The American Worker®

Provided by Fringe Benefit Group

2022 Benefits Enrollment Guide

QPS EMPLOYMENT GROUP®

Benefit Plan Year: December 30, 2021 - December 28, 2022

OVERVIEW & ELIGIBILITY

QPS Employment Group values the contributions of our associate employees and strives to provide quality benefits to our workforce. In appreciation of your dedicated service we are pleased to offer a variety of affordable coverage options. We encourage you to review this guide so you understand your benefit options and can make the right choices for you and your family.

Eligibility Requirements

To be eligible you must have been employed for at least 4 consecutive weeks. You must enroll when you are initially eligible to do so or during the annual Open Enrollment. If you do not, you will not be able to enroll until the next annual Open Enrollment unless you have a Qualifying Life Event during the year.

If you choose not to sign up for any plan, we will consider you waiving coverage under our plan enrollment provisions. Your next opportunity to enroll will be during next year's annual open enrollment period or if you experience an IRS qualifying event.

About Your Coverage

MEC BASIC PLAN

- 100% in-network coverage for covered all ACA required Preventive Services
- **Employee Assistance Program (EAP) for help with personal matters**

MEC ENHANCED PLAN

- 100% in-network coverage for covered all ACA required Preventive Services
- Coverage for Dr. Visits, Labs, X-rays, Accidents, Surgeries, Hospital Stays and more
- Key features include no deductibles, copays, pre-existing condition limitations or waiting periods
- National PPO Network, First Health
- Access to Prescription Drug discount
- **REMEMBER... Includes Teladoc with 24/7 access to doctors by phone or video at no cost**
- **Employee Assistance Program (EAP) for help with personal matters**

FREESTANDING COVERAGE OPTIONS

- Dental Benefit
- Vision Coverage

Plan Documents are on the Associate Employee Portal, including basic plan document and the wrap document.

Take The Next Step

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

Enrollment Period: You must enroll within 30 days of receiving your 4th consecutive paycheck.
Effective Date: Your effective date will be provided when completing 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 BASIC & MEC ENHANCED PLANS

Both plans provide 100% in-network coverage for all ACA required preventive services.

The MEC Basic Plan only covers preventive services. It does not provide any coverage for illness or accidents.

The MEC Enhanced Plan adds coverage for the treatment of illnesses and accidents such as Doctor Visits, Labs, X-rays, Surgeries, Hospital Stays, and more. It also includes Teladoc and Prescription Drug discounts.

The chart below displays the amount the plan pays per covered person per calendar year unless otherwise indicated.

Services	MEC Basic	MEC Enhanced
First Health Network[1]	Included	Included
Preventive Care*	Plan Pays 100% for all ACA Required Preventive Care Services	Plan Pays 100% for all ACA Required Preventive Care Services
Physician's Office	Not Covered	$60 per day; 6 days per year
Outpatient Diagnostic Lab	Not Covered	$50 per testing day; 3 days per year
Outpatient Diagnostic X-Ray	Not Covered	$75 per testing day; 3 days per year
Outpatient Diagnostic Advanced Studies	Not Covered	$200 per testing day; 3 days per year
Accidental Injury Care	Not Covered	Up to $300 per occurrence
Emergency Room Sickness	Not Covered	$100 per day; 2 days per year
Surgical Indemnity Benefit -Daily Inpatient Surgical -Daily Outpatient Surgical -Daily Outpatient Minor -Outpatient Benefit Maximum	Not Covered	 $500 per day, 1 day per year $250 per day $50 per day 1 day per year
Anesthesia	Not Covered	30% of Surgical Benefit
Hospital Admission	Not Covered	$300 lump sum per confinement
Daily In-Hospital Indemnity Intensive Care Unit Substance Abuse Mental Illness Skilled Nursing (Inpatient)	Not Covered	$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 year $150 per day; 60 days per stay
OptumCare24 EAP[1]	**Included**	**Included**
Teladoc[1]	Not Covered	**No cost access to doctors by phone or online**
AWP Value Rx[1]	Not Covered	$10, $20, $50 Tier
Weekly Rates	**MEC Basic**	**MEC Enhanced**
Employee Only	$9.32	$26.98
Employee + Spouse	$11.92	$52.01
Employee + Child(ren)	$12.78	$42.57
Family	$17.46	$61.12

***First Health Network provider use required. Services from out-of-network providers are NOT covered.**
[1]Services not underwritten by Nationwide Life Insurance Company.
Fixed Indemnity Plans are not available to residents of NH, VT & WA.

Note: *Plans do not provide comprehensive health insurance. The MEC Enhanced plan is not available to New Hampshire, Vermont or Washington residents. Plans do not satisfy state coverage requirements in Massachusetts.*

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.

Most Common Services

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

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.

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

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

Teladoc (INCLUDED IN THE MEC ENHANCED PLAN ONLY)

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

OptumCare24 Employee Assistance Program

Members enjoy all services listed below 24 hours per day, 365 days per year.

- 24 Hour Nurse Access Line
- 24 Hour Wellness and Counseling Line
- Professional Legal Services
- Certified Financial Planning
- Management Consulting

In the event of a loss or tragedy, a counselor can make an on-site visit to help members deal with any grievances or depression.

Ameritas

Dental

Keep a bright, healthy smile while supporting your overall well-being with affordable dental coverage. You can use any provider for service, but visiting an Ameritas provider network can lower your out-of-pocket costs.

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

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	$105[2]	Up to $70
Frequency Exam / Lens / Frames	Based on Date of Service 12 Months / 12 Months / 24 Months	

[1]**Deductible applies to a complete pair of glasses or frames, whichever is selected.**
[2]**The Costco allowance will be the wholesale equivalent.**

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

LOCATE NETWORK PROVIDERS

Call **(800) 877-7195**

Visit www.Ameritas.com

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

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).

COVERAGE PAYMENTS

PAYING FOR YOUR BENEFITS

Your coverage is provided weekly with benefit periods starting on Thursday and ending on Wednesday. Your coverage begins on the Thursday 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 Thursday 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 missed premium every time a deduction is not processed from your paycheck.

MISSED PREMIUM PAYMENTS

Missed premium payments allow you to maintain coverage when you do not have deductions taken from your paycheck. 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 make missed premium payments 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 Th e 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 for all of your coverage every week, either through payroll deduction or directly to Th e American Worker. If you do not pay your premium for four weeks in a row, your coverage will be terminated for nonpayment. Your coverage will be terminated at the end of the last benefit period for which premium was received. Review your paycheck every week to ensure premium is deducted. If it is not, contact The American Worker immediately to make a payment and avoid having your coverage terminated.

DISCLOSURES

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

New Hampshire, Vermont, and Washington residents are not eligible for any of the benefit programs offered by The American Worker.

Minimum Essential Coverage (MEC) and Fixed Indemnity Plans: The MEC and fixed indemnity plans provide minimum essential coverage as defined by the Affordable Care Act (ACA). Individuals that do not enroll in these plans may be eligible for a federal tax credit that lowers their monthly premium if they enroll in a health insurance plan through a federal or state exchange. Individuals that enroll in these plans may not be eligible for a federal tax credit for health insurance plans available though a federal or state exchange while enrolled in these plans.

A Summary of Benefits and Coverage (SBC) for the MEC and fixed indemnity plans is available at **www.TheAmericanWorker.com**. If you are unable to access the SBC online or want a copy mailed to you call **(855) 495-1190**.

The fixed indemnity benefits are insured by Nationwide Life Insurance Company. A Certificate of Coverage is available upon request. The MEC and fixed indemnity plans do not provide comprehensive health insurance. The plans are not intended nor recommended to replace comprehensive health insurance. Limitations and exclusions apply. **The Fixed Indemnity Plan (a) is 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. Massachusetts residents** are eligible for the Fixed Indemnity plan, but this plan does NOT meet Minimum Creditable Coverage standards.

Pretax Premium Deductions (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 timeframe 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.

 Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulation and may not be available in certain states. Teladoc does not prescribe DEA controlled substances, non therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse of services. **Arkansas & Delaware:** Initial consultation required to be done via video. **Idaho:** Consultations are only available via video.

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