

NCRMA Health Plan Overview

NCRMA is pleased to offer its members medical, dental, and vision coverage through BlueCross and BlueShield of 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, 2026 and renews January 1, 2027.

MEDICAL PLAN OPTIONS

BCBS NC

	ALL COPAY HIGH	BLUE OPTIONS HIGH	BLUE OPTIONS 1-2-3 \$2K
	IN-NETWORK	IN-NETWORK	IN-NETWORK
Deductible Individual Family Coinsurance	\$0 \$0 0%	\$2,000 \$4,000 80%	\$2,000 \$4,000 Level 2: 90% Level 3: 70%
Out-of-Pocket Max. Individual Family	\$3,500 \$7,000	\$4,000 \$8,000	\$4,000 \$8,000
Inpatient Services Inpatient Facility Outpatient Facility	\$2,000 \$750	20% after deductible	\$250 Copay; then 10% after deductible 30% after deductible
Physician Office Visits Primary Care Specialist Office	\$20 Copay \$40 Copay	\$25 Copay \$50 Copay	\$25 Copay 30% after deductible
Emergency Room With Admission Without Admission	\$2,000 Copay \$500 Copay	20% after deductible \$300	10% after deductible 30% after deductible
Prescription Drug Tier 1 Tier 2 Tier 3 Tier 4 Tier 5	\$15 Copay \$30 Copay \$45 Copay \$85 Copay \$200 Copay	\$15 Copay \$45 Copay \$85 Copay \$105 Copay 25% after deductible	\$15 Copay \$45 Copay \$85 Copay \$105 Copay 25% after deductible

For your customized pricing information, please see benefit guide or reach out to CAC Agency.

MEDICAL PLAN OPTIONS

BCBS NC

	BLUE OPTIONS LOW	ALL COPAY LOW	H.S.A PLAN HIGH
	IN-NETWORK	IN-NETWORK	IN-NETWORK
Deductible Individual Family Coinsurance	\$3,000 \$6,000 70%	\$0 \$0 0%	\$2,500 \$5,000 80%
Out-of-Pocket Max. Individual Family	\$6,000 \$12,000	\$10,150 \$20,300	\$2,500 \$5,000
Inpatient Services Inpatient Facility Outpatient Facility	30% after deductible	\$7,500 \$2,000	0% after deductible
Physician Office Visits Primary Care Specialist Office	\$35 Copay \$70 Copay	\$50 Copay \$100 Copay	0% after deductible 0% after deductible
Emergency Room With Admission Without Admission	30% after deductible \$500 Copay	\$7,500 \$1,500	0% after deductible
Prescription Drug Tier 1 Tier 2 Tier 3 Tier 4 Tier 5	\$15 Copay \$45 Copay \$85 Copay \$105 Copay 25% after deductible	\$15 Copay \$30 Copay \$45 Copay \$85 Copay \$200 Copay	0% after deductible

	BLUE OPTIONS 1-2-3 \$3.5K	BLUE OPTIONS 1-2-3 5K	H.S.A PLAN LOW
	IN-NETWORK	IN-NETWORK	IN-NETWORK
Deductible Individual Family Coinsurance	\$3,500 \$7,000 Level 2: 90% Level 3: 70%	\$5,000 \$10,000 Level 2: 90% Level 3: 70%	\$5,000 \$10,000 70%
Out-of-Pocket Max. Individual Family	\$7,000 \$14,000	\$9,200 \$18,400	\$8,300 \$16,600
Inpatient Services Inpatient Facility Outpatient Facility	\$250 Copay; then 30% after deductible 50% after deductible	\$250 Copay; then 30% after deductible 50% after deductible	30% after deductible
Physician Office Visits Primary Care Specialist Office	\$35 Copay 50% after deductible	\$35 Copay 50% after deductible	30% after deductible 30% after deductible
Emergency Room With Admission Without Admission	30% after deductible 50 % after deductible	30% after deductible 50 % after deductible	30% after deductible
Prescription Drug Tier 1 Tier 2 Tier 3 Tier 4 Tier 5	\$15 Copay \$45 Copay \$85 Copay \$105 Copay 25% after deductible	\$15 Copay \$45 Copay \$85 Copay \$105 Copay 25% after deductible	30% after deductible



DENTAL PLAN OPTIONS

DELTA DENTAL

	DENTAL HIGH PLAN	DENTAL LOW PLAN
Annual Deductible	\$50 single / \$150 family	\$50 single / \$150 family
Annual Maximum per Individual	\$1,500	\$1,000
Diagnostic & Preventive Cleanings, Space Maintainers, Sealants	100%	100%
Basic Services Fillings, Simple Extractions, Oral Surgery, Endodontics, Periodontics	80%	80%
Major Services Fixed and removable prosthodontics	50%	50%
Type IV – Orthodontic Services	50%	Not Covered

DENTAL INSURANCE EMPLOYEE MONTHLY CONTRIBUTIONS		
Single	\$53.67	\$46.91
Employee + Spouse	\$107.34	\$93.82
Employee + Child	\$128.95	\$112.43
Family	\$197.17	\$171.87

VISION PLAN

VSP

	IN-NETWORK
Exam Copy	\$10 Copay
Contact Lens Evaluation and Fitting	\$55 Allowance
Elective	\$130 Allowance
Medically Necessary	Covered in full
Frame Allowance	\$130 Allowance + discounts at participating providers
Materials / Eye wear	
Single Vision Eyeglass Lenses	\$25 Copay
Lined Bifocal Eyeglass Lenses	\$25 Copay
Lined Trifocal Eyeglass Lenses	\$25 Copay
Lenticular Eyeglass Lenses	\$25 Copay

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 NCRMA HEALTH PLAN?

NCRMA members who are directly involved in a retail setting are eligible for the NCRMA Health Plan. Members must have at least one common law employee to be eligible for the NCRMA Health Plan. Sole proprietors without at least one common law employee are not eligible to participate in the plan. Please contact CAC group for more information at mcate@cacgroup.com.

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

You may transfer to the NCRMA at your current plans renewal or at NCRMA's open enrollment period. To begin this process please reach out to CAC group at mcate@cacgroup.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 elections must do so through the Simon portal.

WHEN AND HOW DO I ENROLL?

The NCRMA Health Plan renews January 1, and our Open Enrollment is held in November each year. Open Enrollment is the one time per year we are allowed to onboard new members to the plan. If your company is an existing plan member and has a new hire, you have the ability to enroll them in the SIMON portal at ncrma.simon365.com.

NCRETAILHEALTHPLAN.ORG
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