



**The American
Worker®**

Provided by Fringe Benefit Group



2025 Benefits Enrollment Guide



This document is only intended to be an overview of the benefit plans. The complete details about how the plans work are included in the Summary Plan Description (SPD) and insurance certificate booklets, which are available on request. If there are any inconsistencies between this brochure and SPD and insurance certificates, the SPD and insurance certificates will govern.

Important Notice: The benefits included in this guide are not intended or recommended to replace any comprehensive program of insurance in which you currently participate or intend to participate. The insurance benefits for the medical indemnity plans are offered by Nationwide Life Insurance Company. A detailed Certificate of Coverage may be requested upon enrollment in the program.

Beginning January 1, 2025, enrollment guides that include fixed indemnity programs are required to contain the following notice. This notice applies to the Medical plans described in this guide.

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit **Healthcare.gov** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (**naic.org**) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.



We value 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 offered, allowing you to make the right choices for you and your family.

IMPORTANT INFORMATION

All eligible employees will be automatically enrolled in the MEC Enhanced 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 within 30 days of your date of hire.

About Your Coverage

MEC ENHANCED PLANS

- 100% coverage when using in-network providers for Preventive Care and Wellness services required by ACA
- Provides copays for Doctor Office Visits, Diagnostic Test and Lab Work and Generic 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

- MEC Enhanced
- MEC Enhanced Plus
- Dental Coverage
- Vision Benefit
- Short-Term Disability
- Life/AD&D Insurance
- Hospital Indemnity

Take The Next Step

You can enroll in coverage online or by phone. 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.

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, 8:00 AM - 8:00 PM ET

PAYING FOR BENEFITS

Paying For Your Benefits

Your coverage begins the Monday after 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 coverage is suspended until the Monday after you receive 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 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 (866) 866-3424.

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 a 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.

Coverage Termination Due to Nonpayment

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 four 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.**

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.

MEC ENHANCED PLANS



The American Worker MEC Enhanced Plans provide copays for affordable coverage. The plans offer coverage for basic healthcare services and prescription drugs. To find a provider, visit www.Multiplan.com/AWP - Limited Benefit Network.

The MEC Enhanced Plans are underwritten by Nationwide Life Insurance Company. The plans includes additional benefit plan features which are provided by separate vendors. **FlexTrades generously contributes \$50 per month towards the cost of the MEC Enhanced Plus Plan.**

	MEC Enhanced Plan	MEC Enhanced Plus Plan
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	\$20 copay; 8 visits per year	\$10 copay; unlimited
Specialists	\$30 copay; 2 visits per year	\$10 copay; 5 visits per year
Urgent Care	\$75 copay, 4 visits per year	\$50 copay, 4 visits per year
Diagnostic Tests & Lab Work	\$50 copay; unlimited	\$10 copay; unlimited
Advanced Imaging	-	\$300 copay; 3 tests per year
Emergency Room	-	\$500 copay; 1 visit per year
Prescription Drugs		
- Generic	\$15 Copay	\$15 Copay
- Preferred Brand	Discounts	\$50 Copay
- Non-Preferred Brand	Discounts	Discounts
- Maximum	Unlimited	Unlimited
Out-of-Pocket Maximum		
- Employee	\$6,500	\$6,500
- Family	\$13,000	\$13,000
Life and AD&D Insurance		
- Employee		\$10,000
- Spouse (Life Only)		\$5,000
- Child (Life Only)		\$2,500
- Infant (Life only)		\$400
Accident Medical Expense	\$5,000 maximum benefit per injury	
Accidental Death & Dismemberment		
- Employee		\$15,000
- Spouse		\$7,500
- Child		\$3,000
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	MEC Enhanced Plan	MEC Enhanced Plus Plan
Employee Only	\$26.95	\$58.73
Employee + Spouse	\$38.44	\$113.69
Employee + Child(ren)	\$36.83	\$105.48
Family	\$49.54	\$166.00

Benefits will vary for OH and KS residents.

Modified plans are available to residents of MN, NH, NM, and VT.

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

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, 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.

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

FREESTANDING COVERAGE OPTIONS



Hospital Indemnity Package

Hospital Indemnity Package offers coverage for catastrophic illness and hospitalization. This plan can help you cover for those unexpected expenses. **All benefits pay on a calendar year basis per person, unless stated otherwise.**

Hospital Indemnity Services

Accidental Injury	\$1,000 Maximum per Occurrence
Emergency Room Sickness	\$300 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
Hospital Admission	\$500 lump sum per confinement
Daily In-Hospital Indemnity	\$600 per day; 500 day lifetime max
Intensive Care Unit	\$1,200 per day; 30 days per year
Substance Abuse	\$300 per day; 30 days per year
Mental Illness	\$300 per day; 30 days per year
Skilled Nursing (Inpatient)	\$300 per day; 60 days per stay
Ambulance (Ground & Air)	\$250 per day; 2 days per year

Weekly Rates

Employee Only	\$20.84
Employee + Spouse	\$52.14
Employee + Child(ren)	\$37.56
Family	\$57.28

The Hospital Indemnity Plan is not available to residents of NH, NM and VT. Residents of MN must purchase the MEC Enhanced plan and buy-up to the Hospital Indemnity Plan.

FREESTANDING COVERAGE OPTIONS



Dental

Keep a bright, healthy smile while supporting your overall well-being with affordable dental coverage. **FlexTrades generously contributes 50% of the employee only cost for dental coverage.**

Calendar Year Maximum	Up to \$1,000 per Covered Member	
Deductible	\$50 per person; No family maximum	
	Waiting Period	Coinsurance
Covered Services		
Preventive and Diagnostic Routine Exams, Cleanings, X-rays, etc.	None	Covered at 100% (MAC)*
Basic Treatment Restorative Amalgams and Composites Endodontics, Periodontics, Extractions, etc.	None	Covered at 60% (MAC)*
Major Treatment Onlays, Crowns, Prosthodontics, etc.	None	Covered at 50% (MAC)*

*Maximum Allowable Charge (MAC): 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.

No Waiting Periods for covered services.

Weekly Rates	
Employee	\$3.13
Employee + Spouse	\$12.46
Employee + Child(ren)	\$7.52
Family	\$13.11

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. **FlexTrades generously contributes 50% of the employee only cost for vision coverage.**

Deductible	\$10 Exam, \$25 Eye Glass Lenses or Frames ¹	
	VSP Choice Network	Out-of-Network
Covered services		
Annual Eye Exam	Covered in Full	Up to \$45
Lenses (per pair) Single Vision / Bifocal Trifocal / Lenticular	Covered in Full Covered in Full	Up to \$30 / Up to \$50 Up to \$65 / Up to \$100
Contacts Fit and Follow Up Exams Elective Medically Necessary	15% Discount Up to \$105 Covered in Full	No Benefit Up to \$105 Up to \$210
Frames	Up to \$105 ²	Up to \$70
Frequency Exam / Lens / Frames	Based on Date of Service 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	\$1.06
Employee + Spouse	\$3.13
Employee + Child(ren)	\$2.85
Family	\$4.92

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"**



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 \$250 Lump Sum
Maximum Benefit Period	26 weeks
Waiting Period	7 days (Accidents and Illnesses)

***Due to state restrictions, the Short Term Disability benefit is not available to residents of MN, NH, NM and VT.**

Weekly Rates

Employee Only	\$3.86
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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.

Life/AD&D Insurance	
Employee	Pays \$20,000
Dependent Life Insurance	
Spouse	Pays \$2,500
Child (6 months to 26 years)	Pays \$1,250
Infant (10 days to 6 months)	Pays \$200

***Due to state restrictions, the Life and AD&D benefit is not available to residents of MN, NH, NM and VT.**

Weekly Rates

Employee Only	\$2.25
Employee + Spouse	\$2.53
Employee + Child(ren)	\$2.53
Family	\$2.88

EMPLOYEE ASSISTANCE PROGRAM

Employee Assistance Program

Life has its share of ups and downs - and sometimes you may need a little guidance through the "downs". This EAP offers an array of confidential services to help you and your loved ones meet the challenges that life, work, and relationships can bring. This is a free benefit for ALL employees!

UNLIMITED 24/7 ASSISTANCE

You can access the following services anytime, online or with a toll-free call:

- Information, resources, and referrals on family matters, such as child and elder care; kennels and pet care; event and vacation planning; moving and relocation; car buying; college planning; and more.
- Legal information and referrals for situations requiring expertise in family law, estate planning, landlord/tenant relations, consumer and civil law, and more.
- Guidance with financial matters, including household budgeting, and short- and long-term planning.

COUNSELING GUIDANCE

Some matters are best resolved by meeting with a professional. With the EAP, you get:

- Three calls per year (per household) with professionals for short-term issues.
- Referrals provided as needed to community resources.
- One legal consultation with an attorney per year.

ONLINE RESOURCES

The EAP offers a wide range of information and resources that you can research and access on your own by visiting MutualOfOmaha.com/EAP. You will find:

- Current events and resources
- Family and relationship advice
- Emotional well-being tools
- Financial wellness
- Substance abuse and addiction
- Legal assistance
- Physical well-being

CALL CENTER

If you need assistance or have questions contact (800) 316-2796.



Pet Insurance

Nationwide pet insurance helps you cover veterinary expenses so you can provide your pets with the best care possible without worrying about the cost.

MY PET PROTECTION COVERAGE HIGHLIGHTS

Nationwide pet insurance offers a choice of reimbursement options so you can find coverage that fits your budget. All plans have a \$250 annual deductible and a \$7,500 maximum annual benefit.

Coverage includes:

- Accidents
- Illnesses
- Hereditary and congenital conditions
- Cancer
- Dental diseases
- Behavioral treatments
- Rx therapeutic diets and supplements
- And more

Plus, every My Pet Protection policy includes these additional benefits to maximize your value:

- Lost pet advertising and reward expense
- Emergency boarding
- Loss due to theft
- Mortality benefit

INCLUDED WITH EVERY POLICY

VetHelpline

- 24/7 access to veterinary experts (\$110 value)
- Available via phone, chat, and email
- Unlimited to help for everything from general pet questions to identifying urgent care needs

PetRx Express

- Save time and money by filling pet prescriptions at participating in-store retail pharmacies across the U.S.
- Rx claims submitted directly to Nationwide
- More than 4,700 pharmacy locations

Additional Highlights

- Exclusive product for employer groups only
- Preferred pricing for employees
- Multiple pet discounts
- Guaranteed issuance

Get a fast, no-obligation quote today at <http://Benefits.PetInsurance.com/FlexTrades> or call (877) 738-7874. For more information on My Pet Protection check out the interactive video by Nationwide by visiting <https://www.petinsurance.com/mpp907050-bde/>.

PERKSPOT DISCOUNT PROGRAM



Welcome! You're now part of the FlexTrades Savings Program, powered by PerkSpot. Your FlexTrades Discount Program is a one-stop-shop for thousands of exclusive discounts in more than 25 different categories. That means there's something for everyone! Follow the simple steps below to set up your account and you'll be ready to save!

HOW TO REGISTER FOR YOUR SAVINGS PROGRAM:

1. Sign up at flextrades.perkspot.com
2. When you're on your organization's PerkSpot site, click "Create Your Account" to get started.
3. Use access code: [FlexTradesPerks](#) to complete registration.

SAVE ON THE GO!

Once you've completed your registration, download the PerkSpot Mobile App from the Apple Store or Google Play Store. You'll get all of the benefits of your Savings Portal, with the addition of easy-to-access local deals and mobile perks that'll get you the best deals, anywhere and anytime.

Perks Near You

Located in the New & Featured section, Perks Near You allows you to use your location to see all of the discounts near you, wherever you are! Discounts can be filtered by category and distance.

Personalized Savings

Let us know what you're interested in so we can ensure you're seeing the perks you'll most enjoy, front and center on your Discount Program Home Page.

Brands Fit For Every Lifestyle

Looking for something specific? The Brands page, found in the Popular Perks section, is an easy and quick way to search for all of the discounts available to you.

Suggest a Business

Don't see what you're looking for? Head to the Suggest a Business page, found in the upper right-hand corner of your Home Page under Account Options, to suggest your favorite brands and local spots be added to your Discount Program.

Dedicated Support

PerkSpot's customer support team is here to help with any questions. We've included important information regarding our availability should you need assistance!

NEED HELP? CONTACT US!

Hours

Monday - Friday
8:00 AM - 6:00 PM CST

Phone Number

866-606-6057

Email

cs@perkspot.com

Help Center*

support.perkspot.com

**Our bilingual Customer Service team can answer any questions in both English and Spanish*



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

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).

DISCLOSURES

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.

Due to state restrictions benefits in certain states vary. Residents of MN, NH, NM and VT are eligible to enroll in MEC Enhanced plans, dental & vision.

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.

Hospital 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 hospital 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 Hospital Indemnity plan, but this plan does NOT meet Minimum Creditable Coverage standards. **The Hospital 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.

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BENEFITS ENROLLMENT GUIDE



**The American
Worker®**

Provided by Fringe Benefit Group

THEAMERICANWORKER.COM / 1(866)866-3424

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