

# Employee Benefits

8/1/2025 - 7/31/2026

Eligibility ■ Enrollment ■ Medical ■ Dental  
Vision ■ Life ■ Disability ■ Supplemental Health



Quick Services LLC  
*Stay in the Fight™*



Quick Services LLC  
*Stay in the Fight™*

Our most important asset is our people. That's why we offer you an exceptional benefits program with many options, designed to meet your needs and the needs of your family. In this booklet you will find plan summaries for medical insurance, dental insurance, vision insurance, disability insurance, life insurance and more.

This booklet contains important information about your benefits. Please take the time to review it and share the information with your family.

## CONTENTS

Eligibility .....	3
Medical .....	4-7
Flexible Spending Account.....	8
Health Savings Account.....	9
Where to Go for Care.....	10
Dental.....	11
Vision.....	12
Accident & Critical Illness .....	13
Life and AD&D.....	14
Short/Long Term Disability.....	15
Employee Assistance Program.....	16



This booklet provides a summary of plan highlights. Please refer to the carrier's contract for complete information on covered charges, limitations, and exclusions. This is not a binding contract. The carrier's contract will prevail. If you have further questions, please contact the carrier or McGriff Insurance Services.

# BENEFITS ELIGIBILITY

Employees working 30+ hours per week are eligible for benefits on the first of the month following your date of hire.

Your spouse and dependent children are eligible to participate in many of our benefit plans. Dependent children include natural children, legally adopted children, stepchildren, and children for whom you have legal guardianship. .

**You can enroll the following dependents in our group benefit plans:**

- Your legal spouse
- Children under age 26 regardless of marital or student status
- Unmarried children of any age who are totally disabled and claimed as a dependent on your federal income tax return (must be approved by the carrier)

**Other dependents who may live with you, but are NOT eligible to be added to your benefit plans:**

- Grandchildren, nieces, nephews or other children who do not meet specifications listed above
- Ex-spouses, court orders not be may accepted on group insurance plans
- Parents, step-parents, grandparents, aunts, uncles, or other relatives who are not qualified legal dependents (even if they live in your house)

# MAKING CHANGES TO YOUR BENEFITS

Most benefit deductions are withheld from your paycheck on a pre-tax basis and, therefore, your ability to make changes to these benefits is restricted by the IRS. Once enrolled, pre-tax benefit elections cannot be changed until the next annual Open Enrollment period, unless you have a qualifying life status change.

To make benefit changes as a result of a Life Status Change, as allowed under Section 125 of the IRS Code, you must notify Human Resources within 30 days\* of the date of the qualifying event.

**Open Enrollment generally occurs in July with plan changes effective from August 1 through July 31 of the following year.**

\*Refer to your Plan Administrator as some events may allow for up to 60 days

# HOW DO I ENROLL?



Enrollment is simple and convenient. Whether you are a new employee enrolling in your benefits for the first time or you're considering your benefits during open enrollment, you will make your elections on Employee Navigator, our online enrollment tool. Go to [www.employee navigator.com](http://www.employee navigator.com) to register your account using company identifier **Quick Services LLC** (capitalization and spaces matter). If you have any questions or need assistance, please contact Human Resources.



# MEDICAL BENEFITS PROVIDED THROUGH UNITEDHEALTHCARE



## Option #1: Surest Copay Plan

- Copays for a service vary based on which provider you see
- Lower copays indicate providers that are evaluated as higher value
- Use the Surest app to search for care by symptom or condition to find a specific copay

## Option #2: HDHP

- Phase 1 (Deductible): You pay 100% until you meet the deductible
- Phase 2 (Coinsurance): You pay 20%, UHC pays 80%
- Phase 3 (Out-of-Pocket): Once you meet the OOP you pay 0%, UHC pays 100%

### In-Network Benefits

HSA Qualified	No	Yes
Deductible (single/family)	\$0/\$0	\$4,000/\$8,000
Out-of-Pocket Maximum (single/family)	\$6,500/\$13,000	\$7,500/\$15,000
Preventive Care	Covered in full	Covered in full
Office Visits	Copay range: \$25-\$130	Deductible then 20%
Virtual Care	Copay range: \$0-\$90	Deductible then \$0
Routine Diagnostic Tests (Examples: X-ray, Lab, Ultrasound)	\$0	Deductible then 20%
Advanced Tests (Examples: EKG, Sleep Study)	Copay range: \$25-\$1,300	Deductible then 20%
Complex Imaging (Examples: MRI, CT)	Copay range: \$50-\$1,050	Deductible then 20%
Urgent Care	\$80	Deductible then 20%
Emergency Room	\$850	Deductible then 20%
Ambulance	\$500	Deductible then 20%
Inpatient Hospital	Copay range: \$350-\$3,500	Deductible then 20%
Outpatient Hospital	Copay range: \$40-\$3,500	Deductible then 20%
Mental Health		
Office Visit	\$25	Deductible then 20%
Treatment Program	Copay range: \$90-\$2,750	Deductible then 20%
Physical/Occupational/Speech Therapy	Copay range: \$15-\$115	Deductible then 20%
Chemotherapy	Copay range: \$45-\$620	Deductible then 20%
Prescription Drugs		
Tier 1	\$10	Deductible then \$10
Tier 2	\$60	Deductible then \$35
Tier 3	\$90	Deductible then \$75
Tier 4	\$10-\$300	Deductible then \$150
Mail Order 90 Day Supply	Copay x2.5	Copay x2.5
<b>Out-of-Network Benefits</b>		
Deductible (single/family)	\$0/\$0	\$8,000/\$16,000
Out-of-Pocket Maximum (single/family)	\$13,000/\$26,000	\$15,000/\$30,000
Copay/Coinsurance	Refer to UHC plan for copay ranges	50%



Surest Plan Participants, download the Surest app today!

## Get to know our value-based copays.

The Surest health plan sets copays for services and procedures that you can see in advance.

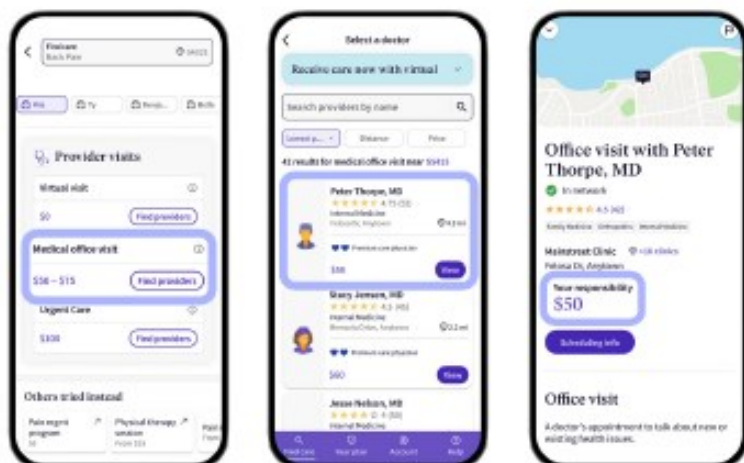


**Lower copays indicate providers that are evaluated as higher value.\* In other words, providers who may help you feel better, faster.**

### Find your copay.

Our copays may vary for the same service or procedure based on **who** delivers the service and **where** the service is provided.

Use the Surest app or website to search for care by symptom or condition first to find a specific copay for care.



*Illustrative example only. Costs and coverage may vary.*



Watch now to learn how to find a specific copay for care.



### Questions?

Contact Surest Member Services via chat, email, or phone at 866-683-6440, Monday – Friday from 6 am – 9 pm CT.



HDHP Plan Participants, download the UHC app today!



## Your plan information anywhere, anytime



Get a direct connection to your health plan with [myuhc.com](https://myuhc.com)® and the UnitedHealthcare® app

### Easier ways to get all your health plan details



Register at [myuhc.com](https://myuhc.com) to learn what your plan covers, how to obtain care, find a network provider, and even submit an appeal, complaint or claim. Use the Coverage & Benefits page to view your Certificate of Coverage, riders and amendments, and required notices, including Member Rights and Responsibilities.



Download the **UnitedHealthcare app** for plan information on the go. Access a digital version of your health plan ID card, find nearby care options or video chat with a doctor 24/7.



Request printed copies of your plan documents, anytime, at no charge. Call the toll-free phone number on your ID card.

**Get started**

Sign in to [myuhc.com](https://myuhc.com) or use the UnitedHealthcare app

**United  
Healthcare**



# \$0 cost for certain medications\*

We're making medications that may be essential to your health more affordable.



The new UnitedHealthcare Vital Medication Program offers certain drugs at **no additional cost**.<sup>\*</sup> This means there may be no out-of-pocket costs for preferred insulins and certain other medications, including:

- ✓ **Insulin** – rapid, short and long-acting
- ✓ **Epinephrine** – allergic reactions
- ✓ **Glucagon** – hypoglycemia (low blood sugar)
- ✓ **Naloxone** – opioid overuse
- ✓ **Albuterol** – asthma

To see if you're eligible for no out-of-pocket costs on preferred insulins and other prescription drugs:

- Surest members, use the Surest app to search for your medication
- HDHP members, sign in to [myuhc.com/rx](https://myuhc.com/rx)





# FLEXIBLE SPENDING ACCOUNTS ADMINISTERED BY PAYCHEX

With a Flexible Spending Account (FSA), you can set aside pre-tax dollars to pay for out-of-pocket expenses incurred for either health care or dependent day care. Because the amount you elect is taken on a pre-tax basis, you have the opportunity to save up to an estimated 25% on out-of-pocket expense.

## Health Care – \$3,300 Maximum

Based on your estimated amount of medical out-of-pocket expenses, the annual amount you elect is evenly deducted out of each paycheck throughout the year. Once you have elected your FSA amount, you may not change it without a qualifying life event. Please be aware that any unused balance over \$660 will be forfeited.

## Dependent Care – \$5,000 Maximum

A Dependent Care FSA is available to employees who have a dependent child or parent for which they pay expenses such as day care, preschool, or after school care. Funds in the Dependent Care FSA are not to be used for medical care.

## Determining Your Contributions

Outside of Open Enrollment, you are only able to make a change to your elections if you experience certain qualified life events. It is advised that you think wisely about the amount you choose to contribute and seek advice from your tax preparer.



## FSA Reminders

- “Use-it-or-lose-it” - Unused Health Care amounts over \$660 or any unused Dependent Care funds will be forfeited, so estimate wisely.
- You cannot mix funds from one account to another. You may only use Health Care FSA money for health care expenses and Dependent Care FSA for funds for dependent care expenses
- Save your receipts - No matter how you access your FSA funds, be sure to keep your receipts to validate your reimbursements.
- You can incur expenses only during the plan year you are enrolled.
- Your entire Health Care FSA balance – even money you have not yet contributed – is available at the beginning of the plan year.
- Dependent care funds are only available as you contribute to them through payroll deductions.
- You must re-enroll each year if you wish to continue funding the account(s).
- Employees who have an HSA are not eligible for an FSA.



# HEALTH SAVINGS ACCOUNT ADMINISTERED THROUGH PAYCHEX

HSAs are tax-advantaged accounts that let you put aside money for current and future healthcare costs while saving on taxes.

## Tax free spending on qualified medical expenses:



### Medical care

- Deductible and coinsurance
- Doctor visits
- Prescriptions
- Hospital services



### Vision

- Eye exams
- Prescription glasses and contacts
- LASIK surgery



### Dental

- Teeth cleaning
- Dental reconstruction
- Orthodontia



### Personal health

- Over-the-counter pain relievers
- Menstrual care products
- Crutches



### Alternative care

- Chiropractic care
- Acupuncture

### Insurance Premiums

- COBRA
- Long Term Care
- Medicare Part D and B (if you're age 65+)

If you are less than age 65 and use HSA funds for non-qualified expenses, income tax will apply plus a 20% penalty. You can use HSA money for non-qualified expenses without a penalty starting at age 65, income tax will still apply.

### Triple Tax Advantage

- Tax-free contributions
- Tax-free account growth
- Tax-free spending

### Additional Advantages

- Vary your contributions throughout the year
- Funds may be used to pay for qualified medical expenses for yourself, your spouse, and your children
- No "Use it or Lose it" Rule, funds don't expire at the end of the year
- You own the account

### Eligibility

- Must be enrolled in UHC Option #2: HDHP
- Cannot be covered by other health insurance
- Neither you nor your spouse can have an FSA
- Not enrolled in Medicare or Tricare
- Not claimed as a dependent on someone else's tax return

### Contributions

You may invest on a tax free basis through payroll deduction up to the annual IRS contribution limit:

- 2025: \$4,300 for single coverage; \$8,550 for family coverage
- 2026: \$4,400 for single coverage; \$8,750 for family coverage
- Catch Up Contribution: If you are age 55 or older you may contribute an additional \$1,000 per year.

# WHERE TO GO FOR CARE

The cost for care and time you wait can vary greatly depending on where you go. Below is a simple guide to choosing the right place to go for health care.

	Conditions Treated*	Your Cost & Time
<b>Emergency Room</b>		
For the immediate treatment of critical injuries or illness. If a situation seems life-threatening, call 911 or go to the nearest emergency room. Open 24/7.	<ul style="list-style-type: none"> <li>Sudden numbness, weakness</li> <li>Uncontrolled bleeding</li> <li>Seizure or loss of consciousness</li> <li>Shortness of breath</li> <li>Chest pain</li> <li>Head injury/major trauma</li> <li>Blurry or loss of vision</li> <li>Severe cuts or burns</li> <li>Overdose</li> </ul>	<ul style="list-style-type: none"> <li>Costs are highest</li> <li>No appointment needed</li> <li>Wait times may be long, averaging over 4 hours</li> </ul>
<b>Urgent Care Center</b>		
For conditions that are not life threatening. Staffed by nurses and doctors and usually have extended hours.	<ul style="list-style-type: none"> <li>Minor cuts, sprains, burns, rashes</li> <li>Fever and flu symptoms</li> <li>Headaches</li> <li>Chronic lower back pain</li> <li>Joint pain</li> <li>Minor respiratory symptoms</li> <li>Urinary tract infections</li> </ul>	<ul style="list-style-type: none"> <li>Costs are lower than an ER visit</li> <li>No appointment needed</li> <li>Wait times vary</li> </ul>
<b>Doctor's Office</b>		
The best place to receive routine or preventive care, track medications, or get a referral to see a specialist.	<ul style="list-style-type: none"> <li>General health issues</li> <li>Preventive services</li> <li>Routine checkups</li> <li>Immunizations and screenings</li> </ul>	<ul style="list-style-type: none"> <li>May include coinsurance and/or deductible</li> <li>Appointment usually needed</li> <li>May have little wait time</li> </ul>
<b>Convenience Care Clinic</b>		
Staffed by nurse practitioners and physician assistants. Treat minor medical concerns that are not life threatening. Located in retail stores and pharmacies, they're often open nights and weekends.	<ul style="list-style-type: none"> <li>Common cold/flu</li> <li>Rashes or skin conditions</li> <li>Sore throat, earache, sinus pain</li> <li>Minor cuts or burns</li> <li>Pregnancy testing</li> <li>Vaccinations</li> </ul>	<ul style="list-style-type: none"> <li>Costs are same or lower than office visit</li> <li>No appointment needed</li> <li>Wait times typically 15 minutes or less</li> </ul>
<b>Virtual Visits</b>		
Virtual visits with a doctor anytime 24/7/365 via computer with webcam capability or smartphone mobile app.	<ul style="list-style-type: none"> <li>Cold and flu symptoms such as a cough, fever and headaches</li> <li>Allergies</li> <li>Sinus infections</li> <li>Family health questions</li> </ul>	<ul style="list-style-type: none"> <li>Cost is lower than office visit</li> <li>No appointment needed</li> <li>Immediate, private, and secure visits</li> </ul>

GREATER

Cost & Time

LOWER

\*List is not all inclusive. To find a specific health care facility or doctor, go to your medical carrier's website or call the number on your ID card. The listing of a health care professional or facility in the online directory does not guarantee that the services rendered by that professional or facility are covered under your specific medical plan. Check your official plan document for information about the services covered under your plan benefits. The information provided here is for informational purposes only. During a medical emergency, you should always visit the nearest hospital or call 911 for assistance.

# DENTAL BENEFITS PROVIDED THROUGH PRINCIPAL

The dental plan reimburses charges based on the 99th percentile of usual and customary (U&C) rates. That means it covers what 99% of dentists typically charge for services in your area—helping limit the chances you'll be billed extra if you see an out-of-network dentist.

While this generous level of coverage helps protect you with out-of-network providers, you may find even greater savings by choosing an in-network dentist. That's because in-network dentists agree to discounted rates, so you may get more out of your maximum annual dental benefit.

## It's About More Than a Pretty Smile

Our oral health affects our ability to speak, smell, taste, chew, and swallow. However, oral diseases, which can range from cavities to oral cancer, cause pain and disability for millions of people each year.

## Visit Your Dentist Regularly

Regular preventive visits to your dentist can help protect your health, and we are talking about more than just your mouth. Recent studies have linked gum disease to damage elsewhere in the body. According to the Centers for Disease Control and Prevention, there may be associations between oral infections and diabetes, heart disease, stroke, and preterm, low-weight births.

Our plan covers preventive services at 100% with no deductible.

	Dental Coverage
<b>Out-of-Network Reimbursement</b>	99th percentile
<b>Calendar Year Deductible</b> (waived for preventive services)	\$50 (\$150 family max)
<b>Preventive Services</b> Exams, cleanings, x-rays, fluoride, sealants for children	Covered at 100% deductible waived
<b>Basic Services</b> Fillings, oral surgery, periodontics, root canal therapy	Covered at 80% deductible applies
<b>Major Services</b> Crowns, inlays, onlays, dentures, bridges	Covered at 50% deductible applies
<b>Maximum Annual Benefit</b> Per covered individual per calendar year	\$1,750
<b>Rollover Benefit</b> Must use less than \$875 of your Maximum Annual Benefit and have at least one dental service performed within the year and	Roll over \$875 to the following year's Maximum Annual Benefit, accumulate up to \$3,500 in your rollover account





## VISION CARE PROVIDED THROUGH PRINCIPAL/VSP

The vision plan provides coverage for an annual routine eye exam and pays towards glasses or contacts. It is important to choose a provider in VSP's Choice Network.

### Did you know?

Taking care of your vision can also mean early detection for symptoms of:

- Diabetes
- Hypertension
- High cholesterol
- Tumors
- Thyroid disorders
- Neurological disorders

A qualified vision care professional can help treat and manage:

- Cataracts
- Corneal diseases
- Diabetic retinopathy
- Eye infections
- Glaucoma
- Macular degeneration



VSP CHOICE NETWORK	
Exam	\$10 copay, covered once per 12 months
Prescription Glasses	<p>\$25 copay</p> <p><i>Lenses covered once per 12 months:</i> Single vision, lined bifocal/trifocal, lenticular lenses, polycarbonate lenses for dependent children under age 18</p> <p><i>Frames: covered once per 12 months:</i> \$130 allowance for a wide selection of frames; 20% off amount over allowance</p>
Elective Contacts	<p>\$130 allowance for elective contacts (covered in lieu of lens/fames benefit)</p> <p><i>Fitting and evaluation:</i> Up to \$60 copay for standard and premium elective contact lens exams</p>
Medically Necessary Contacts	\$25 copay
Laser Vision Correction	<p>Save \$800 with featured providers: LasikPlus, TLC Laser Eye Centers, The LASIK Vision Institute</p> <p>or</p> <p>Receive 15% off standard pricing or 5% off promotional pricing on LASIK through the National Lasik Network administered by LCA Vision.</p>

# VOLUNTARY BENEFITS PROVIDED THROUGH PRINCIPAL

## Accident Plan

Be better prepared financially for accidents before they happen. This coverage pays an up-front, lump-sum cash benefit for injuries experienced from an accident. Listed below are some of the injuries covered and the corresponding benefit levels. Coverage is available for the employee as well as your spouse and children. Refer to the Principal plan document for a full description of the plan benefits.

Injury	Benefit
Burn	\$500-\$5,000
Coma	\$15,000
Concussion	\$500
Dental Injury	\$500
Dislocation	\$1,500-\$7,500
Fracture	\$500-\$10,000
AD&D	Employee: \$25,000; Spouse: \$12,500; Child: \$6,250
Wellness Benefit: If you or your covered dependent has a covered screening test performed, you may be eligible for a \$50 benefit. This benefit is payable once per calendar year.	

## Critical Illness

Critical Illness coverage helps cover some of the expenses associated with a serious illness. If you're diagnosed with a covered illness, you'll receive an up-front, lump-sum cash benefit you can use however you wish. Covered illnesses include cancer, heart attack, major organ failure, stroke, and more. Coverage is available for the employee as well as your spouse and children. Refer to the Principal plan document for a full description of the plan benefits.

	Benefit	Maximum	Guarantee Issue
Employee	\$5,000 increments	\$50,000	\$10,000
Spouse	\$2,500 increments	\$25,000 (up to 50% of employee's benefit)	\$5,000
Child	25%	Automatically covered for 25% of employee's benefit	25%
Wellness Benefit: If you or your covered dependent has a covered screening test performed, you may be eligible for a \$50 benefit. This benefit is payable once per calendar year.			

*Eligibility:* If you apply after your initial eligibility date Evidence of Insurability will be required for all amounts.

*What if I've already had a covered illness (referred to as a preexisting condition):* You may qualify for a benefit if you haven't been treated for this illness (including being seen by a doctor) in the 6 months prior to your coverage effective date or you've had coverage for 12 consecutive months.

*I've already received a benefit. Can I receive another benefit?* Is it a different illness?-You may receive a benefit if you're diagnosed more than 12 months after your prior illness. Is it an additional occurrence of the same illness?-You may receive an additional benefit for carcinoma in situ, coronary artery disease, heart attack, invasive cancer, major organ failure and stroke if you're diagnosed more than 12 months after your prior illness and you've been treatment-free for 12 consecutive months.

# LIFE AND AD&D INSURANCE PROVIDED THROUGH PRINCIPAL

## Why is life insurance important?

Life insurance provides a lump sum cash benefit to your beneficiary to cover immediate costs such as funeral expenses or ongoing living expenses. Life insurance benefits often help survivors adjust to the loss of income related to the death of a wage earner, or provide funds for college or retirement for the survivors.

## Basic Life and AD&D

Quick Services provides a Basic Life and Accidental Death and Dismemberment benefit to employees and their spouse and children at **NO COST** to you.

Employee's coverage - \$30,000

Spouse's coverage - \$5,000

Child's coverage - \$2,000 (\$1,000 if less than 6 months old)

## Voluntary Life Insurance

Additional employee life insurance coverage is available on a voluntary basis. Enrollment is guaranteed up to \$100,000 for new hires. All employees have a special opportunity during 2025 Open Enrollment to elect up to \$100,000 without medical underwriting.

Employee's coverage - \$10,000 increments up to \$200,000.

Spouse's coverage: - \$5,000 increments up to \$100,000 or 100% of employee's amount

Child's coverage: - \$2,500, \$5,000, \$7,500, \$10,000, or \$15,000





# SHORT/LONG TERM DISABILITY PROVIDED THROUGH PRINCIPAL

## SHORT-TERM DISABILITY

Short Term Disability insurance pays a portion of your salary if you're unable to work due to an accident or illness. Consider how long you can personally go without receiving a paycheck. Short Term Disability insurance provides coverage of 60% of your pre-disability earnings up to a maximum of \$2,500 per week for a qualified disability. Benefits are payable on the 8th consecutive day of a disability and will pay out for a maximum of 25 weeks. Enrollment is guaranteed for new hires. If you apply after your initial eligibility date, you will need to submit Evidence of Insurability to apply for coverage. Pre-existing conditions are excluding during the first 12 months of coverage.

## LONG-TERM DISABILITY

Long Term Disability insurance provides coverage on a long-term basis. The benefit is of 60% of your base salary up to \$10,000 per month. Long Term Disability provides a monthly income if you are unable to work for longer than 180 days, which dovetails nicely with Short Term Disability. Benefits are payable up to age 65. Enrollment is guaranteed for new hires. If you enroll after your initial eligibility date, you will need to submit Evidence of Insurability to apply for coverage. Pre-existing conditions are excluded during the first 12 months of coverage.



# Help handling life's ups and downs

**Life can be unpredictable.** And it's not always easy. So it's a big deal to know there's help available when you need it. That's what the employee assistance program (EAP), provided by Magellan Healthcare, is all about.

With an EAP, you and your family have access to **free, confidential** resources to help handle life's everyday—and not so everyday—challenges.

You might use your EAP to help: manage stress, handle relationship issues, balance work and life, work through grief, cope with anxiety, and more. Plus, your EAP gives you access to discounts on major brands and everyday needs.

## Services for you and your family

Your EAP offers these services to help you and your family deal with the big and little things.

### In-person or virtual counseling

One valuable way to work through personal or work issues is by talking with a professional. You and your family can meet with a licensed, EAP professional in person, via text message, or by live chat, video, or phone sessions. Three counseling sessions per year are included.

### Legal, financial, and identity theft services

You and your family have access to these services:

- **Legal services.** Receive a free 60-minute consultation to help deal with issues such as car accidents or family law.

- **Financial wellness.** Receive three free 30-minute consultations. This may include help with budget planning, debt consolidation, or retirement planning.
- **Identity theft resources.** Receive a free 60-minute consultation to help restore your identity if stolen.

### Work-life web services

You and your family can access webinars, live talks, and articles on topics such as child and elder care, education, parenting, and more.

### Help when and where you need it—day or night. Confidential and no cost!

Life challenges don't always happen during regular business hours. That's why you and your family have 24/7 access to your EAP.

Phone: **800-450-13274**  
International: 800-662-4504  
TTY: 711

Web: [Member.MagellanHealthcare.com](https://Member.MagellanHealthcare.com)  
When you create an account, enter **Principal Core** as the program name