



2026 EMPLOYEE BENEFITS GUIDE

Plan Year January 1, 2026
to December 31, 2026





WHAT'S INSIDE

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INTRODUCTION

Your Potential Starts Here

At TQL, we're only as good as our people, which is why we take care of our employees through benefits, perks and so much more. Things like a TQL dress code, hitting up the gym for less than what your friends are paying, complimentary coffee to get your day started and celebratory happy hours to help you wrap up your week.

WE ARE A CULTURE WHERE COMPETITION IS IN OUR DNA, SO WORK HARD, PLAY HARD IS NOT JUST A SAYING, IT'S A WAY OF LIFE.

Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all of our employees. This brochure will help you choose the type of plan and level of coverage that is right for you.

WHAT'S NEW

2026 Plan Enhancements

NEW PHARMACY BENEFIT MANAGER



WHAT DOES THIS MEAN FOR YOU?

These are the steps you need to take to ensure a smooth transition:

- Your current medical Insurance card will no longer be active after December 31, 2025.
- If you need to pick up your prescription after December 31, 2025, you must provide your pharmacy with your NEW medical insurance card.
- Be sure to tell the pharmacy they need to reprocess all existing medications using your new insurance card.

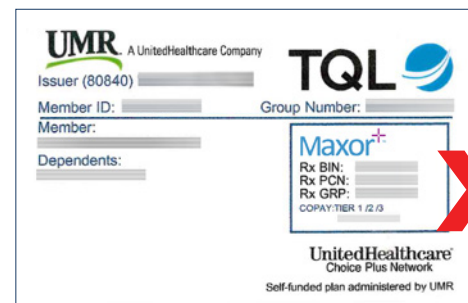
NEW RATES AND PLAN DESIGN CHANGE

- Increase medical premiums and plan changes
- IRS limit Increase to the Health Savings Account
- Voya supplemental plan enhancements
- IRS limit increase to the Dependent Care Flexible Spending Account

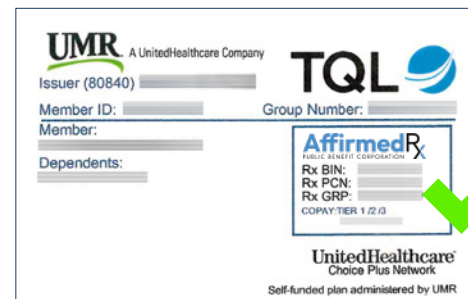
VOYA LIFE INSURANCE ENHANCEMENTS

- No Evidence of Insurability (EOI)
 - *Up to \$200,000 for Employee coverage
 - *Up to \$25,000 for Spouse coverage
- *One time only for the 2026 plan year open enrollment

OLD CARD (DO NOT USE)



NEW CARD (USE THIS ONE)



QUESTIONS ABOUT YOUR BENEFITS?

Reach out to HRBenefits@tql.com, HRT.HA.EEAdvocacy@hubinternational.com or visit The Hub for more info.





ELIGIBILITY

Who is covered?

ELIGIBLE EMPLOYEES:

All regular classified employees are eligible to participate in TQL's healthcare plans.

ELIGIBLE DEPENDENTS:

In general, eligible dependents include your spouse and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided.

If your spouse is employed on a full-time basis, and is offered medical coverage through their employer, they are not eligible to be on TQL's medical plan.

WHEN COVERAGE BEGINS:

The effective date for your benefits is January 1, 2026. New hire benefit elections will go into effect the first of the month following 30 days. All elections are in effect for the entire plan year and can only be changed during open enrollment, unless you experience a qualifying life event.

QUALIFYING LIFE EVENT:

A qualifying life event is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of qualifying life events include:

- Change in legal marital status (i.e. marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e. birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 31 days of the event date. Documentation is required to verify your change of status. Failure to request a change of status within 31 days of the event may result in you having to wait until the next open enrollment period to make your change. Please log into **Workday** to make these changes.

TOBACCO SURCHARGE:

Employees will answer a tobacco questionnaire while completing their online benefits enrollment form. If an employee answers yes to tobacco use and selects a TQL sponsored medical plan, they are subject to a surcharge of \$50 per month, \$25 per payroll deduction. The surcharge starts when their first medical payroll deduction starts and follows the same schedule as medical payroll deductions. New employees have 90 days from the date insurance becomes effective to complete the tobacco cessation program. After the annual Open Enrollment event, all employees have 90 days from January 1st, 2026 to complete the tobacco cessation program. If the program is completed within the 90-day timeframe, tobacco surcharges taken in the current plan year are refunded, and future deductions stop.

MEDICAL

Compare Plans &
Contributions



	PPO BASE PLAN		PPO BUY-UP		HDHP PREMIUM		HDHP BASIC	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible								
Individual	\$3,000	\$9,000	\$1,000	\$3,000	\$3,400	\$11,000	\$5,000	\$12,000
Family	\$6,000	\$18,000	\$2,000	\$6,000	\$6,800	\$22,000	\$10,000	\$24,000
Coinsurance	80%	60%	90%	60%	80%	60%	100%	60%
Maximum Out of Pocket								
Individual	\$5,000	\$15,000	\$3,500	\$10,500	\$5,400	\$12,720	\$6,000	\$15,000
Family	\$10,000	\$30,000	\$7,000	\$21,000	\$10,800	\$25,440	\$12,000	\$30,000
Preventative Care								
Adult Periodic Exams/ Well Child Care	100%	60%	100%	60%	100%	60%	100%	60%
Physician Office Visit								
Primary Care	\$30 copay	60%	\$25 copay	60%	Deductible then, covered at 80%	60%	Deductible then, covered at 100%	60%
Specialty Care	\$50 copay	60%	\$40 copay	60%	Deductible then, covered at 80%	60%	Deductible then, covered at 100%	60%
Teladoc	\$10	N/A	\$10	N/A	\$10		\$10	N/A
Diagnostic Services								
Urgent Care Facility	\$75	60%	\$50	60%	Deductible then, covered at 80%	60%	Deductible then, covered at 100%	60%
Emergency Room	Deductible then, \$350 copay	80%	Deductible then, \$350 copay	90%	Deductible then, \$350 copay	90%	Deductible then, \$350 copay	60%
Inpatient/Outpatient	Deductible then, covered at 80%	60%	Deductible then, covered at 90%	60%	Deductible then, covered at 80%	60%	Deductible then, covered at 100%	60%
Retail Pharmacy								
Generic	\$20 copay	N/A	\$20 copay	N/A	Deductible, then PPO copay structure	N/A	Deductible, then PPO copay structure	N/A
Preferred	\$40 copay	N/A	\$40 copay	N/A		N/A		N/A
Non-Preferred	\$100 copay	N/A	\$100 copay	N/A		N/A		N/A
Preferred Specialty	25% - \$500	N/A	25% - \$500			N/A		N/A
Mail Order Pharmacy								
Generic	\$60 copay	N/A	\$60 copay	N/A	Deductible, then PPO copay structure	N/A	Deductible, then PPO copay structure	N/A
Preferred	\$120 copay	N/A	\$120 copay	N/A		N/A		N/A
Non-Preferred	\$300 copay	N/A	\$300 copay	N/A		N/A		N/A
Preferred Specialty	25% - \$500	N/A	25% - \$500	N/A		N/A		N/A

SEMI-MONTHLY	PPO BASE PLAN	PPO BUY-UP	HDHP PREMIUM	HDHP BASIC
Employee Contributions	\$74.98	\$154.72	\$48.71	\$10.00
Employee & Spouse	\$168.51	\$356.19	\$107.89	\$52.57
Employee & Child(ren)	\$129.11	\$273.56	\$83.18	\$42.91
Family	\$237.35	\$497.02	\$151.58	\$74.88



VISIT [UMR.COM](https://www.UMR.com) OR BY CALLING 1.800.826.9781 FOR ANY QUESTIONS.





DENTAL

Compare Plans & Contributions

DENTAL BASE PLAN

DENTAL BUY-UP PLAN

	IN-NETWORK	PPO IN-NETWORK	PREMIER
Individual Deductible	\$50 / person	\$50 / person	\$75 / person
Preventive Care	100%	100%	
Annual Maximum	\$1,000	\$1,500	
Basic Services	50%	80%	60%
Major Services	Not covered	50%	
Adult/Child(ren) Orthodontics	Not covered	Covered See Below for coverage limitations	
<i>Orthodontia</i> Benefit Percentage	Not covered	50%	50%
<i>Orthodontia</i> Lifetime Maximum	Not covered	\$1,000	

EMPLOYEE CONTRIBUTIONS (SEMI-MONTHLY)

DENTAL BASE PLAN

DENTAL BUY-UP PLAN

Employee	\$1.95	\$8.18
Employee & Spouse	\$3.82	\$17.64
Employee & Child(ren)	\$4.27	\$24.17
Family	\$7.39	\$30.75



VISIT [DELTA DENTAL.COM](https://www.deltadental.com) TO FIND A PROVIDER.



VISION

Plan Design & Contributions

EYEMED VISION CARE

Routine Exams (Annual)	\$10 Copay, \$0 for Plus Provider
Lenses - Single/Bifocals/Trifocals Standard Progressive	\$15 Copay \$80 Copay
Contacts (Covered in lieu of lenses. Medically necessary contacts may be covered at a higher benefit level)	\$150 allowance, 15% off balance over \$150 every 12 months
Frames	\$150 allowance (extra \$50 for Plus Providers), additional 20% off balance over \$150

EMPLOYEE CONTRIBUTIONS (SEMI-MONTHLY)

Employee	\$3.97
Employee & Spouse	\$7.12
Employee & Child(ren)	\$7.92
Family	\$11.66

HOW DO I FIND A
**PARTICIPATING
PROVIDER?**

ONLINE AT
EYEMEDVISIONCARE.COM
OR BY CALLING
1.866.299.1358

eyeMed



WEALTH

Financial Management

BASIC LIFE AND AD&D

Total Quality Logistics provides Basic Life and AD&D benefits to eligible employees at no cost to you.

BASIC LIFE AND AD&D*

Life Amount	\$20,000
AD&D	\$20,000

**Your employer paid life insurance may be subject to an age reduction schedule.*

VOLUNTARY LIFE INSURANCE

You may purchase additional life insurance with Voya if you want more coverage. Your contributions will depend on your age and the amount of coverage you elect.

VOLUNTARY LIFE AMOUNT

	EMPLOYEE	SPOUSE**	CHILDREN
Benefit Maximum	\$500,000	\$250,000	\$10,000
Guarantee Issue	\$200,000	\$25,000	\$10,000

***Spouse rates based on age of employee*



WANT MORE INFORMATION VISIT
[HTTP://PRESENTS.VOYA.COM/EBRC/HOME/TQL](http://PRESENTS.VOYA.COM/EBRC/HOME/TQL)
OR SCAN THE QR CODE

401(K) RETIREMENT PROGRAM EMPOWER RETIREMENT

At TQL, employees are eligible to participate in the 401(K) retirement plan on the first day of the month following their start date. They must be 21 years of age to participate. TQL employees may participate in a Standard 401(K) (pre-tax deductions) or a Roth 401(K) (after tax deductions). An employee may contribute 1% to 60% of your eligible compensation up to the maximum amount per year. At time of publication the IRS maximum for 2026 is \$23,500. TQL may match up to half of the first 6% an employee contributes (*not to exceed 3%*). To be eligible to receive matching contributions, an employee must complete 1,000 paid hours of service during the plan year and be employed on the last day of the plan year. To enroll in 401(k), or make contribution adjustments visit EmpowerMyRetirement.com.



WEALTH

Spending Accounts



HEALTH SAVINGS ACCOUNT (HSA)

When you are enrolled in a Qualified High Deductible Health Plan (QHDHP) and meet the eligibility requirements, the IRS allows you to open and contribute to an HSA Account. Paying for health care expenses with your HSA card is convenient, and functions like a checking account, in that it only works if there is money in the account. Contributions to these accounts will be deducted pre-tax and can be used on eligible medical, dental and vision expenses. The funds in the account belong to you and any unused funds rollover year after year. For more information on your HSA go to healthequity.com or call 1.866.346.5800. Visit the HSAstore.com for eligible expenses.

FLEXIBLE SPENDING ACCOUNT (FSA)

Contributions to these accounts will be deducted pre-tax and can be used on eligible medical, dental and vision expenses. All funds in the Healthcare FSA account are available the first day of the plan year. For a list of eligible expenses, visit: irs.gov/publications/p502 or visit the FSAstore.com.

DEPENDENT CARE SPENDING ACCOUNT

Unlike a Healthcare FSA where funds are available immediately, funds for the Dependent Care FSA are only available after they have been deposited into the account. This account allows you to pay for certain IRS-approved dependent daycare expenses with pre-tax dollars. For a list of eligible expenses, please visit: irs.gov/publications/p503. For more information visit naviabenefits.com or call 1.800.669.3539.

HDHP BASIC

	EMPLOYEE ONLY	EMPLOYEE + DEPENDENT(S)
Maximum Employee Contribution	\$4,400	\$8,750
Catch Up Ages 55 & Up	\$1,000	\$1,000

HDHP PREMIUM

	EMPLOYEE ONLY	EMPLOYEE + DEPENDENT(S)
Maximum Employee Contribution	\$3,900	\$7,750
TQL Contribution* *TQL contributions are given at \$20.83 for EE only (semi-monthly), and \$41.66 for EE + dependent(s) (semi-monthly).	\$500	\$1,000
Catch Up Ages 55 & Up	\$1,000	\$1,000

FLEXIBLE SPENDING ACCOUNT

Max FSA Limit	\$3,050
Receipts Due	3/31/2027

DEPENDENT CARE SPENDING ACCOUNT

Single or Married Filing Joint Tax Return	\$7,500
Married Filing Separate Tax Return	\$3,750





WELLNESS

Long & Short-term Disability

SHORT-TERM DISABILITY INSURANCE

Total Quality Logistics offers a short-term disability option through Voya. This benefit covers 60% of your weekly base salary up to \$1,500/week. The benefit begins after 7 days of injury or illness and lasts up to 13 weeks. Please see the summary plan description for complete plan details.

VOYA VOLUNTARY SHORT-TERM DISABILITY

Benefit Amount	60%
Benefit Max	\$1,500/week
Benefits Begin Accident/Sickness	7th day / 7th day

LONG-TERM DISABILITY INSURANCE

Total Quality Logistics offers long-term income protection through Voya in the event you become unable to work due to a non-work-related illness or injury. This benefit covers 60% of your monthly base salary up to \$10,000. Benefit payments begin after 90 days of disability. See Certificate of Coverage for benefit duration. Please see the summary plan description for complete plan details.

VOYA LONG-TERM DISABILITY

Benefit Amount	60%
Benefit Max	\$10,000/month
Benefits Begin Accident/Sickness	90 days
Own Occupations Period/Maxium Benefit Duartion	24 months/social security normal retirement age or age 65 (whichever is later)
Pre-Existing Limitations	• Exclusion for a sickness or injury for which the insured employee received treatment within 3 months prior to his/her effective date of this treatment • Benefits are not payable if your disability begins in the first 12 months after your coverage effective date, and your disability is caused by, contributed by, or the results of a pre-existing condition



TO FILE A CLAIM VISIT: [HTTPS://PRESENTS.VOYA.COM/EBRC/HOME/TQL](https://PRESENTS.VOYA.COM/EBRC/HOME/TQL)
OR SCAN THE QR CODE



WELLNESS

Additional Benefits

WE'RE HERE FOR YOU FREE BENEFIT

PROVIDED BY: **COMPSYCH**[®]
GuidanceResources[®] Worldwide

EMPLOYEE ASSISTANCE PROGRAM (EAP)

It's confidential...Your EAP has been set up with ComPsych, a third-party counseling resource to assure confidentiality. No one at work will know you have chosen to seek help unless you choose to tell them. Nothing concerning your use of EAP will appear in your personnel file.

You can access your ComPsych EAP by visiting [GuidanceResources.com](https://www.guidanceresources.com), downloading the GuidanceNow mobile app or calling 800.890.0106.

- Employee portal with personal login
- Financial wellness assessment with interactive, digital personalized plan
- Five **free** confidential counseling sessions (per person, per issue, per year)

**You do not need to be enrolled in TQL benefits for you and your family to use this program.*

➤ Visit the Hub to learn more. **Questions?** HRBenefits@tql.com





WELLNESS

Additional Benefits *(Continued)*

TELADOC (VIRTUAL CARE AT \$10 PER VISIT)

Connect with a Physician

- Available 24 hours a day, 365 days a year
- Telephonic or face-to-face video consultations
- Physicians can treat general medical issues including: cold & flu symptoms, allergies, pink eye, respiratory infections, sinus problems, skin problems and behavioral health

Call 1.800.835.2362 or visit teladoc.com.

VOYA ACCIDENT INSURANCE

In the event of a covered accident, Accident Insurance with Voya pays cash benefits fast to help with the costs associated with out-of-pocket expenses and bills. Accident Insurance covers over 50 benefits including fractures and dislocations, medical fees, rehabilitation, hospital ICU, ambulance and physical therapy.

Prosthesis Device (one) - \$1,250	ER Observation - \$100
Ambulance - \$550	Physical Therapy - \$60
ER Treatment - \$325	Wellness Benefit - \$50

VOYA HOSPITAL INDEMNITY INSURANCE

Even a small trip to the hospital can have a major impact on your finances. Your plan may only cover a portion of what your stay entails. Having Hospital Indemnity insurance from Voya means you will have added financial resources to help with medical costs or ongoing living expenses.

Hospital Admission - \$1,200 per admission
Hospital Confinement - \$150 per day
Observation - \$250
ICU - \$300 per day

VOYA CRITICAL ILLNESS

Compass Critical Illness Insurance provides a lump-sum benefit following the diagnosis of a covered illness or condition such as heart attack, cancer, stroke, major organ transplant, coronary artery bypass and carcinoma in situ. This is a limited benefit policy and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act. You can use this benefit as you see fit to help navigate back to health and to work.



TO FILE A CLAIM VISIT: [HTTPS://PRESENTS.VOYA.COM/EBRC/HOME/TQL](https://PRESENTS.VOYA.COM/EBRC/HOME/TQL)
OR SCAN THE QR CODE



HAPPINESS

FITNESS CENTER AND MORE

Cincinnati locations, through our headquarters at Ivy Pointe Blvd, have access to 24-hour fitness centers, a basketball court, pickle ball court, and golf simulator. Any employee who wishes to use the fitness centers or courts must sign a release form and usage agreement.

EDUCATION ASSISTANCE PROGRAM

TQL encourages its employees to enroll in outside education programs that broaden their knowledge and help in the performance of job duties. Regular full-time employees that have completed one (1) year of service, are in good standing, and are performing at an above average level are eligible for the benefit. The maximum annual reimbursement amount is \$5,000 and is based on the grade received in the class.

A	80% reimbursement
B	60% reimbursement
C	40% reimbursement
Pass/Fail	50% reimbursement for passing

Below a C will not be reimbursed as part of this program.

HOLIDAYS

Regular full-time employees are eligible for up to six (6) scheduled holidays and two (2) personal holidays per calendar year. New hires starting between July 1 and September 30 will accumulate one (1) personal holiday. New hires starting on or after October 1st will not receive a personal holiday until the following calendar year. Because we are a 24 hours per day, 365 days per year organization, part of the sales team may be required to rotate holidays with other team members. However, those employees who work on a scheduled holiday will earn a personal holiday to use at a later date.

TIME OFF

Regular full-time employees may earn paid vacation time to use for rest, relaxation and personal pursuits.

After 6 months of eligible service	You are eligible for 40 hours of vacation for that year
After 1 year of eligible service	You are eligible for 40 hours of vacation for that year
After 2 years of eligible service	You are eligible for 80 hours of vacation each year
After 5 years of eligible service	You are eligible for 120 hours of vacation each year
After 10 years of eligible service	You are eligible for 160 hours of vacation each year

In the event that available vacation is not used by the end of the year, employees may carry unused time forward to the next year, capping at two times the annual accrual amount.

SICK TIME

All regular employees accrue paid sick leave that covers personal and immediate family members' well-being, medical, dental, and other legally mandated situations. Employees can accumulate sick leave hours up to a maximum of 56 hours unless state law necessitates a higher allowance.





CONTACT

INFORMATION

TQL Benefits Team

Contact: hrbenefits@tql.com

Hub Advocacy Team:

HRT.HA.EEAdvocacy@hubinternational.com

UMR (MEDICAL PROVIDER)

Benefit/Policy Number: Medical PPO / 7670-00-413089

umr.com

Contact 866.494.4502 for questions about:

CARE Clinical

Prior Authorizations

Predetermination of Coverage

Contact 800.826.9781 for questions about:

Claims

General Inquiries

UMR Member Account

Teladoc

Benefit/Policy Number: Telemedicine

Virtual doctor's visit for acute illnesses

Contact Info: 1.800.835.2362

teladoc.com

Empower Retirement

Benefit/Policy Number: 401k retirement provider 375717-01

Contact Info: 1.844.465.4455

www.empower-retirement.com/participant

AffirmedRx (PRESCRIPTION COVERAGE)

AffirmedRx Customer Service: Phone: 833.844.3081

AffirmedRx Member Website: www.affirmedrx.com

Patient Care Advocate: Email: PCA@affirmedrx.com

Delta Dental of Ohio

Benefit/Policy Number: Dental PPO / 1150-0001;

0099 - Base plan

1099 - Buy Up plan

Contact Info: 1.800.524.0149

deltadentaloh.com

EyeMed Vision Care

Benefit/Policy Number: Vision / 1014043/1001

Contact Info: 1.888.581.3648

eyemedvisioncare.com

Voya

Benefit/Policy Number:

Long Term Disability / 712485

Short Term Disability / 712485

Benefit: Life and AD&D; Vol. Life & AD&D; Critical Illness;

Accident Insurance; Hospital Indemnity

Contact Info: 877.236.7564

Voya.com

ComPsych

Benefit/Policy Number: Employee Assistance Program

Personal, Financial, Mental Health Concerns

Contact Info: 800.890.0106

GuidanceResources.com

Mobile app: GuidanceNow

Navia

Benefit/Policy Number: Flexible Spending Accounts

Contact Info: 1.800.669.3539

naviabenefits.com

HealthEquity

Benefit/Policy Number: Health Savings Account

HSA banking questions

Contact Info: 1.866.346.5800

healthequity.com

This brochure summarizes the benefit plans that are available to Total Quality Logistics eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.