



2026 Benefits-at-a-Glance

Wheels provides a comprehensive benefits program that offers a range of resources and is an important part of your total compensation. Some benefits are paid in full by Wheels and some costs are your responsibility. Below is an overview of the benefits available to you and your eligible dependents.

When can I enroll?

- Within 31 days of first becoming eligible.
- During the annual Open Enrollment.
- If you experience a qualifying life event.

When does coverage begin?

If you're a new hire: First of the month following your date of hire.

Who is eligible?

Employees working at least 20 hours per week but less than 30 hours per week are eligible to participate in dental, vision, voluntary life, Healthcare Flexible Spending Account (FSA), Limited Purpose FSA, Dependent Care FSA, voluntary AD&D, commuter benefits, identity fraud protection, accident insurance, critical illness insurance, legal plan, hospital indemnity, and 401(k) plan.

Holidays and Paid Time Off

Wheels has 11 paid holidays, including 9 fixed and 2 floating. The nine holidays are:

- New Year's Day
- Martin Luther King Jr. Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day After Thanksgiving
- Christmas Eve
- Christmas Day

Vacation Days

Vacation days begin accruing on the date of hire, monthly. The amount of vacation employees receive each year increases with the length of employment.

Years of Service	Vacation Days
1 - 4	15
5 - 9	18
10 - 12	21
13 - 14	23
15 - 19	24
20 - 29	28
30+	30

Paid Leave

The Company provides 6 days of paid leave per year to regular full-time employees (prorated based on date of hire) in accordance with this Policy. Sick time will be replenished each year on January 1.

This Benefits-at-a-Glance is a summary and provides an overview of the benefits offered to eligible employees and their dependents. It is not a complete description of the coverage offered nor the varying eligibility that may apply under different benefits. If this guide does not address your specific questions, please review the underlying policies or plan documents, available from Human Resources. You may also email Human Resources to request copies of these documents. Controlling provisions are provided in each benefit plan policy. If there is any discrepancy between this guide and the underlying policies or plan documents, the policies or plan document will control. This Benefits-at-a-Glance is not a binding contract or guarantee of coverage. Wheels reserves the right to end, suspend, or amend any plan or benefit provided, at any time, for any reason, in whole or in part.

Medical Plan Options – Blue Cross Blue Shield



IN-NETWORK BENEFITS	Blue Advantage HMO In-Network Only / IL Only	High-Deductible Health Plan (HDHP)	PPO Blue Choice Options Open Access POS
Provider Network	Blue Advantage HMO	PPO	Blue Choice Options
	You Pay	You Pay	You Pay
Calendar Year Deductible Individual / Family	\$0	Tier 1: \$3,400 / \$6,800 Tier 2: \$4,200 / \$8,400*	Tier 1: \$2,000 / \$4,000 Tier 2: \$4,000 / \$8,000
Coinsurance	15%	Tier 1: 20% Tier 2: 30%	Tier 1: 20% Tier 2: 30%
Calendar Year Out-of-Pocket Max Individual / Family Medical Prescription Drugs	\$2,500 / \$5,000 \$500 / \$1,500	Tier 1: \$5,000 / \$10,000 Tier 2: \$7,000 / \$14,000*	Tier 1: \$5,000 / \$10,000 Tier 2: \$6,000 / \$12,000
Preventive Care	No Charge	No Charge	No Charge
Primary Care / Specialist Office Visit	\$20 / \$35 copay	Tier 1: 20% after deductible Tier 2: 30% after deductible*	Tier 1: \$30 Copay / \$50 Copay Tier 2: \$40 Copay / \$60 Copay
Virtual Care Visit (Must use MD Live)	Not Covered	Non-emergency consultation - \$44	\$30 copay
Urgent Care	\$20 copay	Tier 1: 20% after deductible Tier 2: 30% after deductible*	\$50 copay
Emergency Room Care	\$150 copay	Tier 1: 20% after deductible Tier 2: 20% after deductible	\$400 copay
Prescription Drugs Managed by Prime Therapeutics LLC			
Retail (Up to 34-day supply) Tier 1 / Tier 2 / Tier 3 / Tier 4	\$10/\$35/\$70/\$150	20% after deductible	\$10/\$35/\$70/\$150
Mail Order (Up to 90-day supply) Tier 1 / Tier 2 / Tier 3	\$25/\$87.50/\$175		\$25/\$87.50/\$175

*Applies to IL Only

IN-NETWORK BENEFITS	Blue Open Access POS - GA	Blue Open Access POS - GA HDHP
Provider Network	PPO	PPO
	You Pay	You Pay
Calendar Year Deductible Individual / Family	\$2,000 / \$4,000	\$3,400 / \$6,800
Coinsurance	20%	20%
Calendar Year Out-of-Pocket Max Individual / Family Medical Prescription Drugs	\$5,000 / \$10,000 Medical & Rx combined	\$5,000 / \$10,000 Medical & Rx combined
Preventive Care	No Charge	No Charge
Primary Care / Specialist Office Visit	\$20 / \$50 copay	20% after deductible
Virtual Care Visit (Must use MD Live)	\$30 copay	Non-emergency consultation - \$44
Urgent Care	\$20 copay	20% after deductible
Emergency Room Care	\$400 copay	20% after deductible
Prescription Drugs Managed by Prime Therapeutics LLC		
Retail (Up to 30-day supply) Tier 1 / Tier 2 / Tier 3 / Tier 4	\$10/\$35/\$70/\$150	20% after deductible
Mail Order (Up to 90-day supply) Tier 1 / Tier 2 / Tier 3	\$25/\$87.50/\$175	

benefits.

Wellness Program – Advocate Health Care

The Wellbeing Benefit Program provides you with tools and resources to learn more about healthy living.

Participation in the program is voluntary and confidential and administered by Advocate Health Care.

Employees and their spouse /domestic partner who complete the designated activities within the wellness plan year – generally January 1 through December 31– may be eligible to earn and receive a wellness premium contribution incentive for the following year.

Wellness Premium Contribution Incentive

Employees and their spouse or domestic partner are eligible to earn a wellness premium contribution incentive. The incentive is based on participation in the activities, not on the outcome.

Coverage Level	Monthly Wellness Credit	Annual Savings
Employee and Employee & Child	\$50	\$600
Employee & Spouse/Domestic Partner and Family	\$100	\$1,200

Medical Plan Employee Contributions

2026	With Wellness Credit Bi-weekly Contributions	Without Wellness Credit Bi-weekly Contributions
HMO Blue Advantage - Illinois Employees Only		
Employee Only	\$54.81	\$77.89
Employee + Spouse/Domestic Partner*	\$163.25	\$209.41
Employee + Child(ren)	\$153.94	\$177.01
Employee + Family	\$272.91	\$319.06
High-Deductible Health Plans - HDHP - Blue Choice Options [BCO] & HDHP - GA Blue Open Access POS		
Employee Only	\$38.00	\$61.07
Employee + Spouse/Domestic Partner*	\$98.41	\$144.56
Employee + Child(ren)	\$89.73	\$112.81
Employee + Family	\$153.59	\$199.74
PPO Plans - PPO - Blue Choice Options [BCO] & PPO - GA Blue Open Access POS		
Employee Only	\$86.98	\$110.06
Employee + Spouse/Domestic Partner*	\$253.87	\$300.02
Employee + Child(ren)	\$218.54	\$241.62
Employee + Family	\$384.06	\$430.21

*Domestic Partner Contributions: The premium rate to ensure a domestic partner (DP) is the same as covering a spouse, however, IRS has determined the cost of providing benefits for a DP is considered "imputed income", which means the DP portion of the premium is subject to state and federal taxes including Social Security and Medicare (post-taxed).

Health Savings Account (HSA) – HSA Bank



Only available for those enrolled in the High-Deductible Health Plan (HDHP) medical plan

HSA Contribution Limits

Each year, you can contribute up to the IRS annual limit for HSAs which includes Wheel’s contribution. Wheels will contribute to your HSA in January and July. The contribution will be prorated for new hires based upon your eligibility date.

	WHEELS WILL CONTRIBUTE	PRE-TAX LIMIT YOU CAN CONTRIBUTE*	2026 IRS CONTRIBUTION LIMIT
Employee Only	\$500 (\$250 in January, \$250 in July)	\$3,900	\$4,400
Family	\$1,000 (\$500 in January, \$500 in July)	\$7,750	\$8,750

* If you are age 55 or older, you may contribute an additional \$1,000 in catchup contributions.

Flexible Spending Accounts (FSA) – HSA Bank

An FSA allows you to set money aside on a pre-tax basis to pay for eligible health care and dependent care costs. Three types of FSAs are available:

- **Health Care FSA** - This FSA allows you to submit eligible medical, dental and vision expenses for reimbursement. You can deposit up to \$3,400 to the Health Care FSA for the 2026 calendar year .
- **Limited Purpose FSA** (available only to those enrolled in the High-Deductible Health Plan (HDHP) and have a Health Savings Account. You can use this FSA for eligible dental and vision expenses only. You may NOT use it for any medical expenses. Using this account in conjunction with the HSA allows you to save additional pre-tax money. You can contribute up to \$3,400 for the 2026 calendar year in this account.
- **Dependent Care FSA** - Eligible expenses include daycare, before-school and after-school care, babysitters, and elder daycare. For the 2026 calendar year, you can deposit up to \$7,500.

Commuter Benefits – HSA Bank

You can set aside money in commuter benefit accounts to pay for eligible parking and public transportation expenses that are part of your daily commute to work (e.g., train, subway, bus, Amtrak, Greyhound, water ferry, trolley, vanpool, uberPOOL, Lyft Shared Rides, commuting pass, parking near your place of work, parking t a transit station). The tax-free funds can be used to save an average of 30% on your everyday commuting costs.

You can contribute up to \$340 per month on a pre-tax basis into a Transit Account and up to \$340 per month on a pre-tax basis into a Parking Account. You can also contribute any additional amount you wish on a post-tax basis. Your elections will remain in effect until an election change is submitted, which can be done at any time.

Dental Plan Options - Cigna



Cigna Dental	Low Plan PPO		High Plan PPO	
Calendar Year Maximum (Plan pays)	Up to \$1,000		Up to \$1,500	
Orthodontia Lifetime Maximum (Plan pays per person)	N/A		\$2,000	
	You Pay		You Pay	
	In-Network	Out-of-Network MAC	In-Network	Out-of-Network R&C
Calendar Year Deductible (applies to Basic and Major Services)	\$50 Individual / \$150 Family	\$50 Individual / \$150 Family	\$50 Individual / \$150 Family	\$50 Individual / \$150 Family
Preventive Services (no deductible)	0%	20%	0%	0%
Basic Services (after deductible)	20%	40%	20%	20%
Major Services (after deductible)	50%	60%	50%	50%
Orthodontia (to age 26)	Not Covered	Not Covered	50%	50%

To search for in-network dental providers, log onto www.cigna.com. When prompted to select a dental plan, click on Total Cigna DPPO.

Vision - Cigna (Provider Network: EyeMed)

	FREQUENCY	You Pay IN-NETWORK
Eye Exam	Once every 12 months	\$10 copay
Prescription Glasses	Once every 12 months	\$10 copay
Frame	Once every 12 months	Amount over \$150 allowance at 20% discount
Lenses (Single vision, lined bifocal, lined trifocal)	Once every 12 months	Included in Prescription Glasses
Progressive Lenses (Standard)	Once every 12 months	Included in Prescription Glasses
Elective Contacts – instead of glasses	Once every 12 months	Amount over \$150 allowance at 15% discount
Medically Necessary Contacts - instead of glasses	Once every 12 months	\$0.00

* For "Out-of-Network" benefits please refer to the complete Benefit Summary.

To search for in-network vision providers, log onto [Vision Provider Locator \(eyemedvisioncare.com\)](http://VisionProviderLocator(eyemedvisioncare.com))

Dental & Vision Bi-Weekly Contributions

	Low Dental Plan	High Dental Plan	Vision Plan
Employee Only	\$2.75	\$7.76	\$2.76
Employee + Spouse/DP*	\$5.81	\$16.93	\$5.53
Employee + Child(ren)	\$7.97	\$21.89	\$5.82
Employee + Family	\$8.92	\$24.60	\$8.10

* For information regarding domestic partner (DP) costs and tax implications, please contact Human Resources

Basic Life and Accidental Death and Dismemberment (AD&D) Insurance: Equal to your annual base salary up to \$500,000; employer-paid.

The value of employee basic life insurance coverage over \$50,000 is considered imputed income and is included in your taxable income.

Voluntary Life/AD&D Insurance: Employees can elect to purchase:

- **Employee:** Increments of \$10,000 to \$500,000**; guaranteed issue of \$250,000.
- **Spouse:** Increments of \$5,000 up to 100% of employee voluntary life up to \$250,000; guaranteed Issue of \$50,000.
- **Spouse: AD&D:** Increments of \$5,000 to \$250,000
- **Child (from six months to age 26):** Increments of \$2,000 to \$10,000; one policy covers all children; all amounts are guaranteed issue. For children live birth to up to six months, the maximum coverage is \$2,000.

**Age reductions may apply starting at age 70.

Disability Benefits - Unum

Short-Term Disability Insurance:

- **Non-Exempt Employees:** On the 8th day of a qualified accident or illness, pays 60% of your weekly base salary per week for a maximum of 26 weeks; employer-paid.
- **Exempt Employees:** On the 8th day of a qualified accident or illness, pays 100% of your weekly base salary per week for a maximum of 6 weeks and 60% of your salary for the remaining period of your short-term disability up to 20 weeks; employer-paid.

Long-Term Disability Insurance: After 180 days of a qualified disability, pays 60% of your base monthly earnings to a maximum of \$13,000 per month; benefit lasts until SSNRA; employer-paid.

401(k) / Retirement Plan

If you are a new employee and are eligible to participate, you will automatically be enrolled in the 401(k) Retirement Savings Plan at a 5% contribution rate. Eligible employees can contribute pre-tax (which means you don't pay taxes on contributions now but will pay taxes at retirement) or via Roth (which requires you to pay taxes on contributions now but will not pay taxes at retirement). Wheels will contribute 100% of the first 3% deferred, and 50% on the next 2% deferred and the contributions will be vested immediately.

Additional Benefits

- Employee Assistance Program
- Bereavement Days
- Paid Parental Leave
- Fertility (IVF)
- Adoption Assistance
- Referral Bonuses
- Commuter Benefits
- Identity Theft Protection
- Legal Plan
- Emergency Travel Assistance
- Business Travel Accident Insurance
- Accident Insurance
- Hospital Indemnity Insurance
- Critical Illness
- Credit Union Services
- Wellness Discounts
- Automotive Discounts
- Enhanced Family Support & Pet Care
- Tuition Reimbursement