

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

Medical	Novant Health Premier Plan 2025		
	Novant Health Plus Network	Alternative Network	Out-of-Network
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
Annual Maximum	None	None	None
Lifetime Maximum	Unlimited	Unlimited	Unlimited

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

Medical	Novant Health Premier Plan 2025		
	Novant Health Plus Network	Alternative Network	Out-of-Network
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
Medical OOP - Limit Any One Member	\$2,500	\$6,800	\$14,000
Medical And Pharmacy Limit Any One Member	\$4,100	\$8,400	\$15,600

Employer Funded HRA	Novant Health Premier Plan 2025		
	Fixed With Salary: < \$150,000	Fixed With Salary: > \$150,000	Wellness Incentive Up To
Employee Only	\$0	\$0	\$900
Employee/Child(ren)	\$0	\$0	\$900
Employee/Spouse	\$0	\$0	\$1,175
Employee/Family	\$0	\$0	\$1,175

Medical	Novant Health Premier Plan 2025		
	Novant Health Plus Network	Alternative Network	Out-of-Network
Hospital Inpatient Services	5%	25%	50%
Hospital Outpatient Services	5%, no deductible*	25%	50%
Physician Inpatient Visits	5%	25%	50%
Physician Surgery, Office	\$60	25%	50%
Physician Surgery, IP and OP	\$75	25%	50%
Hospital Emergency Room	15%	15%	15%
Urgent Care Facility	\$15	25%	50%
PCP Office Services, Excluding Surgery	\$10	25%	50%
Specialist Office Services, Excluding Surgery	\$35	25%	50%
X-Rays and Lab Services, Including Interpretation At Office, Urgent Care	5%, no deductible*	25%	50%
X-Rays and Lab Services, At OP Hospital or Independent Facility	5%, no deductible*	25%	50%
Advanced Radiology (MRI, PET, CT), Office	\$100	25%	50%
Advanced Radiology (MRI, PET, CT), OP	\$100	25%	50%
Hospital Anesthesia (IP or OP)	5%	25%	50%
Preventive Care	\$0	\$0	50%
Hospital IP MH and SA	5%	5%, tier 1 ded/oop	50%
Physician Office MH and SA	\$10	\$10	50%
PT, OT and ST, No Visit Limit	\$10	\$25	50%
Maternity, Hospital	5%	25%	50%
Maternity, Physician Global	\$75	25%	50%
Durable Medical Equipment	5%	5%, tier 1 ded/oop	50%

Network Name	Description
Novant Health Plus Network	<p>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 Provider Network in each market – greater Charlotte market, Winston-Salem market and the Coastal region.</p> <p><b>This network is not the same as the Enhanced Network in the other medical plans.</b></p>
Alternative Network	<p>Known as Tier 2 or Alternative Network. This is the Cigna Open Access Plus Provider Network (not included in the Novant Health Plus Network). If you choose to utilize this network, there is a higher member cost.</p>
Out-of-Network	<p>Known as tier 3 and is the highest cost tier.</p>

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 (tier 1), so you will receive the Alternative Network (tier 2) benefit if the hospital-based provider is not in the Novant Health Plus 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.