



2026 Part-Time Hourly Benefits Guide

Benefits Available to Union Pacific Management Part-Time Hourly Employees and
Their Dependents Effective January 1, 2026

Please read this document carefully to become familiar with your healthcare benefits.

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FLEXIBLE BENEFITS OVERVIEW

This document, the Part-Time Hourly Benefits Guide (“Part-Time Benefits Guide”), contains the terms of and summarizes the Union Pacific Flexible Benefits Program for Part-Time Hourly Management Employees and their Dependents as of January 1, 2026. Included are eligibility information, available benefits, limitations or restrictions you should be aware of, and how to claim your benefits.

It is important to note that many benefits are covered by provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA) - a federal law which governs the operation of employee benefit plans. ERISA requires that you receive easily understood descriptions of your benefits, called summary plan descriptions.

The information about your employee benefit plans described in the 2026 Employee Flexible Benefits Guide, together with the separate attachments describing the UnitedHealthcare (UHC) and BlueCross/BlueShield (BCBS) Medical Care Program options, information describing the Kaiser Health Maintenance Organizations (HMOs) and this Part-Time Benefits Guide constitute the summary plan descriptions under ERISA. Those documents, along with the insurance contracts under which life, accidental death & dismemberment, and vision benefits are provided, also serve as the official plan documents and will help you use your benefits and understand your rights under these plans and ERISA. For more information concerning your ERISA rights, see the ERISA section in the 2026 Employee Flexible Benefits Guide.

While Union Pacific Corporation intends to continue these plans indefinitely, it reserves the right to terminate or amend any or all of the benefit plans described in this Part-Time Benefits Guide for any reason. If Union Pacific Corporation, through its senior human resources officer, or such officer with similar authority, terminates or amends a welfare benefit plan, benefits under the plan for Employees would cease or change. Union Pacific may also increase the required Employee contributions at any time. Similarly, a participating employer can take such actions with respect to its Employees. Every effort will be made to provide plan participants with reasonable notice of any such change.

Note: The terms “you” and “your” throughout this Part-Time Benefits Guide refer to the Employee and all Dependents covered under the Union Pacific Flexible Benefits Program, except where otherwise indicated.

The Glossary section in the 2026 Employee Flexible Benefits Guide is an important reference tool to help you understand how the plans work by defining terms used throughout this Part-Time Benefits Guide.

HISTORY AND BACKGROUND

Effective January 1, 1992, the Corporation introduced the Union Pacific Flexible Benefits Program for Employees eligible to participate in the various benefit plans offered under the Flexible Benefits Program. The Flexible Benefits Program is operated in compliance with a number of sections of the Internal Revenue Code (“Code”), the primary sections being 105, 125, and 129. This Part-Time Benefits Guide describes the operation of the Flexible Benefits Program for Part-time Hourly Employees as of January 1, 2026.

Under Code Section 125, Union Pacific is allowed to offer certain benefits to its eligible Employees in a tax-preferred manner. Contributions for elective coverage or contributions to specific accounts may be made on a “before-tax” or “salary reduction” basis under the portion of the Flexible Benefits Program subject to Code Section 125. This means that Federal, FICA, Railroad Retirement, and, in most instances, state and local taxes are taken from your pay after your contributions or premiums are deducted. The net effect is that your taxes are computed on a lower base, thus lowering your tax liability for the year.

As Social Security and/or Railroad Retirement taxes are not withheld on your before-tax contributions to the Flexible Benefits Program, it is possible that your future Social Security and/or Railroad Retirement benefits would be reduced.

In order to obtain the full impact of the tax benefits inherent in operating a portion of the Flexible Benefits Program in compliance with Code Section 125, the various benefits must be administered in accordance with the Code. As a result, certain rules exist within the Flexible Benefits Program that may be different from those of traditional plans.

CORE AND OPTIONAL BENEFITS

There are two types of benefits available to you – Core and Optional. Upon your initial enrollment and during annual open enrollment periods, you may choose among Core and Optional benefits. If you fail to affirmatively elect benefits when you

initially enroll, you will be enrolled in Core benefits by default. If you fail to elect benefits during any subsequent open enrollment period, you generally will be enrolled for the following Calendar Year in the benefits you were previously enrolled in, but certain exceptions will apply. Core employee life insurance and Core employee accidental death and dismemberment (AD&D) insurance are available to all Employees at no cost. Core medical, dental and vision coverage are available to all Employees, but the Employee must pay a portion of the cost of these Core coverages.

The following chart shows Core and Optional benefits.

	CORE BENEFITS	OPTIONAL BENEFITS
Employee, Spouse & Dependent Child Healthcare	<ul style="list-style-type: none"> • “Employee Only” Medical (UHC HDHP2 Option or the BCBS HDHP2 Option, depending on the Employee’s home address ZIP Code). • “Employee Only” MetLife dental coverage for eligible Employees. • “Employee Only” EyeMed vision coverage for eligible Employees. • Employees receiving Core medical, dental and vision coverage will be charged for the coverage. • Core medical, dental and/or vision coverage can be waived. 	<ul style="list-style-type: none"> • Choose among all medical options for which you are eligible with varying Deductibles, Coinsurance, Copayments, and out-of-pocket expenses for you and your Dependents, if any. • Choose dental coverage for you and your Dependents, if any. • Choose vision coverage for you and your Dependents, if any. • If you have a Domestic Partner see the row “Domestic Partner Healthcare.”
Health Savings Account Contribution Program	<ul style="list-style-type: none"> • Not a Core Benefit. 	<ul style="list-style-type: none"> • If you enroll in a UHC or BCBS HDHP medical option and open a Health Savings Account through HealthEquity, you receive the Union Pacific HSA Contribution (“seed money”) plus you may elect to make “before-tax” Employee HSA Contributions.
Dependent Care Flexible Spending Account	<ul style="list-style-type: none"> • Not a Core Benefit. 	<ul style="list-style-type: none"> • Establish a Dependent Care Flexible Spending Account. Use this account to pay for dependent care expenses on a “before-tax” basis.
Life and Accidental Death & Dismemberment	<ul style="list-style-type: none"> • Financial protection for your beneficiaries through a lump sum payment upon your death or dismemberment. 	<ul style="list-style-type: none"> • Add to your life and accident coverage; provide insurance for your Spouse and/or children.
Domestic Partner Healthcare	<ul style="list-style-type: none"> • Not a Core Benefit 	<ul style="list-style-type: none"> • Choose “Domestic Partner Only” medical (UHC or BCBS Non-HDHP PPO, depending on the Employee’s home address ZIP code) or, if you are eligible to enroll in a California HMO medical option, you may instead enroll your registered Domestic Partner and the dependent(s) of your registered Domestic Partner in such HMO. See the information provided by the HMO for more details. • Choose “Domestic Partner Only” MetLife dental coverage. • Choose “Domestic Partner Only” EyeMed vision coverage.

HEALTHCARE COVERAGE LEVEL DEFINITIONS

The following definitions apply for purposes of the Medical Care Program, Dental Care Program and Vision Care Program.

“Employee Only” coverage means coverage provided to the Employee, but not any Dependent of the Employee.

“Employee + Spouse” coverage means coverage provided to the Employee and the Employee’s Spouse, but not the Employee’s Child(ren).

“Employee + Child(ren)” coverage means coverage provided to the Employee and the Employee’s Child(ren), but not the Employee’s Spouse.

“Employee + Family” coverage means coverage provided to the Employee, the Employee’s Spouse and the Employee’s Child(ren).

“Employee + Dependent(s) Coverage” means any one or more of the following:

- Employee + Spouse coverage;
- Employee + Child(ren) coverage; or
- Employee + Family coverage.

HEALTHCARE COVERAGE LEVEL ELECTIONS

The following healthcare coverage elections are available to an Employee married to another Employee (as such term is defined in either this Part-Time Benefits Guide or the 2026 Employee Flexible Benefits Guide):

1. You and your Employee Spouse each elect Employee Only coverage under the same or different medical, dental and/or vision program options;
2. You or your Employee Spouse elects Employee + Spouse or Employee + Family medical, dental and/or vision coverage (covering the other as a Dependent) and the other waives the medical, dental and/or vision coverage for which the other elected Employee + Spouse or Employee + Family coverage;
3. You or your Employee Spouse elects Employee Only medical, dental and/or vision coverage and the other elects Employee + Child(ren) coverage under the same or different medical, dental and/or vision coverage;
4. You or your Employee Spouse elect Employee Only or Employee + Child(ren) medical, dental and/or vision coverage and the other waives such coverage; or
5. Both you and your Employee Spouse waive medical, dental and/or vision coverage.

NOTE: If you are the Dependent of another Employee, and such Employee has elected coverage under the Medical, Dental Care and/or Vision Care Program(s) coverage covering you as a Dependent, then you must waive the Medical, Dental and/or Vision coverage for which you are already covered as a Dependent.

PURCHASING FLEXIBLE BENEFITS

Core medical, dental, and vision coverages, and all optional benefits (such as Domestic Partner medical, dental and vision coverage) are offered at an additional cost to you. The cost is the annual amount you will have to pay to purchase the benefit.

Optional benefits are paid for by the Employee with either before-tax dollars (salary reduction) or after-tax dollars (salary deduction), depending on the benefit elected. Core medical, dental and vision coverage are paid by the Employee with before-tax dollars. Domestic Partner medical, dental and vision coverages are paid by the Employee with after-tax dollars.

The following benefits are offered under a cafeteria plan, which is subject to Code Section 125. If elected (or provided by default, in the case of Core coverages), these benefits are paid for by the Employee with before-tax dollars:

- Employee Only Medical
- Employee Only Dental
- Employee Only Vision
- Employee + Dependent(s) Coverage - Medical
- Employee + Dependent(s) Coverage - Dental
- Employee + Dependent(s) Coverage - Vision
- Dependent Care Flexible Spending Account (Dependent Care FSA)
- Employee Health Savings Account (HSA) Contributions

The following optional benefits are offered outside of the cafeteria plan. If elected, these benefits are paid for by the Employee with after-tax dollars:

- All Voluntary Life and AD&D coverages (Employee, Spouse and Child(ren))
- Buy-Up Long-Term Disability
- Medical Coverage provided to a Domestic Partner under the Domestic Partner Non-HDHP PPO

coverage (whether UHC or BCBS depends on the Employee's home address ZIP code) or to a registered Domestic Partner and dependent(s) of a registered Domestic Partner through a California HMO

- Domestic Partner Dental Coverage
- Domestic Partner Vision Coverage

ELIGIBILITY

You are eligible to participate in the Flexible Benefits Program if you are an Employee. However, some of the programs have specific eligibility requirements that you must also meet.

For purposes of the Flexible Benefits Program for Part-Time Hourly Employees, "Employee" means:

- An active, part-time hourly paid person employed by Union Pacific Corporation or Union Pacific Railroad Company (other than a person classified as a co-op or intern) whose terms and conditions of employment are NOT subject to collective bargaining; or
- Any other classification of employees specified by any other Union Pacific affiliate that becomes a participating employer in the Flexible Benefits Program for Union Pacific Management Part-Time Hourly Employees and their Dependents.

Furthermore, the term "Employee" shall not include a person who is classified by Union Pacific Corporation, Union Pacific Railroad, or any other Union Pacific affiliate that becomes a participating employer in the Flexible Benefits Program (individually, "Flexible Benefits Program Employer") as an independent contractor or a person who is not treated by a Flexible Benefits Program Employer as an employee for purposes of withholding federal employment taxes, regardless of any contrary governmental or judicial determination relating to such employment status or tax withholding. If an individual is engaged as an independent contractor or similar capacity and is subsequently classified by a Flexible Benefits Program Employer, a governmental body or the judiciary as an Employee, such person, for purposes of the Flexible Benefits Program for Part-Time Hourly Employees, shall be deemed to be an Employee from the actual (and not effective) date of such classification by a Flexible Benefits Program Employer or the date as of which such classification by the governmental body or judiciary is final and not appealable. Additionally, the term "Employee" excludes any person who, as to the United States, is a non-resident alien with no U.S. source income from a Flexible Benefit Program Employer.

Each benefit plan will define the term "Dependent" and other important terms. Please see the 2026 Employee Flexible Benefits Guide and information on the various medical plans in which you may be eligible to enroll for those definitions.

For purposes of the UHC and BCBS Non-HDHP PPO Domestic Partner Only Medical coverages, Domestic Partner Only Dental coverage and the Domestic Partner Only Vision coverage, the term "Domestic Partner" is defined in the "Domestic Partner Medical Benefits," "Domestic Partner Dental Benefits" and "Domestic Partner Vision Benefits" sections, respectively, of the 2026 Employee Flexible Benefits Guide. For purposes of the California HMO Options (as defined in the "Domestic Partner Medical Benefits" section of the 2026 Employee Flexible Benefits Guide), a registered Domestic Partner is defined pursuant to the plan document that governs the specific California HMO Option.

ENROLLMENT

Newly Eligible during the Calendar Year:

If you are hired, or first become eligible during the Calendar Year for a reason other than a transfer from Full-Time Management Salaried, Reduced Salaried, or Full-Time Management Hourly to Part-Time Management Hourly status, you will have:

- 30 days (plus grace period described below) from the date you become an eligible Employee to make your benefit elections; and
- 45 days from the date you become an eligible Employee to provide any requested documentation regarding the individuals you elect to enroll in coverage.

If requested documentation is not received within the 45 days, elected coverage for such individual will be cancelled retroactively to its effective date. Your incremental contribution for such coverage, if any, (e.g., difference between

Employee Only and Employee + Family coverage) will be refunded and submitted claims for or concerning such individual will be reprocessed and denied.

If you do not make an affirmative election (including an election to waive coverage) during your 30-day period, you will be defaulted to Core Benefits from the date you became an eligible Employee, unless you notify Employee Benefits and make your elections within the 7-day grace period described below.

Single Core benefits are as follows:

- Medical: Employee Only HDHP2 Coverage
- Dental: Employee Only Coverage
- Vision: Employee Only Coverage
- Life Insurance: Employee, 1X Salary* up to \$50,000
- AD&D: Employee, 1X Salary* up to \$50,000

****If you are paid on an hourly basis, your salary will be calculated by taking the standard hours for your position and multiplying it by your hourly rate.***

Note that the following are Optional benefits and are not Core benefits. Therefore, enrollment in these coverages requires an affirmative enrollment election by you:

- All non-Core medical plan options (Employee Only or any level of Employee + Dependent(s) Coverage)
- Dental coverage at any Employee + Dependent Coverage level.
- Vision coverage at any Employee + Dependent Coverage level.
- Dependent Care Flexible Spending Account
- Employee HSA Contributions
- All Voluntary Life and AD&D coverages (Employee, Spouse and Child(ren))
- Buy-Up Long-Term Disability
- Medical Coverage provided to a Domestic Partner under the Domestic Partner Non-HDHP PPO coverage (whether UHC or BCBS depends on the Employee's home address ZIP code) or to a registered Domestic Partner and dependent(s) of a registered Domestic Partner through a California HMO
- Domestic Partner Dental Coverage
- Domestic Partner Vision Coverage

If you are a newly eligible Employee and you fail to make a timely, affirmative election (including an election to waive coverage), your enrollment grace period is the 7-day period beginning with the 31st day following the date you become an eligible Employee. Your Flexible Benefits Program elections (or default coverage) become effective on the date you become an eligible Employee. Any before-tax contributions will begin as soon as administratively practicable following your election(s). This includes your contribution to the Dependent Care Flexible Spending Account, which will be prorated over the remaining months in the Calendar Year. If you receive the default enrollment, your Dependents, if any, will not receive benefits for the remainder of the Calendar Year unless you are permitted to enroll your Dependents as a result of a "Life Event" (as described in the "Life Events & Permissible Benefit Changes" charts section on pages 30-66 in the 2026 Employee Flexible Benefits Guide).

If you first become eligible due to a transfer from Full-Time Management Salaried, Reduced Salaried, or Full-Time Management Hourly to Part-Time Management Hourly status, your election rights are discussed in the "Enrollment Changes" section of this Part-Time Benefits Guide.

Open Enrollment:

During the fall of each Calendar Year, you will be given the opportunity to enroll for the subsequent Calendar Year. Your enrollment must be completed during the open enrollment period and elections made during open enrollment are effective January 1st of the following Calendar Year, provided that any requested documentation regarding the individuals you elect to enroll in coverage is provided within 45 days following the end of the open enrollment period. If you fail to timely provide any required documentation regarding the addition of a Dependent, coverage for such Dependent will not be added for the following Calendar Year. If you do not make an affirmative election (including an

election to waive coverage), you will be defaulted to the same coverages in the new Calendar Year as you are receiving in the current Calendar Year, with these exceptions:

- If you have medical coverage in the current Calendar Year and your medical option is no longer available in the new Calendar Year, you will be defaulted to either the UHC HDHP2 Option or the BCBS HDHP2 Option, depending on your home address ZIP code, at the same level of coverage (e.g., Employee Only or Family) as you have in the current Calendar Year; and
- Your Dependent Care Flexible Spending Account election cannot be renewed without your affirmative election during open enrollment each Calendar Year.

NOTE: If in the current Calendar Year you are enrolled in either a UHC HDHP Option or BCBS HDHP Option and for the following Calendar Year during open enrollment, you enroll (or are defaulted) in either a UHC HDHP Option or BCBS HDHP Option and you wish to begin making Employee HSA Contributions for 2026, you must affirmatively elect to do so. However, if you have an Employee HSA Contribution election in place for 2025, you are not required to update the election if you wish to continue it for 2026. See page 90 of the 2026 Employee Flexible Benefits Guide for information regarding how to make your Employee HSA Contribution election.

Additional Information Regarding Open Enrollment:

- During open enrollment, you may change your Voluntary Employee Life and AD&D, Voluntary Spouse Life and AD&D and your Voluntary Child Life and AD&D coverage elections. If you wish to increase any of these coverage elections or elect any of these coverages for the first time, your elections during open enrollment are subject to specific rules and limitations, which are described in the Life and Accidental Death & Dismemberment Insurance Program section of 2026 Employee Flexible Benefits Guide beginning on page 116.
- Your Dependent Care Flexible Spending Account contribution election must be affirmatively elected in SAP - “My Benefits” for each Calendar Year through the open enrollment process.

Generally, each Dependent (i.e., Spouse and/or Child(ren)) you wish to enroll in any coverage offered under the Flexible Benefits Program first must be registered as your Dependent through the SAP-“My Benefits” portal. However, because enrollment for Life and AD&D coverage is performed through a separate website maintained by MetLife, you may enroll your "Spouse" or "Child" (as those terms are defined for purposes of the Life and Accidental Death and Dismemberment Insurance Plan), even if those individuals are not registered through the SAP-“My Benefits” portal.

Important Dependent Information:

- When you enroll your Dependents in the Flexible Benefits Program, you are affirming that you have reviewed the Program’s eligibility terms and that each listed individual meets the applicable definition of a “Dependent.” You are also affirming that you will advise Employee Benefits about any change in circumstances that affects your Dependent’s eligibility for coverage.
- Coverage for you and your Dependents is available only through the date coverage is provided under the terms of the Plan. See “When Coverage Ends” in the 2026 Employee Flexible Benefits Guide for more information regarding when coverage ends.
- In the event of fraud or intentional misrepresentation of material fact regarding a Dependent’s eligibility for coverage, coverage for such Dependent may be rescinded, and claims paid for Dependents who are found to be ineligible for coverage may be the responsibility of the Employee. Family Deductibles and annual out-of-pocket expenses or other plan limitations may also be recalculated and may cause further expense to the Employee. Further, unless a Life Event permits you to change your enrollment election, if you enroll in an Employee + Dependent(s) Coverage level and an individual listed as your dependent is not eligible, you will continue to be charged at the rate for the enrolled coverage level even if one or more of your dependents is no longer eligible for coverage.

- Each Flexible Benefits Program plan reserves the right to require documentation with respect to any individual you elect to enroll in coverage, including (but not limited to) evidence of the “Life Event”, if applicable; evidence that such individual satisfies the Plans’ definition of a Dependent, and such individual’s social security number.

You are responsible for informing Union Pacific within 30 days of an event that either allows an individual to be considered a Dependent or an event that disqualifies the individual from being considered a Dependent. You can provide this information by contacting Union Pacific Employee Benefits by submitting a ticket via the instructions provided in the Benefit Contacts section on page 14, or, if the event is a birth, adoption, marriage or divorce, through the UP Employees website [SAP-"My Benefits"](#). Rules similar to those described in the preceding four paragraphs apply as well to enrollment of Domestic Partners in medical coverage provided under the Domestic Partner Non-HDHP PPO coverage Domestic Partners and their dependents in a California HMO, and/or Domestic Partner only dental or vision coverage. See the Domestic Partner Medical Benefits section of the 2026 Employee Flexible Benefits Guide for more details.

NOTICE OF HIPAA ENROLLMENT RIGHTS

The passage of the Health Insurance Portability and Accountability Act of 1996, or HIPAA, provides special enrollment rights to participate in group health plans (see the “Life Events & Permissible Benefit Changes” section on pages 30-66 in the 2026 Employee Flexible Benefits Guide for more information). If you are declining enrollment for yourself or your Dependents in a Medical Care Program option because of other health insurance or group health plan coverage, you may (in the future) be eligible to enroll yourself or your Dependents in a Medical Care Program option if you or your Dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your Dependents’ other coverage), provided that you request enrollment within 30 days (plus grace period described in the “Enrollment Changes” section, below) after your or your Dependents’ other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new Dependent as a result of marriage, birth, adoption, or placement for adoption, you may enroll yourself and your Dependents, provided that you request enrollment within 30 days (plus grace period described in the “Enrollment Changes” section, below) after the marriage, birth, adoption, or placement for adoption. Solely for the purposes of these HIPAA enrollment rights, “Dependent” also includes individuals who are eligible for coverage under an HMO option or the Domestic Partner Non-HDHP PPO medical option because of a relationship to the Employee.

NOTICE OF SPECIAL ENROLLMENT RIGHTS RELATED TO MEDICAID OR SCHIP COVERAGE

If you or your Dependent:

- Is covered under a Medicaid plan under Title XIX of the Social Security Act, or under a state child health insurance plan (“SCHIP”) under Title XXI of such Act, and your coverage under the Medicaid or SCHIP plan is terminated as a result of loss of eligibility for such coverage; or
- Becomes eligible for Medicaid or SCHIP plan assistance with respect to coverage under a Medical Care Program option,

then you and your Dependent may enroll in a Medical Care Program option, provided you request enrollment within 60 days after the date the applicable event occurs (i.e., the termination of the Medicaid or SCHIP Plan coverage, or determination of eligibility for Medicaid or SCHIP plan assistance). If you request enrollment in a Medical Care Program option within such period, your medical care coverage will be effective the first day of the month following the date you provide notification of the event.

To request special enrollment or obtain more information, submit a ticket to Union Pacific Employee Benefits via the instructions provided in the Benefit Contacts section on page 14.

SPECIAL ENROLLMENT RIGHTS APPLICABLE TO THE KAISER HMOs

Employees eligible to enroll in a Kaiser HMO may have a special enrollment right upon the occurrence of a “qualifying event” as defined in section 603 of ERISA. See the documents furnished by the Kaiser HMO for more information.

SPECIAL ELECTION FOR EMPLOYEES AND SPOUSES AGE 65 AND OVER

If you remain an Employee after reaching age 65, you or your Spouse may choose to remain covered under a Medical Care Program Option without reduction for Medicare benefits or designate Medicare as the primary payer of benefits. If you choose to remain covered under a Medical Care Program Option, the Medical Care Program Option will be the primary payer of benefits and Medicare will be secondary. If you choose Medicare as primary, coverage under the Medical Care Program Option will end for you; however, your Spouse may elect to continue coverage under a Medical Care Program Option. If you do not specifically choose between Medicare and the Medical Care Program Option, the Medical Care Program Option will be primary. If you are under age 65 and your Spouse is over age 65, he or she can make their own choice to choose Medicare or remain on your coverage in a Medical Care Program Option.

ENROLLMENT CHANGES

Highlights of the Life Event Rules:

Except for your Employee HSA Contribution election, once you have enrolled, you cannot change elections until the next open enrollment period unless you experience a Life Event and the benefit program in which you enrolled permits such a change. The rules for changing your Employee HSA Contribution election are found on page 12 of this Part-Time Benefits Guide.

Changes in elections resulting from a Life Event must be on account of and correspond with the Life Event. In addition, all such changes resulting from a Life Event (other than Special Enrollment Rights Related to Medicaid or SCHIP Coverage) must be made within 30 days from the event date. A 7-day grace period is permitted following the initial 30-day period for reporting life events. This grace period begins on the 31st day following the date on which the Life Event occurred. It is the Employee's responsibility to notify Union Pacific Employee Benefits by submitting a ticket via the instructions provided in the Benefit Contacts section on page 14, and request a change within 30 days (plus 7-day grace period) immediately following a Life Event. You must also provide notification for a birth, adoption, marriage, or divorce, or add or drop a Domestic Partner or a Dependent through the UP Employee Website [SAP-"My Benefits"](#) or by submitting a ticket to Union Pacific Employee Benefits. Changes after the grace period has expired can only be made at the next annual open enrollment period for coverage effective January 1st of the following year.

NOTE: If you gain a Child through birth or adoption, the Covered Health Services incurred by the Child during the first 31 days of life will be covered by the Medical Care Program, regardless of whether you make an affirmative election to enroll the Child in a medical coverage option. If you do not make a timely election and provide the required supporting documentation to Union Pacific Employee Benefits as described in the "Life Events & Permissible Benefit Changes" table on page 34 of the 2026 Employee Flexible Benefits Guide, the Child's coverage will be cancelled effective the 32nd day.

The Plan Administrator requires written documentation of a Life Event change. You have 45 days following the date of the Life Event to provide such written documentation. The documentation that must be provided with respect to the applicable Life Event is indicated in the table beginning on page 30 of the 2026 Employee Flexible Benefits Guide. In the event you do not provide the required documentation by this deadline, effective with the first month following the month in which the deadline expired, your coverages (and any salary reduction or salary deduction amounts) that were changed as a result of the Life Event will automatically revert back to the coverages (and salary reduction or salary deduction amounts) that were in effect prior to the Life Event change. It may also be necessary for the Plan Administrator to change your election to prevent the Flexible Benefits Program from violating certain rules set forth in the Internal Revenue Code. You will be advised if the Plan Administrator determines that any change in your election is necessary.

Changes in elections resulting from a Life Event will be effective on the first day of the month following the event date (for example, if the event occurred on January 15th, benefits will take effect on February 1st), with these exceptions:

- Medical, vision, and dental coverage resulting from the birth, adoption, or placement for adoption of a Dependent Child will be effective on the event date.
- Benefit elections, excluding Voluntary Life and AD&D Insurance, resulting from transfers from a Craft

Professional position to a Management position will be effective on the date of the Management position.

- Generally, Voluntary Life Insurance and Voluntary AD&D Insurance coverage elections will be effective on the first day of the month following receipt of the election. However, see the Life and AD&D section of the 2026 Employee Flexible Benefits Guide beginning on page 116 which describes rules regarding actively at work and evidence of insurability requirements that may affect the date your new election becomes effective.
- Any required salary reductions or salary deductions will begin as soon as administratively practicable following the date of your completed elections.

The Life Events & Permissible Benefit Changes section beginning on page 30 of the 2026 Employee Flexible Benefits Guide describe all permissible changes that can be made as a result of a particular Life Event.

Remember, an election change cannot be made unless the election change is on account of and corresponds with the Life Event, Union Pacific Employee Benefits is notified of the change and you have made your permissible election change within 30 days (plus 7-day grace period) following the Life Event. Whether a particular change is available will depend on the facts and circumstances of the Life Event. For example, if the Employee changes the day care provider for a Dependent Child, the Employee may make a new Dependent Care FSA election to reflect the change in cost for providing such dependent care.

When changing from Full-Time Management Salaried, Reduced Salaried, or Full-Time Management Hourly to Part-Time Management Hourly Status:

- Medical, vision, and dental coverage for you, your Spouse, and Dependent Child(ren) (and, if enrolled in a California HMO Option, your registered Domestic Partner and dependents of your registered Domestic Partner) terminates under the Full-Time Management Salaried, Reduced Salaried and Full-Time Management Hourly Employees Plan and becomes subject to the provisions for the Part-Time Hourly Plan.
- If you had an Employee HSA Contribution election in effect prior to your employment status change and you enroll in an HDHP medical option, your Employee HSA Contribution election will remain in effect.
- Coverage for your Domestic Partner under the Domestic Partner non-HDHP PPO medical coverage, Domestic Partner dental coverage, and/or Domestic Partner vision coverage terminate(s) under the Full-Time Management Salaried, Reduced Salaried and Full-Time Management Hourly Employees Plan and becomes subject to provisions for Part-Time Hourly Plan.
- You can maintain your current Life Insurance and/or AD&D elections or waive your Life Insurance and/or AD&D elections.
- Your coverage under the Union Pacific Corporation Short-Term & Long-Term Disability Plan terminates at the end of the month of your employment status change.

No other benefit election changes are permitted when transferring from Full-Time Management Salaried, Reduced Salaried, or Full-Time Nonagreement Hourly to Part-Time Nonagreement Hourly Status.

When changing from Part-Time Nonagreement Hourly to Full-Time Nonagreement Salaried, Reduced Salaried, or Full-Time Nonagreement Hourly Status:

- Medical, vision, and dental coverage for you, your Spouse, and Dependent Child(ren) (and, if enrolled in a California HMO Option, your registered Domestic Partner and dependents of your registered Domestic Partner) terminates under the Part-Time Hourly Plan and becomes subject to the provisions for Full-Time Nonagreement Salaried, Reduced Salaried and Full-Time Nonagreement Hourly Employees.
- If you had an Employee HSA Contribution election in effect prior to your employment status change and you enroll in an HDHP medical option under the provisions for Full-Time, Nonagreement Salaried, Reduced Salaried and Full-Time Management Hourly Employees, your Employee HSA Contribution election will remain in effect.
- You can maintain your current Life Insurance and/or AD&D elections or waive your Life Insurance and/or AD&D elections.

- Coverage for your Domestic Partner under the Domestic Partner non-HDHP PPO medical coverage, Domestic Partner dental coverage, and/or Domestic Partner vision coverage terminate(s) under the Part-Time Hourly Plan and becomes subject to provisions for Full-Time Management Salaried, Reduced Salaried and Full- Time Management Hourly Employees.
- If you were continuously employed as a Part-Time Management Hourly Employee for at least three months immediately prior to your employment status change, you will be enrolled in short-term disability coverage under the Union Pacific Corporation Short-Term & Long-Term Disability Plan and will be eligible to elect Buy-Up long-term disability coverage under that plan. If you do not elect the Buy-Up LTD coverage, you will be enrolled in Core long-term disability coverage for the remainder of the Calendar Year. If you were not employed for at least 3 continuous months immediately prior to your employment status change, you will be enrolled in short-term and Core long-term disability coverage upon completion of three months of continuous service, including your service as a Part-Time Management Hourly Employee immediately prior to your employment status change. During open enrollment, you may elect Buy-Up long-term disability coverage for the next Calendar Year.

No other benefit election changes are permitted when transferring from Part-Time Management Hourly to Full-Time Management Salaried, Reduced Salaried, or Full-Time Management Hourly Status.

REFER TO THE 2026 EMPLOYEE FLEXIBLE BENEFITS GUIDE FOR MORE INFORMATION CONCERNING LIFE EVENT CHANGES BEGINNING ON PAGE 30.

EMPLOYEE HSA CONTRIBUTION ELECTION CHANGE RULES

Once you have enrolled in an HDHP medical option, you may change your Employee HSA Contribution election on a monthly basis. Your Employee HSA Contribution election change and revised HSA Employee Contribution salary reduction amount will be prospectively effective. An Employee HSA Contribution election change or revocation must be made prior to the payroll cutoff date for the month in order for such change or revocation to be effective on your next following payroll date from which Employee HSA Contribution salary reduction amounts are deducted. For example, if your Employee HSA Contribution salary reduction amount is deducted from pay you receive on the last business day of the month and you elect prior to the September payroll cutoff date to change or revoke your Employee HSA Contribution election, then such change or revocation will be effective with your end of September paycheck. If you change or revoke your Employee HSA Contribution election after the September payroll cutoff date, such change or revocation will be effective with your end of October paycheck. To change your Employee HSA Contribution election, you must access your account at the [SAP-"My Benefits"](#) and complete your election in the HSA section.

For additional information regarding Employee HSA Contributions, see page 90 of the 2026 Employee Flexible Benefits Guide.

FUTURE OF THE PLANS

While Union Pacific intends to continue these plans indefinitely, it reserves the right to terminate or amend any or all of the benefit plans for any reason. If the Company terminates or amends a welfare plan, benefits under the plan for active employees and/or retirees would cease or change. The Company may also increase the required employee or retiree contributions at any time. Similarly, a participating employer can take such actions with respect to its employees or retirees. Every effort will be made to provide plan participants with reasonable notice of any such change.

DISCRETIONARY AUTHORITY OF PLAN ADMINISTRATOR AND OTHER PLAN FIDUCIARIES

In carrying out their respective responsibilities under the plans, the Plan Administrator (or delegate) and other plan fiduciaries shall have discretionary authority to make factual findings, interpret the terms of the plans, and determine eligibility for and entitlements to benefits in accordance with the terms of the plans. Any finding, interpretation, or determination made pursuant to such discretionary authority shall be given full force and effect unless it can be shown that the finding, interpretation, or determination was arbitrary and capricious.

The Plan Administrator may designate other persons to carry out such of his responsibilities under the plans for the operation and administration of the plans as she deems advisable and delegate to the persons designated such of his

powers as she deems necessary to carry out such responsibilities. Any designation and delegation shall be subject to such terms and conditions as the Plan Administrator deems necessary or proper. Any action or determination made or taken in carrying out responsibilities under the plans by the persons so designated by the Plan Administrator shall have the same force and effect for all purposes as if such action or determination had been made or taken by the Plan Administrator.

OTHER AVAILABLE BENEFITS

Employees classified as Part-Time Management Hourly Employees are eligible for these other Employee benefits:

- Adoption/Surrogacy Assistance.
- GivePLUS (MoneyPLUS or TimePLUS).
- Pension (if you were a covered management employee on December 31, 2017 and you continuously remain so after that date*).
- Retirement Awards.
- Service Awards.
- Thrift Plan.
- Transportation Spending Account.
- Voluntary Benefits and Discounts through BenefitHub.

*See the Pension Plan for Salaried Employees of Union Pacific Corporation and Affiliates (“Pension Plan”) for additional details regarding eligibility to participate in the Pension Plan.

BENEFITS NOT AVAILABLE

Employees classified as Part-Time Management Hourly Employees are not eligible for the following Employee benefits:

- Educational Assistance
- Geographic Supplements
- Paid Holidays
- Paid Sick or Personal Leave Time
- Paid Vacation Time
- Short-Term Disability
- Long-Term Disability
- Pension (unless you were a covered management employee on December 31, 2017, and continuously remain so after that date*.)

*See the Pension Plan for Salaried Employees of Union Pacific Corporation and Affiliates (“Pension Plan”) for additional details regarding eligibility to participate in the Pension Plan.

Benefit Contacts

Quantum Health – for UHC and BCBS Medical Options (including OptumRx pharmacy benefits) available Monday-Friday, 7:30 a.m. to 9:00 p.m. CST

- Care Coordinator/Customer Service.....(855) 649-3855
- Websitewww.upquantumhealth.com
Request Medical ID cards, answer claim/billing/benefit questions, find in-network providers, manage a health condition, save money on out-of-pocket costs, understand how to get the most out of your benefits

Union Pacific Employee Benefits — 9:00 a.m. to 5:00 p.m. (CT)

To submit a ticket:

- Employees with access to the UP network can submit a ticket by navigating to the Human Resources webpage and clicking "Create a ticket for Human Resources"
- Employees without access to the UP network can submit a ticket by navigating to UP.com and selecting Employees > Additional Resources > Create a Ticket for HR

Union Pacific Human Resources — 9:00 a.m. to 5:00 p.m. (CT)

Toll-Free (877) 275-8747
UP Network8-544-4000
Fax Number (402) 233-2736
Email Address HRSC@up.com
Mailing Address1400 Douglas Street, Stop 0320, Omaha, NE 68179

- All General Management or Retirement Benefit Questions
- Educational Assistance
- Dependent Care Flexible Spending Account
- Pension
- Service Awards/Retirement Awards

Caregiver Support (Family First)

- Website.....<https://www.family-first.com/union-pacific>
- Member Services.....877-585-7090
 - Available 8am – 8pm ET

Dental Care Benefits (Metropolitan Life)

- Website/Provider Directory.....www.metlife.com/dental
- Member Services.....(888) 777-6806, option 1
Locate a participating provider, questions about dental benefits or claims, Group #37625

Dependent Care Flexible Spending Account (Inspira Financial)

- Website.....www.InspiraFinancial.com
Set up direct deposit, access account balance/information, submit claims online.
- Customer Service (800) 284-4885
- Fax number for submitting claims..... (402) 231-4310

Diabetes, High Blood Pressure and Weight Management (Dario)

- Website..... <https://about.dariohealth.com/union-pacific>
- Member Services..... (833) 708-3061

Employee Assistance Program (Personal Assistance Services)

- Member Services (Available 24/7).....800-779-1212
- Website.....www.paseap.com
Live Chat Available M-F 9am – 5pm CT
- Email.....client.sercies@pas.eap.com
- Text 341-451-5727 to connect with a PAS counselor M-F 9am – 5pm CT

Fertility and Family Building; Menopause & Midlife Health (Maven)

- Website.....www.mavenclinic.com
- Email Address.....support@mavenclinic.com

Health Maintenance Organization (HMO)

- Kaiser Colorado..... (800) 632-9700
- Kaiser Northwest..... (800) 813-2000
- Kaiser Northern California (800) 464-4000
- Kaiser Southern California (800) 464-4000

Health Savings Account (HSA) Contributions (HealthEquity)

- Website.....www.myHealthEquity.com
- Customer Service (866) 415-0650

Life Insurance (Metropolitan Life)

- Website.....www.metlife.com/mybenefits
Enroll in benefits, update dependents and beneficiaries.
- Member Services..... (866) 659-1377

Vision Care (EyeMed)

- Website/Provider Directory..... www.eyemed.com
- Member Services..... (844) 409-3401
Questions or help locating a participating provider, Contract #9891003 (Active population);
#9891011 (COBRA); #1029447 (Domestic Partner)

Voluntary Benefits and Employee Discounts (Corestream)

- Website..... <https://unionpacific.corestream.com/>
- Member Services..... 402-519-6033
- Email..... upsupport@corestream.com



It is your right and responsibility to learn as much as you can about the wide variety of Union Pacific benefits and how you can make the most of all that is available to you. Please retain a copy for use throughout the year.