

2021

ASSOCIATE BENEFITS

NOW IS YOUR CHANCE TO ENROLL...

YOUR COVERAGE CHOICES

We value the contributions of our associates and strive to provide quality benefits to our workforce. In appreciation of your dedicated service we are pleased to offer a variety of affordable coverage options through The American Worker. We encourage you to review this guide so you understand your benefit options and can make the right choices for you and your family.

MEDICAL OPTIONS: Choose 1 of 5 Plans

Med Enhanced

- Copays for Dr. Visits, Labs, X-rays and Generic Drugs
- 100% in-network coverage for ACA required preventive services

Med Enhanced Plus

- Includes all the Med Enhanced benefits *PLUS*
- Coverage for Accidents, Hospital Stays, Surgeries and more

Med Advantage

- 100% in-network coverage for ACA required preventive services

Med Advantage Plus

- Includes all the Med Advantage benefits *PLUS*
- Coverage for Dr. Visits, Labs, X-rays, Prescription discounts and more

Med Basic

- Coverage for Dr. Visits, Labs, X-rays, Prescription discounts and more
-

ADDITIONAL COVERAGE OPTIONS

You can elect any of these benefit plans on a freestanding basis or in addition to medical coverage.

- **Dental:** Pays up to \$500 per year
- **Vision:** Coverage for eye exams and corrective eyewear
- **Short-term Disability:** Pays \$200 per week for up to 26 weeks
- **Life and AD&D Insurance:** \$20,000 of coverage for associates

ELIGIBILITY AND ENROLLMENT

You are immediately eligible for The American Worker benefit plans without a waiting period.

You can enroll during the new hire onboarding process or within 30 days of receiving your first paycheck.

Note: To enroll after receiving your first paycheck, use one of the options below:

ENROLL NOW

Online: www.TheAmericanWorker.com

Available anytime

Phone: (877) 220-1862

Monday - Friday, 8 AM to 8 PM ET

Mobile Device: Text Staff2021 to (855) 932-4533

Available anytime

Enrolling Online...

Under "Login and Enroll" choose "Register and Enroll"

Select "Returning User?" or "New User?"

- **Returning Users:** Login using your username and password
- **New Users:** Select "Employee ID" and in the fields below enter
 - Employee ID #: Your Social Security Number
 - Group #: 98418
 - Date of Birth: Your Date of Birth

Click "Continue" to enroll yourself and your dependents

Note: New users will need to create an account before enrolling

Para información o ayuda en Español llame al (877) 220-1862



MEDICAL COVERAGE OPTIONS OVERVIEW

You can choose **ONE** of the five medical options below. The benefits vary by plan, so an overview of each plan has been included to help you better understand and compare your options. Review the following chart so you can make the right choice for you and your family.

COVERAGE OVERVIEW	BASIC	ADVANTAGE	ADVANTAGE PLUS	ENHANCED	ENHANCED PLUS
First Health Network	✓	✓	✓	✓	✓
Primary Care Office Visit	Pays \$100/Day		Pays \$100/Day	You Pay \$10*	You Pay \$10*
Specialist Office Visit				You Pay \$75*	You Pay \$75*
Teladoc	✓		✓	✓	✓
Outpatient Diagnostic Lab	Pays \$75/Day		Pays \$75/Day	You Pay \$20*	You Pay \$20*
Outpatient Diagnostic X-ray	Pays \$200/Day		Pays \$200/Day		
Outpatient Diagnostic Advanced Studies	Pays \$300/Day		Pays \$300/Day		Pays \$300/Day
Preventive Care		Plan Pays 100%*	Plan Pays 100%*	Plan Pays 100%*	Plan Pays 100%*
Accident (per occurrence)	Pays up to \$300		Pays up to \$300		Pays up to \$1,000
Emergency Room Sickness					Pays \$150/Day
Inpatient Surgery	Pays \$1,000/Day		Pays \$1,000/Day		Pays \$2,000/Day
Hospital Admission (lump sum)	Pays \$500/ Confinement		Pays \$500/ Confinement		Pays \$1,000/ Confinement
Inpatient Hospital Indemnity	Pays \$100/Day		Pays \$100/Day		Pays \$600/Day
Inpatient Intensive Care Unit	Pays \$200/Day		Pays \$200/Day		Pays \$1,200/Day
Prescription Drug	Generic & Brand Discounts		Generic & Brand Discounts	Generic Copays Brand Discounts	Generic Copays Brand Discounts

*You MUST visit a First Health Network provider for services to be covered. Services from out-of-network providers are NOT covered.

WEEKLY RATES (Note: Biweekly rates are twice the weekly rates. Monthly rates are slightly more than 4 times the weekly rates.)	BASIC	ADVANTAGE	ADVANTAGE PLUS	ENHANCED	ENHANCED PLUS
Associate Only	\$18.59**	\$3.23	\$21.82**	\$15.97	\$31.05**
Associate & Spouse	\$31.24**	\$4.16	\$35.40**	\$38.59	\$74.19**
Associate & Child(ren)	\$31.37**	\$4.26	\$35.63**	\$46.57	\$72.59**
Associate & Family	\$47.30**	\$4.60	\$51.90**	\$62.52	\$102.03**

**Rates include a \$0.25 weekly administrative fee

First Health Network*

Members have access to one of the nations largest networks providing savings on Physician and Hospital services

- Over 490,000 provider locations across the country
- To locate a provider, visit www.FirstHealthLBP.com

Tip... When making an appointment, make sure to tell your provider your coverage includes the First Health network and confirm they participate in the network.

Teladoc: Talk to a Doctor Anytime for FREE***

Quality care in minutes from U.S. board-certified doctors 24 hours a day, 365 days a year by phone, online video or mobile app

- Convenient and effective care at no cost to you
- Doctors diagnose, treat and, if needed, prescribe medication
- Avoid expensive urgent care or ER visits for non-emergencies

Registration required prior to use

BENEFIT DEDUCTIONS & CHANGES DURING THE YEAR

The cost of coverage is deducted from your paycheck before taxes are taken out, which saves you money. Since deductions are processed pretax, IRS regulations determine when you can enroll, change or cancel coverage during the year.

You must enroll when initially eligible or during Open Enrollment and the coverage you elect will remain in place for the entire year. If you don't, you must wait until the next Open Enrollment to enroll. However, if you experience a Qualifying Life Event (QLE) during the year, you may be eligible to enroll in new coverage, make changes to existing coverage or cancel your current coverage.

Qualifying Life Events include, but are not limited to: birth, adoption or legal guardianship of a child; marriage, divorce, or legal separation; death of a spouse or child; spousal change of employment affecting insurance coverage.

You have 30 days from the date of the QLE to call The American Worker to make a change. If you do not, you will not be able to make a change until the next Open Enrollment. Coverage changes must be consistent with the QLE and documentation may be required.

MED BASIC - PLAN HIGHLIGHTS

The Med Basic Plan provides coverage for basic healthcare services due to an accident or illness. The plan pays a fixed amount per day for covered services. The plan pays in addition to other coverage, which can help offset out-of-pocket costs when receiving treatment.

The Med Basic Plan gives you coverage both in and out of the First Health Network. Visiting a First Health Network provider can reduce your costs. The plan also includes Teladoc and prescription drug discounts to help you save on medical expenses.

COVERAGE OVERVIEW	MED BASIC
First Health Network	Included - See page 2 for details
Primary Care Office Visit Specialist Office Visit	Plan Pays \$100 per Day, 6 Days per Person per Year
Teladoc	Access to Doctors by Phone or Online Anytime for <i>Free</i> Registration required prior to use - See page 2 for details
Outpatient Diagnostic Lab	Plan Pays \$75 per Testing Day, 3 Days per Person per Year
Outpatient Diagnostic X-ray	Plan Pays \$200 per Testing Day, 3 Days per Person per Year
Outpatient Diagnostic Advanced Studies	Plan Pays \$300 per Testing Day, 3 Days per Person per Year
Accidental Injury Care	Plan Pays \$300 Maximum per Occurrence
Surgical Indemnity Daily Inpatient Daily Outpatient / Daily Outpatient Minor Outpatient Benefit Maximum	Plan Pays \$1,000 per Day, 1 Day per Person Per Year Plan Pays \$500 / \$100 per Day 1 Day per Person per Year
Anesthesia	Plan Pays 30% of the Surgical Benefit
Daily In-Hospital Indemnity	Plan Pays \$100 per Day, 500 Days Lifetime Maximum
Hospital Admission (<i>Lump Sum</i>)	Plan Pays \$500 per Confinement
Intensive Care Unit	Plan Pays \$200 per Day; 30 Days per Person per Year
Substance Abuse	Plan Pays \$50 per Day; 30 Days per Person per Year
Mental Illness	Plan Pays \$50 per Day; 30 Days per Person per Year
Skilled Nursing	Plan Pays \$50 per Day; 60 Days per Person per Stay
Prescription Drug Coverage	AWP Value Rx - See below for details

WEEKLY RATES	
Associate Only	\$18.59*
Associate & Spouse	\$31.24*
Associate & Child(ren)	\$31.37*
Associate & Family	\$47.30*

*Rates include a \$0.25 weekly administrative fee

The Med Basic Plan is underwritten by Nationwide Life Insurance Company but includes other benefits such as First Health, Teladoc and AWP Value Rx which are provided by separate vendors.

AWP Value Rx - Provided by CerpaxRx

This program is designed to provide substantial prescription drug savings by helping you identify affordable options.

- Select Generic and Brand drugs available for \$10, \$20, \$50 or less
- Non-Select Generic and Brand drugs are available at a discount
- Over 70,000 participating pharmacies nationwide. To locate a pharmacy visit www.AWPValueRx.com.

AWP Value Rx is a non-insurance prescription drug discount program

Notes: The Med Basic Plan (a) is 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.

The Med Basic Plan is not available to New Hampshire or Vermont residents. Benefits vary slightly for Washington residents.

MED ADVANTAGE & MED ADVANTAGE PLUS - PLAN HIGHLIGHTS

Both plans provide 100% in-network coverage for all ACA required preventive services.

The Med Advantage Plan only covers preventive services. It does not provide any coverage for illness or accidents.

The Med Advantage Plus Plan adds coverage for the treatment of illnesses and accidents such as Doctor Visits, Labs, X-rays, Surgeries, Hospital Stays, and more. It also includes Teladoc and Prescription Drug discounts.

COVERAGE OVERVIEW	MED ADVANTAGE
First Health Network	Required - See page 2 for details
Preventive Care*	Plan Pays 100% for all ACA required Preventive Care Services See page 6 for a list of Covered Preventive Care Services

*You MUST visit a First Health Network provider for services to be covered. Services from out-of-network providers are NOT covered.

COVERAGE OVERVIEW	MED ADVANTAGE PLUS
First Health Network	Required - See page 2 for details
Preventive Care*	Plan Pays 100% for all ACA required Preventive Care Services See page 6 for a list of Covered Preventive Care Services
Primary Care Office Visit Specialist Office Visit	Plan Pays \$100 per Day, 6 Days per Person per Year
Teladoc	Access to Doctors by Phone or Online Anytime for Free Registration required prior to use - See page 2 for details
Outpatient Diagnostic Lab	Plan Pays \$75 per Testing Day, 3 Days per Person per Year
Outpatient Diagnostic X-ray	Plan Pays \$200 per Testing Day, 3 Days per Person per Year
Outpatient Diagnostic Advanced Studies	Plan Pays \$300 per Testing Day, 3 Days per Person per Year
Accidental Injury Care	Plan Pays \$300 Maximum per Occurrence
Surgical Indemnity Daily Inpatient Daily Outpatient / Daily Outpatient Minor Outpatient Benefit Maximum	Plan Pays \$1,000 per Day, 1 Day per Person Per Year Plan Pays \$500 / \$100 per Day 1 Day per Person per Year
Anesthesia	Plan Pays 30% of the Surgical Benefit
Daily In-Hospital Indemnity	Plan Pays \$100 per Day, 500 Days Lifetime Maximum
Hospital Admission (<i>Lump Sum</i>)	Plan Pays \$500 per Confinement
Intensive Care Unit	Plan Pays \$200 per Day; 30 Days per Person per Year
Substance Abuse	Plan Pays \$50 per Day; 30 Days per Person per Year
Mental Illness	Plan Pays \$50 per Day; 30 Days per Person per Year
Skilled Nursing	Plan Pays \$50 per Day; 60 Days per Person per Stay
Prescription Drug Coverage	AWP Value Rx - See below for details

*You MUST visit a First Health Network provider for services to be covered. Services from out-of-network providers are NOT covered.

WEEKLY RATES	MED ADVANTAGE	MED ADVANTAGE PLUS
Associate Only	\$3.23	\$21.82**
Associate & Spouse	\$4.16	\$35.40**
Associate & Child(ren)	\$4.26	\$35.63**
Associate & Family	\$4.60	\$51.90**

**Rates include a \$0.25 weekly administrative fee

AWP Value Rx - Provided by CerpaxRx

This program is designed to provide substantial prescription drug savings by helping you identify affordable options.

- Select Generic and Brand drugs available for \$10, \$20, \$50 or less
- Non-Select Generic and Brand drugs are available at a discount
- Over 70,000 participating pharmacies nationwide. To locate a pharmacy visit www.AWPValueRx.com.

The AWP Value Rx is a non-insurance discount program

Notes: The Med Advantage Plus Plan is not available to New Hampshire or Vermont residents. Benefits vary slightly for Washington residents.
The Med Advantage and Med Advantage Plus Plans do not satisfy state coverage requirements in Massachusetts.

MED ENHANCED & MED ENHANCED PLUS - PLAN HIGHLIGHTS

Both plans provide in-network coverage for Doctor Visits, Labs, X-rays, ACA required Preventive Services, and Generic Prescription Drugs. The Med Enhanced Plus Plan adds coverage for Accidents, Surgeries, Hospital Stays, and more.

COVERAGE OVERVIEW	MED ENHANCED PLAN
First Health Network	Required - See page 2 for details
Preventive Care*	Plan Pays 100% for all ACA required Preventive Care Services See page 6 for a list of Covered Preventive Care Services
Primary Care Office Visit*	You pay \$10 per Visit, 6 Visits per Person per Year
Specialist Office Visit*	You pay \$75 per Visit, 1 Visit per Person per Year
Teladoc	Access to Doctors by Phone or Online Anytime for Free Registration required prior to use - See page 2 for details
Outpatient Diagnostic Lab & X-ray*	You pay \$20 per Visit, 6 Visits per Person per Year
Prescription Drug Coverage	FBG Rx - See below for details

**You MUST visit a First Health Network provider for services to be covered. Services from out-of-network providers are NOT covered.*

COVERAGE OVERVIEW	MED ENHANCED PLUS PLAN
First Health Network	Required - See page 2 for details
Preventive Care*	Plan Pays 100% for all ACA required Preventive Care Services See page 6 for a list of Covered Preventive Care Services
Primary Care Office Visit*	You pay \$10 per Visit, 6 Visits per Person per Year
Specialist Office Visit*	You pay \$75 per Visit, 1 Visit per Person per Year
Teladoc	Access to Doctors by Phone or Online Anytime for Free Registration required prior to use - See page 2 for details
Outpatient Diagnostic Lab & X-ray*	You pay \$20 per Visit, 6 Visits per Person per Year
Outpatient Diagnostic Advanced Studies	Plan Pays \$300 per Testing Day, 3 Days per Person per Year
Emergency Room Sickness	Plan Pays \$150 per Day, 2 Days per Person per Year
Accidental Injury Care	Plan Pays \$1,000 Maximum per Occurrence
Surgical Indemnity	
Daily Inpatient	Plan Pays \$2,000 per Day, 1 Day per Person Per Year
Daily Outpatient / Daily Outpatient Minor	Plan Pays \$1,000 / \$200 per Day
Outpatient Benefit Maximum	1 Day per Person per Year
Anesthesia	Plan Pays 30% of the Surgical Benefit
Daily In-Hospital Indemnity	Plan Pays \$600 per Day, 500 Days Lifetime Maximum
Hospital Admission (<i>Lump Sum</i>)	Plan Pays \$1,000 per Confinement
Intensive Care Unit	Plan Pays \$1,200 per Day; 30 Days per Person per Year
Substance Abuse	Plan Pays \$300 per Day; 30 Days per Person per Year
Mental Illness	Plan Pays \$300 per Day; 30 Days per Person per Year
Skilled Nursing	Plan Pays \$300 per Day; 60 Days per Person per Stay
Prescription Drug Coverage	FBG Rx - See below for details

**You MUST visit a First Health Network provider for services to be covered. Services from out-of-network providers are NOT covered.*

WEEKLY RATES	MED ENHANCED	MED ENHANCED PLUS
Associate Only	\$15.97	\$31.05**
Associate & Spouse	\$38.59	\$74.19**
Associate & Child(ren)	\$46.57	\$72.59**
Associate & Family	\$62.52	\$102.03**

***Rates include a \$0.25 weekly administrative fee*

CerpassRx

Effective and reliable prescription drug coverage with a broad network of over 70,000 participating pharmacies nationwide.

- Generic drugs: \$10 Copay
- Brand drugs: Discounts
- To locate a pharmacy visit www.CerpassRx.com.

Notes: The Med Enhanced Plus Plan is not available to New Hampshire or Vermont residents.

The Med Enhanced and Med Enhanced Plus Plans do not satisfy state coverage requirements in Massachusetts.

PREVENTIVE CARE BENEFIT - COVERED SERVICES OVERVIEW

Benefit included in the Med Advantage, Med Advantage Plus, Med Enhanced, and Med Enhanced Plus Plans.

To promote health and wellness the Affordable Care Act (ACA) requires most plans cover a variety of preventive care services performed by network providers at 100%. The lists below provide an overview of the preventive care services covered at 100% in-network.

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.

First Health Network

One of the nations largest networks with over 490,000 locations across the country. To find a provider visit www.FirstHealthLBP.com

You MUST visit a First Health Network provider for services to be covered. Services from out-of-network providers are NOT covered.

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

Counseling: Alcohol Misuse, Diet, Obesity, Sexually Transmitted Infection Prevention

Immunizations: Diphtheria, Hepatitis A, Hepatitis B, Herpes Zoster, Human Papillomavirus (HPV), Influenza (Flu Shot), Measles, Meningococcal, Mumps, Pertussis, Pneumococcal, Rubella, Tetanus, Varicella (Chickenpox)

Other: Aspirin Use to Prevent Cardiovascular Disease and Colorectal Cancer, Falls Prevention, Statin Preventive Medication, Tobacco Use Cessation Interventions

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, Human Papillomavirus (HPV), Maternal Depression, Osteoporosis, Preeclampsia, Rh Incompatibility, Syphilis, Tobacco Use, Urinary Incontinence, Urinary Tract or Other Infection

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

Other: Breastfeeding Supplies for Pregnant and Nursing Women, FDA Approved Contraceptive Methods, Folic Acid Supplements, Tobacco Use Cessation Interventions, Well-woman Visits

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

Assessments: Alcohol Use, Behavioral, Drug Use, Oral Health Risk, Tobacco Use

Counseling: Obesity, Sexually Transmitted Infection Prevention

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

Other: Fluoride Chemoprevention Supplements, Fluoride Varnish, Gonorrhea Preventive Medication, Height, Weight and Body Mass Index (BMI) Measurements, Iron Supplements, Medical History

DENTAL (Provided by Ameritas Life Insurance Corporation)

Keep a bright, healthy smile while supporting your overall well-being with affordable dental coverage. You can use any provider for service, but have access to a dental network to lower out-of-pocket costs.

Calendar Year Maximum	Plan Pays up to \$500 per Covered Member	
Deductible	You Pay \$20 per Visit	
COVERED SERVICES	WAITING PERIOD	COINSURANCE
Preventive & Diagnostic Routine Exams, Cleanings, X-rays, etc.	None	Covered at 100% (U&C Charges)
Basic Treatment Restorative Amalgams and Composites, Endodontics, Periodontics, Extractions, etc.	3 Months	Covered at 60% (U&C Charges)
Major Treatment Onlays, Crowns, Prosthodontics, etc.	12 Months	Covered at 50% (U&C Charges)

WEEKLY RATES	
Associate Only	\$4.75
Associate & Spouse	\$11.88
Associate & Child(ren)	\$8.55
Associate & Family	\$12.83

TO FIND A PROVIDER

Call (800) 659-2223 and select option 3
Visit www.Ameritas.com and click on FIND A PROVIDER. Then select DENTAL and click on NETWORK PROVIDER.

VISION (Provided by Ameritas Life Insurance Corporation)

A regular eye exam won't just help you see better, it can also detect the first signs of serious health conditions. With this plan you'll get coverage for exams as well as corrective eyewear. Get the most benefit from the plan by visiting a VSP Choice provider.

Deductibles	You Pay \$10 per Exam & \$25 for Eye Glass Lenses or Frames ¹	
Frequency Exam / Lens / Frame	Based on Date of Service 12 Months / 12 Months / 24 Months	
COVERED SERVICES	VSP CHOICE NETWORK	OUT-OF-NETWORK
Annual Eye Exam	Covered in Full	VSP Pays Up to \$45
Lenses (per pair)		VSP Pays
Single Vision / Bifocal	Covered in Full	Up to \$30 / Up to \$50
Trifocal / Lenticular	Covered in Full	Up to \$65 / Up to \$100
Contacts		VSP Pays
Fit and Follow Up Exams	15% Discount	No Benefit
Elective	VSP Pays Up to \$120	Up to \$105
Medically Necessary	Covered in Full	Up to \$210
Frames	VSP Pays Up to \$120 ²	VSP Pays Up to \$70

WEEKLY RATES	
Associate Only	\$2.07
Associate & Spouse	\$4.10
Associate & Child(ren)	\$3.82
Associate & Family	\$5.84

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

²The Costco allowance will be the wholesale equivalent.

TO FIND A PROVIDER

Call (800) 877-7195
Visit www.Ameritas.com and click on FIND A PROVIDER. Then select VISION: VSP and click on LOOK UP VSP PROVIDERS.

SHORT-TERM DISABILITY*

Your family and daily life can depend on consistent income. If you get sick or injured and can't work, this benefit will pay you cash. Enroll in this benefit to protect your income when you are unable to work.

Weekly Maximum Benefit	Plan Pays \$200 Lump Sum Benefit
Maximum Benefit Period	26 Weeks
Waiting Period	7 Days (Accidents and Sickness)

Coverage includes disability due to pregnancy and childbirth

WEEKLY RATES	
Associate Only	\$3.87**

**Rates vary for Washington residents.

CA, NJ, NY & RI residents may be entitled to additional state disability benefits.

LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)*

Life insurance can help your loved ones during a trying time. This benefit provides cash that can assist your family in the event of your death. Enroll in this benefit to protect the future of the ones that depend on you the most.

Life and Accidental Death & Dismemberment Insurance	
Associate	Plan Pays \$20,000
Dependent Life Insurance	
Spouse	Plan Pays \$2,500
Child (6 months - 26 years)	Plan Pays \$1,250
Infant (10 days - 6 months)	Plan Pays \$200

WEEKLY RATES	
Associate Only	\$0.60**
Associate & Spouse	\$0.90**
Associate & Child(ren)	\$0.90**
Associate & Family	\$1.80**

**Rates vary for Washington residents.

*Short-term Disability and Life and AD&D, provided by Nationwide Life Insurance Company, are not available to New Hampshire or Vermont residents.

ENROLLMENT & ELIGIBILITY INFORMATION

For your convenience you can enroll online, by phone or by mobile device. If you have benefit questions contact the enrollment center.

ELIGIBILITY: You are immediately eligible for The American Worker benefit plans without a waiting period.

ENROLLMENT: You can enroll during the new hire onboarding process or within 30 days of receiving your first paycheck.

Note: To enroll after receiving your first paycheck, use one of the options below:

EFFECTIVE DATE: Your coverage begins the Monday after premium is deducted from your paycheck.

Enroll Online: Visit www.TheAmericanWorker.com

Under “Register and Enroll” choose “Login and Enroll”

Select “Returning User?” or “New User?”

- **Returning Users:** Login using your username and password
- **New Users:** Select “Employee ID” and in the fields below enter
 - Employee ID #: **Your Social Security Number**
 - Group #: **98418**
 - Date of Birth: **Your Date of Birth**

Click “Continue” to elect coverage for yourself and your dependents

Note: New users will need to create an account before enrolling

Enroll By Phone: Call (877) 220-1862

Monday - Friday, 8 AM to 8 PM ET

Enroll By Mobile Device:

Text Staff2021 to (855) 932-4533

Para asistencia en Español llame al (877) 220-1862

YOU WILL NEED THE FOLLOWING INFORMATION TO ENROLL

Associate Information: Full Name, Social Security Number, Date of Birth, Home Address, Phone Number, and Email Address

Dependent Information: Full Name, Social Security Number, and Date of Birth

IMPORTANT BENEFIT INFORMATION

PRETAX PREMIUM DEDUCTIONS (SECTION 125)

Premium for your coverage is deducted from your paycheck on a pretax basis. **By enrolling you agree to the following:**

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.

PAYING FOR YOUR BENEFITS

Your coverage begins the Monday following the date you receive a paycheck with a premium deduction and continues uninterrupted as long as premiums are deducted from your paycheck. If you receive a paycheck without a deduction, your benefits will be suspended until the Monday following the date you receive your next paycheck with a deduction, unless you make a payment for the missed deduction. To avoid having coverage suspended you must pay missed premium every time a deduction is not processed from your paycheck.

MISSED PREMIUM PAYMENTS

You have 30 days from the date of your paycheck without a deduction to make a missed premium payment. If you do not pay for the missed deduction within 30 days, you will not be able to pay for that coverage period at a later date. If you missed a premium deduction and want to find out the balance due or make a payment, visit www.TheAmericanWorker.com or call (877) 220-1862.

You can pay for missed deductions 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... If you setup automatic payments, you MUST contact The American Worker to cancel the automatic payment when your employment ends. If you do not, your account will be charged for coverage and you will NOT receive a refund.

NONPAYMENT COVERAGE TERMINATION

You must make a premium payment every week, either through payroll deduction or directly to The American Worker using one of the missed premium payment options above. If you do not pay your premium for six weeks in a row, your coverage will be terminated for nonpayment. Please review your paycheck every week 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.

DISCLOSURES

This enrollment guide provides an overview of some of the benefit plans you are eligible for as an EmployBridge associate. If there is any discrepancy between the information in this guide and the applicable official plan documents, the official plan documents will govern how your benefits are determined and administered. EmployBridge, in its sole discretion, reserves the right to amend or terminate at any time the benefit plans described in this enrollment guide.

MED BASIC PLAN

This plan is not comprehensive health insurance and is not intended or recommended to replace comprehensive health insurance in which you currently participate. The plan provides fixed indemnity insurance benefits. This enrollment guide is for summary purposes only. The insurance benefits of the Med Basic Plan are underwritten by Nationwide Life Insurance Company. A detailed Certificate of Coverage is available upon enrollment. **Limitations and exclusions apply.**

The Med Basic Plan (a) is not a substitute for minimum essential health coverage under the Affordable Care Act (ACA), and (b) does not qualify as minimum essential coverage under ACA.

MED ADVANTAGE, MED ADVANTAGE PLUS, MED ENHANCED, & MED ENHANCED PLUS PLANS

These plans are designed to provide Plan Participants with minimum essential coverage under the federal income tax rules. Individuals that do not enroll in these plans may be eligible for a federal tax credit that lowers their monthly premium or a reduction in certain cost-sharing if they enroll in a health insurance plan through the federal or state exchange. Individuals that enroll in these plans may not be eligible for a federal tax credit through a federal or state exchange while enrolled in these plans. **These plans do not provide comprehensive health insurance. Limitations and exclusions apply.**

You can access a Summary of Benefits and Coverage (SBC) for these plans online at www.TheAmericanWorker.com. If you are unable to access the SBC online or want a copy mailed to your home call (877) 220-1862.

TELADOC

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Arkansas and Delaware require initial consultations to be done via video. Idaho requires all consultations are done via video.

STATE RESTRICTIONS

The benefit plans described in this enrollment guide are not available in all states. Restrictions include but are not limited to the following.

Massachusetts: Residents of Massachusetts are eligible for the Med Basic, Med Advantage, Med Advantage Plus, Med Enhanced and Med Enhanced Plus Plans, but none of these plans meet the individual health insurance requirements and do not satisfy the individual mandate in Massachusetts.

New Hampshire and Vermont: Residents of New Hampshire and Vermont are not eligible for the Med Basic, Med Advantage Plus, Med Enhanced Plus, Short-term Disability or Life and Accident Death & Dismemberment insurance plans.

Hawaii: Residents of Hawaii are not eligible for any of the benefits plans described in this enrollment guide.