



**The American
Worker®**

Provided by Fringe Benefit Group



2024 Benefits Enrollment Guide



ENROLLMENT

Johnson Service Group values the contributions of our employees. In appreciation of your dedicated service we are pleased to offer a variety of affordable coverage options through The American Worker. Please carefully review this enrollment guide so you understand the benefits being provided and can make the right choices for you and your family.

IMPORTANT INFORMATION

All Johnson Service Group eligible contractors will be automatically enrolled in the MEC Basic plan provided by The American Worker at the Employee Only tier. If you would like to change your coverage, add dependents or waive coverage altogether you will need to visit www.TheAmericanWorker.com or call (866) 866-3424.

ELIGIBILITY

MEC, MEC Plus and MEC Enhanced: You are eligible for coverage the first Monday following 30 days of employment.

Take The Next Step

For your convenience, you can enroll in coverage online, by phone or mobile device. If you do not enroll in coverage now, you will not be able to enroll until the next Open Enrollment period, unless you have a Qualifying Life Event.

You have 30 days from your date of hire to enroll in coverage.

Online: Visit www.TheAmericanWorker.com

1. Select **Login and Enroll**
2. Click on **Register & Enroll**

Available anytime, day or night

Phone: Call **(866) 866-3424**

Available Monday - Friday, 7:00 AM - 7:00 PM CT

SECTION 125 INFORMATION



I hereby elect to participate in The American Worker Plan for benefits made available under the Internal Revenue Code Section 79, 105, 106, 125, and these sections as amended. I understand that the plan will automatically convert to pretax status any eligible payroll deductions which are provided through the Plan. I understand that by participating in this Plan my Social Security benefits may be reduced since these premiums will be deducted before my salary is taxed. This election will remain in effect for the entire Plan Year. My election CANNOT be changed during the Plan Year in accordance with the Internal Revenue Service Guidelines unless a qualifying event occurs. Qualifying events include: marriage, divorce, legal separation, death of spouse, birth or legal adoption of a child, death of a child, or spousal change of employment affecting insurance coverage. By enrolling you have accepted the terms detailed above.



About Your Coverage

MINIMUM ESSENTIAL COVERAGE (MEC) PLAN

- 100% coverage when using in-network providers for Preventive Care and Wellness services required by ACA
- National PPO Network - Save on Physician and Hospital services from network providers
- Medical Price Shopping Tool - Estimate the costs of services before scheduling

MEC PLUS PLANS

- 100% coverage when using in-network providers for Preventive Care and Wellness services required by ACA
- First dollar coverage for Doctor Office Visits, Diagnostic X-Rays and Lab Work, Hospital Stays and more
- Key features include no deductibles, copays, pre-existing condition limitations or waiting periods
- Prescription Drug coverage
- National PPO Network - Save on Physician and Hospital services from network providers
- Telehealth - 24/7 access to doctors by phone, web or mobile app for free
- Medical Price Shopping Tool - Estimate the costs of services before scheduling

MEC ENHANCED PLAN

- 100% coverage when using in-network providers for Preventive Care and Wellness services required by ACA
- Copays for Doctor Office Visits, Diagnostic Test and Lab Work and Prescription Drugs
- National PPO Network - Save on Physician and Hospital services from network providers
- Telehealth - 24/7 access to doctors by phone, web or mobile app for free
- Medical Price Shopping Tool - Estimate the costs of services before scheduling

FREESTANDING COVERAGE OPTIONS

- Dental Coverage
- Vision Coverage
- Short-Term Disability
- Life/AD&D Insurance

MEC COVERED SERVICES

The Minimum Essential Coverage (MEC) services satisfy the requirement set forth by the Affordable Care Act (ACA) and cover a multitude of common screenings and preventive services at 100%. You MUST visit a PHCS Network provider for services to be covered. Services from out-of-network providers are NOT covered. To find a provider, visit www.multiplan.com/awp and select the PHCS Limited Benefit Network.

Most Common Services

- Cholesterol Tests
- Flu Shots
- Annual Well-Woman Exams
- Contraceptives
- Mammograms
- Colon Cancer Screening
- Childhood Immunizations
- Well-Child Checkups
- Medical Price Shopping Tool

Weekly Rates

Employee Only	\$12.23
Employee + Spouse	\$16.16
Employee + Child(ren)	\$16.62
Family	\$22.85

Additional Services at a Glance

ADULTS

Screenings: Abdominal Aortic Aneurysm, Alcohol Misuse, Blood Pressure, Cholesterol, Colorectal Cancer, Depression, Diabetes (Type 2), Hepatitis B, Hepatitis C, HIV, Lung Cancer, Obesity, Syphilis, Tobacco Use, Tuberculosis

Immunizations: Diphtheria, Hepatitis A, Hepatitis B, Herpes Zoster, HPV, Influenza (flu shot), Measles, Meningococcal, Mumps, Pertussis, Pneumococcal, Rubella, Tetanus, Varicella (Chickenpox)

WOMEN INCLUDING PREGNANT WOMEN OR WOMEN WHO MAY BECOME PREGNANT

Screenings: Anemia, Breast Cancer Mammography, Cervical Cancer, Chlamydia, Diabetes, Domestic and Interpersonal Violence, Gestational Diabetes, Gonorrhea, Hepatitis B, HIV, HPV, Maternal Depression, Osteoporosis, Preeclampsia, Rh Incompatibility, Syphilis, Tobacco Use, Urinary Incontinence, Urinary Tract Infection

Counseling: Breast Cancer Chemoprevention, Breast Cancer Genetic Testing (BRCA), Breastfeeding, Contraception, Domestic and Interpersonal Violence, HIV, Sexually Transmitted Infection

CHILDREN

Screenings: Autism, Bilirubin Concentration, Blood, Blood Pressure, Cervical Dysplasia, Depression, Developmental, Dyslipidemia, Hearing, Hematocrit or Hemoglobin, Hemoglobinopathies or Sickle Cell, Hepatitis B, HIV, Hypothyroidism, Lead, Obesity, Phenylketonuria (PKU), Sexually Transmitted Infection, Tuberculin, Vision

Immunizations: Diphtheria, Haemophilus Influenzae Type B, Hepatitis A, Hepatitis B, HPV, Inactivated Poliovirus, Influenza (flu shot), Measles, Meningococcal, Pertussis, Pneumococcal, Rotavirus, Tetanus, Varicella (Chickenpox)

MEDICAL PRICE SHOPPING TOOL: HEALTHCARE BLUEBOOK

Shop for medical procedures at in-network providers in your area to find the best price and get an out-of-pocket cost estimate. It's easy to find hundreds to thousands of dollars in savings with a simple search before scheduling.

Access the medical price shopping tool at www.theamericanworker.com or call (855) 495-1190. The medical price shopping tool does not guarantee cost estimates will be the price you are charged or pay for services.

Please note, the U.S. Preventive Services Task Force periodically updates these lists and sets the requirements such as age, gender, or health conditions for services to be covered. For a current list including all requirements, visit www.healthcare.gov/preventive-care-benefits/.

IMPORTANT: Your doctor may provide a preventive service, such as a cholesterol screening test, as part of an office visit. Be aware that you may be required to pay some costs for the office visit, if the preventive service is not the primary purpose of the visit, or if your doctor bills you for the preventive services separately from the office visit.

MEC PLUS PLANS



The American Worker MEC Plus Plans provide affordable, first dollar coverage. The plans offer coverage for basic healthcare services and prescription drug discounts. To find a provider, visit www.Multiplan.com/awp - Limited Benefit Network.

The MEC Plus Plans are underwritten by Nationwide Life Insurance Company. The plans include additional benefit plan features which are provided by separate vendors. **All benefits pay on a calendar year basis per person, unless stated otherwise.**

Preventive Services		
Minimum Essential Coverage (MEC)	Plan pays 100% for all ACA required preventive care services. You MUST visit a PHCS Network provider for Preventive services to be covered.	
Fixed Indemnity Services	Standard Plan	Preferred Plan
Physician's Office	\$75 per day; 6 days per year	\$75 per day; 6 days per year
Outpatient Diagnostic Lab	\$100 per testing day; 3 days per year	\$100 per testing day; 3 days per year
Outpatient Diagnostic X-Ray	\$100 per testing day; 3 days per year	\$100 per testing day; 3 days per year
Outpatient Diagnostic Advanced Studies	\$500 per testing day; 1 day per year	\$700 per testing day; 1 day per year
Emergency Room Sickness	\$200 per day; 2 days per year	\$200 per day; 2 days per year
Surgical Indemnity Benefit		
-Daily Inpatient Surgical	\$1,000 per day, 1 day per year	\$2,000 per day, 1 day per year
-Daily Outpatient Surgical	\$500 per day	\$1,000 per day
-Daily Outpatient Minor	\$100 per day	\$200 per day
-Outpatient Benefit Maximum	1 day per year	1 day per year
Anesthesia	30% of Surgical Benefit	30% of Surgical Benefit
Daily In-Hospital Indemnity	\$500 per day; 500 day lifetime max	\$1,000 per day; 500 day lifetime max
Intensive Care Unit	\$1,000 per day; 30 days per year	\$2,000 per day; 30 days per year
Substance Abuse	\$250 per day; 30 days per year	\$500 per day; 30 days per year
Mental Illness	\$250 per day; 30 days per year	\$500 per day; 10 days per year
Skilled Nursing (Inpatient)	\$250 per day; 60 days per stay	\$500 per day; 60 days per stay
Ambulance (Ground & Air)	\$500 per day; 1 day per year	\$500 per day; 1 day per year
*Prescription Drugs	PramRx 1	PramRx 2
*Accident Medical Expense	\$5,000 maximum benefit per injury	
*Accidental Death & Dismemberment	\$15,000 Employee / \$7,500 Spouse / \$3,000 Child	
*HealthiestYou	No cost access to doctors by phone or online	
*PHCS Network	Physician and Hospital	
*Medical Price Shopping Tool	Estimate medical costs before scheduling	
Weekly Rates	Standard Plan	Preferred Plan
Employee Only	\$40.44	\$54.13
Employee + Spouse	\$75.35	\$109.16
Employee + Child(ren)	\$65.16	\$89.88
Family	\$98.79	\$133.36

***Services not underwritten by Nationwide Life Insurance Company. The MEC Plus Plans are not available to residents of MN, NH, NM and VT.**

MEC PLUS PLANS (CONT.)



The American Worker MEC Plus Plans provide affordable, first dollar coverage. The plans offer coverage for basic healthcare services and prescription drug discounts. To find a provider, visit www.Multiplan.com/awp - Limited Benefit Network.

The MEC Plus Plans are underwritten by Nationwide Life Insurance Company. The plans include additional benefit plan features which are provided by separate vendors. **All benefits pay on a calendar year basis per person, unless stated otherwise.**

Preventive Services	
Minimum Essential Coverage (MEC)	Plan pays 100% for all ACA required preventive care services. You MUST visit a PHCS Network provider for Preventive services to be covered.
Fixed Indemnity Services	Elite Plan
Physician's Office	\$90 per day; 8 days per year
Outpatient Diagnostic Lab	\$100 per testing day; 3 days per year
Outpatient Diagnostic X-Ray	\$125 per testing day; 3 days per year
Outpatient Diagnostic Advanced Studies	\$700 per testing day; 2 days per year
Emergency Room Sickness	\$200 per day; 2 days per year
Surgical Indemnity Benefit	
-Daily Inpatient Surgical	\$3,000 per day, 1 day per year
-Daily Outpatient Surgical	\$1,500 per day
-Daily Outpatient Minor	\$300 per day
-Outpatient Benefit Maximum	1 day per year
Anesthesia	30% of Surgical Benefit
Daily In-Hospital Indemnity	\$1,500 per day; 500 day lifetime max
Intensive Care Unit	\$3,000 per day; 30 days per year
Substance Abuse	\$750 per day; 30 days per year
Mental Illness	\$750 per day; 10 days per year
Skilled Nursing (Inpatient)	\$750 per day; 60 days per stay
Ambulance (Ground & Air)	\$500 per day; 1 day per year
*Prescription Drugs	PramRx 2
*Accident Medical Expense	\$5,000 maximum benefit per injury
*Accidental Death & Dismemberment	\$15,000 Employee / \$7,500 Spouse / \$3,000 Child
*HealthiestYou	No cost access to doctors by phone or online
*PHCS Network	Physician and Hospital
*Medical Price Shopping Tool	Estimate medical costs before scheduling
Weekly Rates	Elite Plan
Employee Only	\$66.72
Employee + Spouse	\$145.29
Employee + Child(ren)	\$113.32
Family	\$167.35

***Services not underwritten by Nationwide Life Insurance Company.
The MEC Plus Plans are not available to residents of MN, NH, NM and VT.**

MEC ENHANCED PLAN



The American Worker MEC Enhanced Plan contains copays for affordable coverage. The plan offers coverage for basic healthcare services and prescription drug discounts. To find a provider, visit www.Multiplan.com/awp - Limited Benefit Network.

The MEC Enhanced Plan is underwritten by Nationwide Life Insurance Company. The plan includes additional benefit plan features which are provided by separate vendors.

MEC Enhanced Plan	
Self-Funded Benefits	
Minimum Essential Coverage (MEC)	Plan pays 100% for all ACA required preventive care services. You MUST visit a PHCS Network provider for Preventive services to be covered.
Physician's Office Visit	\$30 copay; unlimited visits
Specialists	\$50 copay; 2 visits per year
Diagnostic Tests & Lab Work	\$30 copay; unlimited
Advanced Imaging	\$50 copay; 3 tests per year
Full-Insured Benefits¹ - All benefits pay on a calendar year basis per person, unless stated otherwise.	
Surgical Indemnity Benefit	
-Daily Inpatient Surgical	\$3,000 per day; 1 day per year
-Daily Outpatient Surgical	\$1,500 per day
-Daily Outpatient Minor	\$300 per day
-Outpatient Benefit Maximum	1 day per year
Anesthesia	30% of Surgical Benefit
Emergency Room Sickness	\$500 per day; 2 days per year
Ambulance (Ground & Air)	\$500 per day; 1 day per year
Hospital Admission	\$2,000 lump sum per confinement
Daily In-Hospital Indemnity	\$2,000 per day; 500 day lifetime max
Intensive Care Unit	\$4,000 per day; 30 days per year
Substance Abuse	\$1,000 per day; 30 days per year
Mental Illness	\$1,000 per day; 5 days per year
Skilled Nursing (Inpatient)	\$1,000 per day; 60 stays per year
Prescription Drugs ²	PramRx 3
Accident Medical Expense ²	\$5,000 maximum benefit per injury
Accidental Death & Dismemberment ²	\$15,000 Employee / \$7,500 Spouse / \$3,000 Child
HealthiestYou ²	No cost access to doctors by phone or online
PHCS Network ²	Physician and Hospital
Medical Price Shopping Tool ²	Estimate medical costs before scheduling
Weekly Rates	
MEC Enhanced Plan	
Employee Only	\$81.71
Employee + Spouse	\$171.24
Employee + Child(ren)	\$147.20
Family	\$214.62

¹The MEC Enhanced Plan is not available to residents of MN, NH, NM and VT.

²Services not underwritten by Nationwide Life Insurance Company.

ADDITIONAL PLAN FEATURES

PHCS PPO Limited Benefit Network

Members have access to the PHCS Network, which provides savings on Physician and Hospital services. By visiting a PHCS provider you can reduce your out-of-pocket expenses.

FIND A NETWORK PROVIDER

- **Limited Benefit Network:** www.Multiplan.com/awp
- **Call:** (888) 371-7427

HealthiestYOU

All plan designs provide covered individuals with 24/7 access to U.S. licensed physicians that can provide general advice and recommendations, diagnostic medical consultations, and write non-controlled prescriptions when appropriate. HealthiestYOU also provides members with access to an online wellness platform to help improve the member's overall health.

- **Visit:** www.Healthiestyou.com
- **Call:** (866) 703-1259

Pram Rx 1 - Provided by CerpasRx (AVAILABLE IN MEC PLUS STANDARD PLAN)

- **Tier 1 (Most Generics):** \$10 Copay
- **Tier 2 (Some Generics & Preferred/Formulary Brand Name):** \$50 or 50%; whichever is greater
- **Tier 3 (Non-Preferred Brand):** Discounts
- **Monthly Maximum:** \$250 Employee / \$500 Family
- No Deductible
- Restricted Formulary

Pram Rx 2 - Provided by CerpasRx (AVAILABLE IN MEC PLUS PREFERRED & ELITE PLANS)

- **Tier 1 (Most Generics):** \$10 Copay
- **Tier 2 (Some Generics & Preferred/Formulary Brand Name):** \$30 Copay
- **Tier 3 (Non-Preferred Brand):** Discounts
- **Monthly Maximum:** \$250 Employee / \$500 Family
- No Deductible
- Restricted Formulary

Pram Rx 3 - Provided by CerpasRx (AVAILABLE IN MEC ENHANCED PLAN)

- **Tier 1 (Most Generics):** \$10 Copay
- **Tier 2 (Some Generics & Preferred/Formulary Brand Name):** \$30 Copay
- **Tier 3 (Non-Preferred Brand):** Discounts
- **Monthly Maximum:** \$750 Employee / \$1,500 Family
- No Deductible
- Restricted Formulary

FIND A CERPASSRX PROVIDER

- **Visit:** www.cerpasrx.com
- **Call:** (844) 636-7506

Medical Price Shopping Tool: Healthcare Bluebook

Shop for medical procedures at in-network providers in your area to find the best price and get an out-of-pocket cost estimate. It's easy to find hundreds to thousands of dollars in savings with a simple search before scheduling.

Access the medical price shopping tool at www.theamericanworker.com or call (855) 495-1190.
The medical price shopping tool does not guarantee cost estimates will be the price you are charged or pay for services.



Dental

Keep a bright, healthy smile while supporting your overall well-being with affordable dental coverage.

Calendar Year Maximum	Up to \$1,000 per Covered Member	
Deductible	\$50 per Year; 3 per Family Maximum	
	Covered Services	Waiting Period
	Preventive and Diagnostic Routine Exams, Cleanings, X-rays, etc.	None
	Basic Treatment Restorative Amalgams and Composites Endodontics, Periodontics, Extractions, etc.	None
	Major Treatment Onlays, Crowns, Prosthodontics, etc.	None
		Coinsurance
		Covered at 100% (U&C)*
		Covered at 80% (U&C)*
		Covered at 50% (U&C)*

*Usual & Customary (U&C): Lower rates are achieved in part by limiting what is paid per procedure on non-network claims to the same amount that network dentists have agreed to charge.

Weekly Rates	
Employee	\$7.50
Employee + Spouse	\$15.75
Employee + Child(ren)	\$17.25
Family	\$26.75

LOCATE NETWORK PROVIDERS

Call (800) 659-2223

- Select **option 3**

Visit www.Ameritas.com

- Select **"FIND A HEALTH PROVIDER"**
- Select **"DENTAL"**
- Select **"NETWORK PROVIDER"**
- Enter Your Location
- Select **"CLASSIC PPO" Network.**

Vision

A regular eye exam won't just help you see better, it can also detect the first signs of serious health conditions. Visit a VSP Choice provider to get the most benefit from the plan.

Deductible	\$10 Exam, \$10 Eye Glass Lenses or Frames ¹	
	VSP Choice Network	Out-of-Network
Annual Eye Exam	Covered in Full	Up to \$45
Lenses (per pair)		
Single Vision / Bifocal	Covered in Full	Up to \$30 / Up to \$50
Trifocal / Lenticular	Covered in Full	Up to \$65 / Up to \$100
Contacts		
Fit and Follow Up Exams	Member Cost Up to \$60	No Benefit
Elective	Up to \$150	Up to \$120
Medically Necessary	Covered in Full	Up to \$210
Frames	Up to \$150 ²	Up to \$75
Frequency	Based on Date of Service	
Exam / Lens / Frames	12 Months / 12 Months / 24 Months	

¹Deductible applies to a complete pair of glasses or frames, whichever is selected.

²The Costco allowance will be the wholesale equivalent.

Weekly Rates	
Employee	\$2.20
Employee + Spouse	\$3.60
Employee + Child(ren)	\$3.59
Family	\$5.79

LOCATE NETWORK PROVIDERS

Call (800) 877-7195

Visit www.Ameritas.com

- Select **"FIND A HEALTH PROVIDER"**
- In the **"Find a Vision Provider"** section, click the **VSP** down arrow.
- Select **"Find VSP Providers"**

FREESTANDING COVERAGE OPTIONS



Short-Term Disability*

Daily life depends on consistent income, but accidents and serious illnesses can keep you out of work. This plan can help you cover your expenses by paying you cash if you get sick or injured and can't work.

Weekly Maximum Benefit	Plan pays up to \$300 per week
Maximum Benefit Period	26 weeks
Waiting Period	7 days (Accidents and Illnesses)
Perct of Weekly Salary	66% (Excludes Overtime and Bonuses)

Weekly Rates

Employee Only	\$4.07
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Coverage includes disability due to pregnancy and childbirth.

Life/AD&D Insurance*

The loss of a loved one is a traumatic event. It can also create financial uncertainty. This plan can help ease the financial burden and protect the future of those that depend on you most.

	\$25,000	\$50,000	\$75,000	\$100,000
Life Insurance and AD&D Insurance				
Employee	\$25,000	\$50,000	\$75,000	\$100,000
Dependent Life Insurance				
Spouse	\$12,500	\$25,000	\$37,500	\$50,000
Child (6 months to 26 years)	\$6,250	\$12,500	\$18,750	\$25,000
Infant (10 days to 6 months)	\$1,000	\$2,000	\$3,000	\$4,000
Weekly Rates				
Employee Only	\$2.82	\$5.62	\$8.44	\$11.25
Employee + Spouse	\$4.23	\$8.44	\$12.66	\$16.88
Employee + Child(ren)	\$4.23	\$8.44	\$12.66	\$16.88
Family	\$5.99	\$11.97	\$17.96	\$23.94

*The Short-Term Disability and Life and AD&D Insurance benefits are not available to residents of NH, NM and VT.



Paying For Your Benefits

Your coverage begins the Monday in which you receive a paycheck that a premium deduction occurs and continues uninterrupted as long as premiums are deducted from your paycheck. If you receive a paycheck without a deduction, your coverage is suspended until the Monday prior to you receiving your next paycheck with a deduction. To avoid having coverage suspended, you must make a missed premium payment every time a deduction is not taken from your paycheck.

Missed Premium Payments

You have 30 days from the date of your paycheck without deduction to make a missed premium payment. If you do not make a payment within 30 days, you will not be able to pay for that coverage period at a later date. If you missed a deduction and want to find out the balance due or make a payment, visit www.TheAmericanWorker.com or call (855) 495-1190.

You can make missed premium payments online, by phone or by mail. Payment options include credit or debit card, personal check and money order. You can also authorize an automatic payment be processed every time premium is not deducted from your paycheck.

IMPORTANT... You must contact The American Worker to cancel automatic payments when your employment ends. If you do not, your account will be charged for coverage and you will not receive a refund.

Coverage Termination Due to Nonpayment

You must make a premium payment for every benefit period, either through payroll deduction or missed premium. If you do not pay your premium for 5 consecutive weeks, your coverage will be terminated for nonpayment. Review every paycheck to make sure your premium is deducted. If it is not, contact The American Worker immediately to make a payment and avoid having your coverage terminated for nonpayment.

Introduction

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It also can become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description, which will be mailed to you following your enrollment in the plan.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed below. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan due to one of the following qualifying events:

- Your hours of employment are reduced
- Your employment ends for any reason other than your gross misconduct

If you are the spouse or domestic partner of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan due to any of the following qualifying events:

- Your spouse or domestic partner dies
- Your spouse's or domestic partner's hours of employment are reduced
- Your spouse's or domestic partner's employment ends for any reason other than his or her gross misconduct
- Your spouse or domestic partner's becomes entitled to Medicare benefits (under Part A, Part B, or both)
- You become divorced or legally separated from your spouse or domestic partner

Your dependent children will become qualified beneficiaries if they lose coverage under the plan due to any of the following qualifying events:

- The parent/employee dies
- The parent/employee's hours of employment are reduced
- The parent/employee's employment ends for any reason other than his or her gross misconduct.
- The parent/employee becomes entitled to Medicare benefits (Part A, Part B, or both)
- The parents become divorced or legally separated
- The child stops being eligible for coverage under the plan as a "dependent child"

When is COBRA coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred.

The employer must notify the Plan Record-keeper if any of the following qualifying events occur: the end of employment, a reduction of hours of employment, death of the employee, commencement of a proceeding in bankruptcy with respect to the employer, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).



Please refer to official insurance policy and plan documents for more extensive information concerning your benefit plans. In the event of any conflict between this guide and the official plan documents, the plan documents, policy and certificate of coverage will govern.

Nationwide: New Hampshire, New Mexico, and Vermont residents are not eligible for any of the benefit programs offered by The American Worker.

Nationwide and Nationwide N and Eagle are service marks of Nationwide Mutual Insurance Company.

The coverage is underwritten by Nationwide Life Insurance Company, Columbus, Ohio (CA COA #7032). The Fixed Indemnity Plan applicable to policy form SRCP 2000 or state equivalent. Nationwide and the Nationwide N and Eagle are service marks of Nationwide Mutual Insurance Company. NSM-0301AO (06/23).

Minimum Essential Coverage (MEC): This Plan is designed to provide Plan Participants with minimum essential coverage under the federal income tax rules. While you are enrolled in this Plan, you will not be eligible for a federal tax credit through a federal or state exchange (sometimes referred to as the insurance marketplace). If you do not enroll in this plan, you may be eligible for a federal tax credit that lowers your monthly premium. If you do not enroll you may receive a reduction in certain cost-sharing if you enroll in a health insurance plan through the federal or state exchange. Please note that this plan is NOT minimum essential coverage for purposes of the individual health coverage requirements in MA.

Fixed Indemnity: This program is not intended nor recommended to replace any comprehensive program of insurance in which you currently participate, or intend to participate. This plan is not designed to replace or provide major medical or catastrophic coverage. This brochure is for summary purposes only. The insurance benefits of the fixed indemnity plan are offered by <Nationwide Life Insurance Company. Additional information will be provided upon enrollment in the program. Plan exclusions and limitations apply. **Massachusetts residents** are eligible for the Fixed Indemnity plan, but this plan does NOT meet Minimum Creditable Coverage standards. **The Fixed Indemnity Plan is (a) not a substitute for minimum essential health coverage under the Affordable Care Act (ACA); and (b) does not qualify as minimum essential coverage under the ACA.**

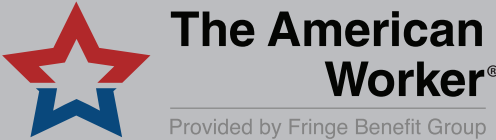
Please Note: A separate claim form is needed for the Accident Medical & AD&D benefits. You may access the claim forms at www.TheAmericanWorker.com or by calling Member Services.

Accident Medical Expense: This is a brief summary of the Accident coverage available under this plan. The issued Policy contains the complete limitations, exclusions, definitions and plan provisions. Plan features and availability may vary by state. Full details of the coverage are contained in the Policy on file with the Policyholder. If any conflict should arise between the contents of this summary and the respective Policy, the terms of the Policy will govern in all cases.

HealthiestYou: © Teladoc Health, Inc. All rights reserved. HealthiestYou and the HealthiestYou logo are trademarks of Teladoc Health, Inc., and may not be used without written permission. HealthiestYou does not replace the primary care physician. HealthiestYou does not guarantee that a prescription will be written. HealthiestYou operates subject to state regulation and may not be available in certain states. HealthiestYou does not prescribe DEA-controlled substances, non-therapeutic drugs and certain other drugs that may be harmful because of their potential for abuse. HealthiestYou physicians reserve the right to deny care for potential misuse of services.



BENEFITS ENROLLMENT GUIDE



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