

Paramount Plan Overview

Understanding the details and benefits of the **Paramount Plan**.

DISCLAIMER

This is a brief description of coverage and is subject to the terms, conditions, limitations, and exclusions of the policy. Please see the policy and certificate for complete details. Coverage may not be available in all states.

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Introduction to the Paramount Plan

A unique set of health coverage options designed to meet diverse needs.

Combines hospital indemnity benefits with support services.

Membership through the **Business Workers of America (BWA)**.



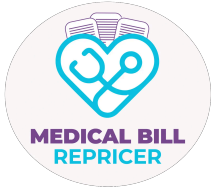
Key Features and Benefits

- Hospital Admission Benefits
- ICU Confinement Benefits
- Daily Hospital and ICU Confinement Benefits
- Surgical and Ambulance Benefits (depending on the plan)
- **Prescription Savings Program** through HealthWarehouse

EssentialCare®




Cost Management Tools



- **Medical Bill Repricing (MBR):** Reduces out-of-pocket costs through direct negotiation.
- **Reference-Based Pricing System:** Ensures competitive provider rates.
- **Financial Assistance Guidance:** Helps members navigate billing and insurance processes.

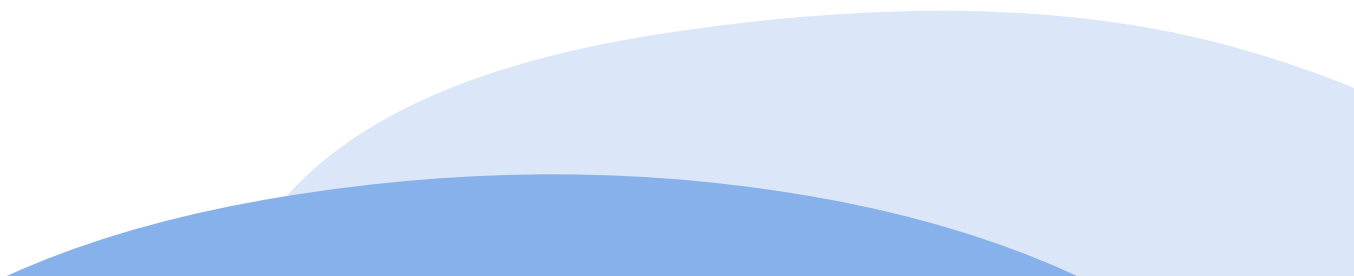
How MBR Works

1. **Enroll through BWA membership**
 2. **Access healthcare services**
 3. **Submit bills to MBR for repricing**
 4. **Receive Explanation of Benefits (EOB)**
 5. **Pay final bill based on negotiated rates**
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Wellness & Labs

- Annual Wellness Exams to stay ahead of health issues
 - Convenient lab tests with **DirectLabs**
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Telehealth Services

- **24/7 Virtual Doctor Visits** – Access licensed healthcare providers anytime, from anywhere.
 - **No Consultation Fees** – Unlimited virtual visits at no additional cost.
 - **Convenient and Fast** – Avoid long waits and in-person visits for common illnesses.
 - **Prescriptions Provided** – Receive prescriptions or treatment plans if necessary.
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Advocacy and Support Services

- Concierge-style healthcare advocacy.
 - Guidance on accessing financial assistance.
 - Support through the claims process.
 - Support through the claims process.
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- A decorative graphic at the bottom of the slide consisting of two overlapping, rounded, wave-like shapes. The front wave is a medium blue, and the back wave is a lighter, pale blue. They curve upwards from the bottom left towards the right side of the slide.

Paramount 1 Plan (1/2)

- **First Day Hospital Confinement:** \$1,000 (1 day/year)
- **First Day ICU Confinement:** \$200 (1 day/year)
- **Hospital (Day 2 forward):** \$100 (up to 10 days/year)
- **ICU (Day 2 forward):** \$200 (up to 10 days/year)
- **Emergency Room Treatment:** \$200 (1 day/year)
- **Chiropractic Visit:** \$25 (5 visits/year)
- **Doctor's Office Visit:** \$75 (3 visits/year)
- **Urgent Care Visit:** \$150 (2 visits/year)
- **Air Ambulance:** \$300 (1 day/year)
- **Ground or Water Ambulance:** \$100 (1 day/year)
- **Wellness Visit:** \$50 (1 day/year)

Hospital Insurance Plan Options

Daily Benefits per Covered Person	
First Day Hospital Confinement - up to 1 day per year	\$1,000
First Day ICU Confinement - up to 1 day per year	\$200
Hospital Confinement (day 2 forward) - up to 10 day per year	\$100
ICU Confinement (day 2 forward) - up to 10 day per year	\$200
Emergency Room Treatment - up to 1 day per year	\$200
Chiropractic Visit - up to 5 day per year	\$25
Doctor's Office - up to 3 day per year	\$50
Urgent Care - up to 2 day per year	\$125
Ambulance (Air) - up to 1 day per year	\$100
Ambulance (Ground or Water) - up to 1 day per year	\$100
Wellness - up to 1 day per year	\$50
Plan Features	
Pre-Existing Condition Limitations (months)	12/12
Normal Pregnancy Coverage (Complications of Pregnancy are always covered)	Included
Normal Pregnancy Waiting Period (does not apply to Complications)	None
Portability	Not Included
Annual Benefit Maximum	None
Benefit Waiting Period	0 Days
Reduction in Benefits at Older Ages	75% at Age 70

Paramount 1 Plan (2/2)

- **Pre-Existing Condition Limitations:** 12 months waiting period
- **Normal Pregnancy Coverage:** Included (complications always covered)
- **Normal Pregnancy Waiting Period:** None
- **Portability:** Not Included
- **Annual Benefit Maximum:** None
- **Benefit Waiting Period:** 0 days
- **Reduction in Benefits at Older Ages:** 75% at age 70

Hospital Insurance Plan Options

Daily Benefits per Covered Person	
First Day Hospital Confinement - up to 1 day per year	\$1,000
First Day ICU Confinement - up to 1 day per year	\$200
Hospital Confinement (day 2 forward) - up to 10 day per year	\$100
ICU Confinement (day 2 forward) - up to 10 day per year	\$200
Emergency Room Treatment - up to 1 day per year	\$200
Chiropractic Visit - up to 5 day per year	\$25
Doctor's Office - up to 3 day per year	\$50
Urgent Care - up to 2 day per year	\$125
Ambulance (Air) - up to 1 day per year	\$100
Ambulance (Ground or Water) - up to 1 day per year	\$100
Wellness - up to 1 day per year	\$50
Plan Features	
Pre-Existing Condition Limitations (months)	12/12
Normal Pregnancy Coverage (Complications of Pregnancy are always covered)	Included
Normal Pregnancy Waiting Period (does not apply to Complications)	None
Portability	Not Included
Annual Benefit Maximum	None
Benefit Waiting Period	0 Days
Reduction in Benefits at Older Ages	75% at Age 70

Paramount 2 Plan (1/2)

- **First Day Hospital Confinement:** \$1,000 (1 day/year)
- **First Day ICU Confinement:** \$200 (1 day/year)
- **Hospital (Day 2 forward):** \$300 (up to 10 days/year)
- **ICU (Day 2 forward):** \$500 (up to 10 days/year)
- **Emergency Room Treatment:** \$200 (1 day/year)
- **Doctor's Office Visit:** \$50 (3 visits/year)
- **Urgent Care Visit:** \$125 (2 visits/year)
- **Air Ambulance:** \$200 (1 day/year)
- **Ground or Water Ambulance:** \$100 (1 day/year)
- **Wellness Visit:** \$50 (1 day/year)

Hospital Insurance Plan Options

Daily Benefits per Covered Person	
First Day Hospital Confinement - up to 1 day per year	\$1,000
First Day ICU Confinement - up to 1 day per year	\$200
Hospital Confinement (day 2 forward) - up to 10 day per year	\$300
ICU Confinement (day 2 forward) - up to 10 day per year	\$500
Emergency Room Treatment - up to 1 day per year	\$200
Chiropractic Visit - up to 5 day per year	\$25
Doctor's Office - up to 3 day per year	\$50
Urgent Care - up to 2 day per year	\$125
Ambulance (Air) - up to 1 day per year	\$200
Ambulance (Ground or Water) - up to 1 day per year	\$100
Wellness - up to 1 day per year	\$50
Plan Features	
Pre-Existing Condition Limitations (months)	12/12
Normal Pregnancy Coverage (Complications of Pregnancy are always covered)	Included
Normal Pregnancy Waiting Period (does not apply to Complications)	None
Portability	Not Included
Annual Benefit Maximum	None
Benefit Waiting Period	0 Days
Reduction in Benefits at Older Ages	75% at Age 70

Paramount 2 Plan (2/2)

- **Pre-Existing Condition Limitations:** 12 months waiting period
- **Normal Pregnancy Coverage:** Included (complications always covered)
- **Normal Pregnancy Waiting Period:** None
- **Portability:** Not Included
- **Annual Benefit Maximum:** None
- **Benefit Waiting Period:** 0 days
- **Reduction in Benefits at Older Ages:** 75% at age 70

Hospital Insurance Plan Options

Daily Benefits per Covered Person	
First Day Hospital Confinement - up to 1 day per year	\$1,000
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Hospital Confinement (day 2 forward) - up to 10 day per year	\$300
ICU Confinement (day 2 forward) - up to 10 day per year	\$500
Emergency Room Treatment - up to 1 day per year	\$200
Chiropractic Visit - up to 5 day per year	\$25
Doctor's Office - up to 3 day per year	\$50
Urgent Care - up to 2 day per year	\$125
Ambulance (Air) - up to 1 day per year	\$200
Ambulance (Ground or Water) - up to 1 day per year	\$100
Wellness - up to 1 day per year	\$50
Plan Features	
Pre-Existing Condition Limitations (months)	12/12
Normal Pregnancy Coverage (Complications of Pregnancy are always covered)	Included
Normal Pregnancy Waiting Period (does not apply to Complications)	None
Portability	Not Included
Annual Benefit Maximum	None
Benefit Waiting Period	0 Days
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Paramount 3 Plan (1/2)

- **First Day Hospital Confinement:** \$1,000 (1 day/year)
- **First Day ICU Confinement:** \$200 (1 day/year)
- **Hospital (Day 2 forward):** \$300 (10 days/year)
- **ICU (Day 2 forward):** \$300 (10 days/year)
- **Inpatient Surgery:** \$1,500
- **Outpatient Surgery (Hospital or ASC):** \$500
- **Emergency Room Treatment:** \$200 (1 day/year)
- **Chiropractic Visit:** \$25 (5 visits/year)
- **Doctor's Office Visit:** \$75 (3 visits/year)
- **Urgent Care Visit:** \$150 (2 visits/year)
- **Air Ambulance:** \$300 (1 day/year)
- **Ground or Water Ambulance:** \$100 (1 day/year)
- **Wellness Visit:** \$50 (1 day/year)

Hospital Insurance Plan Options

Daily Benefits per Covered Person	
First Day Hospital Confinement - up to 1 day per year	\$1,000
First Day ICU Confinement - up to 1 day per year	\$200
Hospital Confinement (day 2 forward) - up to 10 day per year	\$300
ICU Confinement (day 2 forward) - up to 10 day per year	\$300
Inpatient Surgery	\$1,500
Outpatient Surgery - Hospital or ASC	\$500
Emergency Room Treatment - up to 1 day per year	\$200
Chiropractic Visit - up to 5 day per year	\$25
Doctor's Office - up to 3 day per year	\$75
Urgent Care - up to 2 day per year	\$150
Ambulance (Air) - up to 1 day per year	\$300
Ambulance (Ground or Water) - up to 1 day per year	\$100
Wellness - up to 1 day per year	\$50
Plan Features	
Pre-Existing Condition Limitations (months)	12/12
Normal Pregnancy Coverage (Complications of Pregnancy are always covered)	Included
Normal Pregnancy Waiting Period (does not apply to Complications)	None
Portability	Not Included
Annual Benefit Maximum	None
Benefit Waiting Period	0 Days
Reduction in Benefits at Older Ages	75% at Age 70

Paramount 3 Plan (2/2)

- **Pre-Existing Condition Limitations:** 12 months waiting period
- **Normal Pregnancy Coverage:** Included (complications always covered)
- **Normal Pregnancy Waiting Period:** None
- **Portability:** Not Included
- **Annual Benefit Maximum:** None
- **Benefit Waiting Period:** 0 days
- **Reduction in Benefits at Older Ages:** 75% at age 70


Hospital Insurance Plan Options

Daily Benefits per Covered Person	
First Day Hospital Confinement - up to 1 day per year	\$1,000
First Day ICU Confinement - up to 1 day per year	\$200
Hospital Confinement (day 2 forward) - up to 10 day per year	\$300
ICU Confinement (day 2 forward) - up to 10 day per year	\$300
Inpatient Surgery	\$1,500
Outpatient Surgery - Hospital or ASC	\$500
Emergency Room Treatment - up to 1 day per year	\$200
Chiropractic Visit - up to 5 day per year	\$25
Doctor's Office - up to 3 day per year	\$75
Urgent Care - up to 2 day per year	\$150
Ambulance (Air) - up to 1 day per year	\$300
Ambulance (Ground or Water) - up to 1 day per year	\$100
Wellness - up to 1 day per year	\$50
Plan Features	
Pre-Existing Condition Limitations (months)	12/12
Normal Pregnancy Coverage (Complications of Pregnancy are always covered)	Included
Normal Pregnancy Waiting Period (does not apply to Complications)	None
Portability	Not Included
Annual Benefit Maximum	None
Benefit Waiting Period	0 Days
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Comparing the 3 Paramount Plans

Feature	Paramount 1	Paramount 2	Paramount 3
Daily Hospital Confinement	\$100/day (10 days/yr)	\$300/day (10 days/yr)	\$300/day (10 days/yr)
Daily ICU Confinement	\$200/day (10 days/yr)	\$500/day (10 days/yr)	\$300/day (10 days/yr)
Doctor's Office Visits	\$50 (3 visits/yr)	\$50 (3 visits/yr)	\$75 (3 visits/yr)
Urgent Care Visits	\$125 (2 visits/yr)	\$125 (2 visits/yr)	\$150 (2 visits/yr)
Inpatient Surgery	Not Included	\$1,500	\$1,500
Outpatient Surgery	Not Included	Not Included	\$500
Air Ambulance	Not Included	\$200	\$300

Critical Requirements

- **Hospital Stays:** Minimum 20 hours required
 - **Readmission:** 30-day waiting period for same/related conditions
 - **Multiple Services:** Only highest benefit paid for same-day services
 - **Pre-Service:** Contact MBR Plus before seeking services
 - **Visit Limits:** Strictly enforced for all outpatient services
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Limitations and Exclusions

Risky Behavior Exclusions

War and Military Exclusions

Medical Procedure Exclusions

Mental Health and Government Care

Other Exclusions


Review each section with the member

Limitations and Exclusions

These are the standard limitations and exclusions and may vary by plan design selected and state requirements.

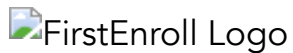
1. No benefits are payable under the Policy for any Covered Illness or Covered Injury that results from or is caused by an Insured's:
 - intentionally self-inflicted injuries, suicide or any attempt at suicide while sane or insane;
 - voluntary intoxication (as defined by the law of the jurisdiction in which the Covered Illness or Covered Injury occurred) or while under the influence of any narcotic, drug or controlled substance, unless administered by or taken according to the instructions of a Doctor or Medical Professional;
 - voluntary intoxication through use of poison, gas or fumes, whether by ingestion, injection, inhalation or absorption;
 - commission of or attempt to commit a felony, or voluntary participation in a riot or insurrection;
 - incarceration or imprisonment following conviction for a crime;
 - flying as a pilot or crew member of any aircraft or travel or flight, including boarding or alighting, in any vehicle or device while being used for any test or experimental purposes or while being operated by, for or under the direction of any military authority other than the Military Airlift Command (MAC) of the United States or similar air transport service of any other country;
 - riding in or on any motor vehicle or aircraft engaged in acrobatic tricks/stunts (for motor vehicles), acrobatic/stunt flying (for aircraft), endurance tests, off-road activities (for motor vehicles), or racing;
 - participation in any organized sport in a professional or semi-professional capacity;
 - participation in base jumping, bungee jumping, cliff jumping, kite surfing, kiteboarding, luge, missed climbing, mountain boarding, mountain climbing, mountaineering, parachuting, paragliding, parakiting, parasailing, Parkour, rock climbing, scuba diving, ski jumping, skydiving, spelunking, tricking, wingsuit flying, or other similar extreme sports or high risk activities;
 - travel or activity outside the United States or Canada;
 - active duty service or training in the military (naval force, air force or National Guard/Reserves or equivalent) for service/training extending beyond 31-days of any state, country or international organization, unless specifically allowed by a provision of this Certificate; or
 - involvement in any declared or undeclared war or act of war (not including acts of terrorism), while serving in the military or an auxiliary unit attached to the military, or working in an area of war whether voluntarily or as required by an employer.
2. In addition, we will not pay for any benefits under the Policy, unless required by law for:
 - pregnancy or childbirth, except Complications of Pregnancy, unless covered under the plan;
 - elective abortion or complications thereof;
 - artificial insemination, in vitro fertilization, test tube fertilization;
 - gender change, sterilization, tubal ligation or vasectomy, and reversal thereof;
 - aroma therapeutic, herbal therapeutic, or homeopathic services;
 - any Mental and Nervous Disorder, unless specifically allowed by a benefit provision of this Certificate;
 - Substance Abuse, unless specifically allowed by a benefit provision of this Certificate;
 - Treatment, supplies or services provided by, through, or on behalf of any government agency or program; unless payment is required by an Custodial Care, unless specifically allowed by a benefit provision in this Certificate or any rider attached to the Policy (if applicable);
 - elective or cosmetic surgery or procedures, except for reconstructive surgery:
 - incidental to or following surgery for disease, infection or trauma of the involved body part; or
 - due to Congenital Anomaly or disease of a Dependent Child which has resulted in a functional defect;
 - dental care or Treatment, except for:
 - Treatment due to an injury to sound natural teeth within 12 months of the Accident; and
 - Treatment necessary due to congenital disease or anomaly.

Key Takeaways and Reminders

- **MBR Services** reduce medical expenses.
 - **Telemedicine** and **Prescription Savings** are included.
 - **Wellness and Labs Benefits** are essential.
 - **BWA Membership** is required to access the plan.
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Thank You!

Continue to be great!



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