

Cigna Medical Plans

DEDUCTIBLE: Copays do	onot apply to the deductible. Deductibles cross-accumulate. Premium Plan 2024					Chambridge	Plan 2024	
			Plan 2024 Non-Preferred				Plan 2024 Non-Preferred	
Medical	Enhanced Network	Preferred Network	Network	Out-of-Network	Enhanced Network	Preferred Network	Network	Out-of-Network
Employee Only	\$680	\$1,925	\$2,800	\$3,850	\$850	\$2,200	\$3,200	\$4,400
Employee/Child(ren)	\$1,000	\$2,900	\$4,200	\$5,800	\$1,275	\$3,300	\$4,800	\$6,600
Employee/Spouse	\$1,200	\$3,400	\$4,900	\$6,800	\$1,500	\$3,850	\$5,600	\$7,700
Employee/Family	\$1,360	\$3,600	\$5,200	\$7,700	\$1,700	\$4,400	\$6,400	\$8,800
Annual Maximum	None	None	None	None	None	None	None	None
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
OUT-OF-POCKET MAXI	MUM: Includes dedu	ctible, coinsurance and	d copays. All out-of-poo	cket tiers cross-accum	ulate. Medical and phai	macy OOP are separa	ate limits.	
		Premium	Plan 2024			Standard	Plan 2024	
Medical	Enhanced Network	Preferred Network	Non-Preferred Network	Out-of-Network	Enhanced Network	Preferred Network	Non-Preferred Network	Out-of-Network
Employee Only	\$2,550	\$3,600	\$5,200	\$7,200	\$4,200	\$4,700	\$6,800	\$9,400
Employee/Child(ren)	\$4,000	\$5,600	\$8,100	\$11,200	\$6,500	\$7,300	\$10,500	\$14,600
Employee/Spouse	\$4,500	\$6,300	\$9,100	\$12,600	\$7,400	\$8,200	\$11,900	\$16,400
Employee/Family	\$5,100	\$7,450	\$10,800	\$14,400	\$8,400	\$9,400	\$13,600	\$18,800
Medical OOP Limit Any One Member	\$2,550	\$3,600	\$5,200	N/A	\$4,200	\$4,700	\$6,800	N/A
Medical And Pharmacy Limit Any One Member	\$4,150	\$5,200	\$6,800	N/A	\$5,800	\$6,300	\$8,400	N/A
Limit Any One Member		Premium	Plan 2024			Standard	Plan 2024	
	Fixed With Salary:	Fixed With Salary:		ness	Fixed With Salary:	Fixed With Salary:		ness
Employer-Funded HRA	< \$150,000	> \$150,000	Incentiv	re Up To	< \$150,000	> \$150,000	Incentiv	e Up To
Employee Only	\$0	\$0	\$9	000	\$0	\$0	\$9	000
Employee/Child(ren)	\$375	\$0	\$9	000	\$0	\$0	\$9	000
Employee/Spouse	\$450	\$0	\$1,	175	\$0	\$0	\$1,	175
Employee/Family	\$750	\$0	\$1,	175	\$0	\$0	\$1,	175
All coinsurance amounts in-n	etwork and out-of-netv		ndar year deductible, except where noted.					
		Premium	Plan 2024		Standard Plan 2024			
Medical	Enhanced Network	D (111)	Non-Preferred					
Medical	Lillanced Network	Preferred Network	Network	Out-of-Network	Enhanced Network	Preferred Network	Non-Preferred Network	Out-of-Network
Medical Hospital Inpatient Services	5%	20%		Out-of-Network 50%	Enhanced Network 10%	Preferred Network 25%		Out-of-Network 50%
			Network				Network	
Hospital Inpatient Services Hospital Outpatient	5%	20%	Network 40%, tier 3 ded/oop	50%	10%	25%	Network 40%, tier 3 ded/oop	50%
Hospital Inpatient Services Hospital Outpatient Services	5% 5%, No Deductible*	20%	Network 40%, tier 3 ded/oop 40%, tier 3 ded/oop	50% 50%	10% 10%, No Deductible*	25% 25%	Network 40%, tier 3 ded/oop 40%, tier 3 ded/oop	50%
Hospital Inpatient Services Hospital Outpatient Services Physician Inpatient Visits	5% 5%, No Deductible* 5%	20% 20% 20%	Network 40%, tier 3 ded/oop 40%, tier 3 ded/oop 20%, tier 2 ded/oop	50% 50% 50%	10% 10%, No Deductible*	25% 25% 25%	Network 40%, tier 3 ded/oop 40%, tier 3 ded/oop 25%, tier 2 ded/oop	50% 50% 50%
Hospital Inpatient Services Hospital Outpatient Services Physician Inpatient Visits Physician Surgery, Office Physician Surgery, IP And	5% 5%, No Deductible* 5% \$75	20% 20% 20% 20%	Network 40%, tier 3 ded/oop 40%, tier 3 ded/oop 20%, tier 2 ded/oop 20%, tier 2 ded/oop	50% 50% 50% 50% 50%	10% 10%, No Deductible* 10% \$85	25% 25% 25% 25%	Network 40%, tier 3 ded/oop 40%, tier 3 ded/oop 25%, tier 2 ded/oop 25%, tier 2 ded/oop	50% 50% 50% 50% 50%
Hospital Inpatient Services Hospital Outpatient Services Physician Inpatient Visits Physician Surgery, Office Physician Surgery, IP And OP	5% 5%, No Deductible* 5% \$75 \$100	20% 20% 20% 20% 20%	Network 40%, tier 3 ded/oop 40%, tier 3 ded/oop 20%, tier 2 ded/oop 20%, tier 2 ded/oop 20%, tier 2 ded/oop	50% 50% 50% 50% 50%	10% 10%, No Deductible* 10% \$85 \$200	25% 25% 25% 25% 25%	Network 40%, tier 3 ded/oop 40%, tier 3 ded/oop 25%, tier 2 ded/oop 25%, tier 2 ded/oop 25%, tier 2 ded/oop	50% 50% 50% 50% 50%
Hospital Inpatient Services Hospital Outpatient Services Physician Inpatient Visits Physician Surgery, Office Physician Surgery, IP And OP Hospital Emergency Room Urgent Care Facility PCP Office Services,	5% 5%, No Deductible* 5% \$75 \$100 15%	20% 20% 20% 20% 20% 20%	Network 40%, tier 3 ded/oop 40%, tier 3 ded/oop 20%, tier 2 ded/oop 20%, tier 2 ded/oop 20%, tier 2 ded/oop 15%, tier 3 ded/oop	50% 50% 50% 50% 50% 15%	10% 10%, No Deductible* 10% \$85 \$200 20%	25% 25% 25% 25% 25% 25%	Network 40%, tier 3 ded/oop 40%, tier 3 ded/oop 25%, tier 2 ded/oop 25%, tier 2 ded/oop 25%, tier 2 ded/oop 20%, tier 3 ded/oop	50% 50% 50% 50% 50% 20%
Hospital Inpatient Services Hospital Outpatient Services Physician Inpatient Visits Physician Surgery, Office Physician Surgery, IP And OP Hospital Emergency Room Urgent Care Facility PCP Office Services, Excluding Surgery Specialist Office Services,	5% 5%, No Deductible* 5% \$75 \$100 15% \$20	20% 20% 20% 20% 20% 15% 20%	Network 40%, tier 3 ded/oop 40%, tier 3 ded/oop 20%, tier 2 ded/oop 20%, tier 2 ded/oop 15%, tier 3 ded/oop 40%, tier 3 ded/oop	50% 50% 50% 50% 50% 15% 20%	10% 10%, No Deductible* 10% \$85 \$200 20% \$35	25% 25% 25% 25% 25% 20% 25%	Network 40%, tier 3 ded/oop 40%, tier 3 ded/oop 25%, tier 2 ded/oop 25%, tier 2 ded/oop 25%, tier 2 ded/oop 20%, tier 3 ded/oop 40%, tier 3 ded/oop	50% 50% 50% 50% 50% 20% 25%
Hospital Inpatient Services Hospital Outpatient Services Physician Inpatient Visits Physician Surgery, Office Physician Surgery, IP And OP Hospital Emergency Room Urgent Care Facility PCP Office Services, Excluding Surgery Specialist Office Services, Excluding Surgery X-Rays and Lab Services, Including Interpretation	5% 5%, No Deductible* 5% \$75 \$100 15% \$20 \$10	20% 20% 20% 20% 20% 15% 20%	Network 40%, tier 3 ded/oop 40%, tier 2 ded/oop 20%, tier 2 ded/oop 20%, tier 2 ded/oop 15%, tier 3 ded/oop 40%, tier 3 ded/oop	50% 50% 50% 50% 50% 15% 20%	10% 10%, No Deductible* 10% \$85 \$200 20% \$35 \$25 \$65	25% 25% 25% 25% 25% 20% 25%	Network 40%, tier 3 ded/oop 40%, tier 3 ded/oop 25%, tier 2 ded/oop 25%, tier 2 ded/oop 25%, tier 2 ded/oop 20%, tier 3 ded/oop 40%, tier 3 ded/oop	50% 50% 50% 50% 50% 20% 25% 50%
Hospital Inpatient Services Hospital Outpatient Services Physician Inpatient Visits Physician Surgery, Office Physician Surgery, IP And OP Hospital Emergency Room Urgent Care Facility PCP Office Services, Excluding Surgery Specialist Office Services, Excluding Surgery X-Rays and Lab Services, Including Interpretation At Office, Urgent Care X-Rays and Lab Services, At OP Hospital or	5% 5%, No Deductible* 5% \$75 \$100 15% \$20 \$10	20% 20% 20% 20% 20% 15% 20% 20%	Network 40%, tier 3 ded/oop 40%, tier 3 ded/oop 20%, tier 2 ded/oop 20%, tier 2 ded/oop 15%, tier 3 ded/oop 40%, tier 3 ded/oop 20%, tier 2 ded/oop 20%, tier 2 ded/oop	50% 50% 50% 50% 50% 15% 20% 50%	10% 10%, No Deductible* 10% \$85 \$200 20% \$35 \$25 \$65	25% 25% 25% 25% 25% 20% 25% 25% 25% 25%	Network 40%, tier 3 ded/oop 40%, tier 3 ded/oop 25%, tier 2 ded/oop 25%, tier 2 ded/oop 20%, tier 3 ded/oop 40%, tier 3 ded/oop 25%, tier 2 ded/oop	50% 50% 50% 50% 50% 20% 25% 50%
Hospital Inpatient Services Hospital Outpatient Services Physician Inpatient Visits Physician Surgery, Office Physician Surgery, IP And OP Hospital Emergency Room Urgent Care Facility PCP Office Services, Excluding Surgery Specialist Office Services, Excluding Surgery X-Rays and Lab Services, Including Interpretation At Office, Urgent Care X-Rays and Lab Services, At OP Hospital or Independent Facility Advanced Radiology	5% 5%, No Deductible* 5% \$75 \$100 15% \$20 \$10 \$50 5%, No Deductible*	20% 20% 20% 20% 20% 20% 20% 20% 20%	Network 40%, tier 3 ded/oop 40%, tier 3 ded/oop 20%, tier 2 ded/oop 20%, tier 2 ded/oop 15%, tier 3 ded/oop 40%, tier 3 ded/oop 20%, tier 2 ded/oop 20%, tier 2 ded/oop 20%, tier 2 ded/oop 40%, tier 3 ded/oop	50% 50% 50% 50% 50% 15% 20% 50% 50%	10% 10%, No Deductible* 10% \$85 \$200 20% \$35 \$25 \$65 10%, No Deductible*	25% 25% 25% 25% 25% 20% 25% 25% 25% 25%	Network 40%, tier 3 ded/oop 40%, tier 3 ded/oop 25%, tier 2 ded/oop 25%, tier 2 ded/oop 25%, tier 2 ded/oop 40%, tier 3 ded/oop 40%, tier 3 ded/oop 25%, tier 2 ded/oop 25%, tier 2 ded/oop 25%, tier 2 ded/oop	50% 50% 50% 50% 50% 20% 25% 50% 50%
Hospital Inpatient Services Hospital Outpatient Services Physician Inpatient Visits Physician Surgery, Office Physician Surgery, IP And OP Hospital Emergency Room Urgent Care Facility PCP Office Services, Excluding Surgery Specialist Office Services, Excluding Surgery X-Rays and Lab Services, Including Interpretation At Office, Urgent Care X-Rays and Lab Services, At OP Hospital or Independent Facility Advanced Radiology (MRI, PET, CT), Office Advanced Radiology (MRI, PET, CT), OP	5% 5%, No Deductible* 5% \$75 \$100 15% \$20 \$10 \$50 5%, No Deductible*	20% 20% 20% 20% 20% 15% 20% 20% 20%	Network 40%, tier 3 ded/oop 40%, tier 2 ded/oop 20%, tier 2 ded/oop 20%, tier 2 ded/oop 15%, tier 3 ded/oop 40%, tier 3 ded/oop 20%, tier 2 ded/oop 20%, tier 2 ded/oop 20%, tier 2 ded/oop	50% 50% 50% 50% 50% 15% 20% 50% 50%	10% 10%, No Deductible* 10% \$85 \$200 20% \$35 \$25 \$65 10%, No Deductible*	25% 25% 25% 25% 25% 20% 25% 25% 25% 25%	Network 40%, tier 3 ded/oop 40%, tier 3 ded/oop 25%, tier 2 ded/oop 25%, tier 2 ded/oop 25%, tier 3 ded/oop 40%, tier 3 ded/oop 25%, tier 2 ded/oop 25%, tier 2 ded/oop 25%, tier 2 ded/oop 25%, tier 2 ded/oop 40%, tier 3 ded/oop	50% 50% 50% 50% 50% 20% 25% 50% 50%
Hospital Inpatient Services Hospital Outpatient Services Physician Inpatient Visits Physician Surgery, Office Physician Surgery, IP And OP Hospital Emergency Room Urgent Care Facility PCP Office Services, Excluding Surgery Specialist Office Services, Excluding Surgery X-Rays and Lab Services, Including Interpretation At Office, Urgent Care X-Rays and Lab Services, At OP Hospital or Independent Facility Advanced Radiology (MRI, PET, CT), Office Advanced Radiology (MRI, PET, CT), OP Hospital	5% 5%, No Deductible* 5% \$75 \$100 15% \$20 \$10 \$50 5%, No Deductible* 5%, No Deductible*	20% 20% 20% 20% 20% 15% 20% 20% 20% 20% 20%	Network 40%, tier 3 ded/oop 40%, tier 3 ded/oop 20%, tier 2 ded/oop 20%, tier 2 ded/oop 15%, tier 3 ded/oop 40%, tier 3 ded/oop 20%, tier 2 ded/oop 40%, tier 3 ded/oop 40%, tier 3 ded/oop	50% 50% 50% 50% 50% 15% 20% 50% 50% 50%	10% 10%, No Deductible* 10% \$85 \$200 20% \$35 \$25 \$65 10%, No Deductible* 10%, No Deductible*	25% 25% 25% 25% 20% 25% 25% 25% 25% 25% 25%	Network 40%, tier 3 ded/oop 40%, tier 3 ded/oop 25%, tier 2 ded/oop 25%, tier 2 ded/oop 25%, tier 3 ded/oop 40%, tier 3 ded/oop 25%, tier 2 ded/oop 40%, tier 3 ded/oop 40%, tier 3 ded/oop	50% 50% 50% 50% 50% 20% 25% 50% 50% 50%
Hospital Inpatient Services Hospital Outpatient Services Physician Inpatient Visits Physician Surgery, Office Physician Surgery, IP And OP Hospital Emergency Room Urgent Care Facility PCP Office Services, Excluding Surgery Specialist Office Services, Excluding Surgery X-Rays and Lab Services, Including Interpretation At Office, Urgent Care X-Rays and Lab Services, At OP Hospital or Independent Facility Advanced Radiology (MRI, PET, CT), Office Advanced Radiology (MRI, PET, CT), OP	5% 5%, No Deductible* 5% \$75 \$100 15% \$20 \$10 \$50 5%, No Deductible* 5%, No Deductible* \$125	20% 20% 20% 20% 20% 15% 20% 20% 20% 20% 20% 20%	Network 40%, tier 3 ded/oop 40%, tier 3 ded/oop 20%, tier 2 ded/oop 20%, tier 2 ded/oop 15%, tier 3 ded/oop 40%, tier 3 ded/oop 20%, tier 2 ded/oop 40%, tier 3 ded/oop	50% 50% 50% 50% 50% 15% 20% 50% 50% 50% 50%	10% 10%, No Deductible* 10% \$85 \$200 20% \$35 \$25 \$65 10%, No Deductible* 10%, No Deductible*	25% 25% 25% 25% 25% 20% 25% 25% 25% 25% 25% 25%	Network 40%, tier 3 ded/oop 40%, tier 3 ded/oop 25%, tier 2 ded/oop 25%, tier 2 ded/oop 25%, tier 3 ded/oop 40%, tier 3 ded/oop 25%, tier 2 ded/oop	50% 50% 50% 50% 50% 20% 25% 50% 50% 50% 50%
Hospital Inpatient Services Hospital Outpatient Services Physician Inpatient Visits Physician Surgery, Office Physician Surgery, IP And OP Hospital Emergency Room Urgent Care Facility PCP Office Services, Excluding Surgery Specialist Office Services, Excluding Surgery X-Rays and Lab Services, Including Interpretation At Office, Urgent Care X-Rays and Lab Services, At OP Hospital or Independent Facility Advanced Radiology (MRI, PET, CT), Office Advanced Radiology (MRI, PET, CT), OP Hospital Anesthesia (IP or OP) Preventive Care	5% 5%, No Deductible* 5% \$75 \$100 15% \$20 \$10 \$50 5%, No Deductible* 5%, No Deductible* \$125 \$125 \$125	20% 20% 20% 20% 20% 15% 20% 20% 20% 20% 20% 20% 20% 20% 30	Network 40%, tier 3 ded/oop 40%, tier 3 ded/oop 20%, tier 2 ded/oop 20%, tier 2 ded/oop 15%, tier 3 ded/oop 40%, tier 3 ded/oop 20%, tier 2 ded/oop 40%, tier 3 ded/oop 40%, tier 3 ded/oop 40%, tier 3 ded/oop 40%, tier 3 ded/oop	50% 50% 50% 50% 50% 15% 20% 50% 50% 50% 50%	10% 10%, No Deductible* 10% \$85 \$200 20% \$35 \$25 \$65 10%, No Deductible* 10%, No Deductible* \$200 \$200 \$200	25% 25% 25% 25% 20% 25% 25% 25% 25% 25% 25% 25% 25% 30%	Network 40%, tier 3 ded/oop 40%, tier 3 ded/oop 25%, tier 2 ded/oop 25%, tier 2 ded/oop 25%, tier 3 ded/oop 40%, tier 3 ded/oop 25%, tier 2 ded/oop 40%, tier 3 ded/oop 40%, tier 3 ded/oop 40%, tier 3 ded/oop 40%, tier 3 ded/oop	50% 50% 50% 50% 50% 20% 25% 50% 50% 50% 50% 50%
Hospital Inpatient Services Hospital Outpatient Services Physician Inpatient Visits Physician Surgery, Office Physician Surgery, IP And OP Hospital Emergency Room Urgent Care Facility PCP Office Services, Excluding Surgery Specialist Office Services, Excluding Surgery X-Rays and Lab Services, Including Interpretation At Office, Urgent Care X-Rays and Lab Services, At OP Hospital or Independent Facility Advanced Radiology (MRI, PET, CT), Office Advanced Radiology (MRI, PET, CT), OP Hospital Anesthesia (IP or OP) Preventive Care Hospital IP MH and SA Physician Office MH and	5% 5%, No Deductible* 5% \$75 \$100 15% \$20 \$10 \$50 5%, No Deductible* 5%, No Deductible* \$125 \$125 5%*	20% 20% 20% 20% 20% 15% 20% 20% 20% 20% 20% 20% 20%	Network 40%, tier 3 ded/oop 40%, tier 3 ded/oop 20%, tier 2 ded/oop 20%, tier 2 ded/oop 15%, tier 3 ded/oop 40%, tier 3 ded/oop 20%, tier 2 ded/oop 40%, tier 3 ded/oop 40%, tier 3 ded/oop 40%, tier 3 ded/oop	50% 50% 50% 50% 50% 15% 20% 50% 50% 50% 50% 50%	10% 10%, No Deductible* 10% \$85 \$200 20% \$35 \$25 \$65 10%, No Deductible* 10%, No Deductible* \$200 \$200 \$200	25% 25% 25% 25% 20% 25% 25% 25% 25% 25% 25% 25% 25% 25%	Network 40%, tier 3 ded/oop 40%, tier 3 ded/oop 25%, tier 2 ded/oop 25%, tier 2 ded/oop 25%, tier 3 ded/oop 40%, tier 3 ded/oop 25%, tier 2 ded/oop 40%, tier 3 ded/oop 40%, tier 3 ded/oop 40%, tier 3 ded/oop	50% 50% 50% 50% 50% 20% 25% 50% 50% 50% 50%
Hospital Inpatient Services Hospital Outpatient Services Physician Inpatient Visits Physician Surgery, Office Physician Surgery, IP And OP Hospital Emergency Room Urgent Care Facility PCP Office Services, Excluding Surgery Specialist Office Services, Excluding Surgery X-Rays and Lab Services, Including Interpretation At Office, Urgent Care X-Rays and Lab Services, At OP Hospital or Independent Facility Advanced Radiology (MRI, PET, CT), Office Advanced Radiology (MRI, PET, CT), OP Hospital Anesthesia (IP or OP) Preventive Care Hospital IP MH and SA	5% 5%, No Deductible* 5% \$75 \$100 15% \$20 \$10 \$50 5%, No Deductible* 5%, No Deductible* \$125 \$125 5%* \$0 5%	20% 20% 20% 20% 20% 15% 20% 20% 20% 20% 20% 20% 5%, tier 1 ded/oop	Network 40%, tier 3 ded/oop 40%, tier 3 ded/oop 20%, tier 2 ded/oop 20%, tier 2 ded/oop 15%, tier 3 ded/oop 20%, tier 2 ded/oop 40%, tier 3 ded/oop 40%, tier 3 ded/oop 5%, tier 1 ded/oop Professional \$25, Outpt facility 40%,	50% 50% 50% 50% 50% 50% 50% 50% 50% 50%	10% 10%, No Deductible* 10% \$85 \$200 20% \$35 \$25 \$65 10%, No Deductible* 10%, No Deductible* \$200 \$200 10%* \$0 10%	25% 25% 25% 25% 20% 25% 25% 25% 25% 25% 25% 25% 25% 30 10%, tier 1 ded/oop	Network 40%, tier 3 ded/oop 40%, tier 3 ded/oop 25%, tier 2 ded/oop 25%, tier 2 ded/oop 25%, tier 3 ded/oop 25%, tier 3 ded/oop 25%, tier 2 ded/oop 40%, tier 3 ded/oop 40%, tier 3 ded/oop 40%, tier 3 ded/oop 40%, tier 1 ded/oop \$0 10%, tier 1 ded/oop \$25 Professional \$40, Outpt facility 40%,	50% 50% 50% 50% 50% 50% 50% 50% 50% 50%
Hospital Inpatient Services Hospital Outpatient Services Physician Inpatient Visits Physician Surgery, Office Physician Surgery, IP And OP Hospital Emergency Room Urgent Care Facility PCP Office Services, Excluding Surgery Specialist Office Services, Excluding Surgery X-Rays and Lab Services, Including Interpretation At Office, Urgent Care X-Rays and Lab Services, At OP Hospital or Independent Facility Advanced Radiology (MRI, PET, CT), Office Advanced Radiology (MRI, PET, CT), OP Hospital Anesthesia (IP or OP) Preventive Care Hospital IP MH and SA Physician Office MH and SA PT, OT and ST, No Visit Limit	5% 5%, No Deductible* 5% \$75 \$100 15% \$20 \$10 \$50 5%, No Deductible* 5%, No Deductible* \$125 \$125 5%* \$0 5% \$10 \$10	20% 20% 20% 20% 20% 20% 20% 20% 20% 20%	Network 40%, tier 3 ded/oop 40%, tier 3 ded/oop 20%, tier 2 ded/oop 20%, tier 2 ded/oop 15%, tier 3 ded/oop 20%, tier 2 ded/oop 40%, tier 3 ded/oop 40%, tier 3 ded/oop 5%, tier 1 ded/oop \$0 Frofessional \$25, Outpt facility 40%, tier 3 ded/oop	50% 50% 50% 50% 50% 50% 50% 50% 50% 50%	10% 10%, No Deductible* 10% \$85 \$200 20% \$35 \$25 \$65 10%, No Deductible* 10%, No Deductible* \$200 \$200 10%* \$0 10% \$25	25% 25% 25% 25% 25% 25% 25% 25% 25% 25%	Network 40%, tier 3 ded/oop 40%, tier 3 ded/oop 25%, tier 2 ded/oop 25%, tier 2 ded/oop 25%, tier 3 ded/oop 20%, tier 3 ded/oop 25%, tier 2 ded/oop 40%, tier 3 ded/oop 40%, tier 3 ded/oop 40%, tier 3 ded/oop 40%, tier 3 ded/oop \$0 10%, tier 1 ded/oop \$25 Professional \$40, Outpt facility 40%, tier 3 ded/oop	50% 50% 50% 50% 50% 50% 50% 50% 50% 50%
Hospital Inpatient Services Hospital Outpatient Services Physician Inpatient Visits Physician Surgery, Office Physician Surgery, IP And OP Hospital Emergency Room Urgent Care Facility PCP Office Services, Excluding Surgery Specialist Office Services, Excluding Surgery X-Rays and Lab Services, Including Interpretation At Office, Urgent Care X-Rays and Lab Services, At OP Hospital or Independent Facility Advanced Radiology (MRI, PET, CT), Office Advanced Radiology (MRI, PET, CT), OP Hospital Anesthesia (IP or OP) Preventive Care Hospital IP MH and SA Physician Office MH and SA PT, OT and ST, No Visit Limit Maternity, Hospital	5% 5%, No Deductible* 5% \$75 \$100 15% \$20 \$10 \$50 5%, No Deductible* 5%, No Deductible* \$125 \$125 5%* \$0 5% \$10 \$10 \$10 \$5%	20% 20% 20% 20% 20% 20% 20% 20% 20% 20%	Network 40%, tier 3 ded/oop 40%, tier 2 ded/oop 20%, tier 2 ded/oop 20%, tier 2 ded/oop 15%, tier 3 ded/oop 20%, tier 2 ded/oop 40%, tier 3 ded/oop 5%, tier 3 ded/oop 40%, tier 3 ded/oop \$10 Professional \$25, Outpt facility 40%, tier 3 ded/oop 40%, tier 3 ded/oop 40%, tier 3 ded/oop	50% 50% 50% 50% 50% 50% 50% 50% 50% 50%	10% 10%, No Deductible* 10% \$85 \$200 20% \$35 \$25 \$65 10%, No Deductible* 10%, No Deductible* \$200 \$200 10%* \$0 10% \$25 \$25	25% 25% 25% 25% 20% 25% 25% 25% 25% 25% 25% 25% 25% 30 10%, tier 1 ded/oop \$25	Network 40%, tier 3 ded/oop 40%, tier 3 ded/oop 25%, tier 2 ded/oop 25%, tier 2 ded/oop 25%, tier 3 ded/oop 20%, tier 3 ded/oop 25%, tier 2 ded/oop 40%, tier 3 ded/oop 40%, tier 3 ded/oop 40%, tier 3 ded/oop 50 10%, tier 1 ded/oop \$25 Professional \$40, Outpt facility 40%, tier 3 ded/oop 40%, tier 3 ded/oop 40%, tier 3 ded/oop	50% 50% 50% 50% 50% 50% 50% 50% 50% 50%
Hospital Inpatient Services Hospital Outpatient Services Physician Inpatient Visits Physician Surgery, Office Physician Surgery, IP And OP Hospital Emergency Room Urgent Care Facility PCP Office Services, Excluding Surgery Specialist Office Services, Excluding Surgery X-Rays and Lab Services, Including Interpretation At Office, Urgent Care X-Rays and Lab Services, At OP Hospital or Independent Facility Advanced Radiology (MRI, PET, CT), Office Advanced Radiology (MRI, PET, CT), OP Hospital Anesthesia (IP or OP) Preventive Care Hospital IP MH and SA Physician Office MH and SA PT, OT and ST, No Visit Limit	5% 5%, No Deductible* 5% \$75 \$100 15% \$20 \$10 \$50 5%, No Deductible* 5%, No Deductible* \$125 \$125 5%* \$0 5% \$10 \$10	20% 20% 20% 20% 20% 20% 20% 20% 20% 20%	Network 40%, tier 3 ded/oop 40%, tier 3 ded/oop 20%, tier 2 ded/oop 20%, tier 2 ded/oop 15%, tier 3 ded/oop 20%, tier 2 ded/oop 40%, tier 3 ded/oop 40%, tier 3 ded/oop 5%, tier 1 ded/oop \$0 Frofessional \$25, Outpt facility 40%, tier 3 ded/oop	50% 50% 50% 50% 50% 50% 50% 50% 50% 50%	10% 10%, No Deductible* 10% \$85 \$200 20% \$35 \$25 \$65 10%, No Deductible* 10%, No Deductible* \$200 \$200 10%* \$0 10% \$25	25% 25% 25% 25% 20% 25% 25% 25% 25% 25% 25% 25% 25% 25% 30 10%, tier 1 ded/oop \$25 \$40 25%	Network 40%, tier 3 ded/oop 40%, tier 3 ded/oop 25%, tier 2 ded/oop 25%, tier 2 ded/oop 25%, tier 3 ded/oop 20%, tier 3 ded/oop 25%, tier 2 ded/oop 40%, tier 3 ded/oop 40%, tier 3 ded/oop 40%, tier 3 ded/oop 40%, tier 3 ded/oop \$0 10%, tier 1 ded/oop \$25 Professional \$40, Outpt facility 40%, tier 3 ded/oop	50% 50% 50% 50% 50% 50% 50% 50% 50% 50%



Network Name	Description
Enhanced Network	Known as tier 1 or Novant Health Network. Includes all Novant Health facilities, clinics and providers. Also, includes some independent providers in our communities.
Preferred Network	Known as tier 2 or Cigna Network. This is the default innetwork tier and includes the Cigna Open Access Provider Network.
Non-Preferred Network	Known as tier 3. Applies to facility charges at local non-domestic facilities.
Out-of-Network	Known as tier 4 and is the highest cost tier.

For full plan information visit the benefits home page on I-Connect > Cigna summary benefit coverage.

^{*} Not all hospital-based providers at Novant Health facilities are in the Novant Health Network (tier 1), so you will receive the Cigna network (tier 2) benefit if the hospital-based provider is not in the Novant Health Network. Novant Health is seeking to expand the number of hospital-based providers in the Novant Health Network.

^{**} Novant Health network tier applies when DME and HHC services are obtained through Cigna's DME and HHC network, eviCore