



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.





MEDICAL BILL REPRICER

**MBR simplifies the process when visiting
a Primary Care Doctor or Specialist.**

\$25 pre-pay for Primary Care Office Visits.

\$25 pre-pay for Urgent Care Facility Visits.

Most Urgent Care Facilities provide consultations, lab testing, x-rays and more.

\$50 pre-pay for Specialist Doctor Visits.

***Choose a network physician for maximum savings**

**To locate a PHCS network provider,
call 888-371-7427 or visit www.MultiPlan.com**

MBR helps lower medical bills by utilizing PPO Networks, Reference-Based Pricing, and Direct Bill Negotiation. Please note that while we strive to assist, we cannot guarantee the outcome of any claim or the amount of savings on any bill.
*A majority of the time, MBR reprices bills to amounts exceeding Medicare's allowable rate, but medical providers may still decline to honor this service. Please have your provider call MBR at **877-278-4668** with any questions they may have.

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

FIRST

1st

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.

2nd

SECOND

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

3rd

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.

4th

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.

5th

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.

6th

SIXTH

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

Additional MBR Services

MANAGED CARE

Q. What is the Primary Service Managed Care Provides?

A. MBR will help reprice and reduce medical providers bills.

Q. How Does MBR Reprice Medical Bills?

A. MBR uses one of the nation's largest provider networks to provide members with access to quality, affordable health care. Members have access to more than 5,500 hospitals, over 164,000 ancillary facilities, and over 1.3 million health care providers in the United States, including Puerto Rico. The network covers over 95% of the US population.

Q. What are the Advantages for the Member?

A. Helps reduce out of pocket cost for the member.

WHITE GLOVE ADVOCACY

Q. What is the Primary Service White Glove Advocacy Provides?

A. Advocacy medical specialists assists members both before and after visiting a provider.

Q. How Does Advocacy Assist Members?

A. MBR Advocacy Specialists can help members find a low-cost provider in advance of their visit. For members who have a remaining balance on their medical bills after discounts and insurance benefits are applied, MBR Advocates negotiate with hospital or providers to help reduce the balance.

Q. What Other Service Does White Glove Advocacy Perform?

A. Advocates negotiate to reduce any medical bill balance after insurance is applied. They use advanced software technology, and their expertise in billing rules and financial assistance to sometimes even eliminate the remaining balance completely.

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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 days(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 days(s)

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

Refer to the Summary of Benefits for details specific to each plan.

Benefits are per day, up to the maximum number of days per calendar year, per covered person, with the exception of the general anesthesia benefit and critical illness rider benefit. The general anesthesia benefit is payable per day. The critical illness rider benefit is payable once per covered person, per calendar year. Benefit amounts may vary based upon place of service. Benefits will only be paid for a covered loss incurred while covered under the certificate. No benefits are payable during the defined pre-existing condition exclusion period following the covered person's effective date for any loss resulting from a pre-existing condition.

A covered person means a person who is eligible for coverage under the policy and for whom coverage is in force. An eligible dependent means your lawful spouse and/or your child (natural, adopted or step) who is under 26 years of age and/or any minor under your charge, care and control, who has been placed for adoption and is under 26 years of age. Eligible dependent child also includes: any child under 26 years of age for whom the insured must provide medical support under an order issued under Section 14.061, Family Code, or enforceable by a court in Texas; grandchildren if those children are dependents for federal income tax purposes; and any minor if the insured is a party in a suit in which the adoption of the child is sought.

A hospital is not an institution, or part thereof, used as a place for rehabilitation, a place for rest or for the aged, a nursing or convalescent home, a long-term nursing unit or geriatrics ward or an extended care facility for the care of convalescent, rehabilitative or ambulatory patients.

Hospital Admission Benefit - Payable only once per period of confinement if a covered person is admitted and confined as an inpatient in a hospital due to an injury or covered sickness. Not payable for outpatient treatment, emergency room treatment or a stay of less than 18 hours in an observation unit.

Hospital Confinement Benefit - Must be confined as an inpatient to a hospital due to an injury or covered sickness. This benefit is not payable on any day a hospital admission benefit is payable.

Intensive Care Unit (ICU) Admission Benefit - Must be admitted to and confined in an ICU due to an injury or covered sickness. Payable only once per period of confinement in an ICU.

Intensive Care Unit (ICU) Benefit - Must be confined in an ICU due to an injury or covered sickness. If the plan is Non-HSA compatible, benefits will be paid beginning the first day of ICU confinement when confinement begins after the certificate effective date. If the plan is HSA compatible, this benefit is not payable on any day an intensive care unit admission benefit is payable.

Accident & Sickness Surgery Benefit - Surgical procedure must be performed as an inpatient surgery or outpatient surgery in a hospital, outpatient facility, a freestanding outpatient surgery center or a physician's office due to an injury or covered sickness.

General Anesthesia Benefit - Accident surgery benefit and/or accident and sickness surgery benefit must be payable and general anesthesia must be received during the surgery for accident and/or accident and sickness for this benefit to be payable.

Outpatient Accident & Sickness Treatment Benefit - Treatment must be in an emergency room, urgent care facility, physician's office or physical/speech/occupational therapy facility due to an injury or covered sickness.

Exclusions

No benefits are payable for any loss resulting from or caused, whether directly or indirectly, by: hernia, adenoids, tonsils, varicose veins, appendix, disorder of the reproduction organs within six months after the certificate effective date unless due to an emergency; any act of war, declared or undeclared, or any act related to war, or active service in the armed forces, or military service for any country at war (If coverage is suspended for any covered person during a period of military service, we will refund the pro-rata portion of any premium paid for any such covered person upon receipt of the policyholder's written request.); dental treatment or routine vision services unless due to injury and if performed within 12 months of the date of the covered accident or due to congenital defect or birth anomaly of a covered newborn child; an intentionally self-inflicted injury or sickness; committing, or attempting to commit, an illegal act that is defined as a felony (felony is as defined by the law of the jurisdiction in which the act takes place); an injury or sickness incurred while engaging in an illegal occupation; cosmetic care, except when the hospital confinement is due to medically necessary reconstructive plastic surgery (medically necessary reconstructive plastic surgery is defined as: surgery to restore a normal bodily function, surgery to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect or birth anomaly, breast reconstruction following mastectomy); being intoxicated or under the influence of any narcotic unless administered by a physician or taken according to the physician's instructions (intoxication means that which is determined and defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred); experimental treatment, drugs or surgery, except in connection with an approved cancer clinical trial; immunizations; artificial insemination, 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, or 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, benefits 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.

Continuity of Coverage Amendment Rider

You and your covered dependents may qualify for continuity of coverage, credit for certain limitations served under the prior group hospital indemnity coverage, upon transfer of insurance carriers. The provisions for continuity of coverage will be defined in the continuity of coverage amendment rider attached to your certificate. APL may request proof of coverage to determine if each person to be insured is eligible for continuity of coverage. Continuity of coverage is only extended to the benefits provided under the APL policy. The APL policy may not include all of the benefits provided under the prior group hospital indemnity coverage. Continuity of coverage does not include any losses incurred prior to the covered person's effective date of coverage under the APL certificate. Continuity of coverage is not available to those employees who were not enrolled under the prior group coverage. Those employees must meet all the requirements of the APL policy. Continuity of coverage does not mean a continuation of benefits provided by the prior group coverage.



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ampublic.com |

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/rider. 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 GHI17/GHI21 Series including AMD1547APL Series | Texas | **Limited Benefit Group Hospital Indemnity Insurance Policy** | (01/22)

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:
CHECK YOUR
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**.

LAB SERVICES



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.

HOW DO I USE THIS SERVICE?

ORDERING ONLINE:

- 1. Create Account:** Go to <https://directlabs.com/4members> and click Register at the top right corner. Complete the information and submit your registration.
- 2. 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.
- 3. 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.
- 5. 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:

- Call 1-800-908-0000 and provide code **R-CALSTAR**.
- 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.
- 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.
- Go to Lab Location:** Using the Lab Locator**, find a patient service center location convenient to your home or work.
- 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.

****Members may only use locations that are listed on the website. Using a non-participating location may result in member being turned away or billed****

Services not available in NJ, NY, and RI



We believe what you do is important and you deserves the best quality products and service from a caring provider. Our goal is to equip students and medical professionals from head to toe for ultimate convenience and value.

To Access Member Discounts visit:
<https://www.allheart.com/>
And enter the code: **1237310FS**



EMPOWERED EQUIPPED OUTFITTED

We are the uniform experts, and we love what we do. Our mission is to make your group look and feel their very best



Dedicated Account Manager

We work closely with you to learn your business and become a true partner in helping you develop a program your business can be proud of



Customer Logo & Embroidery

Enhance your group's professional look with your company logo. Create a consistent image across your facility and increase your company brand.



Personalized Ordering Options

From working directly with your account manager to a customized ordering website, we've got you covered to ensure timely delivery and complete satisfaction.



On-Site Fittings

No guess work in sizes or colors, we have multiple programs options to make sure you get the right product in the right color and the right size.



One-Stop Shop

We have the largest in stock selection of medical apparel and equipment, including scrubs, lab coats, stethoscopes, and diagnostic tools.



about

ALLHEART GROUP SOLUTIONS

At allheart we are the uniform experts. Our main goal is to help your team look and feel their best. We make it easy with dedicated account managers, who know you and your needs to guide you through a uniform program. Along with our high-quality embroidery to help empower your look, we also help you every step along the way. We pride ourselves on being as reliable and helpful as possible when you need us the most. Our job is to make sure the people who care the most look the best.

We believe that your team deserves the very best products combined with quality service from a caring provider



WE TAKE THE HEADACHE OUT OF the uniform program

MANAGEMENT MADE SIMPLE

Oversee product inventory and customize shipping options through a user-friendly portal.

To Access Member Discounts visit:

<https://www.allheart.com>

And enter the code: **1237310FS**



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