



**The American
Worker®**

Provided by Fringe Benefit Group



2023 Benefits Enrollment Guide and Form

Wen Den, Inc.

Effective Date: May 1, 2023

OVERVIEW & ELIGIBILITY

Wen Den, Inc. 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

BASIC MEC (MINIMUM ESSENTIAL COVERAGE) PLAN

- 100% coverage for all ACA required Preventive Care and Wellness services

MEC (MINIMUM ESSENTIAL COVERAGE) PLUS PLAN

- 100% coverage for all ACA required Preventive Care and Wellness services
- 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 Drugs
- National PPO Network, PHCS

MINIMUM VALUE PLAN (MVP) BRONZE

- Comprehensive coverage for healthcare services due to accidents or illnesses as well as prescription drugs after the applicable deductible
- 100% coverage for preventive services without a copay or having to satisfy the deductible
- Access to national PPO network

Take The Next Step

To enroll in benefit coverage, complete and return an enrollment application to your manager. 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.



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 PHCS Network provider for services to be covered. Services from out-of-network providers are NOT covered. To find a provider, visit www.multiplan.com/awp and select the PHCS - Limited Benefit Plan Network.

Most Common Services

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

Basic MEC Plan Bi-Weekly Rates

Employee Only	\$0.00
Employee + Spouse	\$9.20
Employee + Child(ren)	\$11.64
Family	\$22.10

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)

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: Office visit fees: 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.

MEC PLUS PLANS



Fidelity Security
Life Insurance Company

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

The MEC Plus Plan is underwritten by Fidelity Security 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	Value Plan
Physician's Office Visit	\$65 per day; 4 days per year
Outpatient Diagnostic X-Ray & Lab	\$65 per testing day; 2 days per year
Outpatient Advanced Studies	\$500 per testing day; 1 day per year
Outpatient Surgical	\$500 per day; 1 day per year
Outpatient Minor Surgical	\$50 per day; 1 day per year
Outpatient Anesthesia	\$125 per day; 1 day per year
Inpatient Surgical	\$1,000 per day; 1 day per year
Inpatient Anesthesia	\$250 per day; 1 day per year
Ambulance	\$500 per day; 1 day per year
Emergency Room (Sickness Only)	\$150 per day; 1 day per year
Hospital Indemnity	\$300 per day; 30 days per year
Intensive Care	\$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 Facility	\$150 per day; 30 days per year
Life Insurance (Employee Only)	\$10,000
*Accident Medical Expense	\$5,000 maximum benefit per injury
*Accidental Death & Dismemberment Employee / Spouse / Child	\$15,000 / \$7,500 / \$3,000
*Prescription Benefits	Discount Rx Plan
*HealthiestYOU	No cost access to doctors by phone or online
*PHCS Network	Physician and Hospital
Bi-Weekly Rates	Value Plan
Employee Only	\$23.58
Employee + Spouse	\$56.85
Employee + Child(ren)	\$52.58
Family	\$104.21

***Services not underwritten by Fidelity Security Life Insurance Company.
Plans are not available to residents of NH.**



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.

- Visit: www.Multiplan.com/chc
- Call: (888) 371-7427

HealthiestYOU

All plan designs provide covered individuals with 24/7 access to U.S. licensed physicians that can provide general advice and recommendations, diagnostic medical consultations, and write non-controlled prescriptions when appropriate. HealthiestYOU also provides members with access to an online wellness platform to help improve the member's overall health.

- Visit: www.Healthiestyou.com
- Call: (866) 703-1259

Discount Rx Plan

Employees and their dependents pay the lesser of the pharmacy's usual and customary fee or the contract rate. Discounts are available on both generic and brand name drugs. Contraceptive drugs are included. Receive instant savings of up to 85% based on all FDA approved drugs (brand & generic) at the pharmacy filling the claim. No claim forms required. Prescriptions for 30-day supplies can be filled at more than 58,000 participating pharmacies nationwide including all of the national chains and over 90% of independent pharmacies.

Your discount may also apply to certain over-the-counter medications, diabetic supplies that have an NDC (National Drug Code), and even for certain pet medications that have human equivalent medications. For additional savings, you may also utilize our mail order pharmacy for 90 day supplies.

CERPASSRX

- Visit: www.cerpasrx.com
- Call: (844) 636-7506

MINIMUM VALUE PLAN (MVP) BRONZE

The MVP Bronze plan benefits and rates you will pay for the plan are listed below. For complete details of the MVP Bronze plan contact your HR Department for the Summary of Benefits and Coverage.

There are no copays associated with the medical or prescription benefit. A select list of preventive services are covered at 100% and not subject to the deductible. For all other services, employees must meet a \$5,000 deductible before benefits are eligible for plan payment.

There is no Provider Network. Members have the ability to choose any provider and charges are reimbursed based on 150% of Medicare for Facilities and 125% for Professional Services. **Providers may balance bill you for additional payment.**

Enrollment is subject to completion of a medical questionnaire. The MVP Bronze plan rates are illustrative and subject to change based your response to the individual health questionnaire (IHQ). All IHQs are reviewed by medical underwriting to determine final rates. **Any misrepresentations, misstatements or omissions of medical information may result in revision of your rates, denial of claims payment or loss of coverage.**

PLAN INFO

Prescription Benefits

CerpassRx

Visit: www.cerpassrx.com

Call: (844) 636-7506

Benefits	No Provider Network - Charges reimbursed based on 150% of Medicare for Facilities and 125% for Professional
Plan Maximums	
Deductible Individual / Family	\$5,000 / \$10,000
Coinsurance	Plan pays 80%; You pay 20%
Out-of-Pocket Maximum* Individual / Family	\$6,000 / \$12,000
Services	
Office Visit	Deductible & Coinsurance Apply
Outpatient Lab and X-Rays	Deductible & Coinsurance Apply
Complex Imaging	Deductible & Coinsurance Apply
Emergency Room Services	Deductible & Coinsurance Apply
Inpatient / Outpatient Hospitalization	Deductible & Coinsurance Apply
Outpatient Prescription Drugs	Deductible & Coinsurance Apply
Preventive care	Plan pays 100%
Monthly Rates	
Employee Only	\$145.90
Employee + Spouse	\$299.35
Employee + Child(ren)	\$264.48
Family	\$417.93

*Out-of-Pocket Maximum includes deductible and coinsurance.



HealthiestYou by Teladoc - \$7.38 per paycheck covers you and your family

Simplify your life with **free healthcare.**

Access Board Certified Doctors and Therapists by phone, video, or app 24/7/365.



Be your **Healthiest You**

Take control of your health. Download the app to start using your free healthcare services.

No insurance needed!

We give you and your whole family **unlimited access - so there's Never a copay for the doctors or therapists... Amazing!**

24 **Talk to a doctor 24/7** **\$0 visit fee - Unlimited Visits**
Speak to a licensed doctor by phone or video 24/7 from anywhere

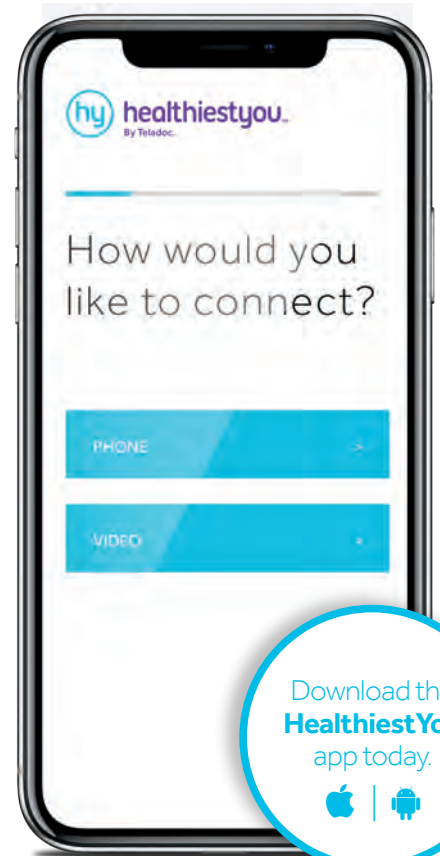
Expert Medical Services **\$0 visit fee - Unlimited Visits**
Receive a second opinion on an existing diagnosis and treatment for any condition

Mental Health **\$0 visit fee - Unlimited Visits**
Talk to a therapist seven days a week from wherever you are

Back Care **\$0 visit fee - Unlimited Visits**
Relieve your back pain through guided videos with a certified health coach

Dermatology **\$0 visit fee - Unlimited Visits**
Upload photos of your condition to the app and get a treatment plan from a dermatologist within two business days

Nutrition **\$0 visit fee - Unlimited Visits**
Connect with a certified dietitian and start meeting your nutrition goals today!



Download the app and talk to a doctor for free 24/7.

HealthiestYou.com | 866-703-1259

HealthiestYou is now part of Teladoc Health, the global leader in virtual care. Teladoc Health, Inc., on its own behalf and on behalf of its affiliates and/or wholly owned subsidiaries including but not limited to Best Doctors, Inc.; HealthiestYou, Inc.; Teladoc Physicians, P.A., and Teladoc Behavioral Health, P.A. (collectively referred to as "Teladoc Health," "we," "us," or "our"), owns and operates the websites located at www.teladoc.com, www.bestdoctors.com, www.askbestdoctor.com, members.bestdoctors.com, www.healthiestyou.com, and various mobile applications (collectively, the "site" or "sites"). Through these sites we operate various online services that enable eligible individuals ("members") to receive various types of healthcare information and telehealth services ("services"). The sites also have public portions that allow anyone to educate themselves on the services available from Teladoc Health. 10E-207B_249105700_07272018

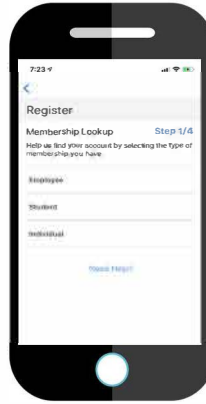
How to register and get started with HealthiestYou!

Step 1



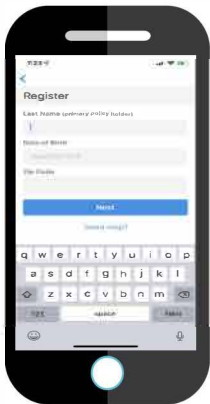
- Search and download “HealthiestYou” or “HY” in the app store or Google Play! Available on your iPhone or Android devices!

Step 2



- Select “First time here? Register Now”. Select employee as your membership type.

Step 3



Enter the Primary Member's Information:

- Last Name
- D.O.B.
- Zip Code

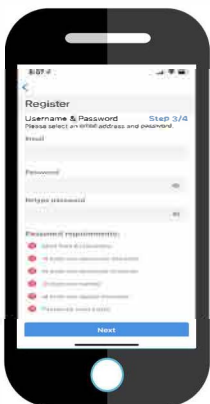
Step 4



A list of names associated with the account will appear. Select your name.

- Dependents under 18 will appear on the primary member's profile.
- Dependents over 18 will need to register their own account with a separate email.

Step 5



- Enter in a valid email address and password.
- Password must meet the listed requirements.

Step 6



Enter in the best number to reach you. Our doctors will use this number to contact you.

- Select your preferred language. Click “I Accept Terms & Conditions.”
- Click Finish.

Download the App Today!

member.healthiestyou.com

Need A Doctor? 866-703-1259 x1

Account Help? 866-703-1259 x3

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.

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

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 Companion 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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RETURN YOUR ENROLLMENT APPLICATION TO YOUR EMPLOYER

IF YOU HAVE ANY BENEFIT QUESTIONS CALL 1(866)866-3424