

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

Medical	Standard Plan 2025				Premium Plan 2025			
	Enhanced Network	Preferred Network	Non-Preferred Network	Out-of-Network	Enhanced Network	Preferred Network	Non-Preferred Network	Out-of-Network
Employee Only	\$1,200	\$2,200	\$3,200	\$4,400	\$900	\$1,950	\$2,800	\$3,850
Employee/Child(ren)	\$2,400	\$4,400	\$6,400	\$8,800	\$1,800	\$3,900	\$5,600	\$7,700
Employee/Spouse	\$2,400	\$4,400	\$6,400	\$8,800	\$1,800	\$3,900	\$5,600	\$7,700
Employee/Family	\$2,400	\$4,400	\$6,400	\$8,800	\$1,800	\$3,900	\$5,600	\$7,700
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	Standard Plan 2025				Premium Plan 2025			
	Enhanced Network	Preferred Network	Non-Preferred Network	Out-of-Network	Enhanced Network	Preferred Network	Non-Preferred Network	Out-of-Network
Employee Only	\$4,200	\$6,200	\$6,800	\$9,400	\$3,200	\$5,000	\$5,600	\$7,700
Employee/Child(ren)	\$8,400	\$12,400	\$13,600	\$18,800	\$6,400	\$10,000	\$11,200	\$15,400
Employee/Spouse	\$8,400	\$12,400	\$13,600	\$18,800	\$6,400	\$10,000	\$11,200	\$15,400
Employee/Family	\$8,400	\$12,400	\$13,600	\$18,800	\$6,400	\$10,000	\$11,200	\$15,400
Medical OOP	\$4,200	\$6,200	\$6,800	\$9,400	\$3,200	\$5,000	\$5,600	\$7,700
Limit Any One Member								
Medical And Pharmacy Limit	\$5,800	\$7,800	\$8,400	\$11,000	\$4,800	\$6,600	\$7,200	\$8,800
Any One Member								

Employer-Funded HRA	Standard Plan 2025			Premium Plan 2025		
	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)	\$0	\$0	\$900	\$375	\$0	\$900
Employee/Spouse	\$0	\$0	\$1,175	\$450	\$0	\$1,175
Employee/Family	\$0	\$0	\$1,175	\$750	\$0	\$1,175

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

Medical	Standard Plan 2025				Premium Plan 2025			
	Enhanced Network	Preferred Network	Non-Preferred Network	Out-of-Network	Enhanced Network	Preferred Network	Non-Preferred Network	Out-of-Network
Hospital Inpatient Services	15%	25%	40%, Tier 3 ded/oop	50%	10%	25%	40%, Tier 3 ded/oop	50%
Hospital Outpatient Services	15%, no deductible*	25%	40%, Tier 3 ded/oop	50%	10%, no deductible*	25%	40%, Tier 3 ded/oop	50%
Physician Inpatient Visits	15%	25%	25%, Tier 2 ded/oop	50%	10%	25%	25%, Tier 2 ded/oop	50%
Physician Surgery, Office	\$85	25%	25%, Tier 2 ded/oop	50%	\$75	25%	25%, Tier 2 ded/oop	50%
Physician Surgery, IP And OP	\$200	25%	25%, Tier 2 ded/oop	50%	\$100	25%	25%, Tier 2 ded/oop	50%
Hospital Emergency Room	20%	20%	20%, Tier 3 ded/oop	20%	15%	15%	15%, Tier 3 ded/oop	15%
Urgent Care Facility	\$35	25%	40%, Tier 3 ded/oop	50%	\$20	25%	40%, Tier 3 ded/oop	50%
PCP Office Services, Excluding Surgery	\$25	25%	25%, Tier 2 ded/oop	50%	\$20	25%	25%, Tier 2 ded/oop	50%
Specialist Office Services, Excluding Surgery	\$65	25%	25%, Tier 2 ded/oop	50%	\$50	25%	25%, Tier 2 ded/oop	50%
X-Rays and Lab Services, Including Interpretation At Office, Urgent Care	15%, no deductible*	25%	25%, 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	15%, no deductible*	25%	40%, Tier 3 ded/oop	50%	10%, no deductible*	25%	40%, Tier 3 ded/oop	50%
Advanced Radiology (MRI, PET, CT), Office	\$200	25%	25%, Tier 2 ded/oop	50%	\$125	25%	25%, Tier 2 ded/oop	50%
Advanced Radiology (MRI, PET, CT), OP	\$200	25%	40%, Tier 3 ded/oop	50%	\$125	25%	40%, Tier 3 ded/oop	50%
Hospital								
Anesthesia (IP or OP)	15%*	25%	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	15%	15%, Tier 1 ded/oop	15%, Tier 1 ded/oop	50%	10%	10%, Tier 1 ded/oop	10%, Tier 1 ded/oop	50%
Physician Office MH and SA	\$25	\$25	\$25	50%	\$20	\$20	\$20	50%
PT, OT and ST, No Visit Limit	\$25	\$40	40%, Tier 3 ded/oop	50%	\$20	\$35	40%, Tier 3 ded/oop	50%
Maternity, Hospital	15%	25%	40%, Tier 3 ded/oop	50%	10%	25%	40%, Tier 3 ded/oop	50%
Maternity, Physician Global	\$200	25%	25%, Tier 2 ded/oop	50%	\$100	25%	25%, Tier 2 ded/oop	50%
Durable Medical Equipment	15%**	15%, Tier 1 ded/oop**	40%, Tier 3 ded/oop	50%	10%**	10%, Tier 1 ded/oop**	40%, Tier 3 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 Plus Network or Enhanced Network (tier 1), so you will receive the Cigna network (tier 2) benefit if the hospital-based provider is not in the Novant Health Plus Network or 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.