

2021 Benefits Enrollment Guide



OVERVIEW & ELIGIBILITY

BelFlex Staffing Network values the contributions of our employees. In appreciation of your dedicated service we are pleased to offer a variety of affordable coverage options through The American Worker. Please carefully review this enrollment guide so you understand the benefits being provided and can make the right choices for you and your family.

The MEC Plan premium is deducted from your paycheck along with your other health benefit premiums. Please note that the 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%.

About Your Coverage

MINIMUM ESSENTIAL COVERAGE (MEC) PLAN

- 100% coverage for all ACA required Preventive Care and Wellness services
- 24/7 access to doctors by phone via Teladoc

FIXED INDEMNITY BENEFITS

- First dollar coverage for Doctor Office Visits, Diagnostic X-Rays and Lab Work, Hospital Stays and more
- Key features include no deductibles, copays, pre-existing condition limitations or waiting periods
- Prescription Drug discounts via AWP Value Rx
- National PPO Network, First Health
- 24/7 access to doctors by phone via Teladoc

FREESTANDING COVERAGE OPTIONS

- Dental Benefit
- Vision Coverage
- Short-Term Disability
- Life/AD&D Insurance

Take The Next Step

For your convenience, you can enroll in coverage online, by phone or mobile device. You are immediately eligible for The American Worker benefit plans without a waiting period. You can enroll during the new hire onboarding process or within 30 days of your date of hire. Your benefits will begin on the Monday following the paycheck deduction.

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.

ENROLL ONLINE

Visit www.TheAmericanWorker.com

Click "Login and Enroll" at the top of the page Select "Returning User?" or "New User?"

Returning Users: Login using your username and password.

New Users: Select "Employee ID" and in the fields below enter:

- Employee ID #: Your Social Security Number
- Group #: 157584
- Date of Birth: Your Date of Birth

Click "Continue" to enroll yourself and your dependents

Note: New users will need to create an account before enrolling.

ENROLL BY PHONE

(866) 866-3424

Monday - Friday, 8 AM to 8 PM ET

MOBILE DEVICE

Text BELFLEX2020 to (855) 932-4533

Para información o ayuda en Español llame al (866) 866-3424

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. More information about the First Health Network is available on page 5.

Most Common Services

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

Weekly Rates	
Employee Only	\$12.92
Employee + Spouse	\$16.38
Employee + Child(ren)	\$17.54
Family	\$23.31

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: Diptheria, 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 Dsyplasia, 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: Diptheria, 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/.

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.

FIXED INDEMNITY



The American Worker Fixed Indemnity Plan provides affordable, first dollar coverage. The plan offers coverage for basic healthcare services and prescription drug discounts.

The Fixed Indemnity Plan is underwritten by Nationwide Life Insurance Company. The plan includes AWP Value Rx, First Health Network, Teladoc, Accidental Death & Dismemberment, and Accident Medical Expense which are provided by separate vendors. All benefits pay on a calendar year basis per person, unless stated otherwise.

Fixed Indemnity Services	Preferred Plan
Physician's Office	\$100 per day; 6 days per year
Outpatient Diagnostic Lab	\$75 per testing day; 3 days per year
Outpatient Diagnostic X-Ray	\$200 per testing day; 3 days per year
Outpatient Diagnostic Advanced Studies	\$200 per testing day; 3 days per year
Emergency Room Sickness	\$150 per day; 2 days per year
Surgical Indemnity Benefit -Daily Inpatient Surgical -Daily Outpatient Surgical -Daily Outpatient Minor -Outpatient Benefit Maximum	\$1,000 per day, 1 day per year \$500 per day \$100 per day 1 day per year
Anesthesia	30% of Surgical Benefit
Hospital Admission	\$300 lump sum per confinement
Daily In-Hospital Indemnity Intensive Care Unit Substance Abuse Mental Illness Skilled Nursing (Inpatient)	\$300 per day; 500 day lifetime max \$600 per day; 30 days per year \$150 per day; 30 days per year \$150 per day; 30 days per stay
Outpatient Substance Abuse	\$10 per day; \$550 per year
Outpatient Mental Illness	\$10 per day; \$550 per year
*Accident Medical Expense	\$5,000 maximum benefit per injury
*Accidental Death & Dismemberment	\$15,000 Employee / \$7,500 Spouse / \$3,000 Child
*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	\$19.91
Employee + Spouse	\$46.55
Employee + Child(ren) Family	\$34.30 \$50.62

^{*}Services not underwritten by Nationwide Life Insurance Company. Fixed Indemnity Plans are not available to residents of NH, VT & WA.

ADDITIONAL PLAN FEATURES



AWP Value Rx - Provided by 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

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

FREESTANDING COVERAGE OPTIONS



Dental

Keep a bright, healthy smile while supporting your overall well-being with affordable dental coverage.

Calendar Year Maximum	Up to \$500 per Covered Member	
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)*

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

Weekly Rates	
Employee	\$4.99
Employee + Spouse	\$12.47
Employee + Child(ren)	\$8.98
Family	\$13.47

LOCATE NETWORK PROVIDERS Call (800) 659-2223

Select option 3

Visit www.Ameritas.com

- Select "FIND A PROVIDER"
- Select "DENTAL"
- Select "NETWORK PROVIDER"
- Select "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. 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	Up to \$105 ²	Up to \$70
Frequency Exam / Lens / Frames	Based on Date of Service 12 Months / 12 Months / 24 Months	

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

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

LOCATE NETWORK PROVIDERS Call (800) 877-7195

Visit <u>www.Ameritas.com</u>

- Select "FIND A PROVIDER"
- Select "VISION: VSP"
- Select "LOOK UP VSP PROVIDERS"

²The Costco allowance will be the wholesale equivalent.

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 Maximum Benefit	Plan pays \$150 Lump Sum	
Maximum Benefit Period	26 weeks	
Waiting Period	7 days (Accidents and Illnesses)	
Percent of Weekly Salary	50% (Excludes Bonuses & Overtime)	

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 \$10,000
Dependent Life Insurance	
Spouse	Pays \$5,000
Child (6 months to 26 years)	Pays \$2,500
Infant (10 days to 6 months)	Pays \$400

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

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).

DISCLOSURES



Please refer to official insurance policy and plan documents for more extensive information concerning your benefit plans. In the event of any conflict between this guide and the official plan documents, the plan documents, policy and certificate of coverage will govern.

New Hampshire, Vermont, and Washington residents are not eligible for any of the benefit programs 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.

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.

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Please Note: A separate claim form is needed for the Accident Medical & AD&D benefits. You may access the claim forms at www.TheAmericanWorker.com or by calling Member Services.

Accident Medical Expense: This is a brief summary of the Accident coverage available under this plan. The issued Policy contains the 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 aovern in all cases.

BENEFITS ENROLLMENT GUIDE



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