

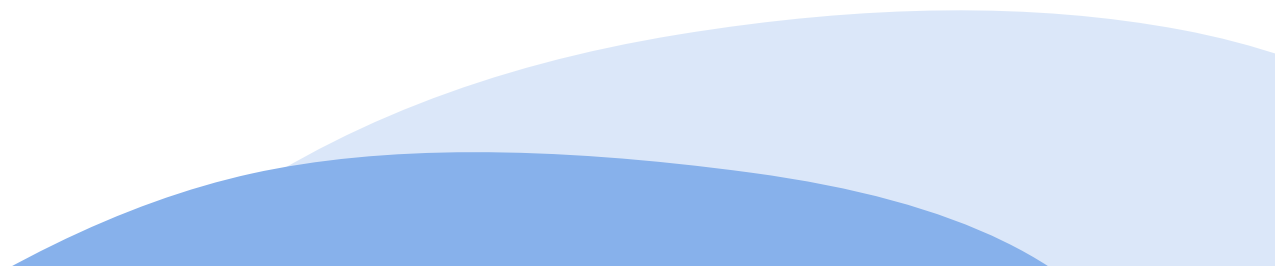
# Health Choice Silver Plan Overview

Understanding the details and benefits of the **Health Choice Silver**

## DISCLAIMER

This is a brief description of coverage and is subject to the terms, conditions, limitations, and exclusions of the policy. Please see the policy and certificate for complete details. Coverage may not be available in all states.

# The Health Choice Silver Plan

- Affordable health solutions for individuals and families through **NCE**
  - **Essential healthcare benefits** for various situations
  - **Impactful personal health management** and support tools
  - **Supplemental options** for high-deductible plans
  - **Accessibility** to essential services
- 

# Key Features and Benefits

## Target Audience

- Individuals and families seeking affordable healthcare solutions

## Offerings

- Variety of benefits tailored to meet different healthcare needs

## Key Benefits (varies by plan)

- Flexibility and choice for members
- Customizable options to fit specific needs

## Membership Benefits through NCE

- Enhanced value through National Congress of Employers



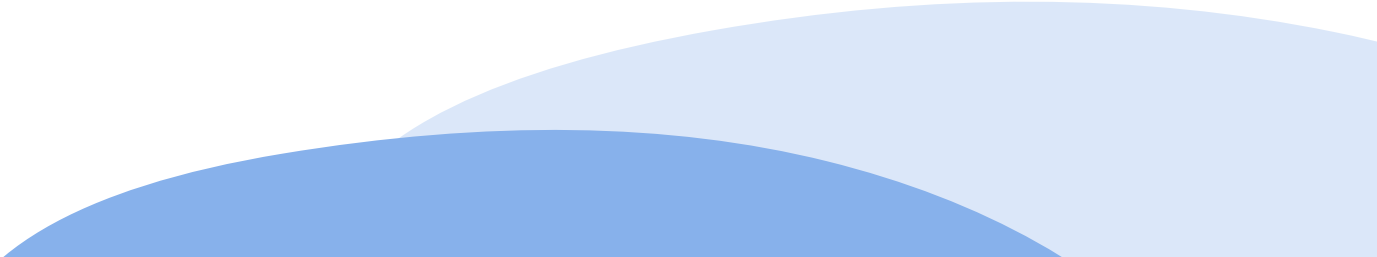
# Cost Management Tools

**GapAfford Plus** (GAP)

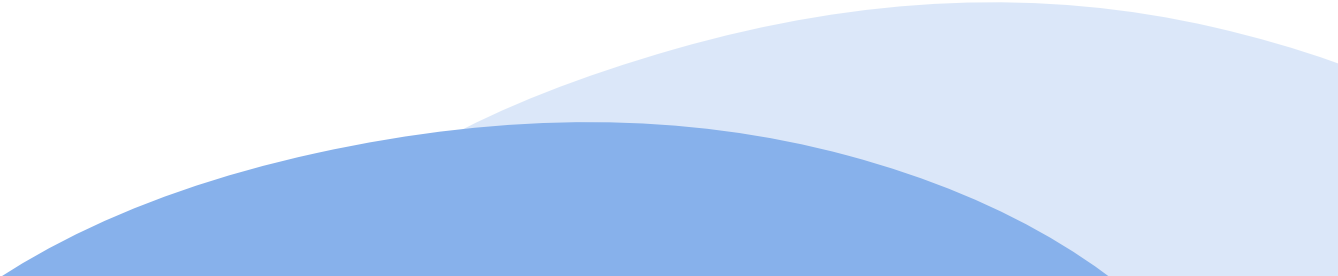
**Prescription Discounts** System

**Dental Access** Support


# How GapAfford Plus Works

1. Enroll through **NCE**
  2. Access pre-negotiated rates
  3. Save on prescriptions and dental services
  4. Receive membership handbook (**GAP**)
  5. Utilize additional benefits
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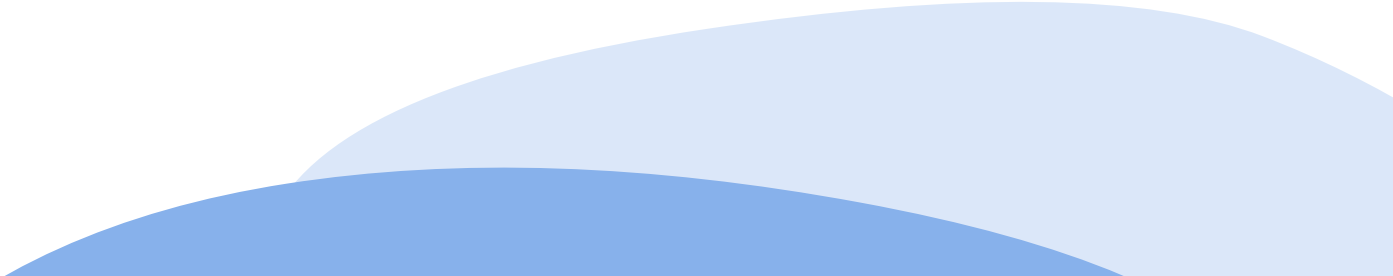
# Preventive Care and Wellness

- **Wellness Programs** Services
  - **Advocacy Services** Programs
  - **24/7 Health Information Line** provides support
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# Telehealth Services

- **Virtual Visits** with healthcare professionals
  - **24/7 Access** to medical consultations
  - **Remote Consultations** available from anywhere
  - **Convenient Access** to care without travel
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# Advocacy and Support Services

- **Comprehensive** healthcare advocacy
  - **Claims Management** assistance
  - **Provider Networks** options
  - **Support Tools** support
- 



# Plan 100A

## Hospital Confinement Benefit

- \$100 per day, max 30 days

## Primary Care Visit Benefit

- \$50 per day, max 3 visits

## Specialty Care Visit Benefit

- \$50 per day, max 3 visits

## Accidental Death Benefit

- \$10,000

## NCE Health Choice Silver

Benefit Description		100A	100	200	200+	300	500	750	1000	1000+
Hospital Confinement Benefit	Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000	\$1000
	Max Day	30	30	30	30	30	30	30	30	30
Primary Care Doctors' Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75	\$100
	Max Day	3	3	5	5	5	5	5	5	5
Specialty Care Doctors' Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75	\$100
	Max Day	3	3	5	5	5	5	5	5	5
Emergency Room Benefit	Per Day	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100	\$200
	Max Day	-	1	1	2	1	1	1	1	1
Basic Pathology & Radiology Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75	\$100
	Max Day	-	1	1	3	-	2	2	3	3
Advance Studies Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75	\$200
	Max Day	-	1	1	3	-	2	2	3	3
Surgery Benefit	Per Day	-	-	-	50%	50%	70%	80%	100%	100%
	Max Day	-	-	-	3	3	3	3	3	3
Anesthesia Benefit	Per Day	-	-	-	20%	20%	20%	20%	20%	25%
	Max Day	-	-	-	3	3	3	3	3	3
Mental Health Inpatient Benefit	Per Day	-	-	-	-	\$150	\$250	\$375	\$500	\$500
	Max Day	-	-	-	-	60	60	60	60	60
Mental Health Outpatient Benefit	Per Day	-	-	-	-	\$50	\$50	\$50	\$50	\$50
	Max Day	-	-	-	-	20	20	20	20	20
Supplemental Accident Inpatient Admission Benefit	Per Day	-	-	-	-	\$500	\$500	\$500	\$500	\$500
	Max Day	-	-	-	-	1	1	2	3	3
Supplemental Accident Emergency Room Benefit	Per Day	-	-	-	-	\$250	\$250	\$250	\$250	\$250
	Max Day	-	-	-	-	1	1	1	1	1
Hospital Intensive Care Unit Benefit	Per Day	-	-	-	-	-	-	-	-	\$1000
	Max Day	-	-	-	-	-	-	-	-	15
Additional Hospital Admission Benefit	Per Admission	-	-	-	-	-	-	-	-	\$1000
	Max Day	-	-	-	-	-	-	-	-	5
Accidental Death Benefit	Maximum Benefit	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
	Critical Illness	n/a	n/a	n/a	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

\* Benefits are based on an annual period per insured from effective date.

\* There is a 30 day waiting period immediately following the Coverage Effective Date; does not apply to an injury.

# Plan 100

## Hospital Confinement Benefit

- \$100 per day, max 30 days

## Primary Care Visit Benefit

- \$50 per day, max 3 visits

## Specialty Care Visit Benefit

- \$50 per day, max 3 visits

## Emergency Room Benefit

- \$50 per day, max 1 visit

## Accidental Death Benefit

- \$10,000

## NCE Health Choice Silver

Benefit Description		100A	100	200	200+	300	500	750	1000	1000+
Hospital Confinement Benefit	Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000	\$1000
	Max Day	30	30	30	30	30	30	30	30	30
Primary Care Doctors' Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75	\$100
	Max Day	3	3	5	5	5	5	5	5	5
Specialty Care Doctors' Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75	\$100
	Max Day	3	3	5	5	5	5	5	5	5
Emergency Room Benefit	Per Day	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100	\$200
	Max Day	-	1	1	2	1	1	1	1	1
Basic Pathology & Radiology Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75	\$100
	Max Day	-	1	1	3	-	2	2	3	3
Advance Studies Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75	\$200
	Max Day	-	1	1	3	-	2	2	3	3
Surgery Benefit	Per Day	-	-	-	50%	50%	70%	80%	100%	100%
	Max Day	-	-	-	3	3	3	3	3	3
Anesthesia Benefit	Per Day	-	-	-	20%	20%	20%	20%	20%	25%
	Max Day	-	-	-	3	3	3	3	3	3
Mental Health Inpatient Benefit	Per Day	-	-	-	-	\$150	\$250	\$375	\$500	\$500
	Max Day	-	-	-	-	60	60	60	60	60
Mental Health Outpatient Benefit	Per Day	-	-	-	-	\$50	\$50	\$50	\$50	\$50
	Max Day	-	-	-	-	20	20	20	20	20
Supplemental Accident Inpatient Admission Benefit	Per Day	-	-	-	-	\$500	\$500	\$500	\$500	\$500
	Max Day	-	-	-	-	1	1	2	3	3
Supplemental Accident Emergency Room Benefit	Per Day	-	-	-	-	\$250	\$250	\$250	\$250	\$250
	Max Day	-	-	-	-	1	1	1	1	1
Hospital Intensive Care Unit Benefit	Per Day	-	-	-	-	-	-	-	-	\$1000
	Max Day	-	-	-	-	-	-	-	-	15
Additional Hospital Admission Benefit	Per Admission	-	-	-	-	-	-	-	-	\$1000
	Max Day	-	-	-	-	-	-	-	-	5
Accidental Death Benefit	Maximum Benefit	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Critical Illness		n/a	n/a	n/a	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

\* Benefits are based on an annual period per insured from effective date.

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# Plan 200

## Hospital Confinement Benefit

- \$200 per day, max 30 days

## Primary Care Visit Benefit

- \$50 per day, max 3 visits

## Specialty Care Visit Benefit

- \$50 per day, max 3 visits

## Emergency Room Benefit

- \$50 per day, max 1 visit

## Critical Illness Benefit

- \$1,000

## NCE Health Choice Silver

Benefit Description		100A	100	200	200+	300	500	750	1000	1000+
Hospital Confinement Benefit	Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000	\$1000
	Max Day	30	30	30	30	30	30	30	30	30
Primary Care Doctors' Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75	\$100
	Max Day	3	3	5	5	5	5	5	5	5
Specialty Care Doctors' Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75	\$100
	Max Day	3	3	5	5	5	5	5	5	5
Emergency Room Benefit	Per Day	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100	\$200
	Max Day	-	1	1	2	1	1	1	1	1
Basic Pathology & Radiology Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75	\$100
	Max Day	-	1	1	3	-	2	2	3	3
Advance Studies Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75	\$200
	Max Day	-	1	1	3	-	2	2	3	3
Surgery Benefit	Per Day	-	-	-	50%	50%	70%	80%	100%	100%
	Max Day	-	-	-	3	3	3	3	3	3
Anesthesia Benefit	Per Day	-	-	-	20%	20%	20%	20%	20%	25%
	Max Day	-	-	-	3	3	3	3	3	3
Mental Health Inpatient Benefit	Per Day	-	-	-	-	\$150	\$250	\$375	\$500	\$500
	Max Day	-	-	-	-	60	60	60	60	60
Mental Health Outpatient Benefit	Per Day	-	-	-	-	\$50	\$50	\$50	\$50	\$50
	Max Day	-	-	-	-	20	20	20	20	20
Supplemental Accident Inpatient Admission Benefit	Per Day	-	-	-	-	\$500	\$500	\$500	\$500	\$500
	Max Day	-	-	-	-	1	1	2	3	3
Supplemental Accident Emergency Room Benefit	Per Day	-	-	-	-	\$250	\$250	\$250	\$250	\$250
	Max Day	-	-	-	-	1	1	1	1	1
Hospital Intensive Care Unit Benefit	Per Day	-	-	-	-	-	-	-	-	\$1000
	Max Day	-	-	-	-	-	-	-	-	15
Additional Hospital Admission Benefit	Per Admission	-	-	-	-	-	-	-	-	\$1000
	Max Day	-	-	-	-	-	-	-	-	5
Accidental Death Benefit	Maximum Benefit	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Critical Illness		n/a	n/a	n/a	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

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# Plan 200+

## Hospital Confinement Benefit

- \$200 per day, max 30 days

## Primary Care Visit Benefit

- \$50 per day, max 3 visits

## Specialty Care Visit Benefit

- \$50 per day, max 3 visits

## Emergency Room Benefit

- \$50 per day, max 2 visits

## Critical Illness Benefit

- \$1,000

## NCE Health Choice Silver

Benefit Description		100A	100	200	200+	300	500	750	1000	1000+
Hospital Confinement Benefit	Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000	\$1000
	Max Day	30	30	30	30	30	30	30	30	30
Primary Care Doctors' Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75	\$100
	Max Day	3	3	5	5	5	5	5	5	5
Specialty Care Doctors' Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75	\$100
	Max Day	3	3	5	5	5	5	5	5	5
Emergency Room Benefit	Per Day	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100	\$200
	Max Day	-	1	1	2	1	1	1	1	1
Basic Pathology & Radiology Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75	\$100
	Max Day	-	1	1	3	-	2	2	3	3
Advance Studies Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75	\$200
	Max Day	-	1	1	3	-	2	2	3	3
Surgery Benefit	Per Day	-	-	-	50%	50%	70%	80%	100%	100%
	Max Day	-	-	-	3	3	3	3	3	3
Anesthesia Benefit	Per Day	-	-	-	20%	20%	20%	20%	20%	25%
	Max Day	-	-	-	3	3	3	3	3	3
Mental Health Inpatient Benefit	Per Day	-	-	-	-	\$150	\$250	\$375	\$500	\$500
	Max Day	-	-	-	-	60	60	60	60	60
Mental Health Outpatient Benefit	Per Day	-	-	-	-	\$50	\$50	\$50	\$50	\$50
	Max Day	-	-	-	-	20	20	20	20	20
Supplemental Accident Inpatient Admission Benefit	Per Day	-	-	-	-	\$500	\$500	\$500	\$500	\$500
	Max Day	-	-	-	-	1	1	2	3	3
Supplemental Accident Emergency Room Benefit	Per Day	-	-	-	-	\$250	\$250	\$250	\$250	\$250
	Max Day	-	-	-	-	1	1	1	1	1
Hospital Intensive Care Unit Benefit	Per Day	-	-	-	-	-	-	-	-	\$1000
	Max Day	-	-	-	-	-	-	-	-	15
Additional Hospital Admission Benefit	Per Admission	-	-	-	-	-	-	-	-	\$1000
	Max Day	-	-	-	-	-	-	-	-	5
Accidental Death Benefit	Maximum Benefit	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Critical Illness		n/a	n/a	n/a	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

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# Plan 300

## Hospital Confinement Benefit

- \$300 per day, max 30 days

## Primary Care Visit Benefit

- \$50 per day, max 3 visits

## Specialty Care Visit Benefit

- \$50 per day, max 3 visits

## Emergency Room Benefit

- \$50 per day, max 1 visit

## Critical Illness Benefit

- \$1,000

## NCE Health Choice Silver

Benefit Description		100A	100	200	200+	300	500	750	1000	1000+
Hospital Confinement Benefit	Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000	\$1000
	Max Day	30	30	30	30	30	30	30	30	30
Primary Care Doctors' Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75	\$100
	Max Day	3	3	5	5	5	5	5	5	5
Specialty Care Doctors' Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75	\$100
	Max Day	3	3	5	5	5	5	5	5	5
Emergency Room Benefit	Per Day	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100	\$200
	Max Day	-	1	1	2	1	1	1	1	1
Basic Pathology & Radiology Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75	\$100
	Max Day	-	1	1	3	-	2	2	3	3
Advance Studies Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75	\$200
	Max Day	-	1	1	3	-	2	2	3	3
Surgery Benefit	Per Day	-	-	-	50%	50%	70%	80%	100%	100%
	Max Day	-	-	-	3	3	3	3	3	3
Anesthesia Benefit	Per Day	-	-	-	20%	20%	20%	20%	20%	25%
	Max Day	-	-	-	3	3	3	3	3	3
Mental Health Inpatient Benefit	Per Day	-	-	-	-	\$150	\$250	\$375	\$500	\$500
	Max Day	-	-	-	-	60	60	60	60	60
Mental Health Outpatient Benefit	Per Day	-	-	-	-	\$50	\$50	\$50	\$50	\$50
	Max Day	-	-	-	-	20	20	20	20	20
Supplemental Accident Inpatient Admission Benefit	Per Day	-	-	-	-	\$500	\$500	\$500	\$500	\$500
	Max Day	-	-	-	-	1	1	2	3	3
Supplemental Accident Emergency Room Benefit	Per Day	-	-	-	-	\$250	\$250	\$250	\$250	\$250
	Max Day	-	-	-	-	1	1	1	1	1
Hospital Intensive Care Unit Benefit	Per Day	-	-	-	-	-	-	-	-	\$1000
	Max Day	-	-	-	-	-	-	-	-	15
Additional Hospital Admission Benefit	Per Admission	-	-	-	-	-	-	-	-	\$1000
	Max Day	-	-	-	-	-	-	-	-	5
Accidental Death Benefit	Maximum Benefit	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Critical Illness		n/a	n/a	n/a	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

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# Plan 500

## Hospital Confinement Benefit

- \$500 per day, max 30 days

## Primary Care Visit Benefit

- \$50 per day, max 3 visits

## Specialty Care Visit Benefit

- \$50 per day, max 3 visits

## Emergency Room Benefit

- \$50 per day, max 1 visit

## Critical Illness Benefit

- \$1,000

## NCE Health Choice Silver

Benefit Description		100A	100	200	200+	300	500	750	1000	1000+
Hospital Confinement Benefit	Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000	\$1000
	Max Day	30	30	30	30	30	30	30	30	30
Primary Care Doctors' Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75	\$100
	Max Day	3	3	5	5	5	5	5	5	5
Specialty Care Doctors' Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75	\$100
	Max Day	3	3	5	5	5	5	5	5	5
Emergency Room Benefit	Per Day	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100	\$200
	Max Day	-	1	1	2	1	1	1	1	1
Basic Pathology & Radiology Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75	\$100
	Max Day	-	1	1	3	-	2	2	3	3
Advance Studies Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75	\$200
	Max Day	-	1	1	3	-	2	2	3	3
Surgery Benefit	Per Day	-	-	-	50%	50%	70%	80%	100%	100%
	Max Day	-	-	-	3	3	3	3	3	3
Anesthesia Benefit	Per Day	-	-	-	20%	20%	20%	20%	20%	25%
	Max Day	-	-	-	3	3	3	3	3	3
Mental Health Inpatient Benefit	Per Day	-	-	-	-	\$150	\$250	\$375	\$500	\$500
	Max Day	-	-	-	-	60	60	60	60	60
Mental Health Outpatient Benefit	Per Day	-	-	-	-	\$50	\$50	\$50	\$50	\$50
	Max Day	-	-	-	-	20	20	20	20	20
Supplemental Accident Inpatient Admission Benefit	Per Day	-	-	-	-	\$500	\$500	\$500	\$500	\$500
	Max Day	-	-	-	-	1	1	2	3	3
Supplemental Accident Emergency Room Benefit	Per Day	-	-	-	-	\$250	\$250	\$250	\$250	\$250
	Max Day	-	-	-	-	1	1	1	1	1
Hospital Intensive Care Unit Benefit	Per Day	-	-	-	-	-	-	-	-	\$1000
	Max Day	-	-	-	-	-	-	-	-	15
Additional Hospital Admission Benefit	Per Admission	-	-	-	-	-	-	-	-	\$1000
	Max Day	-	-	-	-	-	-	-	-	5
Accidental Death Benefit	Maximum Benefit	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Critical Illness		n/a	n/a	n/a	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

\* Benefits are based on an annual period per insured from effective date.

\* There is a 30 day waiting period immediately following the Coverage Effective Date; does not apply to an injury.

# Plan 750

## Hospital Confinement Benefit

- \$750 per day, max 30 days

## Primary Care Visit Benefit

- \$75 per day, max 5 visits

## Specialty Care Visit Benefit

- \$75 per day, max 5 visits

## Emergency Room Benefit

- \$75 per day, max 1 visit

## Critical Illness Benefit

- \$1,000

## NCE Health Choice Silver

Benefit Description		100A	100	200	200+	300	500	750	1000	1000+
Hospital Confinement Benefit	Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000	\$1000
	Max Day	30	30	30	30	30	30	30	30	30
Primary Care Doctors' Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75	\$100
	Max Day	3	3	5	5	5	5	5	5	5
Specialty Care Doctors' Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75	\$100
	Max Day	3	3	5	5	5	5	5	5	5
Emergency Room Benefit	Per Day	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100	\$200
	Max Day	-	1	1	2	1	1	1	1	1
Basic Pathology & Radiology Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75	\$100
	Max Day	-	1	1	3	-	2	2	3	3
Advance Studies Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75	\$200
	Max Day	-	1	1	3	-	2	2	3	3
Surgery Benefit	Per Day	-	-	-	50%	50%	70%	80%	100%	100%
	Max Day	-	-	-	3	3	3	3	3	3
Anesthesia Benefit	Per Day	-	-	-	20%	20%	20%	20%	20%	25%
	Max Day	-	-	-	3	3	3	3	3	3
Mental Health Inpatient Benefit	Per Day	-	-	-	-	\$150	\$250	\$375	\$500	\$500
	Max Day	-	-	-	-	60	60	60	60	60
Mental Health Outpatient Benefit	Per Day	-	-	-	-	\$50	\$50	\$50	\$50	\$50
	Max Day	-	-	-	-	20	20	20	20	20
Supplemental Accident Inpatient Admission Benefit	Per Day	-	-	-	-	\$500	\$500	\$500	\$500	\$500
	Max Day	-	-	-	-	1	1	2	3	3
Supplemental Accident Emergency Room Benefit	Per Day	-	-	-	-	\$250	\$250	\$250	\$250	\$250
	Max Day	-	-	-	-	1	1	1	1	1
Hospital Intensive Care Unit Benefit	Per Day	-	-	-	-	-	-	-	-	\$1000
	Max Day	-	-	-	-	-	-	-	-	15
Additional Hospital Admission Benefit	Per Admission	-	-	-	-	-	-	-	-	\$1000
	Max Day	-	-	-	-	-	-	-	-	5
Accidental Death Benefit	Maximum Benefit	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Critical Illness		n/a	n/a	n/a	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

\* Benefits are based on an annual period per insured from effective date.

\* There is a 30 day waiting period immediately following the Coverage Effective Date; does not apply to an injury.

# Plan 1000

## Hospital Confinement Benefit

- \$1000 per day, max 30 days

## Primary Care Visit Benefit

- \$100 per day, max 5 visits

## Specialty Care Visit Benefit

- \$75 per day, max 5 visits

## Emergency Room Benefit

- \$100 per day, max 1 visit

## Critical Illness Benefit

- \$1,000

## NCE Health Choice Silver

Benefit Description		100A	100	200	200+	300	500	750	1000	1000+
Hospital Confinement Benefit	Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000	\$1000
	Max Day	30	30	30	30	30	30	30	30	30
Primary Care Doctors' Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75	\$100
	Max Day	3	3	5	5	5	5	5	5	5
Specialty Care Doctors' Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75	\$100
	Max Day	3	3	5	5	5	5	5	5	5
Emergency Room Benefit	Per Day	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100	\$200
	Max Day	-	1	1	2	1	1	1	1	1
Basic Pathology & Radiology Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75	\$100
	Max Day	-	1	1	3	-	2	2	3	3
Advance Studies Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75	\$200
	Max Day	-	1	1	3	-	2	2	3	3
Surgery Benefit	Per Day	-	-	-	50%	50%	70%	80%	100%	100%
	Max Day	-	-	-	3	3	3	3	3	3
Anesthesia Benefit	Per Day	-	-	-	20%	20%	20%	20%	20%	25%
	Max Day	-	-	-	3	3	3	3	3	3
Mental Health Inpatient Benefit	Per Day	-	-	-	-	\$150	\$250	\$375	\$500	\$500
	Max Day	-	-	-	-	60	60	60	60	60
Mental Health Outpatient Benefit	Per Day	-	-	-	-	\$50	\$50	\$50	\$50	\$50
	Max Day	-	-	-	-	20	20	20	20	20
Supplemental Accident Inpatient Admission Benefit	Per Day	-	-	-	-	\$500	\$500	\$500	\$500	\$500
	Max Day	-	-	-	-	1	1	2	3	3
Supplemental Accident Emergency Room Benefit	Per Day	-	-	-	-	\$250	\$250	\$250	\$250	\$250
	Max Day	-	-	-	-	1	1	1	1	1
Hospital Intensive Care Unit Benefit	Per Day	-	-	-	-	-	-	-	-	\$1000
	Max Day	-	-	-	-	-	-	-	-	15
Additional Hospital Admission Benefit	Per Admission	-	-	-	-	-	-	-	-	\$1000
	Max Day	-	-	-	-	-	-	-	-	5
Accidental Death Benefit	Maximum Benefit	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Critical Illness		n/a	n/a	n/a	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

\* Benefits are based on an annual period per insured from effective date.

\* There is a 30 day waiting period immediately following the Coverage Effective Date; does not apply to an injury.



# Plan 1000+

## Hospital Confinement Benefit

- \$1000 per day, max 30 days

## Primary Care Visit Benefit

- \$100 per day, max 5 visits

## Specialty Care Visit Benefit

- \$100 per day, max 5 visits

## Emergency Room Benefit

- \$200 per day, max 1 visit

## Critical Illness Benefit

- \$1,000

## NCE Health Choice Silver

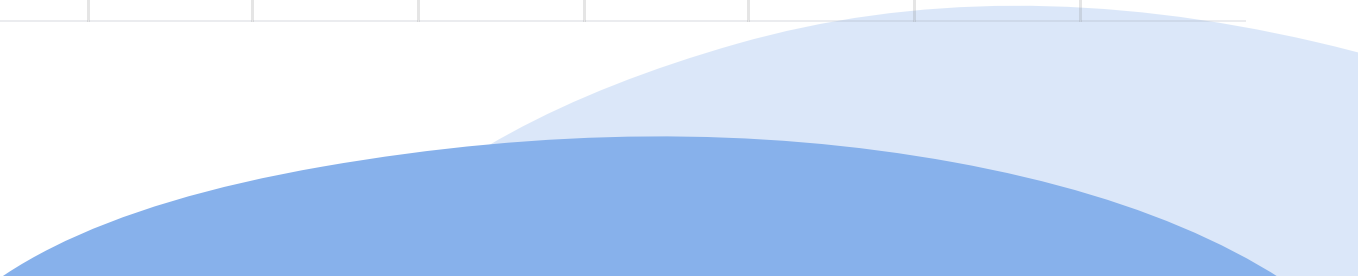
Benefit Description		100A	100	200	200+	300	500	750	1000	1000+
Hospital Confinement Benefit	Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000	\$1000
	Max Day	30	30	30	30	30	30	30	30	30
Primary Care Doctors' Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75	\$100
	Max Day	3	3	5	5	5	5	5	5	5
Specialty Care Doctors' Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75	\$100
	Max Day	3	3	5	5	5	5	5	5	5
Emergency Room Benefit	Per Day	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100	\$200
	Max Day	-	1	1	2	1	1	1	1	1
Basic Pathology & Radiology Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75	\$100
	Max Day	-	1	1	3	-	2	2	3	3
Advance Studies Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75	\$200
	Max Day	-	1	1	3	-	2	2	3	3
Surgery Benefit	Per Day	-	-	-	50%	50%	70%	80%	100%	100%
	Max Day	-	-	-	3	3	3	3	3	3
Anesthesia Benefit	Per Day	-	-	-	20%	20%	20%	20%	20%	25%
	Max Day	-	-	-	3	3	3	3	3	3
Mental Health Inpatient Benefit	Per Day	-	-	-	-	\$150	\$250	\$375	\$500	\$500
	Max Day	-	-	-	-	60	60	60	60	60
Mental Health Outpatient Benefit	Per Day	-	-	-	-	\$50	\$50	\$50	\$50	\$50
	Max Day	-	-	-	-	20	20	20	20	20
Supplemental Accident Inpatient Admission Benefit	Per Day	-	-	-	-	\$500	\$500	\$500	\$500	\$500
	Max Day	-	-	-	-	1	1	2	3	3
Supplemental Accident Emergency Room Benefit	Per Day	-	-	-	-	\$250	\$250	\$250	\$250	\$250
	Max Day	-	-	-	-	1	1	1	1	1
Hospital Intensive Care Unit Benefit	Per Day	-	-	-	-	-	-	-	-	\$1000
	Max Day	-	-	-	-	-	-	-	-	15
Additional Hospital Admission Benefit	Per Admission	-	-	-	-	-	-	-	-	\$1000
	Max Day	-	-	-	-	-	-	-	-	5
Accidental Death Benefit	Maximum Benefit	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Critical Illness		n/a	n/a	n/a	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

\* Benefits are based on an annual period per insured from effective date.

\* There is a 30 day waiting period immediately following the Coverage Effective Date; does not apply to an injury.

## Comparing the Plans

Feature	100A	100	200	200+	300	500	750	1000	1000+
Hospital Confinement (Per Day)	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000	\$1000
Primary Care Visit (Per Day)	\$50	\$50	\$50	\$50	\$50	\$50	\$75	\$100	\$100
Specialty Care Visit (Per Day)	\$50	\$50	\$50	\$50	\$50	\$50	\$75	\$75	\$100
Emergency Room (Per Day)	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100	\$200
Critical Illness	-	-	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000



# Definitions and Limitations

## Exclusions

- Pre-existing conditions
- Non-prescription drugs
- Cosmetic surgery

## Limitations

- Specific maximum days for benefits
- Waiting periods

## Coverage Restrictions

- Services before effective date
- Inpatient admissions on weekends

## Non-Covered Services


- Pregnancy-related services
- Custodial care
- Dental services

## NCE Health Choice Silver

### Policy Limitations & Exclusions (continued)

- Treatment, services or supplies received prior to the Covered Person's Effective Date, or after their termination date of coverage under the Policy;
- Inpatient Hospital admission occurring on a Friday or Saturday in conjunction with a surgical procedure scheduled to be performed during the following week. A Sunday admission will be eligible only for the procedure scheduled to be performed early Monday morning. (This limitation will not apply to necessary medical admissions requiring immediate attention or to Emergency surgical admissions);
- Pregnancy and related services;
- Custodial Care;
- Dental services;
- Voluntary sterilization or reversal thereof;
- Transsexual surgery and related surgery;
- Routine foot care;
- Amniocentesis, ultrasound or any other procedures requested solely for sex determination of the fetus, unless Medically Necessary to determine the existence of a sex linked genetic disorder;
- Infertility and impregnation procedures, such as but not limited to, artificial insemination, in-vitro fertilization, embryo and fetal implantation and G.I.F.T. (gamete intrafallopian transfer);
- Intentional self-inflicted illness or injury while sane; except that this exclusion will not apply to any self inflicted illness or injury that is the result of a medical condition;
- An illness or injury incurred (a) during the commission or attempted commission of a crime or felony or while engaged in an illegal act; or (b) while imprisoned;
- Physical therapy, Speech therapy and Occupational therapy;
- Mental and Nervous Disorders;
- Substance Use Disorders;
- Venipuncture;
- Prescription drugs;
- Hospice Care;
- Home Health Care;
- Treatment, services, supplies for obesity, extreme obesity, morbid obesity or weight reduction, including, but not limited to, wiring of the teeth and all forms of surgery including, but not limited to, bariatric surgery, intestinal bypass surgery and complications resulting from any such surgery; and
- Treatment, services and supplies for an illness prior to the expiration of the Waiting Period

# Key Takeaways and Reminders

- **Flexibility** benefits
  - **Cost vs. Coverage** included
  - **Next Steps** benefits
  - **Enrollment Assistance** required
- 

# Thank You!

Continue to be great!



**DISCLAIMER**

This is a brief description of coverage and is subject to the terms, conditions, limitations, and exclusions of the policy. Please see the policy and certificate for complete details. Coverage may not be available in all states.