

Health Choice Silver Plan Overview

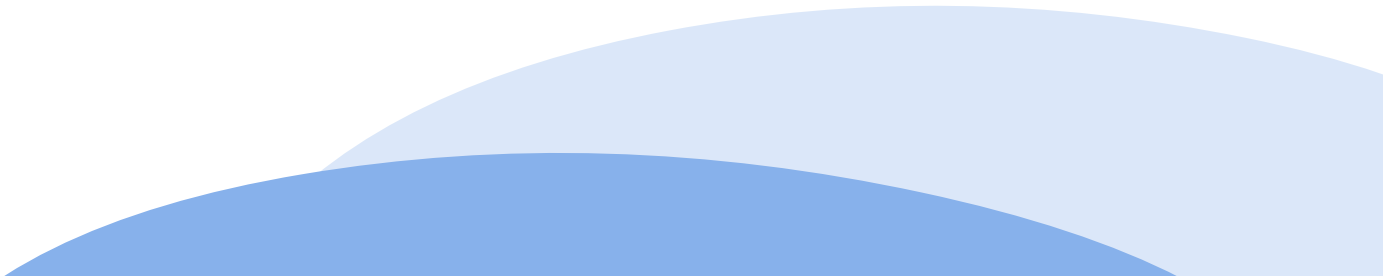
Understanding the details and benefits of the **Health Choice Silver**

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.

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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
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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)

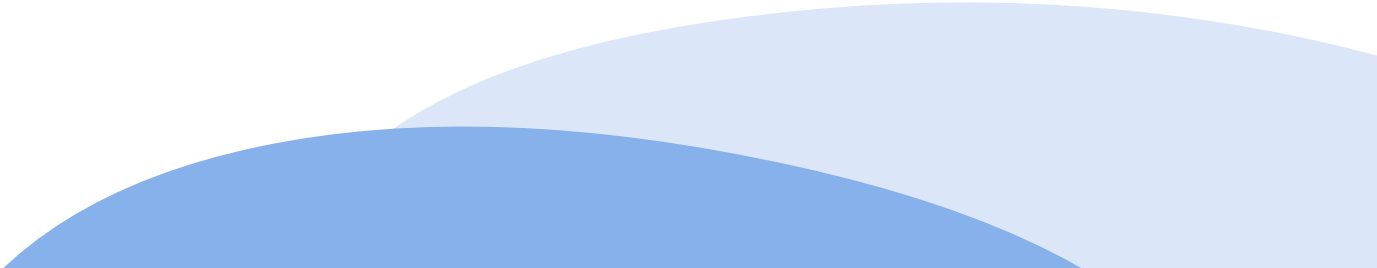
Prescription Discounts System

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
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Plan 100A

Hospital Confinement

- \$100 per day, max 30 days

Primary Care & Specialty Care

- Primary Care: \$50 per day, max 3 visits
- Specialty Care: \$50 per day, max 3 visits

Accident & Critical Coverage

- Accidental Death: \$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	\$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 (1/2)

Hospital Confinement

- \$100 per day, max 30 days

Primary Care & Specialty Care

- Primary Care: \$50 per day, max 3 visits
- Specialty Care: \$50 per day, max 3 visits

Additional Benefits

- Emergency Room: \$50 per day, max 1 visit
- Basic Pathology & Radiology: \$50 per day, max 1 day
- Advance Studies: \$50 per day, max 1 day

NCE Health Choice Silver

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	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 100 (2/2)

Surgical Benefits

- Surgery: 50%, max 3 days
- Anesthesia: 20%, max 3 days

Accident & Critical Coverage

- Accident Inpatient Admission: \$500 per day, max 1 day
- Accident ER Benefit: \$250 per day, max 1 visit
- Accidental Death: \$10,000

NCE Health Choice Silver

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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	\$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 (1/2)

Hospital Confinement

- \$200 per day, max 30 days

Primary Care & Specialty Care

- Primary Care: \$50 per day, max 5 visits
- Specialty Care: \$50 per day, max 5 visits

Additional Benefits

- Emergency Room: \$50 per day, max 1 visit
- Basic Pathology & Radiology: \$50 per day, max 1 day
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NCE Health Choice Silver

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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 (2/2)

Surgical Benefits

- Surgery: 50%, max 3 days
- Anesthesia: 20%, max 3 days

Accident & Critical Coverage

- Accident Inpatient Admission: \$500 per day, max 1 day
- Accident ER Benefit: \$250 per day, max 1 visit
- Accidental Death: \$10,000
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NCE Health Choice Silver

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	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+ (1/2)

Hospital Confinement

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Additional Benefits

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	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+ (2/2)

Surgical Benefits

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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%
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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	\$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 300 (1/2)

Hospital Confinement

- \$300 per day, max 30 days

Primary Care & Specialty Care

- Primary Care: \$50 per day, max 5 visits
- Specialty Care: \$50 per day, max 5 visits

Additional Benefits

- Emergency Room: \$50 per day, max 1 visit
- Basic Pathology & Radiology: \$50 per day, max 2 days
- Advance Studies: \$50 per day, max 2 days

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 300 (2/2)

Surgical Benefits

- Surgery: 50%, max 3 days
- Anesthesia: 20%, max 3 days

Mental Health

- Inpatient: \$150 per day, max 60 days
- Outpatient: \$50 per day, max 20 visits

Accident & Critical Coverage

- Accident Inpatient Admission: \$500 per day, max 1 day
- Accident ER Benefit: \$250 per day, max 1 visit
- Accidental Death: \$10,000
- Critical Illness: \$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 500 (1/2)

Hospital Confinement

- \$500 per day, max 30 days

Primary Care & Specialty Care

- Primary Care: \$50 per day, max 5 visits
- Specialty Care: \$50 per day, max 5 visits

Additional Benefits

- Emergency Room: \$75 per day, max 1 visit
- Basic Pathology & Radiology: \$50 per day, max 2 days
- Advance Studies: \$50 per day, max 2 days

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 500 (2/2)

Surgical Benefits

- Surgery: 70%, max 3 days
- Anesthesia: 20%, max 3 days

Mental Health

- Inpatient: \$250 per day, max 60 days
- Outpatient: \$50 per day, max 20 visits

Accident & Critical Coverage

- Accident Inpatient Admission: \$500 per day, max 1 day
- Accident ER Benefit: \$250 per day, max 1 visit
- Accidental Death: \$10,000
- Critical Illness: \$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 (1/2)

Hospital Confinement

- \$750 per day, max 30 days

Primary Care & Specialty Care

- Primary Care: \$50 per day, max 5 visits
- Specialty Care: \$50 per day, max 5 visits

Additional Benefits

- Emergency Room: \$75 per day, max 1 visit
- Basic Pathology & Radiology: \$50 per day, max 2 days
- Advance Studies: \$50 per day, max 2 days

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 (2/2)

Surgical Benefits

- Surgery: 80%, max 3 days
- Anesthesia: 20%, max 3 days

Mental Health

- Inpatient: \$375 per day, max 60 days
- Outpatient: \$50 per day, max 20 visits

Accident & Critical Coverage

- Accident Inpatient Admission: \$500 per day, max 2 days
- Accident ER Benefit: \$250 per day, max 1 visit
- Accidental Death: \$10,000
- Critical Illness: \$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 (1/2)

Hospital Confinement

- \$1000 per day, max 30 days

Primary Care & Specialty Care

- Primary Care: \$75 per day, max 5 visits
- Specialty Care: \$75 per day, max 5 visits

Additional Benefits

- Emergency Room: \$100 per day, max 1 visit
- Basic Pathology & Radiology: \$75 per day, max 3 days
- Advance Studies: \$75 per day, max 3 days

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 (2/2)

Surgical Benefits

- Surgery: 100%, max 3 days
- Anesthesia: 20%, max 3 days

Mental Health

- Inpatient: \$500 per day, max 60 days
- Outpatient: \$50 per day, max 20 visits

Accident & Critical Coverage

- Accident Inpatient Admission: \$500 per day, max 3 days
- Accident ER Benefit: \$250 per day, max 1 visit
- Hospital ICU Benefit: \$1000 per day, max 15 days
- Accidental Death: \$10,000
- Critical Illness: \$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 1000+ (1/2)

Hospital Confinement

- \$1000 per day, max 30 days

Primary Care & Specialty Care

- Primary Care: \$100 per day, max 5 visits
- Specialty Care: \$100 per day, max 5 visits

Additional Benefits

- Emergency Room: \$200 per day, max 1 visit
- Basic Pathology & Radiology: \$100 per day, max 3 days
- Advance Studies: \$200 per day, max 3 days

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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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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[illegible]

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!



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.

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