

2021 NCDS Medical Benefits Summary Medical Proposal

Benefit	Plan A	Plan B	Plan C HSAeligible	Plan D
Deductible				
Individual / Family Network	\$1,000/\$3,000	\$1,500/\$4,500	\$3,000/\$6,000 (aggregate)	\$6,000/\$12,000
Individual / Family Non-Network	\$3,000/\$9,000	\$3,000/\$9,000	\$6,000/\$12,000 (aggregate)	\$10,000/\$20,000
Out of Pocket Maximum				
Individual / Family Network	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	\$8,000/\$16,000
Individual / Family Non-Network	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$12,000/\$24,000
Coinsurance* Network / Non-Network	20% after deductible / 40% after deductible	30% after deductible / 50% after deductible	30% after deductible / 50% after deductible	40% after deductible / 60% after deductible
Emergency Room	\$200 Copay; Remaining charges 20%, after Deductible	30% after deductible	30% after deductible	\$500 Copay; Remaining charges after deductible
PCP Office Visits Network / Non-Network	\$25 Copay / 30% after deductible	\$25 Copay / 50% after deductible	30% after deductible / 50% after deductible	\$25 Copay / 60% after deductible
Specialist Office Visits Network / Non-Network	\$45 Copay / 30% after deductible	30% after deductible / 50% after deductible	30% after deductible / 50% after deductible	\$75 Copay / 60% after deductible
Urgent Care Visits Network / Non-Network	\$45 Copay / 30% after deductible	30% after deductible / 50% after deductible	30% after deductible / 50% after deductible	\$75 Copay / 60% after deductible
Routine Preventive Care Network	100%	100%	100%	100%
Vision Eye Exam Hardware	100%	100%	100%	100%
	\$25 copay to \$125; 24 mths frames/12 mths lenses	\$25 copay to \$125; 24 mths frames/12 mths lenses	\$25 copay to \$125; 24 mths frames/12 mths lenses	\$25 copay to \$125; 24 mths frames/12 mths lenses
Contact Lens Fitting	\$35 Copay to \$50	\$35 Copay to \$50	\$35 Copay to \$50	\$35 Copay to \$50
Prescription Drugs (31 Day Supply)				
Generic	\$5 Copay	\$5 Copay		\$10 Copay
Brand	\$40 Copay	\$40 Copay	100% after deductible	\$100 Copay
Non-Formulary Brand	\$60 Copay	\$60 Copay		40% after deductible
Specialty	\$200 Copay	\$200 Copay		\$250 Copay

This document is an illustration only. Please consult the full benefit summaries for your quote.

*see full quote for coinsurance per category

The preferred provider network is Medcost. You can go to <http://providers.medcost.com> to see a list of network providers or to check to see if your current provider is a part of the Medcost network.

Claims are processed by Interactive Medical Systems. If you have specific questions about the plans in regards to benefits, please call the IMS Benefit Department at 800-426-8739.

For a quote, contact ncdsdept@ims-tpa.com or 877-900-6237 option 1