



2026

TPS MEDICAL HOLDINGS

BENEFITS ENROLLMENT GUIDE

EFFECTIVE DATE: 01/01/2026



The American Worker®
Provided by Fringe Benefit Group

MESSAGE TO OUR EMPLOYEES

TPS Medical Holdings 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 TPS Medical Holdings, you are eligible to enroll in benefits the 1st of the month following 60 days from your date of hire. 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 will be able to enroll in these benefits through the Paycor Benefits Module either online or through your Paycor APP. You should receive an email with information on how to enroll from Paycor. If you do not receive an email or information on how to enroll, please reach out to your HR department at HR@healathomeindy.com.

OPEN ENROLLMENT: 12/17/2025 - 12/24/2025 | EFFECTIVE DATE: 01/01/2026

MEDICAL PLANS FOR YOU

MINIMUM ESSENTIAL COVERAGE (MEC) PLAN

- 100% coverage when using in-network providers for ACA preventive services
- Prescription discounts
- Medical price shopping tool to estimate out-of-pocket costs before choosing a provider or facility
- Telemedicine with free consultations

MEC ENHANCED PLANS

All of the MEC benefits and...

- Copays for doctor visits, diagnostic tests, and lab work
- Coverage for prescription drugs
- Accidental Death & Dismemberment and Accident Medical
- 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!

MINIMUM ESSENTIAL COVERAGE (MEC) PLAN

Get preventive care coverage to stay healthy and save money. The MEC plan helps you avoid costly future health problems by focusing on prevention, keeping you feeling your best.

Our Minimum Essential Coverage (MEC) plan 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 under this plan.

By enrolling in the Minimum Essential Coverage Plan, 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.

PRESCRIPTION COVERAGE PROVIDED BY CERPASSRX

The plan provides coverage for preventive prescriptions like contraceptives and statins at no cost to you.

MEC PLAN BI-WEEKLY RATES

Employee Only	\$13.38
Employee + Spouse	\$18.46
Employee + Child(ren)	\$19.85
Family	\$28.62

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

WHY SHOULD YOU ENROLL IN THE MEC PLAN?

- Preventive services covered at 100%.
- No cost for preventive prescriptions and discounts on non-preventive prescriptions.
- Access to network discounts through the PHCS Limited Benefit Plan Network.
- Telemedicine with free consultations.

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 FEATURES FOR MEC PLAN

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

PHCS LIMITED BENEFIT NETWORK

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



Limited Benefit Plan

FIND A NETWORK PROVIDER

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

HEALTHIESTYOU



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

MEC ENHANCED PLANS

The MEC Enhanced plan provides 100% preventive care coverage at in-network providers. It also includes 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.

This plan also 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. These benefits do not apply to your deductible or out-of-pocket maximum.

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.
- Plan includes prescription drug coverage.
- 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.
- Additional ancillary benefits like telemedicine, accidental death and dismemberment, and accident medical 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 \$30 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 PLANS

	MEC ENHANCED PLAN	MEC ENHANCED ADVANTAGE 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.	
Out-of-Pocket Maximum:	Individual: \$3,000 / Family: \$6,000	Individual: \$3,000 / Family: \$6,000
Physician's Office Visit	\$25 copay; unlimited	\$25 copay; unlimited
Specialists	\$75 copay; 3 visits per year	\$75 copay; 3 visits per year
Urgent Care	\$75 copay; 3 visits per year	\$75 copay; 3 visits per year
Diagnostic Lab Work	N/A	\$50 copay; unlimited
Diagnostic X-Ray	N/A	\$100 copay; unlimited
Emergency Room	N/A	\$500 copay; 2 visits per year
Mental Health / Chemical Dependency	Covered as any other illness	Covered as any other illness
Prescription Drugs	CerpassRx	CerpassRx
-Generic	\$10 copay	\$10 copay
-Brand	Discounts	Discounts
-Annual Maximum	Unlimited	Unlimited
ALL BENEFITS BELOW PAY ON A CALENDAR YEAR BASIS PER PERSON, UNLESS STATED OTHERWISE.		
Daily In-Hospital Indemnity	N/A	\$1,000 per day; 500 day lifetime max
Intensive Care Unit		\$2,000 per day; 30 days per year
Substance Abuse		\$500 per day; 30 days per year
Mental Illness		\$500 per day; 10 days per year
Skilled Nursing (In-patient)		\$500 per day; 60 days per stay
Out-Patient Diagnostic Lab Work	\$75 per testing day; 3 days per year	N/A
Out-Patient Diagnostic X-Rays	\$150 per testing day; 2 days per year	N/A
*Accident Medical Expense	\$5,000 maximum benefit per injury	N/A
*Accidental Death & Dismemberment	\$15,000 Employee \$7,500 Spouse / \$3,000 Child	N/A
*PHCS Network	Physician and Hospital	Physician and Hospital
*HealthiestYou	No cost access to doctors by phone or online	No cost access to doctors by phone or online
*Medical Price Shopping Tool	Estimate medical costs before scheduling	Estimate medical costs before scheduling
BI-WEEKLY RATES	MEC ENHANCED PLAN	MEC ENHANCED PLUS PLAN
Employee Only	\$52.82	\$80.89
Employee + Spouse	\$102.47	\$164.31
Employee + Child(ren)	\$91.82	\$142.52
Family	\$138.37	\$218.53

***Benefits not underwritten by Nationwide Life Insurance Company.**
Policies are 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.



ADDITIONAL PLAN FEATURES

PHCS LIMITED BENEFIT NETWORK



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

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HEALTHIESTYOU



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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

PRESCRIPTION DRUGS PROVIDED BY CERPASSRX



- **Tier 1 (Most Generics):** \$10 Copay
- **Tier 2 (Some Generics & Preferred/Formulary Brand Name):** Discounts
- **Annual Maximum:** Unlimited

FIND A CERPASSRX PROVIDER

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

CRUM & FORSTER ACCIDENT MEDICAL AND ACCIDENTAL DEATH & DISMEMBERMENT (ONLY AVAILABLE IN THE MEC ENHANCED PLAN)



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

FAQS & CONTACTS

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.

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.

CAN I ENROLL IN MEDICAL COVERAGE IF I HAVE MEDICARE OR MEDICAID?

If you are currently enrolled in Medicare or Medicaid, we recommend that you do not enroll in medical coverage with The American Worker.

CONTACTS

BENEFIT	CONTACT	WEBSITE	PHONE NUMBER
Medical	The American Worker	www.TheAmericanWorker.com	(855) 495-1190
Accident Medical and AD&D	Crum & Forster administered by NAHGA	www.Nahgaclaimservices.com	(800) 952-4320
Telemedicine	HealthiestYou	www.Healthiestyou.com	(866) 703-1259
PPO Network	PHCS Limited Benefit Plan Network	www.Multiplan.com/awp	(888) 371-7427
Prescription Drug Coverage	CerpassRx	www.CerpassRx.com	(844) 636-7506

COBRA

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): 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 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 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 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.

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