

Health Program PPO Products



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 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	\$5,000/ 10,000	\$10,000/ 20,000
Coinsurance Maximum	\$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 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	\$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 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	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 visit/Outpatient Inpatient	100% 80% after Ded	70% after Ded	100% 80% after Ded	70% after Ded	100% 80% after Ded	70% after Ded	100% 80% after Ded	70% after Ded	100% 80% after Ded	70% after Ded	100% 60% after Ded	70% after Ded 40% after Ded	100% 80% after Ded	70% after Ded	100% 60% after Ded	70% after Ded 40% after Ded
Substance Abuse: Office visit/Outpatient Inpatient	100% 80% after Ded	70% after Ded	100% 80% after Ded	70% after Ded	100% 80% after Ded	70% after Ded	100% 80% after Ded	70% after Ded	100% 80% after Ded	70% after Ded	100% 60% after Ded	70% after Ded 40% after Ded	100% 80% after Ded	70% after Ded	100% 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

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

PPO 1-2-3 Products



North Carolina Medical Society

Employee Benefit Plan

PPO 1-2-3 products are designed to provide the benefits of a PPO in a cost effective manner and for practices that do not want to move completely to a high-deductible health plan (HDHP/HRA). Health care services are divided into three benefit levels, from Level 1 where most of the cost of care is covered by a copayment, to Level 3 where more of the costs of care are shared with the employee. The products support primary and preventive care at Level 1, while Level 2 and Level 3 coverage for inpatient, outpatient or specialist care encourages closer management of costs.

Product Selection	PPO 1-2-3 1500		PPO 1-2-3 2000		PPO 1-2-3 2500	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Annual Deductible ¹ (individual/family)	\$1,500/3,000	\$3,000/6,000	\$2,000/4,000	\$4,000/8,000	\$2,500/5,000	\$5,000/10,000
Coinsurance Maximum	\$2,000/4,000	\$4,000/8,000	\$4,000/8,000	\$8,000/16,000	\$5,000/10,000	\$10,000/20,000
Lifetime Benefit	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Level 1						
Routine Wellness Exams ² Routine Eye Exam	\$20	N/A	\$25	N/A	\$25	N/A
Screening Services ³ Screening Colonoscopy ⁴ Screening Mammography ⁴ Other Primary Care Office-based Services	\$20	60% after deductible	\$25	50% after deductible	\$25	50% after deductible
Level 2						
Inpatient Hospital Inpatient Mental Health Inpatient Substance Abuse	\$250 per admission, then 90% after deductible	\$500 per admission, then 60% after deductible	\$250 per admission, then 80% after deductible	\$500 per admission, then 50% after deductible	\$250 per admission, then 80% after deductible	\$500 per admission, then 50% after deductible
Inpatient Professional	90% after deductible	60% after deductible	80% after deductible	50% after deductible	80% after deductible	50% after deductible
Level 3						
Specialist Office-Based Services Specialist Outpatient Facility-Based Services Outpatient Hospital Services ⁵ Therapies CT Scans, MRIs, MRAs and PET scans ⁶ Outpatient Mental Health Outpatient Substance Abuse	70% after deductible	60% after deductible	60% after deductible	50% after deductible	60% after deductible	50% after deductible
Urgent Care Emergency Room	70% after deductible	70% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible
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
Lens and Frame Coverage	\$150	\$150	\$150	\$150	\$150	\$150

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

²Includes routine physical exams, well baby, well-child care, immunizations, and lab tests and x-rays that are part of preventive care service. For outpatient clinic services, see Level 3.

³Includes gynecological exams, cervical cancer screening, ovarian cancer screening, screening mammogram, and Prostate Specific Antigen tests (PSAs).

⁴When performed alone, provided in any setting. Performed with surgery or other services, see Level 3.

⁵Includes hospital and hospital-based services, outpatient clinic services, surgery, outpatient ambulance, and outpatient diagnostic services.

⁶In any location, including physician's office.

Health Program HDHP & HRA Products¹



North Carolina Medical Society Employee Benefit Plan

Product Selection	HDHP 1500-100		HDHP 2700-80		HDHP 2700-100		HDHP 5000-100		HRA 2500-100		HRA 2700-80		HRA 2700-100		HRA 5000-100		
	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	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	\$5,000/ 10,000	\$10,000/ 20,000	\$2,500/ 5,000	\$5,000/ 10,000	\$2,700/ 5,450	\$5,400/ 10,900	\$2,700/ 5,450	\$5,400/ 10,900	\$5,000/ 10,000	\$10,000/ 20,000	
Total Out of Pocket Maximum ³	\$1,500/ 3,000	\$4,250/ 8,500	\$5,000/ 10,000	\$10,000/ 20,000	\$2,700/ 5,450	\$6,650/ 13,400	\$5,000/ 10,000	\$11,250/ 22,500	\$2,500/ 5,000	\$6,250/ 12,500	\$5,000/ 10,000	\$10,000/ 20,000	\$2,700/ 5,450	\$6,650/ 13,400	\$5,000/ 10,000	\$11,250/ 22,500	
Lifetime Benefit	Unlimited	Unlimited	Unlimited	Unlimited	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	100% after Ded	70% after Ded	80% after Ded	50% after Ded	100% after Ded	70% 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	100% after Ded	70% after Ded	80% after Ded	50% after Ded	100% after Ded	70% 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	100% after Ded	100% after Ded	80% after Ded	80% after Ded	100% after Ded	100% 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	100% after Ded	100% after Ded	80% after Ded	80% after Ded	100% after Ded	100% 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	100% after Ded	70% after Ded	80% after Ded	50% after Ded	100% after Ded	70% 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	100% after Ded	70% after Ded	80% after Ded	50% after Ded	100% after Ded	70% 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	100% 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	\$10/35/50	Copay + charge over in- network allowed amount
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	100% after Ded	70% after Ded	80% after Ded	50% after Ded	100% after Ded	70% 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	100% after Ded	70% after Ded	80% after Ded	50% after Ded	100% after Ded	70% 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	100% after Ded	70% after Ded	80% after Ded	50% after Ded	100% after Ded	70% after Ded	100% after Ded	70% after Ded	
Lens and Frame Coverage	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	

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 provider for preventive diagnosis only are covered 100% not subject to deductible.