

Cigna Medical Plans (NHUVA and Eastern NC Market)

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

Medical	PREMIUM PLAN 2021			STANDARD PLAN 2021		
	Novant Health Network	Cigna Network	Out-of-Network	Novant Health Network	Cigna Network	Out-of-Network
Employee Only	\$680	\$750	\$1,925	\$850	\$935	\$2,200
Employee/Child(Ren)	\$1,000	\$1,100	\$2,900	\$1,275	\$1,400	\$3,300
Employee/Spouse	\$1,200	\$1,320	\$3,400	\$1,500	\$1,650	\$3,850
Employee/Family	\$1,360	\$1,500	\$3,850	\$1,700	\$1,870	\$4,400
Annual Maximum	None	None	None	None	None	None
Lifetime Maximum	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	PREMIUM PLAN 2021			STANDARD PLAN 2021		
	Novant Health Network	Cigna Network	Out-of-Network	Novant Health Network	Cigna Network	Out-of-Network
Employee Only	\$ 2,550	\$2,800	\$6,700	\$4,200	\$4,620	\$7,800
Employee/Child(Ren)	\$4,000	\$4,400	\$8,700	\$6,500	\$7,150	\$10,400
Employee/Spouse	\$4,500	\$4,950	\$9,400	\$7,400	\$8,140	\$11,300
Employee/Family	\$5,100	\$5,610	\$10,300	\$8,400	\$9,240	\$12,500
Medical OOP Limit Any One Member	\$2,550	\$2,800	N/A	\$4,200	\$4,620	N/A
Medical And Pharmacy Limit Any One Member	\$4,150	\$ 4,400	N/A	\$5,800	\$6,220	N/A

Employer-Funded HRA	PREMIUM PLAN 2021			STANDARD PLAN 2021		
	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.

Medical	PREMIUM PLAN 2021			STANDARD PLAN 2021		
	Novant Health Network	Cigna Network	Out-of-Network	Novant Health Network	Cigna Network	Out-of-Network
Hospital Inpatient Services	5%	10%	40%	10%	15%	40%
Hospital Outpatient Services	5%	10%	40%	10%	15%	40%
Physician Inpatient Visits	5%	10%	40%	10%	15%	40%
Physician Surgery, Office	\$75	\$85	40%	\$85	\$95	40%
Physician Surgery, IP And OP	\$100	\$125	40%	\$200	\$225	20%
Hospital Emergency Room	15%	15%	15%	20%	20%	25%
Urgent Care Facility	\$20	\$30	20%	\$35	\$40	40%
PCP Office Services, Excluding Surgery	\$10	\$15	40%	\$25	\$30	40%
Specialist Office Services, Excluding Surgery	\$50	\$60	40%	\$65	\$75	40%
X-Rays and Lab Services, Including Interpretation At Office or OP Lab Facility	5% no deductible *	10% no deductible	40%	10% no deductible*	15% no deductible	40%
Advanced Radiology (MRI, PET, CT), Office	\$125	\$150	40%	\$200	\$225	40%
Anesthesia (IP or OP)	5%*	10%	40%	10%*	15%	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	\$15	40%	\$25	\$30	40%
Maternity, Hospital	5%	10%	40%	10%	15%	40%
Maternity, Physician Global	\$100	\$125	40%	\$200	\$225	40%
DME, home health & sleep services	5%**	10%	40%	10%**	15%	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.

**-Novant Health network tier applies when DME services are obtained through Cigna's DME supplier, CareCentrix.