

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 1000-70	\$1,000/\$3,000	\$3,500/\$7,000	100%	\$35	\$70	70% after ded	70% after ded	100%	\$75/\$750	\$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 1500-70	\$1,500/\$4,500	\$5,000/\$10,000	100%	\$35	\$70	70% after ded	70% after ded	100%	\$75/\$750	\$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 2000-70	\$2,000/\$6,000	\$8,150/\$16,300	100%	\$35	\$70	70% after ded	70% after ded	100%	\$75/\$750	\$10/\$25/\$40/\$80/75% (max \$100)
PPO 2500-70	\$2,500/\$7,500	\$8,150/\$16,300	100%	\$35	\$70	70% after ded	70% after ded	100%	\$100/\$1,000	\$10/\$25/\$40/\$80/75% (max \$100)
PPO 3500-80	\$3,500/\$10,500	\$8,150/\$16,300	100%	\$35	\$70	80% after ded	80% after ded	100%	\$100/\$1,000	\$10/\$25/\$40/\$80/75% (max \$100)
PPO 3500-70	\$3,500/\$7,000	\$8,150/\$16,300	100%	\$35	\$70	70% after ded	70% after ded	100%	\$100/\$1,000	\$20/\$35/\$45/\$90/75% (max \$100)
PPO 5000-60	\$5,000/\$10,000	\$8,150/\$16,300	100%	\$35	\$70	60% after ded	60% after ded	100%	\$100/\$1,000	\$10/\$25/\$40/\$80/75% (max \$100)
PPO 2500-60	\$2,500/\$5,000	\$8,150/\$16,300	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	\$8,150/\$16,300	100%	\$45	60% after ded	60% after ded	60% after ded	100%	\$135/60% after ded	\$10/50% (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%	100% after ded	100% after ded
PPO Value 2000-70	\$2,000/\$6,000	\$8,550/\$17,100	100%	\$35	\$70	70% after ded	70% after ded	100%	\$100/\$1,000	\$10/\$25/\$40/\$80/75% (max \$100)
PPO Value 2500-70	\$2,500/\$7,500	\$8,550/\$17,100	100%	\$35	\$70	70% after ded	70% after ded	100%	\$100/\$1,000	\$10/\$25/\$40/\$80/75% (max \$100)
PPO Value 3500-70	\$3,500/\$10,500	\$8,550/\$17,100	100%	\$35	\$70	70% after ded	70% after ded	100%	\$100/\$1,000	\$10/\$25/\$40/\$80/75% (max \$100)
PPO Value 2500-60	\$2,500/\$5,000	\$8,550/\$17,100	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	\$8,550/\$17,100	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	\$8,150/\$16,300	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 2500	\$2,500/\$5,000	\$8,150/\$16,300	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 3500	\$3,500/\$7,000	\$8,150/\$16,300	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	\$8,150/\$16,300	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 4000	\$4,000/\$8,000	\$8,150/\$16,300	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 (alternate Rx)	\$5,000/\$10,000	\$8,150/\$16,300	100%	\$35	70% after ded	\$250 per admit, then 70% after ded	50% after ded	50% after ded	\$10/0% (max \$100)

HDHP 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 5500-70	\$5,500/\$11,000	\$7,000/\$14,000	\$5,500	\$7,000	100%	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded
HDHP 7000-100	\$7,000/\$14,000	\$7,000/\$14,000	\$7,000	\$7,000	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

For PPO and PPO 1-2-3 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.