Part-Time Hourly

Go The Distance!

2026 NEW HIRE ENROLLMENT GUIDE

BENEFIT Your Life

DICK'S

The American Worker®

Provided by Fringe Benefit Group

MESSAGE TO OUR TEAMMATES

DICK'S Sporting Goods is pleased to offer an affordable limited medical plan through The American Worker. The limited medical plans are designed to provide coverage for basic health care services. These plans do not qualify as minimum essential coverage under the Affordable Care Act (ACA).

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 regular teammate of DICK'S Sporting Goods, you are eligible to enroll in benefits. 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?

Deductions are taken for these benefits 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.

BENEFIT DEDUCTIONS & CHANGES DURING THE YEAR

The cost of limited medical and dental coverage is deducted from your paycheck before taxes. Since deductions are processed pretax, IRS regulations determine when you can enroll, change, or cancel coverage during the year. You must enroll when initially eligible or during Annual Enrollment and the coverage you elect will remain in place for the entire year. If you don't, you must wait until the next Annual Enrollment to enroll. However, if you experience a Qualifying Life Event (QLE) during the year, you may be eligible to enroll in new coverage, make changes to existing coverage or cancel your current coverage.

Qualifying Life Events include, but are not limited to: birth, adoption or legal guardianship of a child; marriage, divorce, or legal separation; death of a spouse or child; spousal change of employment affecting insurance coverage. You have 30 days from the date of the QLE to call The American Worker to make a change. If you do not, you will not be able to make a change until the next Annual Enrollment. Coverage changes must be consistent with the QLE and documentation may be required.

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.

ENROLLMENT PERIOD: YOU HAVE 31 DAYS FROM YOUR DATE OF HIRE TO ENROLL.
EFFECTIVE DATE: YOUR EFFECTIVE DATE WILL BE PROVIDED WHEN COMPLETING YOUR ENROLLMENT.

Enroll Online: Visit www.TheAmericanWorker.com
1. Select **Login and Enroll**
2. Click on **Register & Enroll**

Available anytime, day or night

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

LIMITED BENEFIT PLAN

- Daily benefit for doctor visits, diagnostic X-rays, lab work, hospital stays and more
- Access to a national PPO network
- Coverage for prescription drugs
- 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 Limited Benefit 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 $500 per year with a $50 deductible per visit.

SHORT-TERM DISABILITY

Pays $150 per week for up to 26 weeks.

LIFE/AD&D INSURANCE

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

DENTAL BENEFITS

Healthy teeth are key to a healthy you. Poor oral 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 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 BENEFIT PLANS

The American Worker Limited 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 First Health Network **www.firsthealthlbp.com**.

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 BENEFIT PLAN?

- Access to network discounts through the First Health Network.
- Benefits payable in or out-of-network.
- Discounts on prescription drugs.
- Additional benefits such as telemedicine is 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.

Below is an example, refer to benefit grid for actual benefit amount.

EXAMPLE

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

OUT-OF-NETWORK

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

LIMITED BENEFIT PLANS

LIMITED MEDICAL BENEFITS	STANDARD PLAN	PREFERRED PLAN
Physician's Office	$50 per day; 6 days per year	$90 per day; 6 days per year
Out-patient Diagnostic Lab	$50 per testing day; 3 days per year	$75 per testing day; 3 days per year
Out-patient Diagnostic X-Ray	$50 per testing day; 3 days per year	$125 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	$50 per day; 1 day per year	$100 per day; 1 day per year
Emergency Room Sickness	$100 per day; 2 days per year	$100 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	$300 lump sum per confinement
Daily In-Hospital Indemnity Intensive Care Unit Substance Abuse Mental Illness Skilled Nursing (In-patient)	$100 per day; 500 day lifetime max $200 per day; 30 days per year $50 per day; 30 days per year $50 per day; 30 days per year $50 per day; 60 days per stay	$300 per day; 500 day lifetime max $600 per day; 30 days per year $150 per day; 30 days per year $150 per day; 30 days per year $150 per day; 60 days per stay
*Accident Medical Expense	$5,000 maximum benefit per injury	$5,000 maximum benefit per injury
*Accidental Death & Dismemberment	$15,000 Employee $7,500 Spouse / $3,000 Child	$15,000 Employee $7,500 Spouse / $3,000 Child
*Teladoc	No cost access to doctors by phone or online	No cost access to doctors by phone or online
*Prescription Drugs	AWP Value Rx Discount Card	AWP Value Rx Discount Card
*First Health Network	Physician and Hospital	Physician and Hospital
WEEKLY RATES	**STANDARD PLAN**	**PREFERRED PLAN**
Teammate Teammate + 1 Family	$17.55 $34.62 $40.29	$34.62 $72.35 $86.86

***Benefits not underwritten by Nationwide Life Insurance Company.**
Policies are not available to residents of NM & VT. Benefits vary for KS and OH residents.
Certain limitations cross apply. Please refer to the Plan Document for additional information.

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

FIRST HEALTH NETWORK

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

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

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

AWP VALUE RX - PROVIDED BY CERPASSRX

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

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

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

TELADOC

24/7 on-demand access to a national network of U.S. Board-certified doctors through the convenience of phone, video or mobile app visits. Teladoc doctors can diagnose, treat and prescribe medication for a variety of issues.

- Call **1-800-835-2362** or visit **www.Teladoc.com**
- Receive medical care from anywhere without taking time off work
- No cost consultations
- Fast treatment - Median call back in just 10 minutes
- Avoid expensive urgent care or ER visits for non-emergency issues

CRUM & FORSTER ACCIDENT MEDICAL AND ACCIDENTAL DEATH & DISMEMBERMENT

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

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 underwritten by Ameritas.

DENTAL PLAN		
Calendar Year Maximum	Up to $500 per Covered Member	
Deductible	$50 per Visit (Waived for Type 1 Services)	
COVERED BENEFITS	WAITING PERIOD	COINSURANCE
Type 1: Preventive & Diagnostic Routine Exams, Cleanings, X-rays, Space Maintainers, etc.	None	Covered at 80% (MAC)*
Basic Treatment Restorative Amalgams and Composites, Extractions, etc.	3 Months	Covered at 60% (MAC)*
Major Treatment Onlays, Crowns, Prosthodontics, Endodontics, Periodontics, etc.	12 Months	Covered at 50% (MAC)*
WEEKLY RATES		
Teammate Teammate + 1 Family	$9.50 $20.90 $25.65	

***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**
- Your network is the "CLASSIC PPO" Network.

SHORT-TERM DISABILITY AND LIFE/AD&D INSURANCE

SHORT-TERM DISABILITY

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

WEEKLY RATES	
Teammate	$5.95

Coverage includes disability due to pregnancy and childbirth.

***CA, NJ, NY, NH, NM & VT and RI residents are not eligible for this plan.**
[1]Benefit varies for Washington residents.

LIFE AND AD&D INSURANCE

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

LIFE/AD&D INSURANCE	
Teammate	Pays $10,000

WEEKLY RATES	
Teammate	$1.72

***Life and AD&D Insurance is not available to residents of NH, NM & VT.**

SUMMARY ANNUAL REPORT

FOR DICK'S SPORTING GOODS, INC. PART-TIME PLAN

This is a summary of the annual report of the Dick's Sporting Goods, Inc. Part-Time Plan, EIN 16-1241537 Plan No. 504, for the period January 01, 2024 through December 31, 2024. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

INSURANCE INFORMATION

The plan has a contract with Nationwide to pay Life, Medical, Prescription Drug and Short Term Disability claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2024 were $205,039.

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- insurance information, including sales commissions paid by insurance carriers;

To obtain a copy of the full annual report, or any part thereof, write or call the Human Resources Department of Dick's Clothing and Sporting Goods, Inc. at 345 Court Street, Coraopolis, PA 15108-3817, or by telephone at 724- 273-3500. These portions of the report are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan (Dick's Clothing and Sporting Goods, Inc., 345 Court Street, Coraopolis, PA 15108-3817) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

SUMMARY ANNUAL REPORT

FOR DICK'S SPORTING GOODS, INC. PART-TIME DENTAL PLAN

This is a summary of the annual report of the Dick's Sporting Goods, Inc. Part-Time Dental Plan, EIN 16-1241537 Plan No. 506, for the period January 01, 2024 through December 31, 2024. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

INSURANCE INFORMATION

The plan has a contract with Ameritas to pay Dental claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2024 were $106,110.

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- insurance information, including sales commissions paid by insurance carriers;

To obtain a copy of the full annual report, or any part thereof, write or call the Human Resources Department of Dick's Clothing and Sporting Goods, Inc. at 345 Court Street, Coraopolis, PA 15108-3817, or by telephone at 724-273-3500. These portions of the report are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan (Dick's Clothing and Sporting Goods, Inc., 345 Court Street, Coraopolis, PA 15108-3817) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

SUMMARY ANNUAL REPORT

FOR DICK'S SPORTING GOODS, INC. SMART SAVINGS 401(K) PLAN

This is a summary of the annual report Form 5500 Annual Return/Report of Employee Benefit Plan for DICK'S Sporting Goods, Inc. Smart Savings 401(k) Plan, EIN 16-1241537, Plan No. 003, for period January 1, 2024 through December 31, 2024. The Form 5500 annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA). Your plan is a single-employer defined contribution plan.

BASIC FINANCIAL STATEMENT

Benefits under the plan are provided by a trust fund. Plan expenses were $61,198,479. These expenses included $648,012 in administrative expenses, and $60,550,467 in benefits paid to participants and beneficiaries. A total of 58,305 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

The value of plan assets, after subtracting liabilities of the plan, was $883,712,570 as of December 31, 2024, compared to $730,603,588 as of January 1, 2024. During the plan year the plan experienced an increase in its net assets of $153,108,982. This increase includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of $214,307,461, including employer contributions of $36,560,495, employee contributions of $75,843,150, earnings from investments of 101,794,799, and other income of $109,017.

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- an accountant's report;
- financial information;
- information on payments to service providers;
- assets held for investment;
- information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates;

To obtain a copy of the full annual report, or any part thereof, write or call the Corporate Benefits Department of Dick's Clothing and Sporting Goods, Inc. at 345 Court Street, Coraopolis, PA 151083817, or by telephone at 724-273-3400.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report.

You also have the legally protected right to examine the annual report at the main office of the plan (DICK'S Sporting Goods, Inc., 345 Court Street, Coraopolis, PA 15108) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

The annual report is also available online at the Department of Labor website www.efast.dol.gov.

OMB Control Number 1210-0040 (expires 03/31/2026)

SUMMARY OF MATERIAL MODIFICATION

This "summary of material modification" or "SMM" describes recent changes to the DICK'S Sporting Goods, Inc. Smart Savings 401(k) Plan (the "Plan"). Please keep this SMM with your copy of the "summary plan description" or "SPD" for the Plan.

CATCH-UP CONTRIBUTIONS

Beginning January 1, 2025, eligible employees may make so-called "super catch-up contributions" to the Plan. Beginning January 1, 2026, a new rule under the SECURE 2.0 Act will impact how certain employees can make catch-up contributions (including super catch-up contributions) to the Plan. Accordingly, the sub-section titled Catch-up Contributions under the section of the SPD titled TAX-DEFERRED CONTRIBUTIONS now reads as follows:

CATCH-UP CONTRIBUTIONS

If you will be at least age 50 by the end of the calendar year, you may elect to make additional tax-deferred contributions to the Plan called "catch-up contributions." For 2025, you may contribute an additional $7,500 to the Plan in catch-up contributions. This amount may be adjusted in future years. This means that you may contribute a total of $31,000 to the Plan in 2025 ($23,500 under the normal Internal Revenue Code limit discussed above plus $7,500 in catch-up contributions). Beginning January 1, 2025, if you will be at least age 60 before the end of the calendar year, but you will not be age 64 or older, the total amount you may contribute is increased further to the dollar limit applicable to so-called "super catch-up contributions." For 2025, this dollar limit is $11,250, which means if you are eligible to make super catch-up contributions, you may contribute a total of $34,750 to the Plan in 2025 ($23,500 under the normal Internal Revenue Code limit discussed above plus $11,250 in super catch-up contributions). Note: The catch-up contribution limit and super catch-up contribution limit also apply with respect to Roth contributions described under the sub-section below.

Beginning January 1, 2026, if you are eligible to make catch-up contributions and your total FICA wages for the prior year (Box 3 of your Form W-2) were over a dollar amount set by the IRS ($145,000 for catch-up contributions made in 2026), your catch-up contributions must be made as after-tax Roth contributions. If your FICA wages for the prior year were equal to or less than the dollar amount set by the IRS, you may make any catch-up contributions either as pre-tax or Roth. The IRS dollar amount is subject to change annually

To take advantage of catch-up contributions and super catch-up contributions, simply adjust your contribution rate online at www.vanguard.com or contact Vanguard at 1-800-523-1188 for assistance.

ADDITIONAL FORMS OF DISTRIBUTION

Beginning June 2, 2025, employees eligible for a distribution from the Plan may elect to have the distribution made in a single lump sum, partial distributions or monthly, quarterly or annual installments. Accordingly, the first paragraph of the section of the SPD titled DISTRIBUTION OF YOUR ACCOUNT now reads as follows:

When you terminate your employment with the Company, including by reason of your death, the Plan permits the distribution of your account in (i) a single lump sum, (ii) partial distributions or (iii) monthly, quarterly or annual installments. You will not be considered as having terminated your employment with DICK'S merely because you are transferred to a subsidiary or other affiliated company. This means that you are not entitled to a distribution of your account unless you terminate your employment with the Company and other affiliated companies.

PAYING FOR BENEFITS

HOW DO I PAY FOR COVERAGE?

Your premium will be deducted from your paycheck.

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.

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.

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** and login to your teammate 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?

Your coverage will be terminated if you miss your 4th consecutive bi-weekly deduction. **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.**

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**.

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	**www.TheAmericanWorker.com**	(855)495-1190
Telemedicine	Teladoc	**www.Teladoc.com**	(800)835-2362
Life and AD&D Insurance	Nationwide administered by The American Worker	**www.TheAmericanWorker.com**	(888)798-9480
PPO Network	First Health Network	**www.FirstHealthLBP.com**	(800)226-5116
Dental	Ameritas	**www.Ameritas.com**	(800)659-2223
Prescription Drug Coverage	CerpassRx	**www.CerpassRx.com**	(844)636-7506

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 a teammate, 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 a teammate, 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/teammate dies
- The parent/teammate's hours of employment are reduced
- The parent/teammate's employment ends for any reason other than his or her gross misconduct.
- The parent/teammate 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"

Note: domestic partners are only offered COBRA if the teammate loses coverage due to termination of employment.

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 teammate, commencement of a proceeding in bankruptcy with respect to the employer, or the teammate'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. Benefits vary for Kansas and Ohio residents. Certain limitations cross apply. Please refer to the Plan Document for additional information.

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. 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) and MEC Enhanced Plans: 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 though 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.**

Accident Medical Expense: This is a brief summary of the Accident coverage available under this plan. The issued Policy contains the compete limitations, exclusions, definitions and plan provisions. Plan features and availability may vary by state. Full details of the coverage are contained in the Policy on file with the Policyholder. If any conflict should arise between the contents of this summary and the respective Policy, the terms of the Policy will govern in all cases.

Teladoc: Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulation and may not be available in certain states. Teladoc does not prescribe DEA-controlled substances, non-therapeutic drugs and certain other drugs that may be harmful because of their potential for abuse. HealthiestYou physicians reserve the right to deny care for potential misuse of services.

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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Important Teammate Benefit Information - Do Not Discard

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