

# Cigna MedicalPlans

**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	\$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	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	\$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	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%	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%	20%
Hospital Emergency Room	15%	15%	15%	20%	20%	25%
Urgent Care Facility	\$20	20%	20%	\$35	25%	40%
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%
DME, home health & sleep services	5%**	20%	40%	10%**	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.

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