The American Worker®

Provided by Fringe Benefit Group

2024 Benefits Enrollment Guide and Form

A-1 Personnel of Houston

Effective Date: January 1, 2024

A-1 Personnel of Houston values the contributions of our employees. In appreciation of your dedicated service, we are pleased to offer The American Worker program. Please carefully review this enrollment guide so you understand the benefits being provided and can make the right choices for you and your family.

About Your Coverage

MINIMUM ESSENTIAL COVERAGE (MEC) PLAN

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

MEC PLUS PLANS

- 100% coverage when using in-network providers for Preventive Care and Wellness services required by ACA
- First dollar coverage for Doctor Office Visits, Diagnostic X-Rays and Lab Work, Hospital Stays and more
- Key features include no deductibles, copays, pre-existing condition limitations or waiting periods
- Prescription Drug 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
- Medical Price Shopping Tool - Estimate the costs of services before scheduling

MINIMUM VALUE PLAN (MVP)

- Comprehensive coverage for healthcare services due to accidents or illnesses as well as prescription drugs after the applicable deductible
- 100% coverage when using in-network providers for Preventive Care and Wellness services required by ACA
- Medical Price Shopping Tool - Estimate the costs of services before scheduling

Changes to COVID-19 Coverage: The Federal Government announced that the Public Health Emergency for COVID-19 ended on May 11, 2023. Please go to The American Worker website for details on how this may affect your plan. (https://www.theamericanworker.com/updates-regarding-the-end-of-covid-19-health-emergencies/)

Take The Next Step

To enroll in benefit coverage, complete and return an enrollment application to your manager. 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.

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

WOMEN INCLUDING PREGNANT WOMEN OR WOMEN WHO MAY BECOME PREGNANT

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

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

CHILDREN

Screenings: Autism, Bilirubin Concentration, Blood, Blood Pressure, Cervical Dsyplasia, 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: Diptheria, Haemophilus Influenzae Type B, Hepatitis A, Hepatitis B, HPV, Inactivated Poliovirus, Influenza (flu shot), Measles, Meningococcal, Pertussis, Pneumococcal, Rotavirus, Tetanus, Varicella (Chickenpox)

MEDICAL PRICE SHOPPING TOOL: HEALTHCARE BLUEBOOK

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

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

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

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

MEC PLUS PLANS

The American Worker 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 additional benefit plan features which are provided by separate vendors. **All benefits pay on a calendar year basis per person, unless stated otherwise.**

Preventive Services		
Minimum Essential Coverage (MEC)	Plan pays 100% for all ACA required preventive care services. **You MUST visit a PHCS Network provider for Preventive services to be covered.**	
Fixed Indemnity Services	**Value Plan**	**Select Plan**
Physician's Office	$60 per day; 3 days per year	$80 per day; 4 days per year
Outpatient Diagnostic Lab	$60 per testing day; 3 days per year	$75 per testing day; 2 days per year
Outpatient Diagnostic X-Ray	$75 per testing day; 2 days per year	$85 per testing day; 3 days per year
Outpatient Diagnostic Advanced Studies	$500 per testing day; 1 day per year	$700 per testing day; 1 day per year
Emergency Room Sickness	$150 per day; 2 days per year	$250 per day; 2 days per year
Surgical Indemnity Benefit -Daily Inpatient Surgical -Daily Outpatient Surgical -Daily Outpatient Minor -Outpatient Benefit Maximum	 $1,000 per day, 1 day per year $500 per day $100 per day 1 day per year	 $1,500 per day, 1 day per year $750 per day $150 per day 1 day per year
Anesthesia	30% of Surgical Benefit	30% of Surgical Benefit
Ambulance	$500 per day; 1 day per year	$500 per day; 1 day per year
Daily In-Hospital Indemnity Intensive Care Unit Substance Abuse Mental Illness Skilled Nursing (Inpatient)	$300 per day; 500 day lifetime max $600 per day; 30 days per year $150 per day; 30 days per year $150 per day; 30 days per year $150 per day; 60 days per stay	$800 per day; 500 day lifetime max $1,600 per day; 30 days per year $400 per day; 30 days per year $400 per day; 30 days per year $400 per day; 60 days per stay
*Prescription Drugs	Copay Rx Plan 1	Copay Rx Plan 2
*Accident Medical Expense	$5,000 maximum benefit per injury	
*Accidental Death & Dismemberment	$15,000 Employee / $7,500 Spouse / $3,000 Child	
*Term Life	$10,000 Employee	
*HealthiestYou	No cost access to doctors by phone or online	
*PHCS Network	Physician and Hospital	
*Medical Price Shopping Tool	Estimate medical costs before scheduling	

***Services not underwritten by Nationwide Life Insurance Company.**
Fixed Indemnity Plans are not available to residents of NH & VT.

PHCS PPO Limited Benefit Network

All plan designs provide covered individuals access to a PPO Network that allows them to take advantage of network negotiated rates.

FIND A NETWORK PROVIDER

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

HealthiestYOU

HealthiestYOU provides 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

Copay Rx Plan 1 - Provided by CerpassRx

- **Tier 1 (Most Generics):** $10 Co-Pay
- **Tier 2 (Some Generics & Preferred/Formulary Brand Name):** $50 or 50%; whichever is greater
- **Tier 3 (Non-Preferred / Non-Formulary Brand Name):** Employees pay 100% of the cost after pharmacy discounts
- **Monthly Maximum:** $100 Employee / $200 Family
- No Deductible
- Restricted Formulary

Mail Order option available for 90 day prescription supply.

- **Tier 1:** $25 copay
- **Tier 2:** $125 or 50%

Copay Rx Plan 2 - Provided by CerpassRx

- **Tier 1 (Most Generics):** $10 Co-Pay
- **Tier 2 (Some Generics & Preferred/Formulary Brand Name):** $50 or 50%; whichever is greater
- **Tier 3 (Non-Preferred / Non-Formulary Brand Name):** Employees pay 100% of the cost after pharmacy discounts
- **Monthly Maximum:** $250 Employee / $500 Family
- No Deductible
- Restricted Formulary

Mail Order option available for 90 day prescription supply.

- **Tier 1:** $25 copay
- **Tier 2:** $125 or 50%

FIND A CERPASSRX PROVIDER

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

Medical Price Shopping Tool: Healthcare Bluebook

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

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

MINIMUM VALUE PLAN (MVP)

The Minimum Value Plan provides comprehensive medical care to protect you from injury and illness as well as coverage for your annual preventive care visits.

Preventive services are covered at 100% and are not subject to a deductible. For all other services and prescriptions, you must meet a deductible before benefits are eligible for plan payment.

The Minimum Value Plan uses the PHCS Physician and Ancillary Network for professional and out-patient services. Save money on these services by going to an in-network provider. For out-of-network and facility charges, the Minimum Value Plan uses referenced based pricing. This means that after the deducible has been met, services are reimbursed based on Medicare rates. This allows members to use a facility of their choosing, and the plan will pay up to 150% of the Medicare rate.

Enrollment is dependent on the completion of an individual medical questionnaire (IHQ). You must return a completed IHQ to Fringe Benefit Group within **30 days** of your election or your enrollment will be **cancelled**. The IHQ can be returned through your secure American Worker member portal or through Docusign. You must include your email address on the enrollment form if you elect the MVP so that an IHQ can be emailed to you via DocuSign. **Any misrepresentations, misstatements or omissions of medical information may result in revision of your rates, denial of claims payment or loss of coverage.**

PRESCRIPTION BENEFITS

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

Benefits	PHCS Physician and Ancillary PPO Network. Charges reimbursed based on 150% of Medicare for Facilities
Plan Maximums	
Deductible Individual / Family	$5,000 / $10,000
Coinsurance	Plan pays 80%; You pay 20%
Out-of-Pocket Maximum* Individual / Family	$6,000 / $12,000
Services	
Office Visit	Deductible & Coinsurance Apply
Outpatient Lab and X-Rays	Deductible & Coinsurance Apply
Complex Imaging	Deductible & Coinsurance Apply
Emergency Room Services	Deductible & Coinsurance Apply
Inpatient / Outpatient Hospitalization	Deductible & Coinsurance Apply
Outpatient Prescription Drugs	Deductible & Coinsurance Apply
Preventive care	Plan pays 100%
Medical Price Shopping Tool	Estimate medical costs before scheduling
Balance Billing Assistance	Access to Patient Advocacy Center (PAC)

***Out-of-Pocket Maximum includes deductible and coinsurance.**

PHCS Physician & Ancillary Network: Physician and Out-Patient Services

Physician and many professional services are covered by the PHCS Physician and Ancillary network. You will pay less for care at PHCS Physician and Ancillary providers since the Plan will pay the in-network benefit. Use PHCS providers to get the most benefit from the Plan.

- To find a provider, visit **www.hstconnect.com**
- Customer service is available at **(800) 440-7427**

Reference Based Pricing: Out-of-Network Services & Facility Charges

The Plan pays Reasonable and Appropriate fees after any applicable copay, deductible and/or coinsurance for out-of-network physician and ancillary services as well as facility charges. If out-of-network providers or facilities charge more than Reasonable and Appropriate fees for services (not to exceed 150% of Medicare Allowable), you may be responsible and billed for charges in excess of the amount the Plan pays based on Reasonable and Appropriate fees for services.

Precertification

Certain services require precertification prior to services being rendered. If precertification is not received prior to services being rendered the amount the Plan pays will be reduced. Refer to your plan document for a list of services that require precertification.

Balance Billing Assistance: Facility Charges

Your plan is based on fair and transparent pricing, if you receive a bill from a facility that is greater than what is listed as your responsibility on your Explanation of Benefits, call the Patient Advocacy Center. A patient advocate will be assigned to your case and will contact the facility directly to ensure that excessive hospital charges are not being passed down to you. Once the advocate has resolved the dispute with the facility, the advocate will notify you with the final resolution.

To contact the Patient Advocacy Center call **(888) 837-2237** and make sure you have the information below on hand:

Patient's Full Name
Employer's Name
Service Dates
Copy of the bill
Copy of the Explanation of Benefits (Available in your AWP member portal)
Your contact Information

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

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.

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

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

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

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

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.

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

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 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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RETURN YOUR ENROLLMENT APPLICATION TO YOUR EMPLOYER

IF YOU HAVE ANY BENEFIT QUESTIONS CALL 1(866)866-3424