



2026

Team Quality Services

EMPLOYEE BENEFITS GUIDE



TABLE OF CONTENTS

ENROLLMENT

Benefits Designed to Support You/Eligibility | 3

Enrollment | 4

Contribution Rates | 5

MEDICAL | 6

Health Savings Account | 9

Home Delivery Pharmacy | 10

Medical Plan Mobile App | 12

Telehealth | 13

Preventive Care | 16

DENTAL | 20

VISION | 21

LIFE INSURANCE

Basic Life and AD&D Insurance | 22

Supplemental Life and AD&D Insurance | 23

DISABILITY INSURANCE | 24

SUPPLEMENTAL INSURANCE PLANS | 25

EMPLOYEE ASSISTANCE PROGRAM | 27

BENEFITS CONTACT INFORMATION | 29

Use the QR code or the web link to review the required 2026 compliance notices.



Web link

https://issuu.com/docs/ecdb99ba342fa631c5d47e90328f6fad?fr=xIAEoAT3_MzMz

BENEFITS DESIGNED TO SUPPORT YOU

At Team Quality Services, we know our dedicated employees—YOU—are key to our overall success. Offering a comprehensive benefits package is an important part of your overall compensation. Each year we review our benefits package to ensure that we are providing you and your family with quality plan options at an affordable cost.

This Benefits Guide is designed to help you:

1. Better understand the benefits we offer so that you can choose the plans that are right for you and your family.
2. Know what to expect when you use your benefits (i.e., what your plan covers, how much you will pay, etc.).

Please take time to carefully review your plan options and be sure to share this guide with your family members if they are or will be covered by any of the plans.

ELIGIBILITY

You are eligible to enroll in the Team Quality Services benefits if you are a full-time employee working at least 30 hours per week. Your benefits are effective the first day of the month following your date of hire.

Covering Your Family Members

Many of the plans offer coverage for your eligible family members, including:

- Your spouse.
- Your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, legally-adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian).
- Your dependent children of any age who are physically or mentally unable to care for themselves.

Your benefits begin the first day of the month following your date of hire.



ENROLLING AND MAKING CHANGES

When to Sign Up for Benefits

New Employees

As a new employee, you must enroll in benefits within 30 days of your date of hire. If you do not enroll within 30 days, you will need to wait until the next open enrollment period to enroll.

Current Employees

Open enrollment is the only time during the year that you can change your benefits unless you experience a qualifying life event. During the open enrollment period, you can newly-enroll in coverage or make changes to your current elections.

At Team Quality Services, open enrollment is typically held in November. Any changes you make during open enrollment become effective January 1.

Enroll Online

Benefits enrollment is completed online through the Paylocity Employee Self-Service portal. The Paylocity company ID is 193414.

- Once logged in, click on the drop-down menu in the upper left-hand corner of the screen.
- Select Benefits to complete your benefit elections.

 HR & Payroll

 Benefits

Cigna Healthcare has a One Guide Pre-Enrollment Line you can call if you have questions about the health plan. 888-806-5094

Changing Your Benefits During the Year

As stated above, you cannot change your benefits during the year unless you experience a qualifying life event. The most common qualifying life events are:

- Marriage, legal separation, or divorce.
- Birth of a child (including adoption).
- Loss of other coverage (e.g., child turns 26 and loses coverage through parent's plan).

There are other, less common life events that allow you to change your benefits. Please contact Human Resources or visit <https://www.healthcare.gov/glossary/qualifying-life-event/> for a complete list of qualifying life events.

To request a benefits change, notify Human Resources within 30 days of the qualifying life event. Change requests submitted after 30 days cannot be accepted. **Please note:** You may need to provide proof of the event, such as a marriage certificate or record of birth.

CONTRIBUTIONS

MEDICAL

Weekly Payroll Deductions	Core Plan HSA	Buy-Up Plan PPO
Employee Only	\$44.64	\$94.61
Employee + Spouse	\$125.00	\$238.43
Employee + Child(ren)	\$107.14	\$204.37
Employee + Family	\$172.62	\$384.14

DENTAL

Weekly Payroll Deductions	Dental Plan
Employee Only	\$3.65
Employee + Spouse	\$8.04
Employee + Child(ren)	\$11.76
Employee + Family	\$21.92

VISION

Weekly Payroll Deductions	Vision Plan
Employee Only	\$0.85
Employee + Spouse	\$1.68
Employee + Child(ren)	\$1.87
Employee + Family	\$4.00

TOTAL (MEDICAL + DENTAL + VISION)

Weekly Payroll Deductions	Core Plan	Buy-Up Plan
Employee Only	\$49.14	\$99.11
Employee + Spouse	\$134.72	\$248.15
Employee + Child(ren)	\$120.77	\$218.00
Employee + Family	\$198.54	\$410.06

MEDICAL

Team Quality Services offers two medical insurance plans through Cigna. Please take the time to understand the features and differences of each plan so that you choose the coverage that is best for you and your family.

Choosing a Medical Plan

As you review your plan options, it may be helpful to consider the following questions:

- What is the cost to enroll in the plan? This is the amount you pay out of your paycheck.
- How much will you pay out of your pocket when you see your doctor or need other health care services?
- Do you prefer to pay more out of your paycheck each week, but less when you need health care? Or do you prefer to pay less out of your paycheck each week, but more when you need health care?
- Who are you covering, and what are their current medical needs, including prescription drugs taken regularly?



**What is the cost to enroll?
How much will I pay?
Who am I covering?**

WHERE TO GO WHEN YOU NEED CARE

Know where to go for your health care.

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a health care provider. Use the chart below to help you choose where to go for care. Locate a Cigna doctor or facility at www.my.cigna.com.

Medical Services	Cost	Wait Time	Appropriate For
Emergency Room	Highest \$\$\$	Longest	Serious, life-threatening conditions and issues requiring immediate attention
Urgent Care	Medium \$\$	Moderate	Non-life-threatening but urgent situations
Telemedicine	Lower \$	Shortest	Non-emergency conditions like allergies, flu, rash, or pink eye
Doctor's Office/PCP	Variable \$	Appointment based	Preventive care, routine check-ups, managing chronic conditions

Save money and time by choosing the right place to go for your health care.



You will pay less out of your pocket when you choose a Cigna network provider. Locate a Cigna Open Access Plan network provider at www.my.cigna.com.

The table below summarizes the key features of the medical plans. The coinsurance amounts listed reflect the amount you pay for services. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Core Plan - HSA		Buy-Up Plan - PPO	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Deductible (Individual/Family)	\$3,500/\$7,000	\$7,000/\$14,000	\$3,500/\$11,000	\$7,000/\$22,000
Out-of-Pocket Max (Individual/Family)	\$5,000/\$10,000	\$16,000/\$32,000	\$7,000/\$14,000	\$14,000/\$28,000
Preventive Care	100%	40% after ded.	100%	40% after ded.
Physician Services				
Primary Care Physician	20% after ded.	40% after ded.	\$30 Copay	40% after ded.
Specialist	20% after ded.	40% after ded.	\$60 Copay	40% after ded.
Telemedicine	20% after ded.	Not Covered	\$30 Copay	Not Covered
Urgent Care	20% after ded.	40% after ded.	\$75 Copay	40% after ded.
Lab/X-Ray				
Diagnostic Lab	20% after ded.	40% after ded.	In Office: \$30 copay Indep. Paid at 100%	40% after ded.
Diagnostic X-Ray	20% after ded.	40% after ded.	20% after ded.	40% after ded.
High-Tech Services (MRI, CT, PET)	20% after ded.	40% after ded.	20% after ded.	40% after ded.
Hospital Services				
Inpatient	20% after ded.	40% after ded.	20% after ded.	40% after ded.
Outpatient	20% after ded.	40% after ded.	20% after ded.	40% after ded.
Emergency Room	20% after ded.	20% after ded.	\$500 Copay + 20%	\$500 Copay + 20%
Prescription Drugs				
Generic	20% after ded.	Not Covered	\$10 Copay	Not Covered
Preferred Brand	20% after ded.	Not Covered	\$30 Copay	Not Covered
Non-Preferred Brand	20% after ded.	Not Covered	\$60 Copay	Not Covered
Specialty	20% after ded.	Not Covered	25% Up to \$250	Not Covered
Mail Order (Up to a 90-Day Supply)				
Generic	20% after ded.	Not Covered	\$10 Copay	Not Covered
Preferred Brand	20% after ded.	Not Covered	\$75 Copay	Not Covered
Non-Preferred Brand	20% after ded.	Not Covered	\$180 Copay	Not Covered
Specialty	20% after ded.	Not Covered	25% Up to \$750	Not Covered

HEALTH SAVINGS ACCOUNT

A **Health Savings Account** is a savings account that you can use to pay out-of-pocket health care expenses with pre-tax dollars. If you enroll in the Cigna high-deductible health plan (HDHP), you may be eligible to open and fund an HSA through Paylocity.

2026 IRS HSA contribution limits

Contributions to an HSA cannot exceed the IRS allowed annual maximums.

- Employee-only: \$4,400.
- All other coverage levels: \$8,750.

If you are age 55+ by December 31, 2026, you may contribute an additional \$1,000.

HSA eligibility

- You are eligible to fund an HSA if you are enrolled in the Cigna HDHP and meet additional eligibility requirements.
- Refer Paylocity for eligibility details.

Maximize your savings!

- Money you put into your HSA is not taxed.
- Tax-free spending when HSA funds are used to pay for eligible health care expenses.
- HSA contributions grow tax free, which means you don't pay taxes on the interest or investment earnings.
- HSA funds roll over from year to use (no use it or lose it policy).
- The money you put into your HSA is yours to keep—even if you change plans or jobs in the future.
- After you reach age 65, your HSA dollars can be spent without penalty on any expense.



EXPRESS SCRIPTS® PHARMACY

Our home delivery pharmacy

Express Scripts® Pharmacy, our home delivery pharmacy, is a convenient option if you're taking a medication on a regular basis to treat an ongoing health condition. Express Scripts® Pharmacy, which is a Cigna company, is one of the country's largest home delivery pharmacies.

What are the benefits of using Express Scripts® Pharmacy?

Express Scripts® Pharmacy helps make it easy for you to get your medication. With just a few simple clicks of your mobile phone, tablet or computer, your important medications will be on their way to your door (or location of your choice).

- › Easily order, manage, track and pay for your medications **on your phone or online**
- › Standard shipping **at no extra cost**¹
- › **Fill up to a 90-day supply** at one time
- › Helpful pharmacists **available 24/7**
- › **Automatic refills**² and **refill reminders** so you don't miss a dose
- › **Flexible** payment options

Three easy ways to switch to home delivery

1. **Log in to the myCigna® App or myCigna.com to move your prescription electronically.** Click on the Prescriptions tab and select My Medications from the dropdown menu. Then simply click the button next to your medication name to move your prescription(s).   
2. **Call your doctor's office.** Ask them to send a 90-day prescription (with refills)³ electronically to Express Scripts Home Delivery. Or,
3. **Call Express Scripts® Pharmacy at 800.835.3784.** They'll contact your doctor's office to help transfer your prescription. Have your Cigna ID card, doctor's contact information and medication name(s) ready when you call.

Got a new prescription?

Ask your doctor to send it to Express Scripts® Pharmacy using one of these methods:

1. **Electronically:** For fastest service, they can send your prescription electronically to Express Scripts Home Delivery, NCPDP 2623735.
2. **By fax:** They can call 888.327.9791 to get a Fax Order Form.

Use the myCigna® App or website. It's your "go-to" for everything you need to know about your plan's coverage.

- › **Easily manage all of your prescriptions on the My Medications page.** Click on the Prescriptions tab and select My Medications from the dropdown menu.
 - View all of the prescriptions you've filled within the last 18 months.
 - Use the **myCigna** App to review your medications with your doctor during an office visit.
 - Move your prescription from a retail pharmacy to home delivery with the click of a button.
 - For home delivery fills: Refill your prescriptions, get real-time order status and tracking, sign up for automatic refills, pay your bill online, sign up for a payment plan, and more.
 - For retail pharmacy fills: View where and when you last filled your medications.
 - For specialty medications: Easily connect to your online Accredo account to manage orders.⁴
- › **See which medications your plan covers.** You have hundreds of generic, preferred brand, and non-preferred brand medications to choose from.
- › **Use the Price a Medication tool to see how much your medication costs.** You can also see if there are lower-cost alternatives available.⁵
- › **View your plan information.** See your pharmacy claim history, coverage details, and account balances.

Call 800.835.3784



Place an order



Talk to customer service about an order



Talk to a pharmacist about your medication

MEDICAL PLAN MOBILE APP



Cigna provides a mobile app to help members make the most of their medical plan benefits.

With the Cigna app, you can find everything you need to know about your medical benefits all in one place.

myCigna online services are fast, easy, and free with convenient access to tools and resources such as:

- Claim status (including copies of Explanations of Benefits - EOBs)
- Status of medical deductibles and out-of-pocket amounts
- Frequently used forms
- Ordering ID cards (duplicates or replacements)
- Health information
- Prescription benefits information

You can:

- Text with a doctor.
- Find care and check costs.
- See your benefits.
- View claims.
- Access your ID card.



Cigna provides access to a telehealth service as part of your medical plan – MDLIVE.

Cigna Telehealth Connection lets you get the care you need – including most prescriptions (when appropriate) – for a wide range of minor conditions. Now you can connect with a board-certified doctor via video chat or phone, without leaving your home or office. When, where and how it works best for you!

Choose when: Day or night, weekdays, weekends and holidays.

Choose where: Home, work or on the go.

Choose how: Phone or video chat.

Choose who: MDLIVE doctors.

Say it’s the middle of the night and your child is sick. Or you’re at work and not feeling well. If you pre-register on MDLIVE, you can speak with a doctor for help with:

- Sore throat
- Headaches
- Stomach aches
- Fevers
- Colds and flu
- Allergies
- Rashes
- Acne
- Shingles
- Bronchitis
- Urinary tract infections and more

The cost savings are clear:

Televisits with MDLIVE can be a cost-effective alternative to a convenience care clinic or urgent care center and cost less than going to the emergency room. And the cost of a phone or online visit is the same or less than with your primary care provider.

Remember, your telehealth services are only available for minor or non-life-threatening conditions. In an emergency, dial 911 or go to the nearest hospital.

MDLIVE is only available for medical visits. For covered services related to mental health and substance use disorder, you access the Cigna Behavioral Health network of providers.

- Go to www.my.Cigna.com to search for a telehealth provider under Specialty in the Behavioral Directory link.
- Call to make an appointment with your selected provider.

Telehealth visits with Cigna Behavioral Health network providers cost the same as an in-office visit.

Removing barriers. Boosting access.



Virtual care¹ from MDLIVE[®] delivers quality, flexibility, and savings.

MDLIVE for Cigna HealthcareSM offers reliable 24/7 health care by phone or video. Our national network of board-certified doctors, pediatricians, dermatologists, psychiatrists, and therapists provides personalized care for hundreds of medical and behavioral health needs.

MDLIVE helps clients provide effective, convenient care from head to toe.

Our four flexible benefit level options can be configured at a reduced cost share to help guide employees to affordable, convenient care:

- **Urgent care**
On-demand reliable care for injuries and illnesses, available 24/7/365
- **Primary care**
Wellness screenings, routine care, and specialist referrals
- **Dermatology care**
Fast, customized care for skin, hair, and nail conditions — no appointment required
- **Behavioral care**
Talk therapy and psychiatry from the privacy of home



\$141

average savings per visit to virtual urgent care from MDLIVE, compared to other sites of care²

Virtual care with MDLIVE is accessible, convenient, equitable, and predictable.

Accessible

- Visits available while traveling anywhere in the U.S.
- More than 3,000 providers and 7,500 licenses
- Appointments in both English and Spanish
- Connection by video, phone, or computer, with seamless access through myCigna[®] using single sign-on

Convenient

- Shorter wait times for appointments
- E-Treatment option available³
- No travel time or childcare necessary
- 24/7/365 availability for on-demand urgent care

Equitable

- Providers available according to demographics and affirming specialties, such as LGBTQIA+
- Care available for deaf and hard of hearing (DHH)
- Opportunity to offer a reduced cost share for all four MDLIVE services

Predictable

- No surprise costs
- Out of pocket cost shown on both myCigna[®] and MDLIVE before scheduling visit
- Dynamic wait times and availability shown on MDLIVE

Disclosures listed on next page.



Whether care is immediate or ongoing, MDLIVE's primary care services treat the whole person.

Why is continuity with primary care providers (PCPs) for preventive wellness screenings and routine care for chronic conditions so important? It can help build lasting relationships, enhance clinical compliance, boost engagement, and cultivate a culture of health at the workplace.

Build clinical connections with a virtual PCP.

Employees can build trusting relationships with providers and better manage chronic conditions over time with virtual wellness screenings and primary care services.

Participate in personalized care plans.

Maximize engagement in between visits for employees with chronic conditions, such as prediabetes, hypertension, and weight management needs.

Maintain connections with existing providers.

Employees can enter contact information for their PCP or local provider if they would like consultation notes to be shared.

Receive integrated referrals to high-performing providers.

Employees can receive a list of local, quality specialists who participate in their benefit plan.



Scan the QR code for a helpful video showing what to expect from MDLIVE primary care services.

To learn more about your virtual care benefits and cost share options,

reach out to your Cigna Healthcare account manager today.

1. Cigna Healthcare provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and all services may not be available in all areas; subject to state regulations.

2. Cigna Healthcare analysis comparing 2023 medical costs of MDLIVE urgent care vs. other sites of care for Cigna Healthcare commercial medical customers. Client results may vary.

3. E-Treatment care is not available in KS, MS, NM, WV, and DC.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, contact a Cigna Healthcare representative.

All Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company (CHLIC), Evernorth Care Solutions, Inc., and Evernorth Behavioral Health, Inc. Policy forms: OK - HP-APP-1 et al, OR - HP-POL38 02-13, TN - HP-POL43/ HC-CERTV1 et al. (CHLIC).

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PREVENTIVE CARE



The Cigna medical plans pay 100% of the cost of preventive care when it is provided by a network provider. Preventive care helps detect or prevent serious diseases and medical problems before they can become major.

Examples of preventive health services:

- Annual check-up (1 per year).
- Flu shot (1 per year)
- Mammogram (1 per calendar year, usually after age 40).
- Colonoscopy (1 per 10 years, usually after age 50).
- Vaccinations.

Top 5 reasons to prioritize preventive care:

- 1. Early detection:** Preventive care allows for the early detection of health issues before they become serious. Regular screenings can identify diseases like cancer, diabetes, and heart disease in their early stages when they are more manageable, and treatment outcomes are often more successful.
- 2. Better health outcomes:** With routine preventive care, you are likely to experience better overall health outcomes. Regular check-ups can help maintain good health and prevent the onset of chronic diseases.
- 3. Cost savings:** Preventive care can save you money in the long run. By catching health issues early, you can avoid the high costs associated with treating advanced diseases. It's often less expensive to prevent a disease than to treat it.
- 4. Improved quality of life:** Regular preventive care can contribute to an improved quality of life. By maintaining good health and preventing disease, you can enjoy life more fully with less interruption due to illness.
- 5. Increased lifespan:** Preventive care can lead to a longer, healthier life. By focusing on prevention, you can reduce the risk of premature death from preventable diseases.



Staying up to date on preventive care can save you money and help keep you feeling your best.



PREVENTIVE HEALTH CARE

Understanding what's covered.

What is preventive care?

Preventive care is a specific group of services recommended when you don't have any symptoms and haven't been diagnosed with a related health issue. It includes your periodic wellness exam (check-up) and specific tests, certain health screenings, and most immunizations. Most of these services typically can take place during the same visit. You and your health care provider will decide what preventive services are right for you, based on your:

- ▶ Age
- ▶ Gender
- ▶ Personal health history
- ▶ Current health

Why do I need preventive care?

Preventive care can help you detect problems at early stages, when they may be easier to treat. It can also help you prevent certain illnesses and health conditions from happening. Even though you may feel fine, getting your preventive care at the right time can help you take control of your health.

Make a plan for preventive care.

Use this space to write down the details for your next periodic wellness exam.

Date: _____

Time: _____

Questions for my provider: _____

What's not considered preventive care?

Once you have a symptom or your health care provider diagnoses a health issue, additional tests are not considered preventive care. Also, you may receive other medically appropriate services during a periodic wellness exam that are not considered preventive. These services may be covered under your plan's medical benefits, not your preventive care benefits. This means you may be responsible for paying a share or all of the cost depending on your plan, including deductible, copay or coinsurance amounts.

Which preventive services are covered?

Many plans cover preventive care at no additional cost to you when you use a health care provider in your plan's network. Use the provider directory on **myCigna.com** for a list of in-network health care providers and facilities.

See the following pages for the services and supplies considered preventive care under most health plans. Coverage for services recommended specifically for "men" or "women" is provided based on the anatomical characteristics of the individual and not necessarily the gender of the individual as indicated on the claim and/or an enrollment form.



Questions?

Check your plan materials, talk with your health care provider or call the number on the back of your Cigna ID card.

Together, all the way.®



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

Wellness Exams

SERVICE	GROUP	AGE, FREQUENCY
Well-baby/well-child/well-person exams, including annual well-woman exam (includes height, weight, head circumference, BMI, blood pressure, history, anticipatory guidance, education regarding risk reduction, psychosocial/behavioral assessment)	  	Birth, 1, 2, 4, 6, 9, 12, 15, 18, 24 and 30 months Additional visits at 2 – 4 days for infants discharged less than 48 hours after delivery Ages 3 to 21, one a year Ages 22 and older, periodic visits as doctor advises

Routine immunizations covered under preventive care

SERVICE	SERVICE
Diphtheria, Tetanus Toxoids and Acellular Pertussis (DTaP, Tdap, Td)	Meningococcal (meningitis)
Haemophilus influenzae type b conjugate (Hib)	Pneumococcal (pneumonia)
Hepatitis A (Hep A)	Poliovirus (IPV)
Hepatitis B (Hep B)	Rotavirus (RV)
Human papillomavirus (HPV)	Varicella (chickenpox)
Influenza vaccine	Zoster (shingles)
Measles, mumps and rubella (MMR)	

You may view the immunization schedules on the CDC website: [cdc.gov/vaccines/schedules/](https://www.cdc.gov/vaccines/schedules/)

 = Men
  = Women
  = Children/adolescents

Health screenings and interventions

SERVICE	GROUP	AGE, FREQUENCY
Abnormal blood glucose and type 2 diabetes screening/counseling	● ●	Adults ages 40-70 who are overweight or obese; women with a history of gestational diabetes mellitus
Anxiety screening	●	Adult and adolescent women including pregnant and postpartum women
Aspirin to prevent cardiovascular disease and colorectal cancer; or to reduce risk for preeclampsia	● ●	Adults age 50-59 with risk factors; pregnant women at risk for preeclampsia
Autism screening	●	18, 24 months
Bacteriuria screening	●	Pregnant women
Bilirubin screening	●	Newborns before discharge from hospital
Breast cancer screening (mammogram)	●	Women ages 40 and older, every 1-2 years
Breast-feeding support/counseling, supplies	●	During pregnancy and after birth
Cervical cancer screening (Pap test) HPV DNA test alone or with Pap test	●	Women ages 21-65, every 3 years Women ages 30-65, every 3 years
Chlamydia screening	●	Sexually active women ages 24 and under and older women at risk
Cholesterol/lipid disorders screening	● ● ●	<ul style="list-style-type: none"> Screening of children and adolescents ages 9-11 years and 17-21 years; children and adolescents with risk factors at 2-8 and 12-16 years All adults age 40-75
Colon cancer screening	● ●	<p>The following tests will be covered for colorectal cancer screening, ages 45 and older:</p> <ul style="list-style-type: none"> Fecal occult blood teste (FOBT) or fecal immunochemical test (FIT) annually Flexible sigmoidoscopy every 5 years Flexible sigmoidoscopy every 10 years + annual FIT Double-contrast barium enema (DBCE) every 5 years Colonoscopy every 10 years Computed tomographic colonography (CTC)/virtual colonoscopy every 5 years – requires pre-authorization Stool-based deoxyribonucleic acid (DNA) test (i.e., Cologuard) every 1-3 years

● = Men ● = Women ● = Children/adolescents

Team Quality Services offers dental insurance through Mutual of Omaha. This plan includes in- and out-of-network benefits, which means you can choose any dentist that you would like. However, you will pay less out of your pocket when you choose a Mutual of Omaha network dentist. Locate a network dentist at www.mutualofomaha.com/dental.

The table below summarizes the key features of the dental plan. The coinsurance amounts listed reflect the amount you pay for services. Please refer to the official plan documents for additional information on coverage and exclusions.

Type of Service	In Network	Out-of-Network
Calendar Year Deductible		
Single	\$50	\$50
Family	\$150	\$150
Annual Dental Maximum per Person		
	\$1,500	\$1,500
Preventive Services		
Oral exams and cleanings – 1 every 6 months	100%	100%
Bitewing x-rays – 4 films every 12 months	no deductible	no deductible
Full mouth x-rays – 1 every 60 months		
Fluoride – 1 every 12 months – child(ren) < age 14		
Basic Services*		
Fillings	80%	80%
Periodontal maintenance – 2 every 12 months		
Sealants – child(ren) < age 14		
Space maintainers – child(ren) < age 14		
Major Services		
Crowns	50%	50%
Extractions		
Bridges		
Dentures		
Implants		
Oral Surgery (1 tooth per lifetime)		
Endodontics		
Orthodontia		
Child(ren) to Age 19	50%	50%
Harmful Habit Appliance – for child(ren) < age 14		
Lifetime Max per Individual	\$1,500	\$1,500

Weekly Dental Payroll Deductions	
Employee	\$3.65
Employee + spouse	\$8.04
Employee + child(ren)	\$11.76
Employee + family	\$21.92

Team Quality Services offers vision insurance through Mutual of Omaha, using the EyeMed network. This plan allows you to choose any eye care provider. However, you will maximize the plan benefits when you choose a network provider. Locate an EyeMed network provider at www.eyemed.com.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Vision Benefits		In-Network Copay	Out-of-Network Reimbursement
Exam	<ul style="list-style-type: none"> • One every 12 months 	\$10	Up to \$37
Frames	<ul style="list-style-type: none"> • \$150 allowance + 20% off amount over allowance • One pair every 24 months 	\$0 – paid in full	Up to \$66
Lenses	<ul style="list-style-type: none"> • Single vision • Lined bifocal • Lined trifocal lenses • Lenticular lenses • One set every 12 months 	\$25	Up to \$20 Up to \$36 Up to \$64 Up to \$64
Contact Fitting and Evaluation	<ul style="list-style-type: none"> • Contact lens exam (fitting and evaluation) - standard 	Up to \$40	Not covered
Necessary Contacts	<ul style="list-style-type: none"> • One set every 12 months 	\$0 – paid in full	Up to \$210
Elective Contacts (in lieu of glasses)	Conventional - <ul style="list-style-type: none"> • \$150 allowance, + 15% off amount over allowance • One set every 12 months Disposal - \$150 allowance	\$0	Conventional – Up to \$102 Disposable – Up to \$120
Lens Enhancements	<ul style="list-style-type: none"> • Standard progressive • Polycarbonate • Scratch coating, tint, UV treatment • Standard anti-reflective 	\$65 \$40 \$0 – paid in full \$45	Up to \$36 Not covered Up to \$12 each Not covered

Weekly Vision Payroll Deductions

Employee	\$0.85
Employee + spouse	\$1.68
Employee + child(ren)	\$1.87
Employee + family	\$4.00

Life and accidental death and dismemberment (AD&D) insurance provides financial protection for those who depend on you for financial support.

Basic Life and AD&D Insurance

Team Quality Services provides you with basic life and AD&D insurance at no cost to you.

- **Employee life insurance benefit:** \$25,000.
- **Employee AD&D insurance benefit:** \$25,000.

Benefit amount reduces to 65% of original amount at age 65 and to 50% of original amount at age 70. Coverage terminates at retirement.



Always make sure you update your beneficiaries!

Supplemental Life and AD&D Insurance

Depending on your personal situation, basic life and AD&D insurance might not be enough coverage for your needs. Team Quality Services provides you the option to purchase additional life and AD&D insurance at group rates through Mutual of Omaha. You may also purchase coverage for your spouse and eligible children if you elect coverage.

Coverage options:

- **Employee:** \$10,000 increments up to \$300,000
Guaranteed issue: \$150,000
- **Spouse:** \$5,000 increments 100% of employee’s benefit up to \$100,000;
Guaranteed issue: 100% of employee’s benefit up to \$50,000
- **Dependent children:** \$5,000 increments or \$10,000
Child from birth to 14 days: \$1,000
Child 14 days to 6 months: \$10,000
- **Supplemental life rates are based on age.**
- **Benefits will reduce to 65% at age 65 and to 50% at age 70.**
- **You can use the Mutual of Omaha Life Insurance Calculator to determine how much coverage you may need:**
<https://www.mutualofomaha.com/life-insurance/calculator>

• **Weekly Cost Calculation Example: Employee, aged 43, selecting \$50,000 of coverage:**

$$\begin{array}{ccccccc}
 \$50,000 / \$1,000 = & \mathbf{\$50} & \times & \$0.179 = & \mathbf{\$8.95} & \times & 12 = & \mathbf{\$107.40} & / & 52 \text{ pays} = & \mathbf{\$2.06} \\
 \text{(rate is per } & & & \text{monthly)} & & & \text{annual)} & & & & \text{(weekly)}
 \end{array}$$

Age Band	Employee and Spouse Rate per \$1,000
Under age 29	\$ 0.067
Age 30-34	\$ 0.074
Age 35-39	\$ 0.111
Age 40-44	\$ 0.179
Age 45-49	\$ 0.276
Age 50-54	\$ 0.450
Age 55-59	\$ 0.707
Age 60-64	\$ 0.981
Age 65-69	\$ 1.811
Age 70-89	\$ 2.972
Age 90-100	\$ 9.520
Accidental Death & Dismemberment (AD&D)	\$ 0.021
Child Life (all children)	\$ 0.160
Child AD&D (all children)	\$ 0.040

If you purchase life and AD&D insurance when you are first eligible to enroll, you may purchase up to the guaranteed issue amounts without completing a statement of health (evidence of insurability).

If you do not enroll when first eligible and choose to enroll during a future open enrollment period, you will be required to submit evidence of insurability for any amount of coverage. Coverage will not take effect until approved by Mutual of Omaha.

Disability insurance can help you meet your financial needs if you become unable to work due to an illness or injury.

Short-Term Disability Insurance—Provided by Team Quality Services

Team Quality Services automatically provides short-term disability (STD) insurance through Mutual of Omaha to all benefits-eligible employees at no cost. Benefits will be reduced by other income, including state-mandated STD plans.

- **Benefit:** 60% of base weekly pay up to \$2,500
- **Elimination period:** Benefits begin on the 8th day of disability for sickness, and on the first day for accidents.
- **Benefit duration:** Up to 13 weeks

Long-Term Disability Insurance—Provided by Team Quality Services

Team Quality Services automatically provides long-term disability (LTD) insurance through Mutual of Omaha to all benefits-eligible employees at no cost. LTD insurance is designed to help you meet your financial needs if your disability extend beyond the STD period. Benefits will be reduced by other income, such as Social Security Disability.

- **Benefit:** 60% of base monthly pay up to \$10,000
- **Elimination period:** Benefits begin after 90 days of disability.
- **Benefit duration:** Social security normal retirement age
- **Pre-existing condition limitation:** 3/12 – Conditions for which you are diagnosed or treated in the 3 months prior to your effective date will be excluded for the first 12 months of coverage.
- **Mental and Drug/Alcohol conditions limitation:** 24 months lifetime.



Team Quality Services provides disability insurance at no cost to you.

VOLUNTARY ACCIDENT PLAN



Accident Insurance

- Pays you a cash benefit if you or a covered family member is injured in an accident.
- This benefit can help offset the out-of-pocket expenses that health insurance doesn't pay, such as deductibles and coinsurance
- Eligible spouses and dependent children may also receive this benefit
- If an insured person is injured as a result of an accident, an express \$100 benefit will be paid upon notification of the accident. The benefit is payable one per accident for each insured person.

Examples of how this benefit pays*	Plan Pays
Ambulance Transportation	\$300 Ground \$1,500 Air
Hospital Admission	\$1,500
Daily Hospital Confinement (ICU) Daily Hospital Confinement (Non-ICU)	\$600 up to 15 days per accident \$300 up to 365 days per accident
Fractures	Up to \$9,000
Coma	50% of principal sum

*NOTE: The benefits shown in this example are a sample only. Refer to your plan document for all details, limitations and exclusion.

Weekly Accident Payroll Deductions

Employee	\$1.84
Employee + spouse	\$2.85
Employee + child(ren)	\$3.15
Employee + family	\$4.88



VOLUNTARY CRITICAL ILLNESS



Critical Illness Insurance

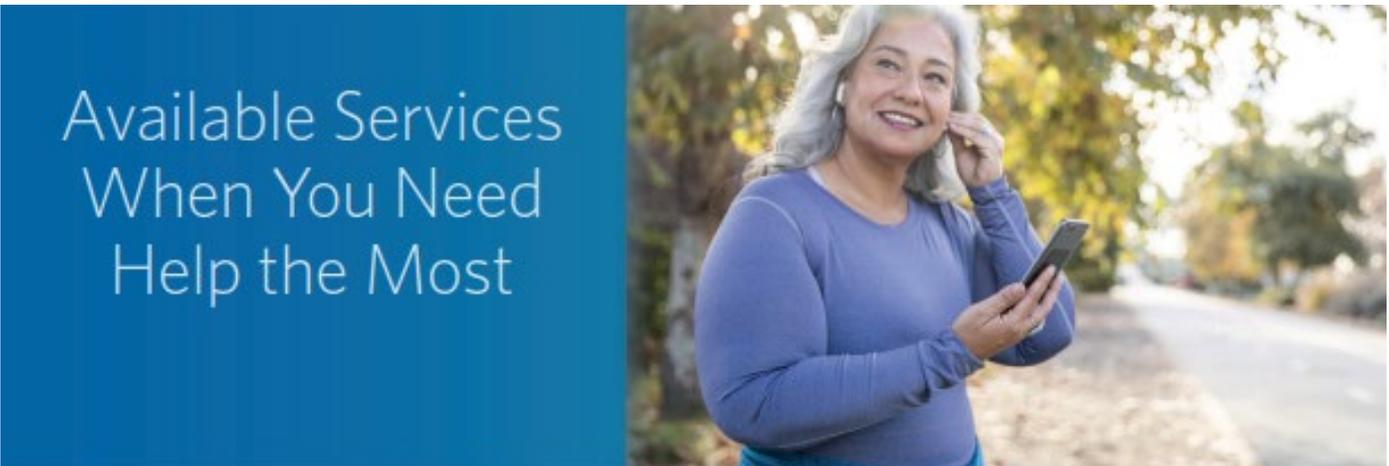
- The plan pays money directly to you when you are diagnosed with specific critical illnesses.
- This money can help you pay out-of-pocket medical expenses and help with other out-of-pocket costs that aren't covered by health insurance.
- Eligible spouses and dependent children may also receive this benefit if you enroll.
- Examples of critical illnesses are heart attacks, strokes, cancer, paralysis, coma, and major organ failure. Please refer to the certificate of coverage for a complete list and provisions.
- Employees: Minimum \$5,000 to a maximum of \$30,000 in \$5,000 increments with a guaranteed issue amount of \$30,000.
- Spouses may elect a minimum of \$5,000 to a maximum of \$30,000 in \$5,000 increments with a guaranteed issue amount of \$30,000. The Spouse benefit cannot exceed 100% of the employee benefit amount.
- You may elect child coverage in increments of \$1,000 up to 50% of the employee benefit amount. All child amounts are guarantee-issue at no cost.

Age Band	Employee and Spouse Rate per \$1,000
Age 0-24	\$ 0.130
Age 25-29	\$ 0.231
Age 30-34	\$ 0.376
Age 35-39	\$ 0.446
Age 40-44	\$ 0.634
Age 45-49	\$ 0.923
Age 50-54	\$ 1.356
Age 55-59	\$ 1.875
Age 60-64	\$ 2.693
Age 65-69	\$ 3.804
Age 70+	\$ 5.584

Weekly Cost Calculation Example:

Employee, aged 32, selecting \$10,000 of coverage:

$$\begin{array}{ccccccc} \$10,000 / \$1,000 = & \mathbf{\$10} & \times & \$0.376 = & \mathbf{\$3.76} & \times & 12 = & \mathbf{\$45.12} & \div & 52 \text{ pays} = & \mathbf{\$.87} \\ & \text{(rate is per } \$1,000) & & \text{(monthly)} & & & \text{(annual)} & & & & \text{(weekly)} \end{array}$$



Available Services When You Need Help the Most

Life isn't always easy. Sometimes a personal or professional issue can affect your work, health and general well-being. During these tough times, it's important to have someone to talk with to let you know you're not alone.

With Mutual of Omaha's Employee Assistance Program, you can get the help you need so you spend less time worrying about the challenges in your life and can get back to being the productive worker your employer counts on to get the job done.

Learn more about the Employee Assistance Program services available to you.

We are here for you

Visit the Employee Assistance Program website to view timely articles and resources on a variety of financial, well-being, behavioral and mental health topics.

mutualofomaha.com/eap
or call us: 1-800-316-2796

Enhanced EAP Services

Features	Value to Company and Employees
Employee Family Clinical Services	<ul style="list-style-type: none"> An in-house team of Master's level EAP professionals who are available 24/7/365 to provide individual assessments Outstanding customer service from a team dedicated to ongoing training and education in employee assistance matters Access to subject matter experts in the field of EAP service delivery
Counseling Options	<ul style="list-style-type: none"> Three sessions per year (per household) conducted by either face-to-face* counseling or video telehealth via a secure, HIPAA compliant portal
Exclusive Provider Network	<ul style="list-style-type: none"> National network of more than 10,000 licensed clinical providers Network continually expanding to meet customer needs Flexibility to meet individual client/member needs

*California Residents: Knox-Keene Statute limits no more than three face-to-face sessions in a six-month period per person.

EMPLOYEE ASSISTANCE PROGRAM



Enhanced EAP Services (continued)

Features	Value to Company and Employees
Access	<ul style="list-style-type: none"> • 1-800 hotline with direct access to a Master's level EAP professional • 24/7/365 services available • Telephone support available in more than 120 languages • Online submission form available for EAP service requests • EAP professionals will help members develop a plan and identify resources to meet their individual needs
Employee Family Legal Services	<ul style="list-style-type: none"> • Valuable resources - legal libraries, tools and forms - available on EAP website • A counseling session may be substituted for one legal consultation (up to 30 minutes) with an attorney • 25% discount for ongoing legal services for same issue
Employee Family Financial Services	<ul style="list-style-type: none"> • Inclusive financial platform powered by Enrich that includes financial assessment tools, personalized courses, articles and resources, and ongoing progress reports to help members monitor their financial health • A counseling session may be substituted for one financial consultation (up to 30 minutes) with an attorney • 25% discount for ongoing financial services for same issue
Employee Family Work/Life Services	<ul style="list-style-type: none"> • Child care resources and referrals • Elder care resources and referrals
Online Services	<ul style="list-style-type: none"> • An inclusive website with resources and links for additional assistance, including: <ul style="list-style-type: none"> • Current events and resources • Family and relationships • Emotional well-being • Financial wellness • Substance abuse and addiction • Bilingual article library • Legal assistance • Physical well-being • Work and career
Employee Communication	<ul style="list-style-type: none"> • All materials available in English and Spanish
Eligibility	<ul style="list-style-type: none"> • Full-time employees and their immediate family members; including the employee, spouse and dependent children (unmarried and under 26) who reside with the employee
Coordination with Health Plan(s)	<ul style="list-style-type: none"> • EAP professionals will coordinate services with treatment resources/providers within the employee's health insurance network to provide counseling services covered by health insurance benefits, whenever possible

Insurance products and services are offered by Mutual of Omaha Insurance Company or one of its affiliates. Mutual of Omaha Insurance Company is licensed nationwide. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Companion Life Insurance Company is licensed in New York. Each underwriting company is solely responsible for its own contractual and financial obligations. Some exclusions or limitations may apply. Not all services available in New York.

IMPORTANT CONTACT INFORMATION



CARRIER CONTACT INFO	PHONE NUMBER	WEBSITE
Medical/Rx— Cigna	800-997-1654	www.cigna.com
Telehealth— Cigna MD Life	Based on Provider Chosen	www.myCigna.com
Dental— Mutual of Omaha	800-927-9197	www.mutualofomaha.com/dental
Vision— Mutual of Omaha	833-279-4358	www.mutualofomaha.com/vision
Life Insurance— Mutual of Omaha	800-775-8805	www.mutualofomaha.com
Disability Insurance— Mutual of Omaha	800-877-5176	www.mutualofomaha.com
Supplemental Insurance— (Accident/Critical Illness) Mutual of Omaha	800-775-8805	www.mutualofomaha.com
Employee Assistance Program— Mutual of Omaha	800-316-2796	www.mutualofomaha.com/eap

Team Quality Services Human Resources | P 260-572-0060 x802
E HRSupport@teamqs.com

Please refer to the official plan documents for more complete descriptions of the benefit plans. In the event of any inconsistencies or discrepancies between the information provided in this guide and the official plan documents, the official plan documents will prevail. Team Quality Services reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time without notice, including making changes to comply with and exercise its options under applicable laws. The authority to make such changes rests with the Plan Administrator. To view the summary plan descriptions and certificates of coverage, visit www.cigna.com. You may request a no-cost printed copy of the summary plan description and other official plan or program documents from Human Resources at HRSupport@teamqs.com.



www.teamqualityservices.com