

Finally! Health Benefits you can afford. A solution focused on blending affordability with access to a broad range of benefits.

New benefits from GIG Workers Universe, Ep6ix and Acrisure for members of the Alaska Trucking

GIG WORKERSUNIVERSE

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
- 9 plan design options to choose from

Voluntary Benefits

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

Dental & Vision

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

AllyHealth

Virtual Care Solutions

Fast and convenient access to quality care 24 hours a day 7 days a week 365 days a year:

- Virtual Primary Care
- Scheduled Therapy, Psychology, and Psychiatry Visits
- Health & Wellness Coaching
- Virtual Dermatology

GIG Marketplace Shopping Discounts

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

Colonial Life | 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	$ 903.00	$ 1,037.00	$ 1,150.00	$ 1,279.00
Employee & (1) Child Rate	$ 1,420.00	$ 1,536.00	$ 1,606.00	$ 2,101.00
Employee & Spouse Rate	$ 1,675.00	$ 2,033.00	$ 2,066.00	$ 2,514.00
Employee & Family Rate	$ 2,062.00	$ 2,332.00	$ 2,482.00	$ 2,986.00

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

Click here or **scan the QR** code to learn more about the benefit offerings