

2017

OPEN ENROLLMENT IS HERE

NOW IS YOUR CHANCE TO ENROLL...

EMPLOYBRIDGE®



ASSOCIATE BENEFITS

We value the contributions of our associates. In appreciation of your dedicated service we are pleased to offer a variety of affordable benefit plans provided by The American Worker. Please carefully review this enrollment guide so you understand the benefits being offered and can make the right choices for you and your family.

WHY CHOOSE ASSOCIATE BENEFITS?

IF YOU DON'T HAVE HEALTH INSURANCE...

Access to medical care is essential to staying healthy as it can prevent minor problems from becoming major issues. Our plans are designed to cover basic healthcare services so you can get treatment when you need it.

COVERAGE OPTIONS

- Med Basic: 2 Plans Available
 - Fixed Indemnity Benefits
- Med Advantage
 - Minimum Essential Coverage

YOU NEED DENTAL OR VISION INSURANCE...

Poor oral and visual health affects your overall well-being. Our plans provide coverage for exams and diagnostic services to keep you healthy.

COVERAGE OPTIONS

- Dental Coverage
- Vision Benefit

YOU ARE SEEKING FINANCIAL PROTECTION...

Accidents, illnesses and death are emotionally distressing and often financially difficult. Our plans pay cash to help ease the financial burden and protect your loved ones in troubling times.

COVERAGE OPTIONS

- Short-term Disability
- Life and AD&D Insurance



2017 OPEN ENROLLMENT: OCTOBER 3 - OCTOBER 30, 2016

COVERAGE EFFECTIVE: MONDAY, JANUARY 2, 2017

If you are enrolled your current coverage will continue unless you make a change during Open Enrollment. Deductions for 2017 coverage will begin the week of December 26, 2016.

ENROLL NOW - ONLINE, BY PHONE, OR MOBILE DEVICE

Online: www.TheAmericanWorker.com

Available at all times

Mobile Device: Text Staff2017 to 24587

Available at all times

Phone: (877) 220-1862

Monday - Friday, 8 AM - 8 PM ET



The American Worker®

Provided by Fringe Benefit Group

MED BASIC - FIXED INDEMNITY PLANS*

The American Worker Med Basic Plans provide first dollar coverage. The plans offer coverage for basic healthcare services and prescription drug discounts. The Med Basic Plans also pay in addition to other coverage you may have, which can help pay for out-of-pocket expenses such as deductibles and coinsurance when receiving medical treatment.

The Med Basic Plans are underwritten by Nationwide Life Insurance Company. The plans include the AWP Value Rx, First Health Network and New Benefits Discount programs, which are provided by separate vendors.

	PLAN 1	PLAN 2
PHYSICIAN'S OFFICE	Plan Pays \$60 per Day, 6 Days per Person per Year	Plan Pays \$100 per Day, 6 Days per Person per Year
OUTPATIENT DIAGNOSTIC LAB	Plan Pays \$50 per Testing Day, 3 Days per Person per Year	Plan Pays \$75 per Testing Day, 3 Days per Person per Year
OUTPATIENT DIAGNOSTIC X-RAY	Plan Pays \$100 per Testing Day, 3 Days per Person per Year	Plan Pays \$200 per Testing Day, 3 Days per Person per Year
OUTPATIENT DIAGNOSTIC ADVANCED STUDIES	Plan Pays \$100 per Testing Day, 3 Days per Person per Year	Plan Pays \$300 per Testing Day, 3 Days per Person per Year
PREVENTIVE CARE	Plan Pays \$50 per Day, 3 Days per Person per Year	Plan Pays \$100 per Day, 1 Day per Person per Year
EMERGENCY ROOM SICKNESS	-	Plan Pays \$150 per Day, 2 Days per Person per Year
ACCIDENTAL INJURY CARE	Plan Pays \$300 Maximum per Occurrence	Plan Pays \$500 Maximum per Occurrence
SURGICAL Daily Inpatient Daily Inpatient Maximum Daily Outpatient Daily Outpatient Minor Daily Outpatient Benefit Maximum	Plan Pays \$1,000 1 Day per Person per Year Plan Pays \$500 Plan Pays \$100 1 Day per Person per Year	Plan Pays \$1,500 1 Day per Person per Year Plan Pays \$750 Plan Pays \$150 1 Day per Person per Year
ANESTHESIA	Plan Pays 30% of Surgical Benefit	Plan Pays 30% of Surgical Benefit
HOSPITAL INDEMNITY	Plan Pays \$100 per Day, 500 Day Lifetime Maximum	Plan Pays \$300 per Day, 500 Day Lifetime Maximum
HOSPITAL ADMISSION (Lump Sum)	Plan Pays \$500 per Confinement	Plan Pays \$500 per Confinement
INTENSIVE CARE UNIT	Plan Pays \$200 per Day, 30 Days per Person per Year	Plan Pays \$600 per Day, 30 Days per Person per Year
SUBSTANCE ABUSE	Plan Pays \$50 per Day, 30 Days per Person per Year	Plan Pays \$150 per Day, 30 Days per Person per Year
MENTAL ILLNESS	Plan Pays \$50 per Day, 30 Days per Person per Year	Plan Pays \$150 per Day, 30 Days per Person per Year
SKILLED NURSING	Plan Pays \$50 per Day, 60 Days per Person per Stay	Plan Pays \$150 per Day, 60 Days per Person per Stay
AWP VALUE RX	Included	Included
FIRST HEALTH NETWORK	Included	Included
NEW BENEFITS DISCOUNT PROGRAM	Included	Included

Weekly Rates**

Associate	\$15.92	\$22.43
Associate + Spouse	\$26.56	\$41.50
Associate + Child(ren)	\$26.72	\$38.75
Family	\$37.44	\$57.94

**Rates include a \$0.25 weekly administrative fee

*The Med Basic Fixed Indemnity plans (a) are not a substitute for minimum essential health coverage under the Affordable Care Act (ACA), (b) do not qualify as minimum essential coverage under ACA, and (c) do not satisfy the ACA's individual mandate.

*The Med Basic Fixed Indemnity plans are not available to New Hampshire or Vermont residents.

MED BASIC PLANS - ADDITIONAL FEATURES

AWP Value Rx* - Provided by Phoenix Benefits Management

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.

- Tier 1: Select generic and brand name drugs available for \$10 or less
- Tier 2: Select generic and brand name drugs available for \$20 or less
- Tier 3: Select generic and brand name drugs available for \$50 or less
- Tier 4: Generic and brand name drugs for which a discounted price has been negotiated
- Over 56,000 participating pharmacies nationwide
- No maximum annual benefit, deductibles or claim forms
- To view drug prices or locate a pharmacy, visit www.AWPValueRx.com

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

First Health Network

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

- Over 490,000 provider locations across the country
- Network providers submit claims for you to simplify the claim process
- To locate a provider online, visit www.FirstHealthLBP.com

You can visit a First Health or out-of-network provider for service and the Med Basic plans will pay the same benefit amount.

New Benefits Health Services Discount Program*

Not available to WA residents.

This package of health service and discount programs can help reduce out-of-pocket expenses and provide savings on a variety of services that promote healthy living.

- Teladoc¹: 24/7 access to a network of U.S. board-certified doctors that will diagnose, treat and prescribe medication, when necessary, over the phone for medical issues including cold or flu symptoms, allergies, bronchitis, ear infections and more.
- Medical Bill SaverTM: can help lower out-of-pocket costs on medical or dental bills over \$400 through provider negotiation.
- Medical Health Advisor²: access to Personal Health Advocates that can assist in resolving insurance claim and billing issues.
- NurselineTM and Personal Counseling Services

¹Teladoc is not available to AR and ID residents. ²Health Advisor does not replace health insurance, provide medical care or recommend treatment. ³Savings may vary based on geographic location, provider selected and procedure performed. The lab network portion of this benefit is not available in MA, MD, ND, NE, NJ, NY, RI or SD.

*Discount benefits administered by New Benefits, Ltd.



In addition, members will receive discounts on the following services or supplies at participating providers.

- Lab and Imaging³
- Vision
- Diabetic Supplies
- Vitamins
- Chiropractic
- Hearing
- Durable Medical Equipment

MED ADVANTAGE - MINIMUM ESSENTIAL COVERAGE

The Med Advantage Plan provides coverage that meets the requirements under the Affordable Care Act (ACA), which prevents members from paying the “Individual Mandate” penalty. This plan provides 100% coverage for all ACA required preventive services. You must use a First Health provider for service. The MEC plan does not pay any benefits for service from an out-of-network provider.

MED ADVANTAGE

Plan Pays 100% for all ACA required Preventive Services First Health Network Provider Use Required	18 Services for Adults 23 Services for Women 27 Services for Children
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Weekly Rates

Associate	\$6.84
Associate + Spouse	\$10.69
Associate + Child(ren)	\$11.46
Family	\$14.20

First Health Network

Members must use a First Health Network Provider for services to be covered by the Med Advantage plan.

- Over 490,000 provider locations across the country
- Network providers submit claims for you to simplify the claim process
- To locate a provider online, visit www.FirstHealthLBP.com

The Med Advantage Minimum Essential Coverage plan provides benefits for the following services. A copy of the plan’s Summary of Benefits and Coverage (SBC) is available online at www.TheAmericanWorker.com. The SBC is an easy-to-understand summary of the plan’s benefits and coverage. If you are unable to access this information online, or would like a free, printed copy mailed to your home, call (855) 495-1190.

Covered Preventive Services for Adults

1. Abdominal Aortic Aneurysm one-time screening for men of specified ages who have ever smoked
2. Alcohol Misuse screening and counseling
3. Aspirin use for men and women of certain ages
4. Blood Pressure screening for all adults
5. Cholesterol screening for adults of certain ages or at higher risk
6. Colorectal Cancer screening for adults over 50
7. Depression screening for adults
8. Type 2 Diabetes screening for adults with high blood pressure
9. Diet counseling for adults at higher risk for chronic disease
10. Hepatitis B screening
11. Hepatitis C screening
12. HIV screening for all adults at higher risk
13. Immunization vaccines for adults - doses, recommended ages, and recommended populations vary: Hepatitis, Hepatitis B, Herpes, Herpes Zoster, Human Papillomavirus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis, Varicella
14. Lung Cancer screening
15. Obesity screening and counseling for all adults
16. Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk
17. Tobacco Use screening for all adults and cessation interventions for tobacco users
18. Syphilis screening for all adults at higher risk

Covered Preventive Services for Women, Including Pregnant Women

1. Anemia screening on a routine basis for pregnant women
2. Breastfeeding comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies for pregnant and nursing women
3. Contraception: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs
4. Folic Acid supplements for women who may become pregnant
5. Gestational Diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes
6. Gonorrhea screening for all women at higher risk
7. Hepatitis B screening for pregnant women at their first prenatal visit
8. Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk
9. Syphilis screening for all pregnant women or other women at increased risk
10. Tobacco Use screening and intervention for all women, and expanded counseling for pregnant tobacco users
11. Expanded tobacco intervention and counseling for pregnant tobacco users
12. Urinary tract or other infection screening
13. BRCA counseling about genetic testing for women at higher risk
14. Breast cancer mammography screenings
15. Breast Cancer Chemoprevention counseling for women at higher risk
16. Cervical Cancer screening for sexually active women
17. Chlamydia Infection screening for younger women and other women at higher risk
18. Domestic and Interpersonal Violence screening and counseling for all women
19. Human Immunodeficiency Virus (HIV) screening and counseling for sexually active women
20. Human Papillomavirus (HPV) DNA Test: high risk HPV DNA testing every three years for women with normal cytology results who are 30 or older
21. Osteoporosis screening for women over age 60 depending on risk factors
22. Sexually Transmitted Infections (STI) counseling for sexually active women
23. Well-woman visits to obtain recommended preventive services

Covered Preventive Services for Children

1. Alcohol and Drug Use assessments for adolescents
2. Autism screening for children at 18 and 24 months
3. Behavioral assessments for children of all ages up to age 17
4. Blood Pressure screening for children up to age 17
5. Cervical Dysplasia screening for sexually active females
6. Depression screening for adolescents
7. Developmental screening for children under age 3, and surveillance throughout childhood
8. Dyslipidemia screening for children up to age 17 at higher risk of lipid disorders
9. Fluoride Chemoprevention supplements for children without fluoride in their water source
10. Gonorrhea preventive medication for the eyes of all newborns
11. Hearing screening for all newborns
12. Height, Weight and Body Mass Index measurements for children up to age 17
13. Hematocrit or Hemoglobin screening for children
14. Hemoglobinopathies or sickle cell screening for newborns
15. Hepatitis B screening for adolescents at high risk
16. HIV screening for adolescents at higher risk
17. Hypothyroidism screening for newborns
18. Immunization vaccines for children from birth to age 18 - doses, recommended ages, and recommended populations vary: Diphtheria, Tetanus, Pertussis, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Human Papillomavirus, Inactivated Poliovirus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Rotavirus, Varicella
19. Iron supplements for children ages 6 to 12 months at risk for anemia
20. Lead screening for children at risk of exposure
21. Medical History for all children throughout development up to age 17
22. Obesity screening and counseling
23. Oral Health risk assessment for young children up to age 10
24. Phenylketonuria (PKU) screening for this genetic disorder in newborns
25. Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents at higher risk
26. Tuberculin testing for children at higher risk of tuberculosis up to age 17
27. Vision screening for all children

DENTAL COVERAGE (Provided by Ameritas Life Insurance Corp.)

Keep a bright, healthy smile while supporting your overall well-being with affordable dental coverage. You can use any provider for service, but have access to a dental network to lower out-of-pocket costs.

To find a provider call (800) 659-2223 and select option 2 or visit www.Ameritas.com and click the FIND A PROVIDER link near the top right corner of the page. Then select DENTAL and click on the NETWORK PROVIDER link.

CALENDAR YEAR MAXIMUM	Plan Pays up to \$500 per Covered Member	
DEDUCTIBLE	\$20 per Visit	
COVERED SERVICES	Waiting Period	Coinsurance
PREVENTIVE AND DIAGNOSTIC Routine Exam - 1 in 6 months Bitewing X-Rays - 1 in 6 months Full Mouth/Panoramic X-Rays - 1 in 3 years Periapical X-Rays Cleaning - 1 in 6 months Fluoride for Children 13 and Under - 1 in 12 months Space Maintainers	None	Covered at 100% (U&C Charges)
BASIC TREATMENT Sealants - Age 13 and Under Restorative Amalgams Restorative Composites Endodontics Periodontics Denture Repair Simple/Complex Extractions Anesthesia	3 Months	Covered at 60% (U&C Charges)
MAJOR TREATMENT Onlays Crowns - 1 in 10 years per tooth Crown Repair Prosthodontics - 1 in 10 years	12 Months	Covered at 50% (U&C Charges)



Weekly Rates

Associate	\$4.75
Associate + Spouse	\$11.88
Associate + Child(ren)	\$8.55
Family	\$12.83

VISION BENEFIT (Provided by Ameritas Life Insurance Corp.)

A regular eye exam won't just help you see better, it can also detect the first signs of serious health conditions. With this plan you'll get coverage for exams as well as corrective eyewear. Get the most benefit from the plan by visiting a VSP Choice provider. To find a provider call (800) 877-7195 or visit www.Ameritas.com and click the FIND A PROVIDER link near the top right corner of the page. Then select VISION: VSP and click on the LOOK UP VSP PROVIDERS link.

	VSP Choice Network	Out-of-Network
DEDUCTIBLES	\$10 Exam, \$25 Eye Glass Lenses or Frames ¹	
ANNUAL EYE EXAM	Covered in Full	Up to \$45
LENSES (per pair)		
Single Vision	Covered in Full	Up to \$30
Bifocal	Covered in Full	Up to \$50
Trifocal	Covered in Full	Up to \$65
Lenticular	Covered in Full	Up to \$100
CONTACTS		
Fit and Follow Up Exams	15% Discount	No Benefit
Elective	Up to \$120	Up to \$105
Medically Necessary	Covered in Full	Up to \$210
FRAMES	Up to \$120 ²	Up to \$70
FREQUENCIES	Based on Date of Service	
Exam	12 Months	
Lens	12 Months	
Frame	24 Months	



Weekly Rates

Associate	\$2.07
Associate + Spouse	\$4.10
Associate + Child(ren)	\$3.82
Family	\$5.84

¹Deductible applies to a complete pair of glasses or frames, whichever is selected

²The Costco allowance will be the wholesale equivalent

SHORT-TERM DISABILITY* (Underwritten by Nationwide Life Insurance Company)

Your family and daily life can depend on consistent income. If you get sick or injured and can't work, this Short-term Disability benefit will pay you cash. Enroll in this benefit to protect your income when you are unable to work.



WEEKLY MAXIMUM	Plan Pays \$200 Lump Sum
MAXIMUM BENEFIT PERIOD	26 Weeks
WAITING PERIOD	8 Days (Accidents and Sickness)
Coverage includes disability due to pregnancy and childbirth	

Weekly Rates

Associate	\$3.87
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*Short-term Disability is not available to New Hampshire or Vermont residents.

LIFE AND AD&D INSURANCE* (Underwritten by Nationwide Life Insurance Company)

Life insurance can help your loved ones during a trying time. The benefits provide cash that can assist your family in the event of your death. Enroll in this benefit to protect the future of the ones that depend on you the most.



LIFE AND AD&D INSURANCE Associate	Plan Pays \$20,000
LIFE INSURANCE Spouse	Plan Pays \$2,500
Child (6 months - 26 years)	Plan Pays \$1,250

Weekly Rates	
Associate	\$0.60
Associate + Spouse	\$0.90
Associate + Child(ren)	\$0.90
Family	\$1.80

*Life and AD&D Insurance is not available to New Hampshire or Vermont residents.

ENROLLMENT INSTRUCTIONS

For your convenience, The American Worker allows you to enroll online, by phone or by mobile device. If you have questions regarding the benefits being offered, call the enrollment center and a representative will assist you.

- 1 Visit www.TheAmericanWorker.com and at the top of the page click on the “Enroll - Start Here” button.
- 2 Then in the fields below enter the following
 - Employee ID #: Your Social Security Number
 - Date of Birth: Your Date of Birth
 - Group #: **98418**
- 3 Next, set-up an account by establishing a user name, password, security question and confirming your personal information.
- 4 After creating an account, you can elect coverage for yourself and your dependents.

Open Enrollment:
October 3 - October 30, 2016

Effective Date:
Monday, January 2, 2017

Enroll Online:
www.TheAmericanWorker.com
Online enrollment is available anytime

Enroll By Phone:
(877) 220-1862
Monday - Friday: 8 AM to 8 PM ET

Enroll By Mobile Device:
Text Staff2017 to 24587

Please have the following information available when enrolling.

Associate Information	Dependent Information	Enrollment Questions
Full Name Social Security Number Date of Birth Home Address Phone Number Email Address	Full Name Social Security Number Date of Birth	Do you want... Med Basic - Plan 1 or Plan 2 Med Advantage Minimum Essential Coverage (MEC) Dental Coverage Vision Benefit Short-Term Disability Life and AD&D Insurance

DISCLOSURES

Med Basic Fixed Indemnity Plans: These programs are not intended or recommended to replace any comprehensive program of insurance in which you currently or intend to participate. These plans are not designed to replace or provide major medical coverage. This enrollment guide is for summary purposes only. The insurance benefits of the Med Basic Fixed Indemnity Plans are offered by Nationwide Life Insurance Company. A detailed Certificate of Coverage will be available upon enrollment in the program. **Plan exclusions and limitations apply.**

The Med Basic Fixed Indemnity plans (a) are not a substitute for minimum essential health coverage under the Affordable Care Act (ACA), (b) do not qualify as minimum essential coverage under ACA, and (c) do not satisfy the ACA's individual mandate.

Med Advantage Minimum Essential Coverage (MEC): This Plan is designed to provide Plan Participants with minimum essential coverage under the federal income tax rules. This Plan is designed so that Plan Participants may enroll in this Plan and may not have to pay a federal individual income tax penalty. However, while you are enrolled in this Plan, you may not be eligible for a federal tax credit though 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 or a reduction in certain cost-sharing if you enroll in a health insurance plan through the federal or state exchange. **Massachusetts residents** this plan is not minimum essential coverage for purposes of the individual health coverage requirements in Massachusetts.

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.**

Massachusetts residents are eligible for the Med Basic Fixed Indemnity and Med Advantage Minimum Essential Coverage (MEC), but neither of these plans meet the individual health coverage requirements and will not satisfy the individual mandate that you have health insurance in MA.

New Hampshire and Vermont residents are not eligible for the Med Basic Fixed Indemnity, Short-term Disability and Life and AD&D benefits.

Hawaii residents are not eligible for any of the benefits provided by The American Worker.

New Benefits Programs (Discount benefits administered by New Benefits, Ltd.)

The Discount Health Savings Program NOT insurance. The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under the Affordable Care Act or Massachusetts M.G.L. c. 111M and 956 CMR 5.00. **It contains a 30 day cancellation period**, provides discounts only at the offices of contracted health care providers, and each member is obligated to pay the discounted medical charges in full at the point of service. The range of discounts for medical or ancillary services provided under the plan will vary depending on the type of provider and medical or ancillary service received. Member shall receive a reimbursement of all periodic membership fees if membership is canceled within the first 30 days after the effective date. AR and TN residents: A refund of all fees will be issued if membership is canceled within the first 30 days. Discount Medical Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 671309, Dallas, TX 75367-1309, 800-800-7616. Website to obtain participating providers: MyMemberPortal.com.

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