



**The American
Worker®**

Provided by Fringe Benefit Group



2024 Benefits Enrollment Guide

Goodwill of Central and Northern Arizona

Effective Date: January 1, 2024

OVERVIEW & ELIGIBILITY

Goodwill of Central and Northern Arizona 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.

About Your Coverage

MEC (MINIMUM ESSENTIAL COVERAGE) PLUS 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

Changes to COVID-19 Coverage: The Federal Government announced that the Public Health Emergency for COVID-19 ended on May 11, 2023. Please go to The American Worker website for details on how this may affect your plan. (<https://www.theamericanworker.com/updates-regarding-the-end-of-covid-19-health-emergencies/>)

Take The Next Step

If you are newly eligible for benefit coverage and 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.

BENEFIT QUESTIONS?

If you have questions about your benefit offering, call Member Services at **(855) 495-1190**.



The American Worker MEC Plus Plan provides affordable, first dollar coverage. The plan offers coverage for basic healthcare services and prescription drug discounts. To find a provider, visit www.Multiplan.com/awp - Limited Benefit Network.

The MEC Plus Plan is underwritten by Nationwide Life Insurance Company. The plan includes additional benefit plan features which are provided by separate vendors. **All benefits pay on a calendar year basis per person, unless stated otherwise.**

Preventive Services	
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.
Fixed Indemnity Services	
Physician's Office	\$60 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	\$200 per day; 2 days per year
Surgical Indemnity Benefit -Daily Inpatient Surgical -Daily Outpatient Surgical -Daily Outpatient Minor -Outpatient Benefit Maximum	\$2,000 per day, 1 day per year \$1,000 per day \$200 per day 1 day per year
Anesthesia	30% of Surgical Benefit
Hospital Admission	\$500 single sum
Daily In-Hospital Indemnity Intensive Care Unit Substance Abuse Mental Illness Skilled Nursing (Inpatient)	\$800 per day; 500 day lifetime max \$1,600 per day; 30 days per year \$400 per day; 30 days per year \$400 per day; 30 days per year \$400 per day; 60 days per stay
Term Life - Employee Only	\$10,000
*Health Advocate	Included
*Prescription Drugs	Copay Rx
*PHCS PPO Network	Physician and Hospital
*Medical Price Shopping Tool	Estimate medical costs before scheduling

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

MEC COVERED SERVICES

The Minimum Essential Coverage (MEC) services satisfy the requirement set forth by the Affordable Care Act (ACA) and cover a multitude of common screenings and preventive services at 100%. You MUST visit a PHCS Network provider for services to be covered. Services from out-of-network providers are NOT covered.

Most Common Services

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

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)

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.

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.



PHCS PPO Limited Benefit Network

All plan designs provide covered individuals access to a PPO Network that allows them to take advantage of network negotiated rates.

FIND A NETWORK PROVIDER

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

Copay Rx Plan

- **Tier 1 (Most Generics):** \$10 Co-Pay
- **Tier 2 (Non-Preferred / Non-Formulary Brand Name):** Employees pay 100% of the cost after pharmacy discounts
- **Monthly Maximum:** \$100 Employee / \$200 Family
- No Deductible
- Restricted Formulary

Mail Order option available for 90 day prescription supply.

- **Tier 1:** \$25 copay

FIND A CERPASSRX PROVIDER

- **Visit:** www.cerpassrx.com
- **Call:** [\(844\) 636-7506](tel:(844)636-7506)

Health Advocate

Health Advocate offers a range of comprehensive services to help members with clinical and administrative issues involving their medical, hospital, dental, pharmacy and other health care needs – saving members time and worry.

Please note that this service is unlimited, and there is no charge when a member calls for assistance.

HOW HEALTH ADVOCATE HELPS

- Find the best doctors, hospitals, dentists and schedule appointments with providers.
- Answer questions about test results, treatments and medications.

HOW TO ACCESS DISCOUNTS

Simply call toll-free [\(866\) 695-8622](tel:(866)695-8622), and the member will be assigned to their own Personal Health Advocate.

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](tel:(855)495-1190).

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

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).



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.

Nationwide: New Hampshire 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 Fixed Indemnity Plan applicable to policy form SRCP 2000 or state equivalent. Nationwide and the Nationwide N and Eagle are service marks of Nationwide Mutual Insurance Company. NSM-0301AO (06/23).

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.

HealthiestYou is not health insurance and we encourage all members to maintain adequate insurance from a responsible provider. HealthiestYou is designed to complement and not replace the care you receive from your primary care physician. HealthiestYou physicians are an independent network of doctors who advise, diagnose, and prescribe at their own discretion. Physicians provide cross coverage and operate subject to state regulations. Physicians in the independent network do not prescribe DEA controlled substances, non-therapeutic drugs, or certain other drugs which may be harmful because of their potential for abuse. HealthiestYou does not guarantee that a prescription will be written.

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 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.

BENEFITS ENROLLMENT GUIDE



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