Roofers Local 241 Security Plan 4/1/25 - 3/31/26

Benefit Category	MVP EPO (High Cost Plan)	MVP Hybrid EPO \$1,500 (Middle Cost Plan)	MVP Hybrid EPO \$2,600 (Low Cost Plan)
Deductible	NONE	\$1,500 Individual/\$3,000 Family	\$2,600 Individual/\$5,200 Family
Deductible Plan or Calendar Year	Calendar Year	Calendar Year	Calendar Year
Coinsurance	NONE	20%	0%
Out of Pocket Max	\$6,600 Individual/\$13,200 Family	\$3,000 Individual/\$6,000 Family	\$5,000 Individual/\$10,000 Family
Office/Specialist Visits	\$25 Copay PCP/ \$40 Copay Specialist	\$30 Copay PCP/\$50 Copay Specialist	\$30 Copay PCP after Ded/\$50 Copay Specialist After Ded
Hospital Care	\$250 Copay Inpatient/\$100 Copay Outpatient	20% after deductible	\$500 Copay after Ded Inpatient/ \$100 Copay after Ded Outpatient
Emergency Room	\$100 Copay	\$250 Copay	\$100 Copay after Ded
Preventative Services	Covered in full	Covered in full	Covered in full
X-Ray/Lab Services/ Imaging	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: \$ Copay PCP/\$0 Copay Specialist/Imaging: \$50 Copa Specialist
Pharmacy	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
Rates	EE: \$906.14/EE+Dep: \$1,590.99/ Family: \$1,923.06	EE: \$767.32/EE+Dep: \$1,273.95/ Family: \$1,539.02	EE: \$625.64/EE+Dep: \$1,084.84/ Family: \$1,312.10

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

