

NCFA Health Plan Overview

NCFA is please to offer its members medical , dental, and vision coverage through BlueCross NC. As a member of the association, you have the opportunity to purchase health insurance for you and your family. Coverage begins on January 1, 2024 and renews January 1, 2025.

MEDICAL PLAN OPTIONS

BLUE CROSS NC

	PLATINUM	GOLD	SILVER	HDHP H.S.A
	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK
<i>Deductible</i>				
<i>Individual</i>	\$1,000	\$3,500	\$5,000	\$5,000
<i>Family</i>	\$2,000	\$7,000	\$10,000	\$10,000
<i>Out-of-Pocket Max.</i>				
<i>Individual</i>	\$3,000	\$7,000	\$9,450	\$8,050
<i>Family</i>	\$6,000	\$14,000	\$18,900	\$16,100
<i>Inpatient Services</i>				
<i>Inpatient Facility</i>	20% Coinsurance	30% Coinsurance	30% Coinsurance	30% Coinsurance
<i>Physician Office Visits</i>				
<i>Primary Care</i>	\$15 Copay	\$25 Copay	\$50 Copay	30% Coinsurance
<i>Specialist Office</i>	\$30 Copay	\$50 Copay	30% Coinsurance	30% Coinsurance
<i>Urgent Care</i>	\$30 Copay	\$50 Copay	\$100 Copay	30% Coinsurance
<i>Outpatient Services</i>				
<i>Outpatient Surgical</i>	20% Coinsurance	30% Coinsurance	30% Coinsurance	30% Coinsurance
MEDICAL INSURANCE EMPLOYEE MONTHLY CONTRIBUTIONS				
Single	\$798.59	\$651.02	\$551.85	\$458.32
Employee + Spouse	\$1,759.98	\$1,435.35	\$1,217.14	\$1,011.35
Employee + Child	\$1,523.39	\$1,243.02	\$1,054.57	\$876.86
Family	\$2,484.72	\$2,027.27	\$1,719.81	\$1,429.85

DENTAL PLAN OPTIONS

BLUE CROSS NC

	DENTAL ENHANCED PLAN	DENTAL BASIC PLAN
Annual Deductible	\$50 single / \$100 family	\$50 single / \$150 family
Annual Maximum per Individual	\$1,500	\$1,000
Diagnostic & Preventive	100%	100%
Cleanings, Space Maintainers, Sealants		
Basic Services		
Fillings, Simple Extractions, Oral Surgery, Endodontics, Periodontics	80%	80%
Major Services		
Fixed and removable prosthodontics	50%	50%
Type IV – Orthodontic Services	50% (Child)	N/A

DENTAL INSURANCE EMPLOYEE MONTHLY CONTRIBUTIONS		
Single	\$42.34	\$37.23
Employee + Spouse	\$84.68	\$74.46
Employee + Child	\$101.25	\$88.77
Family	\$154.75	\$135.63

NCFA Health Plan, Continued

VISION PLAN BLUE CROSS NC

	IN-NETWORK
Exam Copy	\$10 Copay
Contact Lens	
Elective	\$130 Allowance + 15% off balance
Medically Necessary	Covered in full
Lenses	\$25 Copay
Frame Allowance	\$130 Allowance + 20% off balance
Lens Upgrades	
PolyCarbonate (single vision/multi-vision)	\$40
Anti-Reflective (single vision/multi-vision)	\$45—20% off
Scratch Resistant (single vision/multi-vision)	\$15
Transitions / Photochromic (single vision/multi-vision)	\$75
VISION INSURANCE EMPLOYEE MONTHLY CONTRIBUTIONS	
Employee Only	\$12.75
Employee + Spouse	\$20.63
Employee + Child(ren)	\$21.50
Employee + Family	\$29.73

FAQ

WHO IS ELIGIBLE FOR THE NCFA HEALTH PLAN?

Active NCFA members must have at least one common law employee to be eligible for the NCFA Health Plan. Sole proprietors without at least one common law employee are not eligible to participate in the plan. Please contact Cobbs Allen with questions.

WHAT IF I'M ALREADY OFFERING A GROUP HEALTH PLAN TO MY EMPLOYEES?

You may transfer to the NCFA Plan by submitting a Current Health Census to saugustson@cobbsallen.com. Please note that you must notify all impacted employees of this change and allow them the option to opt out. Employees who wish to change their benefit election must do so by scheduling an appointment with a Benefits Educator during Open Enrollment.

WHEN AND HOW DO I ENROLL?

Open Enrollment is November 15 – December 12

NCFABENEFITS.COM
205-874-1268
NCFA@COBBSALLEN.COM

