



OUR MISSION

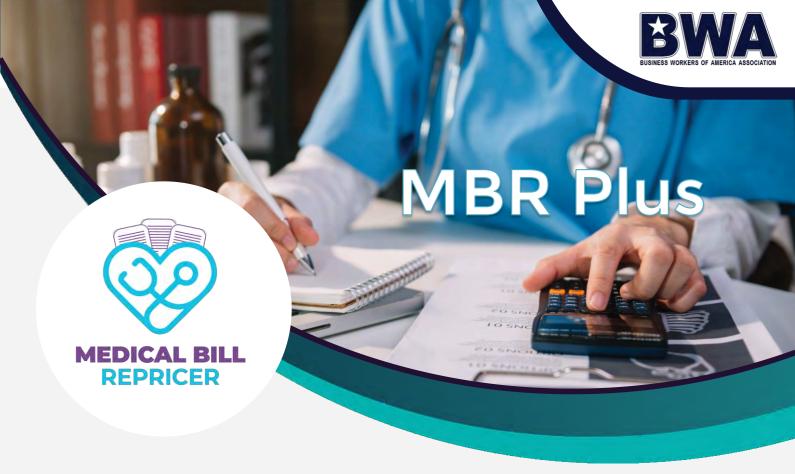
The mission of the Business Workers of America Association, a not-for-profit member association founded in 2001, is to assist in improving the lives of American workers and their families.

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





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.

- → Members pay a \$25 Pre-Pay for Primary Care Office Visits. (See page 2 for details)
- Oncierge Style Healthcare Advocacy
- Medical Bill Repricing and Direct Bill Negotiations
- **→** 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

→ 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.

→ SECOND

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

→ 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.

→ 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.

→ 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.

→ 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 PPO Networks, 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.





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.

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- Oreate Account: Go to https://directlabs.com/4members and click Register at the top right corner. Complete the information and submit your registration.
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- 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 withing 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 yourHealth 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 withing 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!

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- Present the coupon card to the pharmacist when paying. <</p>
 - » Save on your prescriptions! «







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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.**



EssentialCare®

Hospital Indemnity Insurance

Prepared for:
Business Workers of America





A hospital stay can be expensive. Are you protected?



Accidents and illnesses can happen when you least expect it. Your focus should be on your health—not your wallet. But even after your medical insurance pays its portion, you could be facing unplanned bills for deductibles, copays, and coinsurance. EssentialCare Group Hospital Insurance provides fixed payments that can help you manage these costs by providing a cash benefit for covered expenses. Use the money however you wish, so you can focus on your recovery, not your bills.



How does Hospital Insurance work?

Hospital Insurance can supplement existing coverage and provide cash to help cover medical and living expenses. Below is an example of how benefits might be paid.*

Hospital Insurance

Provides fixed payments to help manage costs arising from a hospital stay.

A 55-year-old woman suffers a heart attack and is admitted to hospital and ICU.

Hospital admission benefit	\$1,000
ICU admission benefit	\$200
Hospital confinement benefit (\$100/day for six days)	\$600
ICU confinement benefit (\$200/day for two days)	\$400
TOTAL	\$2,200

^{*}Payouts are estimates and not guaranteed. The examples shown may vary from the plan offering. Your individual experience may also vary. Benefits paid are determined based on individual situations. Terms, conditions, and exclusions apply. See full policy for details.

How might you use these benefits?

Payments can be used for major medical copays and deductibles, or even things like transportation, child care, housekeeping help, or whatever else you may need.

How you use the money is up to you!

Why EssentialCare Group Hospital Insurance?

- ✓ Easy to enroll through a self-service platform
- ✓ Benefits are paid directly to you to spend as you see fit
- ✓ Fast payment with simplified claims process

BCS EssentialCare insurance is underwritten by BCS Insurance Company, Worthington, OH (Administrative Offices: Oakbrook Terrace, IL). Employees must be actively at work to be eligible for EssentialCare policies. Some states may have minimum coverage requirements. See policy documents for a complete description of benefits, exclusions, limitations, and conditions of coverage. Features and availability vary by location, and are subject to change.

ESSENTIALCARE PRODUCTS ARE LIMITED BENEFIT POLICIES—READ YOUR POLICY CAREFULLY. THESE POLICIES ARE NOT MAJOR MEDICAL INSURANCE AND ARE NOT INTENDED TO BE A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.

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

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, luging, 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:
 - \circ $\;$ Treatment due to an Injury to sound natural teeth within 12 months of the Accident; and
 - $\circ\quad$ Treatment necessary due to congenital disease or anomaly.

Hospital Insurance FAQs

What is Hospital Insurance?

Hospital Insurance pays you benefits when you are confined to a hospital, whether for planned or unplanned reasons, or for other medical services, depending on the policy. The plan provides payment for each day spent in the hospital, and for some other qualified expenses as well. That's money you can use however you choose whether for hospital bills or those other costs that come up while you're recovering.

I have a medical plan at work. Why would I need additional coverage for hospitalization?

A hospitalization can happen anytime, to anyone and when you least expect them—and they can be costly. Even quality medical plans can leave you with extra expenses to pay. Things like plan deductibles, copays, and out-of-network care can add up fast. Having the financial support you need when the time comes can mean less worry for you and your family.

Can I enroll without having to take a medical exam?

Yes. EssentialCare Group Hospital Insurance is guaranteed issue, which means your acceptance is guaranteed, regardless of your health. You just need to be actively at work for your coverage to be effective. There are no medical exams to take and no health questions to answer. There are exclusions for pre-existing conditions.

Is there a waiting period before my coverage begins?

This coverage will be effective at the beginning of your benefit period as long as you are actively at work. However, some waiting periods and pre-existing limitations may apply, depending on your selected plan. See plan certificate for details.

Can I increase my coverage at any time if I continue my coverage on an individual basis?

No. The option to change your coverage is only available during open enrollment.

What if I want to cancel my coverage?

You can cancel at any time. Call our Customer Service Center at 877-697-0026.

Will my benefit checks be payable to me?

Benefits will be paid directly to you, the insured, unless otherwise required by law or otherwise assigned.

Are my benefits taxable?

If you pay premiums under a flexible benefits plan with pretax dollars, or if your employer pays part or all your premiums, some of the benefits you receive may be taxable. In addition, a 1099 form will be sent to the insured if a benefit of more than \$10,000 is provided. If you have questions about taxability of benefits, discuss them with your employer or tax advisor.

What happens if my employment status changes? Can I take my coverage with me?

Your plan does not include a Portability option. Please see your certificate for your specific plan details.

How do I submit my claim form for processing? Call 877-697-0026

Whom do I call with questions about my coverage? Call 877-697-0026

Questions? Contact Customer Service Center at 877-697-0026



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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



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If you aren't completely, 100% satisfied with any Emergency Kit purchase you receive from Echo-Sigma, for any reason, return it for a full refund within 60 days. No hassle, no nonsense, no problem. We won't bog you down in endless paperwork, we'll even pay your return postage. Your complete satisfaction with each and every emergency kit we sell is what's most important to us.

We are of the firm belief that once you open up your order and see all of the thought, attention and quality that went into it, you'll know that you've made the right decision.



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