



# BWA Americare Plan Overview

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

## 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.

**FOR AGENT TRAINING USE ONLY** - This document cannot be distributed to the public or used in any consumer solicitation.

# The BWA Americare Plan

- Coverage through **Business Workers of America Association**
- **Hospital Indemnity** for various situations
- **Outpatient Surgery** and support tools
- **Doctor's Office Visits** through flexible options
- **Emergency Services** support

# **Key Features and Benefits**

**Hospital Admission Benefits**

**Intensive Care Unit Benefits**

**Surgery Benefits** (varies by plan)

**Prescription Savings** through HealthWarehouse

# **Cost Management Tools**

**Medical Bill Repricer (MBR)**

**Pre-Pay System**

**White Glove Advocacy Support**

# How Medical Bill Repricer Works

1. Enroll through **Business Workers of America Association**
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**

## Preventive Care and Wellness

- **Routine Checkups** Services
- **Wellness Programs** Initiatives
- **HealthWarehouse** provides prescription savings

# Telehealth Services

- **24/7 Access** to care
- **Virtual Consultations** available
- **Remote Monitoring** tools
- **Convenient Access** to specialists

# Advocacy and Support Services

- **Personalized** healthcare advocacy
- **Financial Assistance** options
- **Legal Support** services
- **Emotional Support** resources

# Plan 2 (1/2)

## Hospital Benefits

- \$750 per day for admission; max of 1 day(s)
- \$200 per day for confinement; max of 30 day(s)
- \$1,500 per day for ICU admission; max of 1 day(s)
- \$350 per day for ICU confinement; max of 30 day(s)

## Surgery Benefits

- \$500 per day for inpatient; max of 1 day(s)
- \$300 per day for outpatient; max of 1 day(s)

## Outpatient Treatment

- \$200 per day for ER; max of 2 day(s)
- \$50 per day for urgent care; max of 3 day(s)
- \$50 per day for physician's office; max of 3 day(s)
- \$15 per day for therapy; max of 5 day(s)

## Additional Benefits

- General Anesthesia: \$125 per day

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



#### 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
<b>Hospital Admission Benefit</b>	\$750 per day; max of 1 day(s)
<b>Hospital Confinement Benefit</b>	\$200 per day; max of 30 day(s)
<b>Intensive Care Unit Admission Benefit</b>	\$1,500 per day; max of 1 day(s)
<b>Intensive Care Unit Benefit</b>	\$350 per day; max of 30 day(s)
<b>Accident &amp; Sickness Surgery Benefit</b>	
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)
<b>General Anesthesia Benefit</b>	\$125 per day
<b>Outpatient Accident &amp; Sickness Treatment Benefit</b>	
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)



#### MedChoice™ Group Hospital Indemnity Insurance

	Plan 2
<b>Additional Rider(s)</b>	
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
<b>Additional Treatment</b>	
Treatment for Serious Mental Illness	Not included
Treatment for Alcohol or Drug Addiction	Not included

## Plan 2 (2/2)

### Additional Riders

- Portability Option Rider included
- Continuity of Coverage Amendment Rider included

### Exclusions

- No coverage for serious mental illness
- No coverage for alcohol or drug addiction

# Plan 3 (1/2)

## Hospital Benefits

- \$1,000 per day for admission; max of 1 day(s)
- \$300 per day for confinement; max of 30 day(s)
- \$2,000 per day for ICU admission; max of 1 day(s)
- \$500 per day for ICU confinement; max of 30 day(s)

## Surgery Benefits

- \$500 per day for inpatient; max of 1 day(s)
- \$300 per day for outpatient; max of 1 day(s)

## Outpatient Treatment

- \$300 per day for ER; max of 2 day(s)
- \$50 per day for urgent care; max of 3 day(s)
- \$50 per day for physician's office; max of 3 day(s)
- \$15 per day for therapy; max of 5 day(s)

## Additional Benefits

- General Anesthesia: \$125 per day

## MedChoice™ Group Hospital Indemnity Insurance Limited Benefit Policy



### 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 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
<b>Hospital Admission Benefit</b>	\$1,000 per day; max of 1 day(s)
<b>Hospital Confinement Benefit</b>	\$300 per day; max of 30 day(s)
<b>Intensive Care Unit Admission Benefit</b>	\$2,000 per day; max of 1 day(s)
<b>Intensive Care Unit Benefit</b>	\$500 per day; max of 30 day(s)
<b>Accident &amp; Sickness Surgery Benefit</b>	
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)
<b>General Anesthesia Benefit</b>	\$125 per day
<b>Outpatient Accident &amp; Sickness Treatment Benefit</b>	
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)



#### MedChoice™ Group Hospital Indemnity Insurance

Plan 3	
<b>Additional Rider(s)</b>	
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
<b>Additional Treatment</b>	
Treatment for Serious Mental Illness	Included
Treatment for Alcohol or Drug Addiction	Included

## Plan 3 (2/2)

### Additional Riders

- Portability Option Rider included
- Continuity of Coverage Amendment Rider included

### Mental Health and Addiction

- Treatment for serious mental illness included
- Treatment for alcohol or drug addiction included

# Plan 4 (1/2)

## Hospital Benefits

- \$2,000 per day for admission; max of 1 day(s)
- \$500 per day for confinement; max of 30 day(s)
- \$2,000 per day for ICU admission; max of 1 day(s)
- \$500 per day for ICU confinement; max of 30 day(s)

## Surgery Benefits

- \$750 per day for inpatient; max of 1 day(s)
- \$400 per day for outpatient; max of 1 day(s)

## Outpatient Treatment

- \$500 per day for ER; max of 2 day(s)
- \$75 per day for urgent care; max of 5 day(s)
- \$75 per day for physician's office; max of 5 day(s)
- \$75 per day for therapy; max of 5 day(s)

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

**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 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
<b>Hospital Admission Benefit</b>	\$2,000 per day; max of 1 day(s)
<b>Hospital Confinement Benefit</b>	\$500 per day; max of 30 day(s)
<b>Intensive Care Unit Admission Benefit</b>	\$2,000 per day; max of 1 day(s)
<b>Intensive Care Unit Benefit</b>	\$500 per day; max of 30 day(s)
<b>Accident &amp; Sickness Surgery Benefit</b>	
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)
<b>General Anesthesia Benefit</b>	\$300 per day
<b>Outpatient Accident &amp; Sickness Treatment Benefit</b>	
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)

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

## Plan 4 (2/2)

### Additional Benefits

- General Anesthesia: \$300 per day
- Ambulance (Ground): \$500 per day; max of 1 day(s)
- Ambulance (Air): \$1,000 per day; max of 1 day(s)
- Minor Diagnostic Exam: \$100 per day; max of 1 day(s)
- Major Diagnostic Exam: \$500 per day; max of 1 day(s)

### Additional Riders

- Portability Option Rider included

### Exclusions

- No coverage for serious mental illness
- No coverage for alcohol or drug addiction

# Comparing the Plans (1/2)

Feature	Plan 2	Plan 3	Plan 4
Hospital Admission	\$750/day; max 1	\$1,000/day; max 1	\$2,000/day; max 1
ICU Admission	\$1,500/day; max 1	\$2,000/day; max 1	\$2,000/day; max 1
Inpatient Surgery	\$500/day; max 1	\$500/day; max 1	\$750/day; max 1
Outpatient Surgery	\$300/day; max 1	\$300/day; max 1	\$400/day; max 1
ER Visits	\$200/day; max 2	\$300/day; max 2	\$500/day; max 2
General Anesthesia	\$125/day	\$125/day	\$300/day
Urgent Care	\$50/day; max 3	\$50/day; max 3	\$75/day; max 5
Physician's Office	\$50/day; max 3	\$50/day; max 3	\$75/day; max 5

## Comparing the Plans (2/2)

Feature	Plan 2	Plan 3	Plan 4
Therapy	\$15/day; max 5	\$15/day; max 5	\$75/day; max 5
Minor Diagnostic	Not covered	Not covered	\$100/day; max 1
Major Diagnostic	Not covered	Not covered	\$500/day; max 1
Ambulance (Ground)	Not covered	Not covered	\$500/day; max 1
Ambulance (Air)	Not covered	Not covered	\$1,000/day; max 1
Additional Riders	Portability, Continuity	Portability, Continuity	Portability
Mental Health & Addiction	Not covered	Covered	Not covered

in vitro fertilization, test tube fertilization, sterilization, tubal ligation or vasectomy, and reversal thereof; participation in any sport for pay or profit; serious mental illness without demonstrable organic disease, if not applicable to the plan; alcoholism or drug addiction treatment, if not applicable to the plan; services for which payment is not legally required, except for: Medicaid; treatment of non-service connected disabilities in Veterans Administration hospitals and care rendered to armed services retirees and dependents in military medical facilities of the United States Government; pregnancy or childbirth, except complications of pregnancy, if not applicable to the plan; voluntary abortion except, with respect to you or your covered eligible dependent spouse, where you or your dependent spouse's life would be endangered if the fetus were carried to term or where medical complications have arisen from abortion; pregnancy of an eligible dependent child; participating in a riot, insurrection, rebellion, civil commotion, civil disobedience or unlawful assembly (this does not include a loss which occurs while acting in a lawful manner within the scope of authority); participation in a contest of speed in power driven vehicles, parachuting or hang gliding; air travel except as a fare-paying passenger on a commercial airline on a regularly scheduled route or as a passenger for transportation only and not as a pilot or crew member; sex changes; a diagnosis or treatment received outside the United States, its territories, that cannot be confirmed by a physician licensed and practicing in the United States. The covered person, at his or her own expense, is responsible for obtaining such confirmation. If the plan includes occupational exclusion rider, the following is applicable: accident and sickness arising out of and in the course of any occupation for compensation, wage or profit for which loss qualifies for benefits under Workers' Compensation, an Employers Liability Law benefit provided by the Federal Employee Liability Act or similar law. This does not apply to those sole proprietors or partners not covered by Workers' Compensation, or for claims that were denied under such laws.

**Termination of Certificate**

Insurance coverage under the certificate, including any attached riders, will end on the earliest of these dates: the date the policy terminates; the date the renewal premium became due once the grace period has ended if the premium remains unpaid; the date you no longer qualify as an insured or the date of your death.

**Termination of Coverage**

Insurance coverage under the policy and/or any attached riders for a covered person will end as follows: the date the policy terminates; the date the certificate terminates; the date the renewal premium became due once the grace period has ended if the premium remains unpaid; the end of the policy period in which we receive a written request from you to terminate the covered person's coverage; the date a covered person no longer qualifies as an insured or eligible dependent or the date of the covered person's death. APL may end coverage of any covered person who submits a fraudulent claim.

**Additional Rider(s)**

All riders are part of the policy/certificate to which it is attached and are subject to all the provisions of the policy/certificate that are not in conflict with the provisions of the rider.

**Portability Option Rider**

You may elect portability coverage when coverage ends under the policy for reasons other than non-payment of premium. The requirements for election of portability, election of dependent portability and termination of portability will be defined in portability option rider attached to your certificate. When elected, APL will notify you of the amount of premium due, the frequency of the premium payments and the premium due dates.



2305 Lakeland Drive | Flowood, MS 39232

If the hospital indemnity insurance premium is paid on a pre-tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding tax treatment of your policy benefits.

Underwritten by American Public Life Insurance Company. This product contains Limitations, Exclusions and Waiting Period. For complete benefits and other provisions, please refer to the policy/certificate/riders. All Riders are subject to all the Provisions, Conditions, Limitations and Exclusions of the Policy to which it is attached, which are not in conflict with those of the Rider. This coverage does not replace Workers' Compensation Insurance. **This product is inappropriate for people who are eligible for Medicaid coverage.** This policy is considered an employee welfare benefit plan established and/or maintained by an association or employer intended to be covered by ERISA, and will be administered and enforced under ERISA. Group policies issued to governmental entities and municipalities may be exempt from ERISA guidelines. Policy Form GH17/GH12 Series including AMD1547APL Series | Texas | Limited Benefit Group Hospital Indemnity Insurance Policy | (01/22)

## Key Takeaways and Reminders

- Coverage benefits through **Business Workers of America Association**
- **Flexible Options** included
- **Advocacy and Support** benefits
- **Enrollment** required

# Thank You!

Continue to be great!



#### 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.

**FOR AGENT TRAINING USE ONLY** - This document cannot be distributed to the public or used in any consumer solicitation.