

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	
	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 ¹ (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
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
Lifetime Benefit	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Office Visit ² (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
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
Urgent Care	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Emergency Room	\$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
Hospital-Outpatient ³	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
Prescription Drugs	\$10/35/50	Copay + charge over In-network al- lowed amount	\$10/35/50	Copay + charge over In-network al- lowed amount	\$10/35/50	Copay + charge over In-network al- lowed amount	\$10/35/50	Copay + charge over In-network al- lowed amount	\$10/35/50	Copay + charge over In-network al- lowed amount	\$10/35/50	Copay + charge over In-network al- lowed amount	\$10/35/50	Copay + charge over In-network al- lowed 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
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
Vision Examination Lens & Frames Discount Disposable Discount Lens & Frame coverage	\$20 30% 15% \$150	N/A N/A N/A \$150	\$20 30% 15% \$150	N/A N/A N/A \$150	\$20 30% 15% \$150	N/A N/A N/A \$150	\$20 30% 15% \$150	N/A N/A N/A \$150	\$25 30% 15% \$150	N/A N/A N/A \$150	\$25 30% 15% \$150	N/A N/A N/A \$150	\$20 30% 15% \$150	N/A N/A N/A \$150

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

²Preventive 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.

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

Health Program

HDHP & HRA Products¹

(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 ² (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 ³	\$1,500/ 3,000	\$4,250/ 7,500	\$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 ⁴ (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

¹HDHP 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.

²HDHP 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.

³Total out-of-pocket maximum includes the deductible and coinsurance.

⁴Preventive Care Services from an in-network office-based provider for preventive diagnosis only are covered 100% not subject to deductible. Services include Well-Child Care (Age 2 and under), 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. Preventive care services received in an outpatient clinic or an outpatient setting will be subject to deductible and coinsurance.