

ASHLEY MECHANICAL, D&B SERVICE AND INSULATION, UNIVERSAL METAL FABRICATORS
CDPHP HEALTH PLANS 09/01/23 – 08/31/24

	CDPHP Options		
*= Qualified	Gold EPO 220	Silver *HDEPO 320	Bronze *HDEPO 421
Deductible	700 / 1,400 E	2,200 / 4,400 A	6,900 / 13,800 A
Out of Pocket	8,700 / 17,400 E	7,050 / 14,100 E	6,900 / 13,800 E
Primary	Ded / 25	Ded / 30	Ded / 0
Specialists	Ded / 40	Ded / 40	Ded / 0
Inpatient Facility	Ded / 800	Ded / 1,500	Ded / 0
Outpatient Facility	Ded / 150	Ded / 300	Ded / 0
Urgent Care	Ded / 60	Ded / 60	Ded / 0
Emergency Room	Ded / 100	Ded / 500	Ded / 0
Prescription Drugs	No Ded 4/30/60	Ded then 10/50/80	Ded / 0
Monthly Rates:			
Employee	929.84	836.86	694.61
Employee + 1 Adult	1,859.69	1,673.72	1,389.21
Employee/Child(ren)	1,580.73	1,422.67	1,180.83
Family	2,650.05	2,385.06	1,979.63

(E) Embedded:	Each family member meets only the individual deductible amount then copays begin for that member, family limit continues to accumulate	
(A) Aggregate:	The total family deductible must be met by any member before copays begin	
1	Above is a summary for comparative purposes only based on carrier documents, not responsible for errors. Refer to SBCs and contracts for all benefit limitations & exclusions.	Upstate Benefit Planning LLC

ASHLEY MECHANICAL, D&B SERVICE AND INSULATION, UNIVERSAL METAL FABRICATORS
MVP HEALTH PLANS 09/01/23 – 08/31/24

	MVP Health Plan Options			
*= Qualified	Silver EPO 2	Silver *HDEPO 3	Silver *HDEPO 8	Bronze EPO 2
Deductible	4,500 / 9,000 E	2,500 / 5,000 A	4,400 / 8,800 E	6,000 / 12,000 E
Out of Pocket	8,400 / 16,800 E	5,900 / 11,800 E	6,900 / 13,800 E	8,400 / 16,800 E
Primary	3 PCP visits @ 0 No Ded 35	Ded / 25	Ded / 0	3 Visits @ 0 Then Ded / 35
Specialists	Ded / 60	Ded / 50	Ded / 0	Ded / 60
Inpatient Facility	Ded / 30%	Ded / 500	Ded / 0	Ded / 30%
Outpatient Facility	Ded / 300	Ded / 200	Ded / 0	Ded / 300
Urgent Care	No Ded 60	Ded / 50	Ded / 0	Ded / 60
Emergency Room	Ded / 350	Ded / 300	Ded / 0	Ded / 350
Prescription Drugs	Ded then 10/45/90	Ded then 15/40/60	Ded then 15/40/60	Ded then 10/40/60
Monthly Rates:				
Employee	929.12	979.74	948.50	795.43
Employee + 1 Adult	1,858.24	1,959.48	1,897.00	1,590.86
Employee/Child(ren)	1,579.50	1,665.56	1,612.45	1,352.23
Family	2,647.99	2,792.26	2,703.23	2,266.98

	All amounts are in dollars unless percentage specifically indicated	
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ASHLEY MECHANICAL, D&B SERVICE AND INSULATION, UNIVERSAL METAL FABRICATORS
HEALTH PLAN BENEFIT CHANGES 09/01/23 – 08/31/24

	CDPHP Gold		CDPHP Silver		CDPHP Bronze	
	2022	2023	2022	2023	2022	2023
*= Qualified	Gold EPO 220		Silver EPO 330 Embrace	Silver *HDEPO 320	Bronze *HDEPO 421	
Deductible	600 / 1,200 E	700 / 1,400 E	2,200 / 4,000 E (\$200 Acct)	2,200 / 4,400 A	6,900 / 13,800 A	6,900 / 13,800 A
Out of Pocket	7,900 / 15,800 E	8,700 / 17,400 E	7,500 / 15,000 E	7,050 / 14,100 E	6,900 / 13,800 E	6,900 / 13,800 E
Primary	Ded / 25	Ded / 25	Ded / 30	Ded / 30	Ded / 0	Ded / 0
Specialists	Ded / 40	Ded / 40	Ded / 50	Ded / 40	Ded / 0	Ded / 0
Inpatient Facility	Ded / 800	Ded / 800	Ded / 1,500	Ded / 1,500	Ded / 0	Ded / 0
Outpatient Facility	Ded / 100	Ded / 150	Ded / 100	Ded / 300	Ded / 0	Ded / 0
Urgent Care	Ded / 60	Ded / 60	Ded / 70	Ded / 60	Ded / 0	Ded / 0
Emergency Room	Ded / 100	Ded / 100	Ded / 250	Ded / 500	Ded / 0	Ded / 0
Prescription Drugs	No Ded 4/30/60	No Ded 4/30/60	No Ded 10/35/70	Ded then 10/50/80	Ded / 0	Ded / 0
Monthly Rates:						
Employee	932.85	929.84	818.19	836.86	667.32	694.61
Employee + 1 Adult	1,865.70	1,859.69	1,636.39	1,673.72	1,334.64	1,389.21
Employee/Child(ren)	1,585.85	1,580.73	1,390.93	1,422.67	1,134.45	1,180.83
Family	2,658.62	2,650.05	2,331.85	2,385.06	1,901.86	1,979.63

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ASHLEY MECHANICAL, D&B SERVICE AND INSULATION, UNIVERSAL METAL FABRICATORS
HEALTH PLAN BENEFIT CHANGES 09/01/23 – 08/31/24

	MVP SILVER		MVP SILVER	
	202	2023	2022	2023
*= Qualified	Silver EPO 2	Silver EPO 2	Silver *HDEPO 3	Silver *HDEPO 3
Deductible	4,500 / 9,000 E	4,500 / 9,000 E	2,200 / 4,400 A	2,500 / 5,000 A
Out of Pocket	8,400 / 16,800 E	8,400 / 16,800 E	5,200 / 10,400 E	5,900 / 11,800 E
Primary	3 PCP visits @ 0 No Ded 35	3 PCP visits @ 0 No Ded 35	Ded / 25	Ded / 25
Specialists	Ded / 60	Ded / 60	Ded / 50	Ded / 50
Inpatient Facility	Ded / 30%	Ded / 30%	Ded / 500	Ded / 500
Outpatient Facility	Ded / 300	Ded / 300	Ded / 200	Ded / 200
Urgent Care	No Ded 60	No Ded 60	Ded / 50	Ded / 50
Emergency Room	Ded / 350	Ded / 350	Ded / 300	Ded / 300
Prescription Drugs	Ded then 10/45/90	Ded then 10/45/90	Ded then 15/40/60	Ded then 15/40/60
Monthly Rates:				
Employee	855.85	929.12	920.67	979.74
Employee + 1 Adult	1,711.70	1,858.24	1,841.34	1,959.48
Employee/Child(ren)	1,454.95	1,579.50	1,565.14	1,665.56
Family	2,439.17	2,647.99	2,623.91	2,792.26

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HEALTH PLAN BENEFIT CHANGES 09/01/23 – 08/31/24

	MVP SILVER		MVP BRONZE	
	2022	2023	2022	2023
*= Qualified	Silver *HDEPO 8	Silver *HDEPO 8	Bronze EPO 2	Bronze EPO 2
Deductible	3,900 / 7,800 E	4,400 / 8,800 E	6,000 / 12,000 E	6,000 / 12,000 E
Out of Pocket	6,000 / 12,000 E	6,900 / 13,800 E	8,400 / 16,800 E	8,400 / 16,800 E
Primary	Ded / 0	Ded / 0	3 Visits @ 0 Then Ded / 35	3 Visits @ 0 Then Ded / 35
Specialists	Ded / 0	Ded / 0	Ded / 60	Ded / 60
Inpatient Facility	Ded / 0	Ded / 0	Ded / 30%	Ded / 30%
Outpatient Facility	Ded / 0	Ded / 0	Ded / 300	Ded / 300
Urgent Care	Ded / 0	Ded / 0	Ded / 60	Ded / 60
Emergency Room	Ded / 0	Ded / 0	Ded / 350	Ded / 350
Prescription Drugs	Ded then 15/40/60	Ded then 15/40/60	Ded then 10/40/60	Ded then 10/40/60
Monthly Rates:				
Employee	889.43	948.50	730.85	795.43
Employee + 1 Adult	1,778.86	1,897.00	1,461.70	1,590.86
Employee/Child(ren)	1,512.03	1,612.45	1,242.45	1,352.23
Family	2,534.88	2,703.23	2,082.92	2,266.98

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