

## WE HAVE YOU COVERED

Our comprehensive benefits package includes the following (plus many other perks)

*Some benefits are subject to location.*



MEDICAL	401K RETIREMENT PROGRAM	TUITION ASSISTANCE PROGRAM	COMPANY PAID LIFE INSURANCE
DENTAL	ACCIDENT INDEMNITY PLAN	FITNESS CENTER	LIFE AND AD&D INSURANCE
VOLUNTARY VISION	HOSPITAL INDEMNITY PLAN	BASKETBALL COURT	SHORT-TERM DISABILITY
PAID HOLIDAY AND VACATION	GROUP LEGAL	EMPLOYEE ASSISTANCE PROGRAM	LONG-TERM DISABILITY
MATCHING GIFT PROGRAM	ONSITE CAFETERIA	FLEXIBLE SPENDING ACCOUNT	COMMUTER BENEFITS

### ELIGIBILITY

Regular full-time and regular part-time employees are eligible to participate.

Benefits become effective the first day of the month following 30 days of active employment.

*The 401(k) retirement plan is an exception; participants must be 21 years of age to participate and there is no waiting period.*

### MAKING CHANGES

Benefits chosen upon hire remain the same throughout the plan year, which ends December 31. Each year, there is an open enrollment period, during which employees may make changes for the following plan year beginning January 1. Below are circumstances (qualifying life events) that may create an opportunity to change coverage mid-year. **You have 31 days from the event date to make changes.** Contact the Benefits Team for processing.

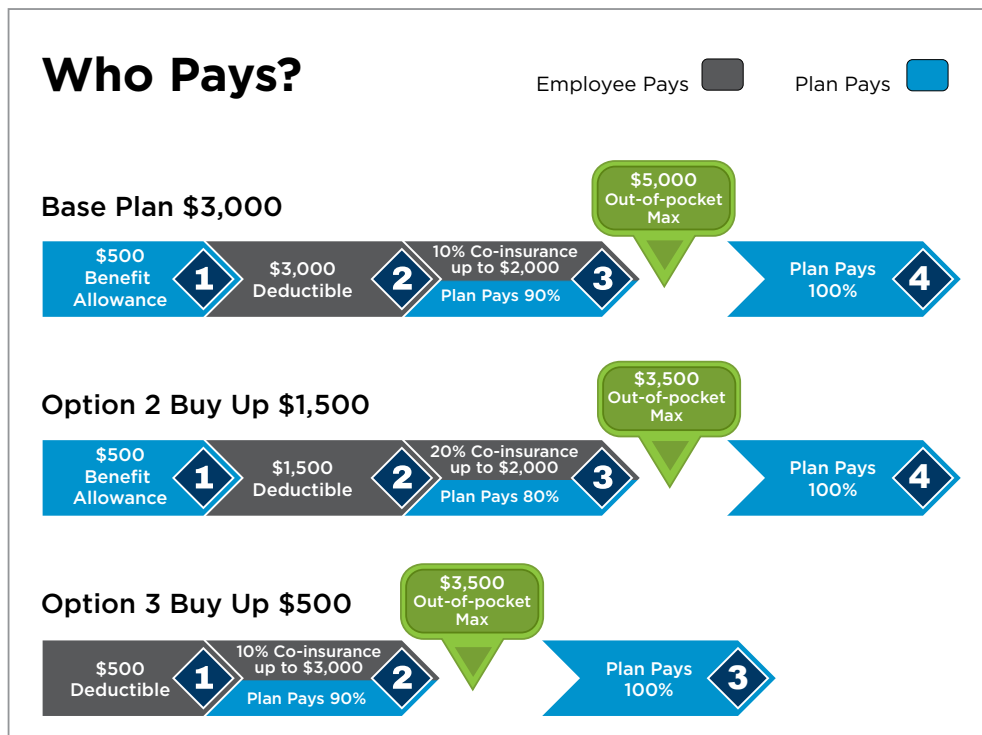
Marriage / divorce	<p>NOTIFY HR WITHIN <b>31</b> DAYS</p>
Birth / adoption	
Death (policy holder, spouse, or dependent)	
Loss of coverage (self, spouse, child)	

We are here to help: [HRBenefits@tql.com](mailto:HRBenefits@tql.com) or 513-495-1450 Option 1.  
 We've gone mobile. Get plan info, temp cards or much more at [tql-navigator.com/mobile](http://tql-navigator.com/mobile).



TQL offers three medical plans administered by Anthem Blue Cross Blue Shield. See attached **Summary Plan Description** for details. All three plans offer preventive coverage at no cost to the employee. Employees pay a fixed dollar amount (co-pay) for the following services; doctor office visits, Urgent Care and prescriptions. These are the most frequently used benefits features. The major differences is how all other non co-pay services, which apply to the deductible, are processed. For example; inpatient/outpatient surgery, MRI, X-ray, pregnancy, etc.

- CO-PAY** Fixed dollar amount that you pay for doctor’s office visits, prescriptions and Urgent Care. The plan pays the remaining balance. Co-pays continue throughout the year.
- BENEFIT ALLOWANCE** Dollar amount TQL provides to use for non co-pay services. The amount does not apply toward the deductible.
- DEDUCTIBLE** This is a set amount that you pay before the plan starts paying for all non co-pay services.
- CO-INSURANCE** After you meet your deductible, you and the plan share the cost of covered services, you pay co-insurance (a percentage of the cost) each time you get care up to your out-of-pocket max. Your insurance covers the rest.
- OUT OF POCKET MAX** The most you pay for covered health services each year, however you still have copays even after you reach your out-of-pocket limit





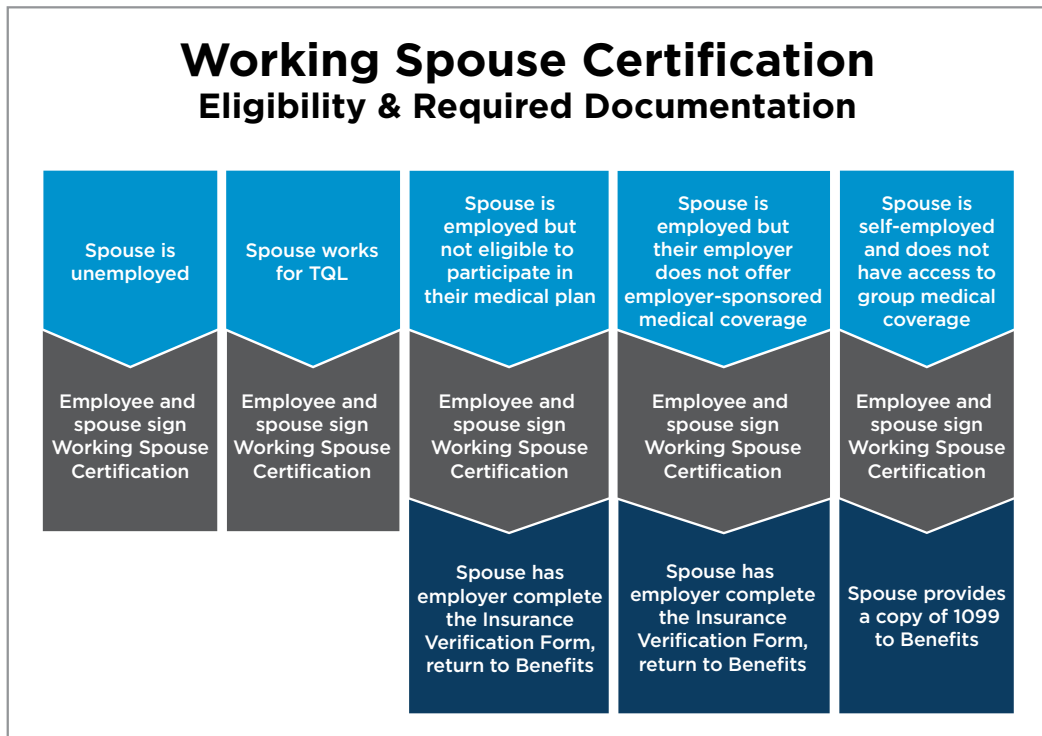
## DEPENDENT COVERAGE

An employee may enroll their children and legal dependents up to age 26. If the dependent is new to the plan upon enrollment, one of the following documents are required:

- Birth certificate (or receipt that the birth certificate was ordered as temporary place documentation)
- Tax return showing the employee claimed the dependent
- Court documents, adoption certifications or other legal documents supporting dependent status
- If step-children are involved, a marriage certificate is required as well

## SPOUSE

TQL offers health insurance to spouses of employees if they do not have access to essential coverage through their employer. Below is a high-level overview of spousal eligibility. For more information view the [Employee Spouse Certification](#) and [Employer Verification](#).





## 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 start and follows the same schedule as medical payroll deductions.

New employees have 90 days from date insurance becomes effective (January 1 for open enrollment) 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. Follow this link to learn more about the [tobacco cessation program](#).

## DENTAL EXPLANATION

TQL offers two dental plans administered by Delta Dental. **See attached Summary Plan Description for details.** The two plans are Dental Preventive (Base Plan) and Dental Buy-Up plan. Dental services are divided by four 'classes'. Both plans will pay up to \$1,000 per year, per person covered on the plan; both pay 100% for class 1 preventive services, like routine cleanings.

For class 2 services (basic) the base plan pays 50% of the service, the buy-up plan will pay 100% if you go to a dentist in the PPO network. If you are in the buy-up plan you have access to another network of dentists, "Dental Premier." For class 2 services, if you go to a Delta Dental Premier Network dentist the plan will pay 80%, not 100%.

Classes 3 and 4, as well as periodontics and endodontics, are not covered in the base plan. Please see the summary for Dental Buy-Up plan payment schedule, which is dependent upon network.

Orthodontics (braces) are for minors only. There is a separate \$1,000 allotment. The \$1,000 allotment for orthodontics is for a lifetime, not per year.

*See Summary for comparison. Once you enroll in a plan for the year, you may not switch.*

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We've gone mobile. Get plan info, temp cards or much more at [tql-navigator.com/mobile](http://tql-navigator.com/mobile).



**VISION EXPLANATION**

TQL offers a voluntary vision plan administered by Anthem Blue View Vision. See attached Summary Plan Description for details. The plan covers one exam per year per covered person for a \$10 co-pay. Once every 24 months, enrollees may select frames up to \$130. The insurance pays the first \$130, there is no cost to the member. If the frames are more than \$130, then the member is responsible to pay. However there is a 20% discount on any remaining balance. There is a \$25 co-pay for lenses. Other lens enhancements are available (tint, UV coating, etc.). See summary of benefits for details.

In lieu of lenses and frames, members may elect contact lenses. Conventional contact lenses are covered up to \$130. Disposable lenses are covered, but the \$130 benefit must be used at once.

**TQL employees have access to one of the largest vision care networks in the industry, with a wide selection of experienced ophthalmologists, optometrists and opticians. The network includes convenient retail locations, many with evening and weekend hours, including Lens Crafters, Sears Optical, Target Optical, JCPenney Optical and most Pearle Vision locations. They also offer other money-saving discounts on additional pairs of glasses, Lasik vision correction and more.**

*Note: The plan is a wellness benefit only. Any treatment and/or procedures related to eye injury or disease would be billed under your medical insurance.*

**FLEXIBLE SPENDING SAVINGS ACCOUNT EXPLANATION**

TQL offers a **Health Flexible Savings Account (FSA)**. Employees may use pre-tax dollars to pay for eligible medical expenses. Employees select an amount they estimate they will need for the year (see limits below). The entire amount is available for use beginning January 1. The annual amount is divided by 24 (24 deductions a year) from employee’s payroll check.

**If the amount is not used within the plan year plus the 2.5 month grace period extension, the balance is forfeited.**

**Dependent Care** allows employees to use pre-tax dollars to pay a certified child care provider. Unlike the Health FSA, with Dependent Care, if the funds have not been deducted from the employee’s payroll check and deposited into the account the funds are not available for use.

*For more details, including a sample list of eligible FSA expenses see the plan summary.*



## **BASIC LIFE AND AD&D INSURANCE (LINCOLN FINANCIAL GROUP)**

TQL provides all eligible employees with a \$15,000 basic life insurance policy with an additional \$15,000 accidental death and dismemberment clause through Lincoln Financial Group at no cost to you.

## **VOLUNTARY TERM LIFE AND VOLUNTARY AD&D INSURANCE (LINCOLN FINANCIAL GROUP)**

Employees may purchase up to a maximum of \$500,000 (guaranteed issue amount is \$200,000) in voluntary term life coverage. Your spouse is eligible for 100% of the amount you elect, up to a maximum of \$250,000 (guaranteed issue amount for spouse is \$25,000). Children between the ages of 14 days and 19 years old, if unmarried (or up to 24 if unmarried and a full-time student) are eligible for up to a maximum of \$10,000. The cost of this coverage is deducted from wages after tax. Should you leave TQL, you may convert this policy to an individual policy by contacting the insurance company. Employees that purchase voluntary term life insurance are also eligible to purchase voluntary accidental death and dismemberment insurance.

## **VOLUNTARY SHORT-TERM AND VOLUNTARY LONG-TERM DISABILITY INSURANCE (LINCOLN FINANCIAL GROUP)**

These optional benefits are paid for by the employee if they opt to enroll. The cost is based on the employee's yearly wage/salary and is deducted from wages after tax. Short-term disability takes effect on the 15<sup>th</sup> day that an employee is unable to work due to a non-occupational serious illness or injury and continues through the 90<sup>th</sup> day. Long-term disability goes into effect on the 91<sup>st</sup> day that an employee is unable to work and stays in effect until the employee returns to work or (in the event that you become totally disabled) becomes eligible for Social Security. Both pay 60% of your wage/salary.

## **HOSPITAL INDEMNITY INSURANCE (AFLAC)**

The benefit is paid when a covered person is admitted to a hospital and confined as a resident bed patient because of injuries received in a covered accident or because of a covered sickness. In order to receive this benefit for injuries received in a covered accident, the covered person must be admitted to a hospital within six months of the date of the covered accident.

TQL will not pay benefits for confinement to an observation unit, or for emergency treatment or outpatient treatment. TQL will pay this benefit once for a period of confinement. TQL will only pay this benefit once for each covered accident or covered sickness. If a covered person is confined to the hospital because of the same or related injury or sickness, TQL will not pay this benefit again.

## **GROUP LEGAL (METLAW)**

TQL has partnered with MetLaw in order to offer affordable legal services for employees and their dependents. The service covers the most frequently needed personal legal matters including unlimited telephone advice, office consultations, document preparation, and legal representation (excluding employment related issues). In fact, trials for approved matters are approved from beginning to end, regardless of length, when using a network attorney.





## ACCIDENT INDEMNITY INSURANCE (AFLAC)

The benefit is paid when a covered person is has an off-the-job covered accident resulting in an injury and treatment within the allotted timeframe. The benefit covers hospital admission and confinement, medical fees for x-rays, diagnostics testing, emergency treatment and observation. The benefit also has an annual wellness benefit for select preventive services. **See the summary of benefits for specific payments.**

## 401(K) RETIREMENT PROGRAM (EMPOWER RETIREMENT)

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). You may contribute 1% to 60% of your eligible compensation up to a maximum of \$18,000 per year. TQL may make a discretionary matching contribution of 50% of the first 6% of compensation that you contribute to the plan, not to exceed 3% of your eligible compensation. To be eligible to receive matching contributions, you must complete 1,000 hours of service during the plan year and be employed on the last day of the plan year.

## 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 this benefit. The maximum annual reimbursement amount is \$5,000 and is based on the grade received in the class.

<b>A</b>	80% reimbursement
<b>B</b>	60% reimbursement
<b>C</b>	40% reimbursement
<b>Pass/Fail</b>	50% reimbursement for passing grade

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

## FITNESS CENTER AND BASKETBALL COURT

Cincinnati locations have on-site fitness facilities with 24-hour access for employees, and our headquarters at Ivy Pointe Blvd. has a full-court basketball court. Any employee who wishes to use the fitness centers or basketball court must sign a release form and usage agreement.



## EMPLOYEE ASSISTANCE PROGRAM

TQL's Employee Assistance Program (EAP) is provided through CONCERN Services and is available to employees and their dependents at no cost. CONCERN provides one-on-one sessions with a licensed counselor to address a variety of issues, including stress, anxiety, depression, work/life balance, and family issues. They provide counseling sessions over the phone, internet or in person. As a TQL employee and/or dependent of a TQL employee you can log onto their website to access articles on a variety of topics, self-assessment tools, and a personalized monthly newsletter.

## HOLIDAYS

Regular full-time employees are eligible for up to six (6) scheduled holidays and two (2) personal holidays per calendar year. Non-exempt employees must complete 90 calendar days of service to be eligible for holiday pay. New hires starting between July 1 and September 30 will accumulate one (1) personal holiday. New hires starting on or after October 1<sup>st</sup> 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 floating holiday to use at a later date.

## VACATIONS

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

<b>After 6 months of eligible service</b>	<b>You are eligible for 5 vacation days</b>
<b>After 1 year of eligible service</b>	<b>You are eligible for 5 vacation days for that year</b>
<b>After 2 years of eligible service</b>	<b>You are eligible for 10 vacation days each year</b>
<b>After 5 years of eligible service</b>	<b>You are eligible for 15 vacation days each year</b>





# 2016 INSURANCE RATES

Anthem	Medical Base Plan \$3,000		Medical Opt 2 Buy Up \$1,500		Medical Opt 3 Buy Up \$500	
<b>Benefits Allowance</b>	\$500		\$500		Not Applicable	
	covers in network non-copays services; does not apply to deductible					
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
<b>Deductible</b> Single/Family	\$3,000/\$6,000	\$9,000/\$18,000	\$1,500/\$3,000	\$4,500/\$9,000	\$500/\$1,000	\$1,500/\$3,000
<b>Out of Pocket Max.</b> includes deductible	\$5,000/\$10,000	\$15,000/\$30,000	\$3,500/\$7,000	\$10,500/\$21,000	\$3,500/\$7,000	\$10,500/\$21,000
<b>Coinsurance</b> Plan% Employee%	90% / 10%	60% / 40%	80% / 20%	60% / 40%	90% / 10%	60% / 40%
<b>Preventive</b>	covered at 100% no cost to employee		covered at 100% no cost to employee		covered at 100% no cost to employee	
<b>Office Visit co-pay</b>	\$25 PCP / \$40 SPEC		\$20 PCP / \$35 SPEC		\$20 PCP / \$35 SPEC	
<b>Urgent Care co-pay</b>	\$40		\$40		\$40	
<b>Emergency Room</b>	\$200 co-pay & then deductible		\$200 co-pay & then deductible		\$200 co-pay & then deductible	
<b>Prescription Drug</b>						
30 day supply in-network	\$10/\$30/\$60/25% w/\$2,500 max					
90 day supply - mail order	\$30/\$90/\$180/25%					
<b>Medical Rates</b>						
	<b>Monthly</b>	<b>Bi-Monthly (24 pays)</b>	<b>Monthly</b>	<b>Bi-Monthly (24 pays)</b>	<b>Monthly</b>	<b>Bi-Monthly (24 pays)</b>
<b>Employee</b>	\$89.15	\$44.58	\$147.76	\$73.88	\$176.56	\$88.28
<b>Employee and Spouse</b>	\$177.55	\$88.78	\$282.89	\$141.45	\$337.56	\$168.78
<b>Employee and Child(ren)</b>	\$139.89	\$69.95	\$238.59	\$119.30	\$294.56	\$147.28
<b>Family</b>	\$243.16	\$121.58	\$402.79	\$201.40	\$482.87	\$241.44
<b>Tobacco User surcharge (if applicable): Monthly = \$50.00 Bi-Monthly = \$25.00</b>						
<b>Dental Preventive</b>			<b>Dental Buy Up</b>			
<b>Delta Dental</b>	<u>In-Network</u>	<u>Non-Network</u>	<u>In Network</u>		<u>Non-Network</u>	
Annual Benefit Max per individual	\$1,000		\$1,000			
Deductible	\$50/\$150		\$50/\$150		\$75/\$225	
	<u>In-Network</u>	<u>Non-Network</u>	<u>PPO Network</u>	<u>Premier</u>	<u>Non-Network</u>	
Class 1 -Preventive	100%		100%		100%	
Class 2 - Basic	50%		100%	80%	80%	80%
Class 3 - Major	Not Covered		60%	50%	50%	50%
Class 4	Not Covered		100%	80%	50% up to \$1,000 lifetime max	
Periodontics Endodo.	Not Covered		100%	80%	80%	80%
<b>Dental Rates</b>						
	<b>Monthly</b>	<b>Bi-Monthly (24 pays)</b>	<b>Monthly</b>		<b>Bi-Monthly (24 pays)</b>	
<b>Employee</b>	\$2.66	\$1.33	\$13.19		\$6.60	
<b>Employee and Spouse</b>	\$5.32	\$2.66	\$30.24		\$15.12	
<b>Employee and Children</b>	\$5.40	\$2.70	\$36.21		\$18.11	
<b>Family</b>	\$11.02	\$5.51	\$53.50		\$26.75	



# SUMMARY PLAN DESCRIPTION

Vision Plan		
Anthem Blue View Vision	In Network	Out-of-Network
Eye Exam with dilation (Once every 12 months)	\$25 co-pay	\$42 allowance
<b>Lenses (Once every 12 months)</b>		
Single vision	\$25 co-pay	\$40 allowance
Bifocals	\$25 co-pay	\$60 allowance
Trifocals	\$25 co-pay	\$80 allowance
Progressives	\$65 co-pay, Premium - tiered \$130 Retail allowance plus 20% off remaining balance	\$40 allowance
Frames (Once every 24 months)		\$65 allowance
<b>Contact Lenses (Once every 12 months)</b>		
Elective Conventional	\$130 allowance plus 15% off balance over \$130	\$105 allowance
Elective Disposable	\$130 allowance excludes fitting & Follow-up	Excludes Fitting & Follow-up
Standard Fitting and Follow-up Fees	member pays up to \$55	No allowance
Medically necessary	100%	\$210 allowance
Vision Rates		
	Monthly	Bi-Monthly (24 Pays)
Employee Only	\$6.44	\$3.22
Employee + Spouse	\$11.57	\$5.79
Employee + Child(ren)	\$12.87	\$6.44
Family	\$18.94	\$9.47
Group Legal		
Hylant Group Legal	Monthly	Bi-Monthly (24 Pays)
Covers Employee, Spouse & Dependent	\$18.00	\$9.00
Health Savings Account		
Flex Bank	Annual Contribution Level Limit	
Plan	Single or Married Filing Separately	Married Filing Jointly
Health Care FSA	\$2,550	\$2,550
Dependent Care FSA	\$2,500	\$5,000
Aflac		
Hospital Plan		
Aflac	Monthly	Bi-Monthly (24 Pays)
Employee Only	\$15.04	\$7.51
Employee and Spouse	\$29.51	\$14.74
Employee and Child(ren)	\$21.45	\$10.72
Family	\$35.92	\$17.95
Accident Plan		
Aflac	Monthly	Bi-Monthly (24 Pays)
Employee	\$12.65	\$6.33
Employee and Spouse	\$20.80	\$10.40
Employee and Child(ren)	\$24.96	\$12.48
Family	\$33.11	\$16.55
Disability Insurance Lincoln Financial		
Short-Term Disability: \$ .158 per \$10	ex. \$35,000 (salary) \$403.85 (weekly benefit) \$6.39 (monthly cost)	
Long-Term Disability: \$ .0147 per \$100	ex. \$35,000 (salary) \$1,750 (monthly benefit) \$4.29 (monthly cost)	
Life Insurance - based upon age and amount		