

# Blackburn Transportation Group

## Employee Benefit Booklet

April 1, 2025 - March 31, 2026



# Introduction

As an employee of Blackburn Transportation Group enjoying your work and making valuable contributions to the business are equally vital. The health, satisfaction and security of you and your family are important, not only to your well-being, but ultimately in terms of achieving the goals of our organization.

For the 2025-2026 plan year, Blackburn Transportation Group has worked hard to offer a competitive total rewards package that includes valuable and competitive benefits plans. These programs reflect our commitment to keeping our staff healthy and secure. We understand that your situation is unique, and Blackburn Transportation Group is offering an overall benefits package that can be shaped and molded by you to fit your needs.

Blackburn Transportation Group is continuing medical coverage to BlueCross BlueShield of Texas. We are still offering two plans to choose from. We will be moving our dental and vision plans to Blue Cross.

We are glad to announce that Freshbenies will continue this year. If you are enrolled in one of the BCBS medical plans, you will be automatically be enrolled in Freshbenies. Freshbenies includes free Telemedicine for you and your dependents living in the home, advocacy and a concierge service. There is no cost to you for this benefit. If you are not enrolled in BCBS medical plans, you can buy Freshbenies for \$14.99 a month.

This benefit booklet is a summary description of your Blackburn Transportation Group benefit plans. If there is a discrepancy between these summaries and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment.

We hope this benefits booklet, along with our additional communication and decision-making tools, will help you make the best health care choices for you and your family.



**freshbenies®**  
A FRESH APPROACH TO BENEFITS

**\*No cost if enrolled in BCBS Medical plans**

**\*\$14.99 a month for those not enrolled in a medical plan**

## Practical tools to control your healthcare (and more)...in one easy membership!

Save hundreds to thousands on your family's healthcare. Use your freshbenies services through your member app, portal or phone. One membership includes your entire immediate family!



### Advocacy PLUS

**Your friend in healthcare.** Comprehensive support throughout your healthcare journey. Find highly-rated doctors, compare costs for procedures, find lower-cost prescriptions, have medical bills negotiated and more.



### Telehealth

**Your 24/7 Dr. BFF.** It's like having a best friend who's a family doctor! Up to 70% of medical issues can be solved by phone. Reach out 24/7 for \$0 visit fee with a U.S. primary care doctor and get a prescription written, if medically necessary\*.



### Behavioral Telehealth

**Even more access to experts!** Schedule convenient, discreet consultations with therapists or psychiatrists at a fraction of the cost of typical in-person visits, only \$85 - \$95 (initial psychiatrist intake is \$225).



### Prescription Savings

**Get your drug on (sale)!** Fewer medications are covered under today's medical plans. Use our pricing tool to save an average 79% on generic and 34% on brand name\*\* prescriptions at over 60,000 pharmacies nationwide.



### Vision Savings

**See and be seen!** Get amazing discounts on everything from vision exams, brand name eyewear and contacts to LASIK and more - at thousands of providers nationwide, including national chains and local retailers.



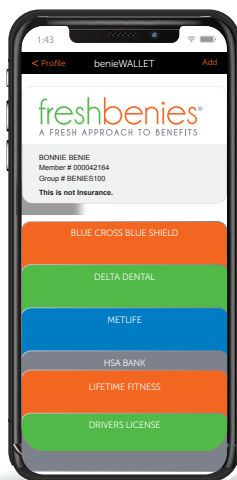
### Dental Savings

**Smile at the savings.** Save an average 20-40%\*\*\* on dental services from cleanings, whitening and root canals to braces and more at thousands of available dental practice locations nationwide.



### benieWALLET

**Your important cards ready - anytime, anywhere!** Store and access all your cards in one, easy place - insurance, pharmacy, fitness clubs, passport and more!



Chat

**ACTIVATE** your membership  
at [freshbenies.com](https://freshbenies.com)  
where you can chat with  
AI Assistant Bonnie –  
she makes it a snap

\*Initial Telehealth and Behavioral Telehealth visits in DE and AR must be

via video. Phone or video available for subsequent visits. In ID, visits are video only. \*\*Average savings based on usage data compared to cash prices; average savings for generics are 79%, and 34% for select brand medications; restrictions apply. \*\*\*Actual costs and savings vary by provider, service and geographical area.

Disclosures: **This plan is NOT insurance.** The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under the Affordable Care Act or Massachusetts M.G.L. c. 111M and 956 CMR 5.00. It contains a **30 day cancellation period**, provides discounts only at the offices of contracted health care providers, and each member is obligated to pay the discounted medical charges in full at the point of service. The range of discounts for medical or ancillary services provided under the plan will vary depending on the type of provider and medical or ancillary service received. Member shall receive a reimbursement of all periodic membership fees if membership is cancelled within the first 30 days after the effective date. Learn more at [freshbenies.com](https://freshbenies.com). Discount Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 803475, Dallas, TX 75380, 855-647-6762. Some state restrictions may apply.

# Enrollment Instructions

All Open Enrollment benefit changes are effective April 1, 2025

**\*\*If you are *not* making any enrollment changes - YOU WILL NOT NEED TO DO ANYTHING\*\***  
**Your benefits will roll over for the 2025-26 plan year.**

Please contact our Account Manager - Lisa Burkham (lisa@endeavorrisk.com or 972-220-0895) if you need to update, enroll or change your benefits. She will enroll you in benefits. She can also answer any question that you may have.

Open Enrollment will start on Monday March 10th and close on Wednesday March 19th.



## Medical plan info



### Annual Deductible

The amount you have to pay each year before the plan starts paying a portion of medical expenses. All family members' expenses that count toward a health plan deductible accumulate together in the aggregate; however, each person also has a limit on their own individual accumulated expenses (the amount varies by plan).



### Out-of-Pocket Maximum

This is the total amount you can pay out of pocket each calendar year before the plan pays 100 percent of covered expenses for the rest of the calendar year. Most expenses that meet provider network requirements count toward the annual out-of-pocket maximum, including expenses paid to the annual deductible\*, copays and coinsurance. \*Except for Grandfathered medical plans



### Copays and Coinsurance

These expenses are your share of cost paid for covered health care services. Copays are a fixed dollar amount, and are usually due at the time you receive care. Coinsurance is your share of the allowed amount charged for a service, and is generally billed to you after the health insurance company reconciles the bill with the provider.



### Plan Types

- EPO/PPO – A network of doctors, hospitals and other health care providers
- HMO - A network that requires you to select a Primary Care Physician (PCP) who coordinates your health care.
- POS - Combines aspects of a PPO and HMO
- HDHP - A plan that has higher annual deductibles in exchange for lower premiums

# HSA Plan MTBCP012H



## Summary of Coverage

	In Network	Out Of Network
Individual Deductible	\$5,000	\$10,000
Family Deductible	\$10,000	\$20,000
Individual Max Out of Pocket	\$6,900	Unlimited
Family Max Out of Pocket	\$13,800	Unlimited
Co-Insurance	80%	60%
Primary Care Office Visit	Deductible then 20%	Deductible then 40%
Specialist Office Visit	Deductible then 20%	Deductible then 40%
Urgent Care	Deductible then 20%	Deductible then 40%
Emergency Room Facility	Deductible then 20%	Deductible then 20%
Inpatient Services	Deductible then 20%	Deductible then 40%
Outpatient Services	Deductible then 20%	Deductible then 40%
Lab/X-Ray	Deductible then 20%	Deductible then 40%
Prescription Drugs	Deductible then coinsurance	Deductible then coinsurance
Network (www.bcbstx.com)	Blue Choice	
Lifetime Maximum	Unlimited	

	Per Pay Period Pricing
Employee Only	\$33.75
Employee & Spouse	\$261.13
Employee & Child(ren)	\$138.82
Employee & Family	\$366.21





## Health Savings Account (HSA)

This is how an HSA works:

A health savings account (HSA) is a health care account and savings account in one. The main purpose of this account is to offset the cost of a qualifying high deductible health plan (HDHP) and provide savings for your out-of-pocket eligible health care expenses - those you and your tax dependents may have now, in the future and during your retirement.

After you set up your account, it's yours to keep, even if you change jobs or retire.

Once your HSA is established, money is contributed to your account by you, Blackburn Transportation Group or friends and family; and you can then use your HSA dollars tax-free to pay for eligible health care expenses. You save money on expenses you're already paying for, like doctors' office visits, prescription drugs and much more. Best of all, you decided how and when to use your HSA dollars.

Why is it a good idea to have an HSA?

HSAs benefit everyone who is eligible to have this account, including single individuals, families and soon-to-be retirees. You save money on taxes in three ways:

- Tax-free deposits - The money you contribute to your HSA isn't taxed (up to the IRS annual limit).
- Tax-free earnings - Your interest and any investment earnings grow tax-free.
- Tax-free withdrawals - The money used toward eligible health care expenses isn't taxed - now or in the future.

Setting aside pre-tax dollars into your HSA means you pay fewer taxes and increase your take-home pay by your tax savings. You save money on eligible expenses that you are paying for out of your pocket. The amount you save depends on your tax bracket. For example, if you are in the 30% tax bracket, you can save \$30 on every \$100 spent on eligible health care expenses.

HSA funds roll over from year to year and accumulate in your account. There is no "use-it-or-lose-it" rule with HSAs, and you decide how and when to use your HSA funds, which can be used for eligible expenses you have now, in the future or during retirement. And when you have a certain balance in your HSA, investment opportunities are available.

2025 IRS Contribution Maximums - Employee Only \$4,300 / Family \$8,550 / Catch-up 55 or older \$1,000

# PPO Plan MTBCP028



## Summary of Coverage

	In Network	Out Of Network
Individual Deductible	\$3,000	\$10,000
Family Deductible	\$9,000	\$20,000
Individual Max Out of Pocket	\$8,150	Unlimited
Family Max Out of Pocket	\$16,300	Unlimited
Co-Insurance	80%	60%
Primary Care Office Visit	\$35 copay	40% after deductible
Specialist Office Visit	\$70 copay	40% after deductible
Urgent Care	\$75 copay	40% after deductible
Emergency Room Facility	\$400 Copay/Ded/20%	\$400 Copay/Ded/20%
Inpatient Services	Deductible then 20%	40% after deductible
Outpatient Services	Deductible then 20%	40% after deductible
Lab/X-Ray	\$35 copay	40% after deductible
Prescription Drugs	\$0/\$10/\$50/\$100	40% after deductible
Network (www.bcbstx.com)	Blue Choice	
Lifetime Maximum	Unlimited	

	Per Pay Period Pricing
Employee Only	\$115.14
Employee & Spouse	\$433.60
Employee & Child(ren)	\$262.29
Employee & Family	\$580.78





## Preventative Care

### Wellness and Health Management

Understanding the full value of covered benefits allows you to take responsibility for maintaining good health and incorporating healthy habits into your lifestyle. Some examples include getting regular physical examinations, mammograms and immunizations. Through the plans offered by Blackburn Transportation Group, all covered individuals and family members are **eligible to receive routine wellness services like these, at no cost; all copays, coinsurance, and deductibles are waived.**

### Which preventative care services are covered?

The US Preventive Services Task Force maintains a regular list of recommended services that all Affordable Care Act (i.e. Health Care Reform) compliant insurance plans should cover at 100% for in-network providers. Below is a list of common services that are included in the plans offered this year:

- Routine physical exam
- Well baby and child care
- Well women visits
- Immunizations
- Routine bone density test
- Routine breast exam
- Routine gynecological exam
- Screening for Gestational diabetes
- Obesity screening and counseling
- Routine digital rectal exam
- Routine colonoscopy
- Routine colorectal cancer screening
- Routine prostate test
- Routine lab procedures
- Routine mammograms
- Routine pap smear
- Smoking cessation
- Health education/counseling services
- Health counseling for STDs and HIV
- Testing for HPV and HIV
- Screening and counseling for domestic violence

# Get to Know Your Plan

## Find out:

### What's Covered

- Check your plan when you schedule visits, tests or procedures

### Your Costs

- Deductibles
- Copays and/or coinsurance
- Out-of-pocket maximums
- Your bill and how to pay it

### Where to Go

- Go to the nearest emergency room (ER) for serious injuries, illnesses, and/or life-threatening symptoms
- Remember, you may save time and money by visiting a retail clinic or urgent care center when it's not an emergency



Visit [bcbstx.com](http://bcbstx.com) for more details about your Blue Cross and Blue Shield of Texas plan.

## Member Connection

Text<sup>1</sup> BCBSTXAPP to 33633 to download the BCBSTX App and register for Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>)<sup>2</sup> on your mobile device to:

- See your claims coverage and deductible information
- Find an in-network doctor, hospital or urgent care facility
- Access a temporary digital member ID card
- Chat live with a Customer Service representative
- Tell us how you want to get important health and benefits information — by email, text or mail

### Prefer desktop or PC?

Register for Blue Access for Members at [bcbstx.com](http://bcbstx.com) instead.

<sup>1</sup> Message and data rates may apply. Terms and conditions and privacy policy at [bcbstx.com/mobile/text-messaging](http://bcbstx.com/mobile/text-messaging).

<sup>2</sup> Note: BCBSTX makes no representation or warranty with respect to the accuracy or completeness of information on BAM. The information on BAM is based on information provided by you and claims received by BCBSTX. This information has not been independently verified.

## Your Member ID Card<sup>3</sup>

### See the card for your:

- 1 Member name
- 2 Member ID
- 3 Group number
- 4 Coverage effective date
- 5 Primary care physician
- 6 Plan network name
- 7 Copays and/or coinsurance (amounts you pay out of pocket for covered care and prescription drugs)

<sup>3</sup> Find your digital member ID card in the mobile app.

	<b>6</b> Sample Network Name																
<b>1</b> Member Name SAMPLE CARD																	
<b>2</b> Member ID ABC123456789																	
<b>3</b> Group No. <b>123456</b>																	
<b>4</b> Effective Date <b>MM/DD/YY</b>																	
<b>5</b> PCP: Joan Sample, MD	<b>7</b>																
	<table><tr><td>BIN</td><td>123456</td></tr><tr><td>Rx PCN</td><td>STDR</td></tr><tr><td>Rx Generic Co-Ins</td><td>10%/20%</td></tr><tr><td>Rx Brand Co-Ins</td><td>30%/40%</td></tr><tr><td>Rx Specialty Co-Ins</td><td>50%/60%</td></tr><tr><td>Emergency Room</td><td>\$400</td></tr><tr><td>PCP Visit Copay</td><td>\$30</td></tr><tr><td>Specialist Copay</td><td>\$50</td></tr></table>	BIN	123456	Rx PCN	STDR	Rx Generic Co-Ins	10%/20%	Rx Brand Co-Ins	30%/40%	Rx Specialty Co-Ins	50%/60%	Emergency Room	\$400	PCP Visit Copay	\$30	Specialist Copay	\$50
BIN	123456																
Rx PCN	STDR																
Rx Generic Co-Ins	10%/20%																
Rx Brand Co-Ins	30%/40%																
Rx Specialty Co-Ins	50%/60%																
Emergency Room	\$400																
PCP Visit Copay	\$30																
Specialist Copay	\$50																



Find contact information for questions on the back of your card.

## Learn more about taking care of your health.



[facebook.com/BCBSTX](https://facebook.com/BCBSTX)



[youtube.com/bcbstx](https://youtube.com/bcbstx)



[connect.bcbstx.com](https://connect.bcbstx.com)



## Dental plan info

### Summary of coverage

Dental coverage is similar to regular medical insurance—you pay a premium and then your insurance will cover part or all of the cost for many dental services.

### Preventative care

Professional dental care can diagnose or help prevent common dental problems, including toothaches, inflamed gums, tooth decay, bad breath and dry mouth. If conditions like these remain untreated, they can worsen into painful and expensive problems, such as gum disease or even tooth loss.

### Diagnostic care

Additionally, dental health professionals are able to spot more serious health issues, including some types of cancer. That makes it even more important to see a dentist regularly.

### Great for families

This coverage is also great for families. Since dental work can be very expensive, proactive dental care, such as routine cleanings, can help save children from costly issues as they age.

### Specialized treatments

With dental insurance, you're investing in your smile and overall health. Beyond cleanings and routine care, dental coverage may also help pay for more specialized treatments, such as root canals or fillings.

### Routine care

Dental coverage allows you to visit a dentist whenever you need to inexpensively receive preventive and diagnostic care.

*See everything your plan covers by reviewing the benefits statement and overview. Reach out to HR with any questions.*

# Dental - BCBS



## Summary of Coverage

	In Network	Out Of Network
Maximum Annual Benefit	\$1,500	\$1,500
Annual Deductible Individual	\$50	\$50
Annual Deductible Family	\$150	\$150
Preventive Services - Oral Exams 2 times a year, X-rays, Cleanings 2 times a year	100%, No deductible	100%, No deductible
Basic Services - Fillings, Extractions, Root Canal	80% after deductible	80% after deductible
Major Services - Crowns, Bridge work, Dentures	50% after deductible	50% after deductible
Orthodontics - dependent children	50%	50%
Orthodontics Lifetime Maximum	\$1,500	\$1,500
Network (www.bcbstx.com)	BlueCare Dental	

	Per Pay Period Pricing
Employee	\$7.80
Employee & Spouse	\$15.61
Employee & Child(ren)	\$20.32
Employee & Family	\$30.86

BlueCare Dental is the Network. You can search for an in-network provider at: <https://www.bcbstx.com/find-care/providers-in-your-network/find-a-dentist>



## Vision plan info

### Summary of coverage

Similar to other forms of insurance, with vision care you pay a premium and the insurance company will cover part or all of your vision costs.

### Preventative care

Vision coverage is important because an eye doctor can catch eye issues before they worsen. A visit with your eye doctor can determine whether you need corrective lenses and, if so, the correct prescription. Other eye concerns that will be addressed in an eye exam include checking for conditions or diseases—such as glaucoma and cataracts—which can lead to vision loss.

### Coverage

Vision coverage does not usually cover surgeries or experimental vision services. However, vision insurance may help lower the costs of some procedures, such as laser eye surgery, even if it's not 100% covered. This will depend on the plan.

### Plans

Vision plans typically cover things like eyeglass frames, lenses, contacts and annual eye exams. In most cases, plans have a set dollar amount that they will pay for certain items. For instance, a plan may pay up to \$150 for frames, and anything over that amount is covered by you. Although, your plan specifics may vary.

### Diagnostic care

Eye doctors can even help detect some types of cancer, making regular visits even more important.

*Review your benefits statement to see everything your vision plan covers. Reach out to HR with any questions.*

# Vision - BCBS



## Summary of Coverage

	In Network	Out Of Network
Exams (Every 12 months)	\$10 Co-pay	Up to \$30
Materials Co-pay	\$25 Co-pay	Varies
Glass Lenses (Every 12 months)		
Single Vision	Covered 100% after co-pay	Up to \$25
Lined Bifocal or Trifocal	Covered 100% after co-pay	Up to \$40/\$55
Lenticular	Covered 100% after co-pay	Up to \$55
Frames (Every 24 months)	\$130 allowance with 20% discount	Up to \$65
Contact Lenses (in lieu of glasses)	\$130 allowance	Up to \$104
Network (www.bcbstx.com)	EyeMed Network	

	Per Pay Period Pricing
Employee	\$1.75
Employee & Spouse	\$3.33
Employee & Child(ren)	\$3.50
Employee & Family	\$5.15

EyeMed is the Network. You can search for an in-network provider at:  
<https://www.bcbstx.com/find-care/providers-in-your-network/vision>





# Group Life & AD/D Insurance

## Summary of Coverage

Plan Features	Basic Life - Group
Employee benefit amount	\$20,000
Accelerated Death Benefit	Included - 80%
Seatbelt	Included - \$25,000
Conversion/Portability	Included

*Group life is 100% covered by the employer with the option of employees adding voluntary life.*

*Employees must fill out an EOI form if they exceed the guaranteed issue amount.*

Life insurance isn’t a fun thing to think about, but, if you have people who depend on you for financial support, then life insurance is really about protecting them in case something happens to you—your designated beneficiary would collect a financial benefit upon your death.

Group life insurance coverage is a employer-sponsored safety net in case the worst happens, with no out-of-pocket costs to you. If you believe you need additional coverage, you may wish to enroll in voluntary life insurance as well.



# Voluntary Life Insurance

## Summary of Coverage

Plan Features	Basic Life - Voluntary
Employee benefit amount	Increments of \$10,000
AD&D amount	Must match Life amount
Employee Guarantee Issue (new hires)	\$100,000
Spouse benefit amount	50% of Employee amount to a max of \$100,000
Spouse Guarantee Issue	\$25,000
Dependent benefit amount	Birth to 15 days - \$100; 15 days to 6 months - \$1,000; 6 months to 26 yrs - \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000 (not to exceed spouse amount)
Dependent Guarantee Issue	\$10,000
Conversion/Portability	Included

*Employees must fill out an EOI form if they exceed the guaranteed issue amount or didn't enroll as a new hire.*

Voluntary life insurance is similar to group life insurance, except it is paid for by you. It can provide additional financial security to you family in case the worst happens.

With voluntary life insurance, you pay a monthly premium and then your beneficiaries receive a guaranteed amount in the event of your death. Plans are typically flexible and allow you to set your contribution and payment amounts, allowing you more control.

While this type of insurance isn't fun to think about, it can be a vital lifeline for your family.

# Voluntary Life & AD/D Monthly Rates

Employee Age	Employee & Spouse Coverage -- Monthly Premium For:					
	\$1,000	\$10,000	\$20,000	\$40,000	\$50,000	\$100,000
Under 30	\$0.12	\$1.23	\$2.46	\$4.92	\$6.15	\$12.30
30-34	\$0.15	\$1.48	\$2.96	\$5.92	\$7.40	\$14.80
35-39	\$0.17	\$1.72	\$3.44	\$6.88	\$8.60	\$17.20
40-44	\$0.21	\$2.09	\$4.18	\$8.36	\$10.45	\$20.90
45-49	\$0.31	\$3.06	\$6.12	\$12.24	\$15.30	\$30.60
50-54	\$0.48	\$4.81	\$9.62	\$19.24	\$24.05	\$48.10
55-59	\$0.80	\$7.95	\$15.90	\$31.80	\$39.75	\$79.50
60-64	\$1.18	\$11.77	\$23.54	\$47.08	\$58.85	\$117.70
65-69	\$2.05	\$20.50	\$41.00	\$82.00	\$102.50	\$205.00
70+	\$3.57	\$35.69	\$71.38	\$142.76	\$178.45	\$356.90

Due to rounding, your actual payroll deduction amount may vary slightly.

Dependent Child Coverage <sup>2</sup> Monthly Premium For:	
\$1,000	\$0.29
\$2,000	\$0.58
\$4,000	\$1.16
\$5,000	\$1.46
\$10,000	\$2.91

# Supplemental Products

Blackburn Transportation Group also offers the supplemental products as listed below. These products are available on a Voluntary basis and are paid by the employees through payroll deductions. New employees on initial enrollment will have Guarantee Issue. Existing employees will be subject to health question on Critical Illness and Disability coverages.

## ACCIDENT

Pays cash benefits that correspond with a variety of covered occurrences, such as: dismemberment, dislocation or fracture, hospital confinement, ambulance services and more. The cash can be used to help pay deductibles, treatment, rent and more.

## CRITICAL ILLNESS

Our coverage offers financial support if you are diagnosed with a covered critical illness. With the expense of treatment so high, seeking the treatment you need seems like a heavy financial burden. But when a diagnosis occurs, what you be focusing on is getting better. With Critical Illness coverage, you gain the power to take control of your health when faced with a covered event.

## DISABILITY

You choose the maximum monthly benefit level that meets your needs. Then, if faced with a period of unexpected sickness or off-the-job injury, you will recieve cash benefits to use as you see fit. This could include medical treatments, daily living expenses and more.





- Phone: 972-559-0461
- Email: [clientservice@endeavorrisk.com](mailto:clientservice@endeavorrisk.com)
- Enrollment Questions: [lisa@endeavorrisk.com](mailto:lisa@endeavorrisk.com)
- Justin Scott, President
- John Reece, Practice Manager
- Lisa Burkham, Sr. Account Manager

**Carrier Contacts:**

BlueCross BlueShield - Medical	800-521-2227	<a href="http://www.bcbstx.com">www.bcbstx.com</a>
BlueCross BlueShield - Dental	800-521-2227	<a href="http://www.bcbstx.com">www.bcbstx.com</a>
BlueCross BlueShield- Vision	888-657-6061	<a href="http://www.bcbstx.com">www.bcbstx.com</a>
HSA Bank	800-357-6246	<a href="http://www.hsabank.com">www.hsabank.com</a>
MetLife - Life	800-275-4638	<a href="http://www.metlife.com">www.metlife.com</a>
AllState - Voluntary	361-798-1300	<a href="http://www.allstate.com">www.allstate.com</a>
Freshbenies - Telemedicine	855-647-6762	<a href="http://www.freshbenies.com">www.freshbenies.com</a>





# Blackburn Transportation Group

## 2025 - 2026 Employee Benefits Guide



Prepared by Endeavor Risk Advisors for Blackburn Transportation Group