Novant Health Premier Plan

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

	Novant Health Premier Plan 2026		
Medical	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.

	Novant Health Premier Plan 2026		
Medical	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

	Novant Health Premier Plan 2026	
Employer Funded HRA	Fixed Funding	Wellness Incentive Up To
Employee Only	$0	$900
Employee/Child(ren)	$0	$900
Employee/Spouse	$0	$1,175
Employee/Family	$0	$1,175

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

	Novant Health Premier Plan 2026		
Medical	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 Provider	15%	15%, Tier 1 ded/oop	15%, Tier 1 ded/oop
Hospital Emergency Room Facility	15%	15%, Tier 2 ded/oop	15%, Tier 3 ded/oop
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 Hospital	$100	25%	50%
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, Physicians Global	$75	25%	50%
Durable Medical Equipment	5%	5%, tier 1 ded/oop	50%

Network Name	Description
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 Blue Options® PPO Network in each market – greater Charlotte market, Winston-Salem market and the 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 Blue Options® PPO 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.

For full plan information visit the benefits home page on I-Connect > Blue Cross NC 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.
Ded/oop is an abbreviation of deductible and out-of-pocket maximum.