Finally! Health Benefits All Members Can Afford

At Erma, our mission is to help your business manage risk effectively while providing the best possible benefits to your members. Today, we have some exciting new to share with you!

New benefits from GIG Workers Universe, sb/a freedom and Ep6ix for members of ERMA, including

GIG Workers Universe & BlueCross BlueShield

- Healthcare member benefit program provided by Amalgamated Local 426 Health & Welfare Fund
- Anthem Blue Cross Blue Shield PPO National network
- Bronze, Silver & Gold plan options
- Guaranteed Issue (No group approval required)
- Minimum 1 enrolled
- Must become member of GIG
  - **Fee waived with enrollment in benefits**
- 8 plan design options to choose from

Home & Auto Discounts

- Access to online quotes and live agents for any personal property lines of insurance (Auto, Home, etc.)

GIG Marketplace Shopping Discounts

- GWU discount marketplace to shop and save from thousands of companies locally or online

sb/afreedomplans for SB/A CoOp Members

An ERISA Health Plan Solution

MVP Health Plan – Increasing access to affordable healthcare

- Lower premiums than traditional offerings
- No Deductible options
- Guaranteed Issue (following group approval)
- Network: First Health for provider and facilities
- Unlimited Telehealth and Teletherapy
- 4 tier prescription plans (top 600 generics $0 Copay)

Dental & Vision

- Dental: Preventive, Basic & Major Services
- Vision: Eye Exam, Lenses, Frames

Voluntary Benefits

- Short-Term Disability
- Critical Illness, Accident & Hospital
- Term & Whole Life options
  - Employee, Spouse and Child options

Aflac · Colonial Life · Combined Insurance (A Chubb Company) · Delta Dental

Click **here** or scan the QR code to schedule the appointment

Health Insurance Options

Gig Workers Universe - Anthem plans

PLAN OPTION	#1	#2	#4	#7
PLAN NAME	Base Plan	Bronze 4000 Plan	Silver 2500 Plan	Liberty Plan
CONTRACTED FEE SCHEDULE	National PPO Network	National PPO Network	National PPO Network	National PPO Network
IN - NETWORK BENEFITS	IN - NETWORK	IN - NETWORK	IN - NETWORK	IN - NETWORK
Deductible (Individual/Family)	$3,000 / $6,000	$4,000 / $10,000	$2,500 / $7,500	None
Coinsurance (Plan Pays/Member Pays)	50% / 50%	80% / 20%	80% / 20%	Plan pays 100% after copays
Max out of Pocket (Individual/Family)	$5,350 / $10,700	$9,100 / $18,200	$9,100 / $18,200	$5,350 / $10,700
Physician/Specialist Copay	Ded then 50% coinsurance	$45 PCP / $45 Specialist copay	$30 PcP / $30 Specialist copay	$30 PCP / $50 Specialist copay
Preventative Care & Services	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Inpatient Hospital Services	Ded then 50% coinsurance	Ded then 20% coinsurance	Ded then 20% coinsurance	$500/day - Max $1,000 copay then 100%
Outpatient Hospital Services	Ded then 50% coinsurance	Ded then 20% coinsurance	Ded then 20% coinsurance	$150 copay then 100%
Outpatient Mental Health Services	Not Covered	$45 copay	$30 copay	$50 copay
Diagnostic Laboratory (Office)	Ded then 50% coinsurance	$30 copay	$30 copay	$20 copay
Diagnostic X-ray/Imaging (Office)	Ded then 50% coinsurance	Ded then 20% coinsurance	Ded then 20% coinsurance	$75 copay
Emergency Room (Accident & Illness)	Ded then 50% coinsurance	$350 copay	$200 copay	$150 copay then 100%
Urgent Care	Ded then 50% coinsurance	$80 copay	Ded then 20% coinsurance	$30 copay then 100%
OUT - OF - NETWORK BENEFITS	OUT - OF - NETWORK	OUT - OF - NETWORK	OUT - OF - NETWORK	OUT - OF - NETWORK
Deductible (Individual/Family)	Not Covered	$5,000 / $15,000	$5,000 / $15,000	Not Covered
Coinsurance (Plan Pays/Member Pays)	Not Covered	50% / 50%	50% / 50%	Not Covered
Max Out of Pocket (Individual/Family)	Not Covered	$13,500 / $36,000	$13,500 / $36,000	Not Covered
PRESCRIPTION BENEFITS	PRESCRIPTION BENEFITS	PRESCRIPTION BENEFITS	PRESCRIPTION BENEFITS	PRESCRIPTION BENEFITS
Deductible (individual/Family)	None	None	None	$100 / $300
Retail	$10/$35/$70 (Max 30 days)	$10/$50/$75 (Max 30 days)	$10/$50/$100 (Max 30 days)	$15/$35/$75 (Max 30 days)
Mail Order	$25/$87.50/$175 (Max 60 days)	$25/$87.50/$175 (31 to 90 days)	$20/$100/$200 (31 to 90 days)	$30/$70/$150 (Max 60 days)
Specialty Medications	Not Covered	Not Covered	Not Covered	Not Covered
Max Out of Pocket (Individual/Family)	$1,000 / $2,000	None	None	$1,000 / $2,000
MEDICAL & RX MONTHLY RATES	CURRENT RATE	CURRENT RATE	CURRENT RATE	CURRENT RATE
Employee Rate	$ 861.00	$ 995.00	$ 1,108.00	$ 1,237.00
Employee & (1) Child Rate	$ 1,378.00	$ 1,494.00	$ 1,564.00	$ 2,059.00
Employee & Spouse Rate	$ 1,633.00	$ 1,991.00	$ 2,024.00	$ 2,472.00
Employee & Family Rate	$ 2,020.00	$ 2,290.00	$ 2,440.00	$ 2,944.00

sb/a freedom & Ep6ix MVP health plan (Small group 4-49 employees)

Base Monthly Billable Rates for start MVP Plan Summary Plan of Benefits	Bronze Plus	Silver	MVP GOLD
PPO Network	First Health	First Health	First Health
Deductible	None *Deductible may apply to Brand Rx	None *Deductible may apply to Brand Rx	None *Deductible may apply to Brand Rx
Annual Out-of-Pocket Maximum	$8,000 / $16,000	$7,000 / $14,000	$6,000 / $12,000
ACA Preventive & Wellness	Covered 100%	Covered 100%	Covered 100%
Telemedicine	$0 Copay	$0 Copay	$0 Copay
Primary Care (Wellness)	$0 Copay	$0 Copay	$0 Copay
Primary Care (Sick Visit)	$50 Copay 4 visits per year	$35 Copay 6 visits per year	$25 Copay 8 visits per year
Specialist (Includes Outpatient Behavior Health)	$75 Copay 4 visits per year	$50 Copay 6 visits per year	$35 Copay 8 visits per year
Urgent Care	$75 Copay 2 visits per year	$50 Copay 3 visits per year	$35 Copay 4 visits per year
Physical & Occupational Therapy	$75 Copay 4 visits per year	$50 Copay 6 visits per year	$35 Copay 8 visits per year
Lab & X-Ray (Non-Hospital Based)	$75 Copay 3 visits per year	$50 Copay 4 visits per year	$35 Copay 5 visits per year
Complex Medical Imaging (MRI/CT Scan)	$750 Copay 1 visit per year	$500 Copay 2 visits per year	$375 Copay 3 visits per year
Surgery - Outpatient	$750 Copay 1 per year	$500 Copay 2 per year	$375 Copay 3 per year
Surgery - Inpatient	$750 Copay 2 per year	$500 Copay 2 per year	$375 Copay 3 per year
Emergency Room	$750 Copay 1 visit per year	$500 Copay 1 visit per year	$375 Copay 2 visits per year
Inpatient - Hospitalization & ICU	$1,500 Copay per Admission 5 Days Maximum per year	$1,000 Copay per Admission 7 Days Maximum per year	$750 Copay per Admission 10 Days Maximum per year
Maternity Global Services Facility and Professional Fees	$3,400 Copay Childlbirth / Delivery	$2,300 Copay Childlbirth / Delivery	$1,700 Copay Childlbirth / Delivery
Generic Rx - Tier 1 (Preventive)	$0 Copay	$0 Copay	$0 Copay
Generic RX - Tier 2 (Non-Preventative)	40% Coinsurance	30% Coinsurance	20% Coinsurance
Brand RX: Tier 3 (Preferred)	$500 Deductible	$250 Deductible	No Deductible
Brand RX - Tier 4 (Non-Pref)	40% Coinsurance $500 Benefit Cap on Eligible Prescription per Month	30% Coinsurance $500 Benefit Cap on Eligible Prescription per Month	20% Coinsurance $500 Benefit Cap on Eligible Prescription per Month
Specialty Rx:	Not Covered	Not Covered	Not Covered
Employee Only	$ 543.82	$631.97	$733.08
Employee + Spouse	$821.37	$979.63	$1,163.18
Employee + Child(ren)	$782.24	$929.33	$1,099.96
Employee + Family	$1,034.19	$1,238.66	$1,461.60

*The rates are illustrative and still require the standard underwriting process to determine final eligibility.