

# Roofers Local 241 Security Plan

Benefit Category	MVP EPO (High Cost Plan)	MVP Hybrid EPO \$1,500 (Middle Cost Plan)	MVP Hybrid EPO \$2,600 (Low Cost Plan)
<b>Deductible</b>	NONE	\$1,500 Individual/\$3,000 Family	\$2,600 Individual/\$5,200 Family
<b>Deductible Plan or Calendar Year</b>	Calendar Year	Calendar Year	Calendar Year
<b>Coinsurance</b>	NONE	20%	0%
<b>Out of Pocket Max</b>	\$6,600 Individual/\$13,200 Family	\$3,000 Individual/\$6,000 Family	\$5,000 Individual/\$10,000 Family
<b>Office/Specialist Visits</b>	\$25 Copay PCP/ \$40 Copay Specialist	\$30 Copay PCP/\$50 Copay Specialist	\$30 Copay PCP after Ded/\$50 Copay Specialist After Ded
<b>Hospital Care</b>	\$250 Copay Inpatient/\$100 Copay Outpatient	20% after deductible	\$500 Copay after Ded Inpatient/ \$100 Copay after Ded Outpatient
<b>Emergency Room</b>	\$100 Copay	\$250 Copay	\$100 Copay after Ded
<b>Preventative Services</b>	Covered in full	Covered in full	Covered in full
<b>X-Ray/Lab Services/ Imaging</b>	X-Ray: \$25 Copay PCP/\$40 Copay Specialist/ Lab: \$25 Copay PCP/\$40 Copay Specialist Imaging: \$40 Copay Specialist	X-Ray: \$30 Copay PCP/\$50 Copay Specialist/ Lab: \$30 Copay PCP/\$50 Copay Specialist/Imaging: \$50 Copay Specialist	X-Ray: \$30 Copay PCP/\$50 Copay Specialist/ Lab: \$0 Copay PCP/\$0 Copay Specialist/Imaging: \$50 Copay Specialist
<b>Pharmacy</b>	Tier 1: Retail \$5 Copay, Mail Order \$12.50 Copay/Tier 2: Retail \$35 Copay, Mail Order \$87.50/Tier 3: Retail \$70 Copay, Mail Order \$175	Tier 1: Retail \$15 Copay, Mail Order \$37.50 Copay/Tier 2: Retail \$50 copay, Mail Order \$125 Copay/Tier 3: Retail \$75 copay, Mail Order \$187.50 Copay	Tier 1: Retail \$15 Copay, Mail Order \$37.50 Copay/Tier 2: Retail \$50 copay, Mail Order \$125 Copay/Tier 3: Retail \$75 copay, Mail Order \$187.50 Copay
<b>Rates</b>	EE: \$827.54/EE+Dep: \$1,452.93/ Family: \$1,756.28	EE: \$700.77/EE+Dep: \$1,165.39/ Family: \$1,405.46	EE: \$571.38/EE+Dep: \$990.68/ Family: \$1,198.28

**Employee:** \_\_\_\_\_ **Employee Signature:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- MVP EPO (High Cost Plan)     
  MVP HYBRID EPO (Middle Cost Plan)     
  MVP HYBRID EPO \$2,600 (Low Cost Plan)
- Single     
  Double     
  Family

