

NCMS Plan In-Network Benefits

PPO Products (In-Network Benefits)	Annual Deductible (Individual/Family)	Out of Pocket Maximum (incl all copays, ded, and coins)	Preventive Care	Office Visit Primary & Telehealth	Office Visit Specialist	Hospital-Inpatient (incl Maternity, Mental Health, and Substance Abuse)	Hospital-Outpatient	Mental Health and Substance Abuse Outpatient Services and Office Visit	Urgent Care/ER	Prescription Drug
PPO 1000-80	\$1,000/\$3,000	\$3,500/\$7,000	100%	\$35	\$70	80% after ded	80% after ded	100%	\$75/\$500	\$10/\$25/\$40/\$80/75% (max \$100)
PPO 1500-80	\$1,500/\$4,500	\$5,000/\$10,000	100%	\$35	\$70	80% after ded	80% after ded	100%	\$75/\$500	\$10/\$25/\$40/\$80/75% (max \$100)
PPO 2000-80	\$2,000/\$6,000	\$7,150/\$14,300	100%	\$35	\$70	80% after ded	80% after ded	100%	\$75/\$500	\$10/\$25/\$40/\$80/75% (max \$100)
PPO 2500-80	\$2,500/\$7,500	\$7,150/\$14,300	100%	\$35	\$70	80% after ded	80% after ded	100%	\$75/\$500	\$10/\$25/\$40/\$80/75% (max \$100)
PPO 3500-80	\$3,500/\$10,500	\$7,150/\$14,300	100%	\$35	\$70	80% after ded	80% after ded	100%	\$75/\$500	\$10/\$25/\$40/\$80/75% (max \$100)
PPO 3500-70	\$3,500/\$7,000	\$7,150/\$14,300	100%	\$35	\$70	70% after ded	70% after ded	100%	\$75/\$500	\$20/\$35/\$45/\$90/75% (max \$100)
PPO 5000-60	\$5,000/\$10,000	\$7,150/\$14,300	100%	\$35	\$70	60% after ded	60% after ded	100%	\$75/\$500	\$10/\$25/\$40/\$80/75% (max \$100)
PPO 2500-60	\$2,500/\$5,000	\$7,150/\$14,300	100%	\$45	60% after ded	60% after ded	60% after ded	100%	\$135/60% after ded	\$10/50% (max \$100)
PPO 3500-60	\$3,500/\$7,000	\$7,150/\$14,300	100%	\$45	60% after ded	60% after ded	60% after ded	100%	\$135/60% after ded	\$10/50% (max \$100)
PPO Essential 2500-70	\$2,500/\$5,000	\$7,900/\$15,800	100%	\$30	\$150	70% after ded	70% after ded	100%	\$150/\$750	\$20/\$35/\$45/\$90/75% (max \$100)
PPO Essential 3000-70	\$3,000/\$6,000	\$7,900/\$15,800	100%	\$60	\$120	70% after ded	70% after ded	100%	\$120/\$1,000	\$20/\$35/\$45/\$90/75% (max \$100)
PPO Essential 4000-70	\$4,000/\$8,000	\$7,900/\$15,800	100%	\$50	\$100	70% after ded	70% after ded	100%	\$150/\$1,000	\$20/\$35/\$45/\$90/75% (max \$100)
PPO Essential 5000-70	\$5,000/\$10,000	\$7,900/\$15,800	100%	\$40	\$120	70% after ded	70% after ded	100%	\$120/\$1,000	\$20/\$35/\$45/\$90/75% (max \$100)
PPO Essential 7900-100	\$7,900/\$15,800	\$7,900/\$15,800	100%	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded
PPO Value 2000-80	\$2,000/\$6,000	\$7,150/\$14,300	100%	\$35	\$70	80% after ded	80% after ded	100%	\$75/\$500	\$10/\$25/\$40/\$80/75% (max \$100)
PPO Value 2500-80	\$2,500/\$7,500	\$7,150/\$14,300	100%	\$35	\$70	80% after ded	80% after ded	100%	\$75/\$500	\$10/\$25/\$40/\$80/75% (max \$100)
PPO Value 3500-80	\$3,500/\$10,500	\$7,150/\$14,300	100%	\$35	\$70	80% after ded	80% after ded	100%	\$75/\$500	\$10/\$25/\$40/\$80/75% (max \$100)
PPO Value 2500-60	\$2,500/\$5,000	\$7,150/\$14,300	100%	\$45	60% after ded	60% after ded	60% after ded	100%	\$135/60% after ded	\$10/50% (max \$100)
PPO Value 3500-60	\$3,500/\$7,000	\$7,150/\$14,300	100%	\$45	60% after ded	60% after ded	60% after ded	100%	\$135/60% after ded	\$10/50% (max \$100)

PPO 1-2-3 Products (In-Network Benefits)	Annual Deductible (Individual/Family)	Out of Pocket Maximum (incl all copays, ded, and coins)	Preventive Care	Level 1 Office Visit Primary & Telehealth (incl Mental Health and Substance Abuse)	Level 2 Inpatient Professional	Level 2 Inpatient Hospital (incl Maternity, Mental Health, and Substance Abuse)	Level 3 Specialist Office-Based Services, Outpatient Services (incl Mental Health and Substance Abuse), Therapies, and Scans	Urgent Care/ER	Prescription Drug
PPO 1-2-3 1500	\$1,500/\$3,000	\$4,500/\$9,000	100%	\$35	90% after ded	\$250 per admit, then 90% after ded	70% after ded	70% after ded	\$10/\$25/\$40/\$80/75% (max \$100)
PPO 1-2-3 2000	\$2,000/\$4,000	\$7,150/\$14,300	100%	\$35	80% after ded	\$250 per admit, then 80% after ded	60% after ded	60% after ded	\$10/\$25/\$40/\$80/75% (max \$100)
PPO 1-2-3 2500	\$2,500/\$5,000	\$7,150/\$14,300	100%	\$35	80% after ded	\$250 per admit, then 80% after ded	60% after ded	60% after ded	\$10/\$25/\$40/\$80/75% (max \$100)
PPO 1-2-3 3500	\$3,500/\$7,000	\$7,150/\$14,300	100%	\$35	80% after ded	\$250 per admit, then 80% after ded	60% after ded	60% after ded	\$10/\$25/\$40/\$80/75% (max \$100)
PPO 1-2-3 4000	\$4,000/\$8,000	\$7,150/\$14,300	100%	\$35	70% after ded	\$250 per admit, then 70% after ded	50% after ded	50% after ded	\$10/\$25/\$40/\$80/75% (max \$100)
PPO 1-2-3 5000	\$5,000/\$10,000	\$7,150/\$14,300	100%	\$35	80% after ded	\$250 per admit, then 80% after ded	60% after ded	60% after ded	\$10/\$25/\$40/\$80/75% (max \$100)
PPO 1-2-3 5000 (alternate Rx)	\$5,000/\$10,000	\$7,150/\$14,300	100%	\$35	80% after ded	\$250 per admit, then 80% after ded	60% after ded	60% after ded	\$10/0% (max \$100)
PPO 1-2-3 Value 2000	\$2,000/\$4,000	\$7,150/\$14,300	100%	\$35	80% after ded	\$250 per admit, then 80% after ded	60% after ded	60% after ded	\$10/\$25/\$40/\$80/75% (max \$100)
PPO 1-2-3 Value 3500	\$3,500/\$7,000	\$7,150/\$14,300	100%	\$35	80% after ded	\$250 per admit, then 80% after ded	60% after ded	60% after ded	\$10/\$25/\$40/\$80/75% (max \$100)

PPO Select Products (In-Network Benefits)	Annual Deductible Preferred (Tier 1) (Individual/Family)	Annual Deductible Standard (Tier 2) (Individual/Family)	Out of Pocket Maximum (incl all copays, ded, and coins)	Preventive Care	Office Visit Primary & Telehealth (incl Mental Health and Substance Abuse)	Hospital-Inpatient Preferred/Standard (incl Maternity, Mental Health, and Substance Abuse)	Office Visit Specialist Preferred/Standard	Hospital-Outpatient Preferred/Standard (incl Mental Health and Substance Abuse)	Urgent Care/ER	Prescription Drug
PPO Select 2500	\$2,500/\$7,500	Combined with Tier 1	\$7,150/\$14,300	100%	\$35	\$0/\$750 per admit, then 80%/60% after ded	\$70/\$105	80%/60% after ded	\$75/\$500	\$10/\$25/70%/60%/60%
PPO Select 3500	\$3,500/\$10,500	Combined with Tier 1	\$7,150/\$14,300	100%	\$35	\$0/\$750 per admit, then 80%/60% after ded	\$70/\$105	80%/60% after ded	\$75/\$500	\$10/\$25/70%/60%/60% \$100 ded, then
PPO Select Plus 4000	\$4,000/\$6,000	\$7,000/\$14,000	\$7,900/\$15,800	100%	\$40	\$0/\$500 per admit, then 70%/50% after ded	\$120/\$150	70%/50% after ded	\$120/\$750	\$20/\$35/\$45/\$90/75% (max \$100)

HDHP & HRA Products (In-Network Benefits)	Annual Deductible (Individual/Family)	Out of Pocket Maximum (incl all copays, ded, and coins)	Family Member Deductible	Family Member Out of Pocket Limit	Preventive Care	Office Visit Primary & Telehealth	Office Visit Specialist	Hospital-Inpatient & Outpatient (incl Maternity, Mental Health and Substance Abuse)	Urgent Care/ER	Prescription Drug
HDHP 2700-100	\$2,700/\$5,450	\$2,700/\$5,450	n/a	n/a	100%	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded
HDHP 3500-100	\$3,500/\$7,000	\$3,500/\$7,000	\$6,550	\$6,550	100%	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded
HDHP 2700-80	\$2,700/\$5,450	\$5,000/\$10,000	\$5,450	\$6,550	100%	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded
HDHP 5000-100	\$5,000/\$10,000	\$5,000/\$10,000	\$6,550	\$6,550	100%	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded
HDHP 6350-100	\$6,350/\$12,700	\$6,350/\$12,700	\$6,550	\$6,550	100%	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded
HDHP Value 2700-100	\$2,700/\$5,450	\$2,700/\$5,450	n/a	n/a	100%	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded
HDHP Value 3500-100	\$3,500/\$7,000	\$3,500/\$7,000	\$6,550	\$6,550	100%	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded
HRA 2500-100	\$2,500/\$5,000	\$2,500/\$5,000	n/a	n/a	100%	100% after ded	100% after ded	100% after ded	100% after ded	\$10/\$25/\$40/\$80/75% (max \$100)
HRA 2700-100	\$2,700/\$5,450	\$2,700/\$5,450	n/a	n/a	100%	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded
HRA 2700-80	\$2,700/\$5,450	\$5,000/\$10,000	\$5,450	\$7,150	100%	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded

For PPO, PPO 1-2-3, PPO Select, and HRA plans, lenses and frames are covered 100% up to \$130, then 10%. For HDHP plans, lenses and frames are subject to deductible and coinsurance. This benefit is subject to a quantity limit of one pair of glasses or one pair of contacts or a one year supply of disposable contacts per benefit period per member.

For plans with drug copayments, up to a 30-day supply is one drug copayment, and a 31-60 day supply is two drug copayments. A 61-90 day supply is three drug copayments at retail pharmacies or two and a half drug copayments using mail-order service.

NCMS Plan Out-of-Network Benefits

PPO Products (Out-of-Network Benefits)	Annual Deductible (Individual/Family)	Out of Pocket Maximum (incl all copays, ded, and coins)	Preventive Care	Office Visit (Primary/Specialist)	Hospital-Inpatient (incl Maternity, Mental Health and Substance Abuse)	Hospital-Outpatient	Mental Health and Substance Abuse Outpatient Services and Office Visit	Urgent Care/ER	Prescription Drug
PPO 1000-80	\$2,000/\$6,000	\$7,000/\$14,000	N/A	70% after ded	70% after ded	70% after ded	70% after ded	\$75/\$500	Copay/Coins + charge over In-Network allowed
PPO 1500-80	\$3,000/\$9,000	\$10,000/\$20,000	N/A	70% after ded	70% after ded	70% after ded	70% after ded	\$75/\$500	Copay/Coins + charge over In-Network allowed
PPO 2000-80	\$4,000/\$12,000	\$14,300/\$28,600	N/A	70% after ded	70% after ded	70% after ded	70% after ded	\$75/\$500	Copay/Coins + charge over In-Network allowed
PPO 2500-80	\$5,000/\$15,000	\$14,300/\$28,600	N/A	70% after ded	70% after ded	70% after ded	70% after ded	\$75/\$500	Copay/Coins + charge over In-Network allowed
PPO 3500-80	\$7,000/\$21,000	\$14,300/\$28,600	N/A	70% after ded	70% after ded	70% after ded	70% after ded	\$75/\$500	Copay/Coins + charge over In-Network allowed
PPO 3500-70	\$7,000/\$14,000	\$14,300/\$28,600	N/A	60% after ded	60% after ded	60% after ded	70% after ded	\$75/\$500	Copay/Coins + charge over In-Network allowed
PPO 5000-60	\$10,000/\$20,000	\$14,300/\$28,600	N/A	70% after ded	40% after ded	40% after ded	70% after ded	\$75/\$500	Copay/Coins + charge over In-Network allowed
PPO 2500-60	\$5,000/\$10,000	\$14,300/\$28,600	N/A	30% after ded	30% after ded	30% after ded	70% after ded	\$135/60% after ded	Copay/Coins + charge over In-Network allowed
PPO 3500-60	\$7,000/\$14,000	\$14,300/\$28,600	N/A	30% after ded	30% after ded	30% after ded	70% after ded	\$135/60% after ded	Copay/Coins + charge over In-Network allowed
PPO Essential 2500-70	\$5,000/\$10,000	\$15,800/\$31,600	N/A	50% after ded	50% after ded	50% after ded	70% after ded	\$150/\$750	Copay/Coins + charge over In-Network allowed
PPO Essential 3000-70	\$6,000/\$12,000	\$15,800/\$31,600	N/A	50% after ded	50% after ded	50% after ded	70% after ded	\$120/\$1,000	Copay/Coins + charge over In-Network allowed
PPO Essential 4000-70	\$8,000/\$16,000	\$15,800/\$31,600	N/A	50% after ded	50% after ded	50% after ded	70% after ded	\$150/\$1,000	Copay/Coins + charge over In-Network allowed
PPO Essential 5000-70	\$10,000/\$20,000	\$15,800/\$31,600	N/A	50% after ded	50% after ded	50% after ded	70% after ded	\$120/\$1,000	Copay/Coins + charge over In-Network allowed
PPO Essential 7900-100	\$15,800/\$31,600	\$15,800/\$31,600	N/A	70% after ded	70% after ded	70% after ded	70% after ded	100% after ded	Copay/Coins + charge over In-Network allowed
PPO Value 2000-80	\$4,000/\$12,000	\$14,300/\$28,600	N/A	70% after ded	70% after ded	70% after ded	70% after ded	\$75/\$500	Copay/Coins + charge over In-Network allowed
PPO Value 2500-80	\$5,000/\$15,000	\$14,300/\$28,600	N/A	70% after ded	70% after ded	70% after ded	70% after ded	\$75/\$500	Copay/Coins + charge over In-Network allowed
PPO Value 3500-80	\$7,000/\$21,000	\$14,300/\$28,600	N/A	70% after ded	70% after ded	70% after ded	70% after ded	\$75/\$500	Copay/Coins + charge over In-Network allowed
PPO Value 2500-60	\$5,000/\$10,000	\$14,300/\$28,600	N/A	30% after ded	30% after ded	30% after ded	70% after ded	\$135/60% after ded	Copay/Coins + charge over In-Network allowed
PPO Value 3500-60	\$7,000/\$14,000	\$14,300/\$28,600	N/A	30% after ded	30% after ded	30% after ded	70% after ded	\$135/60% after ded	Copay/Coins + charge over In-Network allowed

PPO 1-2-3 Products (Out-of-Network Benefits)	Annual Deductible (Individual/Family)	Out of Pocket Maximum (incl all copays, ded, and coins)	Preventive Care	Level 1 Office Visit Primary & Telehealth (incl Mental Health and Substance Abuse)	Level 2 Inpatient Professional	Level 2 Inpatient Hospital (incl Maternity, Mental Health, and Substance Abuse)	Level 3 Specialist Office-Based Services, Outpatient Services (incl Mental Health and Substance Abuse), Therapies, and Scans	Urgent Care/ER	Prescription Drug
PPO 1-2-3 1500	\$3,000/\$6,000	\$9,000/\$18,000	N/A	60% after ded	60% after ded	\$500 per admission, then 60% after ded	60% after ded	70% after ded	Copay/Coins + charge over In-Network allowed
PPO 1-2-3 2000	\$4,000/\$8,000	\$14,300/\$28,600	N/A	50% after ded	50% after ded	\$500 per admission, then 50% after ded	50% after ded	60% after ded	Copay/Coins + charge over In-Network allowed
PPO 1-2-3 2500	\$5,000/\$10,000	\$14,300/\$28,600	N/A	50% after ded	50% after ded	\$500 per admission, then 50% after ded	50% after ded	60% after ded	Copay/Coins + charge over In-Network allowed
PPO 1-2-3 3500	\$7,000/\$14,000	\$14,300/\$28,600	N/A	50% after ded	50% after ded	\$500 per admission, then 50% after ded	50% after ded	60% after ded	Copay/Coins + charge over In-Network allowed
PPO 1-2-3 4000	\$8,000/\$16,000	\$14,300/\$28,600	N/A	40% after ded	40% after ded	\$500 per admission, then 40% after ded	40% after ded	50% after ded	Copay/Coins + charge over In-Network allowed
PPO 1-2-3 5000	\$10,000/\$20,000	\$14,300/\$28,600	N/A	50% after ded	50% after ded	\$500 per admission, then 50% after ded	50% after ded	60% after ded	Copay/Coins + charge over In-Network allowed
PPO 1-2-3 5000 (alternate Rx)	\$10,000/\$20,000	\$14,300/\$28,600	N/A	50% after ded	50% after ded	\$500 per admission, then 50% after ded	50% after ded	60% after ded	Copay/Coins + charge over In-Network allowed
PPO 1-2-3 Value 2000	\$4,000/\$8,000	\$14,300/\$28,600	N/A	50% after ded	50% after ded	\$500 per admission, then 50% after ded	50% after ded	60% after ded	Copay/Coins + charge over In-Network allowed
PPO 1-2-3 Value 3500	\$7,000/\$14,000	\$14,300/\$28,600	N/A	50% after ded	50% after ded	\$500 per admission, then 50% after ded	50% after ded	60% after ded	Copay/Coins + charge over In-Network allowed

PPO Select (Out-of-Network Benefits)	Annual Deductible Preferred (Tier 1) (Individual/Family)	Annual Deductible Standard (Tier 2) (Individual/Family)	Out of Pocket Maximum (incl all copays, ded, and coins)	Preventive Care	Office Visit-Primary (incl Mental Health and Substance Abuse)	Hospital-Inpatient & Outpatient Preferred/Standard (incl Maternity, Mental Health, and Substance Abuse)	Office Visit-Specialist Preferred/Standard	Urgent Care/ER	Prescription Drug
PPO Select 2500	\$5,000/\$15,000	Combined with Tier 1	\$14,300/\$28,600	N/A	50% after ded	50% after ded	50% after ded	\$75/\$500	Copay/Coins + charge over In-Network allowed
PPO Select 3500	\$7,000/\$21,000	Combined with Tier 1	\$14,300/\$28,600	N/A	50% after ded	50% after ded	50% after ded	\$75/\$500	Copay/Coins + charge over In-Network allowed
PPO Select Plus 4000	\$8,000/\$12,000	Combined with Tier 1	\$15,800/\$31,600	N/A	50% after ded	50% after ded	50% after ded	\$120/\$750	Copay/Coins + charge over In-Network allowed

HDHP & HRA (Out-of-Network Benefits)	Annual Deductible (Individual/Family)	Out of Pocket Maximum (incl all copays, ded, and coins)	Family Member Deductible	Family Member Out of Pocket Limit	Preventive Care	Office Visit (Primary/Specialist)	Hospital-Inpatient & Outpatient (incl Maternity, Mental Health and Substance Abuse)	Urgent Care/ER	Prescription Drug
HDHP 2700-100	\$5,400/\$10,900	\$6,650/\$13,400	\$10,900	\$13,100	70% after ded	70% after ded	70% after ded	100% after ded	100% after ded
HDHP 3500-100	\$7,000/\$14,000	\$8,250/\$16,500	\$13,100	\$13,100	70% after ded	70% after ded	70% after ded	100% after ded	100% after ded
HDHP 2700-80	\$5,400/\$10,900	\$10,000/\$20,000	\$10,900	\$13,100	70% after ded	50% after ded	50% after ded	80% after ded	80% after ded
HDHP 5000-100	\$10,000/\$20,000	\$11,250/\$22,500	\$13,100	\$13,100	70% after ded	70% after ded	70% after ded	100% after ded	100% after ded
HDHP 6350-100	\$12,700/\$25,400	\$13,100/\$28,000	\$13,100	\$13,100	70% after ded	70% after ded	70% after ded	100% after ded	100% after ded
HDHP Value 2700-100	\$5,400/\$10,900	\$6,650/\$13,400	\$10,900	\$13,100	70% after ded	70% after ded	70% after ded	100% after ded	100% after ded
HDHP Value 3500-100	\$7,000/\$14,000	\$8,250/\$16,500	\$13,100	\$13,100	70% after ded	70% after ded	70% after ded	100% after ded	100% after ded
HRA 2500-100	\$5,000/\$10,000	\$6,250/\$12,500	n/a	n/a	70% after ded	70% after ded	70% after ded	100% after ded	Copay/Coins + charge over In-Network allowed
HRA 2700-100	\$5,400/\$10,900	\$6,650/\$13,400	n/a	n/a	70% after ded	70% after ded	70% after ded	100% after ded	100% after ded
HRA 2700-80	\$5,400/\$10,900	\$10,000/\$20,000	\$10,900	\$14,300	70% after ded	50% after ded	50% after ded	80% after ded	80% after ded

NCMS Plan Benefit Notes

- 1 This summary of benefits provides only basic information on the features of NCMS Plan health products. It is not intended to be a complete representation of all terms and provisions.
- 2 PPO, PPO 1-2-3, and PPO Select deductibles are individual. If one or more dependents are covered, each covered person has an individual deductible and a combined family deductible.
- 3 HDHP and HRA family deductibles are aggregate. However, there is a family member deductible and family member out of pocket limit in addition to the employee only and family deductibles and out of pocket limits. If employee only coverage is selected, the employee deductible and out-of-pocket limit will apply. If family coverage is selected: (1) all covered family members contribute to the same family total deductible and the same family total out-of-pocket limit; however, any single family member will pay no more than the family member deductible or out-of-pocket limit, (2) any family member who reaches his or her family member out-of-pocket limit will have the benefit levels apply to them only, and not the entire family, and (3) the family total deductible and out-of-pocket limit must be met before the respective benefit levels for each are payable for all family members; if the individual members of the family have not met their family member deductible and family member out-of-pocket limit. If the family deductible and out-of-pocket maximum is less than the family member deductible and out-of-pocket maximum, then the plan will act like a traditional aggregate plan.
- 4 Preventive Care Services from an in-network provider for **preventive diagnosis only** are covered 100% not subject to copayment or deductible.
- 5 Out-of-network preventive care services are not covered except for colorectal screening, bone mass measurement, newborn hearing screening, prostate specific antigen tests (PSAs), gynecological exams, cervical cancer screening, ovarian cancer screening and mammograms which are state mandated and subject to deductible and coinsurance.
- 6 Preventive Care Services include one routine eye examination per member per benefit period.
- 7 PPO, PPO 1-2-3, and HRA Products with a 5th prescription drug tier are subject to a \$100 per Drug maximum for each 30-day supply of a Tier 5 drug.
- 8 PPO Select plans have five prescription drug tiers. There is a \$100 per Drug maximum for each 30-day supply of a Tier 3 & Tier 4 drug. There is a \$100 per Drug minimum and a \$200 per Drug maximum for each 30-day supply of a Tier 5 drug.
- 9 PPO Essential, PPO Value, PPO 1-2-3 Value, PPO Select, and HDHP Value plans are subject to a closed prescription drug formulary. A closed formulary means that only prescription drugs on the list will be covered by the plan. Medications not on the list must go through a non-formulary exception process for medical necessity to be reimbursed under the prescription drug benefit. For more information on the exception process, members can visit bluecrossnc.com/umdrug.
- 10 PPO Value, PPO 1-2-3 Value and PPO Select plans are subject to MAC A pricing. For brand name prescription drugs where a generic is available and the member chooses the brand name, the member will pay the difference between the two, even if their physician prescribes the brand name drug.
- 11 PPO Value, PPO 1-2-3 Value and HDHP Value plans use a narrow low cost, high quality provider and hospital network. To explore the Value provider and facility network, please visit healthnav.bcbsnc.com. You can select Blue Value from the drop down under "Search Names, Facilities, and Specialty."
- 12 For PPO, PPO 1-2-3, PPO Select, and HRA plans, lenses and frames are covered 100% up to \$130, then 10%. For HDHP plans, lenses and frames are subject to deductible and coinsurance. This benefit is subject to a quantity limit of one pair of glasses or one pair of contacts or a one year supply of disposable contacts per benefit period per member.
- 13 Telehealth service is provided by MDLive. Talk to a Board Certified doctor via phone or video 24/7/365.