

**DEDUCTIBLE:** Copays do not apply to the deductible. Deductibles cross-accumulate.

Medical	Premium Plan 2024				Standard Plan 2024			
	Enhanced Network	Preferred Network	Non-Preferred Network	Out-of-Network	Enhanced Network	Preferred Network	Non-Preferred 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 MAXIMUM:** Includes deductible, coinsurance and copays. All out-of-pocket tiers cross-accumulate. Medical and pharmacy OOP are separate limits.

Medical	Premium Plan 2024				Standard Plan 2024			
	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

Employer-Funded HRA	Premium Plan 2024			Standard Plan 2024		
	Fixed With Salary: < \$150,000	Fixed With Salary: > \$150,000	Wellness Incentive Up To	Fixed With Salary: < \$150,000	Fixed With Salary: > \$150,000	Wellness Incentive Up To
Employee Only	\$0	\$0	\$900	\$0	\$0	\$900
Employee/Child(ren)	\$375	\$0	\$900	\$0	\$0	\$900
Employee/Spouse	\$450	\$0	\$1,175	\$0	\$0	\$1,175
Employee/Family	\$750	\$0	\$1,175	\$0	\$0	\$1,175

All coinsurance amounts in-network and out-of-network are after the calendar year deductible, except where noted.

Medical	Premium Plan 2024				Standard Plan 2024			
	Enhanced Network	Preferred Network	Non-Preferred Network	Out-of-Network	Enhanced Network	Preferred Network	Non-Preferred Network	Out-of-Network
Hospital Inpatient Services	5%	20%	40%, tier 3 ded/oop	50%	10%	25%	40%, tier 3 ded/oop	50%
Hospital Outpatient Services	5%, No Deductible*	20%	40%, tier 3 ded/oop	50%	10%, No Deductible*	25%	40%, tier 3 ded/oop	50%
Physician Inpatient Visits	5%	20%	20%, tier 2 ded/oop	50%	10%	25%	25%, tier 2 ded/oop	50%
Physician Surgery, Office	\$75	20%	20%, tier 2 ded/oop	50%	\$85	25%	25%, tier 2 ded/oop	50%
Physician Surgery, IP And OP	\$100	20%	20%, tier 2 ded/oop	50%	\$200	25%	25%, tier 2 ded/oop	50%
Hospital Emergency Room	15%	15%	15%, tier 3 ded/oop	15%	20%	20%	20%, tier 3 ded/oop	20%
Urgent Care Facility	\$20	20%	40%, tier 3 ded/oop	20%	\$35	25%	40%, tier 3 ded/oop	25%
PCP Office Services, Excluding Surgery	\$10	20%	20%, tier 2 ded/oop	50%	\$25	25%	25%, tier 2 ded/oop	50%
Specialist Office Services, Excluding Surgery	\$50	20%	20%, tier 2 ded/oop	50%	\$65	25%	25%, tier 2 ded/oop	50%
X-Rays and Lab Services, Including Interpretation At Office, Urgent Care	5%, No Deductible*	20%	20%, tier 2 ded/oop	50%	10%, No Deductible*	25%	25%, tier 2 ded/oop	50%
X-Rays and Lab Services, At OP Hospital or Independent Facility	5%, No Deductible*	20%	40%, tier 3 ded/oop	50%	10%, No Deductible*	25%	40%, tier 3 ded/oop	50%
Advanced Radiology (MRI, PET, CT), Office	\$125	20%	20%, tier 2 ded/oop	50%	\$200	25%	25%, tier 2 ded/oop	50%
Advanced Radiology (MRI, PET, CT), OP Hospital	\$125	20%	40%, tier 3 ded/oop	50%	\$200	25%	40%, tier 3 ded/oop	50%
Anesthesia (IP or OP)	5%*	20%	40%, tier 3 ded/oop	50%	10%*	25%	40%, tier 3 ded/oop	50%
Preventive Care	\$0	\$0	\$0	50%	\$0	\$0	\$0	50%
Hospital IP MH and SA	5%	5%, tier 1 ded/oop	5%, tier 1 ded/oop	50%	10%	10%, tier 1 ded/oop	10%, tier 1 ded/oop	50%
Physician Office MH and SA	\$10	\$10	\$10	50%	\$25	\$25	\$25	50%
PT, OT and ST, No Visit Limit	\$10	\$25	Professional \$25, Outpt facility 40%, tier 3 ded/oop	50%	\$25	\$40	Professional \$40, Outpt facility 40%, tier 3 ded/oop	50%
Maternity, Hospital	5%	20%	40%, tier 3 ded/oop	50%	10%	25%	40%, tier 3 ded/oop	50%
Maternity, Physician Global	\$100	20%	20%, tier 2 ded/oop	50%	\$200	25%	25%, tier 2 ded/oop	50%
DME, Home Health	5%**	5%, tier 1 ded/oop**	5%, tier 1 ded/oop**	50%	10%**	10%, tier 1 ded/oop**	10%, tier 1 ded/oop**	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 in-network 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