

Health Choice Silver Plan Overview

Understanding the details and benefits of the Health Choice Silver

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

Preventive Care and Wellness

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

Telehealth Services

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

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 Decription	n	100A	100	200	200+	300	500	750	1000	1000+
Handle Conflored Brandle	Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000	\$1000
Hospital Confinement Benefit	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
Primary Care Doctors Office visit Benefit	Max Day	3	3	5	5	5	5	\$500 \$750 30 30 \$50 \$550 \$5 \$5 \$5 \$5 \$50 \$550 \$5 \$5 \$50 \$550 \$5 \$5 \$50 \$550 \$50 \$550 \$2 2 2 \$50 \$550 \$2 2 2 \$70% 80% \$3 \$3 \$20% 20% \$5 \$50 \$50 \$50 \$2 20 \$50 \$50 \$1 \$1 \$2 \$250 \$250 \$1 \$20 \$250 \$1 \$20 \$250 \$1 \$20 \$250 \$1 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20	5	5
Specialty Care Doctors' Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75	\$100
Specialty Care Doctors Office visit Benefit	Max Day	3	3	5	5	5	5	5	5	5
Emergency Room Benefit	Per Day	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100	\$200
Emergency Room Benefit	Max Day	-	1	1	2	1	1	1	1	1
Basic Pathology & Radiology Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75	\$100
Basic Patriology & Radiology Berlefit	Max Day	-	1	1	3	-	2	2	3	3
Advance Studies Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75	\$200
Advance Studies Benefit:	Max Day	-	1	1	3	-	2	2	3	3
Surgery Benefit	Per Day	-	-	-	50%	50%	70%	80%	100%	100%
urgery Berletit	Max Day	-	-	-	3	3	3	3	3	3
Anesthesia Benefit	Per Day	-	-	-	20%	20%	20%	20%	20%	25%
Ariestriesia Benerit	Max Day	-	-	-	3	3	3	3	3	3
Mental Health Inpatient Benefit	Per Day	-	-	-	-	\$150	\$250	\$375	\$500	\$500
Mental Realth Inpatient Benefit	Max Day	-	-	-	-	60	60	60	60	60
Mental Health Outpatient Benefit	Per Day	-	-	-	-	\$50	\$50	\$50	\$50	\$50
Mental Health Outpatient Benefit	Max Day	-	-	-	-	20	20	20	20	20
Supplemental Accident Inpatient Admission Benefit	Per Day	-	-	-	-	\$500	\$500	\$500	\$500	\$500
supplemental Accident Inpatient Admission Benefit	Max Day	-	-	-	-	1	1	2	3	3
Supplemental Accident Emergency Room Benefit	Per Day	-	-	-	-	\$250	\$250	\$250	\$250	\$250
Supplemental Accident Emergency Room Benefit	Max Day	-	-	-	-	1	1	1	1	1
Hospital Intensive Care Unit Benefit	Per Day	-	-	-	-	-	1-		-	\$1000
nospitar intensive Care Onic Benefit	Max Day	-	-	-	-	-	-	-	-	15
Additional Hamital Administra Depublic	Per Admission	-	-	-	-	-	-	-	-	\$1000
Additional Hospital Admission Benefit	Max Day	-	-	-	-	-	-	-	-	5
Accidental Death Benefit	Maximum	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Critical Illness	Benefit	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

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 Decription			100	200	200+	300	500	750	1000	1000+
	Per Dav	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000	\$1000
Hospital Confinement Benefit	Max Day	30	30	30	30	30	30	30	30	30
	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75	\$100
Primary Care Doctors Office Visit Benefit	Max Day	3	3	5	5	5	5	5	5	5
	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75	\$100
Specialty Care Doctors' Office Visit Benefit	Max Day	3	3	5	5	5	5	5	5	5
F	Per Day	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100	\$200
Emergency Room Benefit	Max Day	-	1	1	2	1	1	1	1	1
Basic Pathology & Radiology Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75	\$100
basic ratifology & Radiology benefit	Max Day	-	1	1	3	-	2	2	3	3
Advance Studies Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75	\$200
Advance Studies Benefit	Max Day	-	1	1	3	-	2	2	3	3
Surgery Benefit	Per Day	-	-	-	50%	50%	70%	80%	100%	100%
sur ger y benefit	Max Day	-	-	-	3	3	3	3	3	3
Anesthesia Benefit	Per Day	-	-	-	20%	20%	20%	20%	20%	25%
Allestriesia Delletit	Max Day	-	-	-	3	3	3	3	3	3
Mental Health Inpatient Benefit	Per Day	-	-	2	-	\$150	\$250	\$375	\$500	\$500
Mercal nearth inpatient Benefit	Max Day	-	-	-	-	60	60	60	60	60
Mental Health Outpatient Benefit	Per Day	-	-	-	-	\$50	\$50	\$50	\$50	\$50
wertarneaur outpatient benefit	Max Day	-	-	-	-	20	20	20	20	20
Supplemental Accident Inpatient Admission Benefit	Per Day	-	-	-	-	\$500	\$500	\$500	\$500	\$500
Supplemental Accident inpatient Admission Benefit	Max Day	-	-	-	-	1	1	2	3	3
Supplemental Accident Emergency Room Benefit	Per Day	-	-	-	-	\$250	\$250	\$250	\$250	\$250
Supplemental Accident Enter gency room Benefit	Max Day	-	-	-	-	1	1	1	1	1
Hospital Intensive Care Unit Benefit	Per Day	-	-	-	-	-	1-	-	-	\$1000
Thospital interiore dure of the Bellette	Max Day	-	-	-		-	-		-	15
Additional Hospital Admission Benefit	Per Admission	-	-	-	-	-	-	-	-	\$1000
Additional Hospital Admission Belletit	Max Day	-	-	-	-	-	1-	-	-	5
Accidental Death Benefit	Maximum	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Critical Illness	Benefit	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

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 Decription		100A	100	200	200+	300	500	750	1000	1000+
	Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000	\$1000
Hospital Confinement Benefit	Max Day	30	30	30	30	30	30	30	30	
	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75	\$100
Primary Care Doctors Office Visit Benefit	Max Day	3	3	5	5	5	5	5	5	
	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75	\$100
Specialty Care Doctors' Office Visit Benefit	Max Day	3	3	5	5	5	5	5	5	
	Per Day	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100	\$200
Emergency Room Benefit	Max Day	-	1	1	2	1	1	1	1	
L	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75	\$100
Basic Pathology & Radiology Benefit*	Max Day	-	1	1	3	-	2	2	3	
	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75	\$200
Advance Studies Benefit*	Max Day	-	1	1	3	-	2	2	3	3
Communication Ch	Per Day	-	-	-	50%	50%	70%	80%	100%	100%
Surgery Benefit	Max Day	-	-	-	3	3	3	3	3	3
Anneth sele Denetik	Per Day	-	-	-	20%	20%	20%	20%	20%	25%
Anesthesia Benefit	Max Day	-	-	-	3	3	3	3	3	3
Manufal Handki Innakiant Danasit	Per Day	-	-	-	-	\$150	\$250	\$375	\$500	\$500
Mental Health Inpatient Benefit	Max Day	-	-	-	-	60	60	60	60	60
Mental Health Outpatient Benefit	Per Day	-	-	-	-	\$50	\$50	\$50	\$50	\$50
Mental Health Outpatient Benefit	Max Day	-	-	-	-	20	20	20	20	20
Supplemental Accident Inpatient Admission Benefit	Per Day	-	-	-	-	\$500	\$500	\$500	\$500	\$500
Supplemental Accident inpatient Admission Benefit	Max Day	-	-	-	-	1	1	2	3	3
Supplemental Accident Emergency Room Benefit	Per Day	-	-	-	-	\$250	\$250	\$250	\$250	\$250
Supplemental Accident Enlergency Room Benefit	Max Day	-	-	-	-	1	1	1	1	1
Hospital Intensive Care Unit Benefit	Per Day	-	-	-	-	-	-	-	-	\$1000
Trospitarimensive care offic benefit	Max Day	-	-	-	-	-	-	-	-	15
Additional Hospital Admission Benefit	Per Admission	-	-	-	-	-	-	-	-	\$1000
Additional Hospital Admission Benefit	Max Day	-	-	-	-	-	1-	-	-	5
Accidental Death Benefit	Maximum	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	
Critical Illness	Benefit	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 200+

Hospital Confinement Benefit

- \$200 per day, max 30 daysPrimary Care Visit Benefit
- \$50 per day, max 3 visitsSpecialty Care Visit Benefit
- \$50 per day, max 3 visitsEmergency Room Benefit
- \$50 per day, max 2 visitsCritical Illness Benefit
- **\$1,000**

NCE Health Choice Silver

Benefit Decription	1	100A	100	200	200+	300	500	750	1000	1000+
Hospital Confinement Benefit	Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000	\$1000
Hospital Confinement Benefit	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
Primary Care Doctors Office visit Benefit	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
specialty care boctors. Office visit beliefit	Max Day	3	3	5	5	5	5	5	5	5
Emergency Room Benefit	Per Day	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100	\$200
Emergency Room Benefit	Max Day	-	1	1	2	1	1	1	1	1
Basic Pathology & Radiology Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75	\$100
Basic Pathology & Radiology Benefit	Max Day	-	1	1	3	-	2	2	3	3
Advance Studies Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75	\$200
Advance Studies Benefit:	Max Day	-	1	1	3	-	2	2	3	3
Surgery Benefit	Per Day	-	-	-	50%	50%	70%	80% 100%	100%	100%
urgery Benefit	Max Day	-	-	-	3	3	3	3	3	3
Anesthesia Benefit	Per Day	-	-	-	20%	20%	20%	20%	20%	25%
Anesthesia Benefit	Max Day	-	-	-	3	3	3	3	3	3
Mental Health Inpatient Benefit	Per Day	-	-	2	-	\$150	\$250	\$375	\$500	\$500
Mental Realth Inpatient Benefit	Max Day	-	-	-	-	60	60	60	60	60
Mandall Incide Control of Bounding	Per Day	-	-	-	-	\$50	\$50	\$50	\$50	\$50
Mental Health Outpatient Benefit	Max Day	-	-	-	-	20	20	20	20	20
Supplemental Accident Inpatient Admission Benefit	Per Day	-	-	-	-	\$500	\$500	\$500	\$500	\$500
Supplemental Accident Inpatient Admission Benefit	Max Day	-	-	-	-	1	1	2	3	3
Constructed Analysis Forest December 1	Per Day	-	-	-	-	\$250	\$250	\$250	\$250	\$250
Supplemental Accident Emergency Room Benefit	Max Day	-	-	-	-	1	1	1	1	1
Hospital Intensive Care Unit Benefit	Per Day	-	-	-	-	-	-	-	-	\$1000
Hospital Intensive Care Unit Benefit	Max Day	-	-	-	-	-	-	-	-	15
Additional Hospital Admission Benefit	Per Admission	-	-	-	-	-	-	-	-	\$1000
Additional Mospital Admission Benefit	Max Day	-	-	-	-	-	-	-	-	5
Accidental Death Benefit	Maximum	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Critical Illness	Benefit	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.

2 · NCE Health Choice Silver Limited Medical Benefit Policyv1

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

Hospital Confinement Benefit

- \$300 per day, max 30 daysPrimary Care Visit Benefit
- \$50 per day, max 3 visitsSpecialty Care Visit Benefit
- \$50 per day, max 3 visitsEmergency Room Benefit
- \$50 per day, max 1 visit

Critical Illness Benefit

\$1,000

NCE Health Choice Silver

Popofit Description		1004	100	200	200	700	500	750	1000	1000
Benefit Decription		100A \	100	200	200+	300 \	500 `	750 `		1000+
Hospital Confinement Benefit	Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000	\$1000
- Transpiration Community Bottom	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	\$1000 \$1000 \$1000 30 \$75 5 \$75 5 \$100 1 \$75 3 \$75 3 \$75 3 \$75 3 \$75 5 5 \$100% 3 \$250 2 \$250 1 1 	\$100
Trinary date backers of the visit benefit	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
Specialty care boctors office visit benefit	Max Day	3	3	5	5	5	5	5	5	5
Emergency Room Benefit	Per Day	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100	\$200
Energency room benefit	Max Day	-	1	1	2	1	1	1	- 1	1
Basic Pathology & Radiology Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75	\$100
basic ratiology & Radiology Benefit	Max Day	-	1	1	3	-	2	2	3	3
Advance Studies Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75	\$200
Advance Studies Benefit	Max Day	-	1	1	3	-	2	2	3	3
Surgery Benefit	Per Day	-	-	-	50%	50%	70%	80%	100%	100%
sur ger y Beriefit	Max Day	-	-	-	3	3	3	3	3	3
Anesthesia Benefit	Per Day	-	-	-	20%	20%	20%	20%	20%	25%
Allestriesia beliefit	Max Day	-	-	-	3	3	3	3	3	3
Mental Health Inpatient Benefit	Per Day	-	-	2	-	\$150	\$250	\$375	\$500	\$500
Merical Realth Inpatient Bellenic	Max Day	-	-	-	-	60	60	60	60	60
Mental Health Outpatient Benefit	Per Day	-	-	-	-	\$50	\$50	\$50	\$50	\$50
Merical Health Outpatient benefit	Max Day	-	-	-	-	20	20	20	20	20
Supplemental Accident Inpatient Admission Benefit	Per Day	-	-	-	-	\$500	\$500	\$500	\$500	\$500
Supplemental Accident inpatient Admission Benefit	Max Day	-	-	-	-	1	1	2	3	3
Supplemental Accident Emergency Room Benefit	Per Day	-	-	-	-	\$250	\$250	\$250	\$250	\$250
Supplemental Accident Enlergency Room Benefit	Max Day	-	-	-	-	1	1	1	1	1
Hospital Intensive Care Unit Benefit	Per Day	-	-	-	-	-	-	-	-	\$1000
nospital intensive care of it belief it	Max Day	-	-	-	-	-	-	-	-	15
Additional Hospital Admission Benefit	Per Admission	-	-	-	-	-	-	-	-	\$1000
Additional Hospital Admission Benefit	Max Day	-	-	-	-	-	-	-	-	5
Accidental Death Benefit	Maximum	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Critical Illness	Benefit	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.

2 · NCE Health Choice Silver Limited Medical Benefit Policyv1

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

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 Decription		100A	100	200	200+	300	500	750	1000	1000+
	Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000	\$1000
Hospital Confinement Benefit	Max Day	30	30	30	30	30	30	30	30	
	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75	\$100
Primary Care Doctors Office Visit Benefit	Max Day	3	3	5	5	5	5	5	5	
	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75	\$100
Specialty Care Doctors' Office Visit Benefit	Max Day	3	3	5	5	5	5	5	5	
	Per Day	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100	\$200
Emergency Room Benefit	Max Day	-	1	1	2	1	1	1	1	
L	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75	\$100
Basic Pathology & Radiology Benefit*	Max Day	-	1	1	3	-	2	2	3	
	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75	\$200
Advance Studies Benefit*	Max Day	-	1	1	3	-	2	2	3	3
Communication (%)	Per Day	-	-	-	50%	50%	70%	80%	100%	100%
Surgery Benefit	Max Day	-	-	-	3	3	3	3	3	3
Anneth sele Denetik	Per Day	-	-	-	20%	20%	20%	20%	20%	25%
Anesthesia Benefit	Max Day	-	-	-	3	3	3	3	3	3
Manual Hamilton Innahinat Danafit	Per Day	-	-	-	-	\$150	\$250	\$375	\$500	\$500
Mental Health Inpatient Benefit	Max Day	-	-	-	-	60	60	60	60	60
Mental Health Outpatient Benefit	Per Day	-	-	-	-	\$50	\$50	\$50	\$50	\$50
Mental Health Outpatient Benefit	Max Day	-	-	-	-	20	20	20	20	20
Supplemental Accident Inpatient Admission Benefit	Per Day	-	-	-	-	\$500	\$500	\$500	\$500	\$500
Supplemental Accident inpatient Admission Benefit	Max Day	-	-	-	-	1	1	2	3	3
Supplemental Accident Emergency Room Benefit	Per Day	-	-	-	-	\$250	\$250	\$250	\$250	\$250
Supplemental Accident Enlergency Room Benefit	Max Day	-	-	-	-	1	1	1	1	1
Hospital Intensive Care Unit Benefit	Per Day	-	-	-	-	-	-	-	-	\$1000
Trospitarimensive care offic benefit	Max Day	-	-	-	-	-	-	-	-	15
Additional Hospital Admission Benefit	Per Admission	-	-	-	-	-	-	-	-	\$1000
Additional Hospital Admission Benefit	Max Day	-	-	-	-	-	1-	-	-	5
Accidental Death Benefit	Maximum	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	
Critical Illness	Benefit	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

Hospital Confinement Benefit

- \$750 per day, max 30 daysPrimary Care Visit Benefit
- \$75 per day, max 5 visitsSpecialty Care Visit Benefit
- \$75 per day, max 5 visitsEmergency Room Benefit
- \$75 per day, max 1 visitCritical Illness Benefit
- **\$1,000**

NCE Health Choice Silver

Popofit Description		1004	100	200	200	700	500	750	1000	1000
Benefit Decription		100A \	100	200	200+	300 \	500 `	750 `		1000+
Hospital Confinement Benefit	Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000	\$1000
- Transpiration Community Bottom	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	\$1000 \$1000 \$1000 30 \$75 5 \$75 5 \$100 1 \$75 3 \$75 3 \$75 3 \$75 3 \$75 5 5 \$100% 3 \$250 2 \$250 1 1 	\$100
Trinary date backers of the visit benefit	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
Specialty care boctors office visit benefit	Max Day	3	3	5	5	5	5	5	5	5
Emergency Room Benefit	Per Day	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100	\$200
Energency room benefit	Max Day	-	1	1	2	1	1	1	- 1	1
Basic Pathology & Radiology Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75	\$100
basic ratiology & Radiology Benefit	Max Day	-	1	1	3	-	2	2	3	3
Advance Studies Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75	\$200
Advance Studies Benefit	Max Day	-	1	1	3	-	2	2	3	3
Surgery Benefit	Per Day	-	-	-	50%	50%	70%	80%	100%	100%
sur ger y Beriefit	Max Day	-	-	-	3	3	3	3	3	3
Anesthesia Benefit	Per Day	-	-	-	20%	20%	20%	20%	20%	25%
Allestriesia beliefit	Max Day	-	-	-	3	3	3	3	3	3
Mental Health Inpatient Benefit	Per Day	-	-	2	-	\$150	\$250	\$375	\$500	\$500
Merical Realth Inpatient Bellenic	Max Day	-	-	-	-	60	60	60	60	60
Mental Health Outpatient Benefit	Per Day	-	-	-	-	\$50	\$50	\$50	\$50	\$50
Merical Health Outpatient benefit	Max Day	-	-	-	-	20	20	20	20	20
Supplemental Accident Inpatient Admission Benefit	Per Day	-	-	-	-	\$500	\$500	\$500	\$500	\$500
Supplemental Accident inpatient Admission Benefit	Max Day	-	-	-	-	1	1	2	3	3
Supplemental Accident Emergency Room Benefit	Per Day	-	-	-	-	\$250	\$250	\$250	\$250	\$250
Supplemental Accident Enlergency Room Benefit	Max Day	-	-	-	-	1	1	1	1	1
Hospital Intensive Care Unit Benefit	Per Day	-	-	-	-	-	-	-	-	\$1000
nospital intensive care of it belief it	Max Day	-	-	-	-	-	-	-	-	15
Additional Hospital Admission Benefit	Per Admission	-	-	-	-	-	-	-	-	\$1000
Additional Mospital Admission Benefit	Max Day	-	-	-	-	-	-	-	-	5
Accidental Death Benefit	Maximum	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Critical Illness	Benefit	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.

2 · NCE Health Choice Silver Limited Medical Benefit Policyv1

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

Hospital Confinement Benefit

- \$1000 per day, max 30 daysPrimary Care Visit Benefit
- \$100 per day, max 5 visitsSpecialty Care Visit Benefit
- \$75 per day, max 5 visitsEmergency Room Benefit
- \$100 per day, max 1 visit

Critical Illness Benefit

\$1,000

NCE Health Choice Silver

Benefit Decription		100A	100	200	200+	300	500	750	1000	1000+
Бене пт Бесприог										
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
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
Basis , attiology a realising, Berteill	Max Day	-	1	1	3	-	2	2	3	3
Advance Studies Benefit*	Per Day	-	-	\$50	\$50	-:	\$50	\$50	\$75	\$200
Advance Studies Benefit	Max Day	-	1	1	3	-	2	2	3	3
Surgery Benefit	Per Day	-	-	-	50%	50%	70%	2 3 \$50 \$75	100%	
argery benefit	Max Day	-	-	-	3	3	3	3	3	3
Anesthesia Benefit	Per Day	-	-	-	20%	20%	20%	20%	20%	25%
Ariestriesia berierit	Max Day	-	-	-	3	3	3	3	3	3
Mental Health Inpatient Benefit	Per Day	-	-		-	\$150	\$250	\$375	\$500	\$500
Mental Health Inpatient benefit	Max Day	-	-	-	-	60	60	60	60	60
Mental Health Outpatient Benefit	Per Day	-	-	-	-	\$50	\$50	\$50	\$50	\$50
Mental Health Outpatient Benefit	Max Day	-	-	-	-	20	20	20	20	20
0	Per Day	-	-	-	-	\$500	\$500	\$500	\$500	\$500
Supplemental Accident Inpatient Admission Benefit	Max Day	-	-	-	-	1	1	2	3	3
Constitution of the Consti	Per Day	-	-	-	-	\$250	\$250	\$250	\$250	\$250
Supplemental Accident Emergency Room Benefit	Max Day	-	-	-	-	1	1	1	1	1
	Per Day	-	-	-	-	-	-	-	-	\$1000
Hospital Intensive Care Unit Benefit	Max Day	-	-	-	-	-	-	-	-	15
	Per Admission	-	-	-	-	-	-	-	60 \$50 20 \$500 3 \$250 1 - - - \$10,000	\$1000
Additional Hospital Admission Benefit	Max Day	-	-	-	-	-	-	-	-	5
Accidental Death Benefit	Maximum	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Critical Illness	Benefit	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.

2 · NCE Health Choice Silver Limited Medical Benefit Policyv1

^{*}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 daysPrimary Care Visit Benefit
- \$100 per day, max 5 visitsSpecialty Care Visit Benefit
- \$100 per day, max 5 visitsEmergency Room Benefit
- \$200 per day, max 1 visitCritical Illness Benefit
- **\$1,000**

NCE Health Choice Silver

Benefit Decription		100A	100	200	200+	300	500	750	1000	1000+
Бене пт Бесприог										
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
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
Basis , attiology a realising, Berteill	Max Day	-	1	1	3	-	2	2	3	3
Advance Studies Benefit*	Per Day	-	-	\$50	\$50	-:	\$50	\$50	\$75	\$200
Advance Studies Benefit	Max Day	-	1	1	3	-	2	2	3	3
Surgery Benefit	Per Day	-	-	-	50%	50%	70%	2 3 \$50 \$75	100%	
argery benefit	Max Day	-	-	-	3	3	3	3	3	3
Anesthesia Benefit	Per Day	-	-	-	20%	20%	20%	20%	20%	25%
Ariestriesia berierit	Max Day	-	-	-	3	3	3	3	3	3
Mental Health Inpatient Benefit	Per Day	-	-		-	\$150	\$250	\$375	\$500	\$500
Mental Health Inpatient Benefit	Max Day	-	-	-	-	60	60	60	60	60
Mental Health Outpatient Benefit	Per Day	-	-	-	-	\$50	\$50	\$50	\$50	\$50
Mental Health Outpatient Benefit	Max Day	-	-	-	-	20	20	20	20	20
0	Per Day	-	-	-	-	\$500	\$500	\$500	\$500	\$500
Supplemental Accident Inpatient Admission Benefit	Max Day	-	-	-	-	1	1	2	3	3
Constitution of the Consti	Per Day	-	-	-	-	\$250	\$250	\$250	\$250	\$250
Supplemental Accident Emergency Room Benefit	Max Day	-	-	-	-	1	1	1	1	1
	Per Day	-	-	-	-	-	-	-	-	\$1000
Hospital Intensive Care Unit Benefit	Max Day	-	-	-	-	-	-	-	-	15
	Per Admission	-	-	-	-	-	-	-	60 \$50 20 \$500 3 \$250 1 - - - \$10,000	\$1000
Additional Hospital Admission Benefit	Max Day	-	-	-	-	-	-	-	-	5
Accidental Death Benefit	Maximum	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Critical Illness	Benefit	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.

2 · NCE Health Choice Silver Limited Medical Benefit Policyvi

^{*}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

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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 Emercency surgical admissions.
- · Pregnancy and related services
- · Custodial Care;
- · Dental services
- · Voluntary sterilization or reversal thereof:
- · Transsexual surgery and related surgery
- · Routine foot care:
- Anniocentesis, 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

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Key Takeaways and Reminders

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

Thank You!

Continue to be great!



DISCLAIMER