



**2023**

# Hub Group Warehouse Benefits Enrollment Guide

 **TAGG**logistics



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## Welcome

We recognize that our employees are our most valuable asset and pride ourselves on offering a robust portfolio of benefits. These benefits provide you peace of mind that the most important things in life are protected - your family, your finances and your future.

New hires must enroll within the first 30 days from date of hire. Benefits are effective the first of the month following 60 days from date of hire.

### Your 2023 Benefit Package Includes:

- ✓ Medical and Prescription
- ✓ Flexible Spending Accounts (FSA)
- ✓ Dental
- ✓ Vision
- ✓ Basic Life and AD&D
- ✓ Supplemental Life and AD&D
- ✓ Voluntary Short-Term Disability
- ✓ Voluntary Long-Term Disability
- ✓ LifeTime Benefit Term with Long-Term Care
- ✓ Hospital Indemnity
- ✓ Accident
- ✓ Critical Illness
- ✓ Legal Plan
- ✓ Employee Assistance Program (EAP)

### Enrollment Process

Professional benefit counselors will be available over the phone to answer your questions and help you complete the enrollment process. To schedule your confidential benefit appointment, visit **[hubgroup.mybenefitsappointment.com](https://hubgroup.mybenefitsappointment.com)** or call 844-532-2237. Pre-schedule your appointment today to secure your preferred date and time.

With the exception of the voluntary benefits, you may also enroll in or make changes to your benefits by logging into HCM and clicking "Benefits". You must schedule a benefit counselor appointment to enroll in voluntary benefits.

### Online Benefits Information Resource

Our online benefits library puts all of the benefits information right at your fingertips – anytime, anywhere. This is your go-to, online resource for your benefit needs. To learn more, visit

**[HubGroupWarehouse.MyBenefitsLibrary.com](https://HubGroupWarehouse.MyBenefitsLibrary.com)**.

# Enrollment Guidelines

## Effective Date of Benefits

New hires must enroll within the first 30 days from date of hire. Benefits are effective the first of the month following 60 days from date of hire.

## Hours Worked

Under the ACA rules, generally an employee is considered full-time if he or she works on average at least 30 hours per week.

## Eligible Dependents

Eligible family members may participate if you elect dependent benefit coverage.

Eligible family members are an employee's legally married spouse, and children, as defined below:

- ✓ Your natural child(ren) until they reach age 26
- ✓ Your stepchild(ren), meaning your spouse's child(ren) until they reach age 26 or earlier if your marriage to their natural parent ends other than due to the death of one of you
- ✓ Your adopted child(ren), meaning you (or your spouse) have adopted or are placed for adoption with you until the child(ren) turns age 26; you or your spouse must be one of the adopting parents, the child must have been placed in your (or your spouse's) custody; and the adoption proceeding must have assigned the responsibility for benefits coverage to you (or your spouse)
- ✓ Your child covered by a QMCSO, meaning your child(ren) on whose behalf a Qualified Medical Child Support Order (QMCSO) has been entered or issued, indicating that coverage must be provided until the child covered by the QMCSO should no longer be covered or turns 26 years of age, whichever occurs first
- ✓ Incapacitated person: Continued coverage is provided for your child(ren) or other eligible dependent(s), who is physically or mentally incapable of self-support while remaining incapacitated, as long as you remain an Eligible Employee and so long as (i) the child or other eligible dependent was enrolled in the Hub Group, Inc. Welfare Benefits Plan prior to his or her turning 26 years of age (for natural, adopted and stepchildren), or attaining age 24 (for other eligible dependents), as the case may be, and remained covered through such age; and (ii) the child or other eligible dependent satisfies the criteria for eligibility under

one of the categories described above but for his or her age. The coverage for children will end on the last day of the month in which the limiting age is reached.

## 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 coverages 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 in HCM 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) Blue Card Participating Provider Organization (PPO) Network. Your medical claims will be adjudicated by BCBSIL and offers you one of the largest provider network of doctors and hospitals, allowing you availability to receive the greatest discounts on your healthcare expenses.

You have two (2) traditional PPO medical plans to choose from. To locate an in-network doctor or hospital near you, you can visit [www.bcbsil.com](http://www.bcbsil.com) and click on "Find a Doctor." Under Network, select "Participating Provider Organization (PPO)".

To learn more, the Summary of Benefits documents, including rates, are available online at [HubGroupWarehouse.MyBenefitsLibrary.com](http://HubGroupWarehouse.MyBenefitsLibrary.com) in the "Hub Group Benefits Enrollment Information" section.

Medical Benefits Comparisons				
	PPO \$4,000 Plan		PPO \$5,000 Plan	
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Annual Deductible</b>	<i>Embedded Deductible</i>		<i>Embedded Deductible</i>	
Individual	\$4,000	\$8,000	\$5,000	\$10,000
Family	\$8,000	\$16,000	\$10,000	\$20,000
Hospital Admission	N/A	N/A	N/A	N/A
Coinsurance	20% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>Annual Medical Out-of-Pocket Maximum</b>				
Individual	\$5,550	\$11,100	\$5,850	\$11,700
Family	\$11,100	\$22,200	\$11,700	\$23,400
<b>Coinsurance</b>				
Preventative Visit	\$0	40% after deductible	\$0	40% after deductible
Physician Office Visit	\$30 copay	40% after deductible	\$30 copay	40% after deductible
MDLIVE Visit	\$30 copay	Not covered	\$30 copay	Not covered
Specialist Office Visit	\$50 copay	40% after deductible	\$50 copay	40% after deductible
Urgent Care Visit	\$50 copay	40% after deductible	\$50 copay	40% after deductible
Emergency Room Services	\$300 copay per visit	\$300 copay per visit	\$300 copay per visit	\$300 copay per visit
Inpatient	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient	20% after deductible	40% after deductible	20% after deductible	40% after deductible

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.

## Pharmacy Benefits

Benefits	PPO \$4,000 Plan		PPO \$5,000 Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Retail (34 Day Supply)</b>				
Prescription Drug Copay Max (Individual/Family)	\$1,000 / \$2,000	\$1,000 / \$2,000	\$1,000 / \$2,000	\$1,000 / \$2,000
Generic Drugs	\$20 Copay	\$20 Copay, plus 25%	\$20 Copay	\$20 Copay, plus 25%
Formulary Brand Drugs	\$60 Copay	\$60 Copay, plus 25%	\$60 Copay	\$60 Copay, plus 25%
Non-Formulary Brand Drugs	\$105 Copay	\$105 Copay, plus 25%	\$105 Copay	\$105 Copay, plus 25%
Specialty Drugs (30-day limit)	ExpressScripts Accredo	Not Covered	ExpressScripts Accredo	Not Covered
<b>90-Day Supply</b>				
Generic Drugs	\$40 Copay	Not Covered	\$40 Copay	Not Covered
Formulary Brand Drugs	\$120 Copay	Not Covered	\$120 Copay	Not Covered
Non-Formulary Brand Drugs	\$210 Copay	Not Covered	\$210 Copay	Not Covered

### 90DayMyWay®

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. **Only 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.

#### How to Purchase a Maintenance Medication at a Retail Pharmacy

Locate a contracting 90-day supply retail pharmacy within the state at [www.MyPrime.com](http://www.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](http://express-scripts.com/rx)
2. Register and create a profile
3. See your active medicines and/or send your refill order.

***If you haven't used mail order yet, you can also call 833-715-0942 to get started.***

# Express Scripts Accredo Pharmacy

If you are prescribed a specialty medication by your doctor, you are required to fill the specialty medication prescription through Express Scripts Accredo. If you choose to obtain your covered specialty medication through any contracting pharmacy other than through the Express Scripts Accredo program, you will be subject to a reduction in benefits. At Express Scripts Accredo, licensed pharmacists process orders and all medicines are shipped in tamper-evident containers and plain packaging. Home delivery can save you time — and possibly money. You may receive 90-day supplies, and enjoy standard shipping and refill reminders. You may receive your order anywhere as deliveries are made all over the United States, so you can get your medicine even when you are away from home.



## Online and mobile

Visit [patient.accredo.com](https://patient.accredo.com). Select *New User? Register Now.* and follow the instructions to create an account



## Phone

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.



## Doctor

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.

## 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 [www.bcbsil.com](http://www.bcbsil.com). Doctors may also call 800.285.9426 with questions, or to get a form.

## Member Pays the Difference Penalty

The Member Pay the Difference Penalty is only applied when your physician prescribes 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.

## Understanding Your Coverage Options with the Member Pay the Difference Prescription Drug Benefit

When a generic equivalent is available and you request the Non-Preferred Brand name drug, you may pay more than the Non-Preferred Brand copay. You will pay the Non-Preferred Brand copay/coinsurance amount plus the difference between the retail cost of the Non- Preferred Brand drug and its generic equivalent.

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.

# Blue Access for Members (BAM)

## BCBSIL Online – [www.bcbsil.com](http://www.bcbsil.com)

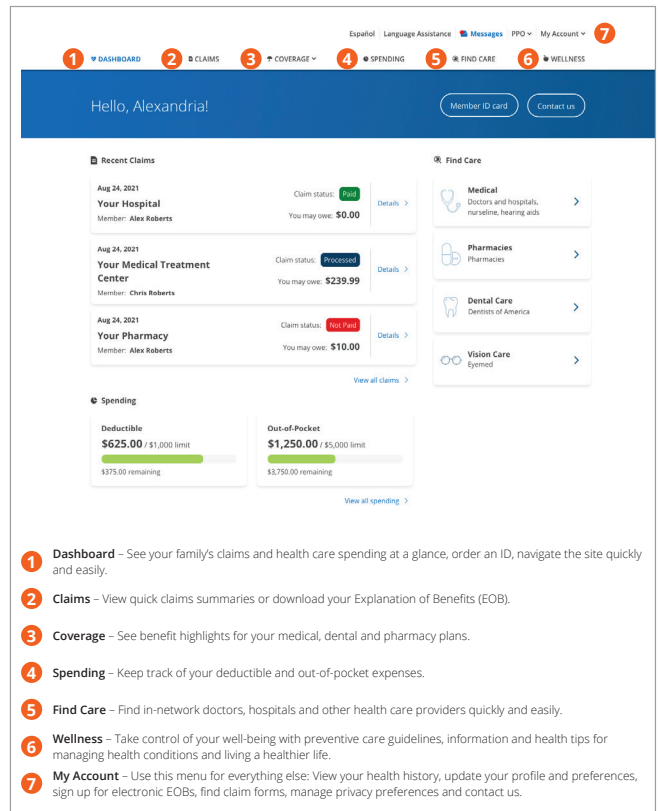
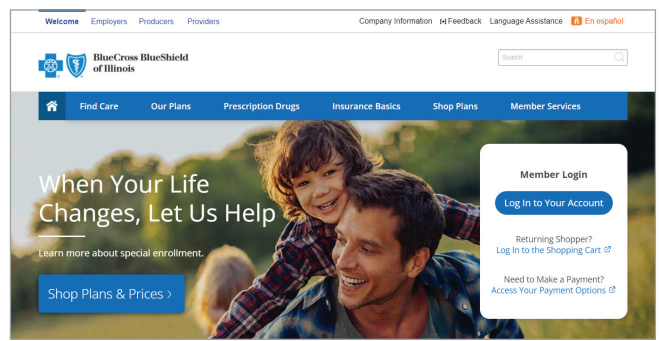
The BCBSIL website is your online guide to health care information. On the Blue Access for Members webpage, you can login and do the following:

- ✓ Locate a doctor or hospital in your network
- ✓ Check the status of a claim and your claims history
- ✓ Confirm who in your family is covered under your plan
- ✓ View and print an Explanation of Benefits (EOB) for a claim
- ✓ Select the option to stop receiving EOBs in the mail
- ✓ Sign up to receive claim status email alerts
- ✓ 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 [www.bcbsil.com](http://www.bcbsil.com)
3. Click on “Member Services”
4. Scroll down and click the “Register Now” button
5. Follow the instructions to register, creating a user ID and password for immediate and secure access to your personal information

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



# MDLIVE

## Virtual doctor visits save time and money!

BCBSIL offers Hub Group employees and covered dependents access to non-emergency medical care through MDLIVE. You may speak with a board-certified doctor 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 Store<sup>SM</sup>, Google Play<sup>TM</sup> Store or Windows<sup>®</sup> 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

## WEBSITE

- ✓ Visit the website [mdlive.com/bcbsil](http://mdlive.com/bcbsil)
- ✓ Choose a doctor
- ✓ Video chat with the doctor
- ✓ You can also access through Blue Access for Members<sup>SM</sup> at [www.bcbsil.com](http://www.bcbsil.com)

# Voluntary Financial Wellness Benefits

*Administered by Lincoln Financial*

Voluntary benefits are designed to work in conjunction with your medical plan to offset out-of-pocket costs, however you do not need to be enrolled in Hub Group's medical plan in order to elect voluntary benefits with Lincoln Financial. 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. Coverage is available for you, your spouse and child(ren). **To learn more or enroll in these coverages, please schedule an appointment with a benefit counselor.**

## 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.

Plan Features:

- ✓ No medical history is required for coverage to be issued
- ✓ Coverage available for your spouse and eligible dependents
- ✓ **Guaranteed Renewable:** Your coverage cannot 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





## Voluntary Financial Wellness Benefits *Contd.*

Administered by Lincoln Financial

### 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 by a child under age 18 in a school-sanctioned sport or a competitive sport requiring registration. Every year that you complete a qualified health screening, you're eligible for a \$50 Health Screening Benefit. Your covered spouse (if applicable) is also eligible to receive the Benefit.

Plan Features:

- ✓ No medical history is required for coverage to be issued
- ✓ **Guaranteed Renewable:** Your coverage cannot 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

### Critical Illness Insurance

No one saves 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 spouse (if applicable) is also eligible to receive the Benefit. See below for further information regarding the Guarantee Issue amounts.

Plan Features:

- ✓ **No Age Penalty:** Your rates will never change due to your age
- ✓ **Full Portability:** You can keep your coverage even if you change jobs or retire
- ✓ **Guaranteed Renewable:** Your coverage cannot be canceled as long as premiums are paid as due
- ✓ **No Benefit Reduction:** Benefits never decrease due to age

### Guarantee Issue and Enrollment

During your new hire enrollment period, you may elect up to the Guarantee Issue and Plan Maximum amount of \$30,000 for employees, up to \$15,000 for spouse, and \$7,500 for children, if applicable, without answering medical questions. Spouse and children coverage is limited to 50% of the employee's coverage amount. **Schedule an appointment with a benefit counselor to learn more about these plans and coverage levels.**

# Flexible Spending Account (FSA)

Administered by WEX Health

There are two types of FSAs offered by Hub Group: Healthcare FSA and Dependent Care FSA. You can manage your account online at [www.wexinc.com](http://www.wexinc.com).

The **Healthcare FSA** allows you to save by putting money aside for healthcare expenses not covered by your medical plan—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 \$2,850. 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](http://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.

## 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 \$5,000. If you are married, the most you and your spouse can contribute is a combined \$5,000. If you are single, the most you may contribute is \$2,500. 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.

# Dental Insurance

Administered by MetLife

Hub Group offers a PPO Dental Plan through MetLife. With the PPO Dental Plan, 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:

[www.metlife.com/dental](http://www.metlife.com/dental).

The table to the right summarizes key features of the plan. Refer to the official plan documents for additional coverage details. Employees who reside in Louisiana, Mississippi, Montana, New Mexico, Rhode Island, Texas, or Utah may have slightly different out-of-network deductibles and coinsurance.

Benefits	In-Network	Out-of-Network*
Deductible	Waived for Preventative	
Individual	\$50	\$75
Family	\$150	\$225
<b>Diagnostic &amp; Preventive</b>		
Routine Oral Exams	100%	100%
Routine Cleanings		
Fluoride Treatments		
<b>Basic Services</b>		
Problem Focused Exams	80%	70%
Consultations		
Fillings		
Oral Surgery		
Periodontal Surgery		
<b>Major Services</b>		
Bridges	50%	40%
Full and Partial Dentures		
Crowns, Inlays, Onlays and related services		
Orthodontia for Children		
<b>Maximum Benefit</b>		
Calendar Year Maximum (Preventive, Basic and Major)	\$2,000	\$2,000
Orthodontic Lifetime	\$2,000	\$2,000

\*Covered expenses will not exceed 90% of the policy's usual and customary allowances.

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.



# Vision Insurance

Administered by MetLife

Hub Group offers a voluntary vision plan. One great plan—two networks to choose from. The MetLife Vision Plan gives you a choice between Superior Vision and Davis Vision, making finding an in-network doctor easy! You are free to choose an out-of-network doctor, but will receive significant discounts with an in-network provider. Please note that once you choose Superior or Davis, you are unable to switch networks until the next annual enrollment.

To locate an in-network provider, you can visit: [www.metlife.com/vision](http://www.metlife.com/vision). The table below summarizes key features of the plan.

Service Frequency - Superior Vision 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	In-Network	Out-of-Network
Vision Exam	\$10	
Materials Copay		
Standard Frames and/or Lenses	\$25	
Contact Lenses	\$25	\$0
Covered Services		
Eye Exams	Covered in full after exam copay	Covered up to \$59
Single Vision Lenses	Covered in full after materials copay	Covered up to \$30
Lined Bifocal Lenses	Covered in full after materials copay	Covered up to \$50
Lined Trifocal Lenses	Covered in full after materials copay	Covered up to \$65
Lenticular Lenses	Covered in full after materials copay	Covered up to \$100
Frames	Covered up to \$180 or up to \$205 at participating providers	Covered up to \$70
Contact Lenses (Elective)	Covered up to \$160	Covered up to \$120
Contact Lenses (Medically Necessary)	Covered in full, materials copay waived	Covered up to \$210

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.

## In-network Providers

Since you can choose from Superior Vision's 118,000 and Davis Vision's 107,000 provider access points, including Costco, Walmart, Sam's Club and JC Penney, 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.

Superior Vision In-network Providers		Davis Vision In-network Providers	
<p><b>Includes all top 50 retailers, like....</b></p> <ul style="list-style-type: none"> <li>Costco Optical</li> <li>CVS Optical</li> <li>JC Penney Optical</li> <li>LensCrafters</li> <li>Macy's Optical</li> <li>Meijer Vision Center</li> </ul>	<ul style="list-style-type: none"> <li>Pearle Vision</li> <li>Sam's Club</li> <li>Site for Sore Eyes</li> <li>Target Optical</li> <li>Visionworks</li> <li>Walmart</li> </ul> <p><b>And many more!</b></p> <p><i>Including a large network of private practice ophthalmologists and optometrists</i></p>	<ul style="list-style-type: none"> <li>America's Best</li> <li>Clarkson Eyecare</li> <li>Costco Optical</li> <li>CVS Optical</li> <li>Eyeglass World</li> <li>JC Penney Optical</li> <li>Meijer Optical</li> <li>National Vision</li> </ul>	<ul style="list-style-type: none"> <li>Sam's Club</li> <li>Walmart Vision Centers</li> </ul> <p><b>And many more!</b></p> <p><b>Online Retailers</b></p> <ul style="list-style-type: none"> <li>Glasses.com</li> <li>1 800 Contacts</li> <li>Befitting</li> </ul>

## Basic Life Insurance and AD&D – Hub Group Sponsored

Administered by Lincoln Financial

Life Insurance helps provide financial stability and protection for your family in case of death. You have access to a variety of life insurance options to ensure you have the amount of coverage that best fits your needs. 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
All Full-Time Warehouse Employees	\$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

Administered by Lincoln Financial

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.

Tier	Benefit Amount	Guarantee Issue
Employee Supplemental Life and AD&D	1-5 times annual base salary rounded to the next higher \$1,000	\$500,000
Spouse Supplemental Life	50% of the employee amount, not to exceed \$50,000	\$50,000
Child(ren)	From birth to 20 years old (from birth to age 26, if unmarried) \$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 yourself and your spouse (if applicable).	

### Guarantee Issue

During your new hire enrollment period, you may elect 1-5 times your annual base salary up to the Guarantee Issue of \$500,000. For your spouse, if applicable, you may elect up to the Guarantee Issue of \$50,000, not to exceed 50% of your elected amount. Anything over the Guarantee Issue will require Evidence of Insurability to be submitted for review.

### 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.

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.

# LifeTime Benefit Term Insurance with Long-Term Care Coverage

Administered by Chubb

LifeTime Benefit Term 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. LifeTime Benefit Term 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, LifeTime Benefit Term provides higher benefits than whole life and continues to age 121. 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 get 4% of your death benefit per month while you are living for up to 25 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 50 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 50% of your death benefit, up to \$100,000, if you are diagnosed as terminally ill.

## Guarantee Issue

During your new hire enrollment period, Guarantee Issue is available up to \$100,000 for employees, Conditional Guarantee Issue up to \$75,000 for spouse and Guarantee Issue up to \$25,000 for children under the Child Term Rider without submitting medical questions.



## Voluntary Short-Term Disability

Administered by Lincoln Financial

Voluntary Short-Term Disability Insurance provides income protection should you experience a non-work related illness or injury. The plan offers two options, making it easy to understand the benefit amount and giving you the option to choose the one that will be best suited for your individual situation. The weekly benefit amount you choose is the maximum benefit amount you would be paid in the event your Short-Term Disability benefit claim is approved. The weekly benefit amount you elect may not exceed the amount of your weekly earnings. The table below summarizes key features of the plan. Refer to the official plan documents for additional coverage details.

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	13 weeks
Pre-Existing Condition	You may not be eligible for benefits if you have received treatment for a condition within 12 months prior to the effective date under this policy until you have been covered under the policy for 12 months.		

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.

## Voluntary Long-Term Disability

Administered by Lincoln Financial

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. The table below summarizes key features of the plan. Refer to the official plan documents for additional coverage details.

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	3/12: A pre-existing condition is if you have received medical treatment, consultation, care or services including diagnosis, treatment, or took prescribed medicines in the 3 months just prior to the effective date of coverage and the disability begins in the first 12 months after your effective date of coverage.		

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.

# 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. **To learn more or enroll in this coverage, please schedule an appointment with a benefit counselor.**

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

## Employee Assistance Program (EAP): GuidanceResources

Offered by Lincoln Financial, Administered by ComPsych

Everyone needs help sometimes solving problems. Your wellbeing, productiveness 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.

### Who is eligible?

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

### How do I get started?

To get started, visit [GuidanceResources.com](https://www.guidanceresources.com), download the GuidanceNow mobile app, or call 888-628-4824.

Login credentials:

- Username: LFGSupport
- Password: LFGSupport1

### What experience and credentials will my counselors have?

**By phone:** When you call the toll-free line, you'll talk to an experienced professional who will provide counseling, work-life advice and referrals. All counselors hold master's degrees, with broad-based clinical skills and at least three years of experience in counseling on a variety of issues.

**In person:** For face-to-face sessions, you'll meet with a credentialed, state-licensed counselor.

### What services can I access?

- ✓ Unlimited, 24/7 access the following services anytime — online, on the mobile app or with a toll-free call:
  - Information and referrals on family matters, such as child and elder care, pet care, vacation planning, moving, car buying, college planning and more
  - Legal information and referrals for family law, estate planning, consumer and civil law
  - Financial guidance on household budgeting and short- and long-term planning
- ✓ In-person help for short-term issues (up to five sessions with a counselor per person, per issue, per year)
- ✓ In-person consultations with network lawyers, including one free 30-minute in-person consultation per legal issue, and 25% off subsequent meetings
- ✓ Expert advice and support tools are just a click away when you visit [GuidanceResources.com](https://www.guidanceresources.com) or download the GuidanceNow mobile app. You'll find:
  - Articles and tutorials
  - Videos
  - Interactive tools, including financial calculators, budgeting worksheets and more



## Member Rewards Program

Hub Group is excited to offer the Member Rewards program. The cost for quality services may differ by thousands of dollars in your area for the same medical service and procedure. Comparing the cost for medical services and procedures can save you money in out-of-pocket cost and put cash back into your pocket!

BCBSIL offers Member Rewards, administered by Sapphire. Member Rewards—combined with Provider Finder, a nationwide database of healthcare providers—can assist you with:

- ✓ Comparing cost and quality standards for numerous procedures
- ✓ Saving and estimating out-of-pocket cost
- ✓ Considering treatment decisions with your doctors
- ✓ Earning cash while shopping for quality low cost care

When your doctor recommends a service or procedure, first call a Benefit Value Advisor to see if you have options, then check the website to see if your options offer a cash reward.

### Member Rewards is simple.

1. Your doctor recommends a medical service or procedure.
2. Go to [bcbsil.com](http://bcbsil.com) and search the Provider Finder to select your medical service or procedure from in-network providers. After you select a service provider, click on the provider's name and you will be presented with a provider code. Enter your personal information along with the provider code to be eligible for a Member Rewards cash incentive.
3. After you complete your medical service or procedure, Sapphire will verify the provider and code information you entered. If you have selected a Member Rewards eligible and entered the provider code, you will receive a check within 4–6 weeks.\*

\*To report miscellaneous income, you will receive an annual statement from Sapphire. If your annual reward amount exceeds \$600.00, it will be reported on a 1099 form by Sapphire and sent to the IRS.

## Well onTarget®

The Well onTarget Member Wellness Portal at [wellontarget.com](http://wellontarget.com) provides you with tools to help you set and reach your wellness goals. The portal is user-friendly, so you can find everything you need quickly and easily.

## Explore Your Wellness World

When you log in to your portal, you will find a wide variety of health and wellness resources, including:

- Well onTarget member wellness portal
  - ✓ The Health Assessment (HA)
  - ✓ Self-directed Courses
  - ✓ Health trackers
  - ✓ Trusted news and health education content
  - ✓ Onmyway Health Assessment (HA)

## Benefit Value Advisor

It is always wise to be an informed consumer of healthcare, and Benefits Value Advisor (BVA) can help you do just that! You can think of BVA as a medical plan concierge, available to guide you through the healthcare decision process and assist with examining and weighing every aspect of healthcare decisions, including costs. Call a BVA to get the big picture on your next imaging (MRI, CAT or CT scan) procedure. Calling a BVA before you schedule your next procedure may result in big savings for you. Your BVA can:

- Help compare costs at different providers
- Help schedule your appointment
- Help with pre-certification
- Tell you about online educational tools

One call may result in big savings! Call the number on the back of your member ID card before your next procedure. For example, the same procedure performed in the same area by different providers can vary in cost by almost \$2,000.

### Cost comparison for a knee MRI

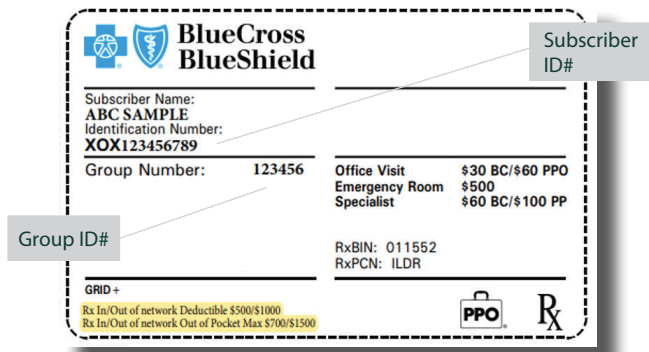
Provider A: \$547

Provider B: \$2,510

## 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.

# BCBSIL RESOURCES



## 24/7 Nurseline—Around the Clock, Toll-free Support

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.

## My Health Tab

Blue Access for Members (BAM) gives you immediate online access to health and wellness information. The My Health tab features information on such topics as:

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

## BCBSIL Wellbeing Program

Sometimes managing your health requires more than doctor visits, lab tests and prescriptions. BCBSIL offers resources to help you and your covered family members reach your health and wellness goals. Some of these resources include:

- ✓ **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.

- ✓ **Well onTarget** has self-guided courses about pregnancy that you can take online, covering topics such as healthy foods, body changes and labor. Visit [wellontarget.com](http://wellontarget.com) to explore the online courses.
- ✓ **Ovia Health** – Apps to track your cycle, pregnancy and baby's growth. The apps provide videos, tips, coaching and more.
  - Ovia Fertility: Track your cycle and predict when you are more likely to get pregnant.
  - Ovia Pregnancy: Monitor your pregnancy and baby's growth leading up to your due date.
  - Ovia Parenting: Keep up with your child's growth and milestones from birth through three years old.

Download any of the Ovia Health apps from the Apple App Store or Google Play. During sign-up, make sure to choose "I have Ovia Health as a benefit." Then select BCBSIL as your health plan and enter your employer name.

# The Cost of Your Benefits

Weekly Medical Rates		
Tier	PPO \$4,000 Plan	PPO \$5,000 Plan
Employee	\$35.67	\$28.67
Employee + Spouse	\$163.40	\$151.60
Employee + Child(ren)	\$143.67	\$133.10
Employee + Family	\$230.36	\$217.36

Weekly Dental Rates	
Tier	Weekly Rates
Employee	\$2.70
Employee + Spouse	\$5.36
Employee + Child(ren)	\$6.03
Employee + Family	\$7.36

Weekly Vision Rates		
Tier	Superior Vision	Davis Vision
Employee	\$1.64	\$1.41
Employee + Spouse	\$2.52	\$2.18
Employee + Child(ren)	\$2.58	\$2.22
Employee + Family	\$4.16	\$3.59

Weekly Supplemental Life and AD&D Rates – Employee and Spouse**		
Tier	Age	Weekly Rates per \$1,000 of coverage
Per \$1,000	<25	\$0.018
	25-29	\$0.018
	30-34	\$0.021
	35-39	\$0.026
	40-44	\$0.036
	45-49	\$0.067
	50-54	\$0.110
	55-59	\$0.154
	60-64	\$0.269
	65-69	\$0.474
	70+	\$0.935
Employee AD&D		\$0.0023
Dependent Children One rate covers all dependent children		\$0.049 \$10,000 of Benefit

\*\*Please note that Spouse rates are calculated on the Employee's age.

# The Cost of Your Benefits

The cost per pay period is dependent on your age. Please refer to these charts to determine your weekly Short-Term Disability cost and weekly Long-Term Disability cost.

Weekly Voluntary Short-Term Disability Rates	
Age	Weekly Rates per \$10 of Weekly Benefit
Less than 25	\$0.098
25 to 29	\$0.098
30 to 34	\$0.098
35 to 39	\$0.098
40 to 44	\$0.103
45 to 49	\$0.120
50 to 54	\$0.142
55 to 59	\$0.186
60 to 64	\$0.228
65 to 69	\$0.259
70+	\$0.311

Weekly Voluntary Long-Term Disability Rates	
Age	Weekly Rates per \$100 of Monthly Benefit
Less than 25	\$0.062
25 to 29	\$0.062
30 to 34	\$0.062
35 to 39	\$0.076
40 to 44	\$0.111
45 to 49	\$0.185
50 to 54	\$0.300
55 to 59	\$0.438
60 to 64	\$1.027
65 to 69	\$1.027
70+	\$1.027



# 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.

## 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	BCBSIL MDLIVE	1-800-828-3116 1-888-676-4204	www.bcbsil.com www.mdlive.com/bcbsil
Flexible Spending Accounts (FSA)	WEX Health	1-866-451-3399	www.wexinc.com
Dental	MetLife	1-800-942-0854	www.metlife.com/mybenefits
Vision	MetLife	1-833-393-5433	www.metlife.com/mybenefits
Basic Life and AD&D	Lincoln Financial	1-888-969-2495	www.lincolnfinancial.com
Supplemental Life and AD&D	Lincoln Financial	1-888-969-2495	www.lincolnfinancial.com
Short-Term Disability	Lincoln Financial	1-888-969-2495	www.lincolnfinancial.com
Long-Term Disability	Lincoln Financial	1-888-969-2495	www.lincolnfinancial.com
LifeTime Benefit Term	Chubb	1-855-241-9891	Email to csmail@gotoservice.chubb.com
Voluntary Hospital Indemnity*	Lincoln Financial	1-800-423-2765	www.lincolnfinancial.com
Voluntary Accident*	Lincoln Financial	1-800-423-2765	www.lincolnfinancial.com
Voluntary Critical Illness*	Lincoln Financial	1-800-423-2765	www.lincolnfinancial.com
Legal Plan	MetLife	1-800-438-6388	www.legalplans.com
Employee Assistance Program (EAP)	GuidanceResources	1-888-628-4824	www.GuidanceResources.com

\*To cancel or change your Hospital Indemnity, Accident and/or Critical Illness policy, please contact EOI Service Company at 844-532-2237.

## 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 [HubGroupWarehouse.MyBenefitsLibrary.com](https://HubGroupWarehouse.MyBenefitsLibrary.com). Should you have any questions regarding these notices, please contact the Benefits Department at [benefits@hubgroup.com](mailto: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.*