

# 2022 NCDS Medical Benefits Summary

## MEDICAL PROPOSAL

[myncdshealthcareplan.org](http://myncdshealthcareplan.org)



**NORTH CAROLINA**  
DENTAL SOCIETY.

HEALTHCARE PLAN

BENEFIT	Plan A	Plan B	Plan C HSA eligible	Plan D
<b>Deductible</b>				
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
<b>Out of Pocket Maximum</b>				
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
<b>Coinsurance* Network / Non-Network</b>	20% after deductible / 40% after deductible	30% after deductible / 50% after deductible	30% after deductible / 50% after deductible	40% after deductible / 60% after deductible
<b>Emergency Room</b>	\$200 Copay; Remaining charges 20%, after Deductible	30% after deductible	30% after deductible	\$500 Copay; Remaining charges after deductible
<b>PCP Office Visits Network / Non-Network</b>	\$25 Copay / 30% after deductible	\$25 Copay / 50% after deductible	30% after deductible / 50% after deductible	\$25 Copay / 60% after deductible
<b>Specialist Office Visits Network / Non-Network</b>	\$45 Copay / 30% after deductible	30% after deductible / 50% after deductible	30% after deductible / 50% after deductible	\$75 Copay / 60% after deductible
<b>Urgent Care Visits Network / Non-Network</b>	\$45 Copay / 30% after deductible	30% after deductible / 50% after deductible	30% after deductible / 50% after deductible	\$75 Copay / 60% after deductible
<b>Routine Preventive Care Network</b>	100%	100%	100%	100%
<b>Vision Eye Exam Hardware</b>	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
<b>Contact Lens Fitting</b>	\$35 Copay to \$50	\$35 Copay to \$50	\$35 Copay to \$50	\$35 Copay to \$50
<b>Prescription Drugs (31 Day Supply)</b>				
<b>Generic</b>	\$5 Copay	\$5 Copay		\$10 Copay
<b>Brand</b>	\$40 Copay	\$40 Copay	100% after deductible	\$100 Copay
<b>Non-Formulary Brand</b>	\$60 Copay	\$60 Copay		40% after deductible
<b>Specialty</b>	\$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](mailto:ncdsdept@ims-tpa.com) or 877-900-6237, option 1.