



2025

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# New hire benefits enrollment guide

Executives

**N** ■ **NOVANT**<sup>®</sup>  
**HEALTH**



Novant Health is committed to providing affordable and robust benefit solutions to help you meet your needs at every stage of life.

Your Novant Health benefits program includes options to elect medical, dental, vision and life insurance coverage for you and your family, as well as other healthcare coverage. Short- and long-term disability benefits, bereavement leave and a caregiver support program provide an extra measure of support. You can save tax-free for eligible healthcare expenses in a Health Savings Account, or save tax-free for both healthcare and dependent care expenses like childcare with a Flexible Spending Account. Additionally, Retirement Plus, our defined contribution retirement plan, helps provide an income during your retirement years.

**Your care. Your choice. Your move.**

**Visit [benefits.NovantHealth.org](https://benefits.NovantHealth.org) for plan details.**

Team members in the South Carolina Region should refer to the South Carolina Region section of I-Connect for more information on their benefits.



# 2025 benefits enrollment

When and how to enroll  
How to enroll dependents  
When coverage begins  
Enrollment resources

## When and how to enroll

### If you are:

A new team member

or

A team member experiencing a change in your employment status that allows for enrollment in or a change to your benefits

### Then:

You have 31 days to enroll and submit required documentation if you are enrolling dependents in medical coverage.

If you do not actively enroll in benefits, the following default package will be assigned:

- Short-term disability insurance — 30-day elimination period (voluntary, team member-paid)
- Basic life insurance (company-paid)
- Long-term disability insurance (company-paid)

In addition, all other benefit elections will default to “waive.” Therefore, if you intend to have medical coverage with Novant Health, you must take action and actively elect a medical plan. Failure to elect a medical plan will result in you not having medical coverage with Novant Health.

If you need technical assistance accessing Infor HR, please call the service desk at **866-966-8268**.

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If you have questions or require assistance, please call **800-890-5420** or submit an inquiry via ServiceNow.

### If completing your enrollment on a work computer

1. From the I-Connect homepage, select Tools and Services > Team member services > Infor HR & Workforce Management (WFM).

### If completing your enrollment on a personal computer

1. Go to [NovantHealth.org/Team-Members](https://NovantHealth.org/Team-Members).
2. Select the Infor link.

**Note:** If accessing outside of the Novant Health network, you will need to use PingID to authenticate. Please follow instructions on [NovantHealth.org/Team-Members](https://NovantHealth.org/Team-Members) for PingID installation and registration.

### How to enroll dependents

Please be prepared with information for yourself, your dependents and your life insurance beneficiaries, including full names, dates of birth and Social Security numbers.

**Note:** If you will be enrolling dependents in a Novant Health medical plan, you must provide the documentation noted below:

#### Spouse

1. Copy of marriage certificate and proof of joint debt/ownership. The proof of joint debt/ownership must show both the team member and spouse’s names and be dated within the past 90 days.
2. Spouse mandate for medical coverage (see call-out on page 7):
  - Copy of current proof of receipt of unemployment benefits, or
  - A letter from your spouse’s employer validating they are not eligible for medical coverage through their employer, or
  - 2023 or 2024 federal income tax return that verifies spouse is self-employed, retired, disabled or unemployed

### Children (up to age 26)

Copy of front page of current federal income tax return that includes the child(ren) being enrolled (you may remove all financial information and all but the last four digits of the Social Security Number)

If the child(ren) is/are not listed on your tax return, you must provide a copy of the birth certificate(s) showing the team member’s name.

### Spouse mandate for medical coverage

If your spouse is employed and eligible for employer-sponsored group medical coverage, they cannot be enrolled in a Novant Health medical plan; however, if your spouse is self-employed, unemployed/retired/disabled or their employer does not offer group medical coverage to its employees, your spouse may be eligible for medical coverage with Novant Health.

Satisfactory documentation that verifies a spouse is not eligible for group medical coverage somewhere else is required before a spouse is enrolled in Novant Health medical coverage. **The spouse mandate requirement only applies to medical coverage.** A spouse can be enrolled in dental, vision and life insurance regardless of eligibility for these plans somewhere else.

### When coverage begins

#### New hire

If the team member is a new hire, flexible benefits begin on the first day of the month following the date of hire.

#### Employment status change or physician practice affiliation

If a team member has an employment status change, their benefits take effect on the first of the month following their employment status change. If a new team member joins Novant Health through a physician practice affiliation, their benefits take effect on the date of the practice affiliation.

### Enrollment resources

Visit our benefits website at [benefits.NovantHealth.org](https://benefits.NovantHealth.org).

This online experience includes medical plan comparison tools, plan summaries and much more.



# Plans and benefits

- Medical benefits
- Pharmacy benefits
- Well-being programs
- Dental benefits
- Vision benefits
- Flexible Spending Accounts (FSAs)
- Accident insurance
- Critical illness insurance
- Hospital care plan
- Life insurance
- Time off
- Legal
- Caregiver support program
- Adoption assistance
- Tuition reimbursement
- Disability
- Executive individual disability insurance
- Novant Health Retirement Plus Plan
- Team Member Advantages

## Medical benefits

You can choose from four medical plan options:

- Novant Health Premier Plan
- Cigna Standard Plan
- Cigna Premium Plan
- High Deductible Health Plan with Health Savings Account (HDHP with HSA)

All four plans include prescription drug coverage through MedImpact and have out-of-pocket maximums that place a cap on what you pay for covered services in a plan year.

On the next several pages you will find a summary of each of your medical plan options. Details, including costs for coverage and per paycheck premiums for each of the plans, are on the following pages. See **pages 18-23** for a side-by-side comparison of plan benefits, costs and coverage.

### Insurance Terms to Understand

**Premium** — the amount you pay per paycheck for benefits coverage.

**Deductible** — the amount of your covered medical expenses you must pay up front, out of your own pocket, before your medical plan starts paying a percentage of your expenses.

**Coinsurance** — the percentage you pay for your covered expenses after you meet your deductible. The plan pays the remaining percentage.

**Copay** — a fixed dollar amount you pay for services such as doctor or specialist visits — instead of a deductible or coinsurance percentage.

**Out-of-pocket maximum** — the most you will pay for covered expenses in a plan year. This generally includes your deductible, coinsurance and copays combined. If you reach the out-of-pocket maximum, the plan pays 100% of the cost of your covered expenses for the remainder of the year. Each plan provides this protective limit for any one individual's expenses, as well as for a family's total expenses.

**Networks or Tiers** — each provider falls under a category or "tier." The tier determines how much you pay and how much the plan pays for the service you receive.

### Novant Health Premier Plan

The Novant Health Premier Plan has the lowest premiums, deductibles, copays and coinsurance for services received within the Novant Health Plus Network. When team members prioritize seeking care from Novant Health providers and facilities within the Charlotte, Triad and Coastal Region markets they benefit from higher coverage levels.

### Cigna Standard Plan

The Cigna Standard plan has higher deductibles, copays, out-of-pocket maximums and premiums than the Novant Health Premier Plan. Team members have access to care in the Enhanced Network, Preferred Network and Non-preferred Network. Team members who participate in well-being activities are eligible to earn incentives from Novant Health as contributions to the plan's Health Reimbursement Account (HRA). See Well-being programs on **page 26** for more information on HRA contributions.

### Cigna Premium Plan

The Cigna Premium Plan offers higher premiums (the amount you pay per paycheck) in exchange for lower deductibles, copays and coinsurance. Plan participants in certain coverage tiers receive an initial deposit from Novant Health to the Health Reimbursement Account (HRA). They are also eligible for additional contributions from Novant Health for participating in the well-being program. See Well-being programs on **page 26** for more information on HRA contributions.

### High Deductible Health Plan with Health Savings Account

The High Deductible Health Plan has the highest deductible but includes a Health Savings Account (HSA) to help you set aside pre-tax funds to cover your medical expenses. This plan does not have copays. You pay 100% of your medical expenses until you meet your deductible. Then your coinsurance kicks in to cover a percentage of your costs. You will continue to pay a percentage of your costs until you have reached your annual out-of-pocket limit. Novant Health will contribute \$750/individual and \$1,500/family to your HSA annually.

### Novant Health Premier Plan

The Novant Health Premier Plan prioritizes care within the Novant Health Plus Network to provide excellent care and the lowest deductibles, out-of-pocket maximums and premiums of all our plans.

The plan provides three tiers of coverage. It’s important to understand how each of them works.

#### Novant Health Plus Network

Known as Tier 1 or Novant Health Plus Network. It includes Novant Health providers, clinics and facilities, plus select independent providers; and Non-Novant Health providers in the Cigna Open Access Plus Network in each market — Charlotte, Triad and Coastal Region. **This network is not the same as the Enhanced Network in the other medical plans.**

#### Alternative Network

Known as Tier 2 or Alternative Network. This is the Cigna Open Access Plus Network (not included in the Novant Health Plus Network). If you choose to utilize this network, there is a higher member cost.

#### Out-of-Network

Known as Tier 3 and is the highest cost tier.

Note: Novant Health completes network reviews on a regular basis. Team members are encouraged to use the “Find a Doctor” tool at Cigna.com to confirm their provider and/or facility’s current tier of coverage prior to seeking care

| PLAN FEATURES  | NOVANT HEALTH PREMIER PLAN      |                                 |                |
|--|---------------------------------|---------------------------------|----------------|
|  | Novant Health Plus Network      | Alternative Network             | Out-of-Network |
| <b>DEDUCTIBLE: Copays do not apply to the deductible. Deductibles cross-accumulate.</b>  |                                 |                                 |                |
| Employee Only  | \$700                           | \$3,200                         | \$7,000        |
| Employee/Child(ren)  | \$1,400                         | \$6,400                         | \$14,000       |
| Employee/Spouse  | \$1,400                         | \$6,400                         | \$14,000       |
| Employee/Family  | \$1,400                         | \$6,400                         | \$14,000       |
| <b>OUT-OF-POCKET MAXIMUMS: Includes deductible, coinsurance and copays. All out-of-pocket tiers cross-accumulate. Medical and pharmacy are separate limits for all plans except the High Deductible Health Plan.</b> |                                 |                                 |                |
| Employee Only  | \$2,500                         | \$6,800                         | \$14,000       |
| Employee/Child(ren)  | \$5,000                         | \$13,600                        | \$28,000       |
| Employee/Spouse  | \$5,000                         | \$13,600                        | \$28,000       |
| Employee/Family  | \$5,000                         | \$13,600                        | \$28,000       |
| Rx Out-of-Pocket Maximum   | \$1,600 EE Only, \$3,200 Family | \$1,600 EE Only, \$3,200 Family | Not Covered    |

### What happens if...

#### I am on vacation in another state and I think I have the flu.

Novant Health team members should contact their PCP office to determine next steps. If the team member is unable to contact their PCP or cannot be seen via a virtual health platform, the team member should consider utilizing a **Convenience care clinic** or **Urgent care**, both of which would be subject to Tier 2 deductible and coinsurance.

*If experiencing a medical emergency, you are strongly encouraged to go to the closest emergency room.*

Keep in mind that any claims incurred outside of the Novant Health Plus Network will be subject to the Alternative Network (Tier 2) or Out-of-Network (Tier 3) benefit level.

#### I have chest pains when visiting family in California.

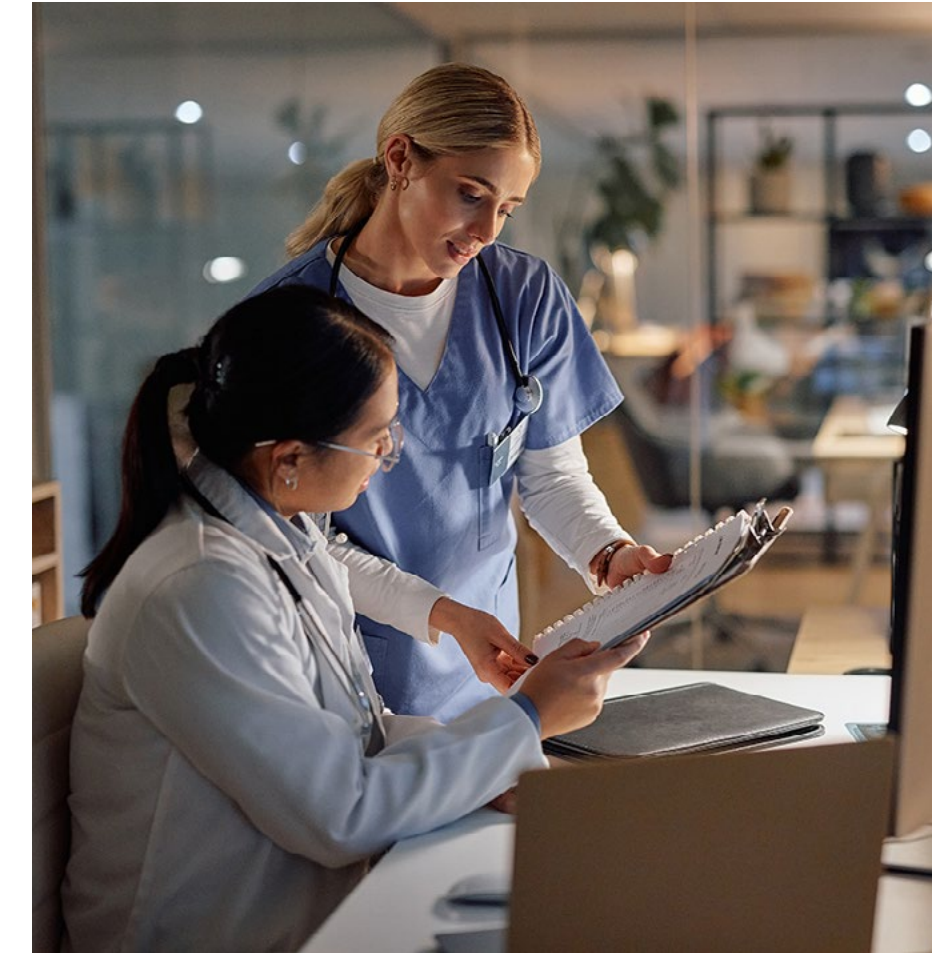
Seek immediate care at the closest emergency room. For true emergencies, the Novant Health Premier Plan will cover the cost at the Novant Health Plus Network benefit after you pay your deductible and coinsurance, regardless of the facility that you use.

#### My daughter is living in Cullowhee, NC while she attends Western Carolina University and she needs to see a provider.

There are no Novant Health providers in her area. If you enroll in this plan, your daughter will need to wait until she is in the Novant Health service area to get the preferred Tier 1 benefit. If she chooses a provider in the Alternative Network or Out-of-Network, there will be higher out-of-pocket costs.

#### I enroll in the Novant Health Premier Plan and change my mind later.

Your benefits will remain in effect until December 31, 2025 unless you experience an IRS qualifying life event. In this instance, you have 31 days from the date of the event to submit a life event in Infor to update your benefit elections. The change you are eligible to make must be consistent with the event that you have experienced.



It is your responsibility to utilize doctors and facilities in the Novant Health Plus Network to get the best coverage.

Compare the medical plan networks, coverage and costs side-by-side on pages 18-19.

## Cigna Standard Plan and Premium Plan

The Cigna Standard Plan and Premium Plan both offer varying degrees of coverage and cost to you. There are four tiers of coverage under each plan.

### 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 Plus 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.

Note: Novant Health completes network reviews on a regular basis. Team members are encouraged to use the "Find a Doctor" tool at Cigna.com to confirm their provider and/or facility's current tier of coverage prior to seeking care.



| PLAN FEATURES   | CIGNA STANDARD PLAN |                   |                                   |                | CIGNA PREMIUM PLAN |                   |                                   |                |
|---|---------------------|-------------------|-----------------------------------|----------------|--------------------|-------------------|-----------------------------------|----------------|
|   | Enhanced Network    | Preferred Network | Non-Preferred Network             | Out-of-Network | Enhanced Network   | Preferred Network | Non-Preferred Network             | Out-of-Network |
| <b>DEDUCTIBLE: Copays do not apply to the deductible. Deductibles cross-accumulate</b>  |                     |                   |                                   |                |                    |                   |                                   |                |
| 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        |
| <b>OUT-OF-POCKET MAXIMUMS: Includes deductible, coinsurance and copays. All tiers cross-accumulate. Medical and pharmacy are separate limits for all plans except the High Deductible Health Plan</b> |                     |                   |                                   |                |                    |                   |                                   |                |
| 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       |
| <b>Rx Out-of-Pocket Maximum</b>   |                     |                   | \$1,600 EE Only<br>\$3,200 Family |                |                    |                   | \$1,600 EE Only<br>\$3,200 Family |                |

## Health Reimbursement Account (HRA)

| PLAN FEATURES                                      | 2025 CIGNA STANDARD PLAN      |                               |                           | 2025 CIGNA PREMIUM PLAN       |                               |                           |
|--|-------------------------------|-------------------------------|---------------------------|-------------------------------|-------------------------------|---------------------------|
|  | 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: |
| Employer-Funded Health Reimbursement Account (HRA) |                               |                               |                           |                               |                               |                           |
| 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                   |

| Coverage Effective Date Falls Between | Employee Only | Employee/Child(ren) | Employee/Spouse | Employee/Family |
|---------------------------------------|---------------|---------------------|-----------------|-----------------|
| January 1 — March 31                  | \$0           | \$375               | \$450           | \$750           |
| April 1 — June 30                     | \$0           | \$291.25            | \$337.50        | \$562.50        |
| July 1 — September 30                 | \$0           | \$187.50            | \$225           | \$375           |
| October 1 — December 31               | \$0           | \$93.75             | \$112.50        | \$187.50        |



## High Deductible Health Plan

This health plan has the highest deductible but qualifies for a Health Savings Account (HSA). Team members will receive preventive care at no cost, however, you will pay for medical claims up to the deductible before the plan coinsurance will apply.

Novant Health will contribute a total of \$750 per individual or \$1,500 per family to your HSA annually. Contributions are made in lump sum (\$250 per individual, \$500 per family) and per paycheck installments (\$19.23 per individual, \$38.46 for family).\*

In addition to the HSA funding provided by Novant Health, team members can set aside pre-tax dollars to save for when you incur claims in the future. An HSA is a tax-free account that you can use to pay for current and future medical expenses (even medical expenses during retirement). Money in your HSA rolls over year to year and the account is always yours — even if you change employers.

Federal tax regulations restrict the amount contributed to an HSA. In 2025, contributions are limited to:

- Employee Only Health Coverage: \$4,300
- Employee with any dependent Health Coverage: \$8,550
- Catch-up provision for those 55 & up: \$1,000

**Health Savings Accounts (HSAs) offer a unique triple-tax advantage**

- 1. Contributions are tax-deductible:** The money you put into an HSA reduces your taxable income for the year.
- 2. Earnings grow tax-free:** Any interest or investment gains in the account are not subject to taxes.
- 3. Withdrawals for qualified medical expenses are tax-free:** When you use HSA funds for eligible healthcare costs, you don't pay taxes on those withdrawals.

This combination makes HSAs a powerful tool for saving on healthcare expenses — and the money that you and Novant Health contribute to your account is yours to keep forever.

\* HSA paycheck contributions are pro-rated for new hires. Please note that IRS regulations dictate that if you enroll in the High Deductible Health Plan with a Health Spending Account, any existing HRA balances will be forfeited on the effective date of coverage in the High Deductible Health Plan.

## 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 Plus 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.

Note: Novant Health completes network reviews on a regular basis. Team members are encouraged to use the "Find a Doctor" tool at Cigna.com to confirm their provider and/or facility's current tier of coverage prior to seeking care.



| PLAN FEATURES   | HIGH DEDUCTIBLE HEALTH PLAN WITH HEALTH SAVINGS ACCOUNT |                   |                       |                |
|---|---|-------------------|-----------------------|----------------|
|   | Enhanced Network  | Preferred Network | Non-Preferred Network | Out-of-Network |
| <b>DEDUCTIBLE: Deductibles cross-accumulate.</b>  |   |                   |                       |                |
| 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       |
| <b>OUT-OF-POCKET MAXIMUMS: Includes deductibles and coinsurance. All tiers cross accumulate. Medical and pharmacy are combined for the High Deductible Health Plan.</b> |   |                   |                       |                |
| 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       |
| <b>Rx Out-of-Pocket Maximum</b>   | Combined with Medical                                   |                   |                       |                |

| HEALTH SAVINGS ACCOUNT CONTRIBUTION SCHEDULE |  |                    |                   |                    |
|--|--|--------------------|-------------------|--------------------|
| New Hire Benefits Effective Date             | Individual   |                    | Family            |                    |
|  | January 1-June 30  | July 1-December 31 | January 1-June 30 | July 1-December 31 |
| <b>Novant Health Upfront Contribution</b>    | \$250  | \$125              | \$500             | \$250              |
| <b>Team member per Paycheck Contribution</b> | \$19.23  | \$19.23            | \$38.46           | \$38.46            |
| <b>Total Contribution</b>                    | Will vary depending on when the team member enrolls in benefits. |                    |                   |                    |

**Medical plan comparison**

| PLAN FEATURES   | NOVANT HEALTH PREMIER PLAN       |                     |                | 2025 CIGNA STANDARD PLAN         |                   |                       |                |
|---|----------------------------------|---------------------|----------------|----------------------------------|-------------------|-----------------------|----------------|
|   | Novant Health Plus Network       | Alternative Network | Out-of-Network | Enhanced Network                 | Preferred Network | Non-Preferred Network | Out-of-Network |
| <b>DEDUCTIBLE</b>                                     |                                  |                     |                |                                  |                   |                       |                |
| <b>Employee Only</b>                                  | \$700                            | \$3,200             | \$7,000        | \$1,200                          | \$2,200           | \$3,200               | \$4,400        |
| <b>Employee/Child(ren)</b>                            | \$1,400                          | \$6,400             | \$14,000       | \$2,400                          | \$4,400           | \$6,400               | \$8,800        |
| <b>Employee/Spouse</b>                                | \$1,400                          | \$6,400             | \$14,000       | \$2,400                          | \$4,400           | \$6,400               | \$8,800        |
| <b>Employee/Family</b>                                | \$1,400                          | \$6,400             | \$14,000       | \$2,400                          | \$4,400           | \$6,400               | \$8,800        |
| <b>OUT-OF-POCKET MAX</b>                              |                                  |                     |                |                                  |                   |                       |                |
| <b>Employee Only</b>                                  | \$2,500                          | \$6,800             | \$14,000       | \$4,200                          | \$6,200           | \$6,800               | \$9,400        |
| <b>Employee/Child(ren)</b>                            | \$5,000                          | \$13,600            | \$28,000       | \$8,400                          | \$12,400          | \$13,600              | \$18,800       |
| <b>Employee/ Spouse</b>                               | \$5,000                          | \$13,600            | \$28,000       | \$8,400                          | \$12,400          | \$13,600              | \$18,800       |
| <b>Employee/Family</b>                                | \$5,000                          | \$13,600            | \$28,000       | \$8,400                          | \$12,400          | \$13,600              | \$18,800       |
| <b>Rx Out-of-Pocket Maximum</b>                       | \$1,600 EE Only / \$3,200 Family |                     | Not Covered    | \$1,600 EE Only / \$3,200 Family |                   |                       | Not Covered    |
| <b>Physician Office Services, Excluding Surgery</b>   | \$10                             | 25%                 | 50%            | \$25                             | 25%               | 25%, tier 2 ded/ooop  | 50%            |
| <b>Specialist Office Services, Excluding Surgery</b>  | \$35                             | 25%                 | 50%            | \$65                             | 25%               | 25%, tier 2 ded/ooop  | 50%            |
| <b>Primary Care Physician Copay/Virtual Visit</b>     | \$10                             | 25%                 | 50%            | \$25                             | 25%               | 25%, tier 2 ded/ooop  | 50%            |
| <b>Health Savings Account — Novant Health Funding</b> | N/A                              |                     |                | N/A                              |                   |                       |                |

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

**Medical plan comparison (continued)**

| PLAN FEATURES   | 2025 CIGNA PREMIUM PLAN          |                   |                       |                | HIGH DEDUCTIBLE HEALTH PLAN WITH HEALTH SAVINGS ACCOUNT |                   |                       |                |
|---|----------------------------------|-------------------|-----------------------|----------------|---|-------------------|-----------------------|----------------|
|   | Enhanced Network                 | Preferred Network | Non-Preferred Network | Out-of-Network | Enhanced Network  | Preferred Network | Non-Preferred Network | Out-of-Network |
| <b>DEDUCTIBLE</b>                                     |                                  |                   |                       |                |   |                   |                       |                |
| <b>Employee Only</b>                                  | \$900                            | \$1,950           | \$2,800               | \$3,850        | \$2,000   | \$3,000           | \$4,000               | \$7,000        |
| <b>Employee/Child(ren)</b>                            | \$1,800                          | \$3,900           | \$5,600               | \$7,700        | \$4,000   | \$6,000           | \$8,000               | \$14,000       |
| <b>Employee/Spouse</b>                                | \$1,800                          | \$3,900           | \$5,600               | \$7,700        | \$4,000   | \$6,000           | \$8,000               | \$14,000       |
| <b>Employee/Family</b>                                | \$1,800                          | \$3,900           | \$5,600               | \$7,700        | \$4,000   | \$6,000           | \$8,000               | \$14,000       |
| <b>OUT-OF-POCKET MAX</b>                              |                                  |                   |                       |                |   |                   |                       |                |
| <b>Employee Only</b>                                  | \$3,200                          | \$5,000           | \$5,600               | \$7,700        | \$6,000   | \$7,500           | \$8,300               | \$14,000       |
| <b>Employee/Child(ren)</b>                            | \$6,400                          | \$10,000          | \$11,200              | \$15,400       | \$12,000  | \$15,000          | \$16,600              | \$28,000       |
| <b>Employee/Spouse</b>                                | \$6,400                          | \$10,000          | \$11,200              | \$15,400       | \$12,000  | \$15,000          | \$16,600              | \$28,000       |
| <b>Employee/Family</b>                                | \$6,400                          | \$10,000          | \$11,200              | \$15,400       | \$12,000  | \$15,000          | \$16,600              | \$28,000       |
| <b>Rx Out-of-Pocket Maximum</b>                       | \$1,600 EE Only / \$3,200 Family |                   |                       | Not Covered    | Combined with Medical                                   |                   |                       |                |
| <b>Physician Office Services, Excluding Surgery</b>   | \$20                             | 25%               | 25%, tier 2 ded/ooop  | 50%            | 10%   | 25%               | 25%, tier 2 ded/ooop  | 50%            |
| <b>Specialist Office Services, Excluding Surgery</b>  | \$50                             | 25%               | 25%, tier 2 ded/ooop  | 50%            | 10%   | 25%               | 25%, tier 2 ded/ooop  | 50%            |
| <b>Primary Care Physician Copay/Virtual Visit</b>     | \$20                             | 25%               | 25%, tier 2 ded/ooop  | 50%            | 10%   | 25%               | 25%, tier 2 ded/ooop  | 50%            |
| <b>Health Savings Account — Novant Health Funding</b> | N/A                              |                   |                       |                | \$750 Individual/\$1,500 Family                         |                   |                       |                |

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

**Medical plan features**

| PLAN FEATURES  | NOVANT HEALTH PREMIER PLAN |                     |                | 2025 CIGNA STANDARD PLAN |                     |                       |                |
|--|----------------------------|---------------------|----------------|--------------------------|---------------------|-----------------------|----------------|
|  | Novant Health Plus Network | Alternative Network | Out-of-Network | Enhanced Network         | Preferred Network   | Non-Preferred Network | Out-of-Network |
| <b>ALL COINSURANCE AMOUNTS IN-NETWORK AND OUT-OF-NETWORK ARE AFTER THE CALENDAR YEAR DEDUCTIBLE, EXCEPT WHERE NOTED.</b> |                            |                     |                |                          |                     |                       |                |
| <b>Preventive Care</b>   | \$0                        | \$0                 | 50%            | \$0                      | \$0                 | \$0                   | 50%            |
| <b>PCP Office Services, Excluding Surgery</b>  | \$10                       | 25%                 | 50%            | \$25                     | 25%                 | 25%, tier 2 ded/oop   | 50%            |
| <b>Specialist Office Services, Excluding Surgery</b>   | \$35                       | 25%                 | 50%            | \$65                     | 25%                 | 25%, tier 2 ded/oop   | 50%            |
| <b>Hospital Inpatient Services</b>   | 5%                         | 25%                 | 50%            | 15%                      | 25%                 | 40%, tier 3 ded/oop   | 50%            |
| <b>Hospital Outpatient Services</b>  | 5%, No Deductible*         | 25%                 | 50%            | 15%, No Deductible*      | 25%                 | 40%, tier 3 ded/oop   | 50%            |
| <b>Physician Inpatient Visits</b>  | 5%                         | 25%                 | 50%            | 15%                      | 25%                 | 25%, tier 2 ded/oop   | 50%            |
| <b>Physician Surgery, Office</b>   | \$60                       | 25%                 | 50%            | \$85                     | 25%                 | 25%, tier 2 ded/oop   | 50%            |
| <b>Physician Surgery, IP and OP</b>  | \$75                       | 25%                 | 50%            | \$200                    | 25%                 | 25%, tier 2 ded/oop   | 50%            |
| <b>Hospital Emergency Room</b>   | 15%                        | 15%                 | 15%            | 20%                      | 20%                 | 20%, tier 3 ded/oop   | 20%            |
| <b>Urgent Care Facility</b>  | \$15                       | 25%                 | 50%            | \$35                     | 25%                 | 40%, tier 3 ded/oop   | 50%            |
| <b>Hospital IP MH and SA</b>   | 5%                         | 5%, tier 1 ded/oop  | 50%            | 15%                      | 15%, tier 1 ded/oop | 15%, tier 1 ded/oop   | 50%            |
| <b>Physician Office MH and SA</b>  | \$10                       | \$10                | 50%            | \$25                     | \$25                | \$25                  | 50%            |
| <b>PT, OT and ST, No Visit Limit</b>   | \$10                       | \$25                | 50%            | \$25                     | \$40                | 40%, tier 3 ded/oop   | 50%            |
| <b>Maternity, Hospital</b>   | 5%                         | 25%                 | 50%            | 15%                      | 25%                 | 40%, tier 3 ded/oop   | 50%            |
| <b>Maternity, Physician Global</b>   | \$75                       | 25%                 | 50%            | \$200                    | 25%                 | 25%, tier 2 ded/oop   | 50%            |
| <b>Durable Medical Equipment**</b>   | 5%                         | 5%, tier 1 ded/oop  | 50%            | 15%                      | 15%, tier 1 ded/oop | 40%, tier 3 ded/oop   | 50%            |

\* 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 Plus Network and Enhanced Network tier applies when DME services are obtained through Cigna's DME, eviCore.

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

**Medical plan features (continued)**

| PLAN FEATURES  | 2025 CIGNA PREMIUM PLAN |                     |                       |                | HIGH DEDUCTIBLE HEALTH PLAN WITH HEALTH SAVINGS ACCOUNT |                     |                       |                |
|--|-------------------------|---------------------|-----------------------|----------------|---|---------------------|-----------------------|----------------|
|  | Enhanced Network        | Preferred Network   | Non-Preferred Network | Out-of-Network | Enhanced Network  | Preferred Network   | Non-Preferred Network | Out-of-Network |
| <b>ALL COINSURANCE AMOUNTS IN-NETWORK AND OUT-OF-NETWORK ARE AFTER THE CALENDAR YEAR DEDUCTIBLE, EXCEPT WHERE NOTED.</b> |                         |                     |                       |                |   |                     |                       |                |
| <b>Preventive Care</b>   | \$0                     | \$0                 | \$0                   | 50%            | \$0   | \$0                 | \$0                   | 50%            |
| <b>PCP Office Services, Excluding Surgery</b>  | \$20                    | 25%                 | 25%, tier 2 ded/oop   | 50%            | 10%   | 25%                 | 25%, tier 2 ded/oop   | 50%            |
| <b>Specialist Office Services, Excluding Surgery</b>   | \$50                    | 25%                 | 25%, tier 2 ded/oop   | 50%            | 10%   | 25%                 | 25%, tier 2 ded/oop   | 50%            |
| <b>Hospital Inpatient Services</b>   | 10%                     | 25%                 | 40%, tier 3 ded/oop   | 50%            | 10%   | 25%                 | 40%, tier 3 ded/oop   | 50%            |
| <b>Hospital Outpatient Services</b>  | 10%, No deductible*     | 25%                 | 40%, tier 3 ded/oop   | 50%            | 10%   | 25%                 | 40%, tier 3 ded/oop   | 50%            |
| <b>Physician Inpatient Visits</b>  | 10%                     | 25%                 | 25%, tier 2 ded/oop   | 50%            | 10%   | 25%                 | 25%, tier 2 ded/oop   | 50%            |
| <b>Physician Surgery, Office</b>   | \$75                    | 25%                 | 25%, tier 2 ded/oop   | 50%            | 10%   | 25%                 | 25%, tier 2 ded/oop   | 50%            |
| <b>Physician Surgery, IP and OP</b>  | \$100                   | 25%                 | 25%, tier 2 ded/oop   | 50%            | 10%   | 25%                 | 25%, tier 2 ded/oop   | 50%            |
| <b>Hospital Emergency Room</b>   | 15%                     | 15%                 | 15%, tier 3 ded/oop   | 15%            | 10%   | 10%                 | 10%                   | 10%            |
| <b>Urgent Care Facility</b>  | \$20                    | 25%                 | 40%, tier 3 ded/oop   | 50%            | 10%   | 25%                 | 40%, tier 3 ded/oop   | 50%            |
| <b>Hospital IP MH and SA</b>   | 10%                     | 10%, tier 1 ded/oop | 10%, tier 1 ded/oop   | 50%            | 10%   | 10%, tier 1 ded/oop | 10%, tier 1 ded/oop   | 50%            |
| <b>Physician Office MH and SA</b>  | \$20                    | \$20                | \$20                  | 50%            | 10%   | 10%, tier 1 ded/oop | 10%, tier 1 ded/oop   | 50%            |
| <b>PT, OT and ST, No Visit Limit</b>   | \$20                    | \$35                | 40%, tier 3 ded/oop   | 50%            | 10%   | 25%, tier 1 ded/oop | 40%, tier 3 ded/oop   | 50%            |
| <b>Maternity, Hospital</b>   | 10%                     | 25%                 | 40%, tier 3 ded/oop   | 50%            | 10%   | 25%                 | 40%, tier 3 ded/oop   | 50%            |
| <b>Maternity, Physician Global</b>   | \$100                   | 25%                 | 25%, tier 2 ded/oop   | 50%            | 10%   | 25%                 | 25%, tier 2 ded/oop   | 50%            |
| <b>Durable Medical Equipment**</b>   | 10%                     | 10%, tier 1 ded/oop | 40%, tier 3 ded/oop   | 50%            | 10%   | 10%, tier 1 ded/oop | 40%, tier 3 ded/oop   | 50%            |

\* 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 Plus Network and Enhanced Network tier applies when DME services are obtained through Cigna's DME, eviCore.

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

**Plan premiums**

| <b>FULL-TIME TEAM MEMBER</b><br>Classified as 30 hours or more per week |            |            |          |
|---|------------|------------|----------|
| Novant Health Premier Plan  |            |            |          |
| COVERAGE LEVEL  | TOTAL COST | LESS NH \$ | TM COST  |
| Employee Only   | \$444.48   | \$425.35   | \$19.13  |
| Employee/Child(ren)   | \$928.93   | \$851.24   | \$77.69  |
| Employee/Spouse   | \$995.60   | \$870.05   | \$125.55 |
| Employee/Family   | \$1,404.53 | \$1,259.68 | \$144.85 |
| Cigna Standard Plan   |            |            |          |
| COVERAGE LEVEL  | TOTAL COST | LESS NH \$ | TM COST  |
| Employee Only   | \$401.18   | \$363.04   | \$38.14  |
| Employee/Child(ren)   | \$838.43   | \$724.61   | \$113.82 |
| Employee/Spouse   | \$898.61   | \$729.93   | \$168.68 |
| Employee/Family   | \$1,267.69 | \$1,054.34 | \$213.35 |
| Cigna Premium Plan  |            |            |          |
| COVERAGE LEVEL  | TOTAL COST | LESS NH \$ | TM COST  |
| Employee Only   | \$420.64   | \$349.63   | \$71.01  |
| Employee/Child(ren)   | \$879.11   | \$702.18   | \$176.93 |
| Employee/Spouse   | \$942.20   | \$705.44   | \$236.76 |
| Employee/Family   | \$1,329.19 | \$1,018.90 | \$310.29 |
| High Deductible Health Plan   |            |            |          |
| COVERAGE LEVEL  | TOTAL COST | LESS NH \$ | TM COST  |
| Employee Only   | \$383.80   | \$329.23   | \$54.57  |
| Employee/Child(ren)   | \$799.52   | \$654.15   | \$145.37 |
| Employee/Spouse   | \$852.77   | \$650.05   | \$202.72 |
| Employee/Family   | \$1,179.33 | \$917.51   | \$261.82 |

TM = Team Member

| <b>PART-TIME TEAM MEMBER</b><br>Classified as 24 to 29 hours per week     |            |            |          |
|---|------------|------------|----------|
| Novant Health Premier Plan  |            |            |          |
| COVERAGE LEVEL  | TOTAL COST | LESS NH \$ | TM COST  |
| Employee Only   | \$444.48   | \$336.70   | \$107.78 |
| Employee/Child(ren)   | \$928.93   | \$679.06   | \$249.87 |
| Employee/Spouse   | \$995.60   | \$693.80   | \$301.80 |
| Employee/Family   | \$1,404.53 | \$998.00   | \$406.53 |
| Cigna Standard Plan   |            |            |          |
| COVERAGE LEVEL  | TOTAL COST | LESS NH \$ | TM COST  |
| Employee Only   | \$401.18   | \$288.01   | \$113.17 |
| Employee/Child(ren)   | \$838.43   | \$576.06   | \$262.37 |
| Employee/Spouse   | \$898.61   | \$581.72   | \$316.89 |
| Employee/Family   | \$1,267.69 | \$840.83   | \$426.86 |
| Cigna Premium Plan  |            |            |          |
| COVERAGE LEVEL  | TOTAL COST | LESS NH \$ | TM COST  |
| Employee Only   | \$420.64   | \$265.29   | \$155.35 |
| Employee/Child(ren)   | \$879.11   | \$535.25   | \$343.86 |
| Employee/Spouse   | \$942.20   | \$538.82   | \$403.38 |
| Employee/Family   | \$1,329.19 | \$778.88   | \$550.31 |
| High Deductible Health Plan with HSA (rates include NH HSA contributions) |            |            |          |
| COVERAGE LEVEL  | TOTAL COST | LESS NH \$ | TM COST  |
| Employee Only   | \$383.80   | \$249.54   | \$134.26 |
| Employee/Child(ren)   | \$799.52   | \$496.40   | \$303.12 |
| Employee/Spouse   | \$852.77   | \$492.63   | \$360.14 |
| Employee/Family   | \$1,179.33 | \$690.75   | \$488.58 |

**Plan premiums (continued)**

| <b>DENTAL PAYROLL PREMIUMS</b> |            |            |         |
|--------------------------------|------------|------------|---------|
| COVERAGE LEVEL                 | TOTAL COST | LESS NH \$ | TM COST |
| Employee Only                  | \$20.11    | \$11.84    | \$8.27  |
| Employee/Child(ren)            | \$43.46    | \$16.30    | \$27.16 |
| Employee/Spouse                | \$41.78    | \$15.19    | \$26.59 |
| Employee/Family                | \$70.98    | \$34.99    | \$35.99 |

| <b>VISION PAYROLL PREMIUMS</b> |         |
|--------------------------------|---------|
| COVERAGE LEVEL                 | TM COST |
| Employee Only                  | \$5.17  |
| Employee/Child(ren)            | \$8.11  |
| Employee/Spouse                | \$8.29  |
| Employee/Family                | \$13.35 |

**Note:** Payroll premiums are made on a bi-weekly basis. They are made pre-tax which lowers the amount of taxes you pay.

## Pharmacy benefits

You automatically receive prescription drug benefits when you enroll in a Novant Health medical plan. However, each plan covers prescription drug benefits differently.

Prescription drug benefits are provided through MedImpact. You can call MedImpact toll-free at **833-726-0668** with any questions.

### Some important notes about pharmacy benefits

- The out-of-pocket maximum per calendar year for the **Novant Health Premier Plan, Cigna Standard and Cigna Premium Plan** is:
  - \$1,600 — Employee Only
  - \$3,200 — Family (\$1,600 out-of-pocket maximum for any one member)
- The **High Deductible Health Plan** has a **combined medical and pharmacy out-of-pocket maximum** per calendar year:
  - \$6,000 — Employee Only
  - \$12,000 — Family (\$6,000 out-of-pocket maximum for any one member)
- Team members enrolled in the High Deductible Health Plan have access to no-cost preventive drugs.
- Generic drugs are mandatory unless a dispense-as-written (DAW) waiver has been prescribed by your doctor or provider. The difference between the cost of brand and generic is not covered under the copay or out-of-pocket limits.
- Tiers 4 through 6 are filled by the Novant Health Specialty Pharmacy. Call the Novant Health Specialty Pharmacy toll-free at **855-307-6868**.
- Team members have a choice in where prescriptions can be filled and **prescriptions filled at Novant Health pharmacies or Walgreens have more favorable copays.**

## Pharmacy plan comparison

| PLAN FEATURES                                  | NOVANT HEALTH PREMIER PLAN  |  |  |
|--|---|--|--|
| Prescription Drugs                             | Novant Health Pharmacies and Walgreens Retail Pharmacies<br>(30- and 90-day Supplies) | Non-Walgreens Retail Pharmacies<br>(30-day Supply) | Novant Health Pharmacies/<br>Walgreens Prescription Home Delivery<br>(90-day Supply) |
| <b>Rx Deductible</b>                           | N/A   | \$150 for brand drugs                              | N/A  |
| <b>Rx Out-of-Pocket Maximum</b>                | \$1,600 EE Only / \$3,200 Family  |  |  |
| <b>Preventive Drug List</b>                    | N/A   | N/A  | N/A  |
| <b>Tier 1 - Generics</b>                       | \$5 (30 days)/<br>\$12 (90 days)  | \$10   | \$12   |
| <b>Tier 2 - Preferred Brands</b>               | \$35 (30 days)/<br>\$85 (90 days)   | \$40 + 20%<br>up to \$150                          | \$85   |
| <b>Tier 3 - Non-Preferred Brands</b>           | \$60 (30 days)/<br>\$180 (90 days)  | \$85 + 40%<br>up to \$150                          | \$180  |
| <b>Tier 4 - Specialty generics</b>             | \$70<br>(30-day limit)  | Not Covered  | \$70<br>(30-day limit)   |
| <b>Tier 5 - Specialty Preferred Brands</b>     | \$100<br>(30-day limit)   | Not Covered  | \$100<br>(30-day limit)  |
| <b>Tier 6 - Specialty Non-Preferred Brands</b> | \$200<br>(30-day limit)   | Not Covered  | \$200<br>(30-day limit)  |
| <b>OOP Maximum per Claim</b>                   | N/A   | \$150  | N/A  |

## Pharmacy plan comparison (continued)

| PLAN FEATURES                                  | 2025 CIGNA PREMIUM PLAN + 2025 STANDARD PLAN  |  |  | CIGNA HIGH DEDUCTIBLE HEALTH PLAN WITH HEALTH SAVINGS ACCOUNT                         |  |  |
|--|---|--|--|---|--|--|
| Prescription Drugs                             | Novant Health Pharmacies and Walgreens Retail Pharmacies<br>(30- and 90-day Supplies) | Non-Walgreens Retail Pharmacies<br>(30-day Supply) | Novant Health Pharmacies/<br>Walgreens Prescription Home Delivery<br>(90-day Supply) | Novant Health Pharmacies and Walgreens Retail Pharmacies<br>(30- and 90-day Supplies) | Non-Walgreens Retail Pharmacies<br>(30-day Supply) | Novant Health Pharmacies/<br>Walgreens Prescription Home Delivery<br>(90-day Supply) |
| <b>Rx Deductible</b>                           | N/A   | \$150 for brand drugs                              | N/A  | \$2,000/\$4,000   |  |  |
| <b>Rx Out-of-Pocket Maximum</b>                | \$1,600 EE Only / \$3,200 Family  |  |  | \$6,000/\$12,000  |  |  |
| <b>Preventive Drug List</b>                    | N/A   | N/A  | N/A  | No Cost   | No Cost  | No Cost  |
| <b>Tier 1 - Generics</b>                       | \$10 (30 days)/<br>\$25 (90 days)   | \$15   | \$25   | Deductible, then 10% Coinsurance  | Deductible, then 25% Coinsurance                   | Deductible, then 10% Coinsurance   |
| <b>Tier 2 - Preferred Brands</b>               | \$40 (30 days)/<br>\$100 (90 days)  | \$45 + 20%<br>up to \$250                          | \$100  | Deductible, then 10% Coinsurance  | Deductible, then 25% Coinsurance                   | Deductible, then 10% Coinsurance   |
| <b>Tier 3 - Non-Preferred Brands</b>           | \$80 (30 days)/<br>\$240 (90 days)  | \$100 + 40%<br>up to \$250                         | \$240  | Deductible, then 10% Coinsurance  | Deductible, then 25% Coinsurance                   | Deductible, then 10% Coinsurance   |
| <b>Tier 4 - Specialty generics</b>             | \$100<br>(30-day limit)   | Not Covered  | \$100<br>(30-day limit)  | Deductible, then 10% Coinsurance  | Not Covered  | Deductible, then 10% Coinsurance   |
| <b>Tier 5 - Specialty Preferred Brands</b>     | \$150<br>(30-day limit)   | Not Covered  | \$150<br>(30-day limit)  | Deductible, then 10% Coinsurance  | Not Covered  | Deductible, then 10% Coinsurance   |
| <b>Tier 6 - Specialty Non-Preferred Brands</b> | \$400<br>(30-day limit)   | Not Covered  | \$400<br>(30-day limit)  | Deductible, then 10% Coinsurance  | Not Covered  | Deductible, then 10% Coinsurance   |
| <b>OOP Maximum per Claim</b>                   | N/A   | \$250  | N/A  | N/A   | N/A  | N/A  |

## Well-being programs

At Novant Health, our patients’ well-being depends upon your well-being. All team members are encouraged to participate in our well-being activities and all benefits-eligible team members have the opportunity to earn incentives, including team members who are not enrolled in a Novant Health medical plan.

| 2025 WELL-BEING PROGRAM INCENTIVE STRUCTURE  |               |   |
|--|---------------|---|
| Participant  | Incentive Cap | Incentive Format  |
| Novant Health Premier Plan, Cigna Standard Plan and Cigna Premium Plan — enrolled team member  | \$900         | HRA, through MotivateMe platform*                           |
| Novant Health Premier Plan, Cigna Standard Plan and Cigna Premium Plan — enrolled spouse (Includes spouses employed and not employed by Novant Health) | \$275         | HRA, through MotivateMe platform**                          |
| HDHP-enrolled team member  | \$250         | Rewards/points, through the Novant Health well-being portal |
| HDHP-enrolled spouse, spouses not employed by Novant Health  | Not eligible  | N/A   |
| Non-enrolled benefits-eligible team member and Novant Health-employed spouse enrolled as a dependent on the High Deductible Health Plan                | \$100         | Rewards/points, through the Novant Health well-being portal |

\* Team members enrolled in the Premier, Standard or Premium medical plans will be eligible to utilize the MotivateMe platform and access living healthy incentive opportunities through the well-being portal.

\*\* Novant Health employed team member spouses who are enrolled as a dependent in the Premier, Standard or Premium medical plan will have access to the well-being portal.

Novant Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-890-5420.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-890-5420.

Visit I-Connect to learn more about the Novant Health well-being portal, including instructions on how to access and how to earn rewards.

## Dental benefits

The dental plan is administered by Cigna and offers in-network and out-of-network coverage. Preventive care is covered at 100%, basic care at 80% and major restorative services at 50%. Orthodontia is covered at 50% for children and adults and provides a lifetime orthodontia maximum of \$1,500 per covered patient.

## Vision benefits

The vision plan is administered by VSP and covers annual eye exams, lenses and frames or contact lenses in lieu of eyeglasses. Many in-network services are covered in full or require a copay, and a plan allowance is associated with many out-of-network services. Discounts are available on laser vision correction, additional glasses and sunglasses and lens enhancements.

## Flexible spending accounts

Flexible spending accounts (FSAs), administered by WEX, allow you to set aside pre-tax money to pay for eligible out-of-pocket healthcare or dependent care expenses. The healthcare FSA allows you to set aside up to \$3,300 for eligible expenses, and the dependent care FSA allows you to set aside up to \$5,000 (\$2,500 if married and filing separately) for child care or adult dependent care expenses. Be sure to calculate your expenses conservatively. FSA account balances do not carry over from year to year. Due to IRS regulations any unused portion of the money left over in your account after the claim submission deadline at the end of the year will be forfeited.

## Accident insurance

Accident insurance pays a benefit directly to you if you or an eligible dependent suffer a covered injury. This benefit can help cover out-of-pocket expenses related to these injuries, such as hospitalization, physical therapy, transportation and more. There are no health questions or physical exams required. Coverage is portable, and you can take your policy with you if you change jobs or retire. You pay the full cost of coverage through payroll deductions.

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations that may affect any benefits payable.

## Critical illness insurance

Critical illness insurance reduces the financial impact of a major illness, such as a heart attack, stroke or cancer. The policy pays a lump sum benefit directly to you once you or a covered family member is diagnosed with a covered condition. You choose the benefit amount when you enroll. Coverage is portable, and you can take your policy with you if you change jobs or retire. You pay the full cost of coverage through payroll deductions.

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations that may affect any benefits payable.

## Hospital care plan

Hospital care coverage provides a fixed benefit when a covered person incurs a hospital stay due to a covered injury or illness. You can use the money however you would like to help pay for expenses such as child care, travel or other out-of-pocket expenses. As with Accident and Critical Illness coverage, this coverage is portable, meaning you can take your policy with you if you change jobs or retire. You pay the full cost of coverage through payroll deductions.

## Life Insurance

### Basic life

Novant Health provides 1.5x your base pay in basic life insurance, at no cost to you, up to a maximum coverage amount of \$1,000,000. Enrollment is automatic, but you should enter beneficiary information into Infor.

### Supplemental life

You may choose to purchase supplemental life and accidental death and dismemberment (AD&D) insurance in addition to the company-paid life insurance benefit. Supplemental life insurance is guaranteed up to \$500,000 and can be purchased in the following increments up to the maximum amount of \$1,000,000 pending approval:

- 1x base pay
- 2x base pay
- 3x base pay
- 4x base pay
- 5x base pay

Dependent life insurance coverage options for your spouse and children are also available.

Accidental death and dismemberment coverage is available as employee-only or family coverage. Spouses over the age of 70 years old are not eligible for AD&D coverage. Coverage options range from \$25,000 to \$500,000.

## Time off

### Paid Time Off (PTO)

Team members at the Director level and above have unlimited PTO available.

### Holiday schedule

Novant Health recognizes seven holidays (listed below). Team member will use accrued PTO for holidays, aligned with the Novant Health paid time off (PTO) policy.

- New Year’s Day
- Martin Luther King Jr. Day
- Memorial Day
- Fourth of July
- Labor Day
- Thanksgiving Day
- Christmas Day

### Paid leaves of absence

Novant Health provides benefits-eligible team members who have been employed for at least 12 months and have worked 1,250 hours during the prior 12 months with the following paid leaves of absence:

- **Parental leave** — Eligible team members are provided with four weeks of paid parental leave at 100% of base pay to allow for the care and well-being of their newborn or adopted child.
- **Caregiver leave** — Eligible team members may take one week of paid leave at 100% of base pay to care for a parent, spouse or child under age 18 experiencing a serious health condition as defined by the Family and Medical Leave Act.

### Bereavement leave

Eligible team members may take paid leave when you experience the loss of a loved one.

|                 |  |
|-----------------|--|
| <b>40 hours</b> | Current spouse and child (including pregnancy loss and stepchild)  |
| <b>24 hours</b> | Father, mother, father-in-law, mother-in-law, brother or sister, step-parent, step-sibling, legal guardian, grandparent and grandchild |
| <b>8 hours</b>  | Brother-in-law, sister-in-law, son-in-law and daughter-in law  |

### Military leave supplemental pay benefit

Novant Health is proud of team members who make personal and professional sacrifices to serve in the U.S. Armed Forces or National Guard. These team members may be activated to support national and international military operations, and when their military pay is less than the base hourly rate of pay at Novant Health, it can be a hardship on the team member and family. Therefore, Novant Health provides supplemental pay equal to the difference between compensation (excluding payments for room and board) for military duty and the team member’s base hourly rate of pay. Military pay supplements will be reviewed annually.

## MetLife legal plan

Whether it’s a planned event like buying a home or preparing a will, or an unexpected problem like a speeding ticket, most of us need legal counsel at some point, and quality legal assistance can be expensive. It can also be hard to know how to find an attorney you trust. With MetLife Legal Plans, you can have a team of top attorneys ready to help you take care of life’s planned and unplanned legal events.

## Caregiver support program

Family First connects you with accredited care experts who take a comprehensive approach to solving all the challenges that arise when you need to find facilities, in-home care or resources for people in your care.

Connect with a personal care expert and manage your care plan using the Family First Digital Care Hub. Visit Family First online at [care.family-first.com](https://care.family-first.com) or call **1-800-214-5410**.

## Adoption assistance

The Adoption Assistance Program provides up to \$3,500 per child (\$7,000 per year maximum) for adoption-related expenses.

## Tuition reimbursement

Eligibility begins after one year of service. Full-time team members can receive up to \$3,000 per calendar year with a maximum degree total based on the approved Plan of Study. Part-time team members may receive up to \$1,500 per calendar year with a maximum degree total based on the approved Plan of Study.

## Disability

### Short-term disability

Novant Health offers short-term disability coverage, which pays a benefit of 60% of your base pay, up to \$2,500 per week.

While short-term disability coverage is voluntary, you will be defaulted to the plan that pays 60% of pay after 30 days. You can use your new hire life event to change to the 15-day plan or opt out of short-term disability coverage altogether. If you opt out or choose to elect coverage for the first time outside of your new hire period, you will be required to answer medical questions to demonstrate evidence of insurability and will be subject to denial or approval by the carrier.

Team members pay the full cost of short-term disability with after-tax dollars so that the benefit is received tax-free should you need it.\*

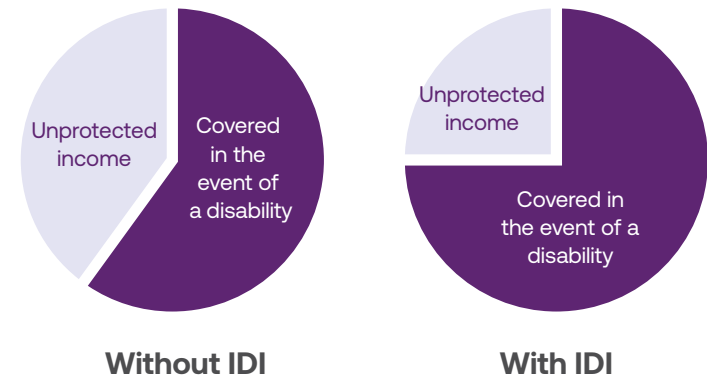
\* Directors and above do not elect short-term disability.

### Long-term disability

Novant Health provides long-term disability coverage at no cost to you. The plan pays a benefit of 60% of your base pay after a 90-day waiting period, with a maximum benefit of \$15,000 per month.

## Executive Individual Disability Insurance (IDI)

The Novant Health Group Long-Term Disability (GLTD) plan limits income replacement at the time of a disability to \$15,000/month. For many highly compensated executives, this limit is inadequate to meet financial needs during a loss of income. With this understanding in mind, Novant Health negotiated a supplemental tier of income replacement called IDI, which increases the monthly limit to \$30,000.



### Key IDI Provisions

The IDI policy provides:

- Own occupation definition of disability, which takes into consideration your substantial and material duties.
- Portability, meaning you can keep your policy at the same premium discount if you leave Novant Health.
- Supplemental Long-Term Disability coverage with no premium deducted from your pay.
- Annual benefit increases, up to the plan maximum, which track with compensation increases.

## Physician Individual Disability Insurance (IDI) (CONTINUED)

### Frequently Asked Questions

#### What happens if I fail to enroll?

Your disability benefits will be limited to the Group Long-Term Disability (GLTD) plan only, with no anticipated opportunity to secure coverage in the Individual Disability Insurance (IDI) plan in the future.

#### Do I have to pay for this IDI coverage?

No. IDI coverage is provided to you by Novant Health. There is no cost to you for this coverage.

#### What medical and financial underwriting is required?

The negotiated guaranteed standard issue IDI has no medical or financial requirements; only the criteria of being active at work.

#### What are the active at work criteria?

No missed time due to injury or sickness in the 90 days prior to your application date and no current limitations to work full-time.

#### Is there any impact to my benefit if I already have Individual Disability Insurance (IDI)?

The application requires disclosure of existing IDI which may adjust your eligible benefit under the plan.

### Additional Questions?

Contact:

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Aon Senior Consultant

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Benefits Analyst

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### Disclosure

The legal documents governing the plans will prevail if there are any inconsistencies or inaccuracies in this material. This material and all provisions in it should not be considered as an employment contract.

| COMPARISON OF GROUP LONG-TERM DISABILITY PLAN VERSUS INDIVIDUAL DISABILITY INSURANCE PLAN PROVISIONS |                                       |                                   |
|--|---------------------------------------|-----------------------------------|
| Feature/Benefit  | GLTD Plan                             | IDI Plan                          |
| <b>Benefit Percentage</b>  | 60%                                   | 75%, less GLTD benefit            |
| <b>Insurable Income</b>  | Salary only                           | Salary and incentive compensation |
| <b>Maximum Benefit</b>   | \$15,000/month                        | \$15,000/month                    |
| <b>Elimination Period</b>  | 90 days                               | 90 days                           |
| <b>Benefit Period</b>  | Social Security normal retirement age | To age 67 or later per schedule   |
| <b>Premium Paid By</b>   | Employer                              | Employer                          |
| <b>Taxable Benefit at Time of Claim</b>  | Yes                                   | Yes                               |
| <b>Definition of Disability</b>  | Own Occupation                        | Own Occupation                    |
| <b>Own Occupation Definition Period</b>  | Full benefit period                   | Full benefit period               |
| <b>Portability</b>   | No                                    | Yes                               |

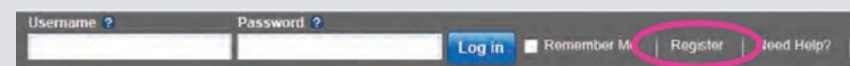


## Novant Health Retirement Plus Plan

Your benefits package at Novant Health includes the Novant Health Retirement Plus Plan. Fidelity Investments provides recordkeeping services for the Plan. You can contact them for assistance or with any questions.

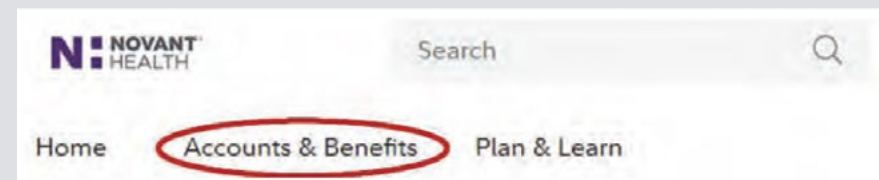
Newly hired team members will be automatically enrolled in the Plan at a pre-tax contribution rate of 4% of your gross pay. Your contributions will be directed to a State Street Target Retirement Fund\*\* based on your date of birth unless you direct otherwise. You have 90 days in which to opt out of the Plan by contacting Fidelity and changing your deferral rate to 0%. If you opt out within 90 days, any contributions, adjusted for market gains and losses while deferred to the Plan, can be requested to be returned to you.

You can access your account at Fidelity by logging on to Fidelity NetBenefits® at [netbenefits.com/NovantHealth](https://netbenefits.com/NovantHealth). Click *Register* at the top of the screen to establish your username and password.



Screenshots are for illustrative purposes.

If you already have other accounts with Fidelity, you can use your existing log in information to access your Novant Health account. After logging in, choose Accounts & Benefits from the ribbon at the top and select Manage Contributions. Select your Plan and change your deferral rate to 0% if you do not wish to participate in the Plan.



You can also contact the Fidelity Retirement Service Center at **800-343-0860**. Service Representatives are available from 8:30 a.m. to midnight ET Monday through Friday, except for New York Stock Exchange holidays excluding Good Friday.

While you are not required to participate in the Plan, we hope you will choose to remain enrolled and take an active role in your retirement planning.

Screenshots are for illustrative purposes.

\* To make a contribution election that is different than the automatic enrollment contribution rate of 4% of your gross pay, contribution rate changes must be entered into Fidelity NetBenefits. Contact the Fidelity Retirement Service Center at 800-343-0860 if you have questions, or if you require additional information.

\*\* Target Date Funds are an asset mix of stocks, bonds and other investments that automatically becomes more conservative as the fund approaches its target retirement date and beyond. Principal invested is not guaranteed.

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## Here are some features of the Plan:

**Contributions:** You can contribute 1 to 60% of your salary on a pre-tax and/or Roth basis to the Plan in 0.1% increments.

Novant Health contributes to your retirement through a dollar-for-dollar match of the first 6% you contribute to the Tax Deferred Savings Plan of Novant Health. Newly eligible team members will be eligible for the matching contribution on their date of hire. The match is contributed to the Savings and Supplemental Retirement Plan of Novant Health. We encourage you to contact Fidelity and consider increasing your contribution rate to 6% to take full advantage of the matching contribution.

Executives can also make contributions to a 457(b) plan on a pre-tax basis and to a 401(a) plan on an after-tax basis. After-tax contributions to the 401(a) plan by Highly Compensated Employees are limited to 5% of eligible compensation.

**Vesting:** When you are "vested" in your savings, it effectively means the money is yours to keep. You are always 100% vested in your contributions to the Plan. The matching contribution is vested after three years of service. You earn one year of vesting service for each calendar year in which you are paid for at least 1,000 hours.

**Auto Increase Program:** An optional program that automatically increases your contribution rate by 1 to 3% on an annual basis. You choose the amount and the date of the increase and can opt out at any time.

**Investment Options:** The Plan offers a full range of investment options to help you reach your retirement savings goals.

**Fidelity BrokerageLink:** BrokerageLink® includes investments beyond those in your plan's lineup. You should compare investments and share classes that are available in your plan's lineup with those available through BrokerageLink and determine the available investment and share class that is appropriate for your situation. The plan fiduciary, Novant Health, neither evaluates nor monitors the investments available through BrokerageLink. It is your responsibility to ensure that the investments you select are suitable for your situation, including your goals, time horizon and risk tolerance. Reference the fact sheet and commission schedule for applicable fees and risks.

**Online planning tools:** Fidelity offers a wide variety of investment analysis and retirement planning tools on NetBenefits®. Click the **Plan & Learn** link at the top left of the NetBenefits homepage and click the **Plan your path to retirement** link to access the Fidelity Planning and Guidance Center.

Before investing in any mutual funds, consider the investment objectives, risks, charges and expenses.

Contact Fidelity for a prospectus or, if available, a summary prospectus containing this information. Read it carefully. Investing involves risk, including risk of loss.

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### Other information about your Plan:

**Fidelity Workplace Financial Consultants:** Fidelity offers one-on-one consultations if you have any questions about retirement planning or would like help determining which investment options may be right for you. You can contact the Fidelity Retirement Planning Team at **800-642-7131** or schedule an appointment online at [fidelity.com/reserve](https://fidelity.com/reserve). Select **Schedule a time to meet**, enter Novant Health Inc. as the employer name, select **Virtual Appointment** under Appointment Type, choose your preferred date and time, then click **register**.

For help choosing your investments or distribution options that are right for you, call **800-642-7131** to speak with a Fidelity Representative.

**Online Beneficiaries Service:** It is important to designate your beneficiaries for the Plan. You can designate, review or update your beneficiary elections using Fidelity's secure online election tool located under the Profile link after logging into NetBenefits at [netbenefits.com/NovantHealth](https://netbenefits.com/NovantHealth). You can also contact the Fidelity Retirement Service Center for a beneficiary form at **800-343-0860**.

**Loans and withdrawals:** Although the Plan is intended for the future, you may borrow from your account for any purpose. Generally, the Plan allows you to borrow up to 50% of your vested account balance. The minimum loan amount is \$1,000 and a loan must not exceed \$50,000. You then pay the money back into your account, plus interest, through deductions from your paycheck. You may have a maximum of one loan at a time.

Withdrawals from the Plan are generally permitted when you terminate your employment, retire, reach age 59½ or become permanently disabled, as defined by your plan.

**Rollovers:** You are permitted to roll over eligible pre-tax assets from another 401(k), 403(b) plan, 401(a) plan or governmental 457(b) retirement plan. The Plan also accepts rollovers from a conduit IRA. Be sure to consider all your available options and the applicable fees and features of each before moving your retirement assets.

We hope you will take full advantage of the Novant Health Retirement Plus Plan to help you reach your retirement saving goals. If you have any questions about the Plan or need assistance in performing a transaction, please call the Fidelity Retirement Service Center at **800-343-0860**.



## YouDecide Team Member Advantages

### Voluntary benefit programs



#### Auto and home insurance

Get the best for less. Side-by-side comparison quoting allows you to compare estimates from top-rated providers and select the one that's best for you.



#### Nationwide pet insurance

Helps to offset the cost of illnesses, injuries and routine wellness care for your furry family members. Cover yourself from unexpected vet bills and routine care.

### Consumer discounts



Access the Team Member Advantages site at [youdecide.com/Novant](https://youdecide.com/Novant).

Need help? Contact your consumer advisor for support (Monday through Friday, 8 a.m. to 7 p.m. ET) at **800-923-4609** or email [advisor@youdecide.com](mailto:advisor@youdecide.com).

Client ID: NOV668



We believe improving your health  
is the right thing to do.

We want you to stay healthy so you can enjoy life now and in retirement. We're dedicated to improving your health by giving you a benefit plan that encourages and rewards you for making healthy choices and achieving healthy outcomes.



Note: This guide is intended to summarize the benefits you receive from Novant Health. The actual determination of your benefits is based solely on the plan documents provided by the carrier of each plan. This summary is not legally binding, is not a contract and does not alter any original plan documents.

For additional information, please call Novant Health Human Resources at **800-890-5420**.

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