



Myshare

AN ASSOCIATION HEALTHCARE
PACKAGE FOR MEMBERS AND
THEIR FAMILY

MYShare is an Association Health Package designed for Business Workers of America Members



CONTENT



ADVOCACY



OFFICE VISIT BENEFITS



PHARMACY BENEFITS



TELEMEDICINE



DISCOUNTS



ZION HEALTH



SUMMARY OF BENEFITS

Choose The Option That Best Fits Your Families Needs

Membership Benefits*

| | 5000 Option No Lifetime Max | 2500 Option No Lifetime Max | 1000 Option No Lifetime Max |
|-----------------------|---|--------------------------------|--------------------------------|
| Primary Doctor Visits | \$25 Prepay for Primary Care and \$50 Prepay for Specialists | | |
| Insured Benefits ** | Limited Office Visit, ER and Hospital Indemnity Insurance | | |
| Telemedicine | Unlimited Phone or Video Doctor Visits At No-Cost | | |
| Advocacy Services | MBR "White Glove" Advocacy Services helps our members navigate through the benefits of the MyShare program. Prior to a member reaching their IUA, our White Glove Advocacy Service will help members find the most affordable options on all Health Expenses. | | |
| Prescription Card | RX Card Saves up to 80% on Prescriptions at Local Pharmacies and through Mail Order | | |

Shareable Benefits ***

| | \$5000 Household max of 3 IUA's in a rolling 12-month period | \$2500 Household max of 3 IUA's in a rolling 12-month period | \$1000 Household max of 3 IUA's in a rolling 12-month period |
|---|---|---|---|
| Initial Unshareable Amount (IUA) ¹ | | | |
| In/Out of Hospital Expenses | Cost saving assistance from White Glove Advocacy, until IUA is met. Shareable at 100% after IUA is met. | | |
| In/Out of Hospital Surgery | Cost saving assistance from White Glove Advocacy, until IUA is met. Shareable at 100% after IUA is met. | | |
| In/Out of Hospital anesthesiologist | Cost saving assistance from White Glove Advocacy, until IUA is met. Shareable at 100% after IUA is met. | | |
| Maternity 12 Month Pre-X Conditions Apply | Cost saving assistance from White Glove Advocacy, until IUA is met. Shareable at 100% after IUA is met. | | |
| Laboratory Services MRI, CAT Gastroenterology | Cost saving assistance from White Glove Advocacy, until IUA is met. Shareable at 100% after IUA is met. | | |
| Emergency Room Emergency Clinic | Cost saving assistance from White Glove Advocacy, until IUA is met. Shareable at 100% after IUA is met. | | |
| End of Life Sharing | \$10,000 Member's Death, \$10,000 Spouse's Death and \$2,500 Child's Death | | |

*Member Benefits are available immediately and are not part of Zion Health or subject to the Zion IUA. **The Insured Benefits are not part of, nor affiliated with Zion Health***Shareable Benefits are not administered by BWA. BWA makes no guarantee as to the outcome of any claim. Shareable Benefits are exclusively part of the Zion Health membership, Administered by Zion Health, and available once the Zion IUA has been met.1 The Initial Unshareable Amount (IUA), is the amount that a member will pay before the Zion Health community shares in medical expenses.

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.

- ➔ Members pay a **\$25 Pre-Pay** for Primary Care Office Visits. (See page 2 for details)
- ➔ Concierge 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.



**MEDICAL BILL
REPRICER**



White Glove Healthcare Advocacy Program for you and your family

We are here to provide assistance in seamlessly navigating your health plan, answering questions, finding doctors and much more!

MBR Advocacy: A concierge-style navigation service guiding members through a confusing health care system and driving cost savings while ensuring quality care. A bill negotiation service providing a unique strategy consisting of direct negotiation and reference-based repricing to drive savings. When faced with serious illness, speak with an expert to offer a second opinion that will give members peace of mind to move forward with an appropriate treatment plan.



HEALTHCARE

MBR helps the member navigate the Healthcare system and find a Primary Care Doctor or Specialist, acupuncture, chiropractic care, and massage therapy.



LAB & IMAGING

MBR will help assist members in comparing the cost and quality of lab and imaging centers, prior to a member reaching their IUA



PRICING

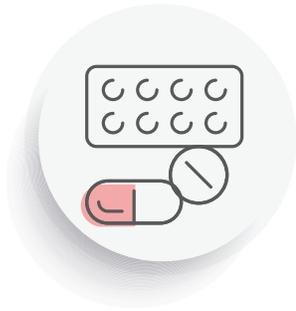
MBR will help members view actual cost, quality and availability of facilities and help compare prices at hospitals, surgery centers, and medical facilities.



HEALTH BENEFITS

MBR is a member's One-Stop-Shop for how to navigate their Health Benefits. MBR will also help members through the claims process.

OFFICE VISIT and RX BENEFITS



Rx Discount Program



Office Visits @ \$25 Prepay for Primary Care and \$50 Prepay for Specialists



Coordination of Insured Office Visit Benefits



As a member, you have the flexibility to choose your preferred physician. Members pay a prepay fee of \$25 for visits to a Primary Care Doctor's office, and \$50 for a Specialist office visit. Any outstanding balance after the insurance benefits are applied, and the Reference Based Pricing System has reduced the medical bills, will be the responsibility of the member.

MBR offers cost-containment solutions for medical bills that give members the freedom to choose their preferred doctor or hospital without needing a PPO network. Our Reference Based Pricing System reduces medical bills between 150% to 200% of the "Medicare Allowable Rates," which is widely accepted by healthcare providers and facilities. This approach is used by over 70% of all employer groups insured in America, resulting in lower provider fees and reduced out-of-pocket medical expenses for our members compared to savings offered by PPO networks.

PHARMACY BENEFITS



RX RESOURCES

With ValuScript, members save money on prescription medicine at over 65,000 retail pharmacies when medications are needed for maintenance, acute, or long-term needs.

- ❖ Tier 1 Generic - \$5 or less are at NO COST!
- ❖ Tier 2 Preferred Brand - \$20 or less
- ❖ Tier 3 Non-Preferred Brand - \$40 or less

For Specialty prescriptions, refer to the member advocacy service for High Cost Prescription Search.

***DISCLAIMERS:**

*This is not insurance.

*Final price depends on the prescription type, availability, and tier of medication. Generic medications are recommendation to help keep the cost low while prescribed.

*No guarantee for free or discount access to all medications.



To locate a Pharmacy near you,
visit: www.valuscript.com





Insured Benefits



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

Summary of Benefits for BWA

| | Plan 5 |
|--|---------------------------------|
| HSA Compatible | Yes |
| Spouse Coverage | Available |
| Dependent Child(ren) Coverage | Available |
| Hospital Admission Benefit | \$500 per day; max of 1 day(s) |
| Hospital Confinement Benefit | \$100 per day; max of 10 day(s) |
| Outpatient Accident Treatment Benefit | |
| Emergency Room | \$50 per day; max of 1 day(s) |
| Urgent Care Facility | \$50 per day; max of 3 day(s) |
| Physician's Office | \$50 per day; max of 3 day(s) |
| Additional Rider(s) | |
| Portability Option Rider | 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. If applicable to the plan, no benefits are payable for a loss that is caused by or occurs as a result of a covered person's pregnancy or childbirth during the 10-month pregnancy waiting period. Loss due to complications of pregnancy will be covered to the same extent as a sickness.

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.

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.

Outpatient Accident 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.

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; war or any act of war, whether declared or undeclared, or any act related to war while serving in the military forces or any auxiliary unit thereto (we will refund the pro-rata portion of any premium paid for any such covered person upon receipt of your 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; mental or emotional disorders 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.

ZION HEALTH

CONTACT US TO LEARN MORE AT ZIONHEALTH.ORG OR (888) 920-9466



JOIN THE MEDICAL
COST SHARING
COMMUNITY



HEALTH INSURANCE
ALTERNATIVE SAVES
YOU MONEY



ACCESS TO
NATIONWIDE
PPO NETWORK



NEEDS PROCESSED
WITHIN 3-5
BUSINESS DAYS



WE PROMOTE
HEALTHY LIVING



WORLDWIDE
ACCESS



PRINCIPLE BASED
MEMBERSHIP
(NON-DENOMINATIONAL)



HEALTHSHARE
REIMAGINED



NO ANNUAL OR
LIFETIME LIMIT TO
MEDICAL EXPENSES

INITIAL UNSHAREABLE AMOUNT (IUA)

The initial unshareable amount, or IUA, is the amount that you pay toward a need before the Zion Health community will share in medical expenses. The IUA is also known as your personal responsibility. Zion Health has three primary levels of personal responsibility: \$1,000, \$2,500, and \$5,000. The lower your personal responsibility (or IUA) is, the higher your monthly contribution will be.

All qualified medical expenses submitted after the IUA is met and within six months of service, are shareable with the Zion Health community at 100 percent. There is no annual or lifetime limit. For each unexpected medical need, the Zion Health community will share medical costs after the IUA is met. You will not need to pay the IUA again until you are symptom free for twelve months. Additionally, you will not be responsible for more than three IUAs in a rolling twelve-month period.

MEDICAL CONDITIONS EXISTING PRIOR TO MEMBERSHIP

Needs that arise from conditions that existed prior to membership are only shareable if the condition was regarded as cured and has not required treatment or presented symptoms for twenty-four months prior to the effective date of membership.

Any diagnosed illness or injury for which a member has been examined, taken medication, had symptoms, or received medical treatment within twenty-four months prior to the effective date of membership is not shareable. Such a diagnosed illness or injury will be defined as a preexisting condition.

PREEXISTING CONDITION PHASE-IN PERIOD

Preexisting conditions have a limited-sharing, phase-in period. Zion Health attempts to negotiate all medical bills received, and many membership types include the PHCS network for prenegotiated medical expenses.

SHAREABLE AMOUNTS BY MEMBERSHIP YEAR

| | |
|--------------------|--|
| YEAR ONE | Waiting period for all preexisting conditions |
| YEAR TWO | Up to \$25,000 of sharing for preexisting conditions |
| YEAR THREE | Up to \$50,000 of sharing for preexisting conditions |
| YEAR FOUR & BEYOND | Up to \$125,000 of sharing for preexisting conditions per year |

DISCLAIMER

Zion Health is not an insurance company. Neither this publication nor membership in Zion Health are issued or offered by an insurance company. The purpose of these membership guidelines is to help members understand and identify medical needs that qualify for potential sharing or reimbursement and the process by which reimbursements are made. The membership guidelines are not for the purpose of describing to prospective members what amounts will be reimbursed by Zion Health. While Zion Health has shared all eligible needs of its members to date, membership does not guarantee or promise that your eligible needs will be shared. Rather, membership in the Zion Health community merely guarantees the opportunity for members to care for one another in a time of need and present their medical needs to other members as outlined in these membership guidelines. The financial assistance members receive will come from other members' monthly contributions that are placed in a benevolent fund, and not from Zion Health.

THIS PUBLICATION AND MEMBERSHIP IN ZION HEALTH SHOULD NEVER BE CONSIDERED A SUBSTITUTE FOR A HEALTH INSURANCE POLICY. IF THE MEMBERSHIP IS UNABLE TO SHARE ALL OR PART OF A MEMBER'S ELIGIBLE MEDICAL NEEDS, EACH MEMBER WILL REMAIN SOLELY FINANCIALLY LIABLE FOR ANY AND ALL UNPAID MEDICAL NEEDS. THESE GUIDELINES DO NOT CREATE A LEGALLY ENFORCEABLE CONTRACT BETWEEN ZION HEALTH AND ANY OF ITS MEMBERS. NEITHER THESE GUIDELINES NOR ANY OTHER ARRANGEMENTS BETWEEN MEMBERS AND ZION HEALTH CREATE ANY RIGHTS FOR ANY MEMBER AS A RECIPROCAL BENEFICIARY, A THIRD-PARTY BENEFICIARY, OR OTHERWISE. AN EXCEPTION TO A SPECIFIC PROVISION OF THESE GUIDELINES ONLY MODIFIES THAT PARTICULAR PROVISION AND DOES NOT SUPERSEDE OR VOID ANY OTHER PROVISIONS. THE DECISION BY ZION HEALTH TO REIMBURSE A MEMBER'S ELIGIBLE NEEDS DOES NOT AND SHALL NOT CONSTITUTE A WAIVER OF THIS PROVISION OR ESTABLISH BY ESTOPPEL OR ANY OTHER MEANS ANY OBLIGATION ON THE PART OF ZION HEALTH TO REIMBURSE A MEMBER'S ELIGIBLE NEEDS.

The MyShare Membership Package includes benefits from various benefits providers. The MyShare Membership Package includes benefits from Global Advocacy Management (GAM), My eMedicine, Working Advantage, HealthWarehouse, Planstin and Zion Health. The following membership rates apply to benefits offered through Zion Health: Age 18-29 - IUA Option \$1,000: Member \$150, Member & Spouse \$300, Member & Child(ren) \$300, Member & Family \$425. Age 18-29 - IUA Option \$2,500: Member \$100, Member & Spouse \$200, Member & Child(ren) \$200, Member & Family \$350. Age 18-29 IUA Option \$5,000: Member \$75, Member & Spouse \$150, Member & Child(ren) \$150, Member & Family \$250. Age 30-49 - IUA Option \$1,000: Member \$175, Member & Spouse \$325, Member & Child(ren) \$325, Member & Family \$450. Age 30-49 -IUA Option \$2,500: Member \$120, Member & Spouse \$225, Member & Child(ren) \$225, Member & Family \$350. Age 30-49 -IUA Option \$5,000: Member \$100, Member & Spouse \$200, Member & Child(ren) \$200, Member & Family \$300. Age 50-64 - IUA Option \$1,000: Member \$200, Member & Spouse \$425, Member & Child(ren) \$425, Member & Family \$650. Age 50-64 - IUA Option \$2,500: Member \$175, Member & Spouse \$350, Member & Child(ren) \$350, Member & Family \$500. Age 50-64 - IUA Option \$5,000: Member \$125, Member & Spouse \$300, Member & Child(ren) \$300, Member & Family \$425.

Additional

Discount Benefits and Services

We appreciate your decision to become a new member of Business Workers of America (BWA), a not-for-profit member association committed to enhancing the lives of American Workers and their families while also improving their communities.

BWA members receive discounts on various services such as Alternative Medicine, Diabetic Supplies, Hearing Aids, Lab Testing, Medical Supplies, MRI & CT Scans, Prescriptions, and Vision. Additionally, members have access to Online Fitness, Online Nutrition, Online Health Manager, and Telemedicine.

“HOW TO ACCESS” and “HOW TO USE” your discount benefits .

Detailed information about the benefits and how to utilize them is on our website.

HERE'S HOW YOU GET INTO THE WEBSITE:

1. Click on the following web address: <https://onecardhealth.association-benefit.com/>
2. At the first Sign-In Block enter your Group Number which is: **#4413**

Group #

3. Enter your Unique Member Number *find this # on the front of your Member ID Card

Member ID #

4. Enter your Zip Code #

Zip Code

**On the website, you will find detailed information about each benefit and instructions on how to use them. Please call 877-697-0026 for further assistance.*

Lyric

Access to care
when you
need it most.



24/7/365 access to care. Fast, Convenient & Affordable.

Doctors can be hard to reach, illness can occur in the middle of the night, and sometimes you just have a question. In all of those circumstances – and many more – Lyric Health is a convenient and affordable solution. As a member, you now have access to a network of board-certified doctors available 24/7/365 to treat many of your medical issues.

Simple as 1, 2, 3

Connect

Patient calls 1.866.223.8831 or logs on to their member portal to schedule a consultation with state licensed physician.

Triage

Member speaks to a Care Coordinator who will triage and update the patient's Electronic Health Record (EHR).

Consult

Member consults with Physician who recommends a treatment plan, and if medication(s) is prescribed, it's sent electronically.

When to use

Our goal is to provide you with convenient, affordable healthcare, when you need it most – 24/7/365.

- When you need care now
- If you have a health related questions, and just need professional guidance
- If you're considered the ER or urgent care center for a non-emergency issue
- On vacation, a business trip, or away from home

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70%

of low acuity illness
can be taken care of

virtually

Common Conditions:

- Cold and Flu Symptoms
- Sinus Problems
- Ear Infection
- Allergies
- Urinary Tract Infection
- Nausea
- Pink Eye
- Stomach Viruses
- Infections
- Rashes
- Sore Throat
- Acne
- Recommendations
- Second Options and more



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

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

ORDERING BY PHONE

- ➔ **Call 1-800-908-0000** and provide code.
- ➔ **Your MyDLS account** will be created for you automatically and you will receive an email with your username and password to access your account.

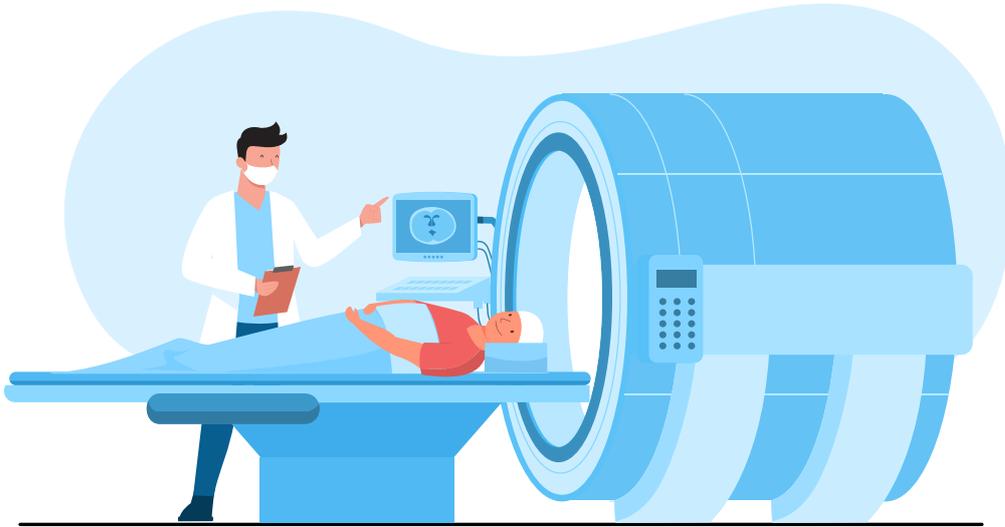
You will provide your personal information for your order along with your credit card information for payment.
- ➔ **Print your Documents:** After ordering your tests, DirectLabs® will generate a requisition and upload it to your online account. An email will be sent notifying you that it is available 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

MRI & CT Scans



**Benefit
Overview
and Details**

Description

A better image leads to a better diagnosis, better treatment and a better recovery. Members save 40% to 75% on usual charges for MRI and CT Scans at thousands of credentialed radiology centers nationwide. Members are referred to a certified radiologist based on condition, preferences and location.

How it works

- 👉 Members call the number on the back of their membership card Monday to “Friday, 7:00 am to 7:30 pm central time to find a participating facility to request an appointment, or for pricing information.
- 👉 When calling, mention the membership code to obtain your discount.
- 👉 Service representatives will assist you in selecting a network provider convenient to your home or work.
- 👉 Once a facility is chosen, an appointment will be scheduled through a three-way conference call with the service representative and the patient.
- 👉 Service representatives can answer questions regarding tests, what to expect at your appointment, directions to the facility, etc

Benefit Provider Background

One Call is the nation’s leading provider of specialized solutions to the workers’ compensation industry. One Call’s solutions enable faster, more efficient and more cost- effective claims resolution with a focus on injured workers’ needs across the continuum of care. One Call provides reliable, consistent connections to care with expertise in high end diagnostics, physical therapy and transportation services, post-discharge home care and durable medical equipment, dental and doctor specialty services, complex care management, and the language services required for today’s multicultural workforce.

ONLINE HEALTH MANAGER

Benefit Description



Take Better Care of Yourself

Our tools and resources will help you identify and target risk areas, take action and track improvement. Your life is meant to be enjoyed—start now with this total health approach.

Wish your life came with a how-to guide? Losing sleep over angsty adolescents? The work world got you down? Ready to take better care of yourself but not sure how? Let's face it; you've got a lot to manage. But how well do you deal with the day-to-day? Find out with our Online Health Manager. Assess what areas of your life negatively



Online Health Manager

Lifestyle change can be daunting, and once you've identified areas to improve, you'll need support to move forward. Online Health Manager offers a variety of resources including access to hundreds of physician reviewed materials, complete a health assessment to get an overview of your health status, access physician-written weekly health tips, and more.



Health Information Library

The Health Information Library contains over 1500 physician reviewed topics with each topic having a tutorial, overview, and printable article for your review.



Health Tracker

More than 140 million people have used MyFitnessPal to live healthier, happier lives. Whether you want to lose weight, tone up, get healthy or just learn more about your eating habits, MyFitnessPal provides the tools, support, and motivation you need to succeed. The key to success on MyFitnessPal is consistent tracking — our data shows that 88% of people who track for seven days in a row lose weight.



Personal Health Record

Keeping complete, updated and easily accessible health records means you can play a more active role in your healthcare as well as that of family members or others in your care. Just as healthcare providers keep their records of you. The record you keep of your healthcare visits and providers gives a more complete picture of your health history.



Weekly Health Tips

Weekly Health Tips are authored by physicians and published towards the end of the week. The authors work hard to find relevant topics which include such things as seasonal issues (allergies, sun screen, colds/flu), issues in the news and even reader requests. The health tips are a quick read, easy to understand and many times you find links to further resources should you want to research the topic further. The health portal will also link you to the Weekly Health Tip blog where you can search through past tips and topics.



Live Healthier.Happier.Lives



ONLINE FITNESS & NUTRITION

The Online **Fitness Center**

The Online Fitness Center (OFC), in partnership with Leanness Lifestyle University, is an established leader in online lifestyle education for permanent weight management.

Utilizing progressive, on-going, six-week, step-by-step, wellness-education modules, OFC offers the most comprehensive and effective weight-management program available. Student-members (students) can lose up to 10 pounds their first week, up to 10% of their start weight in six weeks, and up to 89 pounds in just 18 weeks while learning the real strategies of keeping it off for life.

Leanness Lifestyle University was founded in 1999 by author and Certified Wellness Coach, David Greenwalt. Whether a classic Fortune 500 executive, Academy Award winner, doctor, nurse, CPA, attorney, teacher, pilot, or the "executive" in their own household David has helped educate industry leaders worldwide for over 20 years.

Entirely online, the OFC program educates students beyond "calories in and calories out" and teaches them what they need to gain control over their nutrition, activity and lifestyle behaviors to lose the weight one more time—for the last time.

ONLINE FITNESS & NURITIONS

How Does The **Program Work?**

There is nothing to download, no software to buy and it's 100% compatible with phones, tablets and desktops. No travel, in-person meetings, special foods, supplements, or diet pills are required.

Delivered in six-week modules, week one begins as an orientation to make sure the student gets familiar with the online campus, completes initial lessons and gets their first, personal communication from a Coach. The next five weeks continue the education, accountability and support with a focus on losing excess weight and unwanted fat.

Each subsequent six-week module begins with a transition week and then five more focused weeks of continued education, accountability and support for either maintenance of weight lost or additional loss of unwanted fat.

Progressive lessons on a nutritionally-fit, actively-fit, and (the component missing from most programs) emotionally-fit lifestyle keep students engaged and hitting weight goals they've set with coaching input.

The OFC program isn't a diet. And unlike the so-common **4-week, 8-week and 90-day diets**, **the OFC program is ongoing**. Every six weeks a new module begins. The first week of each module is the transition week and the next five are active engagement weeks. Why? The research and evidence is clear.

Without ongoing education, accountability and support, for several years, the formerly obese or overweight who have lost substantial weight have less than a 20% chance of maintaining the loss. Successful students are encouraged to keep the program and team in place that were integral to them getting to their goal until they have maintained their goal weight for at least four years.



Coach & Mentoring Support

The OFC program provides students with access to Wellness Coaches and graduate mentors (those who have graduated the program, lost their weight and have kept it off for years) for accountability and answers to questions specific to each participant. Students can ask any nutrition-, exercise- or fitness-related question and expect a personal, qualified response within one business day.

You may be familiar with the popular apps that help users track their weight, food and exercise. What the OFC program provides, that all of the popular apps are missing, is a Coach on the other end to help analyze, understand and provide feedback on the inputs.

The structure and ease to food and activity tracking, personalized feedback, motivation, accountability and lifestyle management, are all facilitated much like successful, in-person group behavioral programs, but at a fraction of the cost.



Fun Effective Tools and Apps

As an OFC member, you'll stay on track and motivated with text support services:

- ➔ About to blow your plan in a tempting situation? We'll send you a text to keep you motivated when you feel tempted to eat or drink the wrong things.
- ➔ Need a daily dose of healthy motivation at just the right time? With healthy text messaging we can send you a healthy text message every day at the time you need it most to keep you motivated.

As an OFC member you'll have access to the very best audio for any cardio workout ever created. Our Cardio Coach, Sean O'Malley, will guide you through any cardio-based workout you like using any equipment. You will be motivated to stick with it as the time flies by!

You'll also have access, through the online campus, to audio-guided strength training from the founder, David Greenwalt, as well as tools for creating safe and effective strength-training routines utilizing any equipment or even just your own body as the equipment.



For the Proactive Member Who Values Their Health

Reducing excess weight (or unwanted fat even if already at a healthy weight) touches every facet of health and wellness other initiatives also focus on. With the exception of smoking cessation, no other wellness initiative equals the impact delivered by living a healthier lifestyle.



A Review of the **OFC** Benefits

- **A proven program** since 1999, refined daily ever since, engineered start to finish, to deliver evidence-based lifestyle education for permanent weight management.
- Privacy and **anonymity**, no in-person meetings to attend, **no travel, no special foods, no diet pills.**
- Strength and cardio **exercise program** for optimal calorie burn, strength and mental sharpness.
- **Coaches** checking on each student for accountability, motivation, feedback and personal support.
- **Group support, mentoring** and encouragement through the on-campus student lounge and private Facebook group.
- An **organized system** for recording, tracking and reporting what matters most.
- **New friendships** that may last a lifetime.

Start Eating and Moving Better Right Away.

To get you started, you'll receive a **FREE body-transformation** textbook written by David, "The Leanness Lifestyle," as a Nutrition and Exercise Quick Start.



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- ➔ Gift Cards
- ➔ Groceries
- ➔ Hotels
- ➔ Movie Tickets
- ➔ Flowers
- ➔ Fitness Membership
- ➔ Rental Cars
- ➔ Special Events
- ➔ And More

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about
**ALLHEART GROUP
SOLUTIONS**

About **ALLHEART GROUP**

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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Pricing

| \$1,000 IUA (Initial Unsharable Amount) Pricing Chart | | | |
|---|----------|----------|----------|
| Classification | 18-29 | 30-49 | 50-64 |
| Member | \$276.82 | \$301.82 | \$326.82 |
| Member/Spouse | \$477.19 | \$502.19 | \$602.19 |
| Member/Child(ren) | \$487.92 | \$512.92 | \$612.92 |
| Family | \$645.02 | \$670.02 | \$870.02 |

| \$2,500 IUA (Initial Unsharable Amount) Pricing Chart | | | |
|---|----------|----------|----------|
| Classification | 18-29 | 30-49 | 50-64 |
| Member | \$226.82 | \$246.82 | \$301.82 |
| Member/Spouse | \$377.19 | \$402.19 | \$527.19 |
| Member/Child(ren) | \$387.92 | \$412.92 | \$537.92 |
| Family | \$570.02 | \$570.02 | \$720.02 |

| \$5,000 IUA (Initial Unsharable Amount) Pricing Chart | | | |
|---|----------|----------|----------|
| Classification | 18-29 | 30-49 | 50-64 |
| Member | \$201.82 | \$226.82 | \$251.82 |
| Member/Spouse | \$327.19 | \$377.19 | \$477.19 |
| Member/Child(ren) | \$337.92 | \$387.92 | \$487.92 |
| Family | \$470.02 | \$520.02 | \$645.02 |

Tobacco Users

Zion Health households with one or more tobacco users are required to contribute a higher monthly contribution to maintain membership. The monthly tobacco surcharge is **\$50** per household.