



**The American  
Worker®**

Provided by Fringe Benefit Group



## **2024 Benefits Enrollment Guide**

# **Ascen Workforce, LLC**

**Effective Date: July 1, 2024**

# OVERVIEW

Ascen Workforce, LLC values the contributions of our employees. In appreciation of your dedicated service we are pleased to offer a variety of affordable coverage options through The American Worker. 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
- 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

### MEC PLUS PLAN

- 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

### FREESTANDING COVERAGE OPTIONS

- Dental Coverage
- Vision Coverage
- Life/AD&D Insurance

### 401 (K) RETIREMENT PLAN

- User friendly online account for 24/7 access to view your balance, funds and update personal data.
- Quarterly Account Statements mailed to your address on file.
- Investment offerings include Target Date Funds and individual investment fund options.

## Take The Next Step

To enroll in benefit coverage, go to <https://app.ascen.com/> and complete your enrollment online. 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.

**YOU ARE ELIGIBLE TO ENROLL IN BENEFITS AFTER MEETING A  
WAITING PERIOD OF 30 DAYS FROM YOUR DATE OF HIRE.**

# MEC COVERED SERVICES



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](http://www.multiplan.com/awp) and select the PHCS Limited Benefit 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
- HealthiestYou (See details on page 5)

### Weekly Rates

Employee Only	\$11.54
Employee + Spouse	\$15.00
Employee + Child(ren)	\$16.16
Family	\$22.39

## 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:** Diphtheria, 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:** Diphtheria, 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](http://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/](http://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 PLAN



The American Worker MEC Plus Plan provides affordable, first dollar coverage. The plan offers coverage for basic healthcare services and prescription drug discounts. To find a provider, visit [www.Multiplan.com/awp](http://www.Multiplan.com/awp) - Limited Benefit Network.

The MEC Plus 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. <b>You MUST visit a PHCS Network provider for Preventive services to be covered.</b>
Fixed Indemnity Services	Preferred Plan
Physician's Office	\$70 per day; 4 days per year
Outpatient Diagnostic Lab	\$50 per testing day; 3 days per year
Outpatient Diagnostic X-Ray	\$100 per testing day; 2 days per year
Outpatient Diagnostic Advanced Studies	\$300 per testing day; 1 day per year
Emergency Room Sickness	\$100 per day; 2 days per year
Hospital Admission	\$500 lump sum per confinement
Daily In-Hospital Indemnity	\$100 per day; 500 day lifetime max
Intensive Care Unit	\$200 per day; 30 days per year
Substance Abuse	\$50 per day; 30 days per year
Mental Illness	\$50 per day; 30 days per year
Skilled Nursing (Inpatient)	\$50 per day; 60 days per stay
*Prescription Drugs	AWP Value Rx Plan
*Accident Medical Expense	\$5,000 maximum benefit per injury
*Accidental Death & Dismemberment	\$15,000 Employee / \$7,500 Spouse / \$3,000 Child
*HealthiestYou	No cost access to doctors by phone or online
*PHCS Network	Physician and Hospital
*Medical Price Shopping Tool	Estimate medical costs before scheduling
Weekly Rates	Preferred Plan
Employee Only	\$23.03
Employee + Spouse	\$42.59
Employee + Child(ren)	\$36.48
Family	\$53.08

**\*Services not underwritten by Nationwide Life Insurance Company.  
MEC Plus Preferred Plan is not available to residents of VT.**



### PHCS PPO Limited Benefit Network

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

#### FIND A NETWORK PROVIDER

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

### HealthiestYOU

All plan designs provide covered individuals with 24/7 access to U.S. licensed physicians that can provide general advice and recommendations, diagnostic medical consultations, and write non-controlled prescriptions when appropriate. HealthiestYOU also provides members with access to an online wellness platform to help improve the member's overall health.

- **Visit:** [www.Healthiestyou.com](http://www.Healthiestyou.com)
- **Call:** (866) 703-1259

### 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

### 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](http://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 MVP plan benefits and rates you will pay for the plan are listed below. For complete details of the MVP plan contact your HR Department for the Summary of Benefits and Coverage.

**There are no copays associated with the medical or prescription benefit.** A select list of preventive services are covered at 100% and not subject to the deductible. For all other services, employees must meet a \$6,500 deductible before benefits are eligible for plan payment.

**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.**

All IHQs are reviewed by medical underwriting to determine final rates.

Benefits	In-Network (PHCS)	Out-of-Network
Deductible		
- Individual	\$6,500	\$13,000
- Family	\$13,000	\$26,000
Coinsurance	Plan Pays 100%	Plan Pays 50%
Out-of-Pocket Maximum**		
- Individual	\$6,500	No Limit
- Family	\$13,000	No Limit
Physician Services		
- Primary Care	Plan Pays 100% After Deductible	Plan Pays 50% After Deductible
- Specialists		
- Diagnostic X-Ray & Lab		
- Surgery		
Preventive Care	Plan Pays 100%	Plan Pays 50% After Deductible
Emergency Room	Plan Pays 100% After In-Network Deductible	
Additional Services (Facility Charges)	Network Use Not Required Plan Pays 100% After Deductible	
- Surgery (Inpatient or Outpatient)		
- Hospital (Inpatient or Outpatient)		
Prescription Drugs	Plan Pays 100% After Deductible	
Monthly Rates*		
Employee Only		\$571.60
Employee + Spouse		\$1,043.07
Employee + Child(ren)		\$948.76
Family		\$1,396.66

**\*Employee is responsible for single coverage premium costs, subject to income percentage guidelines set by ACA regulation, and 100% of dependent coverage premium costs.**

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

# MVP & FREESTANDING COVERAGE



## PHCS Physician & Ancillary Network

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 [hstconnect.com](http://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.

## CerpassRx: Prescription Drug Coverage

Effective and reliable coverage with access to over 63,000 network pharmacies nationwide. Prescriptions are covered at 100% after your copay at in-network pharmacies. Prescriptions are not covered at out-of-network pharmacies.

- To find a local pharmacy, visit [Cerpassrx.com](http://Cerpassrx.com)
- Customer service available anytime at (844) 636-7506



## Dental

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
<b>Preventive and Diagnostic</b> Routine Exams, Cleanings, X-rays, etc.	None	Covered at 100% (MAC)*
<b>Basic Treatment</b> Restorative Amalgams and Composites Endodontics, Periodontics, Extractions, etc.	3 Months	Covered at 60% (MAC)*
<b>Major Treatment</b> 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	\$6.36
Employee + Spouse	\$15.87
Employee + Child(ren)	\$10.96
Family	\$16.64

## LOCATE NETWORK PROVIDERS

Call (800) 659-2223

- Select **option 3**

Visit [www.Ameritas.com](http://www.Ameritas.com)

- Select **"FIND A HEALTH PROVIDER"**
- Select **"DENTAL"**
- Select **"NETWORK PROVIDER"**
- Enter Your Location
- Select **"CLASSIC PPO" Network.**

# FREESTANDING COVERAGE

## 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 <sup>1</sup>	
Covered services	VSP Choice Network	Out-of-Network
<b>Annual Eye Exam</b>	Covered in Full	Up to \$45
<b>Lenses</b> (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
<b>Contacts</b>		
Fit and Follow Up Exams	15% Discount	No Benefit
Elective	Up to \$105	Up to \$105
Medically Necessary	Covered in Full	Up to \$210
<b>Frames</b>	Up to \$105 <sup>2</sup>	Up to \$70
<b>Frequency</b>	Based on Date of Service	
Exam / Lens / Frames	12 Months / 12 Months / 24 Months	

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

<sup>2</sup>The Costco allowance will be the wholesale equivalent.

Weekly Rates	
Employee	\$2.12
Employee + Spouse	\$4.19
Employee + Child(ren)	\$3.91
Family	\$5.98

### LOCATE NETWORK PROVIDERS

Call (800) 877-7195

Visit [www.Ameritas.com](http://www.Ameritas.com)

- Select "FIND A HEALTH PROVIDER"
- In the "Find a Vision Provider" section, click the VSP down arrow.
- Select "Find VSP Providers"



## 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.

<b>Life/AD&amp;D Insurance</b>	
Employee	Pays \$20,000
<b>Dependent Life Insurance</b>	
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

# RETIREMENT PLAN



Ascen Workforce is pleased to offer a 401(k) Retirement Savings Plan to help you on your path to a secure retirement. The plan provides you with an easy way to save for your retirement on a tax-deferred basis.

- **Tax-deferred 401(k) Savings:** All employee and employer deposits do not incur current State or Federal income taxes.
- **Tax-free Growth:** Participant account balances and their investment returns do not incur capital gains taxes.

## A few of the highlights of your Retirement Plan are:

- User friendly online account for 24/7 access to view your balance, funds and update personal data.
- Quarterly Account Statements mailed to your address on file.
- Investment offerings include Target Date Funds and individual investment fund options.

If you wish to withhold 401(k) retirement savings from your paycheck choose the amount at <https://app.ascen.com/>.

If you have questions regarding your retirement plan, please contact Member Services at **1-800-933-3863**.

**PLEASE NOTE:** This is an abbreviated summary of your plan provisions with The Contractors Retirement Plan. These can change when updates are made to the plan or to IRS regulations and deposit limits. Refer to your Summary Plan Description handout for full plan details and disclosures.

Contribution Source	Eligibility	Entry Date
Employee 401(k) Salary Deferrals and voluntary rollovers	No age or service required	Date eligibility met
Discretionary Employer Profit Sharing Contributions	No age or service required	Date eligibility met

\*Plan excludes these employee groups: no exclusions

## Employee 401(k) Salary Deferrals, Rollovers & Changes

### ALWAYS 100% VESTED

Eligible employees can sign up to make pre-tax 401(k) salary deferral contributions each pay period

- Defer any dollar or percentage amount per payroll up to 100% of wages, not to exceed the 2023 IRS limits, \$22,500.
- If you are 50 and older, you can defer an additional "catch-up" amount, \$7,500 for 2023.
- You can modify your deferral amount each month. Submit changes to your Human Resources Dpt.
- You can rollover balances from outside plans.

## Employer Contributions

Employer Optional Profit Sharing

- Ascen Workforce, LLC can choose at year-end to make an annual Profit Sharing contribution.
- Vested amount per service year: 2yr=20%; 3yr=40%; 4yr=60%; 5yr=80%; 6yr=100%

## Loan Program

You may borrow from your retirement account, more details found in the SPD.

- Loans are available between \$1000 - \$50,000, not to exceed 50% of your vested balance.
- You are responsible for submitting all loan payments, which go back into your participant account.

## Distributions

You may withdraw your account balance only under the following:

- upon termination of employment plus 60 days,
- upon retirement at the normal retirement age of 55 years old,
- upon attainment of age 59-1/2 while still in service,
- Hardship Distributions for IRS approved hardships are allowed from 401(k) deferral balances.

# RETIREMENT PLAN

## Investments

You choose how all contributions into your account are invested.

- Your choices include: 5 BlackRock Lifepath Index Ret funds and 6 individual investment funds.
- The amount that you deduct will be placed in the default funds (QDIA) which is the BlackRock Lifepath Index Ret Fund based on your birthdate. If you want to select an alternative fund please login at: TheAmericanWorker.com and click "Retirement" and then click "Manage Investments".
- You can change your investment allocations anytime via your online account or the Participant Help Line.

Sign up by logging into [www.TheAmericanWorker.com](http://www.TheAmericanWorker.com).

## You Can Review Your Account by Calling Toll Free 800-933-3863

The automated phone menu allows you to review your account 24/7.

By calling our customer service department, you can:

- Check your balances
- Review transaction history
- Make investment changes

You can log in utilizing the PIN number associated with your account. If you have not set up a PIN number before or are logging into the system the first time, the last four digits of your Social Security Number.

Once logged in, simply follow the system prompts to access your account and the information you are looking for.

Our dedicated customer service team is here to assist you each Monday through Friday, 7:00 a.m. and 7:00 p.m. Central Time.

Please call **800-933-3863** and select a topic from the menu options.



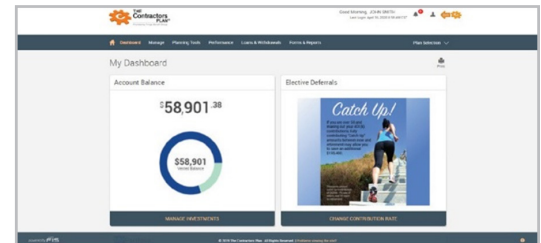
## Get Online

1. Go to [www.TheAmericanWorker.com](http://www.TheAmericanWorker.com)
2. Click on **"New Users: Register Here"** at the upper right-hand corner of the page.
3. Under **"New User?"** on the following screen, click the **"Social Security #"** button.
4. Type your Username (The first time use your social security number.)
5. Type your Password (The first time use your date of birth MM/DD/ YYYY.)
6. If you are a new user, complete your email and security questions, and click **Continue**.
7. Select the **"Retirement"** Icon (Only if you have additional plans such as Health. If not, skip to step 8.)
8. Select the **"Account"** icon.
9. You will be redirected to "The Contractors Plan website"

**New Users** - The first time you logon to the website it will guide you through several questions to set up the account.

## Dashboard

This is a snapshot of your account balance at a glance. From this page you can view Account Balance, Overall Portfolio, Recent Activity and even tips to manage your retirement plan.

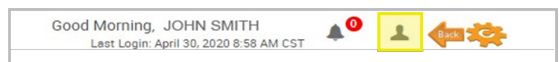


## Update Your Profile

You can update your profile information by clicking on the icon of a person in the upper right corner of the website.



- **Personal Info:** Edit your personal information including your address, phone number, email and security question.
- **Beneficiaries:** Make necessary updates to your beneficiary



The 'Beneficiaries' section shows 'Beneficiary Designation 1' with a warning: 'Any beneficiary who is under 21 months old cannot be named as a beneficiary.' It includes fields for 'Beneficiary Name', 'Relationship', 'Birth date', 'Social security number (optional)', 'Email address', and 'Phone number'. There are also fields for 'First address 1', 'First address 2', 'City', 'State', 'Zip code', and 'Country'. A 'DELETE' button is at the bottom right.

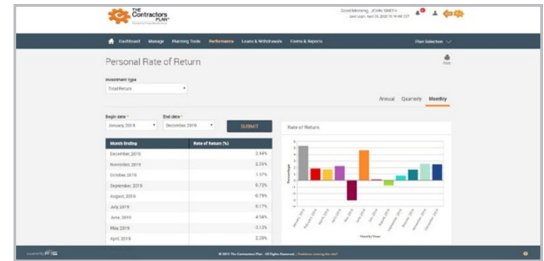
## Manage Account

- **Manage Investments:** View your balance, change elections for future contributions, rebalance your account, and review investment performance.
- **Transaction History:** Customize your search for account activity and see detailed reports.
- **Web/VRU Requests:** See a complete history of all requests you have made through the website or the telephone system (VRU) and click to see the details.

The 'Transaction History' section includes a 'Transaction type' dropdown menu and a 'Transaction date' field. It also has a 'Start date' and 'End date' range selector. A 'Show details' button is at the bottom right.

## Performance

- Rate of Return: See how your account has done - reports your personal rate of return percentage.
- Investment Returns: View the current and historical investment returns for the available funds.



## Loans & Withdrawals

- Loans and Withdrawals: If available in your plan, this is the place to establish a loan line or request a new loan.
- View Loans: See the breakdown of any loans you currently have, including loan number, current balance and initial loan amount.

The screenshot displays the 'Loans and Withdrawals' page. It includes a table with columns for 'Loan Number', 'Loan Balance', 'Current Balance', and 'Initial Loan Amount'. The table shows one active loan with a current balance of \$1,000.00 and an initial loan amount of \$1,000.00.

Loan Number	Loan Balance	Current Balance	Initial Loan Amount
1000001	\$1,000.00	\$1,000.00	\$1,000.00

## Forms & Reports

- eStatements: Sign up for eStatements and receive automatic email delivery of your account statements and view your statements online from anywhere.
- Reports: Create your own statement of account for any time-period and save it to an Adobe PDF file on your computer or send it to your printer.
- Forms: Select a copy of forms available for your plan.

The screenshot displays the 'Reports' page. It includes a form to create a report with fields for 'Select report type', 'From', 'To', and 'To Date'. There are also buttons for 'Create Report', 'Print Report', and 'Download Report'.

# EMPLOYEE HEALTH QUESTIONNAIRE



## ONLY FILL OUT THIS FORM IF YOU ARE ENROLLING IN THE MINIMUM VALUE PLAN (MVP).

Please print or type in dark ink. See enrollment guide for benefit details and explanation of your cost. Retain a copy of this application for your records.

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_

Home or Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Gender: M or F Birth Date: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Are you a US Citizen? ☐ Yes ☐ No

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated

If "No", what is your status?: \_\_\_\_\_

Date of Full-time Employment: \_\_\_\_\_ Average Hours worked per week: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Owner, Partner or Corporate Officer? ☐ Yes ☐ No

Employment Status: ☐ Active ☐ COBRA/Continuation ☐ Retired ☐ Disability ☐ Other Leave

Coverage Type: ☐ Self only ☐ Self and Spouse ☐ Self and Child(ren) ☐ Self, Spouse and Child(ren)

OR

I am Waiving coverage for: ☐ Myself ☐ Spouse ☐ Child(ren)

And the Reason for waiving is: ☐ Covered by another group/individual health plan or

☐ Other \_\_\_\_\_

### Spouse and/or Dependents to be covered (please include another page to list more dependents)

Applicant Name(S)	Relationship to Employee	M or F	Date of Birth	Social Security #	Height/Weight	Tobacco Use?
	Employee					
	Spouse					
	Child					
	Child					

**Health Questions: Please answer the following, providing details to "YES" answers for all Applicants in the space indicated. If you need more space, please use a second form.**

In the past (3) years, has any Applicant seen a doctor, been diagnosed with, had treatment, hospitalization, medications, tests, or been advised to have treatment or surgery for any of the following:

a.	Heart attack, brain tumor, stroke, heart disease or heart problems? Or Other not listed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	g.	Diabetes, endocrine or pituitary disorder, growth disorder, lupus, MS, AIDS, or HIV+? Or Other not listed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Cancer, tumor, lymphoma, or transplant? Or Other not listed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	h.	Alcoholism, drug, or any substance abuse? Or Other not listed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Emphysema, lung disorder, or COPD? Or Other not listed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	i.	Back or joint problems, rheumatoid arthritis, fibromyalgia, paralysis or any musculoskeletal condition? Or Other not listed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

# EMPLOYEE HEALTH QUESTIONNAIRE

d.	Brain disorder, bipolar, psychotic disorder, seizures, epilepsy, or any other mental or emotional condition? Or Other not listed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	j.	Currently pregnant, an expectant parent, premature delivery or multiple birth ? due date? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	Kidney failure, dialysis, or disorder of the liver including hepatitis and cirrhosis, stomach, pancreas, colon or bladder? Or Other not listed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	k.	Any surgery, tests, drugs, doctor visit or hospitalization current, advised, planned or recommended?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f.	Hemophilia, blood disorder, anemia, circulatory disorder, or any blood or circulatory condition? Or Other not listed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	l.	Any Burns, or other medical condition(s) not listed in previous questions?, any disability?, or taking any prescription drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Please provide FULL DETAILS to "YES" answers, including the name of the Applicant(s), condition(s), treatment(s), medication(s), and dates. If more space is needed, please attach a separate page with details, including the Applicant's name.**

Question Letter:	Applicant Name:	Condition/Diagnosis/Treatment/Physician Name/Contact Info:	Date of Onset and Recovery?	Surgery or Hospitalization? <input type="checkbox"/> Yes <input type="checkbox"/> No	Still Under Treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Medication? <input type="checkbox"/> Yes <input type="checkbox"/> No Drug name?
Question Letter:	Applicant Name:	Condition/Diagnosis/Treatment/Physician Name/Contact Info:	Date of Onset and Recovery?	Surgery or Hospitalization? <input type="checkbox"/> Yes <input type="checkbox"/> No	Still Under Treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Medication? <input type="checkbox"/> Yes <input type="checkbox"/> No Drug name?
Question Letter:	Applicant Name:	Condition/Diagnosis/Treatment/Physician Name/Contact Info:	Date of Onset and Recovery?	Surgery or Hospitalization? <input type="checkbox"/> Yes <input type="checkbox"/> No	Still Under Treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Medication? <input type="checkbox"/> Yes <input type="checkbox"/> No Drug name?
Question Letter:	Applicant Name:	Condition/Diagnosis/Treatment/Physician Name/Contact Info:	Date of Onset and Recovery?	Surgery or Hospitalization? <input type="checkbox"/> Yes <input type="checkbox"/> No	Still Under Treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Medication? <input type="checkbox"/> Yes <input type="checkbox"/> No Drug name?

## Authorization and Signature

My signature declares that the answers and medical information presented on this application are complete and accurate for all Applicants. I understand this information will be used as the basis for group underwriting. Any misrepresentations, misstatements or omissions of medical information that I make may result in revision of rates, or denial of my claims or my coverage. I understand that the following parties may need to review this information: Business Associates, reinsurers, and all persons authorized to represent these organizations for these purpose. I authorize any health care provider, hospital or medically related facility, pharmacy, or pharmacy related facility, consumer reporting agency, insurance or reinsurance company, having information about me or any of my Dependent Applicants to provide all such information as requested by the aforementioned.

I understand that this Authorization may be needed for the purpose of gathering information to determine underwriting and group rating and I have included all information regarding diagnosis, treatment, and prognosis or medical conditions including physical, mental, psychiatric, drug, alcohol, and prescription history. Unless revoked earlier, this Authorization will be valid for thirty (30) months after the date it is signed, and a photocopy of this authorization is as valid as the original. I understand that I can revoke this authorization at any time by giving written notice to the plan administrator.

Employee/Primary Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# SECURE EMAIL MESSAGE CENTER



## SEND EMAILS SAFE AND SECURE TO THE AMERICAN WORKER

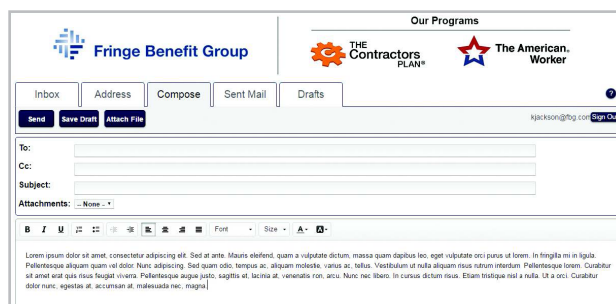
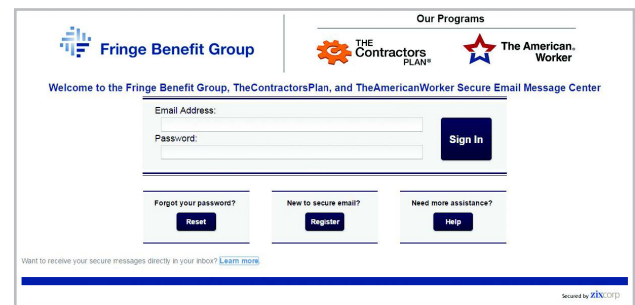
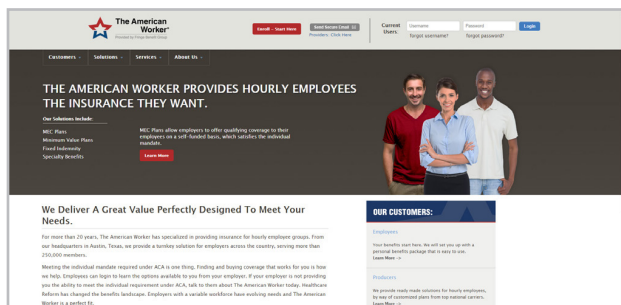
Security is much easier when it just works automatically; and that's exactly what the Secure Email Message Center offers. By automatically encrypting and decrypting messages and attachments, secure email is as easy as regular email for both senders and recipients.

## THINGS TO KNOW

Emails and attachments are scanned automatically, removing extra work and eliminating stress about sensitive data going unprotected. If emails contain sensitive information, they are encrypted and delivered to the recipients, who must set up a password to open the message the first time. The next time the recipient receives an encrypted email, they will be asked to enter that same password.

- The Secure Email Message Center will deliver to any @theamericanworker (or other variations) email address.
- Sender may send attachments with a message size of up to 15 MB.
- The Secure Email Message Center will automatically recognize content that needs to be sent "secure". If the email is deemed secure, the recipient will receive a link to open the message center to retrieve and respond to an email. If the email does not contain sensitive information, the message will be delivered directly to their email program (Outlook, etc.).

**YOU CAN ACCESS THE SECURE EMAIL MESSAGE CENTER DIRECTLY ON [WWW.THEAMERICANWORKER.COM](http://WWW.THEAMERICANWORKER.COM) BY CLICKING ON THE "SECUREMAIL" LINK ON THE TOP.**



## 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: 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. 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):** 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.

**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](http://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 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.

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## BENEFITS ENROLLMENT GUIDE



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