



Learn how you can bring in options like dental, vision, life, disability and more AT NO COST TO YOUR BUSINESS

Whether you're looking to create a benefit program or wanting to improve or expand your current one, OIADA has solutions available through trusted partners.

Health Plans powered by Anthem

- Anthem Blue Cross Blue Shield PPO National network
- Bronze, Silver & Gold plan levels
- 4 plan options including PPO and HDHP
- Includes membership in GIG
- Guaranteed Issue
- No pre-existing conditional limitations

Additional MVP Health Plan Options

- Lower premiums than traditional offerings
- Co-pays with no deductible
- Network: First Health for provider and facilities
Unlimited Telehealth and Teletherapy
- 4 tier prescription plans (top 600 generics \$0 Copay)
- Guaranteed Issue
- No pre-existing conditional limitations

Dental & Vision

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

Voluntary Benefits

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

Home & Auto Discounts

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

Pet Insurance, Identity and Legal Protection

- Save on attorney fees, vet bills & protect your identity, money & reputation

GIG Marketplace Shopping Discounts

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



Dedicated counselors available to help you choose the right plans for you!



Amalgamated Local 426
Health and Welfare Fund
network by Anthem



BlueCross
BlueShield



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	\$ 839.00	\$ 962.00	\$ 1,064.00	\$ 1,182.00
Employee & (1) Child Rate	\$ 1,310.00	\$ 1,416.00	\$ 1,480.00	\$ 1,931.00
Employee & Spouse Rate	\$ 1,543.00	\$ 1,869.00	\$ 1,899.00	\$ 2,307.00
Employee & Family Rate	\$ 1,895.00	\$ 2,141.00	\$ 2,278.00	\$ 2,737.00

sb/a freedom & Ep6ix MVP health plans

Base Monthly Billable Rates for start MVP Plan Summary Plan of Benefits	Bronze Plus	Silver	HBA ENHANCED MVP GOLD
PPO Network	First Health	First Health	First Health
Deductible	None	None	None
	*Deductible may apply to Brand Rx	*Deductible may apply to Brand Rx	*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	\$35 Copay	\$25 Copay
Specialist (Includes Outpatient Behavior Health)	4 visits per year	6 visits per year	8 visits per year
	\$75 Copay	\$50 Copay	\$35 Copay
Urgent Care	4 visits per year	6 visits per year	8 visits per year
	\$75 Copay	\$50 Copay	\$35 Copay
Physical & Occupational Therapy	2 visits per year	3 visits per year	4 visits per year
	\$75 Copay	\$50 Copay	\$35 Copay
Lab & X-Ray (Non-Hospital Based)	4 visits per year	6 visits per year	8 visits per year
	\$75 Copay	\$50 Copay	\$35 Copay
Complex Medical Imaging (MRI/CT Scan)	3 visits per year	4 visits per year	5 visits per year
	\$750 Copay	\$500 Copay	\$375 Copay
Surgery - Outpatient	1 visit per year	2 visits per year	3 visits per year
	\$750 Copay	\$500 Copay	\$375 Copay
Surgery - Inpatient	1 per year	2 per year	3 per year
	\$750 Copay	\$500 Copay	\$375 Copay
Emergency Room	2 per year	2 per year	3 per year
	\$750 Copay	\$500 Copay	\$375 Copay
Inpatient - Hospitalization & ICU	1 visit per year	1 visit per year	2 visits per year
	\$750 Copay	\$500 Copay	\$375 Copay
Maternity Global Services Facility and Professional Fees	5 Days Maximum per year	7 Days Maximum per year	10 Days Maximum per year
	\$1,500 Copay per Admission	\$1,000 Copay per Admission	\$750 Copay per Admission
	3,400 Copay	\$2,300 Copay	\$1,700 Copay
	Childbirth / Delivery	Childbirth / Delivery	Childbirth / 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	30% Coinsurance	20% Coinsurance
Specialty Rx:	\$500 Benefit Cap on Eligible Prescription per Month	\$500 Benefit Cap on Eligible Prescription per Month	\$500 Benefit Cap on Eligible Prescription per Month
	Not Covered	Not Covered	Not Covered
Employee Only	\$491.92	\$580.07	\$681.18
Employee + Spouse	\$769.47	\$927.93	\$1,111.28
Employee + Child(ren)	\$730.34	\$877.43	\$1,048.06
Employee + Family	\$983.79	\$1,188.26	\$1,411.20