

**NCRMA** North Carolina  
**RETAIL**  
Merchants  
ASSOCIATION HEALTH PLAN

**2025  
PLAN  
YEAR**

**MEDICAL, DENTAL, AND VISION COVERAGE  
NOW AVAILABLE TO NCRMA RETAIL MEMBERS**



*As an NCRMA retail member, you now have the opportunity  
to provide health insurance for your employees*

**CUSTOMIZED PRICING  
INFORMATION**

Contact CAC Agency  
[ncrma@cacgroup.com](mailto:ncrma@cacgroup.com)  
205.874.1226

**NCRMA MEMBERSHIP &  
PLAN ELIGIBILITY INFORMATION**

Contact Amanda McCabe  
[amandam@ncrma.org](mailto:amandam@ncrma.org)  
919.522.6571

# FAQ

## WHO IS ELIGIBLE FOR THE NCRMA HEALTH PLAN?

NCRMA members who are directly involved in a retail setting and have at least two employees including one common law employee (i.e., not a family member) are eligible for the NCRMA Health Plan.

## WHEN AND HOW DO I ENROLL?

New NCRMA retail members may enroll now.

Active NCRMA members may enroll based on the following:

- 1) If you have an existing plan, you may enroll when your plan renews or during our Open Enrollment in November
- 2) If you do not currently offer a health plan to your employees, you may enroll at any time

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](http://ncrma.simon365.com).

# MEDICAL PLAN OPTIONS

## BCBS NC



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



# MEDICAL PLAN OPTIONS

BCBS NC

	BLUE OPTIONS LOW	ALL COPAY LOW	HSA PLAN HIGH
	IN-NETWORK	IN-NETWORK	IN-NETWORK
<i>Deductible</i>			
Individual	\$3,000	\$0	\$2,500
Family	\$6,000	\$0	\$5,000
Coinsurance	70%	0%	80%
<i>Out-of-Pocket Max</i>			
Individual	\$6,000	\$9,200	\$5,000
Family	\$12,000	\$18,400	\$7,000
<i>Inpatient Services</i>			
Inpatient Facility	30% after deductible	\$7,500	20% after deductible
Outpatient Facility		\$2,000	
<i>Physician Office Visits</i>			
Primary Care	\$35 Copay	\$50 Copay	20% after deductible
Specialist Office	\$70 Copay	\$100 Copay	20% after deductible
<i>Emergency Room</i>			
With Admission	30% after deductible	\$7,500	20% after deductible
Without Admission	\$500 Copay	\$1,500	
<i>Prescription Drug</i>			
Tier 1	\$15 Copay	\$15 Copay	20% after deductible
Tier 2	\$45 Copay	\$30 Copay	
Tier 3	\$85 Copay	\$45 Copay	
Tier 4	\$105 Copay	\$85 Copay	
Tier 5	25% after deductible	\$200 Copay	
	BLUE OPTIONS 1-2-3 \$3.5K	BLUE OPTIONS 1-2-3 \$5K	HSA PLAN LOW
	IN-NETWORK	IN-NETWORK	IN-NETWORK
<i>Deductible</i>			
Individual	\$3,500	\$5,000	\$5,000
Family	\$7,000	\$10,000	\$10,000
Coinsurance	Level 2: 90% Level 3: 70%	Level 2: 90% Level 3: 70%	70%
<i>Out-of-Pocket Max.</i>			
Individual	\$7,000	\$9,200	\$8,300
Family	\$14,000	\$18,400	\$16,600
<i>Inpatient Services</i>			
Inpatient Facility	\$250 Copay; then 30% after deductible	\$250 Copay; then 30% after deductible	30% after deductible
Outpatient Facility	50% after deductible	50% after deductible	
<i>Physician Office Visits</i>			
Primary Care	\$35 Copay	\$35 Copay	30% after deductible
Specialist Office	50% after deductible	50% after deductible	30% after deductible
<i>Emergency Room</i>			
With Admission	30% after deductible	30% after deductible	30% after deductible
Without Admission	50% after deductible	50% after deductible	
<i>Prescription Drug</i>			
Tier 1	\$15 Copay	\$15 Copay	30% after deductible
Tier 2	\$45 Copay	\$45 Copay	
Tier 3	\$85 Copay	\$85 Copay	
Tier 4	\$105 Copay	\$105 Copay	
Tier 5	25% after deductible	25% 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	\$42.99	\$37.92
Employee + Spouse	\$85.98	\$75.84
Employee + Child	\$102.85	\$90.46
Family	\$157.20	\$138.22

# VISION PLAN

## VSP

	IN-NETWORK
Exam Copy	\$10 Copay
Contact Lens Evaluation and Fitting Elective Medically Necessary	\$55 Allowance \$130 Allowance Covered in full
Frame Allowance	\$130 Allowance + discounts at participating providers
Materials / Eye wear Single Vision Eyeglass Lenses Lined Bifocal Eyeglass Lenses Lined Trifocal Eyeglass Lenses Lenticular Eyeglass Lenses	\$25 Copay \$25 Copay \$25 Copay \$25 Copay
VISION INSURANCE EMPLOYEE MONTHLY CONTRIBUTIONS	
Employee Only	\$12.75
Employee + Spouse	\$20.63
Employee + Child(ren)	\$21.50
Employee + Family	\$29.73

**NCRETAILHEALTHPLAN.ORG**

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