# 2026

# indeed flex

## BENEFITS ENROLLMENT GUIDE

The American Worker®
Provided by Fringe Benefit Group

# MESSAGE TO OUR EMPLOYEES

Indeed Flex values the contributions of our employees, and we are pleased to offer a variety of affordable coverage options through The American Worker. It is important to us that you and your loved ones receive the coverage that you need. Please carefully review this enrollment guide to ensure you understand the benefits being provided and can make the right choices for you and your family.

STOP PAYING FULL PRICE FOR SERVICES

DON'T BE TURNED AWAY FOR SERVICES

AVOID LARGE UPFRONT COSTS

STAY HEALTHY!

## AM I ELIGIBLE FOR BENEFITS?

As an employee of Indeed Flex you are eligible to enroll in benefits on your date of hire. Benefits will become effective the Monday following your first paycheck with a benefit deduction. You must be actively at work to retain coverage. Dependent coverage is available to your legal spouse and your legal children up to age 26.

## WHEN CAN I MAKE A PLAN CHANGE OR TERMINATE MY COVERAGE?

Coverage can only be changed or canceled during Open Enrollment or within 30 days of a qualifying life event.

## HOW DO I ENROLL IN COVERAGE?

You can enroll in coverage online, by phone, or on your 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 experience a qualifying life event.

Enroll Online: Visit www.TheAmericanWorker.com

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

Available anytime, day or night

Enroll by Phone: Call (855) 495-1190
Monday - Friday
8:00 AM - 8:00 PM ET

Press 1 to enroll.
Press 2 for all other inquiries

# MEDICAL PLANS FOR YOU

## MINIMUM ESSENTIAL COVERAGE (MEC) PLAN

- 100% coverage when using in-network providers for ACA preventive services
- Medical price shopping tool to estimate out-of-pocket costs before choosing a provider or facility

## LIMITED BENEFIT STANDARD PLAN

- Daily benefit for doctor visits, diagnostic X-rays, lab work, hospital stays and more
- Access to a national PPO network
- Coverage for prescription drugs
- Accidental Death & Dismemberment and Accident Medical
- Telemedicine with free consultations

## MEC ENHANCED PLAN

All of the MEC benefits and...

- Copays for urgent care, doctor visits, diagnostic tests, and lab work
- Coverage for prescription drugs
- Accidental Death & Dismemberment and Accident Medical
- Telemedicine with free consultations

## DON'T GO WITHOUT HEALTH COVERAGE!

Taking care of your health shouldn't be a gamble. Regular checkups and preventive care can catch small issues early, keeping you healthy and avoiding bigger problems down the road.

Our affordable plans make accessing basic healthcare services easy and convenient. Take control of your health & wellness and enroll today!

## ALREADY HAVE HEALTH INSURANCE?

Maximize Your Coverage. Even with existing insurance, out-of-pocket costs can add up. Our plans work alongside your existing plan to help manage these expenses. The cash benefit you receive from our plan is used towards your deductible, coinsurance, or other costs, reducing your financial burden when seeking treatment.

Ask your current provider about their coordination of benefits policy.

# SPECIALTY PLANS FOR YOU

## DENTAL COVERAGE

Pays up to $1,000 per year with a $50 deductible per visit.

## VISION COVERAGE

Coverage for eye exams and corrective eyewear.

## SHORT-TERM DISABILITY

Pays $150 per week for up to 26 weeks.

## LIFE/AD&D INSURANCE

$10,000 of Life and AD&D coverage for employees.

## CRITICAL ILLNESS AND HOSPITAL INDEMNITY PACKAGE

Lump sum cash benefit in the event you are in an accident or diagnosed with a covered illness. Also, pays in addition to other coverage you might have.

## DENTAL AND VISION BENEFITS

Healthy teeth and eyes are key to a healthy you. Poor oral and visual health can impact your overall well-being, leading to discomfort, missed work, and even bigger health problems down the road.

Our plans provide coverage for essential exams and screenings to help you catch potential issues early, ensuring a healthy smile and sharp vision for years to come.

## DISABILITY, LIFE/ AD&D, AND MORE

Be prepared for life's challenges. Accidents, illnesses, and loss can hit anyone. The financial burden on top of emotional stress can be overwhelming.

Our plans provide financial support during difficult times, helping you focus on recovery and providing a safety net for your loved ones. Don't let an unexpected event derail your life.

# MINIMUM ESSENTIAL COVERAGE (MEC)

Get preventive care coverage to stay healthy and save money. The MEC plan helps you avoid costly future health problems by focusing on prevention, keeping you feeling your best.

Our Minimum Essential Coverage (MEC) plan makes preventive care simple. You get 100% coverage in-network for all preventive services required by the Affordable Care Act, including routine checkups, immunizations, screenings, preventive prescriptions, and COVID-19 vaccines.

By enrolling in the Minimum Essential Coverage Plan, you have access to the First Health Network. Through this network you have access to more than 6,100 hospitals, 131,000 ancillary facilities, 845,000 professional providers and over 1.5 million health care professional service locations.

## COVERED SERVICES

Medical screenings

- Blood pressure
- Cholesterol
- Diabetes

Annual well-woman exam

Well baby and well child exams

Flu shots and routine immunizations

Contraception

- FDA approved methods excluding abortifacient drugs
- Female sterilization procedures

Cancer screenings

- Colorectal
- Breast

Counseling on topics including:

- Alcohol and drug abuse
- Depression
- Diet and obesity
- Domestic violence
- Sexually transmitted diseases
- Tobacco cessation

## MEDICAL PRICE SHOPPING TOOL: HEALTHCARE BLUEBOOK

It's easy to find savings on non-preventive servicecs with a simple search. Find the best price and get an out-of-pocket cost estimate before scheduling. Access the proce shopping tool at www.TheAmericanWorker.com or call (855) 495-1190. The medical price shopping tool does not guarantee that cost estimates will be the price you are charged or pay for services.

## PRESCRIPTION COVERAGE PROVIDED BY CERPASSRX

The plan provides coverage for preventive prescriptions like contraceptives and statins at no cost to you.

### WHY SHOULD YOU ENROLL IN THE MEC PLAN?

- Preventive services covered at 100%.
- No cost for preventive prescriptions and discounts on non-preventive prescriptions.
- Access to network discounts through the First Health Network.

### EXAMPLE

You go to the doctor for an annual physical exam. This type of service often includes a charge for the office visit and a lab screening.

**IN-NETWORK**

| | | | | | |
|---|---|---|---|---|---|
| $160 Office Visit Cost | + | $170 ACA Approved Lab Cost | = | $330 Exam Total Billed | Your Cost $0 |

**OUT-OF-NETWORK**

| | | | | | |
|---|---|---|---|---|---|
| $160 Office Visit Cost | + | $170 ACA Approved Lab Cost | = | $330 Exam Total Billed | Your Cost $330 |

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 ENHANCED PLAN

The MEC Enhanced Plan provides the same preventive care coverage as the MEC Plan. It also includes copays for outpatient services such as doctor visits, labs, x-rays, and more at First Health Limited Benefit Plan Network providers. The plan provides prescription drug copays and access to telemedicine consultations as well.

## WHY SHOULD YOU ENROLL IN A MEC ENHANCED PLAN?

- Preventive Services paid at 100% for in-network providers and facilities.
- Access to network discounts through the First Health Network.
- Copay & discounts on prescription drugs.
- No additional out-of-pocket for services with a copay.
- Additional ancillary benefits like telemedicine, accidental death and dismemberment, and accident medical coverage are included.

## SAVE MONEY! – GO IN-NETWORK

When you go to an in-network provider, services like doctor's office visits and diagnostic tests are covered by just a copay. Here's an example of how going to an in-network provider can save you money on a doctor's visit if you are sick or have an injury. Refer to benefit grid for actual benefit amount.

### EXAMPLE

You go to the doctor for feeling sick or being injured.

This type of service often includes a charge for the office visit.

**IN-NETWORK**

$125 Office Visit Cost = Your Cost $30 Copay

**OUT-OF-NETWORK**

The out-of-network benefit will vary by plan. Review the plan design in this guide to see what the out-of-network benefit is.

# MEC PLANS

| | MEC PLAN | MEC ENHANCED PLUS PLAN |
|---|---|---|
| **Self-Funded Benefits - First Health Network provider use required.** | | |
| Minimum Essential Coverage (MEC) | Plan pays 100% for all ACA required preventive services.<br>You MUST visit a First Health Network provider for services to be covered. | |
| Physician's Office Visit | N/A | $15 copay; 8 visits per year |
| Specialists | N/A | $75 copay; 2 visits per year |
| Urgent Care | N/A | $75 copay; 1 visit per year |
| Diagnostic Tests & Lab Work | N/A | $15 copay; 6 testing days per year |
| Prescription Drugs<br>-Generic<br>-Brand<br>-Annual Maximum | N/A | CerpassRx<br>$10 copay<br>Discounts<br>Unlimited |
| **Additional Benefits - All below services pay on a calendar year basis per person, unless stated otherwise.** | | |
| First Health Network | Physician and Hospital | Physician and Hospital |
| HealthiestYou | N/A | No cost access to doctors by phone or online |
| Medical Price Shopping Tool | Estimate medical costs before scheduling | Estimate medical costs before scheduling |
| Accident Medical Expense | N/A | $5,000 maximum benefit per injury |
| Accidental Death & Dismemberment | N/A | $15,000 Employee<br>$7,500 Spouse / $3,000 Child |
| **WEEKLY RATES** | **MEC PLAN** | **MEC ENHANCED PLUS PLAN** |
| Employee Only | $6.70 | $25.84 |
| Employee + Spouse | $16.80 | $58.29 |
| Employee + Child(ren) | $16.80 | $52.81 |
| Family | $21.16 | $76.92 |

The American Worker Limited Benefit Plans provide a daily benefit toward common In-patient and Out-patient services like doctor office visits, surgical procedures, and diagnostic lab and x-ray services. This daily benefit is not dependent on visiting an in-network provider; however, you do have access to the First Health Network www.firsthealthlbp.com.

By going to an in-network provider, a discount will be applied to your bill in addition to your daily benefit, decreasing the amount you pay out-of-pocket. The daily benefit and number of day maximums are based on the calendar year. This plan is not a substitute for major medical coverage.

## WHY SHOULD YOU ENROLL IN THE LIMITED BENEFIT PLAN?

- Access to network discounts through the First Health Network.
- Benefits payable in or out-of-network.
- Discounts on prescription drugs.
- Additional benefits such as telemedicine, accidental death and dismemberment, and accident medical are included.
- In most cases, you can avoid paying out-of-pocket for services prior to your appointment by supplying your American Worker ID card as proof of coverage.

## SAVE MONEY! – GO IN-NETWORK

When you go to an in-network provider, a discount is applied to your medical services which lowers the amount of money you will have to pay out-of-pocket. Here's an example of how going to an in-network provider can save you money on a doctor's visit if you're sick or have an injury.

Refer to benefit grid for actual benefit amount.

### EXAMPLE

You to go to urgent care because you injured yourself.

This type of service often includes a charge for an office visit and x-ray.

**IN-NETWORK**

$125 Office Visit Cost + $160 X-Ray − $87.30 In-Network Discount − $75 Paid by Plan For Office Visit Benefit − $75 Paid by Plan For X-Ray Benefit = Your Cost $47.70

**OUT-OF-NETWORK**

$125 Office Visit Cost + $160 X-Ray − $75 Paid by Plan For Office Visit Benefit − $75 Paid by Plan For X-Ray Benefit = Your Cost $135

# LIMITED BENEFIT PLAN

Benefits vary by plan. Review the chart below to better understand and compare your options so you can make the right choice for you and your family.

## ALL BENEFITS PAY ON A CALENDAR YEAR BASIS PER PERSON, UNLESS STATED OTHERWISE.

| BENEFITS | LIMITED BENEFIT STANDARD PLAN |
|---|---|
| Physician's Office | $100 per day; 4 days per year |
| Out-patient Diagnostic Lab | $85 per testing day; 3 days per year |
| Out-patient Diagnostic X-Ray | $150 per testing day; 2 days per year |
| Out-patient Diagnostic Advanced Studies | $300 per testing day; 1 day per year |
| Emergency Room Sickness | $150 per day; 2 days per year |
| Surgical Indemnity Benefit<br>-Daily In-patient Surgical<br>-Daily Out-patient Surgical<br>-Daily Out-patient Minor<br>-Out-patient Benefit Max | <br>$500 per day, 1 day per year<br>$250 per day<br>$50 per day<br>1 day per year |
| Anesthesia | 30% of Surgical Benefit |
| Hospital Admission | $500 lump sum per confinement |
| Daily In-Hospital Indemnity<br>Intensive Care Unit<br>Substance Abuse<br>Mental Illness<br>Skilled Nursing (In-patient) | $100 per day; 500 day lifetime max<br>$200 per day; 30 days per year<br>$50 per day; 30 days per year<br>$50 per day; 30 days per year<br>$50 per day; 60 days per stay |
| Maternity<br>Hospital Stay<br>Maximum<br>Follow Up Care | <br>$100 per Day<br>Natural Childbirth: 2 Days per Year / Cesarean: 4 Days per Year<br>$10 per day, 3 days per year |
| Out-patient Substance Abuse<br>Out-patient Mental Illness | $10 per day, $550 per year max<br>$10 per day, $550 per year max |
| *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 |
| *Prescription Drugs | ZeroSelect Rx |
| *First Health Network | Physician and Hospital |
| WEEKLY RATES | LIMITED BENEFIT STANDARD PLAN |
| Employee Only<br>Employee + Spouse<br>Employee + Child(ren)<br>Family | $15.14<br>$31.62<br>$23.88<br>$34.59 |

*Benefits not underwritten by Nationwide Life Insurance Company.
Policies are not available to residents of MN, NM & VT.
Policies may vary for KS & OH residents.

The Limited benefit 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.

## FIRST HEALTH NETWORK

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

- Over 490,000 provider locations across the country
- Network providers submit claims for you to simplify the claim process
- To locate a provider online, visit www.FirstHealthLBP.com

You can visit a First Health or out-of-network provider for service and the Limited Benefit Plan will pay the same benefit amount. This network is also utilized by the Minimum Essential Coverage (MEC) benefits.

## MEDICAL PRICE SHOPPING TOOL: HEALTHCARE BLUEBOOK

(ONLY AVAILABLE IN MEC AND MEC ENHANCED PLUS PLANS)

Do you need medical attention for a non-preventive service? You can still get a discount on those services by going to an in-network provider. Use this medical price shopping tool to 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 savings with a simple search before scheduling. Access the medical price shopping tool through your member portal at www.TheAmericanWorker.com or call (855) 495-1190.

The medical price shopping tool does not guarantee that cost estimates will be the price you are charged or pay for services.

## CERPASSRX

(ONLY AVAILABLE IN ENHANCED PLUS PLAN)

- Tier 1 (Most Generics): $10 Copay
- Tier 2 (Some Generics & Preferred/Formulary Brand Name): Discounts
- Annual Maximum: Unlimited
- No Deductible
- Restricted Formulary

## FIND A CERPASSRX PROVIDER

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

## ZEROSELECT RX - PROVIDED BY PRAM
(INCLUDED IN LIMITED BENEFIT STANDARD PLAN)

ZeroSelect Rx - Provided by Pram
The ZeroSelect Rx prgram is designed with your health in mind. It provides access to many commonly prescribed acute care and maintenance medications at a zero dollar cost.

With ZeroSelect Rx You:
- $0 copay for approximately 300 acute care and maintenance medications included on the formulary list.
- Discounts on medications not within the formulary list.
- Over 70,000 pharmacies nationwide including 100% of chains and 90% of independents.
- Maximize savings using the pricing tool that compares drug costs at local pharmacies.

View the ZeroSelect Rx formulary online for a complete list of medications available with program membership https://www.pram.com/formulary/rxexclusive.

Note: The ZeroSelect Rx is a non-insurance program.

## HEALTHIESTYOU
(INCLUDED IN LIMITED BENEFIT STANDARD & MEC ENHANCED PLUS PLAN)

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. HealthiestYou also gives you access to Dermatologists and Mental Health Professionals for a negotiated rate:

General Medical Visit: $0
Dermatology Visit: $85
Psychiatrist: Initial visit $220 per session, $100 follow-up visit
Mental Health Outside Psychiatry Visit: $90 per session
Schedule a video or phone session for support for anxiety, eating disorders, depression, family issues, and other concerns. Consultations available as soon as 72 hours!

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

## CRUM & FORSTER ACCIDENT MEDICAL AND ACCIDENTAL DEATH & DISMEMBERMENT
(INCLUDED IN LIMITED BENEFIT STANDARD & MEC ENHANCED PLUS PLAN)

Unforeseen accidents can occur leaving you or your loved ones with unplanned expenses. The Accident Medical and Accidental Death & Dismemberment benefits provide a cash payment to you or loved one's to help alleviate some of the financial burden after an accident-related crisis as occurred. This benefit is underwritten by Crum & Forster and administered by NAHGA.
- Accident Medical Expense: $5,000 maximum benefit per injury
- Accidental Death & Dismemberment: $15,000 Employee / $7,500 Spouse / $3,000 Child

# DENTAL

Keep a bright, healthy smile and support your overall well-being with affordable dental coverage. Regular dental care is important, so a dental plan that covers routine visits and offers in-network discounts is crucial. You will not receive an ID card for this benefit, your Social Security Number will be used for identification.

This plan is underwritten by Ameritas.

| DENTAL PLAN BENEFITS | | |
|---|---|---|
| PLAN MAXIMUMS | | |
| Calendar Year Maximum | Up to $1,000 per Covered Member | |
| Deductible | $50 per Calendar Year; No Family Maximum | |
| COVERED BENEFITS | WAITING PERIOD | COINSURANCE |
| Preventive and Diagnostic<br>Routine Exams, Cleanings, X-rays, etc. | None | Covered at 100%<br>(MAC/MAB)* |
| Basic Treatment<br>Restorative Amalgams and Composites<br>Endodontics, Periodontics, Extractions, etc. | 3 Months | Covered at 60%<br>(MAC/MAB)* |
| Major Treatment<br>Onlays, Crowns, Prosthodontics, etc. | 12 Months | Covered at 50%<br>(MAC/MAB)* |
| WEEKLY RATES | | |
| Employee<br>Employee + Spouse<br>Employee + Child(ren)<br>Family | $5.78<br>$14.38<br>$9.82<br>$14.99 | |

*The Maximum Allowable Charge (MAC) claim benefit is the maximum amount a network provider may charge. If you select a network provider, you may have lower out-of-pocket costs. In order to keep rates lower, if you visit an out-of-network dentist, the claim benefit is considered at the Maximum Allowable Benefit (MAB), which is equal to the lowest contracted fee in your ZIP Code. Any difference between the plan benefit and the dentist's charge will be an out-of-pocket expense for you.

## LOCATE NETWORK PROVIDERS

Call (800) 659-2223
- Select option 3

Visit www.Ameritas.com
- Your network is the "CLASSIC PPO" Network.

Ameritas

# 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 out of your vision plan. You will not receive an ID card for this benefit, your Social Security Number will be used for identification.

This plan is underwritten by Ameritas.

| VISION PLAN BENEFITS | | |
|---|---|---|
| PLAN MAXIMUM | | |
| Deductible | $10 Exam, $25 Eye Glass Lenses or Frames[1] | |
| COVERED BENEFITS | VSP CHOICE NETWORK | OUT-OF-NETWORK |
| Annual Eye Exam | Covered in Full | Up to $45 |
| Lenses (per pair)<br>Single Vision / Bifocal<br>Trifocal / Lenticular | <br>Covered in Full<br>Covered in Full | <br>Up to $30 / Up to $50<br>Up to $65 / Up to $100 |
| Contacts<br>Fit and Follow Up Exams<br>Elective<br>Medically Necessary | <br>15% Discount<br>Up to $120<br>Covered in Full | <br>No Benefit<br>Up to $105<br>Up to $210 |
| Frames | Up to $120[2] | Up to $70 |
| Frequency<br>Exam / Lens / Frames | Based on Date of Service<br>12 Months / 12 Months / 24 Months | |
| WEEKLY RATES | | |
| Employee<br>Employee + Spouse<br>Employee + Child(ren)<br>Family | $2.17<br>$4.30<br>$4.01<br>$6.13 | |

[1]Deductible applies to a complete pair of glasses or frames, whichever is selected.
[2]The Costco benefit will be the wholesale equivalent.

## LOCATE NETWORK PROVIDERS

Call (800) 877-7195

Visit www.Ameritas.com

- Your network is "VISION: VSP"

## 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.

| SHORT-TERM DISABILITY | |
|---|---|
| Weekly Maximum Benefit | Plan pays $150 Lump Sum |
| Maximum Benefit Period | 26 weeks |
| Waiting Period | 7 days (Accidents and Illnesses) |

Short-Term Disability is not available to residents of NM & VT.
Policies may vary for KS and OH residents.

| WEEKLY RATES | |
|---|---|
| Employee Only | $3.50 |

Coverage includes disability due to pregnancy and childbirth.

## OPTIONAL LIFE & DEPENDENT LIFE

This plan can help protect the financial future of those that depend on you most. The Optional Life insurance benefit will pay a pre-determined benefit amount upon death of the covered individual.

You may select Dependent Life to provide life insurance for eligible dependents. Please note that the Dependent Life benefit can only be selected in conjunction with the Employee Life Benefit. Dependent Life cannot exceed the amount of Optional Life you elect. Assign your beneficiaries either on your enrollment form or through your American Worker member portal.

| LIFE/AD&D INSURANCE | |
|---|---|
| Employee | Pays $10,000 |
| **DEPENDENT LIFE INSURANCE** | |
| Spouse<br>Child (6 months to 26 years)<br>Infant (10 days to 6 months) | Pays $5,000<br>Pays $2,500<br>Pays $400 |

| WEEKLY RATES | |
|---|---|
| Employee Only<br>Employee + Spouse<br>Employee + Child(ren)<br>Family | $0.60<br>$0.90<br>$0.90<br>$1.80 |

Life/AD&D Insurance is not available to residents of NM & VT.
Policies vary for Kansas Residents.

# CRITICAL ILLNESS AND HOSPITAL INDEMNITY PACKAGE

Critical Illness plan pays a lump sum cash benefit in the event you are in an accident or diagnosed with a covered illness.

The Hospital Indemnity benefit will pay cash to you or your provider when you are admitted to a hospital. The Hospital Indemnity benefit pays in addition to other coverage you might have.

Critical Illness pays a one-time lump sum benefit in the event an insured person is diagnosed with their first occurrence of End-Stage Renal Failure, Heart Attack, Life Threatening Cancer, Major Organ Transplant or Stroke. The diagnosis must occur after the coverage is effective and while the policy is in force.

The plan pays 100% of the Critical Illness benefit if a covered person is diagnosed, after their effective date, with the first occurrence of any covered Critical Illness event except cancer. The plan pays 10% of the Critical Illness benefit if a covered person is diagnosed with the first occurrence of cancer less than 90 days after the effective date of coverage. If the cancer diagnosis occurs more than 90 days after the effective date 100% of the Critical Illness benefit will be paid.

| Critical Illness Benefit (First Ever Occurrence)* Employee / Spouse / Child(ren)* | Plan pays $5,000 / $2,500 / $1,250 |
|---|---|
| Hospital Indemnity Benefit | |
| Hospital Admission (Single Sum) | $1,000 per confinement |
| Daily In-Hospital Indemnity | $100 per day; 500 day lifetime max |
| Intensive Care Unit | $200 per day; 30 days per year |
| Substance Abuse | $50 per day; 30 days per year |
| Mental Health | $50 per day; 30 days per year |
| Skilled Nursing Facility | $50 per day; 60 days per year |
| WEEKLY RATES | |
| Employee Only | $4.00 |
| Employee + Spouse | $9.30 |
| Employee + Child(ren) | $6.89 |
| Family | $11.82 |

*Child 6 months to 26 years of age.
The Hospital Indemnity and Critical Illness package is not available to residents of NH, VT, and NM.
Policies may vary for KS and OH residents.
MN residents must purchase the MEC or the MEC Enhanced Plus plan to elect the Hospital Indemnity and Critical Illness package.

## HOW DO I PAY FOR COVERAGE?

Your premium will be deducted from your paycheck.

## WHAT HAPPENS IF I DON'T HAVE A PAYROLL DEDUCTION?

Your benefits will be suspended. Your benefits will resume when you have a paycheck with a deduction or you pay The American Worker directly. If you have five missed deductions, your coverage will be canceled back to your last paid period.

## WHAT HAPPENS IF I HAVE A CLAIM WHEN MY BENEFITS ARE SUSPENDED?

Your claim will be denied and you will pay for 100% of the cost for the care you received.

## HOW DO I KEEP MY COVERAGE IF I MISS A DEDUCTION?

You can make a payment directly to The American Worker to avoid having coverage suspended. In some instances, your paycheck may not be enough to cover the entire amount of your benefit contributions. In those cases, the amount of the contribution is still your responsibility.

Paying missed deductions can be paid online, by phone or by mail. Payment options include credit or debit card, personal check, and money order. You can also set up an automatic payment from your credit card or bank account to pay for missed deductions.

- Online: Visit www.TheAmericanWorker.com and login to your employee portal
- Phone: Call The American Worker at (855) 495-1190
- Mail: 11910 Anderson Mill Rd #401, Austin, TX 78726

NOTE: 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.

## HOW LONG DO I HAVE TO MAKE A PAYMENT FOR A MISSED DEDUCTION?

You have 30 days from the date of your paycheck without a deduction to make a 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.

## WILL MY COVERAGE BE TERMINATED IF I DON'T PAY MY PREMIUM?

If you do not pay your premium for five consecutive weeks, your coverage will be terminated for nonpayment. Please review your 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.

## WILL I RECEIVE AN ID CARD?

When you enroll in medical coverage for the first time, an ID card and policy information will be mailed to your home address we have on file. If you make a change to your medical coverage, a new ID card will be mailed to your address. You can request a new ID card by contacting Member Services or access a temporary ID card by logging into www.TheAmericanWorker.com.

For any non-medical coverage you elect, policy information will be mailed to your home address. You will not receive an ID card for non-medical coverage.

## HOW DO I USE MY COVERAGE?

When seeking medical care, you should always ask your provider if they participate in the network associated with your plan. Present your medical ID card to your provider and ask them to call the customer service number to verify coverage. Be sure to locate an in-network provider prior to seeking care.

When making a Dental or Vision appointment, tell your provider your benefits are with Ameritas and they can verify coverage using your Social Security Number.

## CAN I ENROLL IN MEDICAL COVERAGE IF I HAVE MEDICARE OR MEDICAID?

If you are currently enrolled in Medicare or Medicaid, we recommend that you do not enroll in medical coverage with The American Worker.

## CONTACTS

| BENEFIT | CONTACT | WEBSITE | PHONE NUMBER |
|---|---|---|---|
| Medical | The American Worker | www.TheAmericanWorker.com | (855) 495-1190 |
| Accident Medical and AD&D | Crum & Forster administered by NAHGA | **www.Nahgaclaimservices.com** | (800) 952-4320 |
| Telemedicine | HealthiestYou | www.Healthiestyou.com | (866) 703-1259 |
| Optional Life & Dependent Life | Nationwide administered by The American Worker | www.TheAmericanWorker.com | (888) 798-9480 |
| PPO Network | First Health Network | www.FirstHealthLBP.com | (800) 226-5116 |
| Dental | Ameritas | www.Ameritas.com | (800) 659-2223 |
| Vision | Ameritas | www.Ameritas.com | (800) 877-7195 |
| Prescription Drug Coverage | CerpassRx | www.CerpassRx.com | (844) 636-7506 |
| Critical Illness and Hospital Indemnity | The American Worker | www.TheAmericanWorker.com | (855) 495-1190 |

## 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).

# DISCLOSURES

Minimum Essential Coverage (MEC) and MEC Enhanced Plans: These plans 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 though a federal or state exchange while enrolled in these plans. These plans do not provide comprehensive health insurance. Limitations and exclusions apply.

Limited Benefit: 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 Limited Benefit 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 Limited Benefit plan, but this plan does NOT meet Minimum Creditable Coverage standards. The Limited Benefit 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.

Accident Medical Expense: This is a brief summary of the Accident coverage available under this plan. The issued Policy contains the compete 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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Section 125 Disclaimer: By enrolling, you elect to participate in the American Worker plan for benefits available under the Internal Revenue Code Section 79, 105,106,125, and these sections as amended. You understand that the plan will automatically convert to pretax status and eligible payroll deductions which are provided through the Plan. You understand that by participating in this Plan your Social Security benefits may be reduced sine these premiums will be deducted before your salary is taxed. This election will remain in effective for the entire Plan Year. Your 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 about.

Ameritas Disclaimers
Plans are not available in Massachusetts, New Mexico or for groups with less than 50 eligible employees in Washington. Plan designs may vary in some states and are subject to individual state regulations. This piece is not for use in New Mexico. All plans are underwritten by Ameritas Life Insurance Corp. (Ameritas Life) or Ameritas Life Insurance of New York (Ameritas Life of New York). Dental and Vision products (9000 Rev. 03-16 or 9000 NY Rev.03-15) individual dates may vary by state. Ameritas and the bison design are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company.

Limitations and Exclusions:
Dental
- for any treatment which is for cosmetic purposes, except as specifically listed in the Table of Dental Procedures.
- to replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed partial denture within eight years of the date of the last placement of these items. However, if a replacement is required because of an accidental bodily injury sustained while the plan member is covered under the dental expense benefit, it will be a Covered Expense.
- for initial placement of any dental prosthesis or prosthetic crown unless such placement is needed because of the extraction of one or more teeth while the plan member is covered under the dental expense benefit. The extraction of a third molar (wisdom tooth) will not qualify under the above. Any such dental prosthesis or prosthetic crown must include the replacement of the extracted tooth or teeth. This limitation is waived for groups with 35 or more employees covered on the effective date of the contract.
- for any procedure begun before the plan member was covered under the dental expense benefit.
to replace lost or stolen appliances. for appliances, restorations, or procedures to:
alter vertical dimension;
restore or maintain occlusion;
splint or replace tooth structure lost because of abrasion or attrition
- for any procedure which is not shown on the Table of Dental Procedures.
- for services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.

The complete list of exclusions and limitations can be found in the Limitations Section and Table of Dental Procedures in the Certificate of Coverage.
Vision
- vision examinations, lenses or frames more than the frequency as indicated on the plan summary page.
- examinations performed or frames or lenses ordered before the member was covered under the eye care expense benefits.
- subject to extension of benefits, any examination performed or frame or lens ordered after the member's coverage under the eye
care expense benefits ceases.
- sub-normal eye care aids; orthoptic or eye care training or any associated testing.
- non-prescription lenses.
- replacement or repair of lost or broken lenses or frames except at normal intervals.
- any eye examination or corrective eyewear required by an employer as a condition of employment.
- medical or surgical treatment of the eyes.
- coated lenses; oversize lenses (exceeding 71 mm); photo-gray lenses; polished edges; UV-400 coating and facets, and tints other than solid.

The complete list of exclusions and limitations can be found in the Limitations Section and Table of Eyecare Procedures in the Certificate of Coverage.

The complete list of exclusions and limitations can be found in the Limitations Section and Table of Dental Procedures in the Certificate of Coverage. Plans are not available in Massachusetts, New Mexico or for groups with less than 50 eligible employees in Washington. Plan designs may vary in some states and are subject to individual state regulations. For a complete list of Limitations and exclusions refer to your certificate. This piece is not for use in New Mexico. All plans are underwritten by Ameritas Life Insurance Corp. (Ameritas Life) or Ameritas Life Insurance of New York (Ameritas Life of New York). Dental and Vision products (9000 Rev. 03-16 or 9000 NY Rev.03-15) individual dates may vary by state. Ameritas and the bison design are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company.

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Benefits Enrollment Guide

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