

IT'S ABOUT  
*you!*  
**2025**  
PART-TIME  
BENEFITS GUIDE



The American  
Worker®  
Provided by Fringe Benefit Group



**Bath & Body Works®**  
PART-TIME ASSOCIATES

## 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: Minnesota, New Mexico and Vermont residents are not eligible for the Standard and Preferred Limited Medical Benefit Plans offered by The American Worker. Benefits vary for Kansas and Ohio residents.**

**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.

### **IMPORTANT: This is a fixed indemnity policy, NOT health insurance**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

### **Looking for comprehensive health insurance?**

- Visit [Healthcare.gov](https://www.healthcare.gov) or call **1-800-318-2596** (TTY: **1-855-889-4325**) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

### **Questions about this policy?**

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

# Message To You

We value your contributions, 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 a part-time associate of Bath & Body Works, you are eligible to enroll in benefits during Open Enrollment or within 30 days of your date of hire. You must be actively at work to retain coverage. Dependent coverage is available to your legal spouse, domestic partner, and your legal children up to age 26.

## When will my benefits start?

Your coverage will start the date of your first paycheck with a benefit deduction.

## When Can I Make A Plan Change Or Terminate My Coverage?

Deductions are taken on a pre-tax basis. Per IRS regulations, coverage can only be changed or canceled during Open Enrollment or within 30 days of a qualifying life event.

## How Do I Enroll In Coverage?

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



### Enroll by Online:

1. Visit [mybbwbenefits.com/part-time](https://mybbwbenefits.com/part-time)
2. Click the Enroll button to begin your enrollment with The American Worker
3. In the New User box select Employee ID and enter your information.

**Employee ID #: 11 Digit BBW Employee ID**

**Group #: 161167**

**Date of Birth: Your birthdate**



### Enroll by Phone: Call **866.866.3424**

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

Press 1 to enroll.  
Press 2 for all other inquiries





# Medical Plans For You

## Limited Medical Benefit Plans

- Daily benefit for doctor visits, diagnostic X-rays, lab work, hospital stays and more
- Access to a national PPO network
- 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!



## Already Have Health Insurance?

Maximize your coverage. Even with existing insurance, out-of-pocket costs can add up. Our plans work alongside your existing plan to help manage these expenses. The cash benefit you receive from our plan is used towards your deductible, coinsurance, or other costs, reducing your financial burden when seeking treatment.

Ask your current provider about their coordination of benefits policy.

## Specialty Plans For You



### Dental Coverage

Pays up to \$1,000 per year with a \$50 deductible per year.



### Vision Coverage

Coverage for eye exams and corrective eyewear.



### Employee Assistance Program (EAP)

Offers no cost, confidential support, resources and someone to talk to whenever and wherever you need them



### Short-Term Disability

Pays \$150 per week for up to 13 weeks.



### Life/AD&D Insurance

\$10,000 of Life and AD&D coverage for you.



### Care Benefits

Unlimited access to the leading network through [Care.com](https://www.care.com) for finding and booking short-term and ongoing care.



### Discounts

Exclusive offers on travel, movie tickets, electronics and more through our online discount program.



## Dental and Vision Benefits

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

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



## Disability, Life/AD&D, and more

Be prepared for life's challenges. Accidents, illnesses, and loss can hit anyone. The financial burden on top of emotional stress can be overwhelming.

Our plans provide financial support during difficult times, helping you focus on recovery and providing a safety net for your loved ones. Don't let an unexpected event derail your life.

# Limited Medical Benefit Plans

The American Worker Limited Medical Benefit Plans provide a daily benefit toward common In-patient and Out-patient services like doctor office visits, surgical procedures, and diagnostic lab and x-ray services. This daily benefit is not dependent on visiting an in-network provider; however, you do have access to the PHCS Limited Benefit Plan Network [www.multipan.com/awp](http://www.multipan.com/awp).

By going to 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. The daily benefit and number of day maximums are based on the calendar year. **This plan is not a substitute for major medical coverage.**

## Why Should You Enroll In The Limited Medical Benefit Plan?

- Access to network discounts through the PHCS Limited Benefit Plan Network.
- Benefits payable in or out-of-network.
- Discounts on prescription drugs.
- Additional benefits such as telemedicine, accidental death and dismemberment, and accident medical are included.
- In most cases, you can 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, a discount is applied to your medical services which lowers the amount of money you will have to pay out-of-pocket. Here’s an example of how going to an in-network provider can save you money on a doctor’s visit if you’re sick or have an injury.

Refer to benefit grid for actual benefit amount.

### Example

You to go to urgent care because you injured yourself.

This type of service often includes a charge for an office visit and x-ray.

IN-NETWORK

\$125	+	\$160	-	\$87.30	-	\$75	-	\$75	=	Your Cost \$47.70
Office Visit Cost		X-Ray		In-Network Discount		Paid by Plan For Office Visit Benefit		Paid by Plan For X-Ray Benefit		

OUT-OF-NETWORK

\$125	+	\$160	-	\$75	-	\$75	=	Your Cost \$135
Office Visit Cost		X-Ray		Paid by Plan For Office Visit Benefit		Paid by Plan For X-Ray Benefit		



# Limited Medical Benefit Plans

Limited Medical Benefits	Standard Plan	Preferred Plan
Physician's Office	\$70 per day; 4 days per year	\$100 per day; 4 days per year
Out-patient Diagnostic Lab	\$50 per testing day; 3 days per year	\$90 per testing day; 4 days per year
Out-patient Diagnostic X-Ray	\$50 per testing day; 3 days per year	\$85 per testing day; 3 days per year
Out-patient Diagnostic Advanced Studies	\$100 per testing day; 3 days per year	\$200 per testing day; 3 days per year
Preventive Care	\$100 per day; 1 day per year	\$150 per day; 1 day per year
Emergency Room Sickness	N/A	\$150 per day; 2 days per year
Surgical Indemnity Benefit -Daily In-patient Surgical -Daily Out-patient Surgical -Daily Out-patient Minor -Out-patient Benefit Maximum	N/A	\$500 per day, 1 day per year \$250 per day \$50 per day 1 day per year
Anesthesia	N/A	30% of Surgical Benefit
Hospital Admission	N/A	\$500 lump sum per confinement
Daily In-Hospital Indemnity	\$100 per day; 500 day lifetime max	\$200 per day; 500 day lifetime max
Intensive Care Unit	\$200 per day; 30 days per year	\$400 per day; 30 days per year
Substance Abuse	\$50 per day; 30 days per year	\$100 per day; 30 days per year
Mental Illness	\$50 per day; 30 days per year	\$100 per day; 30 days per year
Skilled Nursing (In-patient)	\$50 per day; 60 days per stay	\$100 per day; 60 days per stay
Outpatient Substance Abuse	\$10 per day; \$550 per year	\$10 per day; \$550 per year
Outpatient Mental Illness	\$10 per day; \$550 per year	\$10 per day; \$550 per year
Maternity Hospital Stay Maximum	\$100 per Day Natural Childbirth: 2 Days per Year / Cesarean: 4 Days per Year	\$100 per Day Natural Childbirth: 2 Days per Year / Cesarean: 4 Days per Year
Follow Up Care	\$10 per day, 3 days per year	\$10 per day, 3 days per year
*Accident Medical Expense	\$5,000 maximum benefit per injury	\$5,000 maximum benefit per injury
*Accidental Death & Dismemberment	\$15,000 Associate / \$7,500 Spouse / \$3,000 Child	\$15,000 Associate / \$7,500 Spouse / \$3,000 Child
*HealthiestYou	No cost access to doctors by phone or online	No cost access to doctors by phone or online
*Prescription Drugs	ZeroSelect Rx	ZeroSelect Rx
*PHCS Network	Physician and Hospital	Physician and Hospital
Bi-Weekly Rates	Standard Plan	Preferred Plan
Associate	\$19.80	\$34.71
Associate + Spouse	\$39.44	\$74.02
Associate + Child(ren)	\$30.43	\$55.46
Family	\$42.04	\$80.83

**\*Benefits not underwritten by Nationwide Life Insurance Company.  
Policies are not available to residents of MN, NM, and VT.  
Policies may vary for KS residents.**

**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.**



# Limited Medical Benefit Plan for New Mexico Residents



Limited Medical Benefits	Value Plan
Physician's Office	\$75 per day; 5 days per year
Out-patient Diagnostic Lab	\$50 per testing day; 6 days per year
Out-patient Diagnostic X-Ray	\$50 per testing day; 6 days per year
Surgical Indemnity Benefit -Daily In-patient Surgical -Daily Out-patient Surgical -Daily Out-patient Minor -Out-patient Benefit Maximum	\$1,000 per day, 1 day per year \$500 per day \$100 per day 1 day per year
Hospital Admission	\$2,500 lump sum per confinement
Daily In-Hospital Indemnity Intensive Care Unit Substance Abuse Mental Illness Skilled Nursing (In-patient)	\$500 per day; 500 day lifetime max \$1,000 per day; 30 days per year \$250 per day; 30 days per year \$250 per day; 30 days per year \$250 per day; 60 days per stay
*Life/AD&D Insurance *Dependent Life Insurance	\$10,000 Associate \$5,000 Spouse / \$2,500 Child / \$400 Infant
*HealthiestYou	No cost access to doctors by phone or online
*Prescription Drugs	ZeroSelect Rx
*PHCS Network	Physician and Hospital
Bi-Weekly Rates	Value Plan
Associate	\$43.04
Associate + Spouse	\$97.92
Associate + Child(ren)	\$72.71
Family	\$114.17

**\*Benefits not underwritten by Nationwide Life Insurance Company.**

**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.**

## Additional Plan Features

### 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](http://www.Multiplan.com/awp)
- **Call:** 888.371.7427

**You can visit a PHCS or out-of-network provider for service and the Limited Medical Benefit Plan will pay the same benefit amount.**

### 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](http://www.Healthiestyou.com)
- **Call:** 866.703.1259

### ZeroSelect Rx - Provided by PRAM

The ZeroSelect Rx program is designed with your health in mind. It provides access to many commonly prescribed acute care and maintenance medications at a zero dollar cost.

- \$0 copay for approximately 300 acute care and maintenance medications on the formulary list
- Discounts on medications not within the formulary list
- Over 70,000 pharmacies nationwide including 100% of chains and 90% of independents
- Maximize savings using the pricing tool that compares drug costs at local pharmacies

[www.pram.com/formulary/zeroselctrx](http://www.pram.com/formulary/zeroselctrx)

**Note: The ZeroSelect Rx is a non-insurance program.**

# Additional Plan Features

## Crum & Forster Accident Medical and Accidental Death & Dismemberment



**(Only Available in the Standard and Preferred Limited Medical Benefit Plans)**

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 as 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 Associate / \$7,500 Spouse / \$3,000 Child

## Basic Life Insurance

**(Only Available in the Value Limited Medical Benefit Plan)**

Basic Life Insurance coverage will provide your loved ones with a cash payment in the event you pass away. This can help alleviate some of the financial stress that your loved ones might be left with after your passing. Add your beneficiary information to your enrollment form or through your American Worker member portal.

- **Life/AD&D Insurance:** \$10,000 Associate
- **Dependent Life Insurance:** \$5,000 Spouse / \$2,500 Child / \$400 Infant



# Dental



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

This plan is offered by Ameritas.

Dental Plan Benefits		
Plan Maximums		
<b>Calendar Year Maximum</b>	Up to \$1,000 per Covered Member	
<b>Deductible</b>	\$50 per Person, No Family Maximum	
Covered Benefits	Waiting Period	Coinsurance
<b>Preventive and Diagnostic</b> Routine Exams, Cleanings, X-rays, etc.	None	Covered at 100% (MAC/MAB)*
<b>Basic Treatment</b> Restorative Amalgams and Composites Endodontics, Periodontics, Extractions, etc.	3 Months	Covered at 60% (MAC/MAB)*
<b>Major Treatment</b> Onlays, Crowns, Prosthodontics, etc.	12 Months	Covered at 50% (MAC/MAB)*
Bi-Weekly Rates		
Associate		\$12.16
Associate + Spouse		\$30.27
Associate + Child(ren)		\$20.68
Family		\$31.54

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

## LOCATE NETWORK PROVIDERS

Call 800.659.2223

- Select option 3

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

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

This plan is offered by Ameritas.

Vision Plan Benefits		
Plan Maximum		
<b>Deductible</b>	\$10 Exam, \$25 Eye Glass Lenses or Frames <sup>1</sup>	
Covered Benefits	VSP Choice Network	Out-of-Network
<b>Annual Eye Exam</b>	Covered in Full	Up to \$45
<b>Lenses</b> (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
<b>Contacts</b> Fit and Follow Up Exams Elective Medically Necessary	15% Discount Up to \$120 Covered in Full	No Benefit Up to \$105 Up to \$210
<b>Frames</b>	Up to \$120 <sup>2</sup>	Up to \$70
<b>Frequency</b> Exam / Lens / Frames	Based on Date of Service 12 Months / 12 Months / 24 Months	
Bi-Weekly Rates		
Associate		\$4.34
Associate + Spouse		\$8.61
Associate + Child(ren)		\$8.03
Family		\$12.26

<sup>1</sup>Deductible applies to a complete pair of glasses or frames, whichever is selected.  
<sup>2</sup>The Costco benefit will be the wholesale equivalent.



## LOCATE NETWORK PROVIDERS

Call **800.877.7195**

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

- Your network is "VISION: VSP"



## 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.

Short-Term Disability	
<b>Weekly Maximum Benefit</b>	Plan pays \$150 Lump Sum
<b>Maximum Benefit Period</b>	13 weeks
<b>Waiting Period</b>	7 days (Accidents and Illnesses)

Coverage includes disability due to pregnancy and childbirth. Short-Term Disability is not available to residents of NM & VT. Policies may vary for KS and OH residents.

Bi-Weekly Rates	
Associate Only	\$3.13

There are state sponsored disability programs in CA, HI, NJ, NY, and RI. If you live in one of these states, receiving benefits from this program may impact your entitlement to those state-sponsored benefits.

## Life/AD&D Insurance

This plan can help protect the financial future of those that depend on you most. The Optional Life insurance benefit will pay a pre-determined benefit amount upon death of the covered individual.

You may select Dependent Life to provide life insurance for eligible dependents. Please note that the Dependent Life benefit can only be selected in conjunction with the Associate Life Benefit. Dependent Life cannot exceed the amount of Optional Life you elect. Assign your beneficiaries either on your enrollment form or through your American Worker member portal.

Life/AD&D Insurance	
Associate	Pays \$10,000
Dependent Life Insurance	
Spouse	Pays \$5,000
Child (6 months to 26 years)	Pays \$2,500
Infant (10 days to 6 months)	Pays \$400

Bi-Weekly Rates	
Associate	\$1.87
Associate + Spouse	\$2.81
Associate + Child(ren)	\$2.81
Family	\$3.99

Life/AD&D Insurance is not available to residents of NM & VT. Policies vary for Kansas Residents.



# Employee Assistance Program (EAP)

We care about the whole you, that's why we offer the Employee Assistance Program (EAP), which offers no cost, confidential support, resources and someone to talk to whenever and wherever you need them – they'll be there for you 24/7. Provided through ComPsych, the EAP provides:

## CONFIDENTIAL EMOTIONAL SUPPORT.

Highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

## WORK-LIFE SOLUTIONS.

Specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care

## LEGAL GUIDANCE.

Talk to attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more
- Need representation? Get a free 30-minute consultation and a 25% reduction in fees.
- Financial Resources. Financial experts can assist with a wide range of issues. Talk to them about:
  - Retirement planning, taxes
  - Relocation, mortgages, insurance
  - Budgeting, debt, bankruptcy and more

## INTERACTIVE DIGITAL TOOLS.

Digital self-care platform offers interactive behavioral health tools and resources. Log on for:

- Guided programs for anxiety, depression, mindfulness, sleep, stress and more
- Personalized, guided resources & motivational support
- Secure access through GuidanceResources® Online

## WELL-BEING COACHING.

Certified coaches work one-on-one with you to address health and well-being issues holistically, before they become long-term, costly problems. Call for help with:

- Burnout and work-life balance
- Developing self-compassion
- Goal-setting and building resiliency
- Coping with stress, improving sleep and more

## ONLINE SUPPORT.

GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

- GuidanceConnectSM, which allows you to find a network therapist through the portal
- Articles, podcasts, videos, slideshows
- On-demand trainings

## Who's Eligible

All U.S. associates – including seasonal associates – their dependents and housemates – including partners, roommates or anyone else living under your roof. You do not need to be enrolled in a Bath & Body Works medical plan to use the EAP.

The services provided through the EAP are strictly confidential. ComPsych will not release any information about you, your family members or housemates, unless you give written permission or unless the law requires it.

## How to access ComPsych

There are three ways to access ComPsych:

1. Download the GuidanceNow App. Go to the App Store or Google Play and search for “**GuidanceNow**” to download the app.
2. Visit GuidanceResource Online. Go to [guidanceresources.com](https://guidanceresources.com) (**Organization Web ID: BBW**)
3. Call 866.483.1481. When you call ComPsych, a GuidanceResources counselor will listen to your concerns and get a referral for you to talk to an expert counselor located in your area. During the appointment, the counselor will discuss your situation and help you develop a plan of action. You can visit a ComPsych counselor up to 8 times per person per issue each year at no cost to you, your dependents or housemates. If it is determined you need additional services beyond 8 visits, your medical plan may cover any additional care.



# Your Care benefits



## With Care, you have access to these great benefits:

### Care Membership

Unlimited access to the leading network for finding and booking short-term and ongoing care. Post jobs, search, and reach out to local caregivers 24/7 to find care for children, adults, pets, housekeeping, tutors, and more.

### LifeMart

Exclusive offers on child care, education, travel, and more through our online discount platform.

[bbw.care.com](http://bbw.care.com)

Enroll or login to  
**ACCESS BENEFITS TODAY**





# Paying for Benefits

## Do I Have To Enroll In All The Plans, Or Can I Choose Specific Plans?

You can choose which plans to enroll in. There's no requirement to enroll in every plan offered.

## How Do I Pay For Coverage?

Your premium will be deducted from your paycheck on a bi-weekly basis.

## What Happens If I Don't Have A Payroll Deduction?

Your benefits will be suspended. Your benefits will resume when you have a paycheck with a deduction, or you pay The American Worker directly. If you have five missed deductions, your coverage will be canceled back to your last paid period.

## What Happens if I Have A Claim When My Benefits Are Suspended?

Your claim will be denied and you will pay for 100% of the cost for the care you received. If you are within 45 days of the missed deduction, you can pay The American Worker directly for that missed period. Your claim will automatically be reprocessed.

## How Do I Keep My Coverage If I Miss A Deduction?

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

## How Do I Make A Payment If I Missed A Deduction?

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

**Online:** Visit [www.TheAmericanWorker.com](http://www.TheAmericanWorker.com) and login to your associate portal

**Phone:** Call The American Worker at **866.866.3424**

**Mail:** 11910 Anderson Mill Rd #401, Austin, TX 78726

**NOTE:** If you setup automatic payments, you must contact The American Worker to cancel the automatic payment when your employment ends. If you do not, your account will be charged for coverage and you will not receive a refund.

## How Long Do I Have To Make A Payment For A Missed Deduction?

You have 30 days from the date of your paycheck without a deduction to make a premium payment. If you do not pay for the missed deduction within 30 days, you will not be able to pay for that coverage period at a later date.

## Will My Coverage Be Terminated If I Don't Pay My Premium?

If you do not pay your premium for four consecutive weeks, your coverage will be terminated for nonpayment. **Please review your paycheck to make sure your premium is deducted. If it is not, contact The American Worker immediately to make a payment and avoid having your coverage terminated.**

# Bath&BodyWorks®

## FAQ's & 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](http://www.TheAmericanWorker.com).

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

### How Do I Use My Coverage?

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

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

### 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	<a href="http://www.TheAmericanWorker.com">www.TheAmericanWorker.com</a>	855.495.1190
Accident Medical and AD&D	Crum & Forster administered by NAHGA	<a href="mailto:www.NCSR@nahgaclaims.com">www.NCSR@nahgaclaims.com</a>	800.952.4320
Telemedicine	HealthiestYou	<a href="http://www.Healthiestyou.com">www.Healthiestyou.com</a>	866.703.1259
Optional Life & Dependent Life	Nationwide administered by The American Worker	<a href="http://www.TheAmericanWorker.com">www.TheAmericanWorker.com</a>	888.798.9480
PPO Network	PHCS Limited Benefit Plan Network	<a href="http://www.multiplan.com/awp">www.multiplan.com/awp</a>	888.371.4727
Dental	Ameritas	<a href="http://www.Ameritas.com">www.Ameritas.com</a>	800.659.2223
Vision	Ameritas	<a href="http://www.Ameritas.com">www.Ameritas.com</a>	800.877.7195
Prescription Drug Coverage	CerpassRx	<a href="http://www.CerpassRx.com">www.CerpassRx.com</a>	844.636.7506
Employee Assistance Program (EAP)	ComPsych	<a href="http://guidanceresources.com">guidanceresources.com</a>	866.483.1481
Care Benefits	Care for Business	<a href="http://bbw.care.com">bbw.care.com</a>	855.781.1303



# COBRA

## Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

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 and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

## What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. 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're an associate, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an associate, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-associate dies;
- The parent-associate's hours of employment are reduced;
- The parent-associate's employment ends for any reason other than his or her gross misconduct;
- The parent-associate becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

## When is COBRA continuation 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 Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the associate;
- The associate's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the associate and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice in writing to the Plan Administrator. Any notice you provide must state the name of the plan or plans under which you lost or are losing coverage, the name and address of the associate covered under the plan, the name(s) and address(es) of the qualified beneficiary(ies), and the qualifying event and the date it happened. The Plan Administrator will direct you to provide the appropriate documentation to show proof of the event.

## How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered associates may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

**Disability extension of 18-month period of COBRA continuation coverage**

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. If you believe you are eligible for this extension, contact the Plan Administrator.

**Second qualifying event extension of 18-month period of continuation coverage**

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the associate or former associate dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

## Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

## Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

## If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Associate Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov). Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

For additional information regarding your COBRA continuation coverage rights, please contact the Plan Administrator below:

The American Worker

[www.TheAmericanWorker.com](http://www.TheAmericanWorker.com)

855.495.1190



## Disclaimers

**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. **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 effective for the entire Plan Year. Your election CANNOT be changed during the Plan Year in accordance with the Internal Revenue Service Guidelines unless a qualifying event occurs. Qualifying events include: marriage, divorce, legal separation, death of spouse, birth or legal adoption of a child, death of a child, or spousal change of employment affecting insurance coverage. By enrolling you have accepted the terms detailed about.

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

### Ameritas Disclaimers

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

#### Limitations and Exclusions:

##### Dental

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

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

##### Vision

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

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

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



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**The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official plan documents will govern.**