

***Open Enrollment is Nov. 15-Nov. 29, 2021***

***Respond no later than Monday, Nov 29th!***

**I don't want insurance coverage through A-1 Personnel. What do I do?**

Complete the Waiver Form, sign it and email it to [openenrollment@a1personnelinc.com](mailto:openenrollment@a1personnelinc.com). If you have other insurance email us a copy of your insurance card.

**I already have insurance through A-1 Personnel.**

You will automatically be enrolled in the same level of coverage for the upcoming year. To make changes to the plan you selected and/or your dependents complete the Enrollment Form, sign it and email it to [openenrollment@a1personnelinc.com](mailto:openenrollment@a1personnelinc.com).

**I want to sign up for insurance through A-1 Personnel.**

Complete the Enrollment Form, sign it and email it to [openenrollment@a1personnelinc.com](mailto:openenrollment@a1personnelinc.com). Our office will double-check your eligibility for coverage.

**I have questions.**

If you have questions about the coverage offered contact Fringe Benefit Group at 888-798-9480. Reference Account FCR8619.

If you have questions about how to enroll/waive, deductions from your check, etc. please email them to [openenrollment@a1personnelinc.com](mailto:openenrollment@a1personnelinc.com). Include your full name, last 4 of your SSN and your callback phone #. Please no phone calls. We will answer your email within 2 business days.

\*\*\*The decision you make during Open Enrollment is final until next year's Open Enrollment period. The only exceptions are qualifying life events, including if you gain or lose other coverage (such as thru a spouse), birth/death of dependents, etc.

# A-1 Personnel of Houston

## Health Insurance – City of Houston Job Assignment (Open Enrollment)

Welcome to A-1 Personnel! Attached you will find the health insurance documents.

**Eligibility.** Anyone actively working full-time on a City of Houston assignment can enroll during Open Enrollment. Full-time is defined as working an average of 30 or more hours per week.

**What if I work Part-time?** Part-time employees (29 or fewer hours per week) are not eligible for health insurance. They should sign and return a Waiver.

**I have other health insurance. Can I waive this insurance?** Yes. If you are covered by Medicare, Medicaid, Veterans Affairs/Tricare, individual coverage, coverage through a spouse, or coverage through a parent please complete the Waiver Form.

**When will my deduction be taken from my check?** We will deduct once per month from the first check of every month for the entire insurance premium.

**How much does it cost?** Please see the Premium Spreadsheet.

**What is the POP Program?** The POP Program is the City's requirement that A-1 Personnel of Houston offer employees health insurance that costs no more than \$150 per month for individual coverage. Our MVP Bronze Plan is our main health insurance product. For the MVP Plan, the employee will pay the affordable amount of premium dictated by the Affordable Care Act not to exceed \$150 per month.

**Whom should I contact if I have more questions/concerns about the health insurance?** Please send your question via email to [openenrollment@a1personnelinc.com](mailto:openenrollment@a1personnelinc.com). Please include your call-back phone number.

For specific questions about the insurance plans please call Fringe Benefit Group's Customer Service Department at 888-798-9480. Our group number is FCR8619. You will need this number any time you call Customer Service.

8702 Westpark Drive  
Houston, Texas 77063  
(713)773-2900 fax (713)773-4325  
[insurance@a1personnelinc.com](mailto:insurance@a1personnelinc.com) □ [www.a1personnelinc.com](http://www.a1personnelinc.com)

## Employee Monthly Premium Amounts for 2022 Health Insurance

MONTHLY PREMIUMS	MVP	MEC BASIC	VALUE PLAN (MEC PLUS)	SELECT PLAN (MEC PLUS)
	EMPLOYEE COST	EMPLOYEE COST	EMPLOYEE COST	EMPLOYEE COST
EMPLOYEE	Ask the Insurance Department	\$ 25.79	\$ 55.42	\$ 102.42
EMPLOYEE + SPOUSE/DOMESTIC PARTNER		\$ 47.87	\$ 135.50	\$ 236.50
EMPLOYEE + CHILD(REN)		\$ 53.72	\$ 129.35	\$ 219.35
FAMILY		\$ 78.85	\$ 238.48	\$ 404.48



**The American  
Worker®**

Provided by Fringe Benefit Group



## **2022 Benefits Enrollment Guide and Form**

### **A-1 Personnel of Houston**

**Effective Date: January 1, 2022**

# OVERVIEW & ELIGIBILITY

A-1 Personnel of Houston values the contributions of our employees. In appreciation of your dedicated service, we are pleased to offer The American Worker program. Please carefully review this enrollment guide so you understand the benefits being provided and can make the right choices for you and your family.

## About Your Coverage

### BASIC MEC (MINIMUM ESSENTIAL COVERAGE) PLAN

- 100% coverage for all ACA required Preventive Care and Wellness services

### MEC (MINIMUM ESSENTIAL COVERAGE) PLUS PLANS

- 100% coverage for all ACA required Preventive Care and Wellness services
- 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 Drugs
- National PPO Network

### MINIMUM VALUE PLAN (MVP)

- Comprehensive coverage for healthcare services due to accidents or illnesses as well as prescription drugs after the applicable deductible
- 100% coverage for preventive services without a copay or having to satisfy the deductible
- Access to national PPO network

## Take The Next Step

For your convenience, you can enroll online by visiting [www.TheAmericanWorker.com](http://www.TheAmericanWorker.com) and select "**Register and Enroll**" under "**Login and Enroll**" at the top of the page. If you are newly eligible for benefit coverage and do not enroll in coverage now, you will not be able to enroll until the next Open Enrollment period, unless you have a Qualifying Life Event.



The Minimum Essential Coverage (MEC) services satisfy the requirement set forth by the Affordable Care Act (ACA) and cover a multitude of common screenings and preventive services at 100%. You **MUST** visit a PHCS Network provider for services to be covered. Services from out-of-network providers are NOT covered. To find a provider, visit [www.multiplan.com/awpmec](http://www.multiplan.com/awpmec) and select the PHCS - Preventive Services Network.

## Most Common Services

- Cholesterol Tests
- Flu Shots
- Annual Well-Woman Exams
- Contraceptives
- Mammograms
- Colon Cancer Screening
- Childhood Immunizations
- Well-Child Checkups

## Additional Services at a Glance

### ADULTS

**Screenings:** Abdominal Aortic Aneurysm, Alcohol Misuse, Blood Pressure, Cholesterol, Colorectal Cancer, Depression, Diabetes (Type 2), Hepatitis B, Hepatitis C, HIV, Lung Cancer, Obesity, Syphilis, Tobacco Use, Tuberculosis

**Immunizations:** Diphtheria, Hepatitis A, Hepatitis B, Herpes Zoster, HPV, Influenza (flu shot), Measles, Meningococcal, Mumps, Pertussis, Pneumococcal, Rubella, Tetanus, Varicella (Chickenpox)

### WOMEN INCLUDING PREGNANT WOMEN OR WOMEN WHO MAY BECOME PREGNANT

**Screenings:** Anemia, Breast Cancer Mammography, Cervical Cancer, Chlamydia, Diabetes, Domestic and Interpersonal Violence, Gestational Diabetes, Gonorrhea, Hepatitis B, HIV, HPV, Maternal Depression, Osteoporosis, Preeclampsia, Rh Incompatibility, Syphilis, Tobacco Use, Urinary Incontinence, Urinary Tract Infection

**Counseling:** Breast Cancer Chemoprevention, Breast Cancer Genetic Testing (BRCA), Breastfeeding, Contraception, Domestic and Interpersonal Violence, HIV, Sexually Transmitted Infection

### CHILDREN

**Screenings:** Autism, Bilirubin Concentration, Blood, Blood Pressure, Cervical Dysplasia, Depression, Developmental, Dyslipidemia, Hearing, Hematocrit or Hemoglobin, Hemoglobinopathies or Sickle Cell, Hepatitis B, HIV, Hypothyroidism, Lead, Obesity, Phenylketonuria (PKU), Sexually Transmitted Infection, Tuberculin, Vision

**Immunizations:** Diphtheria, Haemophilus Influenzae Type B, Hepatitis A, Hepatitis B, HPV, Inactivated Poliovirus, Influenza (flu shot), Measles, Meningococcal, Pertussis, Pneumococcal, Rotavirus, Tetanus, Varicella (Chickenpox)

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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/](http://www.healthcare.gov/preventive-care-benefits/).

**IMPORTANT:** Office visit fees: 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.

# MEC PLUS PLANS



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

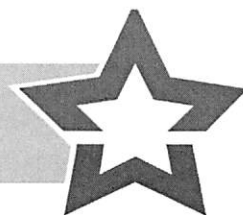
The American Worker Fixed Indemnity Plan provides affordable, first dollar coverage. The plan offers coverage for basic healthcare services and prescription drug discounts.

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.**

Preventive Services		
Minimum Essential Coverage (MEC)	Plan pays 100% for all ACA required preventive care services. <b>You MUST visit a PHCS Network provider for Preventive services to be covered.</b>	
Fixed Indemnity Services	Value Plan	Select Plan
Physician's Office	\$60 per day; 3 days per year	\$80 per day; 4 days per year
Outpatient Diagnostic Lab	\$60 per testing day; 3 days per year	\$75 per testing day; 2 days per year
Outpatient Diagnostic X-Ray	\$75 per testing day; 2 days per year	\$85 per testing day; 3 days per year
Outpatient Diagnostic Advanced Studies	\$500 per testing day; 1 day per year	\$700 per testing day; 1 day per year
Emergency Room Sickness	\$150 per day; 2 days per year	\$250 per day; 2 days per year
Surgical Indemnity Benefit		
-Daily Inpatient Surgical	\$1,000 per day, 1 day per year	\$1,500 per day, 1 day per year
-Daily Outpatient Surgical	\$500 per day	\$750 per day
-Daily Outpatient Minor	\$100 per day	\$150 per day
-Outpatient Benefit Maximum	1 day per year	1 day per year
Anesthesia	30% of Surgical Benefit	30% of Surgical Benefit
Ambulance	\$500 per day; 1 day per year	\$500 per day; 1 day per year
Daily In-Hospital Indemnity	\$300 per day; 500 day lifetime max	\$800 per day; 500 day lifetime max
Intensive Care Unit	\$600 per day; 30 days per year	\$1,600 per day; 30 days per year
Substance Abuse	\$150 per day; 30 days per year	\$400 per day; 30 days per year
Mental Illness	\$150 per day; 30 days per year	\$400 per day; 30 days per year
Skilled Nursing (Inpatient)	\$150 per day; 60 days per stay	\$400 per day; 60 days per stay
*Prescription Drugs	Copay Rx Plan 1	Copay Rx Plan 2
*Accident Medical Expense	\$5,000 maximum benefit per injury	
*Accidental Death & Dismemberment	\$15,000 Employee / \$7,500 Spouse / \$3,000 Child	
*Term Life	\$10,000 Employee	
*HealthiestYou	No cost access to doctors by phone or online	
*PHCS Network	Physician and Hospital	

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





### PHCS PPO Limited Benefit Network

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

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

### 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](http://www.Healthiestyou.com)
- **Call:** (866) 703-1259

### Copay Rx Plans

#### COPAY RX PLAN 1

- **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
- No Deductible
- Restricted Formulary

Mail Order option available for 90 day prescription supply.

- **Tier 1:** \$25 copay
- **Tier 2:** \$125 or 50%

#### COPAY RX PLAN 2

- **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

Mail Order option available for 90 day prescription supply.

- **Tier 1:** \$25 copay
- **Tier 2:** \$125 or 50%

#### CERPASSRX

- **Visit:** [www.cerpasrx.com](http://www.cerpasrx.com)
- **Call:** (844) 636-7506



# MINIMUM VALUE PLAN (MVP) BRONZE

The MVP Bronze plan benefits and rates you will pay for the plan are listed below. For complete details of the MVP Bronze plan contact your HR Department for the Summary of Benefits and Coverage.

**There are no copays associated with the medical or prescription benefit.** A select list of preventive services are covered at 100% and not subject to the deductible. For all other services, employees must meet a \$5,000 deductible before benefits are eligible for plan payment.

There is no Provider Network. Members have the ability to choose any provider and charges are reimbursed based on 150% of Medicare for Facilities and 125% for Professional Services. **Providers may balance bill you for additional payment.**

**Enrollment is subject to completion of a medical questionnaire.** The MVP Bronze plan rates are illustrative and subject to change based your response to the individual health questionnaire (IHQ). All IHQs are reviewed by medical underwriting to determine final rates. **Any misrepresentations, misstatements or omissions of medical information may result in revision of your rates, denial of claims payment or loss of coverage.**

## PLAN INFO

### Prescription Benefits

CerpassRx

Visit: [www.cerpassrx.com](http://www.cerpassrx.com)

Call: (844) 636-7506

Benefits	No Provider Network - Charges reimbursed based on 150% of Medicare for Facilities and 125% for Professional
<b>Plan Maximums</b>	
Deductible Individual / Family	\$5,000 / \$10,000
Coinsurance	Plan pays 80%; You pay 20%
Out-of-Pocket Maximum* Individual / Family	\$6,000 / \$12,000
<b>Services</b>	
Office Visit	Deductible & Coinsurance Apply
Outpatient Lab and X-Rays	Deductible & Coinsurance Apply
Complex Imaging	Deductible & Coinsurance Apply
Emergency Room Services	Deductible & Coinsurance Apply
Inpatient / Outpatient Hospitalization	Deductible & Coinsurance Apply
Outpatient Prescription Drugs	Deductible & Coinsurance Apply
Preventive care	Plan pays 100%

\*Out-of-Pocket Maximum includes deductible and coinsurance.



## 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.

**Minimum Essential Coverage (MEC):** This Plan is designed to provide Plan Participants with minimum essential coverage under the federal income tax rules. While you are enrolled in this Plan, you will not be eligible for a federal tax credit through a federal or state exchange (sometimes referred to as the insurance marketplace). If you do not enroll in this plan, you may be eligible for a federal tax credit that lowers your monthly premium. If you do not enroll you may receive a reduction in certain cost-sharing if you enroll in a health insurance plan through the federal or state exchange. Please note that this plan is NOT minimum essential coverage for purposes of the individual health coverage requirements in MA.

**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.**

**Section 125 Disclaimer:** I hereby elect to participate in the American Worker Plan for benefits made available under the Internal Revenue Code Section 79, 105, 106, 125, and these sections as amended. I understand that the plan will automatically convert to pretax status any eligible payroll deductions which are provided through the Plan. I understand that by participating in this Plan my Social Security benefits may be reduced since these premiums will be deducted before my salary is taxed. This election will remain in effect for the entire Plan Year. My 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.

**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.

**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](http://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.