2025 NSCA Medical Plans

*Amounts reflect employee cost

Plan Name	HSA Plan		PPO Plan	
Network Identifier	In Network	Out of Network	In Network	Out of Network
Accumulation Method (Ded)	Aggregate		Embedded	
Deductible - Single	$1,800	$3,600	$700	$2,000
Deductible - Family	$3,600	$7,200	$1,400	$4,000
Annual Company Contribution-Single/Family (bi-weekly contr.)	$250 / $500		n/a	
Wellness Incentives	Up to $500		Up to $500	
General Coinsurance	100% after deductible *	40% after deductible *	20% after deductible *	40% after deductible *
Accumulation Method (OOP)	Embedded		Embedded	
Max OOP - Single	$6,000	$10,000	$3,000	$7,000
Max OOP - Family	$12,000	$20,000	$6,000	$14,000
Office Visit – Primary Care	100% after deductible	40% after deductible	$30 copay	40% after deductible
Office Visit - Specialty	100% after deductible	40% after deductible	$60 copay	40% after deductible
Urgent Care	100% after deductible	40% after deductible	$75 copay	40% after deductible
Emergency Room	Deductible then $500 copay		$500 copay	
Inpatient Hospital	100% after deductible	40% after deductible	20% after deductible	20% after deductible
Lab work	100% after deductible	40% after deductible	20% after deductible	20% after deductible
X-rays	100% after deductible	40% after deductible	20% after deductible	20% after deductible
Pharmacy				
Rx Deductible - Single	Combined with medical	Not Covered	No Deductible	Not Covered
Rx Deductible - Family	Combined with medical	Not Covered	No Deductible	Not Covered
Generic	$10	Not Covered	$10	Not Covered
Formulary	$30	Not Covered	$30	Not Covered
Non-Formulary	$60	Not Covered	$60	Not Covered
Mail Order - Generic	$20	Not Covered	$20	Not Covered
Mail Order - Formulary	$60	Not Covered	$60	Not Covered
Mail Order - Non- Formulary	$120	Not Covered	$120	Not Covered