

# Health Program

## PPO Products

(see reverse for HDHP & HRA product information)



*North Carolina Medical Society*

*Employee Benefit Plan*

Product Selection	PPO 500-80		PPO 750-80		PPO 1000-80		PPO 1500-80		PPO 2000-80		PPO 2500-60		PPO 3500-80		PPO 5000-60	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Annual Deductible <sup>1</sup> (individual/family)	\$500/ 1,500	\$1,000/ 3,000	\$750/ 2,250	\$1,500/ 4,500	\$1,000/ 3,000	\$2,000/ 6,000	\$1,500/ 4,500	\$3,000/ 9,000	\$2,000/ 6,000	\$4,000/ 12,000	\$2,500/ 7,500	\$5,000/ 15,000	\$3,500/ 10,500	\$7,000/ 21,000	\$5,000/ 10,000	\$10,000/ 20,000
Coinsurance Maximum Out of Pocket	\$3,000/ 9,000	\$6,000/ 18,000	\$3,000/ 9,000	\$6,000/ 18,000	\$3,000/ 9,000	\$6,000/ 18,000	\$4,000/ 12,000	\$8,000/ 24,000	\$4,500/ 13,500	\$9,000/ 27,000	\$4,500/ 13,500	\$9,000/ 27,000	\$3,000/ 9,000	\$6,000/ 18,000	\$5,000/ 10,000	\$10,000/ 20,000
Lifetime Benefit	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Office Visit <sup>2</sup> (primary/specialist)	\$20/40	70% after Ded	\$20/40	70% after Ded	\$20/40	70% after Ded	\$20/40	70% after Ded	\$25/50	70% after Ded	\$25/50	70% after Ded	\$20/40	70% after Ded	\$35/70	70% after Ded
Maternity Care	80% after Ded	70% after Ded	80% after Ded	70% after Ded	80% after Ded	70% after Ded	80% after Ded	70% after Ded	80% after Ded	70% after Ded	60% after Ded	40% after Ded	80% after Ded	70% after Ded	60% after Ded	40% after Ded
Urgent Care	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$70	\$70
Emergency Room	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150
Hospital-Inpatient	80% after Ded	70% after Ded	80% after Ded	70% after Ded	80% after Ded	70% after Ded	80% after Ded	70% after Ded	80% after Ded	70% after Ded	60% after Ded	40% after Ded	80% after Ded	70% after Ded	60% after Ded	40% after Ded
Hospital-Outpatient <sup>3</sup>	80% after Ded	70% after Ded	80% after Ded	70% after Ded	80% after Ded	70% after Ded	80% after Ded	70% after Ded	80% after Ded	70% after Ded	60% after Ded	40% after Ded	80% after Ded	70% after Ded	60% after Ded	40% after Ded
Prescription Drugs	\$10/35/50	Copay + charge over In-network allowed amount	\$10/35/50	Copay + charge over In-network allowed amount	\$10/35/50	Copay + charge over In-network allowed amount	\$10/35/50	Copay + charge over In-network allowed amount	\$10/35/50	Copay + charge over In-network allowed amount	\$10/35/50	Copay + charge over In-network allowed amount	\$10/35/50	Copay + charge over In-network allowed amount	\$10/40/55	Copay + charge over In-network allowed amount
Mental Health: Office visits Inpatient/Outpatient	\$40 80% after Ded	70% after Ded	\$40 80% after Ded	70% after Ded	\$40 80% after Ded	70% after Ded	\$40 80% after Ded	70% after Ded	\$50 80% after Ded	70% after Ded	\$50 60% after Ded	70% after Ded 40% after Ded	\$40 80% after Ded	70% after Ded	\$70 60% after Ded	70% after Ded 40% after Ded
Substance Abuse: Office visit Inpatient/Outpatient	\$40 80% after Ded	70% after Ded	\$40 80% after Ded	70% after Ded	\$40 80% after Ded	70% after Ded	\$40 80% after Ded	70% after Ded	\$50 80% after Ded	70% after Ded	\$50 60% after Ded	70% after Ded 40% after Ded	\$40 80% after Ded	70% after Ded	\$70 60% after Ded	70% after Ded 40% after Ded
Vision Examination	\$20	N/A	\$20	N/A	\$20	N/A	\$20	N/A	\$25	N/A	\$25	N/A	\$20	N/A	\$35	N/A
Lens & Frames Discount	30%	N/A	30%	N/A	30%	N/A	30%	N/A	30%	N/A	30%	N/A	30%	N/A	30%	N/A
Disposable Discount	15%	N/A	15%	N/A	15%	N/A	15%	N/A	15%	N/A	15%	N/A	15%	N/A	15%	N/A
Lens & Frame coverage	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150

<sup>1</sup>PPO deductibles are individual. If one or more dependents are covered, each covered person has an individual deductible and a combined family deductible.

<sup>2</sup>Preventive Care Services: Routine examinations, Well-child care and Immunizations must be provided by a network provider. Pap smears, mammograms and Prostate Specific Antigen Tests (PSAs) are covered Out-of-Network.

<sup>3</sup>In-Network Outpatient Labs and Mammograms without surgery or other services are covered at 100%.

# Health Program

## HDHP & HRA Products<sup>1</sup>

(see reverse for PPO product information)



# North Carolina Medical Society

## Employee Benefit Plan

Product Selection	HDHP 1500-100		HDHP 2700-80		HDHP 2700-100		HRA 2500-100		HRA 2700-80		HRA 2700-100	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Annual Deductible <sup>2</sup> (employee/family)	\$1,500/ 3,000	\$3,000/ 6,000	\$2,700/ 5,450	\$5,400/ 10,900	\$2,700/ 5,450	\$5,400/ 10,900	\$2,500/ 5,000	\$5,000/ 10,000	\$2,700/ 5,450	\$5,400/ 10,900	\$2,700/ 5,450	\$5,400/ 10,900
Total Out of Pocket Maximum <sup>3</sup>	\$1,500/ 3,000	\$4,250/ 8,500	\$5,000/ 10,000	\$10,000/ 20,000	\$2,700/ 5,450	\$6,650/ 13,400	\$2,500/ 5,000	\$6,250/ 12,500	\$5,000/ 10,000	\$10,000/ 20,000	\$2,700/ 5,450	\$6,650/ 13,400
Lifetime Benefit	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Office Visit <sup>4</sup> (primary/specialist)	100% after Ded	70% after Ded	80% after Ded	50% after Ded	100% after Ded	70% after Ded	100% after Ded	70% after Ded	80% after Ded	50% after Ded	100% after Ded	70% after Ded
Maternity Care	100% after Ded	70% after Ded	80% after Ded	50% after Ded	100% after Ded	70% after Ded	100% after Ded	70% after Ded	80% after Ded	50% after Ded	100% after Ded	70% after Ded
Urgent Care	100% after Ded	100% after Ded	80% after Ded	80% after Ded	100% after Ded	100% after Ded	100% after Ded	100% after Ded	80% after Ded	80% after Ded	100% after Ded	100% after Ded
Emergency Room	100% after Ded	100% after Ded	80% after Ded	80% after Ded	100% after Ded	100% after Ded	100% after Ded	100% after Ded	80% after Ded	80% after Ded	100% after Ded	100% after Ded
Hospital-Inpatient	100% after Ded	70% after Ded	80% after Ded	50% after Ded	100% after Ded	70% after Ded	100% after Ded	70% after Ded	80% after Ded	50% after Ded	100% after Ded	70% after Ded
Hospital-Outpatient	100% after Ded	70% after Ded	80% after Ded	50% after Ded	100% after Ded	70% after Ded	100% after Ded	70% after Ded	80% after Ded	50% after Ded	100% after Ded	70% after Ded
Prescription Drugs	100% after Ded	100% after Ded	80% after Ded	80% after Ded	100% after Ded	100% after Ded	\$10/35/50	Copay + charge over In-network allowed amount	80% after Ded	80% after Ded	100% after Ded	100% after Ded
Mental Health: Office visit Inpatient/Outpatient	100% after Ded	70% after Ded	80% after Ded	50% after Ded	100% after Ded	70% after Ded	100% after Ded	70% after Ded	80% after Ded	50% after Ded	100% after Ded	70% after Ded
Substance Abuse: Office visit Inpatient/Outpatient	100% after Ded	70% after Ded	80% after Ded	50% after Ded	100% after Ded	70% after Ded	100% after Ded	70% after Ded	80% after Ded	50% after Ded	100% after Ded	70% after Ded
Vision Examination	100% after Ded	70% after Ded	80% after Ded	50% after Ded	100% after Ded	70% after Ded	100% after Ded	70% after Ded	80% after Ded	50% after Ded	100% after Ded	70% after Ded

<sup>1</sup>HDHP products can be paired with a Health Savings Account (HSA) funded by the employee and/or employer on a tax-deductible or pre-tax basis. HRA products can be paired with a Health Reimbursement Account (HRA) funded by the employer on a tax-deductible basis.

<sup>2</sup>HDHP and HRA family deductibles are aggregate. The employee deductible applies if employee selects employee only coverage; otherwise, the family deductible applies. All covered family members contribute to the same family deductible. Once the family deductible is reached, it is met for all covered family members.

<sup>3</sup>Total out-of-pocket maximum includes the deductible and coinsurance.

<sup>4</sup>Preventive Care Services from an in-network provider for preventive diagnosis only are covered 100% not subject to deductible. Services include Well-Baby and Well-Child Care, Immunizations, and the first service each benefit period for annual routine examinations, Pap Smears, Mammograms, Prostate Specific Antigen Tests (PSAs), and other specified screening tests.