



DISCLOSURES

This document is only intended to be an overview of the benefit plans. The complete details about how the plans work are included in the Summary Plan Description (SPD) and insurance certificate booklets, which are available on request. If there are any inconsistencies between this brochure and SPD and insurance certificates, the SPD and insurance certificates will govern.

Important Notice: The benefits included in this guide are not intended or recommended to replace any comprehensive program of insurance in which you currently participate or intend to participate. The insurance benefits for the medical indemnity plans are offered by Nationwide Life Insurance Company. A detailed Certificate of Coverage may be requested upon enrollment in the program.

Beginning January 1, 2025, enrollment guides that include fixed indemnity programs are required to contain the following notice. This notice applies to the Medical 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.

BENEFITS OVERVIEW

OPEN ENROLLMENT: 10/28/24 – 11/08/24

BENEFIT PLAN YEAR: 01/01/2025 – 12/31/2025

FOR ADDITIONAL BENEFIT DETAILS TEXT ELARAFTOE TO (855) 932-4533

About Your Coverage

MEC PLUS STANDARD PLAN

- 100% coverage when using in-network providers for Preventive Care and Wellness services required by ACA
- 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
- National PPO Network – Save on Physician and Hospital services from network providers
- Telehealth – 24/7 access to doctors by phone, web or mobile app for free
- Medical Price Shopping Tool – Estimate the costs of services before scheduling

Services Provided By The MEC Plus Standard Plan

PHCS PPO LIMITED BENEFIT NETWORK

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

Find a Network Provider

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

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. Go to www.Teladoc.com. No cost for consultations: **1-800-835-2362**.

- 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

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

MEDICAL PRICE SHOPPING TOOL: HEALTHCARE BLUEBOOK

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 hundreds to thousands of dollars in savings with a simple search before scheduling. Access the medical price shopping tool at www.theamericanworker.com or call (855) 495-1190.

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



PREVENTIVE BENEFITS	MEC PLUS STANDARD PLAN
Minimum Essential Coverage (MEC)	Plan pays 100% for all ACA required preventive care services. You MUST visit a PHCS Network provider for Preventive services to be covered.
ADDITIONAL BENEFITS	MEC PLUS STANDARD PLAN
Physician's Office	\$75 per day; 6 days per year
Outpatient Diagnostic Lab	\$50 per testing day; 3 days per year
Outpatient Diagnostic X-Ray	\$50 per testing day; 3 days per year
Outpatient Diagnostic Advanced Studies	\$500 per testing day; 1 day per year
Emergency Room Sickness	\$100 per day; 2 days per year
Surgical Indemnity Benefit	
-Daily Inpatient Surgical	\$1,000 per day, 1 day per year
-Daily Outpatient Surgical	\$500 per day
-Daily Outpatient Minor	\$100 per day
-Outpatient Benefit Maximum	1 day per year
Anesthesia	30% of Surgical Benefit
Hospital Admission	\$300 lump sum per confinement
Daily In-Hospital Indemnity	\$300 per day; 500 day lifetime max
Intensive Care Unit	\$600 per day; 30 days per year
Substance Abuse	\$150 per day; 30 days per year
Mental Illness	\$150 per day; 30 days per year
Skilled Nursing (Inpatient)	\$150 per day; 60 days per stay
*Prescription Drugs	AWP Value Rx Plan - \$10, \$20, \$50 Tier
*Teladoc	No cost access to doctors by phone or online
*PHCS Network	Physician and Hospital
*Medical Price Shopping Tool	Estimate medical costs before scheduling

***Services not underwritten by Nationwide Life Insurance Company.**

The MEC Plus Standard Plan may not meet the minimum essential coverage requirements in certain states.

Benefits vary for Kansas and Ohio residents. Certain limitations cross apply. Please refer to the SBC or Plan Document for additional information.

Monthly Benefit Rates

BENEFIT TIERS	MONTHLY RATES
Employee Only	\$28.66
Employee + Spouse	\$118.57
Employee + Child(ren)	\$101.80
Family	\$170.82

FOR ADDITIONAL BENEFIT DETAILS TEXT ELARAFTOE TO (855) 932-4533

ADDITIONAL DISCLAIMERS

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

Nationwide: New Mexico and Vermont residents are not eligible for any of the benefit programs offered by The American Worker.

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

The coverage is underwritten by Nationwide Life Insurance Company, Columbus, Ohio (CA COA #7032). The Limited Benefit Plan applicable to policy form SRCP 2000 or state equivalent. PRAM RX plan is applicable to policy forms GPDP AO L20 and is not available in all states. This product provides prescription coverage only, it does not cover basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. NSM-0301AO (06/23). The coverages are distributed by Fringe Benefit Group. Nationwide and Fringe Benefit Group are separate and non-affiliated companies.

Minimum Essential Coverage (MEC) and MEC Enhanced Plans: 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.

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

Section 125 Disclaimer: By enrolling, you elect to participate in the American Worker plan for benefits available under the Internal Revenue Code Section 79, 105, 106, 125, and these sections as amended. You understand that the plan will automatically convert to pretax status and eligible payroll deductions which are provided through the Plan. You understand that by participating in this Plan your Social Security benefits may be reduced since these premiums will be deducted before your salary is taxed. This election will remain in effect for the entire Plan Year. Your election CANNOT be changed during the Plan Year in accordance with the Internal Revenue Service Guidelines unless a qualifying event occurs. Qualifying events include: marriage, divorce, legal separation, death of spouse, birth or legal adoption of a child, death of a child, or spousal change of employment affecting insurance coverage. By enrolling you have accepted the terms detailed about.

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