



# MEMBERSHIP PACKAGE



# OUR MISSION

The mission of the Business Workers of America Association, a not-for-profit member association founded in 2001, is to assist in improving the lives of American workers and their families.

The association will accomplish this mission through the following activities and/or services:

- Providing valuable information and education about their trade or profession
- Representing American Worker's interest in influencing both Federal and State legislation that will directly benefit the individuals and their families in attaining a better lifestyle, higher incomes, lower cost of health care or supplemental health benefits
- Supporting trade colleges or institutions that provide free or low cost higher education and skill training programs
- Providing scholarships or grants to members or family members who want to attend a college or trade school that will teach them a skill or trade and allow them to enter an apprentice or startup professional program
- Directing and assisting members to federal or state programs available to them that would aid in acquiring financial assistance and improving their life opportunities
- Making available health care, supplemental benefits and wellness programs that would improve their family's overall health and wellness
- Supporting institutions that educate and train workers to better accomplish the demands of their workplace or profession
- Supporting the charities that are dedicated to accomplishing the same goals and mission of the association



# ASSOCIATION

## BENEFITS

### AS A MEMBER OF BWA

you and your family are entitled to a package of benefits and services. This booklet outlines the benefits included with your membership.



# MBR Plus



**MEDICAL BILL  
REPRICER**

MBR is a service that combines medical bill repricing, healthcare advocacy, and bill negotiation into one. With MBR PLUS, members have the flexibility to seek medical care from any licensed healthcare provider.

- ④ Members pay a **\$25 Pre-Pay** for Primary Care Office Visits. (See page 2 for details)
- ④ Concierge Style Healthcare Advocacy
- ④ Medical Bill Repricing and Direct Bill Negotiations
- ④ Guidance on how to obtain Financial Assistance.

At MBR, our mission is to serve as a concierge-style service, helping our members navigate the complex and often overwhelming healthcare system. We strive to ensure that you receive the highest quality care at the most competitive prices. To that end, we offer bill negotiation services to assist our members in lowering their medical bills. Our dedicated support team is committed to guiding you through the entire process, from financial aid to negotiating your bills directly. While we cannot guarantee the outcome of any claim or bill, our team of experts is dedicated to making your experience as stress-free and enjoyable as possible.

Our system, known as the Reference Based Pricing System, reprices healthcare bills to between 150% to 200% of the "Medicare Allowable Rates." This approach is widely accepted in the Healthcare Self-Insured Group Marketplace, with over 70% of employer groups in America using it to lower medical service rates. By utilizing this cost-containment method, we can typically achieve even lower provider fees and reduce out-of-pocket medical expenses for our members, often surpassing the savings offered by common PPO networks.

**Members receive significant discounts on all medical bills submitted by doctors or hospitals who agree to participate in our Referenced Based Pricing system.**

## HOW IT WORKS

### ① FIRST

we recommend that you call MBR prior to visiting a provider, so our team can provide all necessary documents and instructions. This is not required.

### ② THIRD

Pay a **\$25 Pre-Pay** for Primary Care Office Visits and **\$50 Pre-Pay** for Specialist Office Visits and then your provider should mail all remaining medical bills to MBR for repricing.

### ④ FIFTH

Once bills are submitted for repricing, both you and your healthcare provider will receive a detailed Explanation of Benefits (EOB) from MBR through traditional mail. This document will specify the billed amount and any discounts applied.

### ③ SECOND

Visit your provider and show them your MBR card at the time of service.

### ⑤ FOURTH

You should complete your insurance claim forms to receive Insured Benefits. The MBR team can provide those forms and provide instructions on how to complete them.

### ⑥ LASTLY

You should expect to receive a final bill from your medical provider, which should align with the amount due on the EOB you have already received. Additionally, your insurance company may provide you with additional funds to help cover any outstanding balances.

**Remember, the MBR team is here to help you through the entire process.**

**If you require assistance, feel free to contact MBR's dedicated support team at 877-278-4668.**

MBR helps lower medical bills by utilizing Referenced Based Pricing, and Direct Bill Negotiation. Please note that while we strive to help, we cannot guarantee the outcome of any claim or the amount of savings on any bill. Medical providers may decline to honor this service.





# Group Affordable Choice

## Cash benefits paid to you

Group Affordable Choice will pay cash benefits directly to your Members in addition to other insurance coverage. Benefits can be used however they choose: to help pay medical bills and cover everyday expenses. It can help them get back on their feet and back to work.

## Here are some more benefits to you

- Receive a cash benefit regardless of any other insurance you have.
- Don't worry about a physical exam; it's not required.
- Premiums are included in your monthly membership dues.

## Here's how it works

Insureds will be reimbursed a specified amount for covered services due to Sickness or Injury. Benefits are paid directly to the insured, and they may use the cash however they want. It's that simple.

<b>Coverage Type</b>	Group Affordable Choice is a group Hospital Indemnity policy form that is designed to work. Provide coverage for everyday medical expenses for you and your family.		
<b>Product</b>	<b>Policy Type:</b>	Group	
	<b>Policy Name:</b>	Group Affordable Choice	
	<b>Policy Form:</b>	AN7002	
<b>Eligibility</b>	<b>Issue Age:</b>	<b>Member:</b>	18-70
		<b>Spouse:</b>	18-70
		<b>Child:</b>	Under age 26.
<b>Eligibility</b>	<b>Criteria:</b>	<ul style="list-style-type: none"> <li>• Member is benefit eligible, actively at work full-time, working at least 20 hours per week. Spouse and children not eligible if Member is not issued coverage.</li> <li>• Spouse includes domestic partner where allowed by state and Association.</li> </ul>	
	<b>Termination Age:</b>	<ul style="list-style-type: none"> <li>• <b>EE:</b> Age 71.</li> <li>• <b>SP:</b> when Member terminates</li> <li>• <b>Child:</b> Age 26 or when Member terminates, whichever is earlier.</li> </ul>	
		<b>Coverage Tier</b>	<b>Guarantee Issue</b>
<b>Underwriting Offer</b>		<b>Member:</b>	Guarantee Issue
		<b>Spouse:</b>	Guarantee Issue
		<b>Child(ren):</b>	Guarantee Issue

To file a claim please call 877-278-4668.

This is not a complete disclosure of plan qualifications and limitations. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. THIS POLICY PROVIDES LIMITED BENEFITS. Underwritten by ManhattanLife Insurance and Annuity Company. Applications will not be accepted under this offer until written acceptance of this offer, the Employer agreement and minimum Participation Requirements are received in ManhattanLife Insurance and Annuity Company's New Business Department.



**ManhattanLife**  
Standing By You. Since 1850.

**BWA**  
BUSINESS WORKERS OF AMERICA ASSOCIATION

Business Workers of America

## Benefits and Features

	<b>Plan 1</b>
<b>Inpatient Hospital Confinement:</b>	\$100
<b>Intensive Care Confinement:</b>	\$200
<b>Hospital Benefits Year Maximum:</b>	\$1,000,000 Calendar Year Limit
<b>First Day Hospitalization Admission:</b>	\$1,000
<b>Ambulance Benefits:</b>	Ground: \$100 Air: \$100
<b>Emergency Room:</b>	\$200
<b>Surgical Benefit:</b>	N/A
<b>Ambulatory Outpatient Facility:</b>	N/A
<b>Assistant Surgeon:</b>	N/A
<b>Anesthesia:</b>	N/A
<b>Office Visit:</b>	\$50
<b>Wellness Visit:</b>	\$50
<b>Calendar Year Maximum Outpatient:</b>	\$4,000
<b>Lifetime Maximum:</b>	\$5,000,000
<b>Pre-existing Condition:</b>	12/12
<b>Portability:</b>	Included

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## Definitions

**INPATIENT HOSPITAL CONFINEMENT BENEFIT:** Pays a daily benefit for each day, to a max of 10 days, there is a charge for Inpatient room and board during a Confinement Period under the orders of a Health Care Practitioner for care of Sickness or Injury. Benefits under this provision are not payable when the confinement is in a Rehabilitation Unit due to Sickness or Injury. This benefit is not paid in addition to the Hospital Observation Benefit or Intensive Care Unit Hospital Confinement Benefit. This Benefit is subject to the Hospital Benefits Calendar Year Maximum.

**INTENSIVE CARE UNIT CONFINEMENT:** Pays a daily benefit for each day a Covered Person is confined, to a max of 10 days, and there is a charge for room and board for one of the following, an Intensive Care Unit (ICU); a Cardiac Care Unit; or a Burn Unit. This benefit is not paid in addition to the Hospital Observation Benefit or Inpatient Hospital Confinement Benefit. This Benefit is subject to a per day and the Hospital Benefits Calendar Year Maximum.

**FIRST DAY HOSPITAL ADMISSION:** Pays a benefit for the first day a Covered Person is admitted as Inpatient during a Calendar Year. If one Period of Confinement spans parts of two Calendar Years, only one benefit is payable. This benefit is subject to a Calendar Year Maximum.

**AMBULANCE BENEFIT:** Pays a per trip benefit when ground or air transportation in an ambulance is used by a Covered Person who needs Emergency Treatment for Sickness or Injury. This benefit is subject to a Calendar Year Maximum of 1 trips per year.

**EMERGENCY ROOM BENEFIT:** Pays a daily benefit for each day, to a max of 1 day, to a Covered Person receives care in an Emergency Room. This benefit is subject to a Calendar Year Maximum.

**SURGERY BENEFIT:** Pays a daily benefit, which is determined by the unit(s) shown on the Schedule of Benefits times the amount shown on the applicable surgery column of the Surgical Schedule for a covered surgery, each day a covered surgery is performed on a Covered Person. This benefit is subject to the Surgical Benefits Calendar Year Maximum.

**AMBULATORY/OUTPATIENT FACILITY BENEFIT:** Pays a daily benefit for each day a Covered Person has a covered surgical procedure in an Ambulatory Surgical Center or Outpatient Hospital Facility. This benefit is subject to the Surgical Benefits Calendar Year Maximum.

**ANESTHESIA BENEFIT:** Pays a daily benefit, which is determined by the unit(s) shown on the Schedule of Benefits times the amount shown on the applicable anesthesia column of the Surgical Schedule for a covered surgery, each day a Covered Person receives anesthesia for a covered surgical procedure. This benefit is subject to the Surgical Benefits Calendar Year Maximum.

**ASSISTANT SURGEON BENEFIT:** Pays a daily benefit, which is determined by the unit(s) shown on the Schedule of Benefits times the amount shown on the applicable assistant surgeon column of the Surgical Schedule for a covered surgery, each day a Covered Person receives assistance from an assistant surgeon during a covered surgical procedure. This benefit is subject to the Surgical Benefits Calendar Year Maximum.

**OFFICE VISIT BENEFIT:** Pays a daily benefit, to a max of 3 days, when a Covered Person receives covered health care in a Health Care Practitioner's office for Sickness or Injury. Office Visits are subject to Calendar Year Maximum. This benefit is not payable in addition to the Wellness Visit Benefit.

**WELLNESS BENEFIT:** Pays a daily benefit, to a max of 1 day, when a Covered Person undergoes a Wellness Visit with a Health Care Practitioner. This benefit is subject to a Calendar Year Maximum of 1 (one) time. This benefit is not payable in addition to the Office Visit Benefit.

**PRE-EXISTING CONDITION:** Benefits are not payable for events that result from or are related to a Pre-Existing Condition, or its complications, until the Covered Person has been continuously insured under their Certificate for 12 months. After this period, benefits will be available for Covered Events resulting from or related to a Pre-Existing Condition, or its complications, provided the Covered Event occurs while the Policy and a Covered Person's Certificate is in force.

**PORTRABILITY:** Portability allows an eligible Member to keep this Policy's Benefits at certain times when His coverage would otherwise end. Subject to the Portability Benefit Conditions and Limitations provision, a covered Member may port benefits when He or She has been continuously covered by this Policy for at least 6 months; is less than Age 70; is not Totally Disabled; and is no longer Actively at Work as a Member. This Policy must be in force on the date that the covered Member ports their coverage. This coverage ends when the Master Policy terminates.

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MEDICAL BILL  
REPRICER

## Hospital Bill Advocacy

**Are you tired of surprise medical bills and hospital harassment?**

Let us take on the hospital for you.



**"From beginning to end, we are there to fight for your right."**



### **Personalized advocacy.**

Our advocates know what you're up against. Let us take on the hospital for you.



### **Hospital Bills.**

100,000,000 Americans are entitled to free or discounted hospital care. Let us find out if you are one of them.



### **Care Navigation.**

Our advocates know the better priced routine care providers in your neighborhood. Get the care you need without a big surprise bill. You MUST CALL BEFORE YOU VISIT the provider.



### **Pricing Portal.**

They want their prices kept a secret, but our advocates know them and use it against them.



### **Guaranteed blood work pricing.**

We can find affordable lab facilities, with "know before you go" pricing which can be better than you'd get with a health insurance company. You MUST CALL BEFORE YOU VISIT the provider.



### **Save big on drugs.**

Steep discounts on drugs are waiting for you at over 63,000 pharmacies.

# LAB SERVICES

## HOW DO I USE THIS SERVICE?



SERIOUS MEDICAL CONDITIONS SUCH AS HEART DISEASE, PROSTATE CANCER, DIABETES, THYROID DISEASE AND MORE, CAN GO UNDETECTED FOR UP TO TWO YEARS—WITHOUT NOTICEABLE SYMPTOMS. THE EARLIER A PROBLEM IS DETECTED, THE EASIER AND MORE LIKELY IT IS TO BE TREATABLE. YOU NOW HAVE DIRECT ACCESS TO MAJOR CLINICAL LABS ACROSS THE USA\* FOR THOSE IMPORTANT BLOOD TESTS – AND AT DISCOUNTED PRICES. TAKE CHARGE OF YOUR HEALTH AND FITNESS TODAY! IT IS SIMPLE: A DOCTOR'S APPOINTMENT IS NOT NECESSARY. ALL BLOOD TESTS ARE OFFERED AT A SAVINGS OF UP TO 80% OFF TYPICAL LAB COSTS AND THROUGH THE SAME CLIA-CERTIFIED ACCREDITED LABS USED BY YOUR PHYSICIAN.

**DIRECTLABS SERVICES INCLUDE:** BLOOD, URINE, SALIVA, HAIR AND FECAL TESTS.

### ORDERING ONLINE

- ④ **Create Account:** Go to <https://directlabs.com/4members> and click Register at the top right corner. Complete the information and submit your registration.
- ④ **Your MyDLS account** will allow you to place orders, sign HIPAA forms, print requisitions, and view and print results, all online. Keep your username and password that you created in a safe place.
- ④ **Print your Documents:** After ordering your tests, DirectLabs® will generate a requisition and upload it to your online account. An email will be sent notifying you that it is available for you to print. If an “at home” kit is ordered, it will be mailed to the address provided in the order.
- ④ **Go to Lab Location:** Using the Lab Locator\*\*, find a patient service center location convenient to your home or work.
- ④ **Results:** Results are available online within 24-48 hours for most tests. You will receive an email letting you know when they are available. If you would like your results sent to your Health Care Provider, you must log into your account and submit the HIPAA form.

### ORDERING BY PHONE

- ④ Call 1-800-908-0000 and provide code R-CALSTAR.
- ④ Your MyDLS account will be created for you automatically and you will receive an email with your username and password to access your account.
- You will provide your personal information for your order along with your credit card information for payment.
- ④ **Print your Documents:** After ordering your tests, DirectLabs® will generate a requisition and upload it to your online account. An email will be sent notifying you that it is available for you to print. If an “at home” kit is ordered, it will be mailed to the address provided in the order.
- ④ **Go to Lab Location:** Using the Lab Locator\*\*, find a patient service center location convenient to your home or work.
- ④ **Results:** Results are available online within 24-48 hours for most tests. You will receive an email letting you know when they are available. If you would like your results sent to your Health Care Provider, you must log into your account and submit the HIPAA form..

The discount program is NOT health insurance. The plan provides discounts for lab tests only. All tests are prepaid - out of pocket

# PRESCRIPTION SAVINGS!

## Free Rx Coupon Card

Compliments of:



### PROGRAM HIGHLIGHTS

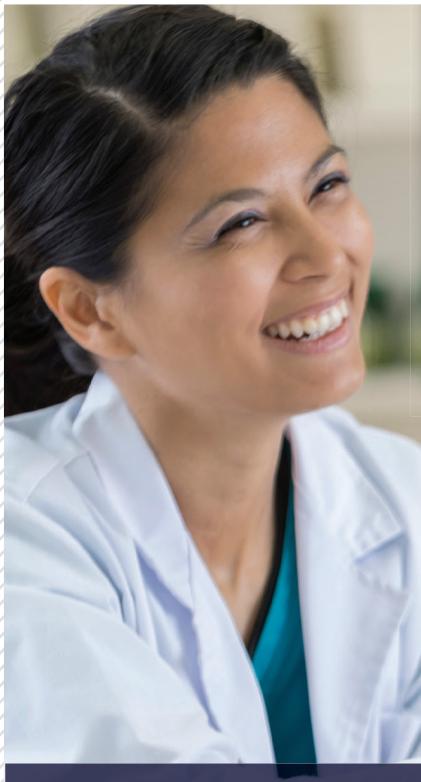
Save up to 80% on prescriptions

Free pharmacy coupon card

Accepted at over 68,000 pharmacies nationwide

Discounts on brand & generic drugs

No restrictions & HIPAA compliant



The card below is pre-activated and can be used immediately to save up to 80% on your prescription drugs.

» Bring the discount coupon card to your pharmacy. «

» Present the coupon card to the pharmacist when paying. «

» Save on your prescriptions! «



Prescription Savings Coupon  
Retail Pharmacy Card

MBR ID: Enter Year & Time  
(Example: Year 2021; Time 9:14; Enter ID 2021914)

RxGRP: BWAARX

RxBIN: 610709

Compliments of:



NOTE: This card is being provided to you at NO COST. There are no forms to fill out. Simply take this card into a participating pharmacy with your Rx to use for discounts on qualified medications. This card has been pre-activated for immediate use!

Pharmacy Helpline: 800-223-2146  
Customer Service: 877-321-6755

This program is not insurance.  
This is a point-of-sale discount program.

#### PARTICIPATING PHARMACIES



FRONT

THIS PROGRAM IS NOT INSURANCE.

BACK



# HealthWearhouse.com



America's Trusted Online Pharmacy

BWA is proud to partner with HealthWarehouse to provide affordable prices on prescription medications

**SAVE 30 TO 90%  
ON YOUR  
PRESCRIPTION  
MEDICATION**



**HOW TO ORDER:  
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MEDICATION  
PRICES ONLINE  
OR GIVE US  
A CALL**

**888 - 706 - 7608    [HTTPS://TRY.HEALTHWAREHOUSE.COM/BWA/](https://try.healthwarehouse.com/bwa/)**

With our focus on technology and sourcing, we are able to remove layers of cost between the **manufacturer and the customer**. Our proprietary software allows us to process prescription products **efficiently and cost effectively**.

We don't have the substantial overhead costs of traditional retail pharmacy chains, nor the requirement to artificially keep prescription drug costs higher in order to maintain insurance reimbursements. Therefore, we are able to keep our cost low, and pass along the savings to our patients!

HealthWarehouse is here for you through **Compassion, Convenience, and Transparency**.

# Learn All Year Long



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