2025

ASCEN WORKFORCE, LLC

BENEFITS ENROLLMENT GUIDE

EFFECTIVE DATE: 07/01/2025

The American Worker®

Provided by Fringe Benefit Group

MESSAGE TO OUR EMPLOYEES

Ascen Workforce, LLC values the contributions of our employees, and we are pleased to offer a variety of affordable coverage options 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 benefits being provided 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!

YOUR ENROLLMENT OPPORTUNITY

AM I ELIGIBLE FOR BENEFITS?

As an employee of Ascen Workforce, LLC, you are eligible to enroll in benefits after meeting a waiting period of 30 days from your date of hire. **Please note that monthly plans are active first of the month following your 30-day waiting period.** 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. If you do not enroll in coverage during your enrollment window, you will not be able to enroll until the next open enrollment period, unless you experience a qualifying life event.

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.

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

ENROLL ONLINE

Go to **https://app.ascen.com/** to complete your enrollment online.

EFFECTIVE DATE: 07/01/2025

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
- Telemedicine with free consultations

MEC PLUS PLAN

All of the MEC benefits and...

- Daily benefit for doctor visits, diagnostic X-rays, lab work, hospital stays and more.
- Coverage for prescription drugs
- Accidental Death & Dismemberment and Accident Medical
- Telemedicine with free consultations

MINIMUM VALUE PLAN (MVP)

- Comprehensive coverage for healthcare services due to accident or illness and prescription drugs after the applicable deductible
- 100% coverage for preventive services without a copay or need to satisfy the deductible
- Medical price shopping tool to estimate out-of-pocket costs before choosing a provider or facility

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!

ADDITIONAL PLANS FOR YOU

DENTAL COVERAGE

Pays up to $1,000 per year with a $20 deductible per visit.

VISION COVERAGE

Coverage for eye exams and corrective eyewear.

LIFE/AD&D INSURANCE

$20,000 of Life and AD&D coverage for employees.

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.

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.

LIFE/AD&D AND MORE

Be prepared for life's challenges. Accidents, illnesses, and loss can hit anyone. The financial burden on top of emotional stress can be overwhelming.

Our plans provide financial support during difficult times, helping you focus on recovery and providing a safety net for your loved ones. Don't let an unexpected event derail your life.

MINIMUM ESSENTIAL COVERAGE (MEC)

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 PHCS Limited Benefit Medical Network. Through this network you have access to 4,500 hospitals, 900,000 practitioners and 84,000 ancillary facilities.

All participating providers undergo an extensive and thorough credentialing process so you can be confident that you are choosing a quality healthcare provider.

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

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 PHCS Limited Benefit Plan Network.
- Telemedicine with free consultations.

MEDICAL PRICE SHOPPING TOOL: HEALTHCARE BLUEBOOK

It's easy to find savings on non-preventive services with a simple search. Find the best price and get an out-of-pocket cost estimate before scheduling. Access the price shopping tool at www.TheAmericanWorker.com or call (855) 495-1190. **The medical price shopping tool does not guarantee that cost estimates will be the price you are charged or pay for services.**

PRESCRIPTION COVERAGE PROVIDED BY CERPASSRX

The plan provides coverage for preventive prescriptions like contraceptives and statins at no cost to you.

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.

MEC PLUS PLAN

The MEC Plus plan provides coverage for in-network preventive services at 100% as well as a daily benefit toward in-patient and out-patient services incurred in or out-of-network. This plan also offers prescription drug coverage and other embedded ancillary benefits like telemedicine, accidental death and dismemberment, and accident medical.

By enrolling in a MEC Plus plan, you will have access to the PHCS Limited Benefit Plan Network www.multiplan.com/awp.

WHY SHOULD YOU ENROLL IN THE MEC PLUS PLAN?

- Preventive Services paid at 100% for in-network providers and facilities.
- Daily benefit toward non-preventive medical services incurred in or out-of-network.
- Access to network discounts through the PHCS Limited Benefit Plan Network.
- This plan includes discounts on prescription drugs.
- Additional ancillary benefits like telemedicine, accidental death and dismemberment, and accident medical.
- In most cases, avoid paying out-of-pocket for services prior to your appointment by supplying your American Worker ID card as proof of coverage.

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 to go to an urgent care because you injured yourself.

This type of service often includes a charge for an office visit and x-ray.

IN-NETWORK

$125		$160		$87.30		$75		$75		
Office Visit Cost	+	X-Ray	−	In-Network Discount	−	Paid by Plan For Office Visit Benefit	−	Paid by Plan For X-Ray Benefit	=	Your Cost $47.70

OUT-OF-NETWORK

$125		$160		$75		$75		
Office Visit Cost	+	X-Ray	−	Paid by Plan For Office Visit Benefit	−	Paid by Plan For X-Ray Benefit	=	Your Cost $135

MEDICAL PLANS

	MEC PLAN	PREFERRED MEC PLUS PLAN
*PREVENTIVE BENEFITS		
Minimum Essential Coverage (MEC)	Plan pays 100% for all ACA required preventive care services. **You MUST visit a PHCS Network provider for Preventive services to be covered.**	
ADDITIONAL BENEFITS - ALL BELOW SERVICES PAY ON A CALENDAR YEAR BASIS PER PERSON, UNLESS STATED OTHERWISE.		
Physician's Office	N/A	$70 per day; 4 days per year
Out-patient Diagnostic Lab	N/A	$50 per testing day; 3 days per year
Out-patient Diagnostic X-Ray	N/A	$100 per testing day; 2 days per year
Out-patient Diagnostic Advanced Tests	N/A	$300 per testing day; 1 day per year
Emergency Room Sickness	N/A	$100 per day; 2 days per year
Hospital Admission	N/A	$500 lump sum per confinement
Daily In-Hospital Indemnity Intensive Care Unit Substance Abuse Mental Illness Skilled Nursing (In-patient)	N/A	$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
*Prescription Drugs	ACA Preventive Drugs	AWP Value Rx
*Accident Medical Expense	N/A	$5,000 maximum benefit per injury
*Accidental Death & Dismemberment	N/A	$15,000 Employee / $7,500 Spouse / $3,000 Child
*HealthiestYou	No cost access to doctors by phone or online	No cost access to doctors by phone or online
*PHCS Network	Physician and Hospital	Physician and Hospital
*Medical Price Shopping Tool	Estimate medical costs before scheduling	Estimate medical costs before scheduling
WEEKLY RATES	MEC PLAN	PREFERRED MEC PLUS PLAN
Employee Only Employee + Spouse Employee + Child(ren) Family	$11.54 $15.00 $16.16 $22.39	$23.03 $42.59 $36.48 $53.08

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

PHCS LIMITED BENEFIT NETWORK

PHCS Limited Benefit Plan

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

FIND A NETWORK PROVIDER

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

AWP VALUE RX DISCOUNT CARD - PROVIDED BY CERPASSRX

CERPASSRX®

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

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

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

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 (855) 495-1190.

The medical price shopping tool does not guarantee that cost estimates will be the price you are charged or pay for services.

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. HealthiestYou also gives you access to Dermatologists and Mental Health Professionals for a negotiated rate:

General Medical Visit: $0
Dermatology Visit: $85
Psychiatrist: Initial visit $220 per session, $100 follow-up visit
Mental Health Outside Psychiatry Visit: $90 per session
Schedule a video or phone session for support for anxiety, eating disorders, depression, family issues, and other concerns. Consultations available as soon as 72 hours!

REGISTER

- **Visit:** www.Healthiestyou.com
- **Call:** (866) 703-1259

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 loved one's to help alleviate some of the financial burden after an accident-related crisis as 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

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.

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

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.

PRESCRIPTION BENEFITS

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

BENEFITS	PHCS PHYSICIAN AND ANCILLARY PPO NETWORK. CHARGES REIMBURSED BASED ON 150% OF MEDICARE FOR FACILITIES	
PLAN MAXIMUMS	IN-NETWORK (PHCS)	OUT-OF-NETWORK
Deductible Individual / Family	$6,500 / $13,000	$13,000 / $26,000
Coinsurance	Plan pays 100%	Plan pays 50%
Out-of-Pocket Maximum* Individual / Family	$6,500 / $13,000	No Limit
BENEFITS	IN-NETWORK (PHCS)	OUT-OF-NETWORK
Office Visit	Plan Pays 100% After Deductible	Plan Pays 50% After Deductible
Out-patient Lab and X-Rays	Plan Pays 100% After Deductible	Plan Pays 50% After Deductible
Complex Imaging	Plan Pays 100% After Deductible	Plan Pays 50% After Deductible
Emergency Room Services	Plan Pays 100% After Deductible	Plan Pays 50% After Deductible
In-patient / Out-patient Hospitalization	Plan Pays 100% After Deductible	Plan Pays 50% After Deductible
Out-patient Prescription Drugs	Plan Pays 100% After Deductible	Plan Pays 50% After Deductible
Preventive care	Plan pays 100% (Deductible waived)	Plan Pays 50% After Deductible
ADDITIONAL BENEFITS		
Surgery (In-Patient or Out-Patient) Hospital (In-Patient or Out-Patient)	Network Use Not Required Plan Pays 100% After Deductible	
Medical Price Shopping Tool	Estimate medical costs before scheduling	
Balance Billing Assistance	Access to Patient Advocacy Center (PAC)	
MONTHLY RATES**		
Employee Only Employee + Spouse Employee + Child(ren) Family	$616.69 $1,130.55 $1,027.75 $1,515.93	

***Out-of-Pocket Maximum includes deductible and coinsurance.**
****Employee is responsible for single coverage premium costs, subject to income percentage guidelines set by ACA regulation, and 100% of dependent coverage premium costs.**

PHCS PHYSICIAN & ANCILLARY NETWORK: PHYSICIAN AND OUT-PATIENT SERVICES

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

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

HST CONNECT MOBILE APP

Scan here to download or find it in the App Store or Google Play Store

- Find facility and other healthcare services, either in-network or with high VDHP acceptance rates
- Compare quality ratings and pricing for specific procedures
- View deductibles, copays and other plan information
- Direct dial healthcare providers and get driving directions
- Get prescription pricing estimates
- Look up information about procedures
- Communicate and receive notifications from HST's Patient Advocacy Center and submit balance bills directly through the app
- Access to HST's Provider Acceptance Rates helps minimize the risk of balance billing.

REFERENCE BASED PRICING: OUT-OF-NETWORK SERVICES & FACILITY CHARGES

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

PRECERTIFICATION

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

BALANCE BILLING ASSISTANCE: FACILITY CHARGES

Your plan is based on fair and transparent pricing, if you receive a bill from a facility that is greater than what is listed as your responsibility on your Explanation of Benefits, call the Patient Advocacy Center. A patient advocate will be assigned to your case and will contact the facility directly to ensure that excessive hospital charges are not being passed down to you. Once the advocate has resolved the dispute with the facility, the advocate will notify you with the final resolution. To contact the Patient Advocacy Center call **(888) 837-2237** and make sure you have the information below on hand:

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

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 and deductible at in-network pharmacies. Prescriptions are not covered at out-of-network pharmacies.

- To find a local pharmacy, visit www.Cerpassrx.com
- Customer service available anytime at **(844) 636-7506**

MEDICAL PRICE SHOPPING TOOL: 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 **(855) 495-1190**.

The medical price shopping tool does not guarantee that cost estimates will be the price you are charged or pay for services.

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 will not receive an ID card for this benefit, your Social Security Number will be used for identification.**

This plan is underwritten by Ameritas.

DENTAL PLAN BENEFITS		
PLAN MAXIMUMS		
Calendar Year Maximum	Up to $1,000 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)*
WEEKLY RATES		
Employee Employee + Spouse Employee + Child(ren) Family	$6.36 $15.87 $10.96 $16.64	

***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 will not receive an ID card for this benefit, your Social Security Number will be used for identification.**

This plan is underwritten by Ameritas.

VISION PLAN BENEFITS		
PLAN MAXIMUM		
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	 $60 Copay 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	
WEEKLY RATES		
Employee Employee + Spouse Employee + Child(ren) Family	$2.12 $4.19 $3.91 $5.98	

[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"

Ameritas

OPTIONAL LIFE/AD&D & DEPENDENT LIFE INSURANCE

This plan can help protect the financial future of those that depend on you most. The Optional Life insurance benefit will pay a pre-determined benefit amount upon death of the covered individual.

You may select Dependent Life to provide life insurance for eligible dependents. Please note that the Dependent Life benefit can only be selected in conjunction with the Employee Life Benefit. Dependent Life cannot exceed the amount of Optional Life you elect. Assign your beneficiaries either on your enrollment form or through your American Worker member portal.

LIFE/AD&D INSURANCE	
Employee	Pays $20,000
DEPENDENT LIFE INSURANCE	
Spouse Child (6 months to 26 years) Infant (10 days to 6 months)	Pays $2,500 Pays $1,250 Pays $200
WEEKLY RATES	
Employee Only Employee + Spouse Employee + Child(ren) Family	$2.25 $2.53 $2.53 $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.

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.

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.**

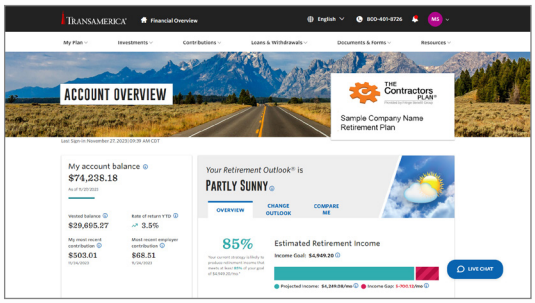
RETIREMENT WEBSITE FEATURES AND NAVIGATION

GET ONLINE

1. Go to www.TheAmericanWorker.com
2. Click on **"Login Or Enroll"** at the top of the page.
3. Under "New User?" 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**. (you will receive authentication using email or text passcodes).
7. Select the **"Retirement"** icon.
8. You will be redirected to The TransAmerica website.

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

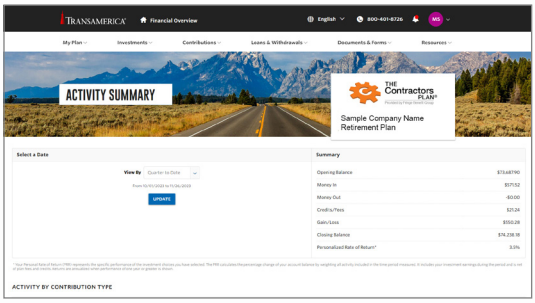
ACCOUNT OVERVIEW / DASHBOARD



This is a snapshot of your account at a glance.

From this page you can view your account balance, Retirement Oulook®, investment mix, balance history, contribution rate and more!

MY PLAN

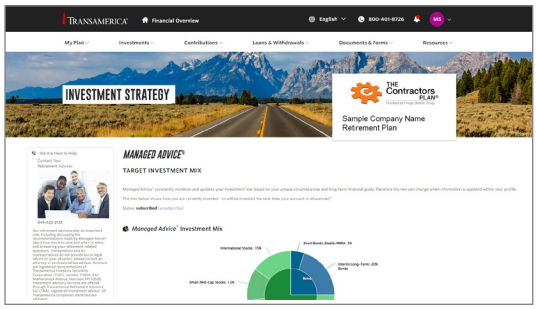


- **Activity Summary:** View all of the activity such as recent contributions and gains/losses.
- **Personal Information:** Edit your personal information including your address, phone number, and email address.
- **Beneficiaries:** Make necessary updates to your beneficiary designations.

RETIREMENT WEBSITE FEATURES AND NAVIGATION

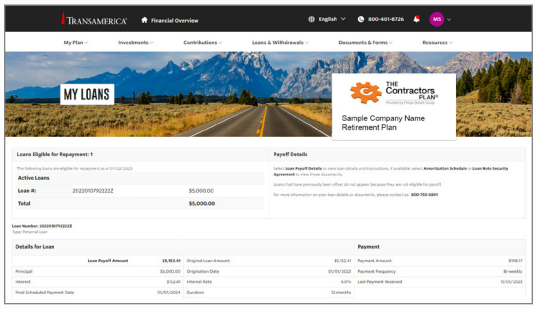
INVESTMENTS

- **My Investments:** View your current investments, future allocations and transfers.
- **Investment Resources:** Customize your goals and review your current strategy, outlook and incomes.
- **Managed Advice®:** Access professional investment advice based on your unique goals.



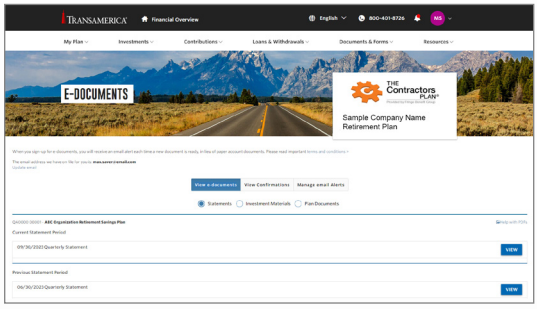
LOANS & WITHDRAWALS

- **View Loans:** See the breakdown of any loans you currently have, including loan number, current balance and initial loan amount.
- **Request A Loan:** Apply for a loan as well as utilize the loan calculator to determine payments.
- **Manage Your Loan:** Make additional loan payments or modify your bank information for your automated loan payments.
- **Distribution Details:** You can review and take an online distribution, if applicable.



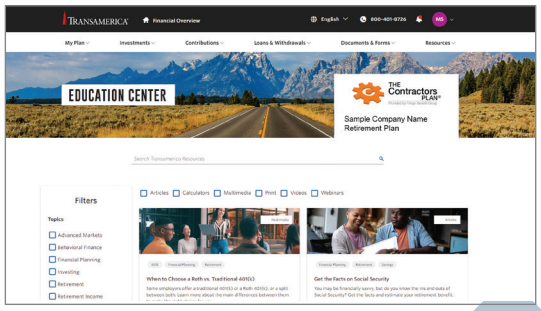
DOCUMENTS & FORMS

- **eStatements:** Receive automatic email delivery of your account statements and view your statements online from anywhere.
- **Investment Materials:** Download statements and reports regarding your investments.
- **Plan Documents:** Enrollment materials, plan highlights, privacy notices and more are available.
- **Forms:** Beneficiary and rollover forms are available anytime to download and submit.



RESOURCES

- **Calculators:** Utilize various plan calculators to help you plan your retirement savings.
- **Education Center:** Articles, videos and webinars are available to help you learn the proper retirement strategy.



WILL I RECEIVE AN ID CARD?

When you enroll in medical coverage for the first time, an 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 to your address. You can request a new ID card by contacting Member Services or access a temporary ID card by logging into www.TheAmericanWorker.com.

For any non-medical coverage you elect, policy information will be mailed to your home address. You will not receive an ID card for non-medical coverage.

HOW DO I USE MY COVERAGE?

When seeking medical care, you should always ask your provider if they participate in the network associated with your plan. Present your medical ID card to your provider and ask them to call the customer service number to verify coverage. Be sure to locate an in-network provider prior to seeking care.

When making a Dental or Vision appointment, 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.

CONTACTS

BENEFIT	CONTACT	WEBSITE	PHONE NUMBER
Medical	The American Worker	**www.TheAmericanWorker.com**	(866) 866-3424
Accident Medical and AD&D	Crum & Forster administered by NAHGA	**www.Nahgaclaimservices.com**	(800) 952-4320
Telemedicine	HealthiestYou	**www.Healthiestyou.com**	(866) 703-1259
Optional Life & Dependent Life	Nationwide administered by The American Worker	**www.TheAmericanWorker.com**	(888) 798-9480
PPO Network	PHCS Limited Benefit Plan Network	**www.multiplan.com/awp**	(888) 371-7427
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
Balance Billing Assistance	Patient Advocacy Center		(888) 837-2237

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 though 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 sine these premiums will be deducted before your salary is taxed. This election will remain in effective 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 about.

Accident Medical Expense: This is a brief summary of the Accident coverage available under this plan. The issued Policy contains the compete limitations, exclusions, definitions and plan provisions. Plan features and availability may vary by state. Full details of the coverage are contained in the Policy on file with the Policyholder. If any conflict should arise between the contents of this summary and the respective Policy, the terms of the Policy will govern in all cases.

HealthiestYou: HealthiestYou does not replace the primary care physician. HealthiestYou does not guarantee that a prescription will be written. HealthiestYou operates subject to state regulation and may not be available in certain states. HealthiestYou does not prescribe DEA-controlled substances, non-therapeutic drugs and certain other drugs that may be harmful because of their potential for abuse. HealthiestYou physicians reserve the right to deny care for potential misuse of services.

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.

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: _____ Gender: M or F Birth Date:_____
Address: _____ City:_____
County:_____ State:_____ Zip:_____
Home or Cell Phone:_____ Work Phone:_____ 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?	☐ Yes ☐ No	g.	Diabetes, endocrine or pituitary disorder, growth disorder, lupus, MS, AIDS, or HIV+? Or Other not listed?	☐ Yes ☐ No
b.	Cancer, tumor, lymphoma, or transplant? Or Other not listed?	☐ Yes ☐ No	h.	Alcoholism, drug, or any substance abuse? Or Other not listed?	☐ Yes ☐ No
c.	Emphysema, lung disorder, or COPD? Or Other not listed?	☐ Yes ☐ No	i.	Back or joint problems, rheumatoid arthritis, fibromyalgia, paralysis or any musculoskeletal condition? Or Other not listed?	☐ Yes ☐ No

d.	Brain disorder, bipolar, psychotic disorder, seizures, epilepsy, or any other mental or emotional condition? Or Other not listed?	☐ Yes ☐ No	j.	Currently pregnant, an expectant parent, premature delivery or multiple birth ? due date? ________________	☐ Yes ☐ No
e.	Kidney failure, dialysis, or disorder of the liver including hepatitis and cirrhosis, stomach, pancreas, colon or bladder? Or Other not listed?	☐ Yes ☐ No	k.	Any surgery, tests, drugs, doctor visit or hospitalization current, advised, planned or recommended?	☐ Yes ☐ No
f.	Hemophilia, blood disorder, anemia, circulatory disorder, or any blood or circulatory condition? Or Other not listed?	☐ Yes ☐ No	l.	Any Burns, or other medical condition(s) not listed in previous questions?, any disability?, or taking any prescription drugs?	☐ Yes ☐ 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? ☐ Yes ☐ No	Still Under Treatment? ☐ Yes ☐ No	Medication? ☐ Yes ☐ No Drug name?
Question Letter:	Applicant Name:	Condition/Diagnosis/ Treatment/ Physician Name/ Contact Info:	Date of Onset and Recovery?	Surgery or Hospitalization? ☐ Yes ☐ No	Still Under Treatment? ☐ Yes ☐ No	Medication? ☐ Yes ☐ No Drug name?
Question Letter:	Applicant Name:	Condition/Diagnosis/ Treatment/ Physician Name/ Contact Info:	Date of Onset and Recovery?	Surgery or Hospitalization? ☐ Yes ☐ No	Still Under Treatment? ☐ Yes ☐ No	Medication? ☐ Yes ☐ No Drug name?
Question Letter:	Applicant Name:	Condition/Diagnosis/ Treatment/ Physician Name/ Contact Info:	Date of Onset and Recovery?	Surgery or Hospitalization? ☐ Yes ☐ No	Still Under Treatment? ☐ Yes ☐ No	Medication? ☐ Yes ☐ 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, re-insurers, 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

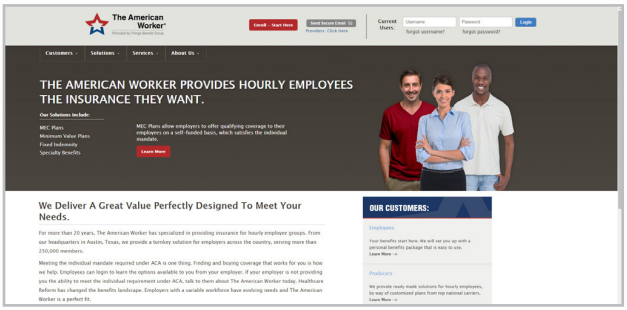
Security is much easier when it just works automatically; and that's exactly what the Secure Email Message Center offers. By automatically encrypting and decrypting messages and attachments, secure email is as easy as regular email for both senders and recipients.

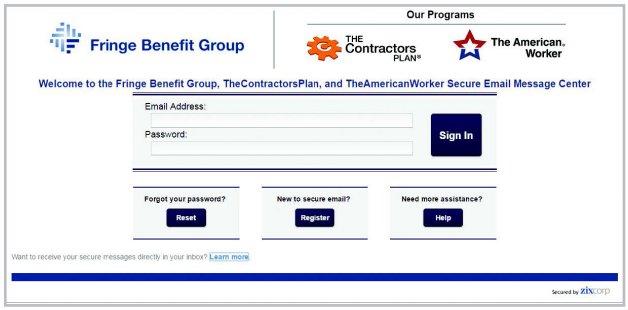
THINGS TO KNOW

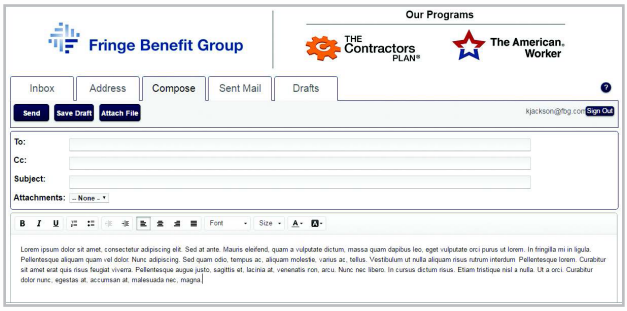
Emails and attachments are scanned automatically, removing extra work and eliminating stress about sensitive data going unprotected. If emails contain sensitive information, they are encrypted and delivered to the recipients, who must set up a password to open the message the first time. The next time 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 BY CLICKING ON THE "SECUREMAIL" LINK ON THE TOP.







The American Worker®

Provided by Fringe Benefit Group

Benefits Enrollment Guide

THEAMERICANWORKER.COM / (866) 866-3424