TOTAL QUALITY LOGISTICS

2027 EMPLOYEE BENEFITS GUIDE

Plan Year January 1, 2027
to December 31, 2027

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

2027 Plan Enhancements

QUESTIONS ABOUT YOUR BENEFITS?

Reach out to HRBenefits@tql.com or visit the benefits microsite for more info.

NEW

RATES, LIMITS, PLAN DESIGN CHANGE

- Medical and dental premium increases and plan changes
- IRS limit increase to the Health Savings Account
- IRS limit increase for 401k Retirement
- Voya Spousal Life Insurance Guarantee Issue increased to $30,000

norton LifeLock Benefit Solutions

NEW BENEFIT

NORTON LIFELOCK

- Identity theft protection
- Credit monitoring
- Cyber safety tools
- Employee and family coverage options

REMINDERS

WELLNESS BENEFIT

- Don't forget to file your wellness claim and receive $50

**Must be enrolled in the Critical Illness and/or Accident Plan.*

TELADOC (VIRTUAL CARE)

- $10 virtual visit with a doctor for general medical issues
- Available on all medical plans

EMPLOYEE ASSISTANCE PROGRAM (EAP)

- Confidential counseling resource
- Five free sessions (per person, per issue, per year)

SPOUSAL ELIGIBILITY

- Spouses employed full-time and offered medical coverage through their employer are not eligible to enroll in TQL's medical plan

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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, 2027. 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 the required time frame based on the type of qualifying life event:

- Birth and adoption events – within 60 days of the event date
- Loss of Medicaid or state child health plan – within 60 days of the event date
- All other qualifying life events – within 31 days of the event date

Documentation is required to verify your change of status. Failure to request a change within the applicable timeframe may result in having to wait until the next open enrollment period to make your change. Please log into **Workday** to make these updates.

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, 2027 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	$1,500	$3,000	$3,500	$11,000	$5,000	$12,000
Family	$6,000	$18,000	$3,000	$6,000	$7,000	$22,000	$10,000	$24,000
Coinsurance	80%	60%	90%	60%	80%	60%	80%	60%
Maximum Out of Pocket								
Individual	$6,000	$15,000	$4,000	$10,500	$5,500	$12,720	$6,000	$15,000
Family	$12,000	$30,000	$8,000	$21,000	$11,000	$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 80%	60%
Specialty Care	$50 copay	60%	$40 copay	60%	**Deductible** then, covered at 80%	60%	**Deductible** then, covered at 80%	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 80%	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 80%	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	$80.23	$159.97	$52.12	$10.70
Employee & Spouse	$180.31	$367.98	$115.44	$56.24
Employee & Child(ren)	$138.15	$282.60	$89.00	$45.92
Family	$253.96	$513.63	$162.19	$80.12

UMR

VISIT UMR.COM OR BY CALLING 1.800.826.9781 FOR ANY QUESTIONS.

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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	
Orthodontia Benefit Percentage	Not covered	50%	50%
Orthodontia Lifetime Maximum	Not covered	$1,000	

EMPLOYEE **CONTRIBUTIONS** (SEMI-MONTHLY)	DENTAL **BASE PLAN**	DENTAL **BUY-UP PLAN**
Employee	$2.07	$8.62
Employee & Spouse	$4.06	$16.79
Employee & Child(ren)	$4.53	$24.55
Family	$7.84	$34.28

DELTA DENTAL®

VISIT DELTADENTAL.COM TO FIND A PROVIDER.

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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

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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

Laufer employees hired before November 2, 2026 will retain their current Basic Life and AD&D coverage.

**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	$30,000	$10,000

***Spouse rates based on age of employee*

VOYA FINANCIAL

WANT MORE INFORMATION VISIT
HTTP://PRESENTS.VOYA.COM/EBRC/THOME/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 2027 is $24,500. 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.

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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	$4,500	$9,000
Catch Up Ages 55 & Up	$1,000	$1,000

HDHP **PREMIUM**

	EMPLOYEE ONLY	EMPLOYEE + DEPENDENT(S)
Maximum Employee Contribution	$4,000	$8,000
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	3/31/2028

DEPENDENT CARE **SPENDING ACCOUNT**

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

navia benefit solutions

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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/Maximum Benefit Duration	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
OR SCAN THE QR CODE

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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, 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

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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
Ambulance - $550
ER Treatment - $325
ER Observation - $100
Physical Therapy - $60
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 OR SCAN THE QR CODE

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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

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, Commuter
HSA banking questions, Commuter benefit questions
Contact Info: 1.866.346.5800
healthequity.com

Norton LifeLock - Identity Theft
Contact Info: 1.800.607.9174

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.

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