

The American Worker

To All Employees: We are very excited to introduce a new package of EMPLOYEE BENEFIT PLANS. The AMERICAN WORKER PLAN provides **immediate first dollar coverage with no deductibles and no coinsurance requirements**. This plan is **fully insured with no pre-existing condition limitations and limited network restrictions**. Benefits are paid directly to the provider if you use network providers.

The first step in maintaining good health is having the ability to choose any family physician or medical facility for treatment. Please review the benefit summary below to find out which plan is most suitable for you and your family's current situation.

Automatically included in all plans is the Non-Insurance Pharmaceutical Program and the PPO Benefit!

PHARMACEUTICAL BENEFITS - AWP BEST Rx - Provided by Rx Options, Inc. - Network Use Required

Select Generic Drugs - \$10, \$20, or \$50 tier (30-day supply)

Select Brand Name Drugs - \$10, \$20, or \$50 tier (30-day supply)

Non-Select Brand and Generic Drugs - Discounts averaging 19% off the average wholesale price (30-day supply)

No Annual Maximum, No Deductibles, and No Claim Forms

PPO BENEFIT - The MultiPlan Network* - Members have access to a PPO Network, which provides savings on Hospital and Physician services. Using the PPO Network may lower out-of-pocket medical expenses. The MultiPlan Network includes nearly 550,000 healthcare professionals, over 4,000 hospitals and more than 95,000 ancillary care facilities. To find a network provider visit www.multiplan.com or call (800) 672-2140. Network use is required.

	PLAN I	PLAN II	PLAN III
Doctor's Office Visits	\$300 per Person per Year, Plan Pays \$50 per Visit	\$360 per Person per Year, Plan Pays \$60 per Visit	\$420 per Person per Year, Plan Pays \$70 per Visit
Preventive Care	\$100 per Person per Year, Plan Pays \$100 per Visit	\$100 per Person per Year, Plan Pays \$100 per Visit	\$200 per Person per Year, Plan Pays \$200 per Visit
Accidental Injury Care	—	\$500 per Person per Year, Plan Pays up to \$500 per Occurrence	\$1,500 per Person per Year, Plan Pays up to \$500 per Occurrence
Diagnostic, X-ray and Lab	\$150 per Person per Year, Plan Pays \$50 per Visit	\$300 per Person per Year, Plan Pays \$100 per Visit	\$450 per Person per Year, Plan Pays \$150 per Visit
Emergency Room Sickness	—	\$200 per Person per Year, Plan Pays \$100 per Visit	\$300 per Person per Year, Plan Pays \$150 per Visit
Surgical	Plan Pays up to \$500 per Surgery (According to a Schedule)	Plan Pays up to \$500 per Surgery (According to a Schedule)	Plan Pays up to \$1,000 per Surgery (According to a Schedule)
Anesthesia	Plan Pays 20% of the Surgical Benefit	Plan Pays 20% of the Surgical Benefit	Plan Pays 20% of the Surgical Benefit
Hospital Indemnity	Plan Pays \$100 per Day, 365 Day Lifetime Maximum	Plan Pays \$200 per Day, 365 Day Lifetime Maximum	Plan Pays \$300 per Day, 365 Day Lifetime Maximum
Hospital Admission	—	—	Plan Pays \$500 per Admission, 1 Admission per Person per Year
Life and AD&D Insurance			
– Employee	Plan Pays \$10,000	Plan Pays \$10,000	Plan Pays \$10,000
– Spouse (Life Only)	Plan Pays \$5,000	Plan Pays \$5,000	Plan Pays \$5,000
– Child (Life Only)	Plan Pays \$2,000	Plan Pays \$2,000	Plan Pays \$2,000
The MultiPlan Network*	Physician Network	Physician Network	Physician and Hospital Network
Monthly Rates - No Employer Contribution Required			
Employee	\$59.39	\$82.30	\$110.41
Employee + Spouse	\$94.81	\$139.80	\$194.00
Employee + Child(ren)	\$90.45	\$133.51	\$185.45
Family	\$127.10	\$193.07	\$272.08
Monthly Rates - Employer Contribution of 50% of the Lowest Employee Cost Required			
Employee	\$52.16	\$70.49	\$93.19
Employee + Spouse	\$80.92	\$116.92	\$160.49
Employee + Child(ren)	\$77.15	\$111.60	\$153.36
Family	\$106.90	\$159.68	\$223.09

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	PLAN IV	PLAN V	PLAN VI
Doctor's Office Visits	\$480 per Person per Year, Plan Pays \$80 per Visit	\$600 per Person per Year, Plan Pays \$100 per Visit	\$800 per Person per Year, Plan Pays \$100 per Visit
Preventive Care	\$200 per Person per Year, Plan Pays \$200 per Visit	\$300 per Person per Year, Plan Pays \$300 per Visit	\$300 per Person per Year, Plan Pays \$300 per Visit
Accidental Injury Care	\$3,000 per Person per Year, Plan Pays up to \$1,000 per Occurrence	\$3,000 per Person per Year, Plan Pays up to \$1,000 per Occurrence	\$3,000 per Person per Year, Plan Pays up to \$1,000 per Occurrence
Diagnostic, X-ray and Lab	\$600 per Person per Year, Plan Pays \$200 per Visit	\$900 per Person per Year, Plan Pays \$300 per Visit	\$1,800 per Person per Year, Plan Pays \$300 per Visit
Emergency Room Sickness	\$400 per Person per Year, Plan Pays \$200 per Visit	\$400 per Person per Year, Plan Pays \$200 per Visit	\$400 per Person per Year, Plan Pays \$200 per Visit
Surgical	Plan Pays up to \$1,500 per Surgery (According to a Schedule)	Plan Pays up to \$2,000 per Surgery (According to a Schedule)	Plan Pays up to \$2,500 per Surgery (According to a Schedule)
Anesthesia	Plan Pays 20% of the Surgical Benefit	Plan Pays 20% of the Surgical Benefit	Plan Pays 20% of the Surgical Benefit
Hospital Indemnity	Plan Pays \$500 per Day, 365 Day Lifetime Maximum	Plan Pays \$700 per Day, 365 Day Lifetime Maximum	Plan Pays \$1,000 per Day, 365 Day Lifetime Maximum
Hospital Admission	Plan Pays \$1,000 per Admission, 1 Admission per Person per Year	Plan Pays \$1,500 per Admission, 1 Admission per Person per Year	Plan Pays \$2,000 per Admission, 1 Admission per Person per Year
Life and AD&D Insurance			
- Employee	Plan Pays \$10,000	Plan Pays \$10,000	Plan Pays \$10,000
- Spouse (Life Only)	Plan Pays \$5,000	Plan Pays \$5,000	Plan Pays \$5,000
- Child (Life Only)	Plan Pays \$2,000	Plan Pays \$2,000	Plan Pays \$2,000
The MultiPlan Network*	Physician and Hospital Network	Physician and Hospital Network	Physician and Hospital Network
Monthly Rates - No Employer Contribution Required			
Employee	\$142.31	\$174.59	\$213.48
Employee + Spouse	\$256.64	\$320.04	\$396.41
Employee + Child(ren)	\$245.42	\$306.09	\$379.22
Family	\$363.95	\$456.91	\$568.92
Monthly Rates - Employer Contribution of 50% of the Lowest Employee Cost Required			
Employee	\$118.71	\$144.53	\$175.64
Employee + Spouse	\$210.60	\$261.32	\$322.42
Employee + Child(ren)	\$201.33	\$249.87	\$308.37
Family	\$296.59	\$370.96	\$460.57

IMPORTANT NOTICE: This highlight sheet provides an overview of the coverage you are eligible for through your employer. This program is not major medical coverage nor is it designed to replace major medical coverage. The program is a fully insured hospital and limited benefit health indemnity insurance plan. The program may also include non-insurance benefits such as a provider network and prescription drugs discounts. The enrollment guide does not provide a complete or legal description of the benefit plans. If there is a discrepancy between this guide and the official plan documents, the plan documents govern.

The American Worker Plans, Inc.

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