



The American Worker[®]

Provided by Fringe Benefit Group



2021 Benefits New Hire Enrollment Guide



Si necesita información o ayuda en español llame al (866) 866-3424

OVERVIEW & ELIGIBILITY

Staffing 360 Solutions values the contributions of our employees. In appreciation of your dedicated service, we are pleased to offer The American Worker program. Please carefully review this enrollment guide so you understand the benefits being provided and can make the right choices for you and your family.

2021 Benefit Options at a Glance

Health Benefits	Specialty Benefits
<ul style="list-style-type: none">Major Medical: 2 Plan OptionsMinimum Essential Coverage (MEC)Fixed Indemnity: 2 Plan Options	<ul style="list-style-type: none">DentalVisionShort-Term DisabilityLife/AD&D Insurance

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Eligibility

All plans except Major Medical and MEC: All employees are eligible following a 30-day waiting period from their date of hire.

Major Medical and MEC: Your eligibility depends on if you are classified as a Full-time or Variable Hour employee. Your status, Full-time or Variable Hour, is determined when you are hired and is based upon the average number of hours you are expected to work over a period of time. The majority of our employees will be classified as Variable Hour.

Full-time status: If you are expected to work on average at least 30 hours or more per week for six consecutive months when you are hired you are considered Full-time.

- Full-time employees are eligible for Major Medical and MEC after a 30-day waiting period from their date of hire.

Variable Hour status: If it cannot be determined that you are expected to work on average at least 30 hours or more per week for six consecutive months when you are hired you are considered Variable Hour.

- To become eligible, Variable Hour employees must work **780** hours in a 6-month look-back period. Meaning, you must have been employed by Staffing 360 Solutions for at least 6 months and have worked **780** hours within the last 6 months.
- Variable Hour employees will be mailed a postcard to their home address when they become eligible for Major Medical.

Rehires: If you have a break in service and do not work for Staffing 360 Solutions for more than 5 consecutive weeks you will be considered a rehire and eligible to enroll in coverage.

- If your break in service is less than 6 months, the 30-day waiting period will be waived and you will be immediately eligible for coverage.
- If your break in service is more than 6 months, you must satisfy the 30-day waiting period before your coverage becomes effective.

Note: If you are enrolled and have a break in assignment, you can continue your coverage for up to 5 weeks by making missed premium payments. See page 9 for more information.

Take The Next Step

For your convenience, you can enroll in coverage online or by phone. If you do not enroll in coverage now, you will not be able to enroll until the next Open Enrollment period, unless you have a Qualifying Life Event during the year.

Enrollment Period: You have 30 days from your date of hire to enroll.

Effective Date: Your effective date will be provided after you complete your enrollment.

Online: Visit www.TheAmericanWorker.com
Available anytime, day or night

Phone: Call (866) 866-3424
Available Monday - Friday, 8:00 AM - 8:00 PM ET

MEC COVERED SERVICES



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

THE MEC PLAN COVERS COVID-19 TESTING AND VACCINATIONS

Most Common Services

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

Weekly Rates

Employee Only	\$10.06
Employee + Spouse	\$14.29
Employee + Child(ren)	\$14.75
Family	\$20.70

Additional Services at a Glance

ADULTS

Screenings: Abdominal Aortic Aneurysm, Alcohol Misuse, Blood Pressure, Cholesterol, Colorectal Cancer, Depression, Diabetes (Type 2), Hepatitis B, Hepatitis C, HIV, Lung Cancer, Obesity, Syphilis, Tobacco Use, Tuberculosis

Immunizations: Diphtheria, Hepatitis A, Hepatitis B, Herpes Zoster, HPV, Influenza (flu shot), Measles, Meningococcal, Mumps, Pertussis, Pneumococcal, Rubella, Tetanus, Varicella (Chickenpox)

WOMEN INCLUDING PREGNANT WOMEN OR WOMEN WHO MAY BECOME PREGNANT

Screenings: Anemia, Breast Cancer Mammography, Cervical Cancer, Chlamydia, Diabetes, Domestic and Interpersonal Violence, Gestational Diabetes, Gonorrhea, Hepatitis B, HIV, HPV, Maternal Depression, Osteoporosis, Preeclampsia, Rh Incompatibility, Syphilis, Tobacco Use, Urinary Incontinence, Urinary Tract Infection

Counseling: Breast Cancer Chemoprevention, Breast Cancer Genetic Testing (BRCA), Breastfeeding, Contraception, Domestic and Interpersonal Violence, HIV, Sexually Transmitted Infection

CHILDREN

Screenings: Autism, Bilirubin Concentration, Blood, Blood Pressure, Cervical Dysplasia, Depression, Developmental, Dyslipidemia, Hearing, Hematocrit or Hemoglobin, Hemoglobinopathies or Sickle Cell, Hepatitis B, HIV, Hypothyroidism, Lead, Obesity, Phenylketonuria (PKU), Sexually Transmitted Infection, Tuberculin, Vision

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

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/.

You can access a Summary of Benefits and Coverage (SBC) for the MEC plan online at www.TheAmericanWorker.com. If you are unable to access the SBC online or want a copy mailed to your home call (855) 495-1190.

IMPORTANT: Office visit fees Your doctor may provide a preventive service, such as a cholesterol screening test, as part of an office visit. Be aware that you may be required to pay some costs for the office visit, if the preventive service is not the primary purpose of the visit, or if your doctor bills you for the preventive services separately from the office visit.

FIXED INDEMNITY



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

The American Worker Fixed Indemnity Plans provide affordable, first dollar coverage. The plans offer coverage for basic healthcare services and prescription drug discounts.

The Fixed Indemnity Plans are underwritten by Nationwide Life Insurance Company. The plans include the AWP Value Rx, First Health Network and Teladoc, which are provided by separate vendors. **All benefits pay on a calendar year basis per person, unless stated otherwise.**

Services	Standard	Preferred
Physician's Office	\$60 per day; 6 days per year	\$75 per day; 6 days per year
Outpatient Diagnostic Lab	\$50 per testing day; 3 days per year	\$75 per testing day; 3 days per year
Outpatient Diagnostic X-Ray	\$75 per testing day; 3 days per year	\$100 per testing day; 3 days per year
Outpatient Diagnostic Advanced Studies	\$200 per testing day; 3 days per year	\$300 per testing day; 3 days per year
Accidental Injury Care	Up to \$300 per occurrence	Up to \$500 per occurrence
Emergency Room Sickness	\$100 per day; 2 days per year	\$150 per day; 2 days per year
Surgical Indemnity Benefit		
-Daily Inpatient Surgical	\$500 per day, 1 day per year	\$1,000 per day, 1 day per year
-Daily Outpatient Surgical	\$250 per day	\$500 per day
-Daily Outpatient Minor	\$50 per day	\$100 per day
-Outpatient Benefit Maximum	1 day per year	1 day per year
Anesthesia	30% of Surgical Benefit	30% of Surgical Benefit
Hospital Admission	\$300 lump sum per confinement	\$500 lump sum per confinement
Daily In-Hospital Indemnity	\$300 per day; 500 day lifetime max	\$500 per day; 500 day lifetime max
Intensive Care Unit	\$600 per day; 30 days per year	\$1,000 per day; 30 days per year
Substance Abuse	\$150 per day; 30 days per year	\$250 per day; 30 days per year
Mental Illness	\$150 per day; 30 days per year	\$250 per day; 30 days per year
Skilled Nursing (Inpatient)	\$150 per day; 60 days per stay	\$250 per day; 60 days per stay
*Teladoc	No cost access to doctors by phone or online	
*AWP Value Rx	\$10, \$20, \$50 Tier	
*First Health Network	Physician and Hospital	
Weekly Rates		
Employee Only	\$17.65	\$25.57
Employee + Spouse	\$40.07	\$59.87
Employee + Child(ren)	\$29.77	\$44.02
Family	\$43.67	\$65.45

*Services not underwritten by Nationwide Life Insurance Company.

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

The Fixed Indemnity Plan is (a) not a substitute for minimum essential health coverage under the Affordable Care Act (ACA); and (b) does not qualify as minimum essential coverage under the ACA.



AWP Value Rx - Provided by CerpasRx

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

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

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

First Health Network

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

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

You can visit a First Health or out-of-network provider for service and the Fixed Indemnity Plan will pay the same benefit amount.

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

Teladoc

Teladoc provides 24/7 on-demand access to a national network of U.S. board-certified doctors through the convenience of phone, video or mobile app visits. Teladoc doctors can diagnose, treat and prescribe medication, when necessary, for a variety of issues. It's more convenient access to quality healthcare, when and where you need it.

- Receive medical care from anywhere without taking time off work
- Fast treatment - Median call back in just 10 minutes
- Save money by avoiding expensive urgent care or ER visits for non-emergency issues

REGISTER ONLINE

- Go to www.Teladoc.com
- Select **Get Started Now** on the Teladoc Home Page
- Select **Get Started** under the **New To Teladoc?** Section on the next page
- Enter the requested information to confirm your eligibility and select **Continue**

Teladoc will locate your membership under The American Worker, select Continue to verify and then finish creating your account username, password and security questions.

1-800-835-2362 Available 24 hours a day 365 days a year. No cost for consultations.

STATE REQUIREMENTS

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

MAJOR MEDICAL

Staffing 360 Solutions offers employees the option to choose from 2 different major medical plans. Both plans provide comprehensive coverage for healthcare services due to an illness or accident as well as prescription drugs. In-network coverage is provided through the Cigna PPO network (www.MyCigna.com). The chart below provides an overview of the benefits and rates of each plan.

Services	Base Plan	Buy-Up Plan
In-Network Services		
DEDUCTIBLE		
Individual	\$5,000	\$2,000
Family	\$10,000	\$4,000
COINSURANCE		
Member Pays	20% after Deductible	0% after Deductible
Plan Pays	80% after Deductible	100% after Deductible
OUT-OF-POCKET		
Individual	\$7,000	\$5,000
Family	\$14,000	\$10,000
COPAY PER VISIT		
Regular Office Visit	\$25 copay	\$25 copay
Specialist Office Visit	\$50 copay	\$50 copay
Labs & X-Ray	10% Coinsurance after Deductible	\$50 copay
MRI, CT and PET Scans	10% Coinsurance after Deductible	0% Coinsurance after Deductible
Urgent Care	10% Coinsurance after Deductible	\$50 copay
Emergency Room	10% Coinsurance after Deductible	\$350 copay
INPATIENT, PHYSICIAN & HOSPITAL SERVICES	\$250 copay; then 20% Coinsurance after Deductible	0% Coinsurance after Deductible
PREVENTIVE CARE	Plan pays 100%	Plan pays 100%
PRESCRIPTION DRUGS		
Generic	\$5 copay	\$10 copay
Preferred Brand	\$50 copay	\$30 copay
Non-Preferred Brand	20% Coinsurance up to \$200	\$60 copay
Specialty	50% Coinsurance up to \$200	\$120 copay
Out-Of-Network Services		
DEDUCTIBLE		
Individual	\$10,000	\$12,000
Family	\$20,000	\$24,000
COINSURANCE		
Member Pays	50% after deductible	40% after deductible
Plan Pays	50% after deductible	60% after deductible
OUT-OF-POCKET		
Individual	\$20,000	No Limit
Family	\$40,000	No Limit
Monthly Rates		
Employee Only	\$104.53	\$358.39
Employee + Spouse	\$309.41	\$696.39
Employee + Child(ren)	\$279.67	\$637.44
Family	\$804.44	\$1,336.54

You can access the Summary of Benefits and Coverage (SBC) for the Major Medical plans plan online at www.TheAmericanWorker.com. If you are unable to access the SBCs online or want a copy mailed to your home call (855) 495-1190.

FREESTANDING COVERAGE OPTIONS



Dental

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 the Ameritas provider network which can lower your out-of-pocket costs.

Calendar Year Maximum	Up to \$500 per Covered Member per Year	
Deductible	\$20 per Visit	
Covered Services	Waiting Period	Coinsurance
Preventive and Diagnostic Routine Exams, Cleanings, X-rays, etc.	None	Covered at 100% (MAC)*
Basic Treatment Restorative Amalgams and Composites Endodontics, Periodontics, Extractions, etc.	3 Months	Covered at 60% (MAC)*
Major Treatment Onlays, Crowns, Prosthodontics, etc.	12 Months	Covered at 50% (MAC)*

Weekly Rates	
Employee	\$4.75
Employee + Spouse	\$11.88
Employee + Child(ren)	\$8.55
Family	\$12.83

*Maximum Allowable Charge (MAC): Lower rates are achieved in part by limiting what is paid per procedure on non-network claims to the same amount that network dentists have agreed to charge.

LOCATE NETWORK PROVIDERS

To locate providers, call (800) 659-2223 and select option 3 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 and choose the "CLASSIC PPO" network.

Vision

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. Visit a VSP Choice provider to get the most benefit from the plan.

Deductible	\$10 Exam, \$25 Eye Glass Lenses or Frames ¹	
Covered Services	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	15% Discount Up to \$105 Covered in Full	No Benefit Up to \$105 Up to \$210
Frames	\$105 ²	Up to \$70
Frequency Exam / Lens / Frames	Based on Date of Service 12 Months / 12 Months / 24 Months	

Weekly Rates	
Employee	\$2.02
Employee + Spouse	\$3.99
Employee + Child(ren)	\$3.72
Family	\$5.70

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

²The Costco allowance will be the wholesale equivalent.

LOCATE NETWORK PROVIDERS

To find a VSP Choice 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.

FREESTANDING COVERAGE OPTIONS



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Short-Term Disability

Daily life depends on consistent income, but accidents and serious illnesses can keep you out of work. This plan can help you cover your expenses by paying you cash if you get sick or injured and can't work.

Weekly Benefit	Plan pays \$125 lump sum
Maximum Benefit Period	26 weeks
Waiting Period	14 days (Accidents and Illnesses)

Weekly Rates	
Employee Only	\$3.50

Coverage includes disability due to pregnancy and childbirth.

Life/AD&D Insurance

The loss of a loved one is a traumatic event. It can also create financial uncertainty. This plan can help ease the financial burden and protect the future of those that depend on you most.

Life/AD&D Insurance Employee	Pays \$20,000
Life Insurance Only Spouse	Pays \$2,500
Child (6 months to 26 years)	Pays \$1,250
Infant (10 days to 6 months)	Pays \$200

Weekly Rates	
Employee Only	\$2.25
Employee + Spouse	\$2.53
Employee + Child(ren)	\$2.53
Family	\$2.88

IMPORTANT BENEFIT INFORMATION



PAYING FOR YOUR BENEFITS

All coverage other than major medical begins the Monday following the date you receive a paycheck with a premium deduction and continues uninterrupted as long as premiums are deducted from your paycheck. If you receive a paycheck without a deduction, your benefits will be suspended until the Monday following the date you receive your next paycheck with a deduction, unless you make a payment for the missed deduction. To avoid having coverage suspended you must pay the missed premium every time a deduction is not processed from your paycheck.

MISSED PREMIUM PAYMENTS

You have 30 days from the date of your paycheck without a deduction to make a missed premium payment. If you do not pay for the missed deduction within 30 days, you will not be able to pay for that coverage period at a later date. If you missed a premium deduction and want to find out the balance due or make a payment, visit www.TheAmericanWorker.com or call (855) 495-1190.

You can pay for missed deductions online, by phone or by mail. Payment options include credit or debit card, personal check, and money order. You can also authorize an automatic payment be processed every time premium is not deducted from your paycheck.

IMPORTANT... If you setup automatic payments, you MUST contact The American Worker to cancel the automatic payment when your employment ends. If you do not, your account will be charged for coverage and you will NOT receive a refund.

NONPAYMENT COVERAGE TERMINATION

You must make a premium payment every week, either through payroll deduction or directly to The American Worker using one of the missed premium payment options above. If you do not pay your premium for five weeks in a row, your coverage will be terminated for nonpayment. Please review your paycheck every week to make sure your premium is deducted. If it is not, contact The American Worker immediately to make a payment and avoid having your coverage terminated.

Coverage and Payments - Major Medical

PAYING FOR COVERAGE

Your Major Medical coverage is provided monthly with benefit periods starting on the first day and ending on the last day of the month. Major Medical deductions are taken from each weekly paycheck you receive. It is your responsibility to make sure your Major Medical premium is deducted from each weekly paycheck.

MISSED PREMIUM PAYMENTS

If you do not receive a paycheck or receive a paycheck without a deduction for Major Medical, you are required to pay your Major Medical premium to Staffing 360 Solutions directly. You have 30 days from the date of your paycheck without a Major Medical deduction to make a missed premium payment. Payments received more than 30 days from the date of the paycheck without a Major Medical deduction may result in termination. You can make missed premium payments by mail. Payment options include personal check or money order.

If you receive a paycheck without a Major Medical deduction and want to find out the balance due or have questions about making a missed premium payment, contact Staffing 360 at (203) 502-8715 or email benefits_us@staffing360solutions.com.

COVERAGE TERMINATION DUE TO NONPAYMENT

You must make a missed premium payment every time your Major Medical premium is not deducted from your paycheck to avoid your Major Medical coverage from being terminated for nonpayment. Your Major Medical coverage will be automatically terminated for nonpayment if you miss four consecutive weekly Major Medical deductions. Review every paycheck to make sure your Major Medical premium is deducted. If it is not, make a missed premium payment immediately to avoid having your Major Medical coverage terminated for nonpayment.

Staffing 360 Solutions reserves the right to process arrear deductions from future paychecks while you are still employed by Staffing 360 Solutions or bill you directly for previously missed Major Medical premium deductions, even after your Major Medical coverage has been terminated. Additionally, Staffing 360 Solutions reserves the right to terminate your Major Medical coverage for nonpayment even if you only missed one weekly deduction.

If your Major Medical coverage is terminated for nonpayment you will be able to continue your coverage on 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).



Benefit Deductions & Changes During The Year

The cost of coverage is deducted from your paycheck before taxes are taken out, which saves you money. Since deductions are processed pretax, IRS regulations determine when you can enroll, change or cancel coverage during the year. You must enroll when initially eligible or during Open Enrollment and the coverage you elect will remain in place for the entire year. If you don't, you must wait until the next Open Enrollment to enroll. However, if you experience a Qualifying Life Event (QLE) during the year, you may be eligible to enroll in new coverage, make changes to existing coverage or cancel your current coverage.

Qualifying Life Events include, but are not limited to: birth, adoption or legal guardianship of a child; marriage, divorce, or legal separation; death of a spouse or child; spousal change of employment affecting insurance coverage. You have 30 days from the date of the QLE to call The American Worker to make a change. If you do not, you will not be able to make a change until the next Open Enrollment. Coverage changes must be consistent with the QLE and documentation may be required.

This enrollment guide provides an overview of the benefit plans you are eligible for through Staffing 360 Solutions and is for summary purposes only. If there is any discrepancy between the information in this guide and the applicable official plan documents and policies, the official plan documents and policies will govern how your benefits are determined and administered. Staffing 360 Solutions, in its sole discretion, reserves the right to amend or terminate at any time the benefit plans described in this enrollment guide.

New Hampshire, Washington, and Vermont residents are not eligible for Fixed Indemnity, Short-Term Disability, or Life/AD&D Plans offered by The American Worker.

Minimum Essential Coverage (MEC): This Plan is designed to provide Plan Participants with minimum essential coverage under the federal income tax rules. While you are enrolled in this Plan, you will not be eligible for a federal tax credit through a federal or state exchange (sometimes referred to as the insurance marketplace). If you do not enroll in this plan, you may be eligible for a federal tax credit that lowers your monthly premium. If you do not enroll you may receive a reduction in certain cost-sharing if you enroll in a health insurance plan through the federal or state exchange. Please note that this plan is NOT minimum essential coverage for purposes of the individual health coverage requirements in MA.

Fixed Indemnity: This program is not intended nor recommended to replace any comprehensive program of insurance in which you currently participate, or intend to participate. This plan is not designed to replace or provide major medical or catastrophic coverage. This brochure is for summary purposes only. The insurance benefits of the fixed indemnity plan are offered by Nationwide Life Insurance Company. Additional information will be provided upon enrollment in the program. Plan exclusions and limitations apply. **Massachusetts residents** are eligible for the Fixed Indemnity plan, but this plan does NOT meet Minimum Creditable Coverage standards. **The Fixed Indemnity Plan is (a) not a substitute for minimum essential health coverage under the Affordable Care Act (ACA); and (b) does not qualify as minimum essential coverage under the ACA.**

Major Medical: The major medical plan provides minimum essential and minimum value coverage as defined by the Affordable Care Act (ACA). As such, individuals offered this plan, even if the individual does not enroll, may not be eligible for a federal tax credit that lowers their monthly premium for health insurance plans available through a federal or state exchange. Major Medical provides comprehensive health insurance. Limitations and exclusions apply.

Pretax Premium Deduction (IRS Section 125) Notice: Benefits are made available under the Internal Revenue Code Section 79, 105, 106, 125, and these sections as amended. The IRS codes allow premium for benefits to be deducted from your paycheck before taxes are withheld. These IRS codes also govern when coverage can be elected, changed or canceled during the Plan Year. In accordance with the regulations, benefit elections or declinations are effective for the entire Plan Year and can't be changed during the Plan Year unless a qualifying life event occurs. If a qualifying life event occurs, changes must be made within the required time-frame and must be consistent with the qualifying life event. Qualifying life events include, but are not limited to: marriage, divorce, legal separation, death of spouse, birth or legal adoption of a child, death of a child, and spousal change of employment affecting insurance coverage.

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6 Research Drive
Suite 440
Shelton, CT 06484

Important Employee Benefit Information - Do Not Discard!

Enroll Now

ENROLLMENT PERIOD:
30 days from your date of hire

BENEFIT PLAN YEAR:
July 1, 2021 - June 30, 2022

ENROLL BY PHONE:
Call (866) 866-3424
Monday – Friday: 8:00 AM to 8:00 PM ET

ENROLL ONLINE:
www.TheAmericanWorker.com
Available anytime

Si necesita información o ayuda en español llame al (866) 866-3424