



**The American
Worker®**

Provided by Fringe Benefit Group



2021 Benefits Enrollment Guide

HARBOR FREIGHT
QUALITY TOOLS LOWEST PRICES

Effective Date: October 1, 2021

OVERVIEW & ELIGIBILITY

Harbor Freight Tools values the contributions of our employees. In appreciation of your dedicated service we are pleased to offer a variety of affordable coverage options through The American Worker. Please carefully review this enrollment guide so you understand the benefits being provided and can make the right choices for you and your family.

Harbor Freight Tools is generously paying for the discount coverage package for all employees. You must elect the discount coverage package during enrollment to take advantage of this free package.

About Your Coverage

FIXED INDEMNITY BENEFITS

- First dollar coverage for Doctor Office Visits, Diagnostic X-Rays and Lab Work, Hospital Stays and more
- Key features include no deductibles, copays, pre-existing condition limitations or waiting periods
- Prescription Drug discounts
- National PPO Network
- 24/7 access to doctors by phone

DISCOUNT COVERAGE PACKAGE

- AWP Value Rx Discount Plan
- HealthiestYou Telemedicine

FREESTANDING COVERAGE OPTIONS

- Dental Coverage
- Vision Coverage
- Short-Term Disability
- Life/AD&D Insurance
- Accident, Critical Illness and Hospital Indemnity Package

Take The Next Step

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

Online: Visit www.TheAmericanWorker.com

1. Select **Login and Enroll**
2. Click on **Register & Enroll**

Available anytime, day or night

Phone: Call **(866) 866-3424**

Available Monday - Friday, 8:00 AM - 8:00 PM ET



Paying For Your Benefits

All coverage begins the Friday following the date you receive a paycheck with a premium deduction and continues uninterrupted as long as premiums are deducted from your paycheck.

If you receive a paycheck without a deduction, your benefits will be suspended until the Friday following the date you receive your next paycheck with a deduction, unless you make a payment for the missed deduction. To avoid having coverage suspended you must pay the missed premium every time a deduction is not processed from your paycheck.

Missed Premium Payments

You have 30 days from the date of your paycheck without a deduction to make a missed premium payment. If you do not pay for the missed deduction within 30 days, you will not be able to pay for that coverage period at a later date. If you missed a premium deduction and want to find out the balance due or make a payment, visit www.TheAmericanWorker.com or call (866) 866-3424.

You can pay for missed deductions online, by phone or by mail. Payment options include credit or debit card, personal check, and money order. You can also authorize an automatic payment be processed every time premium is not deducted from your paycheck.

IMPORTANT: 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.

Coverage Termination Due to Nonpayment

You must make a premium payment every week, either through payroll deduction or directly to The American Worker using one of the missed premium payment options above. If you do not pay your premium for four weeks in a row, your coverage will be terminated for nonpayment. **Please review your paycheck every week 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.**

FIXED INDEMNITY



Nationwide and Nationwide N and Eagle are service marks of Nationwide Mutual Insurance Company.

The American Worker Fixed Indemnity Plan provides affordable, first dollar coverage. The plan offers coverage for basic healthcare services and prescription drug discounts.

The Fixed Indemnity Plan is underwritten by Nationwide Life Insurance Company. The plan includes additional benefit plan features which are provided by separate vendors. **All benefits pay on a calendar year basis per person, unless stated otherwise.**

Services	Standard Plan	Preferred Plan	Elite Plan
Physician's Office	\$50 per day; 6 days per year	\$60 per day; 6 days per year	\$75 per day; 6 days per year
Outpatient Diagnostic Lab	\$50 per testing day; 3 days per year	\$75 per testing day; 3 days per year	\$85 per testing day; 3 days per year
Outpatient Diagnostic X-Ray	\$50 per testing day; 3 days per year	\$75 per testing day; 3 days per year	\$100 per testing day; 3 days per year
Outpatient Diagnostic Advanced Studies	\$100 per testing day; 3 days per year	\$200 per testing day; 3 days per year	\$300 per testing day; 3 days per year
Emergency Room Sickness	\$100 per day; 2 days per year	\$100 per day; 2 days per year	\$150 per day; 2 days per year
Surgical Indemnity Benefit			
-Daily Inpatient Surgical		\$500 per day, 1 day per year	\$1,000 per day, 1 day per year
-Daily Outpatient Surgical	N/A	\$250 per day	\$500 per day
-Daily Outpatient Minor		\$50 per day	\$100 per day
-Outpatient Benefit Maximum		1 day per year	1 day per year
Anesthesia	N/A	30% of Surgical Benefit	30% of Surgical Benefit
Hospital Admission	N/A	\$300 lump sum per confinement	\$500 lump sum per confinement
Daily In-Hospital Indemnity	\$100 per day; 500 day lifetime max	\$300 per day; 500 day lifetime max	\$500 per day; 500 day lifetime max
Intensive Care Unit	\$200 per day; 30 days per year	\$600 per day; 30 days per year	\$1,000 per day; 30 days per year
Substance Abuse	\$50 per day; 30 days per year	\$150 per day; 30 days per year	\$250 per day; 30 days per year
Mental Illness	\$50 per day; 30 days per year	\$150 per day; 30 days per year	\$250 per day; 30 days per year
Skilled Nursing (Inpatient)	\$50 per day; 60 days per stay	\$150 per day; 60 days per stay	\$250 per day; 60 days per stay
*Accident Medical Expense	\$5,000 maximum benefit per injury		
*Accidental Death & Dismemberment	\$15,000 Employee / \$7,500 Spouse / \$3,000 Child		
*Teladoc	No cost access to doctors by phone or online		
*Prescription Drugs	PramRx		
*First Health Network	Physician and Hospital		
Bi-Weekly Rates	Standard Plan	Preferred Plan	Elite Plan
Employee Only	\$28.66	\$43.24	\$57.86
Employee + Spouse	\$57.92	\$94.36	\$130.92
Employee + Child(ren)	\$45.93	\$72.17	\$98.50
Family	\$65.98	\$106.60	\$146.92

***Services not underwritten by Nationwide Life Insurance Company. Fixed Indemnity Plans are not available to residents of NH, VT & WA.**

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.



First Health Network

Members have access to the First Health Network, which provides savings on Physician and Hospital services. By visiting a First Health provider you can reduce your out-of-pocket expenses.

- Over 490,000 provider locations across the country
- Network providers submit claims for you to simplify the claim process
- To locate a provider online, visit www.FirstHealthLBP.com

You can visit a First Health or out-of-network provider for service and the Fixed Indemnity Plan will pay the same benefit amount.

Teladoc

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

- Receive medical care from anywhere without taking time off work
- Fast treatment - Median call back in just 10 minutes
- Save money by avoiding expensive urgent care or ER visits for non-emergency issues

REGISTER ONLINE

- Go to www.Teladoc.com
- Select **Get Started Now** on the Teladoc Home Page
- Select **Get Started** under the **New To Teladoc?** Section on the next page
- Enter the requested information to confirm your eligibility and select **Continue**

Teladoc will locate your membership under The American Worker, select Continue to verify and then finish creating your account username, password and security questions.

1-800-835-2362 Available 24 hours a day 365 days a year. No cost for consultations.

STATE REQUIREMENTS

- Arkansas & Delaware: Initial consultation required to be done via video
- Idaho: Consultations are only available via video

Pram Rx - Provided By CerpasRx

- **Tier 1 (Most Generics):** \$10 Copay
- **Tier 2 (Some Generics & Preferred/Formulary Brand Name):** Discounts
- **Monthly Maximum:** \$300 Employee / \$600 Family
- No Deductible
- Restricted Formulary

CERPASSRX

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

DISCOUNT COVERAGE PACKAGE

THE FOLLOWING SERVICES ARE BUNDLED IN A DISCOUNT COVERAGE PACKAGE AND IS GENEROUSLY PAID BY HARBOR FREIGHT TOOLS

YOU MUST ELECT THIS PLAN DURING ENROLLMENT IN ORDER TO TAKE ADVANTAGE OF THIS FREE PACKAGE:

AWP Value Rx - Provided by CerpasRx

The AWP Value Rx program is designed to provide substantial savings on your prescription drug expenses. This plan will help you identify affordable generic and brand name drugs by therapeutic class.

- Select generic and brand name drugs available for \$10, \$20, \$50 or less
- Generic and brand name drugs for which a discounted price has been negotiated
- Over 58,000 participating pharmacies nationwide
- No maximum annual benefit, deductible or claim forms
- To view drug prices or locate a pharmacy, visit www.AWPValueRx.com

Note: The AWP Value Rx program is a non-insurance discount program.

HealthiestYOU

HealthiestYOU provides 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



Dental

Keep a bright, healthy smile while supporting your overall well-being with affordable dental coverage.

Calendar Year Maximum	Up to \$1,000 per Covered Member	
Deductible	\$20 per Visit	
	Waiting Period	Coinsurance
Covered Services		
Preventive and Diagnostic Routine Exams, Cleanings, X-rays, etc.	None	Covered at 100% (MAC)*
Basic Treatment Restorative Amalgams and Composites Endodontics, Periodontics, Extractions, etc.	3 Months	Covered at 60% (MAC)*
Major Treatment Onlays, Crowns, Prosthodontics, etc.	12 Months	Covered at 50% (MAC)*

*Maximum Allowable Charge (MAC): Lower rates are achieved in part by limiting what is paid per procedure on non-network claims to the same amount that network dentists have agreed to charge.

Bi-Weekly Rates

Employee	\$12.72
Employee + Spouse	\$31.74
Employee + Child(ren)	\$27.92
Family	\$33.28

LOCATE NETWORK PROVIDERS

Call (800) 659-2223

- Select **option 3**

Visit www.Ameritas.com

- Select "FIND A PROVIDER"
- Select "DENTAL"
- Select "NETWORK PROVIDER"
- Select "CLASSIC PPO" network.

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 benefit from the plan.

Deductible	\$10 Exam, \$25 Eye Glass Lenses or Frames ¹	
	VSP Choice Network	Out-of-Network
Covered services		
Annual Eye Exam	Covered in Full	Up to \$45
Lenses (per pair) Single Vision / Bifocal Trifocal / Lenticular	Covered in Full Covered in Full	Up to \$30 / Up to \$50 Up to \$65 / Up to \$100
Contacts Fit and Follow Up Exams Elective Medically Necessary	15% Discount Up to \$105 Covered in Full	No Benefit Up to \$105 Up to \$210
Frames	Up to \$105 ²	Up to \$70
Frequency Exam / Lens / Frames	Based on Date of Service 12 Months / 12 Months / 24 Months	

Bi-Weekly Rates

Employee	\$4.24
Employee + Spouse	\$8.38
Employee + Child(ren)	\$7.82
Family	\$11.96

LOCATE NETWORK PROVIDERS

Call (800) 877-7195

Visit www.Ameritas.com

- Select "FIND A PROVIDER"
- Select "VISION: VSP"
- Select "LOOK UP VSP PROVIDERS"

¹Deductible applies to a complete pair of glasses or frames, whichever is selected.

²The Costco allowance will be the wholesale equivalent.

FREESTANDING COVERAGE OPTIONS



Nationwide and Nationwide N and Eagle are service marks of Nationwide Mutual Insurance Company.

Short-Term Disability

Daily life depends on consistent income, but accidents and serious illnesses can keep you out of work. This plan can help you cover your expenses by paying you cash if you get sick or injured and can't work.

Weekly Maximum Benefit	Plan pays \$150 Lump Sum
Maximum Benefit Period	26 weeks
Waiting Period	7 days (Accidents and Illnesses)

Bi-Weekly Rates

Employee Only	\$7.00
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Coverage includes disability due to pregnancy and childbirth.

Life/AD&D Insurance

The loss of a loved one is a traumatic event. It can also create financial uncertainty. This plan can help ease the financial burden and protect the future of those that depend on you most.

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

Bi-Weekly Rates

Employee Only	\$4.50
Employee + Spouse	\$5.06
Employee + Child(ren)	\$5.06
Family	\$5.76

Accident, Critical Illness and Hospital Indemnity Package

Accidental injuries and serious illnesses are scary and can be very costly. The Accident and Critical Illness plan pays a lump sum cash benefit in the unfortunate event that you are in an accident or diagnosed with a covered illness.

The Hospital Confinement benefit will pay cash to you or your provider when you are admitted to a hospital. This benefit can help you cover for those expenses, whether it is deductibles, coinsurance, or other related expenses.

Hospital Indemnity Intensive Care Unit Substance Abuse Mental Illness Skilled Nursing Facility	\$100 per day, 500 Day Lifetime Maximum \$200 per Day, 30 Days per Year \$50 per Day, 30 Days per Year \$50 per Day, 30 Days per Year \$50 per Day, 60 Days per Stay
Critical Illness Benefit (First Ever Occurrence)* Employee / Spouse / Child(ren)*	Plan pays \$10,000 / \$5,000 / \$2,500
Accident Expense Benefit	Plan pays \$1,000 per occurrence
Bi-Weekly Rates	
Employee Only	\$8.64
Employee + Spouse	\$18.12
Employee + Child(ren)	\$13.96
Family	\$20.42

*Child 6 months to 26 years of age

*Infant 10 days to 6 months of age

The Critical Illness and Accident package is not available to residents of NH, VT and WA.



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).

DISCLOSURES

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, Vermont, and Washington residents are not eligible for any of the benefit programs offered by The American Worker.

Fixed Indemnity: This program is not intended nor recommended to replace any comprehensive program of insurance in which you currently participate, or intend to participate. This plan is not designed to replace or provide major medical or catastrophic coverage. This brochure is for summary purposes only. The insurance benefits of the fixed indemnity plan are offered by Nationwide Life Insurance Company. Additional information will be provided upon enrollment in the program. Plan exclusions and limitations apply. **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.**

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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.

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.

BENEFITS ENROLLMENT GUIDE



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