



## Finally! Health Benefits All Employees Can Afford

A solution focused on America's workforce for lower, middle and high income employees

### New benefits from GIG Workers Universe and Ep6ix for members of American Free Enterprise, including



**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

#### 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)

#### 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

#### 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



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



# Health Insurance Options

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)	505 / 50%	80% / 20%	80% / 20%	Plan pays 100% after copays
Max out of Pocket (Individual/Family)	\$5,350 / \$10,700	\$9,180 / \$18,200	\$9,100 / \$18,200	\$5,350 / \$10,700
Physician/Specialist Copay	Ded then 50% coinsurance	\$45 PCP / \$45 Specialist copay	430 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	\$ 743.00	\$ 855.00	\$ 948.00	\$ 1,036.00
Employee & (1) Child Rate	\$ 1,368.00	\$ 1,683.00	\$ 1,711.00	\$ 2,083.00
Employee & Spouse Rate	\$ 1,173.00	\$ 1,270.00	\$ 1,478.00	\$ 1,740.00
Employee & Family Rate	\$ 1,707.00	\$ 1,932.00	\$ 2,057.00	\$ 2,476.00

Base Monthly Billable Rates for start MVP Plan Summary Plan of Benefits	Bronze No Maternity First Health None	Silver First Health None	MVP GOLD First Health None
PPO Network Deductible	*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 \$75 Copay	6 visits per year \$50 Copay	8 visits per year \$35 Copay
Urgent Care	4 visits per year \$75 Copay	6 visits per year \$50 Copay	8 visits per year \$35 Copay
Physical & Occupational Therapy	2 visits per year \$75 Copay	3 visits per year \$50 Copay	4 visits per year \$35 Copay
Lab & X-Ray (Non-Hospital Based)	4 visits per year \$75 Copay	6 visits per year \$50 Copay	8 visits per year \$35 Copay
Complex Medical Imaging (MRI/CT Scan)	3 visits per year \$75 Copay	4 visits per year \$50 Copay	5 visits per year \$35 Copay
Surgery - Outpatient	1 visit per year \$75 Copay	2 visits per year \$50 Copay	3 visits per year \$375 Copay
Surgery - Inpatient	1 per year \$75 Copay	2 per year \$50 Copay	3 per year \$375 Copay
Emergency Room	2 per year \$75 Copay	2 per year \$50 Copay	3 per year \$375 Copay
Inpatient - Hospitalization & ICU	1 visit per year \$750 Copay	1 visit per year \$500 Copay	2 visits per year \$375 Copay
Maternity Global Services Facility and Professional Fees	\$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
Generic Rx - Tier 1 (Preventive)	N/A	\$2,300 Copay Childbirth / Delivery	\$1,700 Copay Childbirth / Delivery
Generic RX - Tier 2 (Non-Preventative)	\$0 Copay	\$0 Copay	\$0 Copay
Brand RX: Tier 3 (Preferred)	40% Coinsurance	30% Coinsurance	20% Coinsurance
Brand RX - Tier 4 (Non-Pref)	\$500 Deductible	\$250 Deductible	No Deductible
Specialty Rx:	40% Coinsurance	30% Coinsurance	20% Coinsurance
	\$500 Benefit Cap on Eligible Prescription per Month	\$500 Benefit Cap on Eligible Prescription per Month	\$500 Benefit Cap on Eligible Prescription per Month
Employee Only	Not Covered	Not Covered	Not Covered
Employee + Spouse	\$446.44	\$555.03	\$663.10
Employee + Child(ren)	\$689.02	\$882.34	\$1,079.68
Employee + Family	\$653.25	\$833.29	\$1,017.41
	\$867.07	\$1,118.55	\$1,363.73