The American Worker®

Provided by Fringe Benefit Group

2019 Benefits Enrollment Guide for

QRC

Effective Date: June 22, 2019

QRC 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.

Currently Enrolled Members

Employees currently enrolled in The American Worker program will automatically continue their coverage. If you would like to make a change to your coverage or cancel, you will need to complete and return an enrollment application to your manager.

About Your Coverage

FIXED INDEMNITY BENEFITS

- Provides first dollar coverage for Doctor Office Visits, Diagnostic X-Rays and Lab Work, Hospital Stays and Surgical Procedures
- Key features include no deductibles, copays, pre-existing condition limitations, waiting periods and is guarantee issue.
- Prescription Drug discounts

FREESTANDING COVERAGE PACKAGE

- Dental Benefit
- Vision Coverage

Take The Next Step

After making your benefit decisions, you will need to make your elections. To enroll, complete and return an enrollment application to your manager.

Open Enrollment: May 20, 2019 - June 14, 2019 **Effective Date:** June 22, 2019

FIXED INDEMNITY

The Fixed Indemnity Plan is underwritten by Nationwide Life Insurance Company. The plan includes 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	Value Plan	Premier Plan	Elite Plan
Physician's Office	$50 per day; 6 days per year	$60 per day; 6 days per year	$75 per day; 6 days per year
Teladoc	No cost access to doctors by phone or online	No cost access to doctors by phone or online	No cost access to doctors by phone or online
Outpatient Diagnostic Lab	N/A	$75 per testing day; 3 days per year	$100 per testing day; 3 days per year
Outpatient Diagnostic X-Ray	N/A	$75 per testing day; 3 days per year	$125 per testing day; 3 days per year
Outpatient Advanced Studies	N/A	N/A	$100 per testing day; 3 days per year
Preventive Care	$50 per day; 3 days per year	$50 per day; 3 days per year	$75 per day; 2 days per year
Accidental Injury Care	Up to $300 per occurrence	Up to $500 per occurrence	Up to $500 per occurrence
Emergency Room Sickness	$75 per day; 4 days per year	$75 per day; 4 days per year	$75 per day; 4 days per year
Surgical -Inpatient -Outpatient -Outpatient Minor -Outpatient Benefit Max	N/A	 $500 per day, 1 day per year $250 per day $50 per day 1 day per year	 $1,000 per day, 1 day per year $500 per day $100 per day 1 day per year
Anesthesia	N/A	N/A	30% of Surgical Benefit
Outpatient Surgical Facility	N/A	N/A	$250 per day; 1 day per year
Daily Hospital Indemnity Intensive Care Unit Mental Illness Disorder Substance Abuse Inpatient Skilled Nursing	$100 per day; 500 day lifetime maximum $200 per day $50 per day $50 per day $50 per day	$200 per day; 500 day lifetime maximum $400 per day $100 per day $100 per day $100 per day	$500 per day; 500 day lifetime maximum $1,000 per day $250 per day $250 per day $250 per day
Hospital Admission	N/A	$200 lump sum per confinement	$500 lump sum per confinement
Inpatient Hospital Misc.	N/A	N/A	$500 per day; 60 days per year
Life/AD&D Insurance Employee Spouse/Child (Life Only)	 $5,000 $2,500/$1,250	 $5,000 $2,500/$1,250	 $5,000 $2,500/$1,250
AWP Value Rx	$10, $20, $50 Tier	$10, $20, $50 Tier	$10, $20, $50 Tier
First Health Network	Physician and Hospital	Physician and Hospital	Physician and Hospital
Bi-Weekly Rates			
Employee Only Employee + One Employee + Family	$18.17 $36.51 $43.76	$31.30 $64.65 $78.82	$48.40 $99.90 $122.95

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 Phoenix Benefits Management

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 brand name drugs available for $10, $20, $50 or less
- Generic and brand name drugs for which a discounted price has been negotiated
- Over 56,000 participating pharmacies nationwide
- No maximum annual benefit, deductibles or claims forms
- To view drug prices or locate a pharmacy, visit www.AWPValueRx.com

***The AWP Value Rx 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 included with 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

STATE REQUIREMENTS

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

Ameritas

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 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)*

***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.**

Bi-Weekly Rates	
Employee Only	$9.50
Employee + One	$21.05
Employee + Family	$28.88

To find a provider, visit www.Ameritas.com and select **FIND A PROVIDER**, then **DENTAL**. Select **Network Provider**, input your **zip code** and select **Classic (PPO)** for the 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 $120 Covered in Full	 No Benefit Up to $105 Up to $210
Frames	$120[2]	Up to $70
Frequency Exam / Lens / Frames	Based on Date of Service 12 Months / 12 Months / 24 Months	

Bi-Weekly Rates	
Employee Only	$4.14
Employee + One	$7.83
Employee + Family	$11.28

Find a VSP Choice provider at www.Ameritas.com/member

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

FAQ'S

HOW DOES THIS PLAN WORK?

Benefits will run from Saturday to Friday on a bi-weekly basis. If you have a deduction from your pay, you are "covered" from the Saturday prior through the Friday after your paycheck date. If you receive a paycheck that does not or cannot have premiums deducted from your pay, you will need to submit a Missed Premium payment. If you do not have a deduction and do not make a Missed Premium payment, you will not be covered for that period.

WHEN CAN I ENROLL/CANCEL COVERAGE?

Current crewmembers who wish to have coverage must enroll during the Annual Open Enrollment. Newly hired crewmembers may apply on their first day of employment and coverage begins on the first payroll deduction after 30 days of employment. Since the premiums are deducted on a "pre-tax" basis, you are only allowed to enroll or cancel your coverage during the Annual Open Enrollment period unless you experience an eligible Family Status Change. If a Family Status Change occurs, you have 30 days to make the corresponding changes.

WHEN WILL MY BENEFITS BEGIN?

Newly hired crewmember benefits will become effective the first payroll deduction after 30 days of employment. No claims for services will be paid for any charges incurred prior to then.

WILL I RECEIVE AN ID CARD?

Yes, you will receive an information packet including information for your medical, prescription and discount plan. The package includes ID cards for your medical plan and discount program, a Summary of Benefits and a booklet describing your pharmacy and discount program benefits. These will be mailed to your home address. A Certificate of Coverage will also be available. You will NOT receive ID cards for the dental and vision plans. For these services, you will advise your provider that you have coverage through Ameritas and provide your Social Security number when obtaining services.

WHO IS ELIGIBLE TO ENROLL?

All crewmembers and their eligible dependents. An eligible dependent is a crewmember's spouse and child(ren) from birth up to age 26.

WHO CAN I CONTACT IF I HAVE QUESTIONS ABOUT MY BENEFITS?

Call Member Services on their toll-free number, **800-517-4791** and a customer service representative will assist you with any questions. They are open Monday through Friday from 7:00 AM to 7:00 PM Central Time.

WHO IS THE INSURANCE COMPANY PAYING CLAIMS ON THIS PLAN?

Nationwide Life Insurance Company pays the medical claims. Ameritas Group pays the dental and vision claims.

HOW DO I SUBMIT A CLAIM?

For medical services, present your Nationwide insurance card to the provider. For dental or vision services advise the provider that you have insurance through Ameritas and provide your Social Security number. Ask the provider to file the claim directly with the insurance carrier. If the provider is unwilling to file the claim on your behalf, you can submit the claim yourself and be reimbursed.

CAN I USE ANY DOCTOR OR HOSPITAL?

Yes, you can go to any licensed doctor or accredited hospital you choose and you will still receive the same benefits. However, you can maximize your savings by using a medical provider that participates in the First Health Network or a vision provider that participates in the VSP Choice Network. To locate a provider in the First Health Network, visit www.FirstHealthLBP.com or call **800-517-4791**. To locate a provider in the VSP Choice Network, visit **www.AmeritasGroup.com/Member**.

WHAT HAPPENS IF I HAVE A MISSED PAYROLL DEDUCTION?

You have 30 days to pay for the premiums that could not be deducted from your paycheck. If you do not pay the missed premiums within 30 days you will be unable to pay for them at a later date. If you have missed premium deductions and want to find the balance due or have questions about making a payment, contact Member Services at **800-517-4791** or go online to **www.TheAmericanWorker.com**.

To Pay Missed Premiums by Credit Card or E-Check

Go to: **www.TheAmericanWorker.com**

- If this is your first time visiting the site, please use the "New User?" box and sign in using your Social Security Number and date of birth. If asked, the Group ID is 94267. From there you will be prompted to verify your billing address and contact information (one time process).
- If you have already created a user account, select the "Returning User?" box and enter your username and password. The Security Question tool can assist in instances where you cannot remember your username or password.
- Once logged in, click on "Billing." Complete instructions are located within each selected option.

To Pay Mised Premiums by Check or Money Order Via Mail

Attach the payment to a missed premium form and write the group number (FV0970) on your payment. Make sure the check or money order is written for the total amount due and is made payable to Nationwide Life Insurance Company. Mail it along with the missed premium form to Nationwide Life Insurance Company, 11910 Anderson Mill Road, Suite 401, Austin, TX 78726.

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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 same sex 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 same sex domestic partner dies
- Your spouse's or same sex domestic partner's hours of employment are reduced
- Your spouse's or same sex domestic partner's employment ends for any reason other than his or her gross misconduct
- Your spouse or same sex 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 same sex 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

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.

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.

 Teladoc is not available in all states. 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 and Delaware** require initial consultations to be done via video, Idaho requires all consultations are done via video.

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