



**The American
Worker®**

Provided by Fringe Benefit Group



2025 Benefits Enrollment Guide



Open Enrollment: December 2, 2024 - December 13, 2024
Effective Date: January 24, 2025

DISCLOSURES

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](https://www.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](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.



Currently Enrolled Members

Employees currently enrolled in The American Worker program will automatically continue their coverage. If you would like to make a change to your coverage or cancel, you will need to call member services at **(866) 866-3424** or visit www.TheAmericanWorker.com.

About Your Coverage

FIXED INDEMNITY BENEFITS

- First dollar coverage for Doctor Office Visits, Diagnostic X-Rays and Lab Work, Hospital Stays and more
- Key features include no deductibles, copays, pre-existing condition limitations or waiting periods
- Prescription Drug discounts
- 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

FREESTANDING COVERAGE OPTIONS

- \$1,000 Basic Dental Coverage
- \$1,500 Buy Up Dental Coverage
- Vision Coverage
- Short-Term Disability
- Life/AD&D Insurance

Take The Next Step

For your convenience, 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 will continue uninterrupted as long as the premium is deducted from your paycheck. Your benefits will be suspended if:

1. You do not receive a paycheck due to lack of work, vacation, etc., or
2. You receive a paycheck without a premium deduction. Coverage will remain suspended until the Monday following the date you receive your next paycheck with a premium deduction, unless you make a premium payment for the missed deduction.

To avoid having coverage suspended you must make a missed premium payment every time a deduction is not processed from your paycheck.

Missed Premium Payments

You will receive an automated email when you have a missed premium and have 30 days to make a payment. If payment is not made within that time, you will not have coverage for that period of time. Missed premium deductions can be paid online, over the phone or by mail. You are urged upon enrollment to submit an alternate payment method in the event you have a missed premium.

Payment options include electronic check, credit/debit card, check or money order. You can also authorize an automatic payment be processed every time premium is not deducted from your paycheck; **however, you are responsible for contacting The American Worker to cancel the automatic payment once your employment has been terminated. If you do not, your account will be charged for coverage and you will not receive a refund.**

FIXED INDEMNITY



The American Worker Fixed Indemnity Plan provides affordable, first dollar coverage. The plan offers coverage for basic healthcare services and prescription drug discounts.

The Fixed Indemnity Plan is underwritten by Nationwide Life Insurance Company. The plan includes AWP Value Rx, First Health Network and Teladoc, which are provided by separate vendors. **All benefits pay on a calendar year basis per person, unless stated otherwise.**

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

Services	Standard	Preferred
Physician's Office	\$60 per day; 6 days per year	\$75 per day; 6 days per year
Outpatient Diagnostic Lab	\$75 per testing day; 3 days per year	\$85 per testing day; 3 days per year
Outpatient Diagnostic X-Ray	\$75 per testing day; 3 days per year	\$100 per testing day; 3 days per year
Outpatient Diagnostic Advanced Studies	\$200 per testing day; 3 days per year	\$300 per testing day; 3 days per year
Accidental Injury Care	Up to \$300 per occurrence	Up to \$500 per occurrence
Emergency Room Sickness	\$100 per day; 2 days per year	\$150 per day; 2 days per year
Surgical Indemnity Benefit		
-Daily Inpatient Surgical	\$500 per day, 1 day per year	\$1,000 per day, 1 day per year
-Daily Outpatient Surgical	\$250 per day	\$500 per day
-Daily Outpatient Minor	\$50 per day	\$100 per day
-Outpatient Benefit Maximum	1 day per year	1 day per year
Anesthesia	30% of Surgical Benefit	30% of Surgical Benefit
Hospital Admission	\$500 lump sum per confinement	\$1,000 lump sum per confinement
Daily In-Hospital Indemnity	\$300 per day; 500 day lifetime max	\$500 per day; 500 day lifetime max
Intensive Care Unit	\$600 per day; 30 days per year	\$1,000 per day; 30 days per year
Substance Abuse	\$150 per day; 30 days per year	\$250 per day; 30 days per year
Mental Illness	\$150 per day; 30 days per year	\$250 per day; 30 days per year
Skilled Nursing (Inpatient)	\$150 per day; 60 days per stay	\$250 per day; 60 days per stay
Outpatient Substance Abuse	\$10 per day; \$550 per year max	
Outpatient Mental Illness	\$10 per day; \$550 per year max	
Maternity Daily In-Hospital	\$100 per day, Days per year 2 for Natural or 4 for Cesarean	
Maternity & Newborn followup care	\$10 per day, 3 days per year	
*OptumCare24	Included	
*Teladoc	No cost access to doctors by phone or online	
*AWP Value Rx	\$10, \$20, \$50 Tier	
*First Health Network	Physician and Hospital	
Weekly Rates		
Employee Only	\$19.16	\$27.33
Employee + Spouse	\$43.20	\$64.36
Employee + Child(ren)	\$32.07	\$47.31
Family	\$47.42	\$71.31

Fixed Indemnity Plans are not available to residents of NM & VT. Benefits vary for Kansas and Ohio residents. Certain limitations cross apply. Please refer to the SBC or Plan Document for additional information.

ADDITIONAL PLAN FEATURES

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 Fixed Indemnity Plan will pay the same benefit amount.

AWP Value Rx - Provided by CerpasRx

The AWP Value Rx program is designed to provide substantial savings on your prescription drug expenses. This plan will help you identify affordable generic and brand name drugs by therapeutic class.

- Select generic and brand name drugs available for \$10, \$20, \$50 or less
- Generic and brand name drugs for which a discounted price has been negotiated
- Over 58,000 participating pharmacies nationwide
- No maximum annual benefit, deductible or claim forms
- To view drug prices or locate a pharmacy, visit www.AWPValueRx.com

Note: The AWP Value Rx program is a non-insurance discount program

OptumCare24

The American Worker is excited to partner with Careington to offer the OptumCare24 Employee Assistance Program. The pressing concerns of life can be daunting when you need immediate answers. OptumCare24 allows you and your family unlimited access to professionals who can give answers to address many different health, wellness and lifestyle needs. This isn't insurance, and it has unlimited usage.

Members enjoy all services listed below 24 hours per day, 365 days per year.

- 24 Hour Nurse Access Line
- 24 Hour Wellness and Counseling Line
- Professional Legal Services
- Certified Financial Planning
- Management Consulting

In the event of a loss or tragedy, a counselor can make an on-site visit to help members deal with any grievances or depression. Call **(866) 635-9531** for more information.

Disclosure: THIS PLAN IS NOT INSURANCE and is not intended to replace insurance. This program is not available in Vermont. Administered by Careington International Corporation.

ADDITIONAL PLAN FEATURES



Teladoc

Teladoc provides 24/7 on-demand access to a national network of U.S. board-certified doctors through the convenience of phone, video or mobile app visits. Teladoc doctors can diagnose, treat and prescribe medication, when necessary, for a variety of issues. It's more convenient access to quality healthcare, when and where you need it.

- Receive medical care from anywhere without taking time off work
- Fast treatment - Median call back in just 10 minutes
- Save money by avoiding expensive urgent care or ER visits for non-emergency issues

REGISTER ONLINE

- Go to www.Teladoc.com
- Select **Get Started Now** on the Teladoc Home Page
- Select **Get Started** under the **New To Teladoc?** Section on the next page
- Enter the requested information to confirm your eligibility and select **Continue**

Teladoc will locate your membership under The American Worker, select Continue to verify and then finish creating your account username, password and security questions. **1-800-835-2362** Available 24 hours a day 365 days a year. No cost for consultations.

FREESTANDING COVERAGE OPTIONS



\$1,000 Basic Dental Plan

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

Calendar Year Maximum	Up to \$1,000 per Covered Member	
Deductible	\$20 per Visit	
Covered Services	Waiting Period	Coinsurance
Preventive and Diagnostic Routine Exams, Cleanings, X-rays, etc.	None	Covered at 100% (MAC)*
Basic Treatment Restorative Amalgams and Composites Endodontics, Periodontics, Extractions, etc.	3 Months	Covered at 60% (MAC)*
Major Treatment Onlays, Crowns, Prosthodontics, etc.	12 Months	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.

Weekly Rates

Employee	\$6.06
Employee + Spouse	\$15.11
Employee + Child(ren)	\$10.44
Family	\$15.85

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.**

\$1,500 Buy Up Dental Plan

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

Calendar Year Maximum	Up to \$1,500 per Covered Member	
Deductible	\$20 per Visit	
Covered Services	Waiting Period	Coinsurance
Preventive and Diagnostic Routine Exams, Cleanings, X-rays, etc.	None	Covered at 100% (MAC)*
Basic Treatment Restorative Amalgams and Composites Endodontics, Periodontics, Extractions, etc.	3 Months	Covered at 80% (MAC)*
Major Treatment Onlays, Crowns, Prosthodontics, etc.	12 Months	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.

Weekly Rates

Employee	\$7.73
Employee + Spouse	\$19.09
Employee + Child(ren)	\$13.09
Family	\$19.85

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.**

FREESTANDING COVERAGE OPTIONS



Vision

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

Deductible	\$10 Exam, \$25 Eye Glass Lenses or Frames ¹	
Covered services	VSP Choice Network	Out-of-Network
Annual Eye Exam	Covered in Full	Up to \$45
Lenses (per pair)		
Single Vision / Bifocal	Covered in Full	Up to \$30 / Up to \$50
Trifocal / Lenticular	Covered in Full	Up to \$65 / Up to \$100
Contacts		
Fit and Follow Up Exams	15% Discount	No Benefit
Elective	Up to \$105	Up to \$105
Medically Necessary	Covered in Full	Up to \$210
Frames	Up to \$105 ²	Up to \$70
Frequency	Based on Date of Service	
Exam / Lens / Frames	12 Months / 12 Months / 24 Months	

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

²The Costco allowance will be the wholesale equivalent.

Weekly Rates

Employee	\$2.02
Employee + Spouse	\$3.99
Employee + Child(ren)	\$3.72
Family	\$5.70

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 up to a maximum of \$125
Maximum Benefit Period	26 weeks
Waiting Period	14 days (Accidents and Illnesses)
Percent of Weekly Salary	50% (Excludes Bonuses & Overtime)

Weekly Rates

Employee Only	\$3.50
---------------	--------

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

Weekly Rates

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

Introduction

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

What is COBRA Continuation Coverage?

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

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

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

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

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

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

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

When is COBRA coverage available?

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

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



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

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

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

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

Fixed Indemnity: This program is not intended nor recommended to replace any comprehensive program of insurance in which you currently participate, or intend to participate. This plan is not designed to replace or provide major medical or catastrophic coverage. This brochure is for summary purposes only. The insurance benefits of the fixed indemnity plan are offered by Nationwide Life Insurance Company. Additional information will be provided upon enrollment in the program. Plan exclusions and limitations apply.

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

Massachusetts residents are eligible for the Fixed Indemnity plan, but this plan does NOT meet Minimum Creditable Coverage standards.

Section 125 Disclaimer: 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.

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

DISCLOSURES

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.

BENEFITS ENROLLMENT GUIDE



**The American
Worker®**

Provided by Fringe Benefit Group

THEAMERICANWORKER.COM / 1(866)866-3424

Copyright © 2025 The American Worker is provided by Fringe Benefit Group.