

North Carolina Medical Society Employee Benefit Plan

HDHP / HSA Options

Plan Selection	HDHP Plan 1 \$1100 Deductible / 80%		HDHP Plan 2 \$2700 Deductible / 80%		HDHP Plan 3 \$2700 Deductible / 100%	
	Network	Non- Network	Network	Non - Network	Network	Non-Network
Annual Deductible	\$1,100/ \$2,200	\$2,200/ \$4,400	\$2,700/ \$5,450	\$5,400/ \$10,900	\$2,700/ \$5,450	\$5,400/ \$10,900
Coinsurance Maximum Out of Pocket	\$3,000/ \$5,000	\$6,000/ \$10,000	\$5,000/ \$10,000	\$10,000/ \$20,000	\$2,700/ \$5,450	\$6,650/ \$13,400
Lifetime Benefit Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Office Visit * (Primary & Specialist) Preventive Care	100%	50% After Ded	100%	50% After Ded	100%	70% After Ded
Routine Medical Care	80% After Ded.	50% After Ded	80% After Ded.	50% After Ded.	100% After Ded.	70% After Ded.
Maternity Care (Prenatal, Hospital Delivery & Post Delivery)	80% After Ded.	50% After Ded.	80% After Ded.	50% After Ded.	100% After Ded.	70% After Ded.
Urgent Care	80% After Ded.	80% After Ded.	80% After Ded.	80% After Ded	100% After Ded.	100% After Ded.
Emergency Room	80% After Ded.	80% After Ded.	80% After Ded	80% After Ded.	100% After Ded.	100% After Ded.
Hospital – <i>Inpatient</i>	80% After Ded.	50% After Ded.	80% After Ded.	50% After Ded.	100% After Ded.	70% After Ded.
Hospital – <i>Outpatient</i>	80% After Ded.	50% After Ded.	80% After Ded.	50% After Ded.	100% After Ded.	70% After Ded.
Mental Health Services: <i>Office Visits Inpatient/Outpatient</i>	80% After Ded.	50% After Ded.	80% After Ded.	50% After Ded.	100% After Ded.	70% After Ded.
Substance Abuse Services: <i>Office Visit Inpatient/Outpatient</i>	80% After Ded.	50% After Ded.	80% After Ded.	50% After Ded.	100% After Ded.	70% After Ded.
Vision Examination	80% After Ded.	50% After Ded.	80% After Ded.	50% After Ded.	100% After Ded.	70% After Ded.
Prescription Drugs (MAC C Pricing)	80% After Ded.	80% After Ded.	80% After Ded.	80% After Ded.	100% After Ded.	100% After Ded.

*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.