

Plan Covers:	Minimum Essential Coverage (MEC)	Fixed Indemnity	MEC + Fixed Indemnity	Major Medical Plan through Anthem Blue Cross- Select (enrollment available through Kimco benefits department only)
Calendar Year Deductible?	No	No	No	Yes, \$7,500 for employee, \$15,000 for family
Maximum Out of Pocket Amount?	No	No	No	\$7,500 for employee/\$15,000 for all other levels. Premiums, prescription cost and billed charges are not included in out-of-pocket max
Preventative Services and Testing	Yes	Yes	Yes	Yes
Doctor Visits	No	Yes, up to 6 visits/year	Yes, up to 6 visits/year	100% after deductible
Hospitalization	No	Yes, \$200/day	Yes, \$200/day	100% after deductible
Prescriptions	No	Yes	Yes	Yes, 100% after deductible
Teladoc (phone/video appointments)	No	Yes, no cost visit	Yes, No cost visit	Yes
Must use network doctor and hospital?	Yes	Yes	Yes	Yes
Waiting period before coverage begins?	No. Coverage is effective on the Friday of your first payroll deduction			Yes. Effective 1st of the month following 59 days of employment
Special Notes	Coverage is on a weekly basis (begins on Friday and ends the following Thursday.) It may take 2 pay periods before first deduction takes place and insurance becomes effective.			You will pay 8.39% of all wages earned, towards premium. Kimco will contribute the remainder of premium for employee only coverage. You are solely liable for dependent coverage amounts
Weekly Rates (Deducted pre-tax from your weekly paycheck)	Employee (EE)= \$15.48 EE + Spouse = \$21.25 EE + Children = \$23.56 Family = \$32.33	Employee (EE)= \$17.83 EE + Spouse = \$40.65 EE + Children = \$30.08 Family = \$43.64	Employee (EE)= \$33.31 EE + Spouse = \$61.90 EE + Children = \$53.64 Family = \$75.97	Employee (EE)= \$516.90/month EE + Spouse = \$1,033.79/month EE + Children = \$1007.95/month Family = \$1,705.76/month
Additional Voluntary Benefits and Weekly Rates				
Dental: \$500 calendar year maximum. \$20 deductible per visit. Waiting periods may apply for basic and Major treatment.		Employee (EE)= \$4.75 EE + Spouse = \$11.80		EE + Children = \$8.55 Family = \$12.83
Vision: \$10 Exam deductible, \$25 eye glass lenses or frames deductible. Exam/lens every 12 months, Frames every 24 months		Employee (EE)= \$15.48 EE + Spouse = \$21.25		EE + Children = \$23.56 Family = \$32.33
Short Term Disability: Pays up to \$125/week with a max of 26 weeks. 14 day waiting period		Employee (EE)= \$15.48 Coverage not available for spouse, children or family		
Life Insurance: Employee Coverage = \$20,000 Spouse coverage = \$2,500 Children coverage (6 mos. to 26 yrs. old) = \$1,250 Infant (10 days to 6 mos.) = \$200		Employee (EE)= \$2.25 EE + Spouse = \$2.53		EE + Children = \$2.53 Family = \$2.88

**** Benefits cannot be canceled after 30 days from enrollment. If you have a qualifying life event: (ex: marriage, divorce, death, birth of a child, loss of insurance elsewhere or loss of employment) you will only have 30 days from the date of the qualified event to enroll/cancel coverage- and documentation will be required. Full plan summaries are available at the Company's Employee Service Center.**



The American Worker[®]

Provided by Fringe Benefit Group



2024 Benefits Enrollment Guide

FOR ASSOCIATES OUTSIDE OF CALIFORNIA

Kimco



MediQuest



Advantex



OVERVIEW & ELIGIBILITY

We value 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. **ID Cards are only issued for the medical plans, no ID cards will be issued for Dental or Vision.**

About Your Coverage

MINIMUM ESSENTIAL COVERAGE (MEC) PLAN

- 100% coverage when using in-network providers for Preventive Care and Wellness services required by ACA
- National PPO Network - Save on Physician and Hospital services from network providers
- Medical Price Shopping Tool - Estimate the costs of services before scheduling

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
- 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

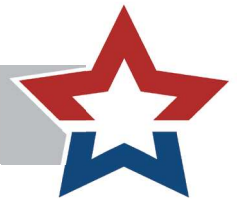
MAJOR MEDICAL PLAN

- Provides coverage after meeting a \$7,500 deductible per member; the annual out-of-pocket maximum is \$7,500 for individual coverage and \$15,000 for employee plus child(ren)
- Access to the BlueCross BlueShield of Arizona network, which can lower out-of-pocket expenses
- Cost is equal to 8.39% of all weekly wages earned up to the maximum monthly rates

FREESTANDING COVERAGE OPTIONS

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

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/>)



To Change or Cancel Benefits

Employees currently enrolled in The American Worker program can cancel benefits within 30 days of starting their assignment or if they have a major life event. If you would like to make a change to your coverage or cancel, you will need to contact Kimco Benefits at 949-331-1155.

Eligibility

MEC, Fixed Indemnity, Dental, Vision, Short-Term Disability and Life Insurance: Employees are eligible for benefits when they are hired.

Major Medical Plan: Employees working full-time and that have completed their 59-day waiting period are eligible for coverage.

Take The Next Step

For your convenience, you can enroll in coverage online or by phone. 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.

Online: Visit www.TheAmericanWorker.com
Available anytime, day or night

Phone: Call [\(866\) 866-3424](tel:8668663424)
Available Monday - Friday, 8:00 AM - 8:00 PM ET

To enroll in the Major Medical Plan, contact Kimco Staffing Services Human Resources Department at [\(949\) 331-1155](tel:9493311155).

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
- Medical Price Shopping Tool

Weekly Rates

Employee Only	\$15.48
Employee + Spouse	\$21.25
Employee + Child(ren)	\$23.56
Family Coverage	\$32.33

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.

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 and Teladoc, which are provided by separate vendors. **All benefits pay on a calendar year basis per person, unless stated otherwise.**

Services	Standard
Physician's Office	\$90 per day; 6 days per year
Outpatient Diagnostic Lab	\$75 per testing day; 3 days per year
Outpatient Diagnostic X-Ray	\$100 per testing day; 3 days per year
Accidental Injury Care	Up to \$500 per occurrence
Emergency Room Sickness	\$150 per day; 2 days per year
Surgical Indemnity Benefit	
-Daily Inpatient Surgical	\$500 per day, 1 day per year
-Daily Outpatient Surgical	\$250 per day
-Daily Outpatient Minor	\$50 per day
-Outpatient Benefit Maximum	1 day per year
Anesthesia	30% of Surgical Benefit
Daily In-Hospital Indemnity	\$200 per day; 500 day lifetime max
Intensive Care Unit	\$400 per day; 30 days per year
Substance Abuse	\$100 per day; 30 days per year
Mental Illness	\$100 per day; 30 days per year
Skilled Nursing (Inpatient)	\$100 per day; 60 days per stay
*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	\$17.83
Employee + Spouse	\$40.65
Employee + Child(ren)	\$30.08
Family Coverage	\$43.64

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

Fixed Indemnity Plans are not available to residents of NH & VT.

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.

ADDITIONAL PLAN FEATURES

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.

AWP Value Rx - Provided by CerpasRx

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

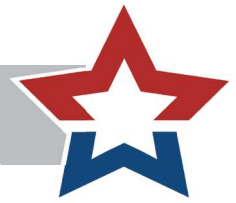
Teladoc provides 24/7 on-demand access to a national network of U.S. board-certified doctors through the convenience of phone, video or mobile app visits. Teladoc doctors can diagnose, treat and prescribe medication, when necessary, for a variety of issues. It's more convenient access to quality healthcare, 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.



Dental- No ID cards issued

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 Only	\$4.75
Employee + Spouse	\$11.80
Employee + Child(ren)	\$8.55
Family Coverage	\$12.83

LOCATE NETWORK PROVIDERS

Call (800) 659-2223

- Select **option 3**

Visit www.Ameritas.com

- Select **"FIND A HEALTH PROVIDER"**
- Select **"DENTAL"**
- Select **"NETWORK PROVIDER"**
- Enter Your Location
- Select **"CLASSIC PPO" Network.**

Vision- No ID cards issued

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.

²The Costco allowance will be the wholesale equivalent.

Weekly Rates	
Employee Only	\$2.02
Employee + Spouse	\$4.00
Employee + Child(ren)	\$3.72
Family Coverage	\$5.70

LOCATE NETWORK PROVIDERS

Call (800) 877-7195

Visit www.Ameritas.com

- Select **"FIND A HEALTH PROVIDER"**
- In the **"Find a Vision Provider"** section, click the **VSP** down arrow.
- Select **"Find VSP Providers"**

FREESTANDING COVERAGE OPTIONS



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 up to \$125
Maximum Benefit Period	26 weeks
Waiting Period	14 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.

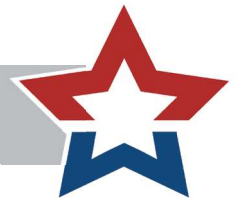
Life/AD&D Insurance

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 \$20,000
Dependent Life Insurance	
Spouse	Pays \$2,500
Child (6 months to 26 years)	Pays \$1,250
Infant (10 days to 6 months)	Pays \$200

Weekly Rates	
Employee Only	\$2.25
Employee + Spouse	\$2.53
Employee + Child(ren)	\$2.53
Family Coverage	\$2.88

MAJOR MEDICAL PLAN



Kimco Staffing Services offers employees a Major Medical Plan through Blue Cross Blue Shield of Arizona. The Major Medical Plan and the rates that you will be paying for the plan are listed in the charts below. For complete details of the Major Medical Plan contact Kimco Staffing Services for the Summary of Benefits Coverage. **To enroll in the Major Medical Plan, contact Kimco Staffing Services Benefits Department at (949) 331-1155.**

Benefits	In-Network	Out-of-Network
Plan Maximums		
Calendar Year Deductible Individual / Family	\$7,500 / \$15,000	\$8,000 / \$16,000
Coinsurance	Plan pays 100%	Plan pays 50%
Calendar Year Out-of-Pocket Maximum Individual / Family	\$7,500 / \$15,000	\$14,000 / \$28,000
Services & Copays		
Preventive Care	Covered at 100%	Covered at 50%
Primary Care & Specialist Office Visit	Covered 100% after deductible	Covered 50% after deductible
Emergency Medical Care	Covered 100% after deductible	
Hospital Care	Covered 100% after deductible	Covered 50% after deductible
Mental Health / Substance Abuse	Covered 100% after deductible	Covered 50% after deductible
Skilled Nursing	Covered 100% after deductible	Covered 50% after deductible
Prescription Drugs	Covered 100% after deductible	Covered 50% after deductible
Monthly Rates		
Employee Only	\$516.90	
Employee + Spouse	\$1,033.79	
Employee + Child(ren)	\$1,007.95	
Family Coverage	\$1,705.76	

Search for providers online at www.AZBlue.com and then select PPO Network.

What is My Cost?

According to ACA guidelines a plan is considered affordable if you pay no more than 8.39% of your weekly income for Employee Only coverage. Kimco Staffing Services uses these guidelines to determine the amount you will pay for Employee Only coverage. If your cost is less than the Employee Only rate (\$516.90 monthly), Kimco Staffing Services contributes the difference between the amount you pay and the total cost. If you enroll your eligible dependents, you are responsible for the additional cost for coverage.

CALCULATE YOUR COST

Your weekly cost for Employee Only coverage is equal to 8.39% of your hourly wage multiplied by the total number of hours worked, including overtime. An example and cost calculation chart have been included to assist you with determining your cost for Employee Only coverage.

Cost Calculation Example:

$$\frac{\$16.00}{\text{Hourly Wage}} \times \frac{30}{\text{Hours Worked}} \times 0.0839 = \frac{\$40.27}{\text{Weekly Cost}}$$

In this example, you pay \$40.27 weekly, up to the full premium and Kimco Staffing Services contributes the remainder of the \$516.90 monthly premium for your Employee Only coverage.

Cost Calculation Chart:

Multiply your hourly wage by the number of hours you work and then by 8.39% for your weekly cost.

$$\frac{\text{Hourly Wage}}{\text{Hourly Wage}} \times \frac{30}{\text{Hours Worked}} \times 0.0839 = \frac{\text{Weekly Cost}}{\text{Weekly Cost}}$$

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).



Paying for Your Benefits

Your coverage will continue uninterrupted as long as premium is deducted from your paycheck. If you receive a paycheck without a premium deduction, your benefits will be suspended. Coverage will remain suspended until you receive your next paycheck with a premium deduction, unless you make a premium payment for the missed deduction. To avoid having coverage suspended you must make a missed premium payment every time a deduction is not processed from your paycheck.

Missed Premium Payments

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 premium deduction within 30 days, you will not be able to pay for that coverage period at a later date.

You can pay for missed premium deductions online, over the phone or by mail. Payment options include electronic check, credit/debit card, check or money order. You can also authorize an automatic payment be processed every time premium is not deducted from your paycheck; however, you are responsible for contacting The American Worker to cancel the automatic payment once your employment has been terminated. If you do not, your account will be charged for coverage and you will not receive a refund.

Disclosures

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.

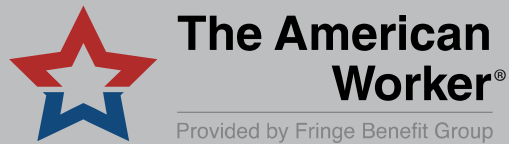
The Fixed Indemnity Plan is (a) not a substitute for minimum essential health coverage under the Affordable Care Act (ACA); and (b) does not qualify as minimum essential coverage under the ACA.

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.

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BENEFITS ENROLLMENT GUIDE



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