



2024

Hub Group Benefits Enrollment Guide



Hub Group

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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 30 days from date of hire.

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, call 844-532-2237 or visit hubgroup.mybenefitsappointment.com. Pre-schedule your appointment today to secure your preferred date and time.

With the exception of the voluntary benefits, you may also enroll in your benefits by logging into HCM and clicking "Benefits". You must schedule a benefit counselor appointment to enroll in voluntary benefits. You must have your HCM username and password to enroll online or with the support of a benefit counselor.

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 HubGroup.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 30 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 three (3) PPO medical plans to choose from. One plan is a High Deductible Health Plan (HDHP) which can be coupled with a Health Savings Account (HSA). The other two are traditional PPO plans. To locate an in-network doctor or hospital near you, you can visit www.bcbsil.com and click on "Find a Doctor." Under Network, select "Participating Provider Organization (PPO)".

Employees who reside in California or Georgia have Kaiser HMO as an additional medical plan choice. To learn more, the Kaiser Summary of Benefits document, including rates, is available online at HubGroup.MyBenefitsLibrary.com in the "Hub Group Benefits Enrollment Information" section.

Medical Benefits Comparisons						
	High Deductible Health Plan (HDHP)		Standard Plan		Premium Plan	
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	<i>Aggregate Deductible</i>		<i>Embedded Deductible</i>		<i>Embedded Deductible</i>	
Individual	\$2,500		\$2,000	\$4,000	\$1,250	\$2,500
Family	\$5,000		\$6,000	\$12,000	\$3,750	\$7,500
Hospital Admission	\$0	\$300 deductible	N/A	N/A	N/A	N/A
Coinsurance	10% after deductible	30% after deductible	20% after deductible	40% after deductible	20% after deductible	30% after deductible
Hub Group HSA Contribution	\$750 individual / \$1,500 family <i>(Maximum Annual Amounts)</i>		N/A	N/A	N/A	N/A
Annual Medical Out-of-Pocket Maximum						
Individual	\$5,000		\$5,350	\$10,700	\$4,000	\$9,600
Family	\$6,850		\$11,450	\$22,900	\$10,000	\$20,600
Coinsurance						
Preventative Visit	\$0	30% after deductible	\$0	40% after deductible	\$0	30% after deductible
Physician Office Visit	10% after deductible	30% after deductible	\$30 copay	40% after deductible	\$25 copay	30% after deductible
MDLIVE Visit	10% after deductible	Not covered	\$0 copay	Not covered	\$0 copay	Not covered
Specialist Office Visit	10% after deductible	30% after deductible	\$50 copay	40% after deductible	\$45 copay	30% after deductible
Urgent Care Visit	10% after deductible	30% after deductible	\$50 copay	40% after deductible	\$50 copay	30% after deductible
Emergency Room Services	10% after deductible	10% 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	10% after deductible	30% after deductible	20% after deductible	40% after deductible	20% after deductible	30% after deductible
Outpatient	10% after deductible	30% after deductible	20% after deductible	40% after deductible	20% after deductible	30% 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.

Please note that if you are enrolled in the HDHP, you cannot contribute to the Health Savings Account (HSA) if you are covered under another persons medical plan that is NOT a HDHP or are enrolled in Medicare.

Pharmacy Benefits

Benefits	High Deductible Health Plan (HDHP)		Standard Plan		Premium Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Retail (34 Day Supply)						
Prescription Drug Copay Max (Individual/Family)	Applied to Medical Deductible		\$1,000 / \$2,000	\$1,000 / \$2,000	\$500 / \$1,000	\$500 / \$1,000
Generic Drugs	\$10 copay after deductible	10% coinsurance after deductible, plus 25%	\$10 copay	\$20 copay, plus 25%	\$10 copay	\$20 copay, plus 25%
Formulary Brand Drugs	10% coinsurance, after deductible	10% coinsurance after deductible, plus 25%	\$60 copay	\$60 copay, plus 25%	\$60 copay	\$60 copay, plus 25%
Non-Formulary Brand Drugs	10% coinsurance, after deductible	10% coinsurance after deductible, plus 25%	\$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	ExpressScripts Accredo	Not Covered
90-Day Supply						
Generic Drugs	\$20 copay after deductible	Not Covered	\$20 copay	Not Covered	\$20 copay	Not Covered
Formulary Brand Drugs	10% coinsurance, after deductible	Not Covered	\$120 copay	Not Covered	\$120 copay	Not Covered
Non-Formulary Brand Drugs	10% coinsurance, after deductible	Not Covered	\$210 copay	Not Covered	\$210 copay	Not Covered

Bi-weekly Medical Rates

Tier	High Deductible Health Plan	Standard Plan	Premium Plan
Employee	\$54.23	\$76.34	\$136.69
Employee + Spouse	\$194.50	\$238.56	\$370.07
Employee + Child(ren)	\$152.97	\$178.13	\$313.39
Employee + Family	\$295.94	\$349.88	\$506.75



HingeHealth

Available to BCBSIL medical plan participants and covered dependent(s) at no cost to you. This new innovative digital program pairs wearable technology with a full team of specialists to address chronic back, knee, hip, shoulder and neck pain.

Chronic Condition Management Plus by Teladoc Health

Available to BCBSIL medical plan participants and covered dependent(s) at no cost to you. This program combines advanced technology with coaching to help support the management of your diabetes, blood pressure, weight, stress, and more.

MDLIVE

If you enroll in the Standard or Premium Medical Plan, your MDLIVE copay is \$0!

Virtual doctor and licensed therapist 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 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

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

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 www.bcbsil.com

Medical Plan Features

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. ***If you haven't used mail order yet, you can also call 833-715-0942 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 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
2. Register and create a profile

See your active medicines and/or send your refill order.

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. 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.

Medical 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 www.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.

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
- ✓ A baby’s nonstop crying
- ✓ Dizziness or severe headaches
- ✓ Cuts or burns
- ✓ High fever
- ✓ 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 www.bcbsil.com to find an Urgent Care Center that’s convenient to where you live and work.

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. **To learn more or enroll in these coverages, please schedule an appointment with a benefit counselor.**

Plan Features:

- ✓ Coverage is available for you, your spouse and child(ren).
- ✓ **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
- ✓ 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. No medical history is 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 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. No medical history is required for coverage to be issued.

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
- ✓ **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.**

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 contribution made by Hub Group, will 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 will make a contribution to your HSA if you are enrolled in the HDHP medical plan. The first half of the annual contribution will be made in January and the second half will be made in July. New hires with a benefit effective date after July 1 will not receive an HSA employer contribution in 2024.

	Hub Group Maximum Annual HSA Contribution
Individual	\$750
Family	\$1,500

How much can I contribute to my HSA?

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

	2024 Annual Contribution Limit
Individual	\$3,400*
Family	\$6,800*
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: Healthcare FSA, Limited Purpose FSA and Dependent Care FSA. You can manage your account online at www.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 \$3,050. 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 and HSA 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 you may contribute to this plan is \$3,050. 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 \$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.

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.

Bi-weekly Dental Rates	
Tier	Bi-weekly Rates
Employee	\$5.86
Employee + Spouse	\$11.65
Employee + Child(ren)	\$13.11
Employee + Family	\$16.00

Benefits	In-Network	Out-of-Network*
Deductible	Waived for Preventative	
Individual	\$50	\$75
Family	\$150	\$225
Diagnostic & Preventive		
Routine Oral Exams	100%	100%
Routine Cleanings		
Fluoride Treatments		
Basic Services		
Problem Focused Exams	80%	70%
Consultations		
Fillings		
Oral Surgery		
Periodontal Surgery		
Major Services		
Bridges	50%	40%
Full and Partial Dentures		
Crowns, Inlays, Onlays and related services		
Orthodontia for Children		
Orthodontia for Children	50%	50%
Maximum Benefit		
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 Vision Service Plan (VSP) 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 VSP 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. The table below summarizes key features of the plan.

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	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.

Bi-weekly Vision Rates					
Tier	VSP	Davis	Tier	VSP	Davis
Employee	\$3.24	\$2.83	Employee + Child(ren)	\$5.10	\$4.45
Employee + Spouse	\$4.99	\$4.36	Employee + Family	\$8.22	\$7.17

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.

VSP In-network Providers		Davis Vision In-network Providers	
<p>Includes all top 50 retailers, like....</p> <ul style="list-style-type: none"> Costco Optical Pearle Vision Sam's Club Visionworks Walmart 	<p>And many more!</p> <p><i>Including a large network of private practice ophthalmologists and optometrists</i></p> <p>Online Retailer</p> <p>Eyeconic</p>	<ul style="list-style-type: none"> America's Best Costco Optical National Vision Vision Source Visionworks Walmart Vision Centers 	<p>And many more!</p> <p>Online Retailers</p> <ul style="list-style-type: none"> Glasses.com 1-800-Contacts Befitting

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
Office/Non-Driver Employees	1 times base salary up to \$150,000 rounded to the next higher \$1,000*
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.

*Please note group life insurance coverage that exceeds \$50,000 is subject to imputed income by the IRS.

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.

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Bi-weekly Supplemental Life and AD&D Rates – Employee and Spouse**

Tier	Age	Bi-weekly Rates per \$1,000 of coverage
Per \$1,000	<25	\$0.036
	25-29	\$0.036
	30-34	\$0.041
	35-39	\$0.051
	40-44	\$0.072
	45-49	\$0.133
	50-54	\$0.220
	55-59	\$0.307
	60-64	\$0.538
	65-69	\$0.948
	70+	\$1.870
Employee AD&D		\$0.005
Dependent Children One rate covers all dependent children		\$0.097 \$10,000 of Benefit

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

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

Short-Term Disability Insurance provides income protection should you experience a non-work related illness or injury. All benefits eligible employees have access to purchase Voluntary Short-Term Disability Insurance. This plan provides a 66.67% of weekly pay benefit. The table below summarizes key features of the plan. Refer to the official plan documents for additional coverage details.

Voluntary Short-Term Disability Benefit			
	Weekly Benefits	Elimination Period	Maximum Duration
Benefit Overview	66.67% of weekly base salary up to \$1,500 per week	7-day elimination period Benefit pays retroactive to first day of disability	13 weeks
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.		

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Long-Term Disability

Administered by Lincoln Financial

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. A Long-Term Disability 60% monthly benefit is provided at no cost for all benefits eligible employees. You also have the option to purchase additional coverage which would increase the monthly benefit to 66.67% of your monthly base salary. The table below summarizes key features of the plan. Refer to the official plan documents for additional coverage details.

Long-Term Disability Benefit		
	Long-Term Disability Class 1	Long-Term Disability Class 2
Class Description	Officers, Directors, and all full-time Managers and Sales Employees	All full-time Administrative and Clerical Employees
Hub Group Sponsored Monthly Benefit Percentage	60% of monthly base salary	60% of monthly base salary
Buy-Up Coverage	Purchase additional coverage of 66.67% of monthly base salary	Purchase additional coverage of 66.67% of monthly base salary
Maximum Monthly Benefit	\$15,000	\$9,000
Own Occupation Period	Later of Age 65 or Social Security Normal Retirement Age	24 Months
Elimination Period	90 days	
Benefit Duration	Later of Age 65 or SSNRA	
Pre-Existing Condition Exclusion	3/12: A pre-existing condition is if you have received medical treatment, consultation, 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.	

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The Cost of Your Benefits

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

Age	Bi-weekly Voluntary STD Rates per \$10 of Weekly Benefit
Less than 39	\$0.196
40 to 44	\$0.205
45 to 49	\$0.240
50 to 54	\$0.284
55 to 59	\$0.372
60 to 64	\$0.455
65 to 69	\$0.519
70+	\$0.621

	Bi-weekly Voluntary LTD Rate per \$100 of Monthly Pay
Buy-up Coverage: 66.67%	\$0.097



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 the Benefits Value Advisor on the back of your member ID card** to see if you have options. They 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 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.

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.

Benefits 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

Well onTarget®

The Well onTarget Member Wellness Portal at 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)

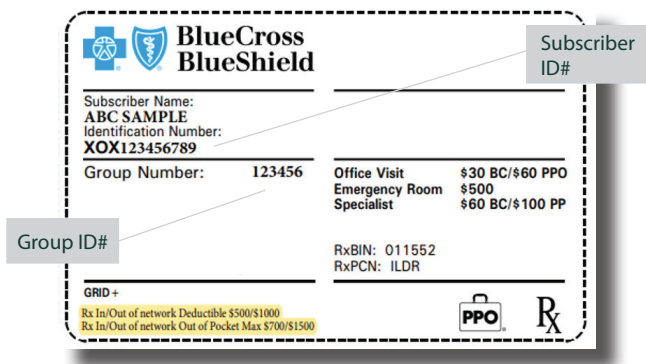
Blue Access for Members (BAM)

BCBSIL Online – www.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 of a claim, the history and print an Explanation of Benefits (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

BCBSIL RESOURCES



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

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
3. Click on “Member Services”
4. Sign Up for Online Account Access
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.

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 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.

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.

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.

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. The Premium Plan and Standard Plan 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
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	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 HubGroup.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.