

DEDUCTIBLE: Deductibles cross-accumulate.

	HDHP 2025			
	Enhanced Network	Preferred Network	Non-Preferred Network	Out-of-Network
Medical				
Employee Only	\$2,000	\$3,000	\$4,000	\$7,000
Employee/Child(ren)	\$4,000	\$6,000	\$8,000	\$14,000
Employee/Spouse	\$4,000	\$6,000	\$8,000	\$14,000
Employee/Family	\$4,000	\$6,000	\$8,000	\$14,000
Annual Maximum	None	None	None	None
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited

OUT-OF-POCKET MAXIMUM: Includes deductible and coinsurance. All out-of-pocket tiers cross-accumulate. Medical and pharmacy OOP are combined.

	HDHP 2025			
	Enhanced Network	Preferred Network	Non-Preferred Network	Out-of-Network
Medical				
Employee Only	\$6,000	\$7,500	\$8,300	\$14,000
Employee/Child(ren)	\$12,000	\$15,000	\$16,600	\$28,000
Employee/Spouse	\$12,000	\$15,000	\$16,600	\$28,000
Employee/Family	\$12,000	\$15,000	\$16,600	\$28,000
Medical OOP Limit Any One Member	\$6,000	\$7,500	\$8,300	\$14,000
Medical And Pharmacy Limit Any One Member	\$6,000	\$7,500	\$8,300	\$14,000

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

	HDHP 2025			
	Enhanced Network	Preferred Network	Non-Preferred Network	Out-of-Network
Medical				
Hospital Inpatient Services	10%	25%	40% Tier 3 ded/ooop	50%
Hospital Outpatient Services	10%	25%	40% Tier 3 ded/ooop	50%
Physician Inpatient Visits	10%	25%	Tier 2 Benefit Applies	50%
Physician Surgery, Office	10%	25%	Tier 2 Benefit Applies	50%
Physician Surgery, IP And OP	10%	25%	Tier 2 Benefit Applies	50%
Hospital Emergency Room	10%	10%	10%, tier 3 ded/ooop	10%
Urgent Care Facility	10%	25%	40% Tier 3 ded/ooop	50%
PCP Office Services, Excluding Surgery	10%	25%	Tier 2 Benefit Applies	50%
Specialist Office Services, Excluding Surgery	10%	25%	Tier 2 Benefit Applies	50%
X-Rays and Lab Services, Including Interpretation At Office, Urgent Care	10%	25%	Tier 2 Benefit Applies	50%
X-Rays and Lab Services, At OP Hospital or Independent Facility	10%	25%	40% Tier 3 ded/ooop	50%
Advanced Radiology (MRI, PET, CT), Office	10%	25%	Tier 2 Benefit Applies	50%
Advanced Radiology (MRI, PET, CT), OP Hospital	10%	25%	40% Tier 3 ded/ooop	50%
Anesthesia (IP or OP)	10%	25%	40% Tier 3 ded/ooop	50%
Preventive Care	\$0	\$0	Tier 2 Benefit Applies	50%
Hospital IP MH and SA	10%	10%, Tier 1 ded/ooop	10%, Tier 1 ded/ooop	50%
Physician Office MH and SA	10%	10%, Tier 1 ded/ooop	10%, Tier 1 ded/ooop	50%
PT, OT and ST, No Visit Limit	10%	25%, Tier 1 ded/ooop	40% Tier 3 ded/ooop	50%
Maternity, Hospital	10%	25%	40% Tier 3 ded/ooop	50%
Maternity, Physician Global	10%	25%	Tier 2 Benefit Applies	50%
Durable Medical Equipment	10%	10%, Tier 1 ded/ooop	40% Tier 3 ded/ooop	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 Enhanced Network (tier 1), so you will receive the Cigna network (tier 2) benefit if the hospital-based provider is not in the Enhanced 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 services are obtained through Cigna's DME network, eviCore

Ded/ooop is an abbreviation of deductible and out-of-pocket maximum.