay for qualified health care expenses for yourself, your legal spouse and your tax dependents (even if your spouse and dependents are not covered by the plan).

Who is eligible to open an HSA?

- An individual who meets ALL of the following criteria:
- ✓ Covered under a High Deductible Health Plan
 - ✓ Not enrolled in Medicare
 - ✓ Not claimed as a dependent on another person's tax return (excluding your spouse)
 - ✓ Not enrolled in an FSA other than the Limited Purpose FSA

How much does Hub Group contribute to my HSA?

Hub Group provides a matching contribution to your HSA if you are enrolled in the HDHP medical plan. To receive the full employer match, you must elect an HSA and contribute at least the same amount as the employer contribution. Employer matching contributions are deposited quarterly and are subject to a maximum quarterly contribution of \$125 for employee-only coverage or \$250 for coverage with dependent coverage. Employer contributions are made in four equal quarterly deposits at the end of each quarter. For example, if you are enrolled in employee-only coverage and contribute at least \$500 for the year, you will receive the full \$500 employer match, paid as four quarterly deposits of up to \$125 each.

	Hub Group Maximum Annual HSA Contribution
Individual	\$500
Family	\$1,000

How much can I contribute to my HSA?

You must be enrolled in the HDHP in order to make contributions to an HSA.

	2027 Annual Contribution Limit
Individual	\$4,000*
Family	\$8,000*
Catch up Contribution 55 or older	\$1,000

*Amounts listed factor in Hub Group's maximum annual HSA contribution for employees enrolled in the HDHP medical plan.

Any unused HSA funds at the year's end will roll over to the next year and will not count toward the next year's annual contribution limit.

What can HSA funds be used to cover?

- Current or future qualified medical expenses (even if you are no longer employed by Hub Group). Some examples are as follows:
- ✓ Medical and prescription drug plan costs, including deductible and coinsurance
 - ✓ Dental costs
 - ✓ Vision costs
 - ✓ Non-covered services such as LASIK eye surgery and hearing aids

What are some additional benefits of an HSA?

- ✓ **Benefit from Tax Savings** – The money you contribute to your HSA is deducted on a pre-tax basis. Your contribution amount can be changed at anytime whether or not you experience a qualifying life event.
- ✓ **It's Your Money** – You own your HSA, so it's yours to keep. Money left in your account, including Hub Group's contribution, at the end of the year rolls over into the next year. Even if you change health plans or jobs, your HSA goes with you.
- ✓ **Plan For Tomorrow** – Your HSA is also a great way to save for future healthcare expenses. You can plan for health-related costs in your retirement by growing your HSA today. Watch your HSA grow with tax-free interest.

Log on to Fidelity today at www.401k.com to find additional information such as:

- ✓ Open your HSA and check account status
- ✓ View or print detailed history of HSA account transactions and balances
- ✓ Link to FAQs and more information about HSAs

Fidelity gives you the option to invest your HSA money in mutual funds, stocks, bonds and more.

Flexible Spending Account (FSA)

Administered by WEX Health

There are three types of FSAs offered by Hub Group. You can manage your account online at wexinc.com.

The **Healthcare FSA** plan allows you to save by putting money aside for healthcare expenses not covered by your medical plan—TAX FREE!

The **Limited Purpose FSA** is available if you are enrolled in the HDHP with a HSA. You can put aside pre-tax money for reimbursement of only dental and/or vision expenses that are not covered—TAX FREE!

The **Dependent Care FSA** allows you to pay for dependent daycare expenses—TAX FREE!

There are no Federal income, State income (in most cases) or Social Security taxes withheld for dollars contributed toward an FSA plan. Because contributions you make are made on a pretax basis, the IRS requires that changes to your election can only be made when you experience an approved status change and must be made within 30 days of the status change.

Healthcare Flexible Spending Account

With your Healthcare FSA, you can use tax-free dollars to pay for eligible medical, dental, vision and hearing expenses incurred by you or an eligible dependent if the expenses are not paid by other plans.

The maximum annual amount that you may contribute to this plan is \$3,500*. The minimum amount you may contribute to the plan is \$50. You can use the Healthcare FSA to pay for healthcare related expenses such as:

- ✓ Copays and coinsurance
- ✓ Cost of eligible services above reasonable and customary limits or above other plan limits
- ✓ Other health-related expenses not paid by other plans that are eligible for tax reduction by Section 213 of the IRC. A full list of eligible Healthcare FSA expenses can be found at irs.gov, publication 502.

Use it or Lose it Provision

The FSA plan year (incurral period) is the later of January 1 or your benefits effective date to December 31 or your termination date. All claims incurred within the plan year need to be submitted by March 15 of the following year. You have 90 days from termination date to submit eligible expenses incurred prior to termination. Any remaining balance after all claims have been processed will be forfeited. Please plan carefully.

Limited Purpose Flexible Spending Account

The Limited Purpose FSA allows you to be enrolled in a High Deductible Health Plan (HDHP) and use tax free dollars to pay for only vision and dental expenses incurred by you or an eligible dependent if the expenses are not paid by other plans. This allows you to keep money in your HSA for medical expenses.

The maximum annual amount that you may contribute to this plan is \$3,500*. The minimum annual amount you may contribute to the plan is \$50.

You can use the Limited Purpose FSA to pay for vision and dental related expenses such as:

- ✓ Deductibles, copays and coinsurance
- ✓ Cost of eligible services above reasonable and customary or allowance limits
- ✓ Other vision and dental related expenses not paid by other plans that are eligible for tax reduction by Section 213 of the IRC.

Dependent Care Flexible Spending Account (for expenses such as daycare)

You can receive tax-free reimbursement from your Dependent Care FSA for expenses incurred by you for the care of eligible dependents, such as daycare for children. You and your spouse, if married, must be gainfully employed or attending school full-time for the period that you have eligible dependents in order for expenses to qualify for reimbursement.

The IRS maximum annual contribution to a Dependent Care FSA is a per household limit of \$7,500. If you are married, the most you and your spouse can contribute is a combined \$7,500. If you are single, the most you may contribute is \$3,750. The minimum annual amount you may contribute to the plan is \$50.

Qualifying eligible dependents for the Dependent Care FSA is any individual considered your dependent within the same meaning of Section 152 of the IRC who meet the following criteria:

- ✓ As payroll deductions are taken, Dependent Care funds are available for reimbursement from your account.
- ✓ A dependent under the age of 13 for whom you are entitled to a deduction for income taxes
- ✓ A spouse or dependent who is physically or mentally incapable of taking care of himself or herself

The Dependent Care FSA is **not** for medical, dental or vision expenses for your dependents. It is strictly for the care of your dependents while you and your spouse are at work or attending school on a full-time basis.

*Healthcare FSA contribution limits are established by the IRS and are subject to change annually. Any updates to the annual contribution limit will be communicated if announced by the IRS.

Dental Insurance

Administered by Guardian

Hub Group offers a PPO Dental Plan through Guardian. With the Guardian PPO DentalGuard Preferred network, you may go to any dentist of your choice within the PPO network. In-network dentists have accepted a negotiated and discounted fee. You are free to choose an out-of-network provider, but your out-of-pocket costs will be higher.

To locate an in-network dentist, you can visit: guardianlife.com. Out-of-network details can be found online at HubGroupDriver.MyBenefitsLibrary.com in the dental section under “Your 2027 Benefit Options.”

Weekly Dental Rates	
Tier	Weekly Rates
Employee	\$5.68
Employee + Child(ren)	\$12.69
Employee + Spouse	\$11.29
Employee + Family	\$15.50

Benefits	In-Network
Deductible	Waived for Preventative
Individual	\$50
Family	\$150
Diagnostic & Preventive	
Routine Oral Exams, Cleanings, and Fluoride Treatments	100%
Basic Services	
Problem Focused Exams, Consultations, Fillings, Oral Surgery, and Periodontal Surgery	80%
Major Services	
Bridges Full and Partial Dentures Crowns, Inlays, Onlays and related services	50%
Orthodontia for Children to age 19	50%
Maximum Benefit Calendar Year Maximum (Preventive, Basic and Major)	\$2,000
Annual Benefit Maximum Rollover	\$600
Maximum Rollover Account Limit	\$1,500
Orthodontic Lifetime	\$2,000

The above information is intended as a benefit summary only. It does not include all of the benefit provisions, limitations and qualifications. If this information conflicts in any way with the contract, the contract will prevail. Refer to the official plan documents for additional coverage details.



Vision Insurance

Administered by Guardian

The Guardian Vision Plan gives you a choice between Vision Service Plan (VSP) and Davis Vision, making finding an in-network doctor easy! To locate an in-network provider, you can visit: guardianlife.com. You are free to choose an out-of-network doctor, but will receive significant discounts with an in-network provider. Out-of-network details can be found online at HubGroupDriver.MyBenefitsLibrary.com in the vision section under “Your 2027 Benefit Options.” Please note that once you choose VSP or Davis, you are unable to switch networks until the next annual enrollment.

Service Frequency - VSP and Davis Vision Networks	
Vision Exam	Once Every 12 Months
Lenses (for Glasses or Contact Lenses)	Once Every 12 Months
Frames	Once Every 24 Months
Exam Copay	
Vision Exam	\$10
Materials Copay	
Standard Frames and/or Lenses	\$25
Contact Lenses	\$25
Covered Services	
Eye Exams	Covered in full after exam copay
Lenses (Single Vision, Bifocal, Trifocal, and Lenticular)	Covered in full after materials copay
Frames (Safety Glasses are Covered in Lieu of Regular Glasses)	Covered up to \$200
Contact Lenses (Elective)	Covered up to \$200
Contact Lenses (Medically Necessary)	Covered in full, materials copay waived

Weekly Vision Rates					
Tier	VSP	Davis Vision	Tier	VSP	Davis Vision
Employee	\$1.46	\$1.27	Employee + Spouse	\$2.25	\$1.96
Employee + Child(ren)	\$2.29	\$2.00	Employee + Family	\$3.70	\$3.23

In-network Providers

Since you can choose from VSP’s 104,000 and Davis Vision’s 110,000 provider access points, you’re certain to find an in-network provider within minutes of your home or workplace. Please see below for just a few of the in-network providers available to you under each plan.

104,000 In-network VSP Providers		110,000 In-network Davis Vision Providers	
Includes all top 50 retailers, like.... Costco Optical Pearle Vision Sam’s Club Visionworks Walmart	And many more! Including a large network of private practice ophthalmologists and optometrists Online Retailer Eyeconic	America’s Best Costco Optical National Vision Vision Source Visionworks Walmart Vision Centers	And many more! Online Retailers Glasses.com 1-800-Contacts Befitting

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Basic Life Insurance and AD&D – Hub Group Sponsored *New Provider!*

Administered by The Standard

Basic Life and AD&D Insurance is paid for by Hub Group and provided at no cost to all benefit-eligible employees. Supplemental Life and Supplemental Accidental Death & Dismemberment (AD&D) Insurance is also available for you to purchase additional coverage. Benefits are payable to your beneficiary, so be sure to keep your beneficiary designation up to date.

Basic Life and AD&D	Benefit Overview
Benefit Amount	\$20,000
Age Reduction Schedule	At age 70, benefits will reduce by 35% of the original amount. At age 75, benefits will reduce an additional 15% of the original amount.

Supplemental Life Insurance and Supplemental AD&D *New Provider!*

Administered by The Standard

Supplemental Life Insurance and Supplemental AD&D is available in addition to your Hub Group-provided Basic Life and AD&D. You may purchase life insurance for your spouse and dependents only if you purchase Supplemental Life Insurance coverage for yourself. Benefits are payable to your beneficiary, so be sure to keep your beneficiary designation up to date. Employee and spouse rates are age banded. Rates are calculated on the employee's age as of January 1, 2027. Your premium will be calculated based on your election. **During this enrollment period only, you can elect coverage without answering medical questions!**

Tier	Benefit Amount	Maximum Benefit
Employee Benefit Amount	1-5 times annual base salary rounded to the next higher \$1,000	\$500,000
Spouse Benefit Amount	50% of the employee amount, not to exceed \$50,000	\$50,000
Child(ren) Benefit Amount	From birth to 26 years old - \$10,000	\$10,000
Age Reduction Schedule	At age 70, benefits will reduce by 35% of the original amount. At age 75, benefits will reduce an additional 15% of the original amount. This applies to you and your spouse (if applicable).	
Guarantee Issue	Guarantee Issue is available up to 5x annual base salary, up to \$500,000, for employees. Spouses and children (if applicable) will not require Evidence of Insurability.	

The above information is intended as a benefit summary only. It does not include all of the benefit provisions, limitations and qualifications. If this information conflicts in any way with the contract, the contract will prevail.

Portability and Conversion Options

If you terminate your employment with the Hub Group or cease to meet the eligibility requirements for the Group Term Life Insurance policy, you may be able to convert to individual life insurance coverage under the Portability and/or Conversion provisions of the policy. Forms with further information regarding your options can be obtained from the Benefits department and a written application must be made within 31 days of termination.

Life Insurance with Long-Term Care Coverage *New Provider!*

Administered by The Standard

Life Insurance with Long-Term Care Coverage features premiums guaranteed for life and coverage for qualified Long-Term Care expenses like nursing home, assisted living, or home care. This plan provides money to your family at death, and while you are living too, if you need home health care, assisted living or nursing care. For about the same premium, it provides higher benefits than whole life and continues to age 100. Coverage is available for you, your spouse and child(ren). **To learn more or enroll in this coverage, please schedule an appointment with a benefit counselor.**

Plan Features:

✓ Long-Term Care (LTC)

If you need LTC, you can access your death benefit while you are living for home health care, assisted living, adult day care and nursing home care. You receive 6% of your death benefit per month while you are living for up to 17 months to help pay for LTC. Insurance premiums are waived while this benefit is being paid.

✓ Extension of Benefits

Extends the monthly Long-Term Care benefit for up to an additional 17 months, totaling 34 months, after 100% of the base death benefit has been used for LTC.

✓ Terminal Illness Benefit

After your coverage has been in force for two years, you can receive 75% of your death benefit, up to \$100,000, if you are diagnosed as terminally ill.

Guarantee Issue

During this open enrollment period, Guarantee Issue is available up to \$200,000 for employees, up to \$25,000 for spouse and up to \$20,000 for children under the Child Term Rider without submitting medical questions.



Voluntary Short-Term Disability *New Provider!*

Administered by The Standard

Voluntary Short-Term Disability Insurance may provide income protection should you experience a non-work related illness or injury. Rates are calculated on the employee's age as of January 1, 2027. Your premium will be calculated based on your election. **During this enrollment period only, you can elect coverage without answering medical questions!**

If your state of residence provides state-mandated disability or paid family leave benefits, a voluntary short-term disability policy may be impacted. You can find out if your state has a state-sponsored disability insurance program by visiting your state's government website. Please ensure you understand how your voluntary policy may be offset before enrolling in this benefit.

Voluntary Short-Term Disability Benefit			
	Maximum Weekly Benefit Amount	Elimination Period	Maximum Duration
Benefit Overview	\$300 Weekly Benefit Amount or \$600 Weekly Benefit Amount	7-day elimination period Benefit pays retroactive to first day of disability	83 days
Pre-Existing Condition	Until you have been covered under the policy for 12 months, you may not be eligible for benefits if you have received treatment for a condition within 12 months prior to your effective date under this policy.		

Voluntary Long-Term Disability *New Provider!*

Administered by The Standard

Voluntary Long-Term Disability Insurance can help protect your income if you are unable to work due to an accident or illness that extends beyond the elimination period. Rates are calculated on the employee's age as of January 1, 2027. Your premium will be calculated based on your election. **During this enrollment period only, you can elect coverage without answering medical questions!**

Voluntary Long-Term Disability Benefit			
	Monthly Benefit	Elimination Period	Maximum Monthly Benefit
Benefit Percentage	Choice of: 40%, 50% or 60%	90 days	\$5,000
Own Occupation Period	24 Months		
Benefit Duration	24 Months		
Pre-Existing Condition Exclusion	If you have received treatment in the 3 months prior to the effective date of coverage and the disability begins in the first 12 months after your effective date of coverage, you may not be eligible for benefits under this policy.		

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MetLife Legal Plan

Administered by MetLife

Legal coverage gives you easy, direct access to a national network of more than 18,000 attorneys that provide telephonic advice and office consultations on a broad range of personal legal needs. Examples of covered legal services include:

- ✓ Preparation of wills and trusts
- ✓ Real estate matters
- ✓ Debt matters
- ✓ Consumer protection
- ✓ Document preparation and review
- ✓ Traffic matters
- ✓ Juvenile matters
- ✓ Divorce & Family law

Identity Theft Protection **New!**

Administered by Allstate

Identity Protection is one of the leading identity theft and security vendors with a comprehensive roster of services including the following benefits:

- ✓ Monitors your credit
- ✓ Uncovers unauthorized activity, fraudulent affiliated addresses, and use of your Social Security number
- ✓ Alerts you in real time of credit, banking, employment, and other security events and transactions
- ✓ Tracks web presence of personally identifying information from breaches
- ✓ Identifies and remedies previous issues at no additional cost
- ✓ Helps to restore your name in good standing

Employee Assistance Program (EAP)

Offered by The Standard, Administered by Health Advocate

Everyone needs help sometimes solving problems. Your wellbeing, productivity, and happiness depend on balancing your life at home and your life at work. Hub Group recognizes that it's difficult to be on task at work when you are worrying about problems at home, and you can't devote sufficient time to yourself and your family if you're feeling overwhelmed by the demands of your job. As an employee of Hub Group, your benefits package includes the EAP at no cost to you. The program supports productivity and resilience in the workplace, offering confidential support 24/7.

Who is eligible?

You and your immediate household family members are eligible to access *Health Advocate* services. All services are confidential.

How do I get started?

To get started, visit healthadvocate.com/standard3, download the Health Advocate app, or call 888-293-6948.

- Registration Client Code: AQ3QGHQ

What's included?

Health Advocate's EAP includes confidential, short-term counseling and support services to help you address personal, family, work, financial, and legal challenges. The program includes up to three counseling sessions per issue, which may be conducted in person, by phone, or through video. Counseling is provided by qualified professionals and may include referrals to additional resources when needed.

What services can I access?

You will receive professional, live support for a wide range of personal and work-related challenges.

- Health Advocate provides:
 - ✓ 24/7 access via phone, web, and mobile app
 - ✓ 24/7 live chat support through the mobile app
 - ✓ 24/7 access to master's-level counselors and support resources
 - ✓ Digital wellbeing tools, including self-guided programs and virtual peer groups
 - ✓ Legal, financial, and identity theft support
 - ✓ Work-life services: childcare, elder care, education, adoption and more
 - ✓ Manager consultations and workplace support
 - ✓ Wellbeing and life coaching for personal and professional growth
 - ✓ Clinically appropriate, solution-focused counseling per issue, per year

Ready to enroll? Visit HubGroupDriver.MyBenefitsLibrary.com or call 844-532-2237.

Important Terms

Balance Billing:

Occurs when physicians or other providers, hospitals, or facilities who are not contracted with your provider network bill you for the difference between the amount allowed by your plan and the provider's actual billed charge.

Coinsurance:

A plan's coinsurance defines how much you pay and how much the plan pays for covered services once the deductible has been met. For example, if a plan's coinsurance is 70%/30%, the plan pays 70% and you pay 30%. Please keep in mind that your deductible must be met before the plan's coinsurance will apply in most instances.

Co-payment (or Copay):

A co-payment, or copay, is a predetermined amount that you must pay out of pocket to a participating provider. The copay is paid directly to the provider and is due at the time services are rendered.

Deductible:

A deductible is a specified amount that you must pay before the plan will pay a claim. For certain types of services, the deductible is waived and you may only pay a copay at the time of services. Copays are not applied toward the deductible.

Embedded Deductible:

The individual deductible is embedded in the family deductible amount. A covered individual does not contribute more than the individual deductible amount toward the family deductible amount. Both PPO plans include an embedded deductible.

Aggregate Deductible:

If eligible dependents are enrolled in the plan, the entire family deductible amount must be met before the plan begins to pay eligible expenses. The HDHP plan includes an aggregate deductible.

Exclusions and Limitations:

Specific conditions or circumstances for which an insurance policy or plan will not provide coverage (exclusions), or for which coverage is specifically limited (limitations).

Guarantee Issue:

Some plans have Guarantee Issue. Guarantee Issue is typically provided for life and disability insurance during the initial enrollment offering or when you are electing benefits for the first time as a new hire. Guarantee Issue provides a specified amount of guaranteed coverage without having to receive underwriting approval.

Out-of-Pocket Maximum:

This is the most you could pay during a calendar year for your share of covered services. Deductibles and copays count toward the out-of-pocket maximum, but balance billing and ineligible expenses do not.

Pre-certification:

Approval granted by a case manager or insurance company representative for a person to receive certain services such as inpatient hospital admittance or outpatient surgery. The goal is to ensure that individuals are not exposed to inappropriate health care services or services that are not medically necessary.

Contact Information

Please refer to the information provided below when you need to contact one of your benefit carriers.

Plan	Plan Provider	Phone Number	Website
BCBSIL Medical/Rx TeleHealth 24/7 Nurseline	BCBSIL MDLIVE BCBSIL	1-800-828-3116 1-888-676-4204 1-800-299-0274	www.bcbsil.com www.mdlive.com/bcbsil www.bcbsil.com
Digital Muscle/Joint Therapy	HingeHealth	1-855-902-2777	https://hinge.health/hubgroup
Chronic Condition Management	Teladoc Health	1-800-835-2362	www.teladochealth.com/go/hubgroup
Kaiser Georgia Medical/Rx	Kaiser	1-888-865-5813	www.kp.org
Kaiser California Medical/Rx	Kaiser	1-800-464-4000	www.kaiserpermanente.org
Health Savings Account (HSA)	Fidelity	1-800-544-3716	www.401k.com
Flexible Spending Accounts (FSA)	WEX Health	1-866-451-3399	www.wexinc.com
Dental	Guardian	1-800-541-7846	www.guardianlife.com
Vision	Guardian	VSP: 1-877-814-8970 Davis Vision: 1-800-877-7195	www.guardianlife.com
Basic Life and AD&D	The Standard		https://mybenefits.standard.com
Supplemental Life and AD&D	The Standard		https://mybenefits.standard.com
Short-Term Disability	The Standard		https://mybenefits.standard.com
Long-Term Disability	The Standard		https://mybenefits.standard.com
Life Insurance with Long-Term Care	The Standard	1-800-521-3535	https://mybenefits.standard.com
Hospital Indemnity	Chubb	1-855-241-9891	Email to csmail@gotoservice.chubb.com
Accident	Chubb	1-855-241-9891	Email to csmail@gotoservice.chubb.com
Critical Illness	Chubb	1-855-241-9891	Email to csmail@gotoservice.chubb.com
Legal Plan	MetLife	1-800-821-6400	www.legalplans.com
ID Theft Protection	Allstate	1-800-789-2720	www.myaip.com
Employee Assistance Program (EAP)	Health Advocate	1-888-293-6948	healthadvocate.com/standard3
401(k) Retirement Plan	Fidelity	1-800-890-4015	www.401k.com

Important Notices and Disclosures

Hub Group is required to provide Important Notices to our employees every year. These notices and reports are posted for your reference on Hub Group's online benefits library at HubGroupDriver.MyBenefitsLibrary.com. Should you have any questions regarding these notices, please contact the Benefits Department at benefits@hubgroup.com.

This guide summarizes the key features of the Hub Group Benefit Plans. If any conflict arises between the information stated here and any Plan provisions, the terms of the actual Plan documents or other applicable documents will govern in all cases. Provisions of the plans and eligibility for coverage to do not constitute a contract of employment with any individual. Plans described in this guide are subject to change at the discretion of Hub Group.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request. The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.