



Medical options for part-time associates

For benefit coverage March 1, 2025 – February 28, 2026

Minimum Essential Coverage (MEC) Plan¹

The MEC Plan provides 100% in-network coverage for all preventive care services required by the Affordable Care Act (ACA). This plan is not comprehensive health insurance. It covers only preventive services and does not provide coverage for illnesses or accidents. For additional details, review the Summary of Benefits and Coverage (SBC) on myweisbenefits.com.

First Health Network has over 490,000 provider locations nationwide. To locate a network provider, visit FirstHealthLBP.com or call **1-855-495-1190**. Members must use a First Health provider for services to be covered. The MEC Plan does not provide any out-of-network coverage.

Weekly Contribution Rates		
Associate Only	Associate + 1	Family
\$8.05	\$13.21	\$16.36

Covered Preventive Services

The following is an overview of preventive services covered in full by the MEC Plan. The U.S. Preventive Services Task Force periodically updates the list and sets the requirements such as age, gender, or health condition for services to be covered. For a current list including all requirements for services to be covered, visit healthcare.gov/preventive-care-benefits. Plan limitations and exclusions apply.

All 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

Counseling: Alcohol Misuse, Diet, Obesity, Sexually Transmitted Infection Prevention, Tobacco Use

Immunizations: COVID-19, Diphtheria, Hepatitis A and B, Herpes Zoster, Human Papillomavirus (HPV), Influenza (Flu Shot), Measles, Meningococcal, Mumps, Pertussis, Pneumococcal, Rubella, Tetanus, Varicella (Chickenpox)

Other: Aspirin Use to Prevent Cardiovascular Disease

Medical Price Shopping Tool: Healthcare Bluebook

Shop for medical procedures at in-network providers in your area to find the best price and get an out-of-pocket cost estimate that could save you hundreds of dollars.

Access the medical price shopping tool at theamericanworker.com or call **1-855-495-1190**.

Note: The medical price shopping tool does not guarantee cost estimates will be the price you are charged or pay for services.

Women Including Pregnant Women or Women Who May Become Pregnant

Screenings: Anemia, Breast Cancer Mammography, Cervical Cancer, Chlamydia Infection, Domestic and Interpersonal Violence, Gestational Diabetes, Gonorrhea, Hepatitis B, HIV, Human Papillomavirus (HPV), Osteoporosis, Rh Incompatibility, Syphilis, Tobacco Use, Urinary Tract Infection, or Other Infections

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

Other: Breastfeeding Supplies for Pregnant and Nursing Women, FDA-Approved Contraceptive Methods, Folic Acid Supplements, Well-Woman Visits for Recommended Services

Children

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

Assessments: Alcohol and Drug Use, Behavioral, Oral Health Risk

Counseling: Obesity, Sexually Transmitted Infection Prevention

Immunizations: COVID-19, Diphtheria, Tetanus, Pertussis, Haemophilus Influenzae Type B, Hepatitis A, Hepatitis B, Human Papillomavirus (HPV), Inactivated Poliovirus, Influenza (Flu Shot), Measles, Meningococcal, Pneumococcal, Rotavirus, Varicella (Chickenpox)

Other: Fluoride Chemoprevention Supplements, Gonorrhea, Preventive Medication for the Eyes of Newborns, Height, Weight and Body Mass Index (BMI) Measurements, Iron Supplements, Medical History

¹ Massachusetts, New Jersey, and Washington, DC residents: This plan does not meet the individual health coverage requirements and does not satisfy the individual mandate in your state.

Supplemental Medical Plans

The American Worker supplemental medical plans provide affordable coverage with no deductibles or coinsurance. Your acceptance in the plan is guaranteed, and there are no pre-existing condition limitations or medical questions to answer. The supplemental medical plans are **underwritten by Nationwide Life Insurance Company**, but include benefits such as the First Health Network, Teladoc, and prescription drug benefits provided by separate vendors. **The chart below displays the amount the plan pays per covered person per calendar year, unless otherwise indicated.**

Benefits Overview

Covered Services	What the Plan Pays	
	Advantage	Elite
Doctor's Office Visits (in person) Preventive care is not covered	\$50 per day, 6 days per person	\$75 per day, 6 days per person
Teladoc Doctor Visits (by video / phone / mobile app)	No cost; Registration required	No cost; Registration required
Outpatient Diagnostic Labs	\$75 per testing day, 3 days per person	\$100 per testing day, 3 days per person
Outpatient Diagnostic X-Rays	\$75 per testing day, 3 days per person	\$125 per testing day, 3 days per person
Outpatient Advanced Studies	\$100 per testing day, 3 days per person	\$100 per testing day, 3 days per person
Accidental Injury Care	Up to \$500 per occurrence	Up to \$1,000 per occurrence
Hospital Indemnity	\$200 per day, 500-day lifetime maximum	\$500 per day, 500-day lifetime maximum
Intensive Care Unit	\$400 per day, 30 days per person	\$1,000 per day, 30 days per person
Inpatient Substance Abuse Treatment	\$100 per day, 30 days per person	\$250 per day, 30 days per person
Skilled Nursing Facility	\$100 per day, 60 days per person per stay	\$250 per day, 60 days per person per stay
Inpatient Mental Health Care	\$100 per day, 30 days per person	\$250 per day, 30 days per person
Surgical		
Inpatient Procedure	\$500 per day	\$1,000 per day
Inpatient Maximum	1 day per person	1 day per person
Outpatient Procedure	\$250 per day	\$500 per day
Outpatient Minor Procedure	\$50 per day	\$100 per day
Outpatient Maximum	1 day per person	1 day per person
Prescription Drug Coverage	What You Pay for Each 30-Day Prescription at a Network Pharmacy	
Preferred Generic	Discounts on generic and brand-name drugs through AWP Value Rx (discount plan)	\$10 copay
Preferred Brand-Name		\$30 copay
Non-Preferred Generic or Brand-Name		Discounts only
Maximum Prescription Drug Benefit	None	\$250 per person per month
First Health Network	Included	Included
Weekly Contribution Rates		
Associate Only / Associate + 1 / Family	\$11.55 / \$26.85 / \$29.84	\$26.00 / \$54.71 / \$63.06

The supplemental medical plans: (a) are not a substitute for minimum essential health coverage under the Affordable Care Act (ACA) and (b) do not qualify as minimum essential coverage under the ACA. Remember, you may elect a supplemental medical plan only, the MEC Plan only, or both.