



**The American  
Worker®**

Provided by Fringe Benefit Group



## **2020 Benefits Enrollment Guide**

**Company Name**

**Open Enrollment: May 14, 2020 - May 22, 2020**

**Effective Date: June 1, 2020**

# OVERVIEW & ELIGIBILITY

We value 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.

## Automatic Enrollment

Eligible employees will be automatically enrolled into the Minimum Essential Coverage (MEC) Plan at the Employee Only tier of coverage. If you wish to change coverage or enroll eligible dependents, you must take action during Open Enrollment.

## About Your Coverage

### MINIMUM ESSENTIAL COVERAGE (MEC) PLAN

- 100% coverage for all ACA required Preventive Care and Wellness services

### 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 via AWP Value Rx
- National PPO Network, First Health
- 24/7 access to doctors by phone via Teladoc

## Take The Next Step

To enroll in benefits, 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.

**OPEN ENROLLMENT: MAY 14, 2020 - MAY 22, 2020**

**EFFECTIVE DATE: JUNE 1, 2020**



The Minimum Essential Coverage (MEC) plan satisfies the requirement set forth by the Affordable Care Act (ACA) and covers a multitude of common screenings and preventive services at 100%. You **MUST** visit a First Health Network provider for services to be covered. Services from out-of-network providers are NOT covered. To find a provider, visit [www.FirstHealthLBP.com](http://www.FirstHealthLBP.com).

## Most Common Services

- Cholesterol Tests
- Flu Shots
- Annual Well-Woman Exams
- Contraceptives
- Mammograms
- Colon Cancer Screening
- Childhood Immunizations
- Well-Child Checkups

Monthly Rates	
Employee Only	\$0.00
Employee + Spouse	\$12.00
Employee + Child(ren)	\$16.00
Family	\$36.00

## 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 Dysplasia, Depression, Developmental, Dyslipidemia, Hearing, Hematocrit or Hemoglobin, Hemoglobinopathies or Sickle Cell, Hepatitis B, HIV, Hypothyroidism, Lead, Obesity, Phenylketonuria (PKU), Sexually Transmitted Infection, Tuberculin, Vision

**Immunizations:** Diptheria, Haemophilus Influenzae Type B, Hepatitis A, Hepatitis B, HPV, Inactivated Poliovirus, Influenza (flu shot), Measles, Meningococcal, Pertussis, Pneumococcal, Rotavirus, Tetanus, Varicella (Chickenpox)

**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/](http://www.healthcare.gov/preventive-care-benefits/).**

**IMPORTANT:** Office visit fees 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.

# FIXED INDEMNITY



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

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.**

Services	Standard Plan	Preferred Plan
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
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	\$300 lump sum per confinement	\$500 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
*Teladoc	No cost access to doctors by phone or online	
*AWP Value Rx	\$10, \$20, \$50 Tier	
*First Health Network	Physician and Hospital	
Monthly Rates	Standard Plan	Preferred Plan
Employee Only	\$82.54	\$115.32
Employee + Spouse	\$181.98	\$263.93
Employee + Child(ren)	\$135.57	\$194.58
Family	\$197.96	\$288.28

\*Services not underwritten by Nationwide Life Insurance Company.

Fixed Indemnity Plans are not available to residents of NH, VT & WA.

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.



## 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](http://www.AWPValueRx.com)

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

## 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](http://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.**

**This network is also utilized by the Minimum Essential Coverage (MEC) Plan.**

## 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](http://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.

## STATE REQUIREMENTS

- Arkansas & Delaware: Initial consultation required to be done via video
- Idaho: Consultations are only available via video

## 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.**

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

**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.

© 2020 Teladoc Health, Inc. All rights reserved. Teladoc and the Teladoc logo are registered 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 which may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse of services. **Arkansas & Delaware:** Initial consultation required to be done via video. **Idaho:** Consultations are only available via video.

## BENEFITS ENROLLMENT GUIDE



**The American  
Worker®**

Provided by Fringe Benefit Group

**THEAMERICANWORKER.COM / 1(866)866-3424**

Copyright © 2020 The American Worker is provided by Fringe Benefit Group.