

 1099WORKERS.COM

Benefits Booklet





Empowering Your Independence with Comprehensive Benefits, Community, and Career-Advancing Resources

Your need for independence shouldn't have to come at the cost of security for yourself and your loved ones. At 1099 we offer our associates comprehensive benefits that you'd gain from a traditional employer, to support your professional and personal life, without compromising your autonomy.

Who We Serve

1099 Workers is designed to serve a diverse range of professionals. Our associates include independent workers, contractors, freelancers, temp workers, small business owners, self-employed individuals, and others from various industries and backgrounds.

Benefits that Matter!

How It Works

When you enroll with 1099 Workers, you become an integral part of our team. You will be hired as an associate, allowing us to provide employee benefits typically associated with full-time W2 jobs. Whether you're self-employed, a small business owner, or working full- or part-time for another employer, we provide access to valuable employee benefits.

This setup gives you the flexibility to continue working on your terms—managing your clients, projects, or business—while enjoying the benefits typically associated with full-time employment.

Partnering Together

As a valued associate of 1099 Workers, you'll have access to a wide array of benefits that you can pick and choose from, allowing you to tailor your benefits package to fit your specific needs. In return, we ask that you share your positive experiences and promote our services within your network. A simple endorsement on your social media platforms can help us grow and continue to provide excellent service to freelancers like you.



We address the challenges faced by professionals who lack access to traditional employee benefits and resources, offering a solution that works for anyone.

Easy Access to Robust Benefits

When you enroll with 1099 Workers, you'll have a shopping-cart experience for benefits where you can pick and choose which benefits will best fit your needs.

MEDICAL BENEFITS

- PPO Plans
- HSA Plans
- Low and High Deductible Options

ADDITIONAL BENEFITS

- Dental
- Vision
- Accident
- Cancer
- Critical Illness
- Hospital Indemnity

401K ADMINISTRATION

Access to traditional employer-sponsored 401k with no additional administrative fees.

Important Dates and Info:

1st and 15th of each month, **money is collected.**

New hires can enroll at any time throughout the year. The **annual open enrollment** period takes place at the **end of the fourth quarter.**



Benefits Counselors are here for you!

Have questions about enrolling or your available benefits? Contact our New Hire Support team today

Call **(888) 833-1099**, and choose Benefits Option or email **info@1099workers.com**

Hours are Monday - Friday 8am – 5pm CT

Benefits Counselors can help you:

- Learn what benefits are available
- Identify your best choices
- Verify your doctors are in-network

Medical Plan & Cost Comparison

MEDICAL PLANS	Anthem PPO CoreChoice \$4,000 Deductible Bronze Plan Option 1	Anthem PPO CoreChoice \$3,000 Deductible Base Plan Option 2
IN-NETWORK BENEFITS		
Network	Anthem BlueCard	Anthem BlueCard
Lifetime Maximum	Unlimited	Unlimited
Deductible Type Individual Family Co-insurance	Calendar Year \$4,000 \$10,000 20%	Calendar Year \$3,000 \$6,000 50%
Out of Pocket Maximum Individual Family	\$9,100 \$18,200	\$5,350 \$10,700
Physician Office Visit Preventive Care Office Visit - Primary Office Visit - Specialist Lab / X-ray Complex Imaging (CT, MRI, PET Scans) Outpatient Mental Health Inpatient Mental Health	100% covered \$45 copay \$45 copay \$30 copay / 20% after deductible 20% after deductible \$45 copay 20% after deductible	100% covered 50% after deductible 50% after deductible 50% after deductible 50% after deductible Not covered Not covered
Hospital Services Inpatient Surgery Outpatient Surgery Emergency Room Urgent Care	20% after deductible 20% after deductible \$350 copay \$45 copay	50% after deductible 50% after deductible 50% after deductible 50% after deductible
Prescription Drug Coverage Deductible Retail Mail-Order Tier 1 Tier 2 Tier 3 Tier 4	None \$10 copay \$25 copay \$50 copay \$87 copay \$75 copay \$175 copay Not Covered Not Covered	None \$10 copay \$25 copay \$35 copay \$87.50 copay \$70 copay \$175 copay Not Covered Not Covered
OUT-OF-NETWORK BENEFITS		
Deductible Individual Family Co-insurance	\$5,000 \$15,000 50%	Not Covered Not Covered N/A
Out-of-Pocket Maximum Individual Family	\$13,500 \$36,000	Not Covered Not Covered

Medical Plan & Cost Comparison

MEDICAL PLANS	Anthem PPO CoreChoice \$0 Deductible Bronze Plan Option 3	Anthem PPO CoreChoice \$2,500 Deductible Silver II Plan Option 4
IN-NETWORK BENEFITS		
Network	Anthem BlueCard	Anthem BlueCard
Lifetime Maximum	Unlimited	Unlimited
Deductible Type Individual Family Co-insurance	Calendar Year \$0 \$0 40%	Calendar Year \$2,500 \$7,500 20%
Out of Pocket Maximum Individual Family	\$7,350 \$14,700	\$9,100 \$18,200
Physician Office Visit Preventive Care Office Visit - Primary Office Visit - Specialist Lab / X-ray Complex Imaging (CT, MRI, PET Scans) Outpatient Mental Health Inpatient Mental Health	100% covered 40% co-insurance 40% co-insurance 40% co-insurance 40% co-insurance 40% co-insurance 40% co-insurance	100% covered \$30 copay \$30 copay \$30 copay / 20% co-insurance after deductible 20% after deductible \$30 copay 20% after deductible
Hospital Services Inpatient Surgery Outpatient Surgery Emergency Room Urgent Care	40% co-insurance 40% co-insurance 40% co-insurance 40% co-insurance	20% after deductible 20% after deductible \$200 copay \$30 copay
Prescription Drug Coverage Deductible Retail Mail-Order Tier 1 Tier 2 Tier 3 Tier 4	None 40% co-insurance 40% co-insurance 40% co-insurance 40% co-insurance 40% co-insurance 40% co-insurance Not Covered Not Covered	None \$10 copay \$20 copay \$50 copay \$100 copay \$100 copay \$200 copay Not Covered Not Covered
OUT-OF-NETWORK BENEFITS		
Deductible Individual Family Co-insurance	Not Covered Not Covered N/A	\$5,000 \$15,000 50%
Out-of-Pocket Maximum Individual Family	Not Covered Not Covered	\$13,500 \$36,000

Medical Plan & Cost Comparison

MEDICAL PLANS	Anthem PPO CoreChoice \$1,000 Deductible Gold Plan Option 5	Anthem PPO CoreChoice \$0 Deductible ASO Plan Option 6
IN-NETWORK BENEFITS		
Network	Anthem BlueCard	Anthem BlueCard
Lifetime Maximum	Unlimited	Unlimited
Deductible Type Individual Family Co-insurance	Calendar Year \$1,000 \$2,000 20%	Calendar Year \$0 \$0 30%
Out of Pocket Maximum Individual Family	\$9,100 \$18,200	No limit No limit
Physician Office Visit Preventive Care Office Visit - Primary Office Visit - Specialist Lab / X-ray Complex Imaging (CT, MRI, PET Scans) Outpatient Mental Health Inpatient Mental Health	100% covered \$40 copay \$40 copay 20% co-insurance 20% co-insurance \$40 copay 20% co-insurance	\$10 copay for child / \$25 copay for adult \$25 copay \$25 copay \$10 copay for office / \$100 copay for hospital \$50 copay for office / \$100 copay for hospital \$25 copay \$250 copay
Hospital Services Inpatient Surgery Outpatient Surgery Emergency Room Urgent Care	20% co-insurance 20% co-insurance \$350 copay \$40 copay	\$250 copay \$100 copay \$100 copay \$25 copay
Prescription Drug Coverage Deductible Retail Mail-Order Tier 1 Tier 2 Tier 3 Tier 4	None \$10 copay \$25 copay \$35 copay \$87 copay \$75 copay \$175 copay Not Covered Not Covered	None \$10 copay \$20 copay \$35 copay \$70 copay \$45 copay \$90 copay Not Covered Not Covered
OUT-OF-NETWORK BENEFITS		
Deductible Individual Family Co-insurance	\$7,500 \$15,000 50%	\$1,500 \$3,750 30%
Out-of-Pocket Maximum Individual Family	\$15,000 \$30,000	No limit No limit

Medical Plan & Cost Comparison

MEDICAL PLANS	Anthem PPO CoreChoice \$6,000 Deductible HSA Plan Option 7
	IN-NETWORK BENEFITS
Network	Anthem BlueCard
Lifetime Maximum	Unlimited
Deductible Type Individual Family Co-insurance	Calendar Year \$6,000 \$12,000 30%
Out of Pocket Maximum Individual Family	\$8,300 \$16,600
Physician Office Visit Preventive Care Office Visit - Primary Office Visit - Specialist Lab / X-ray Complex Imaging (CT, MRI, PET Scans) Outpatient Mental Health Inpatient Mental Health	100% covered 30% after deductible 30% after deductible 30% after deductible 30% after deductible Not covered Not covered
Hospital Services Inpatient Surgery Outpatient Surgery Emergency Room Urgent Care	30% after deductible 30% after deductible 30% after deductible 30% after deductible
Prescription Drug Coverage Deductible Retail Mail-Order Tier 1 Tier 2 Tier 3 Tier 4	\$2,500 / \$5,000 Copays After Deductible Met \$10 copay \$25 copay \$35 copay \$87.50 copay \$70 copay \$175 copay Not Covered Not Covered
	OUT-OF-NETWORK BENEFITS
Deductible Individual Family Co-insurance	Not Covered Not Covered N/A
Out-of-Pocket Maximum Individual Family	Not Covered Not Covered

Medical Plan & Cost Comparison

MINIMUM VALUE PLANS	First Health PPO Copay Gold Plan Option 8	First Health PPO Copay Silver Plan Option 9
	PLAN BENEFITS	
Network	First Health Network	First Health Network
Lifetime Maximum	Unlimited	Unlimited
Deductible Type Individual Family	Calendar Year \$0 \$0	Calendar Year \$0 \$0
Out of Pocket Maximum*** Individual Family	\$6,000 \$12,000	\$7,000 \$14,000
Physician Office Visit Preventive Care Office Visit - Primary* Office Visit - Specialist* Telehealth Lab / X-ray* Complex Imaging (CT, MRI, PET Scans)* Outpatient Mental Health* Inpatient Therapy *	100% covered \$25 copay \$35 copay \$0 copay \$35 copay \$375 copay \$35 copay \$750 copay	100% covered \$35 copay \$50 copay \$0 copay \$50 copay \$500 copay \$50 copay \$1,000 copay
Hospital Services Inpatient Facility* Inpatient Surgery* Outpatient Office Visit* Outpatient Surgery* Emergency Room* Urgent Care	\$750 copay \$375 copay \$50 copay \$375 copay \$375 copay \$35 copay	\$1,000 copay \$500 copay \$70 copay \$500 copay \$500 copay \$50 copay
Prescription Drug Coverage** Deductible Retail Mail-Order Tier 1 Tier 2 Tier 3 Tier 4	\$500 \$0 copay 20% co-insurance 20% co-insurance Not Covered	\$250 \$0 copay 30% co-insurance 30% co-insurance Not Covered
	MINIMUM VALUE PLAN DETAILS	
Items with *	Plan coverages subject to visit and procedure limits per calendar year. For full coverage details, refer to plan brochure.	
Prescription Drug Coverage**	Prescription drugs regardless of tier will be limited to a \$500 per month benefit for any 30-day fill and \$1,500 for a 90-day supply.	
Out of Pocket Maximum ***	Coverage is subject to plan limits and allowable claim amounts. Services not covered or exceeding plan limits may still be your responsibility.	

Medical Plan & Cost Comparison

MINIMUM VALUE PLANS	First Health PPO Copay Bronze Plan Option 10	
	PLAN BENEFITS	
Network	First Health Network	
Lifetime Maximum	Unlimited	
Deductible Type Individual Family	Calendar Year \$0 \$0	
Out of Pocket Maximum*** Individual Family	\$8,000 \$16,000	
Physician Office Visit Preventive Care Office Visit - Primary* Office Visit - Specialist* Telehealth Lab / X-ray* Complex Imaging (CT, MRI, PET Scans)* Outpatient Mental Health* Inpatient Therapy *	100% covered \$50 copay \$75 copay \$0 copay \$75 copay \$750 copay \$75 copay \$1,500 copay	
Hospital Services Inpatient Facility* Inpatient Surgery* Outpatient Office Visit* Outpatient Surgery* Emergency Room* Urgent Care	\$1,500 copay \$750 copay \$100 copay \$750 copay \$750 copay \$75 copay	
Prescription Drug Coverage** Deductible Retail Mail-Order Tier 1 Tier 2 Tier 3 Tier 4	\$500 \$0 copay \$0 copay 40% co-insurance 40% co-insurance 40% co-insurance 40% co-insurance Not Covered Not Covered	
	MINIMUM VALUE PLAN DETAILS	
Items with *	Plan coverages subject to visit and procedure limits per calendar year. For full coverage details, refer to plan brochure.	
Prescription Drug Coverage**	Prescription drugs regardless of tier will be limited to a \$500 per month benefit for any 30-day fill and \$1,500 for a 90-day supply.	
Out of Pocket Maximum ***	Coverage is subject to plan limits and allowable claim amounts. Services not covered or exceeding plan limits may still be your responsibility.	

Medical Plan & Cost Comparison

PRICING*		
MEDICAL PLANS	\$4,000 DED BRONZE PLAN OPTION #1	\$3,000 DED BASE PLAN OPTION #2
Employee Only	\$581.90	\$508.20
Employee + Spouse	\$1,138.50	\$941.60
Employee + Single Child	\$864.60	\$800.80
Employee + Children / Family	\$1,321.65	\$1,173.15
MEDICAL PLANS	\$0 DED BRONZE PLAN OPTION #3	\$2,500 DED SILVER II PLAN OPTION #4
Employee Only	\$590.70	\$706.45
Employee + Spouse	\$1,096.70	\$1,272.12
Employee + Single Child	\$948.20	\$991.40
Employee + Children / Family	\$1,320.55	\$1,527.33
MEDICAL PLANS	\$1,000 DED GOLD PLAN OPTION #5	\$0 DED ASO PLAN OPTION #6
Employee Only	\$792.47	\$885.53
Employee + Spouse	\$1,457.58	\$1,652.18
Employee + Single Child	\$1,142.76	\$1,507.53
Employee + Children / Family	\$1,778.23	\$1,959.08
MEDICAL PLANS	\$6,000 DED HSA PLAN OPTION #7	
Employee Only	\$500.50	
Employee + Spouse	\$932.80	
Employee + Single Child	\$770.00	
Employee + Children / Family	\$1,174.25	

*All pricing are semi-monthly rates, effective for 2026. Includes all applicable taxes and fees. Each plan comes with advocacy services and 401k administration.

CoreChoice Medical plans are offered through the Amalgamated Local 426 S.W. Workers Union, and not Anthem BCBS.

Medical Plan & Cost Comparison

PRICING*		
MINIMUM VALUE PLANS	MV COPAY GOLD PLAN OPTION #8	MV COPAY SILVER PLAN OPTION #9
Employee Only	\$438.38	\$373.00
Employee + Spouse	\$690.42	\$571.02
Employee + Child(ren)	\$652.74	\$571.05
Employee + Family	\$862.26	\$713.93
MINIMUM VALUE PLANS	MV COPAY BRONZE PLAN OPTION #10	
Employee Only	\$307.30	
Employee + Spouse	\$454.06	
Employee + Child(ren)	\$432.42	
Employee + Family	\$561.78	

*All pricing are semi-monthly rates, effective for 2026. Includes all applicable taxes and fees. Each plan comes with telehealth at \$0 copays, advocacy services and 401k administration.

Minimum Value plans are underwritten by Magna Insurance Company, and not First Health.



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