Dedicated school staffing

jobsquad

2026-2027 BENEFITS ENROLLMENT GUIDE

The American Worker®

Provided by Fringe Benefit Group

MESSAGE TO OUR EMPLOYEES

Dedicated School Staffing values the contributions of our employees, and we are pleased to offer affordable coverage 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 benefit offering 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!

YOU ARE ELIGIBLE TO ENROLL FOR 30 DAYS FROM YOUR FIRST CHECK DATE.
COVERAGE WILL BE EFFECTIVE THE FIRST OF THE MONTH, FOLLOWING 60 DAYS FROM YOUR FIRST PAYCHECK DATE.

AM I ELIGIBLE FOR BENEFITS?

You are eligible to enroll for 30 days from your first check date. Coverage will be effective the first of the month, following 60 days from your first paycheck date.

Review the following information and be prepared to modify your elections. 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.

Online: theamericanworker.fbg.com
Available anytime, day or night

Phone: Call **(866) 866-3424**
Monday - Friday 8:00 AM - 8:00 PM ET
Press 1 to enroll.
Press 2 for all other inquiries

ENROLLED MEMBERS CAN VIEW THEIR DIGITAL ID CARD IN THE *MYFBG* APP

Download Our Mobile App

The MyFBG Mobile App gives you access to your ID Cards and additional plan information.

Download on the App Store

GET IT ON Google Play

MEDICAL PLANS FOR YOU

MINIMUM ESSENTIAL COVERAGE (MEC) PLAN

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

LIMITED BENEFIT 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

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 Limited Benefit 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 $500 per year with a $20 deductible per visit.

VISION COVERAGE

Coverage for eye exams and corrective eyewear.

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.

BENEFIT RATES

MEC PLAN	WEEKLY RATES	BI-WEEKLY RATES	SEMI-MONTHLY RATES	MONTHLY RATES
Employee Only	$11.77	$23.54	$25.50	$51.00
Employee + Spouse	$15.00	$30.00	$32.50	$65.00
Employee + Child(ren)	$15.46	$30.92	$33.50	$67.00
Family	$21.23	$42.46	$46.00	$92.00
STANDARD FIXED INDEMNITY PLAN	**WEEKLY RATES**	**BI-WEEKLY RATES**	**SEMI-MONTHLY RATES**	**MONTHLY RATES**
Employee Only	$17.50	$35.00	$37.92	$75.82
Employee + Spouse	$37.05	$74.10	$80.28	$160.53
Employee + Child(ren)	$29.21	$58.42	$63.29	$126.57
Family	$43.45	$86.90	$94.14	$188.28
PREFERRED FIXED INDEMNITY PLAN	**WEEKLY RATES**	**BI-WEEKLY RATES**	**SEMI-MONTHLY RATES**	**MONTHLY RATES**
Employee Only	$25.55	$51.10	$55.36	$110.71
Employee + Spouse	$57.18	$114.36	$123.89	$247.77
Employee + Child(ren)	$43.71	$87.42	$94.71	$189.39
Family	$65.56	$131.12	$142.05	$284.10
ELITE FIXED INDEMNITY PLAN	**WEEKLY RATES**	**BI-WEEKLY RATES**	**SEMI-MONTHLY RATES**	**MONTHLY RATES**
Employee Only	$33.57	$67.14	$72.74	$145.49
Employee + Spouse	$77.23	$154.46	$167.33	$334.56
Employee + Child(ren)	$58.24	$116.48	$126.19	$252.32
Family	$87.57	$175.14	$189.74	$379.48
DENTAL PLAN	**WEEKLY RATES**	**BI-WEEKLY RATES**	**SEMI-MONTHLY RATES**	**MONTHLY RATES**
Employee Only	$4.99	$9.98	$10.81	$21.62
Employee + Spouse	$12.47	$24.94	$27.02	$54.04
Employee + Child(ren)	$8.98	$17.96	$19.46	$38.91
Family	$13.47	$26.94	$29.19	$58.37
VISION PLAN	**WEEKLY RATES**	**BI-WEEKLY RATES**	**SEMI-MONTHLY RATES**	**MONTHLY RATES**
Employee Only	$2.12	$4.24	$4.59	$9.19
Employee + Spouse	$4.19	$8.38	$9.08	$18.16
Employee + Child(ren)	$3.91	$7.82	$8.47	$16.94
Family	$5.98	$11.96	$12.96	$25.91

MINIMUM ESSENTIAL COVERAGE (MEC) PLAN

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. Only three over-the-counter COVID-19 tests are available annually under this plan.

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.

ACA PREVENTIVE 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.

COVERED SERVICES

Flu shots and routine immunizations

Medical screenings

- Blood pressure
- Cholesterol
- Diabetes

Annual well-woman exam

Well baby and well child exams

Contraception

- FDA approved methods excluding abortifacient drugs
- 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

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.

FIRST HEALTH NETWORK

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**

MEDICAL PRICE SHOPPING TOOL: HEALTHCARE BLUEBOOK

Healthcare Bluebook

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 **(866) 866-3424**. **The medical price shopping tool does not guarantee that cost estimates will be the price you are charged or pay for services.**

LIMITED BENEFIT PLANS

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.
- This plan includes prescription drug coverage.
- 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.
- It can be used as a complement to a high-deductible medical plan (before signing up, ask your current insurance provider about their coordination of benefits policy).

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 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 PLANS

BENEFITS	STANDARD LIMITED BENEFIT PLAN	PREFERRED LIMITED BENEFIT PLAN	ELITE LIMITED BENEFIT PLAN
ALL BENEFITS BELOW PAY ON A CALENDAR YEAR BASIS PER PERSON, UNLESS STATED OTHERWISE.			
Physician's Office	$50 per day; 6 days per year	$75 per day; 6 days per year	$90 per day; 6 days per year
Out-patient Diagnostic Lab	$50 per testing day; 2 days per year	$75 per testing day; 3 days per year	$100 per testing day; 3 days per year
Out-patient Diagnostic X-Ray	$50 per testing day; 2 days per year	$75 per testing day; 3 days per year	$100 per testing day; 3 days per year
Out-patient Diagnostic Advanced Tests	$500 per testing day; 1 day per year	$500 per testing day; 3 days per year	$700 per testing day; 3 days per year
Emergency Room Sickness	$100 per day; 2 days per year	$250 per day; 2 days per year	$500 per day; 2 days per year
Surgical Indemnity Benefit -Daily In-patient Surgical -Daily Out-patient Surgical -Daily Out-patient Minor -Out-patient Benefit Max	$500 per day, 1 day per year $250 per day $50 per day 1 day per year	$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	30% of Surgical Benefit
Ambulance (Ground & Air)	$100 per day; 2 days per year	$250 per day; 2 days per year	$500 per day; 1 day per year
Hospital Admission	$100 lump sum per confinement	$300 lump sum per confinement	$500 lump sum per confinement
Daily In-Hospital Indemnity Intensive Care Unit Substance Abuse Mental Illness Skilled Nursing (In-patient)	$100 per day; 500 day lifetime max $200 per day; 30 days per year $50 per day; 30 days per year $50 per day; 30 days per year $50 per day; 60 days per stay	$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	$500 per day; 500 day lifetime max $1,000 per day; 30 days per year $250 per day; 30 days per year $250 per day; 30 days per year $250 per day; 60 days per stay
*Prescription Drugs	PramRx	PramRx	PramRx
*Accident Medical Expense	$5,000 maximum benefit per injury	$5,000 maximum benefit per injury	$5,000 maximum benefit per injury
*Accidental Death & Dismemberment	$15,000 Employee / $7,500 Spouse / $3,000 Child	$15,000 Employee / $7,500 Spouse / $3,000 Child	$15,000 Employee / $7,500 Spouse / $3,000 Child
*Teladoc	No cost access to doctors by phone or online	No cost access to doctors by phone or online	No cost access to doctors by phone or online
*First Health Network	Physician and Hospital	Physician and Hospital	Physician and Hospital

***Benefits not underwritten by Nationwide Life Insurance Company.**
Policies are not available to residents of MN, NM & VT. Benefits vary for KS & OH residents.
Certain benefits may share maximums. Refer to the plan certificate for more details.

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.

ADDITIONAL DIRECT PRIMARY CARE 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**

PRAM RX - PROVIDED BY CERPASSRX

- **Tier 1 (Most Generics):** $10 Copay
- **Tier 2 (Some Generics & Preferred/Formulary Brand Name):** $30 Copay
- **Monthly Maximum:** $250 Employee / $500 Family
- No Deductible
- Restricted Formulary

FIND A CERPASSRX PROVIDER

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

TELADOC

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 for a variety of issues.

- Call **(800) 835-2362** or visit **www.Teladoc.com**
- Receive medical care from anywhere without taking time off work
- No cost consultations
- Fast treatment - Median call back in just 10 minutes
- Avoid expensive urgent care or ER visits for non-emergency issues

CRUM & FORSTER ACCIDENT MEDICAL AND ACCIDENTAL DEATH & DISMEMBERMENT

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 your loved ones to help alleviate some of the financial burden after an accident-related crisis has 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 may download your ID card from the MyFBG App after enrollment, or provide your SSN to your dental provider to look you up.**

This plan is underwritten by Ameritas.

DENTAL PLAN		
Calendar Year Maximum	Up to $500 per Covered Member	
Deductible	$20 per Visit	
COVERED BENEFITS	WAITING PERIOD	COINSURANCE
Preventive and Diagnostic Routine Exams, Cleanings, X-rays, etc.	None	Covered at 100% (MAC/MAB)*
Basic Treatment Restorative Amalgams and Composites Endodontics, Periodontics, Extractions, etc.	3 Months	Covered at 60% (MAC/MAB)*
Major Treatment Onlays, Crowns, Prosthodontics, etc.	12 Months	Covered at 50% (MAC/MAB)*

***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 may download your ID card from the MyFBG App after enrollment, or provide your SSN to your vision provider to look you up.**

This plan is underwritten by Ameritas.

VISION PLAN		
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) 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	 Up to $60 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	

[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"**

WILL I RECEIVE AN ID CARD?

You can download the MyFBG Mobile App to access your digital ID cards and add them to your iPhone or Google Wallet. If you opted out of digital fulfillment through The American Worker Member Portal, a medical 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.

HOW DO I USE MY COVERAGE?

When seeking medical care, first call The American Worker to determine what coverage is available to you under your plan. **You should always ask your provider if they participate in the network associated with your plan before you make an appointment.**

If you have MEC preventive care coverage, you must see an in-network provider. Review the plan summary in this guide to confirm your network. You should always ask your provider if they participate in the network associated with your plan before you make an appointment. Present your American Worker ID card when you arrive at your appointment. Be sure to locate an in-network provider prior to seeking care.

If you have limited medical benefit coverage, you can see a provider of your choice. However, by going to an in-network provider, you have access to network discounts which can lower your out of pocket cost for those services. Review the plan summary in this guide to confirm your network. Present your American Worker ID card when you arrive at your appointment.

When making a Dental or Vision appointment, download the MyFBG App to download your ID cards and present them when you arrive at your appointment. Alternatively, 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.

WHAT IS THE *MYFBG* MOBILE APP?

MyFBG is our NEW mobile app equipped with digital tools that gives you access to everything you need instantly. On the app, you can review your plan details, claims, and view your ID cards anytime, anywhere. You can also add your ID cards to your Apple or Google Wallet.

ENROLLED MEMBERS CAN VIEW THEIR DIGITAL ID CARD IN THE ***MYFBG*** APP

Download Our Mobile App

The MyFBG Mobile App gives you access to your ID Cards and additional plan information.

Download on the App Store

GET IT ON Google Play

CONTACTS

BENEFIT	CONTACT	WEBSITE	PHONE NUMBER
AWP Member Services	The American Worker	**theamericanworker.fbg.com**	**(866) 866-3424**
Accident Medical and AD&D	Crum & Forster administered by NAHGA	**www.Nahgaclaimservices.com**	**(800) 952-4320**
Telemedicine	Teladoc	**www.Teladoc.com**	**(800) 835-2362**
PPO Network	First Health Limited Benefit 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**

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).

DISCLAIMERS

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 Mexico 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 Limited Benefit Plan applicable to policy form SRCP 2000 or state equivalent. PRAM RX plan is applicable to policy forms GPDP AO L20 and is not available in all states. This product provides prescription coverage only, it does not cover basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. NSM-0301AO (06/23). The coverages are distributed by Fringe Benefit Group. Nationwide and Fringe Benefit Group are separate and non-affiliated companies.

Minimum Essential Coverage (MEC): 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 through 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.**

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 since these premiums will be deducted before your salary is taxed. This election will remain in effect 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 above.

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.

Teladoc: 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.

DISCLAIMERS

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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