

Credit Union Medical Plan Benefits

Best Value

Benefit	Benefit Description	Select 1000	Select 750	Select 500
Doctor Office Visit ~ Sickness or Injury	The plan will pay up to the benefit amount per office visit, per Covered Person, if you seek treatment for a covered sickness or accident. This benefit covers up to 5 visits per Covered Person, per policy year.	\$100 per office visit	\$75 per office visit	\$50 per office visit
Preventative Test Benefit ~ Wellness Testing	The plans will pay up to the benefit amount per Covered Preventative Test. This benefit covers 1 test per Covered Person, per year.	\$100 per test	\$75 per test	\$50 per test
Emergency Room ~ Urgent Care Visits	The plan will pay up to the benefit amount shown if any Covered Person incurs charges for and requires emergency care of a Covered Accident or Sickness. This benefit covers 1 visit per Person, per year.	\$100 per visit	\$75 per visit	\$50 per visit
Diagnostic Testing, X-Ray & Lab Benefit ~	The plan will pay up to the Benefit Amount if any Covered Person incurs charges for diagnostic testing, (x-rays) and laboratory tests. This Benefit covers (3) tests per Covered Person, per year.	\$100 per visit	\$75 per visit	\$50 per visit
Hospital Admission ~	The plan will pay up to the benefit amount per admission to the hospital up to four admissions per year, per family.	\$1,000 per admission up to \$4,000/year	\$750 per admission up to \$3,000/year	\$500 per admission up to \$2,000/year
Daily Hospital Confinement~	The plan will pay up to the benefit amount per day if you are admitted to a hospital as a patient because of a covered sickness or accident. You will be limited to 30 days per year including first day hospital stays.	\$1,000 per day	\$750 per day	\$500 per day
Surgery Benefit ~	The plan will pay up to an Unlimited Annual Maximum if any covered person undergoes a surgical procedure with anesthesia due to a covered accident or sickness. Reimbursements are based on RBRVS, which is the methodology used by the federal government to determine benefits payable under Medicare.	80% of RBRVS To an UNLIMITED maximum per procedure	80% of RBRVS To an UNLIMITED maximum per procedure	80% of RBRVS To an UNLIMITED maximum per procedure
Anesthesia Benefit ~	The plan will pay up to 25% of the surgical benefit for the administration of Anesthesia.	25% of surgery benefit	25% of surgery benefit	25% of surgery benefit
Hospital Intensive Care Unit Confinement Benefit ~	This benefit will pay up to the benefit amount per day for a maximum of 15 days if you are admitted to a hospital ICU as a patient because of a covered sickness or accident. You will be limited to 15 days per year including the first day hospital stays.	\$1,000 per day	\$750 per day	\$500 per day
Accident Medical Benefit ~	The plan pay up to the benefit amount shown if any Covered Person incurs charges due to injuries received in a Covered Accident. Covered charges are subject to a \$100 Policy Year deductible.	\$5,000 annual maximum	\$2,500 annual maximum	\$1,000 annual maximum
Accidental Death & Dismemberment ~	This benefit pays a stated amount if you die as the result of an injury.	\$15,000 per insured	\$10,000 per insured	\$5,000 per insured
National Medical PPO Network ~	Multiplan, a national PPO network, will provide the insured with negotiated in-network re-priced discounts, reducing the insured's out-of-pocket expenses. Members are not required to see in-network providers. Even if you seek care from participating PPO physicians after your benefit allowance is exhausted you will still benefit from savings of 10-40% off the provider's normal fees.	Included	Included	Included
Discount Prescription Drug Benefit ~	The Catalyst prescription drug benefit provides the member with the guaranteed lowest price on all generic and brand name drugs at over 50,000 participating pharmacies across the U.S. This benefit is not insurance.	Included	Included	Included
NCE Membership Benefit Package ~	Your NCE membership includes the following benefits: <ul style="list-style-type: none"> • 401(K) Retirement Plan • Tax Preparation & Advice • 24-hour Roadside Assistance • World Wide Emergency Assistance • Online Physician & Lab Access • and much more... 	Included	Included	Included

Monthly Cost	Member Only	\$164.87	\$136.55	\$99.34
	Member & Spouse	\$271.06	\$217.21	\$161.41
	Member & Child(ren)	\$256.10	\$198.53	\$147.93
	Member & Family	\$377.26	\$297.91	\$215.26