PRIME STAFFING

PLAN YEAR
2026–2027

EMPLOYEE BENEFITS BOOKLET

NURSES November 1, 2026 – October 31, 2027







PREPARED BY
All Atlantic Benefits

WELCOME

To your employee benefits package

KEY CONTACT INFORMATION

PRIME STAFFING

For any information contact:
Your Recruiter
benefits@primestaffingnyc.com

All Atlantic Benefits

Emilio Rodriguez
Account Manager
emilior@allatlanticbenefits.com
Talk: (305) 809-8211

Priscilla Porras
Senior Account Manager
priscillap@allatlanticbenefits.com
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johnt@allatlanticbenefits.com
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Juan Montenegro
Benefits Education Specialist
juanm@allatlanticbenefits.com
Talk: (305) 809-8211

Full plan information can be found on our benefits website: primenursesbenefits.com

OUR CARRIERS

The American Worker · PHCS Limited Benefit Plan · CERPASSRX · healthiestyou · CRUM & FORSTER · Florida Blue · Ameritas

MEC PLUS MEDICAL
The American Worker
Telephone: (855) 495-1190
www.TheAmericanWorker.com

PPO NETWORK
PHCS Limited Benefit Plan Network
Telephone: (888) 371-7427
www.Multiplan.com/awp

PRESCRIPTION DRUG COVERAGE
CerpassRx
Telephone: (844) 636-7506
www.CerpassRx.com

TELEMEDICINE
HealthiestYou
Telephone: (866) 703-1259
www.Healthiestyou.com

OPTUM NURSELINE
Optum
Telephone: (866) 796-1857

ACCIDENT MEDICAL AND AD&D
Crum & Forster administered by NAHGA
Telephone: (800) 952-4320
www.Nahgaclaimservices.com

HEALTH
Florida Blue
Telephone: (800) 352-2583
www.floridablue.com

DENTAL
Ameritas
Telephone: (800) 659-2223
www.Ameritas.com

OPEN ENROLLMENT

During our annual open enrollment, you are able to make changes to your benefit elections and covered dependents.

PLAN YEAR

November 1, 2026 - October 31, 2027

NEW HIRE ENROLLMENTS

Effective the first of the month following 30 days after date of hire

ELIGIBILITY

If you are a newly hired employee of Prime Staffing, you are eligible to enroll in benefits on the first of the month following 30 days from your date of hire. You must be actively at work to retain coverage.

DEPENDENTS

Dependent coverage is available to your legal spouse and your legal children:

- **Florida Blue medical:** up to age 30; coverage ends at the end of the calendar year in which your child turns 30.
- **MEC Plus plans and Ameritas dental:** up to age 26.

QUALIFYING EVENTS

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

Examples of qualifying events include:

- Marriage, divorce, or legal separation
- Death of a spouse or child
- Birth or legal adoption of a child
- Spousal change of employment affecting insurance coverage

HOW DO I ENROLL IN COVERAGE?

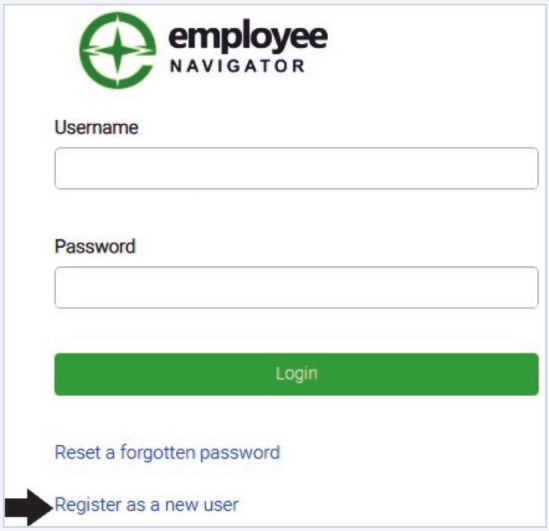
To enroll or waive benefit coverage, log into your Employee Navigator account to make your benefit elections or contact your recruiter for more information at **benefits@primestaffingnyc.com**. If you do not enroll in coverage now, you will not be able to enroll until the next open enrollment period, unless you experience a qualifying life event.

PLEASE NOTE: The materials contained in this booklet provide a brief summary of the benefits offered and are not contractually binding. For additional and complete information, please refer to all certificates of insurance. In the event of a discrepancy or omission, the carrier policy will be deemed accurate.

ENROLLING IN YOUR BENEFITS

First time logging into Employee Navigator. Register as a New User to get started!

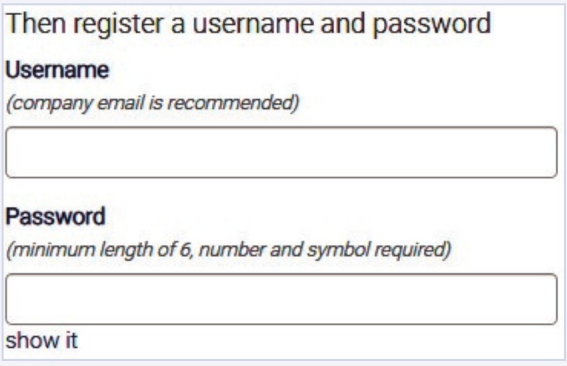
1 Visit https://www.employeenavigator.com/benefits/Account/Login and click 'Register as a new user'



2 Create your Account by completing the information below. Our Company Identifier is **'PriStaNig2026'**



3 Complete your registration by creating a Username and Password.



You are ready to enroll

ENROLLING IN YOUR BENEFITS

To begin enrolling visit our benefits website at www.employeenavigator.com

From here, you will need to click login in the top right corner. Use the credentials you created with the registration email to login.

Step 1

Begin enrolling by click the **Start Enrollment** button on the right side of the home page banner. You are now in the enrollment site. The first step is to confirm the personal data. Once you have reviewed/corrected all the data on this screen. Click **Save & Continue**

Step 2

Next you will need to confirm your address. Please note: entering and verifying an address is required to complete the enrollment. Once done, click **Save & Continue**

Step 3

Now you will be asked to enter any dependents you have that you will be enrolling in benefits.

To add, click on **add dependent+** Please note, the SSN is required to enroll in the benefits.

One you have completed entering all of the dependents that will be added to your plans,

Click **Save & Continue**

You will now begin enrolling starting with your medical plan offerings.

Select the dependents that you would like covered by clicking on the radio buttons beside there names. After that, scroll down and select a plan you will be electing, and then click **Save & Continue** .

If you do not wish to elect a particular benefit, select **Don't want this benefits?** then click **Save & Continue** It will then request that you enter a reason for declining that particular benefit.

Once you have moved past this that benefit, you will be taken to the next plan offering. You are required to take a decision on all plans or you will not be able to complete the enrollment.

Once you have completed all of your elections, you will be taken to the Enrollment Summary page. On this page, you can review what you have elected as well as see your total cost per pay period. You will also be able to print the summary.

The complete your enrollment and make you benefits active, click **Click to Sign** to electronically sign your form.

You have successfully completed your enrollment.

MEC PLUS PLANS

The American Worker®
Provided by Fringe Benefit Group

(855) 495-1190 • www.theamericanworker.com

	MEC PLUS SELECT PLAN	MEC PLUS VALUE PLAN	MEC PLUS PREMIER PLAN
***PREVENTIVE BENEFITS**			
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.**		
LIMITED MEDICAL BENEFITS – ALL BENEFITS PAY ON A CALENDAR YEAR BASIS PER PERSON, UNLESS STATED OTHERWISE.			
Out-patient Physician Office Visit	$40 per day; 2 days per year	$50 per day; 2 days per year	$80 per day; 4 days per year
Out-patient Diagnostic Lab	$25 per testing day; 2 days per year	$25 per testing day; 2 days per year	$50 per testing day; 3 days per year
Out-patient Diagnostic X-Ray	$25 per testing day; 2 days per year	$25 per testing day; 2 days per year	$50 per testing day; 3 days per year
Out-patient Advanced Diagnostic Tests	N/A	N/A	$500 per testing day; 1 day per year
Emergency Room (Sickness Only)	$50 per day; 1 day per year	$100 per day; 1 day per year	$100 per day; 1 day per year
Out-patient Surgical Out-patient Minor Surgical Out-patient Anesthesia	$250 per day; 1 day per year $50 per day; 1 day per year $62.50 per day; 1 day per year	$250 per day; 1 day per year $50 per day; 1 day per year $62.50 per day; 1 day per year	$500 per day; 1 day per year $100 per day; 1 day per year $125 per day; 1 day per year
In-patient Surgical In-patient Anesthesia	$500 per day; 1 day per year $125 per day; 1 day per year	$500 per day; 1 day per year $125 per day; 1 day per year	$1,000 per day; 1 day per year $250 per day; 1 day per year
Hospital Indemnity	$100 per day; 30 days per year	$200 per day; 30 days per year	$500 per day; 30 days per year
Intensive Care	N/A	N/A	$1,000 per day; 10 days per year
Substance Abuse	N/A	N/A	$150 per day; 10 days per year
Mental Illness	N/A	N/A	$150 per day; 10 days per year
Skilled Nursing Facility	N/A	N/A	$150 per day; 10 days per year
*Optum Nurseline	N/A	Included	Included
*Prescription Benefits	Discount Rx Program	Copay Rx Plan 1	Copay Rx Plan 2
*Accident Medical Expense	$5,000 maximum benefit per injury	$5,000 maximum benefit per injury	$5,000 maximum benefit per injury
*Accidental Death & Dismemberment	$15,000 Employee $7,500 Spouse / $3,000 Child	$15,000 Employee $7,500 Spouse / $3,000 Child	$15,000 Employee $7,500 Spouse / $3,000 Child
*HealthiestYou	No cost access to doctors by phone or online	N/A	No cost access to doctors by phone or online
*PHCS Network	Physician and Hospital	Physician and Hospital	Physician and Hospital
*Medical Price Shopping Tool	Estimate medical costs before scheduling	Estimate medical costs before scheduling	Estimate medical costs before scheduling

***Benefits not underwritten by Fidelity Security Life Insurance Company®.**
Policies are not available to residents of NH. Benefits vary for OH residents.
Certain benefits may share maximums. Refer to the plan certificate for more details. Rates are provided on a separate rate sheet.

MEC COVERED SERVICES

Minimum Essential Coverage (MEC) helps you avoid costly future health problems by focusing on prevention, keeping you feeling your best.

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 Plan

PHCS LIMITED BENEFIT NETWORK

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**

OPTUM – NURSELINE

Coping with health concerns can be time-consuming and complex. With so many choices, it can be hard to know where to look for trusted information and support. That's why NurseLine, provided by Optum, services were developed – to give you peace of mind with:

- Immediate answers to your health questions anytime, anywhere – 24 hours a day
- Access to experienced Registered Nurses
- Trusted, physician-approved information to guide your health care decisions
- **Call: (866) 796-1857**

HEALTHIESTYOU

hy healthiestyou By Teladoc

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. HealthiestYou also gives you access to Dermatologists and Mental Health Professionals for a negotiated rate:

General Medical Visit: $0
Dermatology Visit: $85
Psychiatrist: Initial visit $220 per session, $100 follow-up visit
Mental Health Outside Psychiatry Visit: $90 per session
Schedule a video or phone session for support for anxiety, eating disorders, depression, family issues, and other concerns. Consultations available as soon as 72 hours!

REGISTER

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

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 **(855) 495-1190**. **The medical price shopping tool does not guarantee that cost estimates will be the price you are charged or pay for services.**

ADDITIONAL PLAN FEATURES

CERPASSRX®

COPAY RX 1 - PROVIDED BY CERPASSRX

- **Tier 1 (Most Generics):** $10 Co-Pay
- **Tier 2 (Some Generics & Preferred/Formulary Brand Name):** $50 or 50%; whichever is greater
- **Tier 3 (Non-Preferred / Non-Formulary Brand Name):** Employees pay 100% of the cost after pharmacy discounts
- **Monthly Maximum:** $100 Employee / $200 Family
- $50 Deductible
- Restricted Formulary

COPAY RX 2 - PROVIDED BY CERPASSRX

- **Tier 1 (Most Generics):** $10 Co-Pay
- **Tier 2 (Some Generics & Preferred/Formulary Brand Name):** $50 or 50%; whichever is greater
- **Tier 3 (Non-Preferred / Non-Formulary Brand Name):** Employees pay 100% of the cost after pharmacy discounts
- **Monthly Maximum:** $250 Employee / $500 Family
- No Deductible
- Restricted Formulary

DISCOUNT RX PROGRAM - PROVIDED BY CERPASSRX

You and your 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% on all FDA approved brand & generic drugs. No claim forms required. Prescriptions for 30-day supplies can be filled at more than 58,000 participating pharmacies nationwide including all 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 certain pet medications that have human equivalent medications. For additional savings, you may also utilize our mail order pharmacy for 90 day supplies.

FIND A CERPASSRX PROVIDER

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

CRUM & FORSTER ACCIDENT MEDICAL AND ACCIDENTAL DEATH & DISMEMBERMENT

CF EST. 1822 CRUM & FORSTER 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 your 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

MEDICAL

Florida Blue

(800) 352-2583 • www.floridablue.com

PLAN BENEFITS	IN NETWORK		OUT OF NETWORK
Plan Name	**BlueOptions 05771**		
Provider Network	**Value Choice**	**BlueOptions**	**N/A**
OPPORTUNITIES FOR CARE			
Preventive Care	Covered 100%		50%
Physician	Covered 100%	$30 Copay	50% After Deductible
Virtual Visits	**Primary:** Covered 100% · **Specialist:** $55 Copay		Not Covered
Specialist	$20 Copay	$55 Copay	50% After Deductible
Convenience Care Clinic	Covered 100%	$30 Copay	50% After Deductible
Urgent Care	Covered 100% (visits 1–2), $60 Copay after	$60 Copay	$60 Copay After Deductible
Emergency Room	Facility: $250 Copay Physician Services: 20% After Deductible		
DIAGNOSTIC SERVICES			
Independent Clinical Lab / X-Ray	Value Choice Specialist: $20 Copay Independent Clinical Lab: Covered 100% Independent Diagnostic Testing Center: $50 Copay Quest Diagnostics Only		50% After Deductible
MRI, MRA, CT & PET Scans	$250 Copay		50% After Deductible
OUTPATIENT & INPATIENT SERVICES			
Outpatient Surgery	Ambulatory Surgical Center: $200 Copay Hospital: 20% After Deductible		50% After Deductible
Inpatient Hospital	20% After Deductible		$500 Per Admission + 50% After Deductible
Provider Services, Inpatient	20% After Deductible		20% After In-Network Deductible
PHARMACY BENEFITS			
Prescription Drugs	$10 / $50 / $80 Specialty: $250		50%
DEDUCTIBLE & MAXIMUMS			
Deductible (individual / family)	**$1,500 / $4,500 (Embedded)**		**$4,500 / $13,500 (Embedded)**
Member Coinsurance	20%		50%
Out-of-Pocket Maximum (individual / family)	**$4,500 / $9,000 (Embedded)**		**$9,000 / $18,000 (Embedded)**
Lifetime Maximum	Unlimited		Unlimited
Dependent Child Age	Up to age 30 (coverage ends at the end of the calendar year the child turns 30)		

This is a summary of benefits; refer to your Benefit Booklet and Schedule of Benefits for complete details. If this summary and the plan documents disagree, the plan documents govern.

USING YOUR COVERAGE

Florida Blue

EMPLOYEES OUTSIDE FLORIDA

If you elect the Florida Blue plan and live or work outside Florida, you must use the BlueCard PPO/EPO, the national Blue Cross Blue Shield network. To find in-network doctors and hospitals, use the Find Care tool at provider.bcbs.com: enter your ZIP code, skip the three-character ID prefix, scroll to the bottom of the box and choose Browse a list of plans, then select the first option, BlueCard PPO/EPO. The BlueCard flyer in this section explains how your coverage works outside Florida and when you travel.

WILL I RECEIVE AN ID CARD?

When you enroll in Florida Blue medical coverage, an ID card and policy information will be mailed to your home address. A digital ID card is also available in the Florida Blue app and at www.floridablue.com.

HOW DO I USE MY COVERAGE?

You should always ask your provider if they participate in the network associated with your plan before you make an appointment.

You pay the least at Value Choice providers and in the BlueOptions network. Present your Florida Blue ID card at your appointment.

FLORIDA BLUE RESOURCES

The following pages explain how to register at FloridaBlue.com, the Florida Blue mobile app, BlueVirtualCare virtual visits, the BlueCard program, and how to save with Value Choice providers.

DISCLAIMER

Florida Blue: Health insurance is offered by Blue Cross and Blue Shield of Florida, Inc., DBA Florida Blue, an Independent Licensee of the Blue Cross and Blue Shield Association. Benefits, limitations, and exclusions are described in the Benefit Booklet and Schedule of Benefits.

Log in. It's so easy!

Register at **FloridaBlue.com**

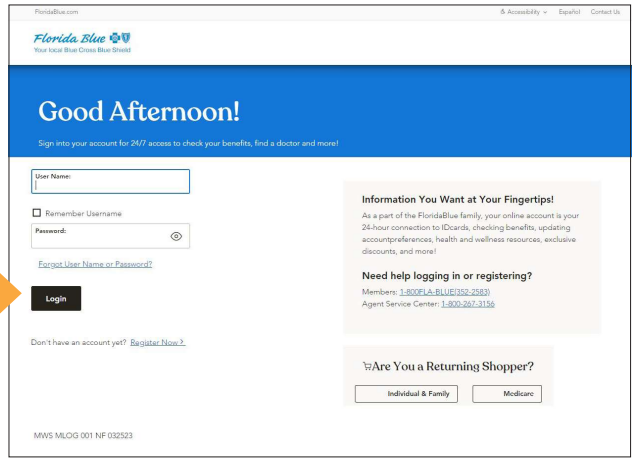
Florida Blue

Your Health Solutions Partner

We are here to help you get the most out of your benefits. Log in. It's so easy! Register at **FloridaBlue.com**. With your personalized member account—ID cards, benefits, doctors, cost-saving tools, and more—are all at your fingertips! Simply log in at **FloridaBlue.com** or the Florida Blue mobile app.

To register:

Scan the code, go to **Log in**, then **Register Now**.



New Member Registration Steps

To get started, click on **New Member Registration**

Step 1: Choose **Manage Your Plan** or **Care for a Friend or Loved One**.

Step 2: Enter your email address and click **Continue**. Check your email for a confirmation code.

Step 3: Once you have the confirmation code from your email, enter the code and click **Continue**.

Step 4: Choose a **User Name** and **Password**. The **Password** must be typed in twice for security purposes.

Step 5: Create three different security questions and type an answer below each. Click **Continue**.

***Note:** The security questions will be used if you forget your **User Name** or **Password**.*

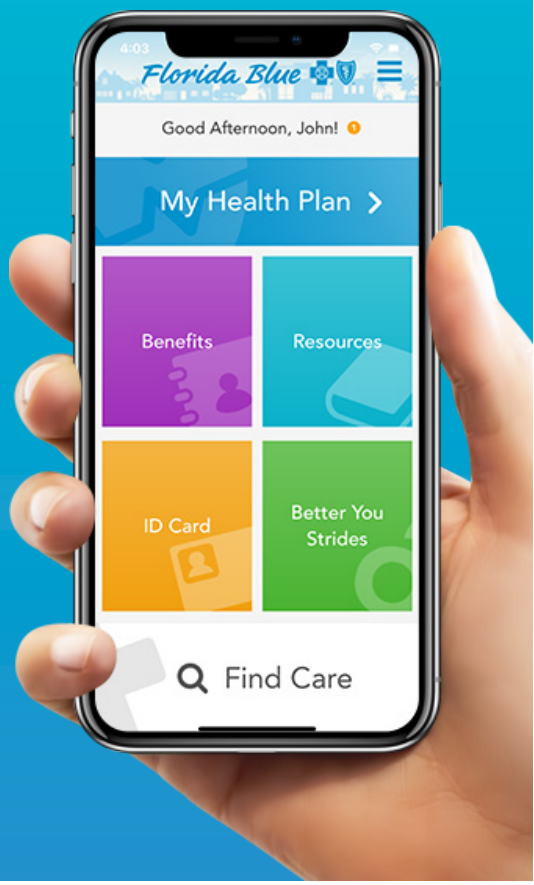
Step 6: Success! Click **Go** to log in to your account and start exploring.

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. These companies are Independent Licensees of the Blue Cross and Blue Shield Association. We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773). ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1- 800-352-2583 (TTY: 1-800-955-8770).

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Florida Blue
In the pursuit of health

Download the Florida Blue Mobile App today!



Save Time. Save Money. Stay Healthy.

- Check plan benefits and see the status of your claims
- Find the nearest in-network doctor, Urgent Care Center or pharmacy
- Compare medical costs
- View your member ID card

As Easy as 1, 2, 3…

1. **Download the app –** available through the Apple App Store or Google Play
2. **Get Registered –** log in using your Florida Blue member account User ID and Password
3. **Get Started –** anytime, anywhere with Touch ID*



Stay informed and in control ***24 hours a day, 7 days a week!***

GET IT ON Google Play Download on the App Store

*If available on your mobile device.

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an HMO affiliate of Florida Blue. These companies are Independent Licensees of the Blue Cross and Blue Shield Association. We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773).

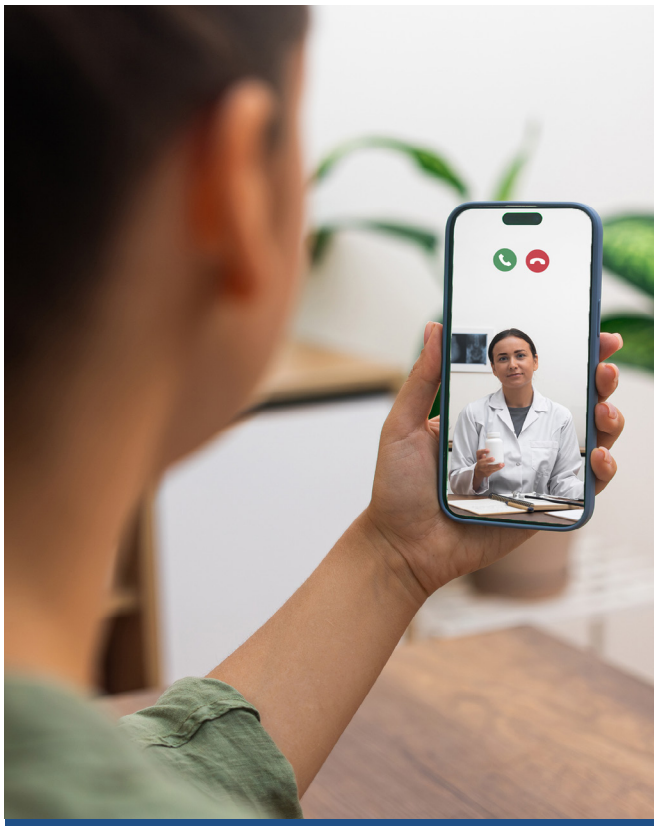
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-352-2583 (TTY: 1-800-955-8770).

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Florida Blue

Virtual care when you're not able to see your doctor.

Convenient care from home or on the go!



When life is moving at full speed, unexpected health issues can suddenly slow us down.

When you or a family member on your plan needs medical attention, and you're not able to see your regular health care provider, BlueVirtualCare is here to help you get the care you need.

A virtual visit typically costs less than a trip to urgent care or the ER. Plus, you can use BlueVirtualCare from wherever you are in the U.S. by simply logging in to your member account, on the web, or the Florida Blue app. We're here to help make things easier so you can focus on what matters most — your health and well-being.

BLUE VirtualCare

BlueVirtualCare is here if you need it.

Log in to your member account, on the web, or Florida Blue app, and go to **Find & Get Care**.

Select **Virtual Care**, then scroll down and click **Use BlueVirtualCare**.

It's that easy!

See other side.

Care options available through BlueVirtualCare

General medicine: When your primary care doctor isn't available, get 24/7 virtual care for you and family members covered on your plan. No appointment necessary!

- **Video visit with board-certified doctors** about common conditions, including allergies, bronchitis, cold, flu, migraine, pink eye, sinus infections, stomach ailments, and urinary tract infections.
- **A doctor assesses your symptoms**, provides a treatment plan, and sends prescriptions, if needed, to the in-network pharmacy of your choice.

Behavioral and mental health: When you aren't able to see your mental health provider, or have not found a licensed professional through Florida Blue's mental health care partner Lucet,[1] BlueVirtualCare offers:

- **Talk therapy:** For those age 10 years and older, you can schedule a video appointment with a licensed therapist, all from the comfort and privacy of home. Weekday, evening, and weekend appointments are available.[2]
- **Psychiatry:** For adults age 18 years and older, talk via video with a psychiatrist to manage your mental health condition with ongoing medication management.

Dermatology: Worried about a change in your skin, hair, or nails? Upload a photo, and a board-certified dermatologist will evaluate it and respond within 72 hours — no appointment, video visit, or referral required.

[1]Florida Blue contracts with New Directions Behavioral Health, L.L.C., (d/b/a Lucet), and its affiliates, to provide behavioral health services. Florida Blue and Florida Blue Medicare are Independent Licensees of the Blue Cross and Blue Shield Association.

[2]Children age 10 – 17 years old need parental or guardian consent.

BlueVirtualCare is a telemedicine service provided by American Well Corporation (Amwell®), an independent company contracted by Florida Blue to provide services for eligible members with non-emergent health concerns. Amwell is only available in the U.S.

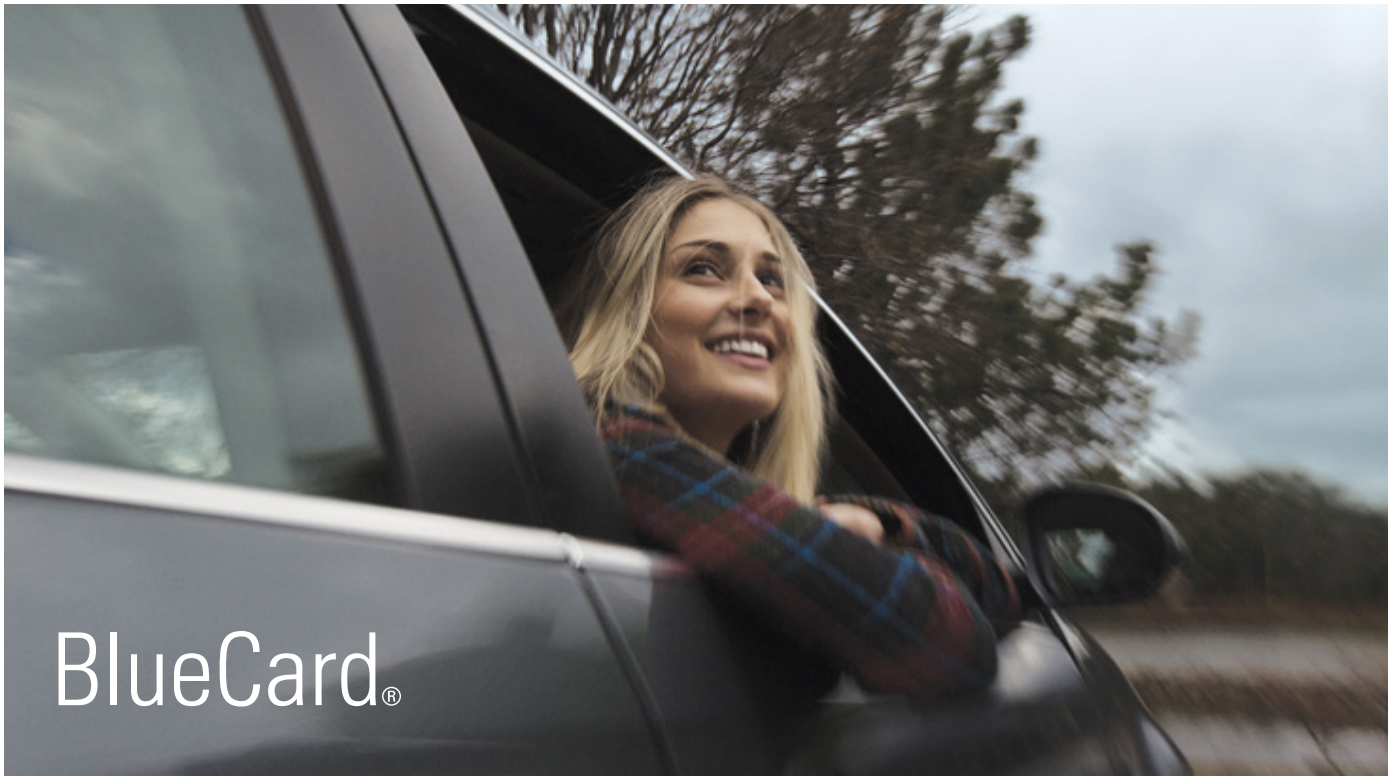
Florida Blue is a trade name of Blue Cross and Blue Shield of Florida Inc., an Independent Licensee of the Blue Cross and Blue Shield Association.

For long-term mental health care and ongoing support, Lucet can help Florida Blue members find and schedule a new patient in-person or virtual visit with an in-network mental health professional. To get started, call Lucet at 1-866-287-9569 or log in to your Florida Blue member account, go to Find & Get Care where you can find and schedule a visit with a behavioral or mental health provider.

BlueVirtualCare does not offer a crisis hotline. Appointments must be scheduled.

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BlueCross BlueShield



Across the country and around the world…we've got you covered.

As a Blue Cross and Blue Shield member, you take your healthcare benefits with you — across the country and around the world. Your membership gives you a world of choices. Within the United States, you're covered whether you need care in urban or rural areas. Outside the United States, you have access to doctors and hospitals around the world through the Blue Cross Blue Shield Global® Core program.

Designed to save you money.

In most cases, when you travel or live outside your Blue Cross and Blue Shield (BCBS) company's service area, you can take advantage of savings the local BCBS company has negotiated with its doctors and hospitals. For covered services, you should not have to pay any amount above these negotiated rates and any applicable out-of-pocket expenses.

To locate doctors and hospitals wherever you or a covered dependent need care (have your member ID card handy):

- Visit the National Doctor & Hospital Finder at www.BCBS.com.
- Use the National Doctor & Hospital Finder app and the Blue Cross Blue Shield Global Core app for Android,* iPhone, iPad and iPod Touch.** (Rates from your wireless provider may apply.)
- Call BlueCard Access® at 1.800.810.BLUE (2583).

Take charge of your health, wherever you are.

In the United States

- Always carry your current member ID card.
- If you're a PPO member, always use a BlueCard PPO doctor or hospital to ensure you receive the highest level of benefits.
- Call your BCBS company for precertification or prior authorization, if necessary. Refer to the phone number on the back of your member ID card.
- When you arrive at the participating doctor's office or hospital, show the provider your ID card. The provider will identify your benefit level through one of these symbols:


Traditional/ Indemnity Benefits



PPO Benefits

After you receive care, you should:

- Not have to complete any claim forms.
- Not have to pay upfront for medical services, except for the out-of-pocket expenses (noncovered services, deductible, copayment and coinsurance) you normally pay.
- Receive an explanation of benefits from your BCBS company.

In an emergency, go directly to the nearest hospital.

BlueCross BlueShield Geography

Around the world

- Always carry your current member ID card.
- Before you travel, contact your BCBS company for coverage details. Coverage outside the United States may be different.
- If you need medical assistance, call the Service Center for Blue Cross Blue Shield Global Core at 1.800.810.BLUE (2583) or call collect at 1.804.673.1177, 24 hours a day, seven days a week. An assistance coordinator, in conjunction with a medical professional, will arrange a physician appointment or hospitalization, if necessary.

Inpatient claim: Call the Service Center if you need inpatient care. In most cases, you should not need to pay upfront for inpatient care except for the out-of-pocket expenses (noncovered services, deductible, copayment and coinsurance) you normally pay. The hospital should submit the claim on your behalf.

In addition to contacting the Service Center, call your BCBS company for precertification or preauthorization. Refer to the phone number on the back of your member ID card. *Note: this number is different from the Service Center phone numbers listed above.*

Professional claim: You may need to pay upfront for care received from a doctor and/or hospital. Complete a Blue Cross Blue Shield Global Core International claim form and send it with the bill(s) to the Service Center (the address is on the form). You can also submit your claim online or through the Blue Cross Blue Shield Global Core mobile app. The claim form is available from your BCBS company or online at www.bcbsglobalcore.com.

To learn more about the programs described here, call your BCBS company.

TheBlueCard®
Now, Home Is Where The Card Is®

The Blue Cross Blue Shield Global Core program was formerly known as BlueCard Worldwide®.

Blue Cross, Blue Shield, the Blue Cross and Blue Shield symbols, BlueCard, BlueCard Worldwide, and Blue Cross Blue Shield Global are trademarks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield companies.

*Android is a trademark of Google Inc.

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18-059-N35

Choose a Value Choice Provider and save money on your health care.

Finding the right doctor can help you get and stay healthy. As a Florida Blue member, you have access to doctors who put a special focus on helping you stay well while saving on out-of-pocket costs.

Your path to health can start today

Sanitas Medical Center and GuideWell Emergency Doctors are Value Choice Providers that offer Florida Blue members extra care — and they're in your plan's network. Services vary based on location and provider and may include:

- **Primary care**
- **Specialist care**
- **Urgent care**
- **Labs and imaging**
- **Virtual visits**

Diagnostic services vary by location and are subject to change without notice. Please contact your doctor's office for the most up-to-date services.

Value Choice Providers

Scan the QR code to find a location near you.
*Services vary based on location and provider.

Sanitas Medical Center | For members of Florida Blue

MySanitas.com
1-844-665-4827

GUIDEWELL EMERGENCY DOCTORS

GuideWellEmergency.com
See locations for phone numbers

Florida Blue
Your Health Solutions Partner

Value Choice Providers is a designation Florida Blue given to some in-network providers, including Sanitas Medical Center and GuideWell Emergency Doctors.
Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO. These companies are independent licensees of the Blue Cross and Blue Shield Association. We comply with applicable Federal civil rights laws and do not discriminate. You may access the Nondiscrimination and Accessibility Notice at FloridaBlue.com/ndnotice.
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773).
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-352-2583 (TTY: 1-800-955-8770).

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DENTAL

Ameritas

(800) 659-2223 • www.ameritas.com

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	
Calendar Year Maximum	**Up to $1,000 per Covered Member**
Deductible	**$0 per Visit**
COVERED SERVICES	**MAXIMUM COVERED EXPENSE***
TYPE 1 – NO WAITING PERIOD	
Comprehensive Oral Evaluation	$14.00
Bitewing – Single Radiographic Image	$5.00
Prophylaxis – Adult	$20.00
Sealant – Per Tooth	$11.00
Intraoral – Complete Series of Radiographic Images	$30.00
Panoramic Radiographic Image	$24.00
Space Maintainer – Fixed – Unilateral	$71.00
TYPE 2 – NO WAITING PERIOD	
Amalgam – One Surface, Primary or Permanent	$29.00
Resin-based Composite – One Surface, Anterior	$35.00
Resin-based Composite – One Surface, Posterior	$39.00
Endodontic Therapy – Anterior Tooth	$179.00
Retreatment of Previous Root Canal Therapy – Anterior	$223.00
Protective Restoration	$21.00
TYPE 3 – 12 MONTH WAITING PERIOD	
Resin-based Composite – Crown, Anterior	$52.00
Prefabricated Porcelain/Ceramic – Crown – Primary Tooth	$48.00
Prefabricated Stainless Steel – Crown – Primary Tooth	$44.00
Prefabricated Resin Crown	$52.00
Inlay – Metallic – One Surface	$137.00
Onlay – Metallic – Two Surfaces	$178.00
Complete Denture – Maxillary	$222.00
ORTHODONTIA – CHILD ONLY COVERAGE – 12 MONTH WAITING PERIOD	
Plan Benefit	50%
Lifetime Maximum (per person)	$1,000.00**
Coverage for Adults	No

***Maximum Covered Expense is the maximum amount considered per procedure.**

****Maximum not reduced by prior carrier payment.**

LOCATE NETWORK PROVIDERS

Call **(800) 659-2223** · Select **Option 3**
Visit **www.Ameritas.com** · Your network is the **"CLASSIC PPO"** Network.

DISCLOSURES

MEDICARE PART D

Whether your prescription drug coverage is creditable depends on the medical plan you elect, and some plans may not be considered creditable coverage. Creditable coverage does not prevent you from enrolling in Medicare Part D if you wish. The open enrollment for Part D is October 15th to December 7th. If you go 63 days or more in a row without creditable coverage, you may have to pay a late enrollment penalty if you join a Part D plan later.

As someone who is Medicare eligible, you will be receiving information on the Medicare Part D plans in your area. Premiums will vary depending upon where you live, but are expected to average about $32-$37/Month. If you do decide to enroll, coordination of benefits will be required.

SECTION 125

Under certain circumstances, you may be allowed to make changes to your benefits elections during the plan year, such as additions, deletions and cancellations, depending on whether or not you experience an eligible qualifying event as determined by the Internal Revenue Service (IRS) Code, Section 125. You may change a benefit election upon the occurrence of a valid qualifying event only if the event affects your own, your spouse's or your dependent's coverage eligibility.

If you experience a qualifying event, you must report the qualifying event to Human Resources Department within 30 days of the event. Beyond 30 days, additions and deletions will be denied and you may be responsible both legally and financially for any claims and/or expenses incurred as a result of any dependent(s) who continued to be enrolled who no longer meet the entity's eligibility requirements.

If approved, most election changes will be effective on the date of the qualifying event for additions; cancellations will be processed at the end of the month.

Payroll deductions for health, dental, vision and certain supplemental accident insurance premiums, are deducted from your gross income before your income is taxed. The entity's plan is known as a Cafeteria Benefit Plan and is governed by IRS Code, Section 125. This pre-tax benefit means you pay less tax on a per-pay and annual basis. See examples of Qualifying Life Events for allowable enrollment changes as determined by Section 125 of the IRS Code.

COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 requires that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called 'continuation coverage') at group rates in certain instances where coverage under the plan would otherwise end. An employee, spouse of an employee or a dependent child of an employee covered by the Entity's group health plan has the right to choose this continuation coverage if coverage is lost for any qualified reason. For more information, please speak with Human Resources.

MEDICAID CHIP

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your state may have a premium assistance program that can help you pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your state Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan.

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.

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

Minimum Essential Coverage (MEC): 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 through 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 Fidelity Security 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 since these premiums will be deducted before your salary is taxed. This election will remain in effect 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 above.

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.

HealthiestYou: © Teladoc Health, Inc. All rights reserved. HealthiestYou and the HealthiestYou logo are trademarks of Teladoc Health, Inc., and may not be used without written permission. HealthiestYou does not replace the primary care physician. HealthiestYou does not guarantee that a prescription will be written. HealthiestYou operates subject to state regulation and may not be available in certain states. HealthiestYou 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.

Nurseline: THIS PLAN IS NOT INSURANCE and is not intended to replace insurance. This program is not available in Vermont.

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.

DISCLAIMERS

FSL: Limitations - Recurrent Confinements. If the Company pays benefits for a period of Confinement, and the Insured Person is readmitted within 30 days of that Confinement for the same condition, the later Confinement will be treated as a continuation of the prior Confinement. If more than 30 days have passed between periods of Confinement for the same condition or the successive Confinement is for an unrelated cause, the Company will treat the later Confinement as a new Confinement.

Exclusions: The Policy does not provide any benefits for the following:
1. suicide or any attempt of suicide, while sane or insane (in Colorado, Missouri or Montana, while sane); 2. any intentionally self-inflicted Injury or Sickness or any attempt thereat (in Colorado, Missouri or Montana, while sane); 3. rest care or rehabilitative care and treatment , except as specifically provided in the Skilled Nursing Facility Confinement benefit; 4. Dependent child Pregnancy, except Complications of Pregnancy; 5. routine newborn care , except as specifically provided for in the Preventive Care benefit; 6. voluntary abortion, except where Medically Necessary to save the Insured Person's life; 7. treatment for Mental or Nervous Disorders , except as specifically provided for in the Mental or Nervous Disorders Confinement benefit; 8. treatment for Substance Abuse , except as specifically provided for in the Substance Abuse Confinement benefit; 9. Participation in a Riot, insurrection, rebellion, civil commotion, civil disobedience or unlawful assembly. For purposes of this exclusion, "Participation" means to take an active part in common with others; "Riot" means any use or threat to use force or violence or disturbance by three or more persons without authority of law. This does not include a loss that occurs while acting in a lawful manner within the scope of authority; 10. committing, attempting to commit or taking part in a felony, battery, assault or engaging in an illegal occupation; 11. any Injury occurring while the Insured Person is intoxicated (where the blood alcohol content meets the legal presumption of intoxication under the law of the state where the Injury took place); 12. treatment for the voluntary taking of any poison or inhalation of gas, or voluntary taking of any drug, sedative or narcotic, unless prescribed by a Physician and taken according to the prescribed dosage; 13. dental care or treatment, except: a. care or treatment due to an Injury to sound, natural teeth treated within 12 months of the Accident; b. treatment necessary due to congenital defects or birth abnormalities; c. excision of impacted third molars, or d. closed or open reduction of fractures or dislocation of the jaw; 14. sex changes; 15. the reversal of tubal ligation or the reversal of vasectomies; 16. flying or descending from any aircraft or air conveyance, except as a fare-paying passenger in any regularly scheduled commercial aircraft flying between established airports on a regularly scheduled route; 17. accidental bodily Injury occurring while serving on full-time active duty in any Armed Forces of any country or international authority (any premium paid will be returned by the Company pro rata for any period of active duty); 18. declared or undeclared war or acts thereof; 19. Injury or Sickness arising out of or in the course of any occupation for compensation, wage or profit or benefits that the Insured Person is entitled to under any Occupational Disease Law or similar law, whether or not application for such benefits have been made; 20. medical care, services or supplies provided outside of the United States of America or its territories, except in the event of an Emergency; 21. treatment of obesity, weight reduction or dietetic control; except morbid obesity or disease etiology; 22. Confinement, care or services incurred prior to the Insured Person's Effective Date or that begin after termination of coverage; 23. Confinement, care or services furnished by any agency or program funded by federal, state or local government. This does not apply to Medicaid or where prohibited by law; 24. Confinement or treatment that is not Medically Necessary; or 25. any Confinement or treatment not specifically covered in the Schedule of Benefits.

Termination Provisions The policy may be terminated on the first of the following 1. any premium due date on or after the first policy anniversary date the company requests termination. Written notice must be provided to the policyholder at least 30 days prior to termination (may vary from state to state); 2. any date on or after the date the company received the policyholder's written request for termination; or 3. the next premium due date following the date the policyholder's number of covered employees falls below the company's guidelines. The policyholder is responsible for notifying the insured of the termination of the policy.

Group Limited Benefit Limited Benefit Plan Policies are issued and underwritten by Fidelity Security Life Insurance Company® (FSL). FSL is located at 3130 Broadway, Kansas City, Missouri, and has been rated A (Excellent) based on an analysis of financial position and operating performance by A.M. Best Company, an independent analyst of the insurance industry. For the latest rating, access www.ambest.com. Policies marketed and administered by Fringe Benefit Group, Inc., Austin, Texas.

In the case of conflict between this brochure, the certificate of insurance and the group master policy, the language of the group master policy is overriding. Policy Form No.: M-6018. Policy No.: LM-170.
Some benefits, exclusions or limitations listed herein may vary by state. Not available in all states.

Brought to you by:

All Atlantic Benefits

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