


# BWA Americare Membership Overview

Understanding the details and benefits of the **BWA Americare Membership Package**

# BWA Americare Membership Package Overview

- **Benefits** through **BWA Americare**
  - **Healthcare & Wellness** for various situations
  - **Educational Support** and legislative representation
  - **Advocacy Services** through dynamic offerings
  - **Family Coverage** support
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# Key Features and Benefits

Healthcare Programs

Wellness Initiatives

Educational Support

**Legislative Advocacy** (varies by occupation)

**Additional Benefit** through BWA Americare



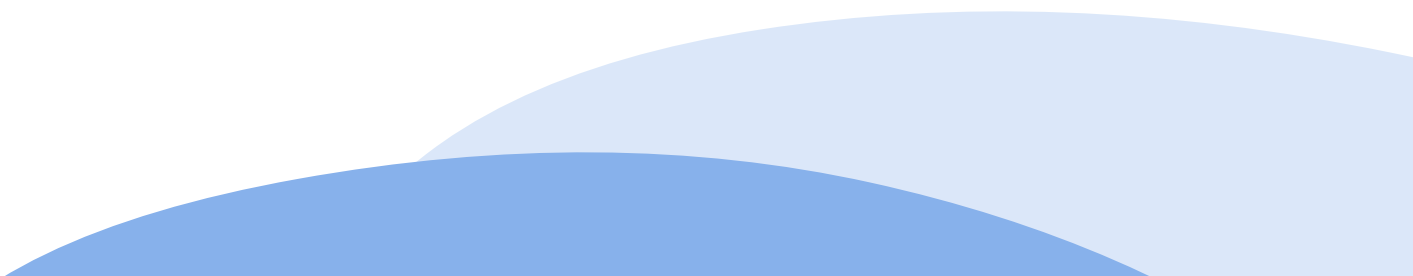
# Cost Management Tools

**Medical Bill Repricer** (MBR)

**PPO Network** System

**Direct Bill Negotiation** Support

# How Medical Bill Repricer Works

1. Enroll through **BWA Americare**
  2. Submit bills for review
  3. **Discounts** applied
  4. Receive **Repriced Bill** (MBR)
  5. Confirm payment
  6. **Cost Savings** achieved
- 

# Plan 2 Benefits (1/2)

## Hospital Benefits


- Admission: \$750/day, max 1 day
- Confinement: \$200/day, max 30 days
- ICU Admission: \$1,500/day, max 1 day
- ICU Benefit: \$350/day, max 30 days




## Surgical Benefits

- Inpatient: \$500/day, max 1 day
- Outpatient: \$300/day, max 1 day
- Anesthesia: \$125/day

**MedChoice™ Group Hospital Indemnity Insurance**  
Limited Benefit Policy

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AMERICAN PUBLIC LIFE

**Are you financially prepared?**  
 Hospital indemnity insurance may help cover the costs of an unexpected illness or serious accident that results in a hospital stay, outpatient surgery or treatment in a doctor's office. Focus on recovery, not your finances, with a hospital indemnity plan from APL.

**How it works**  
 **1 CHOOSE** the plan that best helps protect you and your family.  
 **2 RECEIVE** treatment in a covered facility.  
 **3 FILE** your claim online or mail it in. You'll receive benefit funds to use however you wish.

**Key features**

- You may be covered for doctor's office visits, urgent care, outpatient surgery, hospital stays and more!
- You decide how to use the benefit funds—for medical and non-medical expenses
- Guarantee Issue with no medical questions or exams
- Cost-effective premiums with convenient payroll deduction

THE INSURANCE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM.

Summary of Benefits for Business Workers of America Assn.	
	Plan 2
HSA Compatible	No
Spouse Coverage	Available
Dependent Child(ren) Coverage	Available
Pre-Existing Condition Period/Pre-Existing Condition Exclusion Period	Not applicable
Pregnancy Coverage	Included
Hospital Admission Benefit	\$750 per day; max of 1 day(s)
Hospital Confinement Benefit	\$200 per day; max of 30 day(s)
Intensive Care Unit Admission Benefit	\$1,500 per day; max of 1 day(s)
Intensive Care Unit Benefit	\$350 per day; max of 30 day(s)
Accident & Sickness Surgery Benefit	
Inpatient Surgery	\$500 per day; max of 1 day(s)
Outpatient Surgery in a Hospital, Outpatient Facility or Freestanding Outpatient Surgery Center	\$300 per day; max of 1 day(s)
General Anesthesia Benefit	\$125 per day
Outpatient Accident & Sickness Treatment Benefit	
Emergency Room	\$200 per day; max of 2 day(s)
Urgent Care Facility	\$50 per day; max of 3 day(s)
Physician's Office	\$50 per day; max of 3 day(s)
Physical, Speech or Occupational Therapy Facility	\$15 per day; max of 5 day(s)

APSB-2252(Txs)-012

# Plan 2 Benefits (2/2)

## Outpatient Treatment

- ER: \$200/day, max 2 days
- Urgent Care: \$50/day, max 3 days
- Physician Visits: \$50/day, max 3 days
- Therapy: \$15/day, max 5 days

## Additional Coverage

- Portability Option: Included
- Pregnancy Coverage: Included
- Mental Health Treatment: Not Included

### MedChoice™ Group Hospital Indemnity Insurance



Plan 2	
Additional Rider(s)	
Portability Option Rider	Included
Occupational Exclusion Rider	Not included
Continuity of Coverage Amendment Rider (Takeover)	Included, credit given for time served under prior coverage for: Pre-Existing Condition Period
Additional Treatment	
Treatment for Serious Mental Illness	Not included
Treatment for Alcohol or Drug Addiction	Not included

# Plan 3 Benefits (1/2)

## Hospital Benefits


- Admission: \$1,000/day, max 1 day
- Confinement: \$300/day, max 30 days
- ICU Admission: \$2,000/day, max 1 day
- ICU Benefit: \$500/day, max 30 days




## Surgical Benefits

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- Outpatient: \$300/day, max 1 day
- Anesthesia: \$125/day

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	Plan 3
HSA Compatible	No
Spouse Coverage	Available
Dependent Child(ren) Coverage	Available
Pre-Existing Condition Period/Pre-Existing Condition Exclusion Period	Not applicable
Pregnancy Coverage	Included
Hospital Admission Benefit	\$1,000 per day; max of 1 day(s)
Hospital Confinement Benefit	\$300 per day; max of 30 day(s)
Intensive Care Unit Admission Benefit	\$2,000 per day; max of 1 day(s)
Intensive Care Unit Benefit	\$500 per day; max of 30 day(s)
Accident & Sickness Surgery Benefit	
Inpatient Surgery	\$500 per day; max of 1 day(s)
Outpatient Surgery in a Hospital, Outpatient Facility or Freestanding Outpatient Surgery Center	\$300 per day; max of 1 day(s)
General Anesthesia Benefit	\$125 per day
Outpatient Accident & Sickness Treatment Benefit	
Emergency Room	\$300 per day; max of 2 day(s)
Urgent Care Facility	\$50 per day; max of 3 day(s)
Physician's Office	\$50 per day; max of 3 day(s)
Physical, Speech or Occupational Therapy Facility	\$15 per day; max of 5 day(s)

APSB-2252(Txs)-012



# Plan 3 Benefits (2/2)

## Outpatient Treatment

- ER: \$300/day, max 2 days
- Urgent Care: \$50/day, max 3 days
- Physician Visits: \$50/day, max 3 days
- Therapy: \$15/day, max 5 days

## Additional Coverage

- Portability Option: Included
- Pregnancy Coverage: Included
- Mental Health Treatment: Included

### MedChoice™ Group Hospital Indemnity Insurance



Plan 3	
Additional Rider(s)	
Portability Option Rider	Included
Occupational Exclusion Rider	Not included
Continuity of Coverage Amendment Rider (Takeover)	Included, credit given for time served under prior coverage for: Pre-Existing Condition Period
Additional Treatment	
Treatment for Serious Mental Illness	Included
Treatment for Alcohol or Drug Addiction	Included

# Plan 4 Benefits (1/2)

## Hospital Benefits

- Admission: \$2,000/day, max 1 day
- Confinement: \$500/day, max 30 days
- ICU Admission: \$2,000/day, max 1 day
- ICU Benefit: \$500/day, max 30 days


## Surgical Benefits

- Inpatient: \$750/day, max 1 day
- Outpatient: \$400/day, max 1 day
- Anesthesia: \$300/day

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**Summary of Benefits for Business Workers of America Assn.**

Plan 4

HSA Compatible	No
Spouse Coverage	Available
Dependent Child(ren) Coverage	Available
Pre-Existing Condition Period/Pre-Existing Condition Exclusion Period	Not applicable
Pregnancy Coverage	Included
Hospital Admission Benefit	\$2,000 per day; max of 1 day(s)
Hospital Confinement Benefit	\$500 per day; max of 30 day(s)
Intensive Care Unit Admission Benefit	\$2,000 per day; max of 1 day(s)
Intensive Care Unit Benefit	\$500 per day; max of 30 day(s)
Accident & Sickness Surgery Benefit	
Inpatient Surgery	\$750 per day; max of 1 day(s)
Outpatient Surgery in a Hospital, Outpatient Facility or Freestanding Outpatient Surgery Center	\$400 per day; max of 1 day(s)
General Anesthesia Benefit	\$300 per day
Outpatient Accident & Sickness Treatment Benefit	
Emergency Room	\$500 per day; max of 2 day(s)
Urgent Care Facility	\$75 per day; max of 5 day(s)
Physician's Office	\$75 per day; max of 5 day(s)

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# Plan 4 Benefits (2/2)

## Outpatient Treatment

- ER: \$500/day, max 2 days
- Urgent Care: \$75/day, max 5 days
- Physician Visits: \$75/day, max 5 days
- Therapy: \$75/day, max 5 days

## Diagnostic & Ambulance

- Minor Diagnostic: \$100/day
- Major Diagnostic: \$500/day
- Ground Ambulance: \$500/day
- Air Ambulance: \$1,000/day

## Additional Coverage

- Portability Option: Included
- Pregnancy Coverage: Included
- Mental Health Treatment: Not Included

### MedChoice™ Group Hospital Indemnity Insurance




	Plan 4
Physical, Speech or Occupational Therapy Facility	\$75 per day; max of 5 days(s)
Minor Diagnostic Exam Benefit	\$100 per day; max of 1 day(s)
Major Diagnostic Exam Benefit	\$500 per day; max of 1 day(s)
Ambulance Benefit	
Ground	\$500 per day; max of 1 day(s)
Air	\$1,000 per day; max of 1 day(s)
Additional Rider(s)	
Portability Option Rider	Included
Occupational Exclusion Rider	Not included
Continuity of Coverage Amendment Rider (Takeover)	Not included
Additional Treatment	
Treatment for Serious Mental Illness	Not included
Treatment for Alcohol or Drug Addiction	Not included

# Comparing the Plans

Benefit	Plan 2	Plan 3	Plan 4
Hospital Admission	\$750	\$1,000	\$2,000
Hospital Confinement	\$200/day	\$300/day	\$500/day
ICU Admission	\$1,500	\$2,000	\$2,000
ER Coverage	\$200/day	\$300/day	\$500/day
Mental Health	No	Yes	No

# Key Takeaways

- **Plan 2:** Basic option with lowest benefits
  - **Plan 3:** Mid-tier with mental health coverage
  - **Plan 4:** Premium with highest benefits
  - **Choose based on needs**
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# Thank You!

Continue to be great!

