

Medical plans

Medical	Premium plan 2019			Standard plan 2019		
	Novant Health Network	Cigna Network	Out-of-network	Novant Health Network	Cigna Network	Out-of-network
Deductible — Copays do not apply to the deductible. Deductibles cross-accumulate.						
Employee only	\$680	\$1,925	\$1,925	\$850	\$2,200	\$2,200
Employee/child(ren)	\$1,000	\$2,900	\$2,900	\$1,275	\$3,300	\$3,300
Employee/spouse	\$1,200	\$3,400	\$3,400	\$1,500	\$3,850	\$3,850
Employee/family	\$1,360	\$3,850	\$3,850	\$1,700	\$4,400	\$4,400
Annual maximum	None			None		
Lifetime maximum	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.						
Employee only	\$2,550	\$3,600	\$6,700	\$4,200	\$4,700	\$7,800
Employee/child(ren)	\$4,000	\$5,600	\$8,700	\$6,500	\$7,300	\$10,400
Employee/spouse	\$4,500	\$6,300	\$9,400	\$7,400	\$8,200	\$11,300
Employee/family	\$5,100	\$7,200	\$10,300	\$8,400	\$9,400	\$12,500
Medical OOP limit any one member	\$2,550	\$3,600	N/A	\$4,200	\$4,700	N/A
Medical and pharmacy limit any one member	\$4,150	\$5,200	N/A	\$5,800	\$6,300	N/A
Employer-funded HRA	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)	\$375	\$0	\$900	\$0	\$0	\$900
Employee/spouse	\$450	\$0	\$1,175	\$0	\$0	\$1,175
Employee/family	\$750	\$0	\$1,175	\$0	\$0	\$1,175
All coinsurance amounts in-network and out-of-network are after the calendar year deductible, except where noted.						
Services	Novant Health Network	Cigna Network	Out-of-network	Novant Health Network	Cigna Network	Out-of-network
Hospital inpatient services	5%	20%	40%	10%	25%	40%
Hospital outpatient services	5%	20%	40%	10%	25%	40%
Physician inpatient visits	5%	20%	40%	10%	25%	40%
Physician surgery, office	\$75	20%	40%	\$85	25%	40%
Physician surgery, IP and OP	\$100	20%	40%	\$200	25%	40%
Hospital emergency room	15%	15%	15%	20%	20%	20%
Urgent care facility	\$20	20%	20%	\$35	25%	25%
PCP office services, excluding surgery	\$10	20%	40%	\$25	25%	40%
Specialist office services, excluding surgery	\$50	20%	40%	\$65	25%	40%
X-rays and lab services, including interpretation at office or OP lab facility	5% no deductible*	20%	40%	10% no deductible*	25%	40%
Advanced radiology (MRI, PET, CT), office	\$125	20%	40%	\$200	25%	40%
Anesthesia (IP or OP)	5%*	20%	40%	10%*	25%	40%
Preventive care	\$0	\$0	40%	\$0	\$0	40%
Hospital IP MH and SA	5%	5%	40%	10%	10%	40%
Physician office MH and SA	\$10	\$10	40%	\$25	\$25	40%
PT, OT and ST, no visit limit	\$10	\$25	40%	\$25	\$40	40%
Maternity, hospital	5%	20%	40%	10%	25%	40%
Maternity, physician global	\$100	20%	40%	\$200	25%	40%

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 Network, so you will receive the Cigna network benefit if the hospital-based provider is not in the Novant Health Network. Novant Health is seeking to expand the number of hospital-based providers in the Novant Health Network.