

# 2025

## BAYADA

### BENEFITS ENROLLMENT GUIDE



**The American Worker<sup>®</sup>**

Provided by Fringe Benefit Group

# DISCLOSURES

**This document is intended to be an overview of BAYADA's benefit plans. More extensive information regarding your benefit plans is included in the official insurance policy and plan documents. If there are any inconsistencies between this guide and the insurance policy or plan documents, the insurance policy and plan documents will govern. BAYADA reserves the right to change or end the benefit plans at any time.**

**Section 125 Notice:** If you enroll, you agree to the terms detailed below.

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.

Beginning January 1, 2025, enrollment guides that include fixed indemnity programs are required to contain the following notice. This notice applies to the Fixed Indemnity benefits included in the MEC Enhanced and MEC Copay Plus plans described in this guide.

## **IMPORTANT: This is a fixed indemnity policy, NOT health insurance**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care. The payment you get isn't based on the size of your medical bill. There might be a limit on how much this policy will pay each year. This policy isn't a substitute for comprehensive health insurance. Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

## **Looking for comprehensive health insurance?**

Visit [Healthcare.gov](https://www.healthcare.gov) or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.

To find out if you can get health insurance through your job, or a family member's job, contact the employer.

## **Questions about this policy?**

For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."

If you have this policy through your job, or a family member's job, contact the employer.

# MESSAGE TO OUR EMPLOYEES

BAYADA 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 BAYADA, you are eligible to enroll in benefits during Open Enrollment or on your date of hire. You must be actively at work to retain coverage. Dependent coverage is available to your legal spouse, domestic partner, civil union same sex/opposite sex, and your legal children up to age 26.

## WHEN CAN I MAKE A PLAN CHANGE OR TERMINATE MY COVERAGE?

Deductions are taken for these benefits on a pre-tax basis. Per IRS regulations, coverage can only be changed or canceled during Open Enrollment or within 31 days of a qualifying life event, such as marriage, divorce, or childbirth.

Contact a Benefits Counselor at **877-318-1764** or email [HRCareCenter@bayada.com](mailto:HRCareCenter@bayada.com). You can also login to Workday to process a Qualifying Life Event.

## HOW DO I ENROLL IN COVERAGE?

To enroll in your benefits, Log into Workday or register at [bayada.okta.com](http://bayada.okta.com) if you do not yet have a Workday account.

## BAYADA BENEFITS COUNSELORS

Your one stop shop for all benefit information. Your BAYADA Benefits Counselors can help answer benefits questions and locate in-network doctors and treatments, help to lower medical costs, and more!



Visit: [bayada.okta.com](http://bayada.okta.com) to schedule an appointment or visit <https://bayada.mybenefits.pro/>



Phone: 877-318-1764  
8am-6pm EST; Monday - Friday

OPEN ENROLLMENT: 10/16/2024 - 11/06/2024 | EFFECTIVE DATE: 01/01/2025

# MEDICAL COVERAGE OPTIONS OVERVIEW

You can choose **ONE** of the four medical options below. The benefits vary by plan. Review the chart below to better understand and compare your options so you can make the right choice for you and your family.

Coverage Overview	MEC	MEC Enhanced	MEC Copay	MEC Copay Plus
Minimum Essential Coverage (MEC) Preventive Services	Plan Pays 100%*	Plan Pays 100%*	Plan Pays 100%*	Plan Pays 100%*
First Health Network	✓	✓	✓	✓
Teladoc Virtual Primary Care	✓	✓	✓	✓
Primary Care Office Visit	-	Plan pays \$75/Day	\$15 Copay*	\$15 Copay*
Specialist Office Visit	-	Plan pays \$75/Day	\$50 Copay*	\$50 Copay*
Urgent Care Visit	-	Plan pays \$75/Day	\$80 Copay*	\$80 Copay*
Outpatient Diagnostic Lab	-	Plan pays \$75/Day	\$15 Copay*	\$15 Copay*
Outpatient Diagnostic X-ray	-	Plan pays \$75/Day	\$15 Copay*	\$15 Copay*
Outpatient Diagnostic Advanced Studies	-	-	-	Plan pays \$500/Day
Accident Medical (per occurrence)	-	-	Plan pays up to \$5,000	Plan pays up to \$5,000
Emergency Room Sickness	-	Plan pays \$75/Day	-	Plan pays \$150/Day
Inpatient Surgery	-	Plan pays \$500/Day	-	Plan pays \$1,000/Day
Hospital Admission (lump sum benefit)	-	-	-	Plan pays \$1,500/Confinement
Inpatient Hospital Indemnity	-	Plan pays \$100/Day	-	Plan pays \$200/Day
Inpatient Intensive Care Unit	-	Plan pays \$200/Day	-	Plan pays \$400/Day
Vision Care	-	Plan pays 80% up to \$300	-	-
Prescription Drug	Generic & Brand Discounts	Generic & Brand Discounts	\$15 Generic Copay Brand Discounts	\$15 Generic Copay Brand Discounts
Weekly Rates	MEC	MEC Enhanced	MEC Copay	MEC Copay Plus
Employee Only	\$6.61	\$15.90	\$26.69	\$36.55
Employee & Spouse	\$11.25	\$34.48	\$55.39	\$80.05
Employee & Child(ren)	\$10.93	\$28.35	\$50.81	\$68.56
Employee & Family	\$16.41	\$40.71	\$78.86	\$107.71

**\*You MUST visit a First Health Network provider for services to be covered. Services from out-of-network providers are NOT covered. Note: MEC Enhanced is not available in NH, NM, & VT. MEC Copay Plus is not available in NM & VT due to state regulations.**

## FIRST HEALTH NETWORK

Members have access to one of the nations largest Physician and Hospital networks

- Over 490,000 provider locations across the country
- To locate a provider, visit [www.FirstHealthLBP.com](http://www.FirstHealthLBP.com)

*Tip... When making an appointment, make sure to tell your provider your coverage includes the First Health network and confirm they participate in the network.*

## TELADOC VIRTUAL PRIMARY CARE

Access to Primary Care, General Medical and Behavioral Health services. Quality and convenient care to help you stay healthy.

- Primary Care: New patient visit \$165; Follow up visits \$99
- General Medical: \$0 per consult
- Psychiatry Visits: New patient visit \$235; Follow up visits \$105
- Therapist: \$95 per visit

Registration required prior to use

# 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 Virtual Primary Care

## MEC ENHANCED PLAN

All of the MEC benefits and...

- Daily benefit for doctor visits, diagnostic X-rays, lab work, hospital stays and more.

## MEC COPAY PLAN

- 100% coverage when using in-network providers for ACA preventive services
- Copays for doctor visits, diagnostic labs and x-rays
- Accident Medical and AD&D Benefits
- Copays for generic prescription drugs
- Medical price shopping tool to estimate out-of-pocket costs before choosing a provider or facility

## MEC COPAY PLUS PLAN

All of the MEC benefits and...

- Daily benefits for surgeries, hospital stays, and more



## 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!

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.

By enrolling in the Minimum Essential Coverage Plan, you have access to the First Health Network. Through this network you have access to more than 6,100 hospitals, 131,000 ancillary facilities, 845,000 professional providers and over 1.5 million health care professional service locations.

## COVERED SERVICES

### Medical screenings

- Blood pressure
- Cholesterol
- Diabetes

### Annual well-woman exam

### Well baby and well child exams

### Flu shots and routine immunizations

### Contraception

- FDA approved methods excluding abortifacient drugs
- Female 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

## 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](http://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.

## WHY SHOULD YOU ENROLL IN THE MEC PLAN?

- Preventive services covered at 100%.
- No cost for preventive prescriptions and discounts on non-preventive prescriptions.
- Access to network discounts through the First Health Network.
- Telemedicine with free consultations and access to Virtual Primary Care.

### 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/](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 ENHANCED PLAN

The MEC Enhanced plan provides coverage for in-network preventive services at 100% as well as a daily benefit toward inpatient and outpatient services incurred in or out-of-network. This plan also offers prescription drug discounts and cost saving features like telemedicine.

By enrolling in a MEC Enhanced plan, you will have access to the First Health Network [www.firsthealthlbp.com](http://www.firsthealthlbp.com).

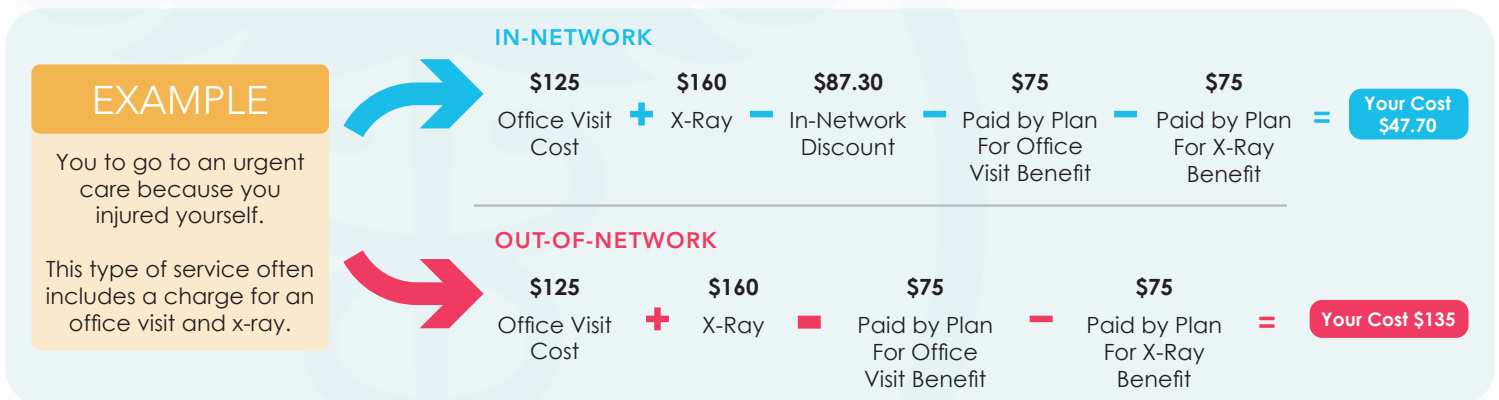
## WHY SHOULD YOU ENROLL IN THE MEC ENHANCED PLAN?

- 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 First Health Network.
- Prescription drug discounts.
- Telemedicine with free consultations and access to Virtual Primary Care.
- 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.





# MEC & MEC ENHANCED PLANS

Both plans provide 100% in-network coverage for all ACA required Preventive Services, Virtual Primary Care through Teladoc, and Prescription discounts.

The MEC Enhanced Plan adds coverage Doctor Visits, Labs, X-rays, Surgeries, Hospital Stays, and more.

	MEC	MEC Enhanced
<b>Preventive Services</b>		
*Minimum Essential Coverage (MEC) Preventive Services	Plan pays 100% for all ACA required Preventive Services (See page 7 for details) <b>You MUST visit a First Health Network provider for services to be covered</b>	
<b>Additional Services - All below services pay on a calendar year basis per person, unless stated otherwise.</b>		
*First Health Network	Physician & Hospital	Physician & Hospital
*Prescription Drugs	AWP Value Rx Discount Program	AWP Value Rx Discount Program
*Teladoc Virtual Primary Care -New Patient / Follow up -General Medical -Psychiatry Initial / Follow Up -Therapist	\$165 per visit / \$99 per visit \$0 per consult \$235 per visit / \$105 per visit \$95 per visit	\$165 per visit / \$99 per visit \$0 per consult \$235 per visit / \$105 per visit \$95 per visit
Primary Care Office Visit Specialist Office Visit Urgent Care Visit	N/A	Plan pays \$75 per day; 6 days per year
Outpatient Diagnostic Lab	N/A	Plan pays \$75 per testing day; 3 days per year
Outpatient Diagnostic X-Ray	N/A	Plan pays \$75 per testing day; 3 days per year
Emergency Room Sickness	N/A	Plan pays \$75 per day; 4 days per year
Surgical Indemnity Benefit -Daily Inpatient Surgical -Daily Outpatient Surgical -Daily Outpatient Minor -Outpatient Benefit Maximum	N/A	Plan pays \$500 per day, 1 day per year Plan pays \$250 per day Plan pays \$50 per day 1 day per year
Anesthesia	N/A	Plan pays 30% of Surgical Benefit
Daily In-Hospital Indemnity Intensive Care Unit Substance Abuse Mental Illness Skilled Nursing (Inpatient)	N/A	Plan pays \$100 per day; 500 day lifetime max Plan pays \$200 per day; 30 days per year Plan pays \$50 per day; 30 days per year Plan pays \$50 per day; 30 days per year Plan pays \$50 per day; 60 days per stay
Vision Care	N/A	Plan Pays at 80%, Up to \$300 per year Exam: Once every 12 months Glasses or Contacts: Once every 24 months
*Medical Price Shopping Tool	Estimate medical costs before scheduling	Estimate medical costs before scheduling
<b>Weekly Rates</b>		
Employee Only	\$6.61	\$15.90
Employee & Spouse	\$11.25	\$34.48
Employee & Child(ren)	\$10.93	\$28.35
Employee & Family	\$16.41	\$40.71

\*Benefits not underwritten by Nationwide Life Insurance Company.

MEC Enhanced is not available NH, NM & VT residents. Benefits vary for KS & OH residents.

# MEC COPAY & COPAY PLUS PLANS

The MEC Copay and Copay Plus Plans provide the same preventive care coverage as the MEC Plan. They also include copays for Doctor Visits, Labs, X-ray, and Prescription Drugs at First Health Limited Benefit Plan Network providers, and access to Virtual Primary Care through Teladoc.

The MEC Copay Plus Plan includes a daily benefit toward inpatient services like emergency room visits, hospital stays and surgeries. This daily benefit does not require use of an in-network provider; however, you do have access to the First Health Network [www.firsthealthbp.com](http://www.firsthealthbp.com). When you use an in-network provider, a discount will be applied to your bill in addition to your daily benefit, decreasing the amount you pay out-of-pocket.

## WHY SHOULD YOU ENROLL IN A MEC COPAY / COPAY PLUS PLAN?

- Preventive Services paid at 100% for in-network providers and facilities.
- Access to network discounts through the First Health Network.
- Copays & discounts on prescription drugs.
- No additional out-of-pocket for services with a copay.
- Daily benefit toward non-preventive inpatient medical services incurred in or out-of-network.
- Additional ancillary benefits like telemedicine with access to Virtual Primary Care, accidental death and dismemberment, and accident medical are included.

## SAVE MONEY! – GO IN-NETWORK

When you go to an in-network provider, services like doctor's office visits and diagnostic tests are covered by just a copay. Here's an example of how going to an in-network provider can save you money on a doctor's visit if you are sick or have an injury. **Refer to benefit grid for actual benefit amount.**

### EXAMPLE

You go to the doctor for feeling sick or being injured.

This type of service often includes a charge for the office visit.



#### IN-NETWORK

\$125  
Office Visit  
Cost

=

Your Cost \$30 Copay



#### OUT-OF-NETWORK

Your cost \$125.

# MEC COPAY & COPAY PLUS PLANS

Both plans include copays for Doctor Visits, Labs, X-ray, and Prescription Drugs at in-network providers. They also provide 100% in-network coverage for all ACA required Preventive Services and access to Virtual Primary Care through Teladoc.

The MEC Copay Plus Plan adds coverage for Emergency Room visits, Surgeries, Hospital Stays, and more.

	MEC Copay Plan	MEC Copay Plus Plan
<b>Self-Funded Services - First Health Network provider use required</b>		
*Minimum Essential Coverage (MEC) Preventive Services	Plan pays 100% for all ACA required Preventive Services (See page 3 for details) <b>You MUST visit a First Health Network provider for services to be covered</b>	
*Primary Care Office Visit	\$15 copay per visit, Unlimited visits per year	
*Specialist Office Visit	\$50 copay per visit, 2 visits per year	
*Urgent Care Visit	\$80 copay per visit, 1 visit per year	
*Outpatient Diagnostic Lab & X-ray	\$15 copay per testing day, 10 test days per year	
*Prescription Drugs -Generic / Brand -Monthly Maximum	CerpasRx \$15 copay / Discounts Unlimited	
<b>Additional Services - All below services pay on a calendar year basis per person, unless stated otherwise.</b>		
*First Health Network	Physician & Hospital	Physician & Hospital
*Teladoc Virtual Primary Care -New Patient / Follow up -General Medical -Psychiatry Initial / Follow Up -Therapist	\$165 per visit / \$99 per visit \$0 per consult \$235 per visit / \$105 per visit \$95 per visit	\$165 per visit / \$99 per visit \$0 per consult \$235 per visit / \$105 per visit \$95 per visit
Accident Medical** AD&D (Employee / Spouse / Child)	Up to \$5,000 per occurrence \$15,000 / \$7,500 / \$3,000	Up to \$5,000 per occurrence \$15,000 / \$7,500 / \$3,000
Outpatient Diagnostic Advanced Studies	N/A	Plan pays \$500 per testing day, 1 testing day per year
Emergency Room Sickness	N/A	Plan pays \$150 per day, 2 days per year
Surgical Indemnity Benefit -Daily Inpatient Surgical -Daily Outpatient Surgical -Daily Outpatient Minor -Outpatient Benefit Maximum	N/A	Plan pays \$1,000 per day, 1 day per year Plan pays \$500 per day Plan pays \$100 per day 1 day per year
Anesthesia	N/A	Plan pays 30% of Surgical Benefit
Hospital Admission (lump sum)	N/A	Plan pays \$1,500 per confinement
Daily In-Hospital Indemnity Intensive Care Unit Substance Abuse Mental Illness Skilled Nursing (Inpatient)	N/A	Plan pays \$200 per day; 500 day lifetime max Plan pays \$400 per day; 30 days per year Plan pays \$100 per day; 30 days per year Plan pays \$100 per day; 30 days per year Plan pays \$100 per day; 60 days per stay
*Medical Price Shopping Tool	Estimate medical costs before scheduling	Estimate medical costs before scheduling
<b>Weekly Rates</b>	<b>MEC Copay Plan</b>	<b>MEC Copay Plus Plan</b>
Employee Only	\$26.69	\$36.55
Employee & Spouse	\$55.39	\$80.05
Employee & Child(ren)	\$50.81	\$68.56
Employee & Family	\$78.86	\$107.71

\*Benefits not underwritten by Nationwide Life Insurance Company.

MEC Copay Plus is not available to NM & VT residents. Benefits vary for KS & OH residents.

\*\*Accident Medical and AD&D benefit insured by Crum & Forster Insurance Company.

# ADDITIONAL PLAN FEATURES

## FIRST HEALTH NETWORK

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

- Over 490,000 provider locations across the country
- Network providers submit claims for you to simplify the claim process
- To locate a provider online, visit [www.FirstHealthLP.com](http://www.FirstHealthLP.com)

**The Minimum Essential Coverage (MEC) and Copay benefits require network use.**



## TELADOC VIRTUAL PRIMARY CARE

Members can establish a relationship with a Primary Care Physician (PCP) that will partner with you to address your medical concerns and help you stay healthy. Your PCP and care team will provide personalized and convenient care focused on achieving positive outcomes. Members also have on-demand access to doctors for general medical needs as well as services provided by mental health professionals. All Teladoc doctors can diagnose, treat and prescribe medication.

- **Primary Care:** New patient visit \$165; Follow up visits \$99
- **General Medical:** \$0 per consult
- **Psychiatry:** New patient visit \$235; Follow up visits \$105
- **Therapist:** \$95 per visit



## 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](http://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.**

## AWP VALUE RX - PROVIDED BY CERPASSRX

**(INCLUDED IN THE MEC AND MEC ENHANCED PLANS)**

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

- Select generic and brand name drugs available for \$10, \$20, \$50 or less
- Non-Select Generic and Brand drugs are available at a discount
- Over 70,000 participating pharmacies nationwide
- To locate a pharmacy, visit [www.AWPValueRx.com](http://www.AWPValueRx.com)

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



## CERPASSRX

**(MEC COPAY AND MEC COPAY PLUS PLANS)**

Effective and reliable prescription drug coverage with a broad network of over 70,000 participating pharmacies nationwide.

- **Formulary Generic Drugs:** \$15 Copay
- **Non-formulary Generic & Brand Drugs:** Discounts
- **Monthly Maximum:** Unlimited
- To locate a pharmacy, visit [www.CerpasRx.com](http://www.CerpasRx.com) or call **(844) 636-7506**



# FAQ'S & CONTACTS

## 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](http://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.

## 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	<a href="http://www.TheAmericanWorker.com">www.TheAmericanWorker.com</a>	(855)495-1190
Accident Medical and AD&D	Crum & Forster administered by NAHGA	<a href="mailto:www.NCSR@nahgaclaims.com">www.NCSR@nahgaclaims.com</a>	(800)952-4320
Telemedicine	Teladoc	<a href="http://www.Teladoc.com">www.Teladoc.com</a>	(800)835-2362
PPO Network	First Health Network	<a href="http://www.FirstHealthLBP.com">www.FirstHealthLBP.com</a>	(800)226-5116
Prescription Drug Coverage	CerpassRx	<a href="http://www.CerpassRx.com">www.CerpassRx.com</a>	(844)636-7506

# COBRA

## 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 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: MEC Enhanced is not available NH, NM & VT residents. Benefits vary for KS & OH residents.**

**MEC Copay Plus is not available to NM & VT residents. Benefits vary for KS & OH residents.**

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

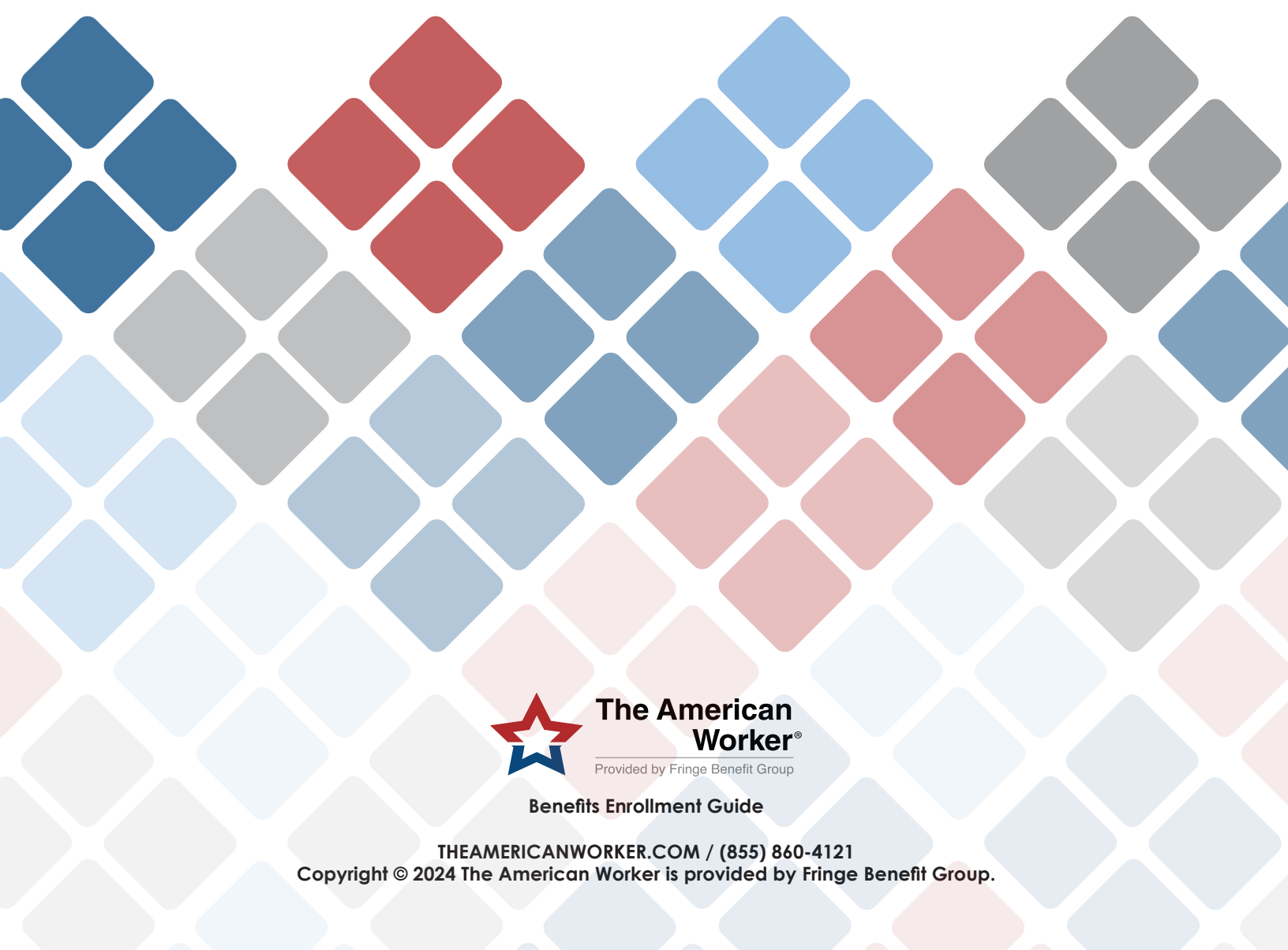
The coverage is underwritten by Nationwide Life Insurance Company, Columbus, Ohio (CA COA #7032). The Limited Benefit Plan applicable to policy form SRCP 2000 or state equivalent. The coverages are distributed by Fringe Benefit Group. Nationwide and Fringe Benefit Group are separate and non-affiliated companies.

**MEC, MEC Enhanced, MEC Copay and MEC Copay Plus:** These plans provide Plan Participants with minimum essential coverage under the federal income tax rules. Individuals that do not enroll in these plans may be eligible for a federal tax credit that lowers their monthly premium or a reduction in certain cost-sharing if they enroll in a health insurance plan through the federal or state exchange. Individuals that enroll in these plans may not be eligible for a federal tax credit through a federal or state exchange while enrolled in these plans. These plans do not provide comprehensive health insurance. Limitations and exclusions apply.

**Fixed Indemnity:** This MEC Enhanced and MEC Copay Plus include Fixed Indemnity benefits. Fixed Indemnity is not intended nor recommended to replace any comprehensive program of insurance in which you currently participate, or intend to participate. It is not designed to replace or provide major medical or catastrophic coverage. This brochure is for summary purposes only. The Fixed Indemnity benefits 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, but Fixed Indemnity does NOT meet Minimum Creditable Coverage standards. **Fixed Indemnity 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.**

**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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