2026

employer solutions staffing group LLC

BENEFITS ENROLLMENT GUIDE

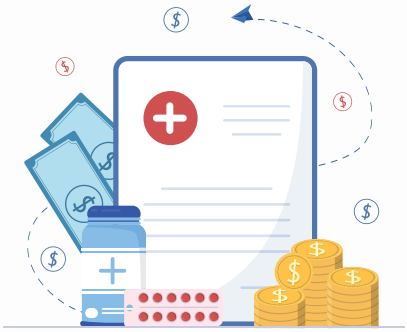
RESIDENTS OF NEW MEXICO & VERMONT

The American Worker®

Provided by Fringe Benefit Group

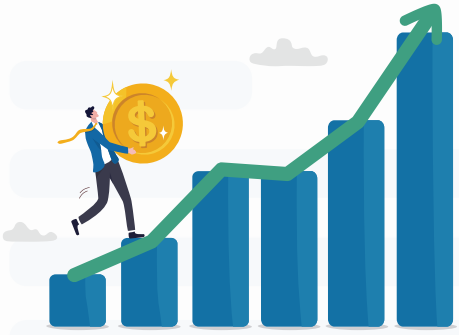
MESSAGE TO OUR EMPLOYEES

Employer Solutions Staffing Group values the contributions of our employees, and we are pleased to offer a variety of affordable coverage options through The American Worker. It is important to us that you and your loved ones receive the coverage that you need. Please carefully review this enrollment guide to ensure you understand the benefits being provided and can make the right choices for you and your family.



STOP PAYING FULL PRICE FOR SERVICES

DON'T BE TURNED AWAY FOR SERVICES



AVOID LARGE UPFRONT COSTS

STAY HEALTHY!

YOUR ENROLLMENT OPPORTUNITY

AM I ELIGIBLE FOR BENEFITS?

As an employee of Employer Solutions Staffing Group, you are eligible to enroll in benefits. You must be actively at work to retain coverage. Dependent coverage is available to your legal spouse and your legal children up to age 26.

WHEN CAN I MAKE A PLAN CHANGE OR TERMINATE MY COVERAGE?

Coverage can only be changed or canceled during Open Enrollment or within 30 days of a qualifying life event.

HOW DO I ENROLL IN COVERAGE?

You can enroll in coverage online, by phone, or on your mobile device. If you do not enroll in coverage now, you will not be able to enroll until the next open enrollment period, unless you experience a qualifying life event.

Enroll Online:
Visit **www.theamericanworker.fbg.com**
Available anytime, day or night

Enroll by Phone: Call **(800) 517-4785**
Monday - Friday
8:00 AM - 8:00 PM ET
Press 1 to enroll.
Press 2 for all other inquiries

YOUR BENEFITS START AFTER YOUR JOB ASSIGNMENT BEGINS, AND AFTER YOUR INFORMATION IS SENT TO OUR PROVIDER. YOUR BENEFITS WILL START THE MONDAY FOLLOWING YOUR FIRST PAYROLL DEDUCTION FOR YOUR BENEFITS.

MEC ENHANCED PLAN

- 100% coverage when using in-network providers for ACA preventive services.
- Generic Prescription drug coverage at a $10 copay. Brand Name drugs are available at a discounted price.
- Medical price shopping tool to estimate out-of-pocket costs before choosing a provider or facility.
- Copays for doctor visits, diagnostic tests, and lab work.
- Telemedicine with free consultations.

DON'T GO WITHOUT HEALTH COVERAGE!

Taking care of your health shouldn't be a gamble. Regular checkups and preventive care can catch small issues early, keeping you healthy and avoiding bigger problems down the road.

Our affordable plans make accessing basic healthcare services easy and convenient. Take control of your health & wellness and enroll today!

SPECIALTY PLANS FOR YOU

DENTAL COVERAGE

Pays up to $1,000 per year with a $20 deductible per visit.

VISION COVERAGE

Coverage for eye exams and corrective eyewear.

DENTAL AND VISION BENEFITS

Healthy teeth and eyes are key to a healthy you. Poor oral and visual health can impact your overall well-being, leading to discomfort, missed work, and even bigger health problems down the road.

Our plans provide coverage for essential exams and screenings to help you catch potential issues early, ensuring a healthy smile and sharp vision for years to come.

MEC ENHANCED PLAN

The MEC Enhanced plans provide 100% ACA preventive coverage at in-network providers as well as copays for outpatient services such as doctor visits, labs, x-rays, and more at PHCS Limited Benefit Plan Network providers. The plan provides prescription drug copays and access to telemedicine consultations as well.

The MEC Enhanced Elite plan includes a daily benefit toward in-patient services like emergency room visits, anesthesia, surgery, and intensive care. This daily benefit does not require use of an in-network provider; however, you do have access to the PHCS Limited Benefit Plan Network www.multiplan.com/awp. When you use an in-network provider, a discount will be applied to your bill in addition to your daily benefit, decreasing the amount you pay out-of-pocket.

WHY SHOULD YOU ENROLL IN A MEC ENHANCED PLAN?

- Preventive Services paid at 100% for in-network providers and facilities.
- Access to network discounts through the PHCS Limited Benefit Plan Network.
- Copays & discounts on prescription drugs.
- No additional out-of-pocket for services with a copay.
- Daily benefit toward non-preventive in-patient medical services incurred in or out-of-network in the MEC Enhanced Elite plan only.
- Additional ancillary benefits like telemedicine, accidental death and dismemberment, accident medical, and basic life coverage are included.
- In most cases, avoid paying out-of-pocket for services prior to your appointment by supplying your American Worker ID card as proof of coverage.

SAVE MONEY! – GO IN-NETWORK

When you go to an in-network provider, services like doctor's office visits and diagnostic tests are covered by just a copay. Here's an example of how going to an in-network provider can save you money on a doctor's visit if you are sick or have an injury. **Refer to benefit grid for actual benefit amount.**

EXAMPLE

You go to the doctor for feeling sick or being injured.

This type of service often includes a charge for the office visit.

IN-NETWORK

$125 Office Visit Cost = **Your Cost $20 Copay**

OUT-OF-NETWORK

The out-of-network benefit will vary by plan. Review the plan design in this guide to see what the out-of-network benefit is.

MEC ENHANCED PLAN

	MEC ENHANCED PREFERRED PLAN
*SELF-FUNDED BENEFITS - PHCS NETWORK PROVIDER USE REQUIRED.	
Minimum Essential Coverage (MEC)	Plan pays 100% for all ACA required preventive services. **You MUST visit a PHCS Network provider for services to be covered.**
Physician's Office Visit	$20 copay; Unlimited Visits
Specialists	$50 copay; Unlimited Visits
Urgent Care	$50 copay; Unlimited Visits
Diagnostic Tests & Lab Work	$60 copay; Unlimited Test Days
Chiropractic Care	$75 copay; Unlimited Visits
Advanced Imaging	$200 copay; Unlimited Visits
Prescription Drugs -Generic -Brand -Annual Maximum	CerpassRx $10 copay Discounts Unlimited
ADDITIONAL BENEFITS - ALL BELOW SERVICES PAY ON A CALENDAR YEAR BASIS PER PERSON, UNLESS STATED OTHERWISE.	
*PHCS Network	Physician and Hospital
*Teladoc Virtual Primary Care	No cost access to doctors by phone or online
*Medical Price Shopping Tool	Estimate medical costs before scheduling
*Accident Medical Expense	$5,000 maximum benefit per injury
*Accidental Death & Dismemberment	$15,000 Employee $7,500 Spouse / $3,000 Child

	MEC ENHANCED PREFERRED PLAN		
RATES	WEEKLY	BI-WEEKLY	SEMI-MONTHLY
Employee Only	$26.44	$52.90	$57.29
Employee + Spouse	$41.64	$83.29	$90.22
Employee + Child(ren)	$37.40	$74.81	$81.03
Family	$64.67	$129.35	$140.12

***Benefits not underwritten by Nationwide Life Insurance Company.**
The MEC Enhanced Elite Policy is not available to residents of NM & VT. Benefits vary for KS & OH residents.
Certain benefits may share maximums. Refer to the plan certificate for more details.

MINIMUM ESSENTIAL COVERAGE (MEC)

The MEC Enhanced option includes Minimum Essential Coverage (MEC). Minimum Essential Coverage (MEC) makes preventive care simple. You get 100% coverage in-network for all preventive services required by the Affordable Care Act, including routine checkups, immunizations, screenings, preventive prescriptions, and COVID-19 vaccines. Only three over-the-counter COVID-19 tests are available annually.

You have access to the PHCS Limited Benefit Medical Network. Through this network you have access to 4,500 hospitals, 900,000 practitioners and 84,000 ancillary facilities.

All participating providers undergo an extensive and thorough credentialing process so you can be confident that you are choosing a quality healthcare provider.

COVERED SERVICES

Flu shots and routine immunizations

Medical screenings

- Blood pressure
- Cholesterol
- Diabetes

Annual well-woman exam

Well baby and well child exams

Contraception

- FDA approved methods excluding abortifacient drugs
- Sterilization procedures

Cancer screenings

- Colorectal
- Breast

Counseling on topics including:

- Alcohol and drug abuse
- Depression
- Diet and obesity
- Domestic violence
- Sexually transmitted diseases
- Tobacco cessation

EXAMPLE

You go to the doctor for an annual physical exam. This type of service often includes a charge for the office visit and a lab screening.

IN-NETWORK

$160 Office Visit Cost	+	$170 ACA Approved Lab Cost	=	$330 Exam Total Billed	Your Cost $0

OUT-OF-NETWORK

$160 Office Visit Cost	+	$170 ACA Approved Lab Cost	=	$330 Exam Total Billed	Your Cost $330

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.

ADDITIONAL PLAN FEATURES

PHCS LIMITED BENEFIT NETWORK

PHCS Limited Benefit Plan

All plan designs provide access to a PPO Network that allows covered individuals to take advantage of network negotiated rates.

FIND A NETWORK PROVIDER

- **Limited Benefit Network:** www.Multiplan.com/awp
- **Call:** (888) 371-7427

TELADOC VIRTUAL PRIMARY CARE

TELADOC®

With Teladoc's Primary360, You will have Access to Primary Care, General Medical and Behavioral Health services. Quality and convenient care to help you stay healthy.

- **Primary Care:** New patient visit $165; Follow up visits $99
- **General Medical:** $0 per consult
- **Annual Wellness:** $165 per visit
- **Psychiatry:** New patient visit $235; Follow up visits $105
- **Therapist:** $95 per visit

Note: Additional Member Responsibility may apply, according to the underlying medical benefit design.

MEDICAL PRICE SHOPPING TOOL: HEALTHCARE BLUEBOOK

Healthcare Bluebook™

Do you need medical attention for a non-preventive service? You can still get a discount on those services by going to an in-network provider. Use this medical price shopping tool to 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 savings with a simple search before scheduling. Access the medical price shopping tool through your member portal at www.TheAmericanWorker.com or call (800) 517-4785.

The medical price shopping tool does not guarantee that cost estimates will be the price you are charged or pay for services.

CRUM & FORSTER ACCIDENT MEDICAL AND ACCIDENTAL DEATH & DISMEMBERMENT

CRUM & FORSTER
EST. 1822 A FAIRFAX COMPANY

Unforeseen accidents can occur leaving you or your loved ones with unplanned expenses. The Accident Medical and Accidental Death & Dismemberment benefits provide a cash payment to you or loved one's to help alleviate some of the financial burden after an accident-related crisis has occurred. This benefit is underwritten by Crum & Forster and administered by NAHGA.

- **Accident Medical Expense:** $5,000 maximum benefit per injury
- **Accidental Death & Dismemberment:** $15,000 Employee / $7,500 Spouse / $3,000 Child

DENTAL

Keep a bright, healthy smile and support your overall well-being with affordable dental coverage. Regular dental care is important, so a dental plan that covers routine visits and offers in-network discounts is crucial. **You will not receive an ID card for this benefit, your Social Security Number will be used for identification.**

This plan is underwritten by Ameritas.

DENTAL PLAN BENEFITS			
PLAN MAXIMUMS			
Calendar Year Maximum	Up to $1,000 per Covered Member		
Deductible	$20 per Visit		
COVERED BENEFITS	WAITING PERIOD		COINSURANCE
Preventive and Diagnostic Routine Exams, Cleanings, X-rays, etc.	None		Covered at 100% (MAC/MAB)*
Basic Treatment Restorative Amalgams and Composites Endodontics, Periodontics, Extractions, etc.	3 Months		Covered at 60% (MAC/MAB)*
Major Treatment Onlays, Crowns, Prosthodontics, etc.	12 Months		Covered at 50% (MAC/MAB)*
RATES	WEEKLY	BI-WEEKLY	SEMI-MONTHLY
Employee	$6.36	$12.72	$13.78
Employee + Spouse	$15.87	$31.74	$34.38
Employee + Child(ren)	$10.96	$21.92	$23.75
Family	$16.64	$33.28	$36.06

***The Maximum Allowable Charge (MAC) claim benefit is the maximum amount a network provider may charge. If you select a network provider, you may have lower out-of-pocket costs. In order to keep rates lower, if you visit an out-of-network dentist, the claim benefit is considered at the Maximum Allowable Benefit (MAB), which is equal to the lowest contracted fee in your ZIP Code. Any difference between the plan benefit and the dentist's charge will be an out-of-pocket expense for you.**

LOCATE NETWORK PROVIDERS

Call (800) 659-2223
- Select option 3

Visit **www.Ameritas.com**
- Your network is the "CLASSIC PPO" Network.

Ameritas

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 out of your vision plan. **You will not receive an ID card for this benefit, your Social Security Number will be used for identification.**

This plan is underwritten by Ameritas.

VISION PLAN BENEFITS			
PLAN MAXIMUM			
Deductible	$10 Exam, $25 Eye Glass Lenses or Frames[1]		
COVERED BENEFITS	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	 $60 Copay 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		
RATES	WEEKLY	BI-WEEKLY	SEMI-MONTHLY
Employee Employee + Spouse Employee + Child(ren) Family	$2.12 $4.19 $3.91 $5.98	$4.24 $8.38 $7.82 $11.96	$4.60 $9.09 $8.47 $12.96

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

LOCATE NETWORK PROVIDERS

Call **(800) 877-7195**

Visit **www.Ameritas.com**
- Your network is "VISION: VSP"

HOW DO I PAY FOR COVERAGE?

Your premium will be deducted from your paycheck.

WHAT HAPPENS IF I DON'T HAVE A PAYROLL DEDUCTION?

Your benefits will be suspended. Your benefits will resume when you have a paycheck with a deduction.

WHAT HAPPENS IF I HAVE A CLAIM WHEN MY BENEFITS ARE SUSPENDED?

Your claim will be denied and you will pay for 100% of the cost for the care you received. If you are within 30 days of the missed deduction, you can pay The American Worker directly for that missed period. Your claim will automatically be reprocessed.

HOW DO I KEEP MY COVERAGE IF I MISS A DEDUCTION?

You can make a payment directly to The American Worker to avoid having coverage suspended.

HOW DO I MAKE A PAYMENT IF I MISSED A DEDUCTION?

You can pay online, by phone or by mail. Payment options include credit or debit card, personal check, and money order. You can also set up an automatic payment from your credit card or bank account to pay for missed deductions.

Online: Visit www.TheAmericanWorker.com and login to your employee portal
Phone: Call The American Worker at **(800) 517-4785**
Mail: 11910 Anderson Mill Rd #401, Austin, TX 78726

NOTE: If you setup automatic payments, you must contact The 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.

HOW LONG DO I HAVE TO MAKE A PAYMENT FOR A MISSED DEDUCTION?

You have 30 days from the date of your paycheck without a deduction to make a 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.

WILL MY COVERAGE BE TERMINATED IF I DON'T PAY MY PREMIUM?

Employees that are paid weekly and do not have a deduction for 5 consecutive weeks will have their coverage terminated for non-payment.

Employees paid biweekly that do not have a deduction for 3 consecutive pay periods will be terminated for non-payment.

Employees paid semi-monthly that do not have a deduction for 2 consecutive pay periods will be terminated for non-payment.

Monthly employees that have 1 missed period will be terminated for non-payment.

Please review your paycheck to make sure your premium is deducted. If it is not, contact The American Worker immediately to make a payment and avoid having your coverage terminated.

WILL I RECEIVE AN ID CARD?

When you enroll in medical coverage for the first time, an ID card and policy information will be mailed to your home address we have on file. If you make a change to your medical coverage, a new ID card will be mailed to your address. You can request a new ID card by contacting Member Services or access a temporary ID card by logging into www.TheAmericanWorker.com.

For any non-medical coverage you elect, policy information will be mailed to your home address. You will not receive an ID card for non-medical coverage.

HOW DO I USE MY COVERAGE?

When seeking medical care, you should always ask your provider if they participate in the network associated with your plan. Present your medical ID card to your provider and ask them to call the customer service number to verify coverage. Be sure to locate an in-network provider prior to seeking care.

When making a Dental or Vision appointment, tell your provider your benefits are with Ameritas and they can verify coverage using your Social Security Number.

WHEN ARE MY BENEFITS EFFECTIVE?

Your benefits start after your job assignment begins and after your information is sent to our provider. Your benefits will start the Monday following your first payroll deduction for your benefits.

CONTACTS

BENEFIT	CONTACT	WEBSITE	PHONE NUMBER
Medical	The American Worker	**www.TheAmericanWorker.com**	(800) 517-4785
Accident Medical and AD&D (Included in MEC Enhanced Plans)	Crum & Forster administered by NAHGA	**www.Nahgaclaimservices.com**	(800)952-4320
Telemedicine	Teladoc	**www.Teladoc.com**	(800)835-2362
MEC Enhanced PPO Network	PHCS Limited Benefit Plan Network	**www.Multiplan.com/awp**	(888)371-7427
Dental	Ameritas	**www.Ameritas.com**	(800)659-2223
Vision	Ameritas	**www.Ameritas.com**	(800)877-7195

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).

DISCLAIMERS

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.

Nationwide: New Mexico 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 Limited Benefit Plan applicable to policy form SRCP 2000 or state equivalent. PRAM RX plan is applicable to policy forms GPDP AO L20 and is not available in all states. This product provides prescription coverage only, it does not cover basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. NSM-0301AO (06/23). The coverages are distributed by Fringe Benefit Group. Nationwide and Fringe Benefit Group are separate and non-affiliated companies.

Minimum Essential Coverage (MEC) and MEC Enhanced Plans: These plans provide Plan Participants with minimum essential coverage under the federal income tax rules. Individuals that do not enroll in these plans may be eligible for a federal tax credit that lowers their monthly premium or a reduction in certain cost-sharing if they enroll in a health insurance plan through the federal or state exchange. Individuals that enroll in these plans may not be eligible for a federal tax credit though a federal or state exchange while enrolled in these plans. These plans do not provide comprehensive health insurance. Limitations and exclusions apply.

Limited Benefit: 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 Limited Benefit 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 Limited Benefit plan, but this plan does NOT meet Minimum Creditable Coverage standards. **The Limited Benefit 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: By enrolling, you elect to participate in the American Worker plan for benefits available under the Internal Revenue Code Section 79, 105,106,125, and these sections as amended. You understand that the plan will automatically convert to pretax status and eligible payroll deductions which are provided through the Plan. You understand that by participating in this Plan your Social Security benefits may be reduced sine these premiums will be deducted before your salary is taxed. This election will remain in effective for the entire Plan Year. Your 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 about.

Accident Medical Expense: This is a brief summary of the Accident coverage available under this plan. The issued Policy contains the compete 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.

 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 that may be harmful because of their potential for abuse. HealthiestYou physicians reserve the right to deny care for potential misuse of services.

DISCLAIMERS

Ameritas Disclaimers
Plans are not available in Massachusetts, New Mexico or for groups with less than 50 eligible employees in Washington. Plan designs may vary in some states and are subject to individual state regulations. This piece is not for use in New Mexico. All plans are underwritten by Ameritas Life Insurance Corp. (Ameritas Life) or Ameritas Life Insurance of New York (Ameritas Life of New York). Dental and Vision products (9000 Rev. 03-16 or 9000 NY Rev.03-15) individual dates may vary by state. Ameritas and the bison design are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company.

Limitations and Exclusions:
Dental
- for any treatment which is for cosmetic purposes, except as specifically listed in the Table of Dental Procedures.
- to replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed partial denture within eight years of the date of the last placement of these items. However, if a replacement is required because of an accidental bodily injury sustained while the plan member is covered under the dental expense benefit, it will be a Covered Expense.
- for initial placement of any dental prosthesis or prosthetic crown unless such placement is needed because of the extraction of one or more teeth while the plan member is covered under the dental expense benefit. The extraction of a third molar (wisdom tooth) will not qualify under the above. Any such dental prosthesis or prosthetic crown must include the replacement of the extracted tooth or teeth. This limitation is waived for groups with 35 or more employees covered on the effective date of the contract.
- for any procedure begun before the plan member was covered under the dental expense benefit.
to replace lost or stolen appliances. for appliances, restorations, or procedures to:
alter vertical dimension;
restore or maintain occlusion;
splint or replace tooth structure lost because of abrasion or attrition
- for any procedure which is not shown on the Table of Dental Procedures.
- for services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.

The complete list of exclusions and limitations can be found in the Limitations Section and Table of Dental Procedures in the Certificate of Coverage.
Vision
- vision examinations, lenses or frames more than the frequency as indicated on the plan summary page.
- examinations performed or frames or lenses ordered before the member was covered under the eye care expense benefits.
- subject to extension of benefits, any examination performed or frame or lens ordered after the member's coverage under the eye
care expense benefits ceases.
- sub-normal eye care aids; orthoptic or eye care training or any associated testing.
- non-prescription lenses.
- replacement or repair of lost or broken lenses or frames except at normal intervals.
- any eye examination or corrective eyewear required by an employer as a condition of employment.
- medical or surgical treatment of the eyes.
- coated lenses; oversize lenses (exceeding 71 mm); photo-gray lenses; polished edges; UV-400 coating and facets, and tints other than solid.

The complete list of exclusions and limitations can be found in the Limitations Section and Table of Eyecare Procedures in the Certificate of Coverage.

The complete list of exclusions and limitations can be found in the Limitations Section and Table of Dental Procedures in the Certificate of Coverage. Plans are not available in Massachusetts, New Mexico or for groups with less than 50 eligible employees in Washington. Plan designs may vary in some states and are subject to individual state regulations. For a complete list of Limitations and exclusions refer to your certificate. This piece is not for use in New Mexico. All plans are underwritten by Ameritas Life Insurance Corp. (Ameritas Life) or Ameritas Life Insurance of New York (Ameritas Life of New York). Dental and Vision products (9000 Rev. 03-16 or 9000 NY Rev.03-15) individual dates may vary by state. Ameritas and the bison design are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company.

The American Worker®

Provided by Fringe Benefit Group

Benefits Enrollment Guide

THEAMERICANWORKER.COM / (800) 517-4785