

2023 Benefits Summary

C.H. Robinson offers a competitive, comprehensive Total Rewards package that helps employees grow personally and professionally, stay healthy, get rewarded for results, and plan their future. When employees join the company, they have access to more detailed benefits information including Summary Plan Descriptions on Charlie.

HEALTH INSURANCE & PRESCRIPTION COVERAGE

C.H. Robinson offers two medical insurance plans through United Healthcare (UHC). Employees working 30 or more hours per week are eligible on the date of hire (first day).

Both plans feature a nationwide network, 100% coverage for preventive care and wellness programs.

All new hires/rehires will have 30 days from their start date to enroll in benefits via Workday.

United HealthCare PPO:

This plan has a copay and coinsurance structure while also having a low deductible and out-of-pocket maximum.

- Telemedicine: \$10 co-pay
- Prescription drug benefit:
 - Carved out annual out-of-pocket maximum: \$4,350
 - \$10 co-pay for generics
 - 20% co-insurance for formulary (\$100 maximum)
 - 20% co-insurance for non-formulary (\$200 maximum)

Coverage Level	Employee Cost*	Annual Deductible	In-Network Coverage (After Deductible)	Out of Network Coverage** (After Deductible)	Annual Out of Pocket Max (per Network)
Single	\$142.00 month/ \$65.54 bi-weekly	\$550	80% / 20%	60% / 40%	In: \$2,600 Out: \$5,200
EE + child(ren)	\$306.00 month/ \$141.23 bi-weekly	\$1,100	80% / 20%	60% / 40%	In: \$5,200 Out: \$10,400
EE + Spouse	\$361.00* month/ \$166.62 bi-weekly	\$1,100	80% / 20%	60% / 40%	In: \$5,200 Out: \$10,400
Family	\$524.00 month/ \$241.85 bi-weekly	\$1,100	80% / 20%	60% / 40%	In: \$5,200 Out: \$10,400
Preventive care coverage:		N/A	100%	100%	N/A

* If your spouse is listed as a dependent on the health plan and is eligible for coverage at another employer, an additional \$100/per month surcharge will be added to the monthly premium. Premiums are deducted from your bi-weekly paychecks on a pre-tax basis.

** Out of Network: C.H. Robinson covers 60% of allowable fees (based on geographic area competitive fees).

United HealthCare HDHP:

This plan offers a lower monthly premium and a higher deductible. The health plan will start paying for eligible medical expenses after the deductible has been met.

- Prescription drug benefit: you are responsible for the total cost of your prescriptions until you've met your deductible. After this you will pay the copay amount until the out-of-pocket is met. You are responsible for the copay for medications on the Preventive Drug List available on Charlie.

Coverage Level	Employee Cost*	Annual Deductible	In-Network Coverage (After Deductible)	Out of Network Coverage** (After Deductible)	Annual Out of Pocket Max (per Network)
Single	\$105.00 month/ \$48.46 bi-weekly	\$2,000	80% / 20%	60% / 40%	In: \$5,500 Out: \$11,000
EE + child(ren)	\$235.00 month/ \$108.46 bi-weekly	\$4,000	80% / 20%	60% / 40%	In: \$11,000 Out: \$22,000
EE + Spouse	\$279.00* month/ \$128.77 bi-weekly	\$4,000	80% / 20%	60% / 40%	In: \$11,000 Out: \$22,000
Family	\$409.00 month/ \$188.77 bi-weekly	\$4,000	80% / 20%	60% / 40%	In: \$11,000 Out: \$22,000
Preventive care coverage:		N/A	100%	100%	N/A

* If your spouse is listed as a dependent on the health plan and is eligible for coverage at another employer, an additional \$100 surcharge will be added to the monthly premium. Premiums are deducted from your bi-weekly paychecks on a pre-tax basis.

** Out of Network: C.H. Robinson covers 60% of allowable fees (based on geographic area competitive fees).



HEALTH SAVINGS ACCOUNT (HSA)

An individually owned account used in conjunction with the HDHP plan to cover out-of-pocket qualified medical expenses on a tax-advantaged basis. You can contribute to the account, withdraw contributions to pay for qualified medical expenses and potentially grow your account on a tax-free basis by investing your savings in a wide array of investment options. C.H. Robinson will also contribute to the account \$500 per year for Employee Only coverage and \$1,000 per year for all other levels of coverage. Employer contributions will be made on a bi-weekly basis and will be pro-rated for new hires based on their start date.

FLEXIBLE SPENDING ACCOUNT (FSA)

C.H. Robinson offers two different kinds of Flexible Spending Accounts (FSA): a tax-free way to set aside money for eligible expenses. Employees working 30 or more hours per week are eligible on the date of hire (first day). Annual enrollment is required for both accounts. Any money left in your account at the end of the calendar year will be forfeited.

Medical Flexible Spending Account: up to \$2,850 annual limit (pre-tax). Funds can be used for medical, pharmacy, dental and vision related expenses. Annual re-enrollment is required. Any money left in the account at the end of the calendar year will be forfeited.

Dependent Care Account: up to \$5,000 annual limit, or \$2,500 if married filing separate returns (pre-tax). Funds can be used for childcare or adult dependent care expenses for qualified dependents that are necessary to allow you or your spouse to work.

DENTAL INSURANCE

C.H. Robinson offers comprehensive dental benefits available through Delta Dental of Minnesota (National Network). Employees working 30 or more hours a week are eligible on the date of hire (first day).

Coverage	Dental Basic (no orthodontia*)	Dental Plus (with Orthodontia*)
Single	\$10.78 month/ \$4.98 bi-weekly	\$18.05 month/ \$8.33 bi-weekly
EE + Child(ren)	\$37.78 month/ \$17.44 bi-weekly	\$88.73 month/ \$40.95 bi-weekly
EE + Spouse	\$37.78/month/ \$17.44 bi-weekly	\$52.86 month/ \$24.40 bi-weekly
Family	\$64.80 month/ \$29.91 bi-weekly	\$123.55 month/ \$57.02 bi-weekly

*Premiums are deducted from your bi-weekly paychecks on a pre-tax basis

DENTAL COVERAGE SUMMARY

Procedure	Dental Basic (no orthodontia)	Dental Plus (with orthodontia)
Annual Deductible	\$50 per person/ \$150 per family	\$25 per person/ \$75 per family
Diagnostic & Preventive (check-ups)	100%	100%
Basic Services (fillings)	50%	75%
Endodontics (root canals)	50%	75%
Periodontics (gum disease treatment)	50%	75%
Oral Surgery (extractions)	50%	75%
Major Restorations (crowns)	50%	50%
Prosthetics (bridges, dentures)	50%	50%
Implant	No coverage	50%
Orthodontia (minor dependents)	No Coverage	\$1,500 per child per lifetime
Annual Maximum Benefit*	\$1,000 per person	\$1,500 per person

*Annual maximum benefit does not apply to orthodontia coverage

VISION PLAN

A voluntary vision benefit is offered through Vision Service Plan (VSP) national network. Employees working 30 or more hours per week are eligible on the date of hire (first day).

Coverage	Employee Cost*
Single	\$9.96 month/ \$4.60 bi-weekly
EE + Child(ren)	\$17.31 month/ \$7.99 bi-weekly
EE + Spouse	\$14.11 month/ \$6.51 bi-weekly
Family	\$27.66 month/ \$12.77 bi-weekly

*Premiums are deducted from your

bi-weekly paychecks on a pre-tax basis

VISION COVERAGE SUMMARY

Procedure	Frequency	Coverage
Exam	Once per calendar year	100% after \$20 co-pay
Prescription Lenses	Once per calendar year	100% after \$30 co-pay (Single vision, lined bifocal and lined trifocal lenses)
Frames	Once per calendar year	\$30 co-pay \$200 maximum benefit
Contact Lenses	Once per calendar year	Up to \$60 co-pay \$200 maximum benefit
Laser Surgery Discounts		Discounts average 15% off the regular price at contracted laser centers or an additional 5% off the center's promotional price



BENEFIT	SUMMARY												
CRITICAL ILLNESS	This benefit pays a lump-sum benefit if you are diagnosed with a covered disease or condition on or after your coverage effective date. You can use this money however you like, for example: to help pay for expenses not covered by your medical plan: lost wages, childcare, travel, home health care costs or any of your regular household expenses.												
ACCIDENT INSURANCE	This benefit pays you're a benefit for specific injuries and events resulting from a covered accident on or after your coverage effective date. You can use this money however your like, including deductibles, childcare, housecleaning, groceries or utilities.												
HOSPITAL INDEMNITY INSURANCE	This benefit pays a daily benefit if you have a covered stay in a hospital, critical care unit or rehabilitation facility on or after your coverage effective date. You can use this money for any purpose you like, including: to help pay for expenses not covered by your medical plan, lost wages, childcare, travel, home health care costs or any of your regular household expenses.												
LIFE INSURANCE <ul style="list-style-type: none"> • Basic (provided by C.H. Robinson) • Supplemental (purchased by the employee) Spouse, Dependent 	C.H. Robinson provides eligible employees with basic life coverage of one time their annual compensation (salary and bonus) up to \$800,000 at no cost to the employee. Employees can purchase additional insurance up to eight times their annual compensation, not to exceed \$1,000,000 (up to three times your annual compensation without requiring approval). Employees may also purchase spouse and dependent life.												
SHORT-TERM DISABILITY	Short-term disability provides up to 26 weeks (as long as medically supported) of income replacement to employees in cases of short-term disability, illness or injury.												
FERTILITY BENEFITS	Available to employees enrolled in one of the CHR Medical plans. Progyny's Smart Cycle benefit connects employees to leading fertility specialists providing the most advanced, effective fertility treatment.												
2ND MD	Available to employees enrolled in one of the CHR Medical plans. A virtual expert medical consultation and navigation service. 2nd MD will connect you with board-certified, elite specialists about your diagnosis or treatment plan all within a matter of days – at no cost!												
LONG-TERM DISABILITY	Long-term disability provides income replacement for employees up to age 67 (as long as medically supported) in cases of a long-term illness or injury. Company paid up to \$30,000 annual salary, employee pays for premium on salary above \$30,000.												
PAID PARENTAL LEAVE	Two weeks of 100% paid Parental Leave for mothers, fathers, adoptive parents, foster parents and same-gender parents. Eligible on the 1 st of the month following 30 days of employment.												
401(K)	To help employees prepare for the future, C.H. Robinson provides a 401(k) plan and a generous 6% employer match. Employees are automatically enrolled at 4%, however, employees can elect any amount from 1% to 75% at any time. Employee contributions are deducted on a pre-tax basis for traditional 401(k) contribution or post-tax basis as a Roth 401(k) contribution. Employees are eligible the 1 st of the month following 30 days of employment; must maintain 20 hours per week. New hires will be able to make a percentage contribution selection 35 days prior to their eligibility date.												
EMPLOYEE STOCK PURCHASE PLAN (ESPP)	Eligible employees are able to set aside 1-10% of their pay on an after-tax basis to purchase C.H. Robinson stock at a 15% discount off the closing market price at the end of each quarter. Employees are eligible on the closest January 1 or July 1 following one year of service.												
PAID TIME OFF (PTO)	<p>PTO accrues each pay period based on length of service.</p> <table border="1" data-bbox="480 1766 1149 1866"> <tbody> <tr> <td>Upon Hire</td> <td>18 days</td> <td>10 years</td> <td>25 days</td> </tr> <tr> <td>3 years</td> <td>20 days</td> <td>15 years</td> <td>28 days</td> </tr> <tr> <td>5 years</td> <td>23 days</td> <td></td> <td></td> </tr> </tbody> </table>	Upon Hire	18 days	10 years	25 days	3 years	20 days	15 years	28 days	5 years	23 days		
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VOLUNTEER TIME OFF (VTO)	All employees are encouraged to serve as volunteers in the communities in which they work and live. All regular C.H. Robinson employees are allowed one day of paid time to volunteer with a registered non-profit organization.
HOLIDAYS	C.H. Robinson offers eight paid holidays (six recognized, two floating holidays). Eligible upon date of hire. <i>Individual offices may have a customized schedule based on customer demand/office needs.</i>
EMPLOYEE ASSISTANCE PROGRAM (EAP)	Behavioral health program providing access to top-quality coaches and therapists that can help navigate issues like stress, anxiety, depression, and much more. Employees and eligible dependents have access to 8 free sessions.
ADOPTION ASSISTANCE PROGRAM	Employees with one or more years of service are eligible for this benefit. Financial Reimbursement will be provided for most adoption-related expenses (up to \$5,000)
LEGAL PLAN	Voluntary benefit that will provide comprehensive legal coverage, encompassing most common legal needs for an employee and their families.
HOME & AUTO INSURANCE	Employees are eligible for Auto and Home insurance discounts from Farmer's GroupSelect.

*The Company reserves the power at any time, and from time to time (and retroactively if necessary or appropriate to meet the requirements of the code or ERISA), to terminate, modify or amend, in whole or in part, any or all provisions outlined, provided however, that no modification or amendment shall divest an employee of a right to which he or she is entitled.

