NOVANT HEALTH

2027 Benefits guide



NOVANT® HEALTH

Novant Health is committed to providing competitive, valuable benefits that support your health, well-being and financial security.

Despite the rising costs of healthcare, we continue to cover the majority of medical plan premiums and offer comprehensive benefits that provide choice in coverage and care.

Understanding how your benefits work, making informed choices and living a healthy lifestyle can help you get the most from your benefits while supporting your total well-being throughout the year.

Review this guide, consider your healthcare needs and choose the benefits and care options that are right for you and your family.

Novant Health is with you. **All the way.**

Visit benefits.novanthealth.org for plan details.

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When you can enroll

During open enrollment

Open enrollment, held in November each year, is your once-a-year opportunity to review and choose your benefits that will **become effective January 1 of the upcoming plan year.**

During open enrollment, you can enroll, add dependents not previously covered, disenroll dependents or cancel coverage.

Once you enroll, you may not cancel or change your elections until the next benefits open enrollment period unless you experience an IRS-qualifying life event.

As a new team member

You have **31 days** to enroll in **Infor** and submit required documentation if you are enrolling dependents in medical coverage.

If you do not actively enroll in benefits, the following default package will be assigned:

- Basic life insurance (company-paid)
- Long-term disability insurance (company-paid)
- Short-term disability insurance — 30-day elimination period (voluntary, team member-paid)

In addition, all other benefit elections will default to "waive." Therefore, if you intend to have medical coverage with Novant Health, you must take action and actively elect a medical plan. Failure to elect a medical plan will result in you not having medical coverage with Novant Health.

As a current team member who experiences an IRS-qualifying life event

You may change your benefit elections during the year if you have an IRS-qualifying life event.

Examples of qualifying life events include a change in marital status or a change in the number of eligible dependents for reasons such as birth or adoption.

If you experience an IRS-qualifying life event, your benefit changes must be made in **Infor** within **31 days** of the date of the event, even if you are on a benefitted leave of absence during that period. You must also upload documentation verifying your life event.

Any change request you make in benefits coverage must be consistent with your qualifying life event.

Benefit changes are effective on the date of the IRS-qualifying life event change.

If you have questions or require assistance, please call **800-890-5420** or email **AskHR@NovantHealth.org**.

Enroll at work or from home

If completing your enrollment on a work computer

1. From the I-Connect homepage, select **Tools and Services > Team member services > Infor HR & Workforce Management (WFM)**.

If completing your enrollment on a personal computer

1. Go to **NovantHealth.org/Team-Members**.
2. Select the **Infor** link.

Note: If accessing outside of the Novant Health network, you will need to use Microsoft Authenticator to authenticate. Call the IT Service Desk at **866-966-8268** for questions or additional support with Microsoft Authenticator.

When coverage begins

New hire

If the team member is a new hire, flexible benefits begin on the date of hire.

Employment status change or physician practice affiliation

If a team member has an employment status change, their benefits take effect on the date of their employment status change. If a new team member joins Novant Health through a physician practice affiliation, their benefits take effect on the date of the practice affiliation.

Enrollment resources

Visit our benefits website at **benefits.NovantHealth.org**.

This online experience includes medical plan comparison tools, plan summaries and much more.

If you need technical assistance accessing Infor, please call the IT service desk at **866-966-8268**.

How to enroll dependents

Please be prepared with information for yourself, your dependents and your life insurance beneficiaries, including full names, dates of birth and Social Security numbers. If you do not have any of these pieces of information, you will not be able to submit your enrollment event in Infor.

Note: If you will be enrolling dependents in a Novant Health medical plan, you must provide the documentation noted below:

Spouse

1. Copy of marriage certificate and proof of joint debt/ownership. The proof of joint debt/ownership must show both the team member and spouse's names and be dated within the past 90 days.
2. Spouse mandate for medical coverage (submit one of the following):
   - Copy of current proof of receipt of unemployment benefits
   - A letter from your spouse's employer validating they are not eligible for medical coverage through their employer
   - 2025 or 2026 federal income tax return that verifies spouse is self-employed, retired, disabled or unemployed

Children (up to age 26)

Copy of front page of current federal income tax return that includes the child(ren) being enrolled (you may remove all financial information and all but the last four digits of the Social Security number)

If the child(ren) is/are not listed on your tax return, you must provide a copy of the birth certificate(s) showing the team member's name.

Spouse mandate for medical coverage

If your spouse is employed and eligible for employer-sponsored group medical coverage, they cannot be enrolled in a Novant Health medical plan; however, if your spouse is self-employed, unemployed, retired, disabled or their employer does not offer group medical coverage to its employees, your spouse may be eligible for medical coverage with Novant Health.

Satisfactory documentation that verifies a spouse is not eligible for group medical coverage somewhere else is required before a spouse is enrolled in Novant Health medical coverage. **The spouse mandate requirement only applies to medical coverage.** A spouse can be enrolled in dental, vision and life insurance regardless of eligibility for these plans somewhere else.



Medical, pharmacy and well-being

Medical benefits »

Pharmacy benefits »

Well-being programs »

Medical benefits

You can choose from four medical plan options:

- Novant Health Premier Plan
- Blue Standard Plan
- Blue Premium Plan
- Blue High Deductible Health Plan with Health Savings Account (Blue HDHP with HSA)

All four plans include prescription drug coverage through Judi Rx and have out-of-pocket maximums that place a cap on what you pay for covered services in a plan year.

On the next several pages you will find an overview of each of your medical plan options, including details on covered services, costs for care and per paycheck premiums.

Prior Authorization

Tier 1 providers and facilities deliver quality care and consistently better outcomes at lower out-of-pocket costs to team members. To ensure team members receive appropriate and effective care, services outside of Tier 1 will require prior authorization. This applies to all four medical plans.

Novant Health Premier Plan

The Novant Health Premier Plan has the lowest premiums, deductibles, copays and coinsurance for services received within the Novant Health Plus Network. When team members prioritize seeking care from Novant Health providers and facilities they benefit from lower Tier 1 costs. Team members who reside beyond Novant Health's service area are encouraged to evaluate if this plan is a good fit for their healthcare needs.

Blue Standard Plan

The Blue Standard Plan has higher deductibles, copays, out-of-pocket maximums and premiums than the Novant Health Premier Plan. Team members have access to care in the Enhanced Network, Preferred Network and Non-preferred Network. Team members who participate in well-being activities are eligible to earn incentives from Novant Health as contributions to the plan's Health Reimbursement Account (HRA). See Well-being programs on page 31 for more information on HRA contributions.

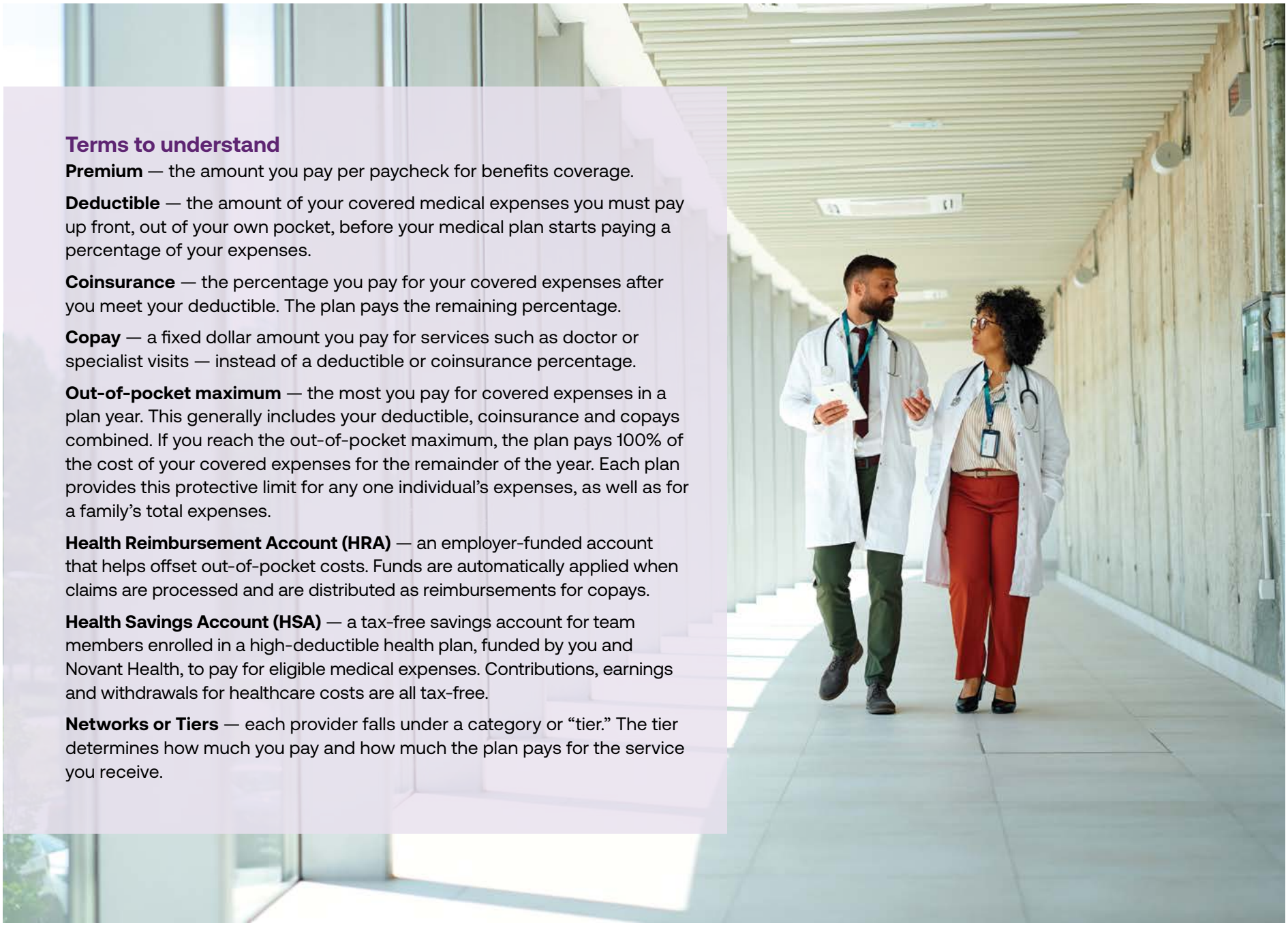
Blue Premium Plan

The Blue Premium Plan offers higher premiums in exchange for lower deductibles, copays and coinsurance. Plan participants in certain coverage tiers receive an initial deposit from Novant Health to the Health Reimbursement Account (HRA). They are also eligible for additional contributions from Novant Health for participating in the well-being program. See Well-being programs on page 31 for more information on HRA contributions.

Blue High Deductible Health Plan with Health Savings Account

The Blue High Deductible Health Plan has the highest deductible but includes a Health Savings Account (HSA) to help you set aside pre-tax funds to cover your medical expenses. This plan does not have copays. You pay 100% of your medical expenses until you meet your deductible. Then your coinsurance begins to cover a percentage of your costs. You continue to pay a percentage of your costs until you have reached your annual out-of-pocket limit. Novant Health contributes $750/individual and $1,500/family to your HSA annually.*

* Contributions are prorated for new hires.



Terms to understand

Premium — the amount you pay per paycheck for benefits coverage.

Deductible — the amount of your covered medical expenses you must pay up front, out of your own pocket, before your medical plan starts paying a percentage of your expenses.

Coinsurance — the percentage you pay for your covered expenses after you meet your deductible. The plan pays the remaining percentage.

Copay — a fixed dollar amount you pay for services such as doctor or specialist visits — instead of a deductible or coinsurance percentage.

Out-of-pocket maximum — the most you pay for covered expenses in a plan year. This generally includes your deductible, coinsurance and copays combined. If you reach the out-of-pocket maximum, the plan pays 100% of the cost of your covered expenses for the remainder of the year. Each plan provides this protective limit for any one individual's expenses, as well as for a family's total expenses.

Health Reimbursement Account (HRA) — an employer-funded account that helps offset out-of-pocket costs. Funds are automatically applied when claims are processed and are distributed as reimbursements for copays.

Health Savings Account (HSA) — a tax-free savings account for team members enrolled in a high-deductible health plan, funded by you and Novant Health, to pay for eligible medical expenses. Contributions, earnings and withdrawals for healthcare costs are all tax-free.

Networks or Tiers — each provider falls under a category or "tier." The tier determines how much you pay and how much the plan pays for the service you receive.

Novant Health Premier Plan

The Novant Health Premier Plan prioritizes care within the Novant Health Plus Network to provide remarkable care and the lowest deductibles, out-of-pocket maximums and premiums of all our plans.

The plan provides four tiers of coverage. It's important to understand how each of them works.

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. **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). Care and services received under this tier are still in-network. If you choose to utilize this network, there is a higher member cost.

Non-Preferred Network

Known as Tier 3. Applies to provider and facility charges at local non-domestic facilities. Care and services received under this tier are still in-network.

Out-of-Network

Known as Tier 4 and is the highest cost tier.

Note: Novant Health completes network reviews on a regular basis. Team members are encouraged to confirm their provider and/or facility's current tier of coverage prior to seeking care.

What happens if...

I am on vacation in another state and I think I have the flu.
Novant Health team members should contact their PCP office to determine next steps. If the team member is unable to contact their PCP or cannot be seen via a virtual health platform, the team member should consider utilizing a **convenience care clinic** or **urgent care**, both of which would be subject to Tier 2 deductible and coinsurance.

If experiencing a medical emergency, you are strongly encouraged to go to the closest emergency room.

Keep in mind that any claims incurred outside of the Novant Health Plus Network will be subject to the Alternative Network (Tier 2), Non-Preferred Network (Tier 3) or Out-of-Network (Tier 4) benefit level. In the case of true emergencies, emergency room provider fees will be covered at the Novant Health Plus Network benefit level regardless of the facility that you use. Other fees, including facility fees, associated with that emergency room visit will be subject to the Alternative Network (Tier 2), Non-Preferred Network (Tier 3) or Out-of-Network (Tier 4) benefit level.

I have chest pains when visiting family in California.
Seek immediate care at the closest emergency room. For true emergencies, the Novant Heath Premier Plan will cover the cost at the Novant Health Plus Network benefit after you pay your deductible and coinsurance, regardless of the facility that you use.

My daughter is living in Cullowhee, North Carolina, while she attends Western Carolina University and she needs to see a provider.
There are no Novant Health providers in her area. If you enroll in this plan, your daughter will need to wait until she is in the Novant Health service area to get the preferred Tier 1 benefit. If she chooses a provider in the Alternative Network, Non-Preferred Network or Out-of-Network, there will be higher out-of-pocket costs.

Novant Health Premier Plan coverage summary

Important notes about medical plan coverage

- **Deductibles:** Copays do not apply to the deductible. Your out-of-pocket expenses cross-accumulate, which means that money you pay toward your deductible in one tier also counts toward the deductible for other tiers.
- **Out-of-pocket maximums:** Your out-of-pocket maximum includes your deductible, coinsurance and copays. All out-of-pocket tiers cross-accumulate. Medical and pharmacy have separate out-of-pocket maximum limits.
- In-network and out-of-network coinsurance amounts are after the calendar year deductible, except where noted.
- Prior authorization is required for services received outside of Tier 1, regardless of the medical plan you choose.

	Novant Health Plus Network (Tier 1)	Alternative Network (Tier 2)	Non-Preferred Network (Tier 3)	Out-of-Network (Tier 4)
DEDUCTIBLE				
Employee Only	$800	$3,300	$4,500	$7,100
Employee + Dependent(s)	$1,600	$6,600	$9,000	$14,200
OUT-OF-POCKET (OOP) MAXIMUM				
Employee Only	$3,000	$7,300	$9,900	$14,500
Employee + Dependent(s)	$6,000	$14,600	$19,800	$29,000
Rx Out-of-Pocket Maximum	$1,700 Employee Only / $3,400 Family	$1,700 Employee Only / $3,400 Family	Not Covered	Not Covered
SERVICES				
Preventive Care	$0, no deductible	$0, no deductible	You pay 45%. Novant Health pays 55%	You pay 55%. Novant Health pays 45%.
Primary Care Office Visit	$10 copay	You pay 30%. Novant Health pays 70%.		
Primary Care Virtual Visit	$10 copay			
Specialist Office Visit	$35 copay			
Hospital Inpatient Services	You pay 10%. Novant Health pays 90%.			
Hospital Outpatient Services	No deductible. You pay 10%. Novant Health pays 90%.			

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Novant Health Premier Plan coverage summary (continued)

	Novant Health Plus Network (Tier 1)	Alternative Network (Tier 2)	Non-Preferred Network (Tier 3)	Out-of-Network (Tier 4)
SERVICES				
Physician Inpatient Visits	You pay 10%. Novant Health pays 90%	You pay 30%. Novant Health pays 70%.	You pay 45%. Novant Health pays 55%.	You pay 55%. Novant Health pays 45%.
Physician Surgery, Office	$60 copay			
Physician Surgery, Inpatient and Outpatient	$75 copay			
Hospital Emergency Room	You pay 20%. Novant Health pays 80%.			
Hospital Emergency Room Provider	You pay 20%. Novant Health pays 80%.	You pay 20%, after Tier 1 deductible. Tier 1 OOP applies. Novant Health pays 80%.	You pay 20%, after Tier 1 deductible. Tier 1 OOP applies. Novant Health pays 80%.	You pay 20%, after Tier 1 deductible. Tier 1 OOP applies. Novant Health pays 80%.
Hospital Emergency Room Facility	You pay 20%. Novant Health pays 80%.	You pay 20%. Novant Health pays 80%.	You pay 20%. Novant Health pays 80%.	You pay 20%. Novant Health pays 80%.
Urgent Care Facility	$15 copay	You pay 30%. Novant Health pays 70%.	You pay 45%. Novant Health pays 55%.	You pay 55%. Novant Health pays 45%.
X-Rays and Lab Services, Including Interpretation At Office, Urgent Care	No deductible. You pay 10%. Novant Health pays 90%.	You pay 30%. Novant Health pays 70%.	You pay 45%. Novant Health pays 55%.	You pay 55%. Novant Health pays 45%.
X-Rays and Lab Services, At Outpatient Hospital or Independent Facility	No deductible. You pay 10%. Novant Health pays 90%.			
Advanced Radiology (MRI, PET, CT), Office	$100 copay			
Advanced Radiology (MRI, PET, CT), Outpatient	$100 copay			
Hospital Inpatient Mental Health and Substance Abuse	You pay 10%. Novant Health pays 90%.	You pay 10%, after Tier 1 deductible. Tier 1 OOP applies. Novant Health pays 90%.	You pay 10%, after Tier 1 deductible. Tier 1 OOP applies. Novant Health pays 90%.	You pay 55%. Novant Health pays 45%.
Physician Office, Mental Health and Substance Abuse	$10 copay	$10 copay	$10 copay	
Physical, Occupational and Speech Therapy, No Visit Limit	$10 copay	$25 copay	You pay 45%. Novant Health pays 55%.	
Maternity, Hospital	You pay 10%. Novant Health pays 90%.	You pay 30%. Novant Health pays 70%.	You pay 45%. Novant Health pays 55%.	
Maternity, Physician Global	$75 copay			
Durable Medical Equipment*	You pay 10%. Novant Health pays 90%.	You pay 10%, after Tier 1 deductible. Tier 1 OOP applies. Novant Health pays 90%.	You pay 45%. Novant Health pays 55%.	

* Novant Health Plus Network tier applies when durable medical equipment and home healthcare services are obtained through Blue Options PPO network.
Note: For more information on these and other services and costs, visit the **Benefits page** of I-Connect.

Blue Standard Plan coverage summary

The Blue Standard Plan offers varying degrees of coverage and cost to you. There are four tiers, or networks, of coverage. Network access and plan designs differ slightly for team members who live beyond a 50-mile radius of a Novant Health hospital. View the Blue Standard Plan features for out-of-area team members here ».

Enhanced Network

Known as Tier 1 or Enhanced Network. Includes all Novant Health facilities, clinics and providers. Also includes some independent providers in our communities.

Preferred Network

Known as Tier 2 or Blue Options PPO network. This is the default in-network tier.

Non-Preferred Network

Known as Tier 3. Applies to provider and facility charges at local non-domestic facilities. Care and services received under this tier are still in-network

Out-of-Network

Known as Tier 4 and is the highest cost tier.

Note: Novant Health completes network reviews on a regular basis. Team members are encouraged to confirm their provider and/or facility's current tier of coverage prior to seeking care.

Important notes about medical plan coverage

- **Deductibles:** Copays do not apply to the deductible. Your out-of-pocket expenses cross-accumulate, which means that money you pay toward your deductible in one tier also counts toward the deductible for other tiers.
- **Out-of-pocket maximums:** Your out-of-pocket maximum includes your deductible, coinsurance and copays. All out-of-pocket tiers cross-accumulate. Medical and pharmacy have separate out-of-pocket maximum limits.
- In-network and out-of-network coinsurance amounts are after the calendar year deductible, except where noted.
- Not all hospital-based providers at Novant Health facilities are in the Enhanced Network (Tier 1). You will receive the Provider Network (Tier 2) or Non-Preferred Network (Tier 3) benefit if the hospital-based provider is not in the Enhanced Network. Novant Health is seeking to expand the number of hospital-based providers in the Enhanced Network.
- Prior authorization is required for services received outside of Tier 1, regardless of the medical plan you choose.

PLAN FEATURES	BLUE STANDARD PLAN			
	Enhanced Network (Tier 1)	Preferred Network (Tier 2)	Non-Preferred Network (Tier 3)	Out-of-Network (Tier 4)
DEDUCTIBLE				
Employee Only	$1,300	$2,300	$3,300	$4,500
Employee + Dependent(s)	$2,600	$4,600	$6,600	$9,000
OUT-OF-POCKET (OOP) MAXIMUMS				
Employee Only	$4,700	$6,700	$7,300	$9,900
Employee + Dependent(s)	$9,400	$13,400	$14,600	$19,800
Rx Out-of-Pocket Maximum	$1,700 Employee Only / $3,400 Family			

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Blue Standard Plan coverage summary (continued)

PLAN FEATURES	BLUE STANDARD PLAN			
	Enhanced Network (Tier 1)	Preferred Network (Tier 2)	Non-Preferred Network (Tier 3)	Out-of-Network (Tier 4)
SERVICES				
Preventive Care	$0	$0	$0	You pay 55%. Novant Health pays 45%.
PCP Office Services, Excluding Surgery	$30 copay	You pay 30%. Novant Health pays 70%.	You pay 45%, after deductible. Novant Health pays 55%.	
Specialist Office Services, Excluding Surgery	$70 copay		You pay 45%. Novant Health pays 55%.	
Hospital Inpatient Services	You pay 20%. Novant Health pays 80%.			
Hospital Outpatient Services	No deductible. You pay 20%. Novant Health pays 80%.			
Physician Inpatient Visits	You pay 20%. Novant Health pays 80%.			
Physician Surgery, Office	$90 copay			
Physician Surgery, Inpatient and Outpatient	$205 copay			
Hospital Emergency Room	You pay 25%. Novant Health pays 75%.	You pay 25%. Novant Health pays 75%.	You pay 25%. Novant Health pays 75%.	You pay 25%. Novant Health pays 75%.
Hospital Emergency Room Provider	You pay 25%. Novant Health pays 75%.	You pay 25%, after Tier 1 deductible. Tier 1 OOP applies. Novant Health pays 75%.	You pay 25%, after Tier 1 deductible. Tier 1 OOP applies. Novant Health pays 75%.	You pay 25%, after Tier 1 deductible. Tier 1 OOP applies. Novant Health pays 75%.
Hospital Emergency Room Facility	You pay 25%. Novant Health pays 75%.	You pay 25%. Novant Health pays 75%.	You pay 25%. Novant Health pays 75%.	You pay 25%. Novant Health pays 75%.

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Blue Standard Plan coverage summary (continued)

PLAN FEATURES	BLUE STANDARD PLAN			
	Enhanced Network (Tier 1)	Preferred Network (Tier 2)	Non-Preferred Network (Tier 3)	Out-of-Network (Tier 4)
SERVICES				
Urgent Care Facility	$35 copay	You pay 30%. Novant Health pays 70%.	You pay 45%, after Tier 3 deductible. Tier 3 OOP applies. Novant Health pays 55%.	You pay 55%. Novant Health pays 45%.
X-Rays and Lab Services, Including Interpretation At Office, Urgent Care	No deductible. You pay 20%. Novant Health pays 80%.		You pay 45%. Novant Health pays 55%.	
X-Rays and Lab Services, At Outpatient Hospital or Independent Facility			You pay 45%, after Tier 3 deductible. Tier 3 OOP applies. Novant Health pays 55%.	
Advanced Radiology (MRI, PET, CT), Office	$205 copay		You pay 45%. Novant Health pays 55%.	
Advanced Radiology (MRI, PET, CT), Outpatient			You pay 45%. Novant Health pays 55%.	
Hospital Inpatient Mental Health and Substance Abuse	You pay 20%. Novant Health pays 80%.	You pay 20%, after Tier 1 deductible. Tier 1 OOP applies. Novant Health pays 80%.	You pay 20%, after Tier 1 deductible. Tier 1 OOP applies. Novant Health pays 80%.	
Physician Office Mental Health and Substance Abuse	$30 copay	$30 copay	$30 copay	
Physical, Occupational and Speech Therapy, No Visit Limit		$45 copay	You pay 45%. Novant Health pays 55%.	
Maternity, Hospital	You pay 20%. Novant Health pays 80%.	You pay 30%. Novant Health pays 70%.		
Maternity, Physician Global	$205 copay			
Durable Medical Equipment*	You pay 20%. Novant Health pays 80%.	You pay 20%, after Tier 1 deductible. Tier 1 OOP applies. Novant Health pays 80%.		

* Enhanced Network tier applies when durable medical equipment and home healthcare services are obtained through Blue Options PPO network.
Note: For more information on these and other services and costs, visit the **Benefits page** of I-Connect.

Blue Premium Plan coverage summary

The Blue Premium Plan offers varying degrees of coverage and cost to you. There are four tiers, or networks, of coverage. Network access and plan designs differ slightly for team members who live beyond a 50-mile radius of a Novant Health hospital. View the Blue Premium Plan features for out-of-area team members here ».

Enhanced Network

Known as Tier 1 or Enhanced Network. Includes all Novant Health facilities, clinics and providers. Also includes some independent providers in our communities.

Preferred Network

Known as Tier 2 or Blue Options PPO network. This is the default in-network tier.

Non-Preferred Network

Known as Tier 3. Applies to provider and facility charges at local non-domestic facilities. Care and services received under this tier are still in-network.

Out-of-Network

Known as Tier 4 and is the highest cost tier.

Note: Novant Health completes network reviews on a regular basis. Team members are encouraged to confirm their provider and/or facility's current tier of coverage prior to seeking care.

Important notes about medical plan coverage

- **Deductibles:** Copays do not apply to the deductible. Your out-of-pocket expenses cross-accumulate, which means that money you pay toward your deductible in one tier also counts toward the deductible for other tiers.
- **Out-of-pocket maximums:** Your out-of-pocket maximum includes your deductible, coinsurance and copays. All out-of-pocket tiers cross-accumulate. Medical and pharmacy have separate out-of-pocket maximum limits.
- In-network and out-of-network coinsurance amounts are after the calendar year deductible, except where noted.
- Not all hospital-based providers at Novant Health facilities are in the Enhanced Network (Tier 1). You will receive the Preferred Network (Tier 2) or Non-Preferred Network (Tier 3) benefit if the hospital-based provider is not in the Enhanced Network. Novant Health is seeking to expand the number of hospital-based providers in the Enhanced Network.
- Prior authorization is required for services received outside of Tier 1, regardless of the medical plan you choose.

PLAN FEATURES	BLUE PREMIUM PLAN			
	Enhanced Network (Tier 1)	Preferred Network (Tier 2)	Non-Preferred Network (Tier 3)	Out-of-Network (Tier 4)
DEDUCTIBLE				
Employee Only	$1,000	$2,050	$2,900	$3,950
Employee + Dependent(s)	$2,000	$4,100	$5,800	$7,900
OUT-OF-POCKET (OOP) MAXIMUMS				
Employee Only	$3,700	$5,500	$6,100	$8,200
Employee + Dependent(s)	$7,400	$11,000	$12,200	$16,400
Rx Out-of-Pocket Maximum	$1,700 Employee Only / $3,300 Family			

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Blue Premium Plan coverage summary (continued)

PLAN FEATURES	BLUE PREMIUM PLAN			
	Enhanced Network (Tier 1)	Preferred Network (Tier 2)	Non-Preferred Network (Tier 3)	Out-of-Network (Tier 4)
SERVICES				
Preventive Care	$0	$0	$0	You pay 55%. Novant Health pays 45%.
PCP Office Services, Excluding Surgery	$25 copay	You pay 30%. Novant Health pays 70%.	You pay 45%. Novant Health pays 55%.	
Specialist Office Services, Excluding Surgery	$55 copay			
Hospital Inpatient Services	You pay 15%. Novant Health pays 85%.			
Hospital Outpatient Services	No deductible. You pay 15%. Novant Health pays 85%.			
Physician Inpatient Visits	You pay 15%. Novant Health pays 85%.			
Physician Surgery, Office	$80 copay			
Physician Surgery, Inpatient and Outpatient	$105 copay			
Hospital Emergency Room	You pay 20%. Novant Health pays 80%.	You pay 20%. Novant Health pays 80%.	You pay 20%. Novant Health pays 80%.	You pay 20%. Novant Health pays 80%.
Hospital Emergency Room Provider	You pay 20%. Novant Health pays 80%.	You pay 20%, after Tier 1 deductible. Tier 1 OOP applies. Novant Health pays 80%.	You pay 20%, after Tier 1 deductible. Tier 1 OOP applies. Novant Health pays 80%.	You pay 20%, after Tier 1 deductible. Tier 1 OOP applies. Novant Health pays 80%.
Hospital Emergency Room Facility	You pay 20%. Novant Health pays 80%.	You pay 20%, after Tier 2 deductible. Tier 2 OOP applies. Novant Health pays 80%.	You pay 20%. Novant Health pays 80%..	You pay 20%. Novant Health pays 80%.

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Blue Premium Plan coverage summary (continued)

<table>
<tr><th>PLAN FEATURES</th><th colspan="4">BLUE PREMIUM PLAN</th></tr>
<tr><th></th><th>Enhanced Network (Tier 1)</th><th>Preferred Network (Tier 2)</th><th>Non-Preferred Network (Tier 3)</th><th>Out-of-Network (Tier 4)</th></tr>
<tr><td colspan="5">SERVICES</td></tr>
<tr><td>Urgent Care Facility</td><td>$30 copay</td><td rowspan="4">You pay 30%.
Novant Health pays 70%.</td><td rowspan="4">You pay 45%.
Novant Health pays 55%.</td><td rowspan="11">You pay 55%.
Novant Health pays 45%.</td></tr>
<tr><td>X-Rays and Lab Services, Including Interpretation At Office, Urgent Care</td><td rowspan="2">No deductible. You pay 15%.
Novant Health pays 85%.</td></tr>
<tr><td>X-Rays and Lab Services, At Outpatient Hospital or Independent Facility</td></tr>
<tr><td>Advanced Radiology (MRI, PET, CT), Office</td><td rowspan="2">$130 copay</td></tr>
<tr><td>Advanced Radiology (MRI, PET, CT), Outpatient</td></tr>
<tr><td>Hospital Inpatient Mental Health and Substance Abuse</td><td>You pay 15%.
Novant Health pays 85%.</td><td>You pay 15%, after Tier 1 deductible. Tier 1 OOP applies. Novant Health pays 85%.</td><td>You pay 15%, after Tier 1 deductible. Tier 1 OOP applies. Novant Health pays 85%.</td></tr>
<tr><td>Physician Office Mental Health and Substance Abuse</td><td rowspan="2">$25 copay</td><td>$25 copay</td><td>$25 copay</td></tr>
<tr><td>Physical, Occupational and Speech Therapy, No Visit Limit</td><td>$40 copay</td><td rowspan="3">You pay 45%.
Novant Health pays 55%.</td></tr>
<tr><td>Maternity, Hospital</td><td>You pay 15%.
Novant Health pays 85%.</td><td rowspan="2">You pay 30%.
Novant Health pays 70%.</td></tr>
<tr><td>Maternity, Physician Global</td><td>$105 copay</td></tr>
<tr><td>Durable Medical Equipment*</td><td>You pay 15%.
Novant Health pays 85%.</td><td>You pay 15%, after Tier 1 deductible. Tier 1 OOP applies. Novant Health pays 85%.</td></tr>
</table>

* Enhanced Network tier applies when durable medical equipment and home healthcare services are obtained through Blue Options PPO network.
Note: For more information on these and other services and costs, visit the **Benefits page** of I-Connect.

Health Reimbursement Account (HRA)

Team members who participate in well-being activities are eligible to earn incentives from Novant Health as contributions to the Novant Health Premier Plan, Blue Standard or Premium Plan Health Reimbursement Account (HRA). Team members who cover a spouse or child(ren) under the Blue Premium Plan will receive HRA fixed funds. Any fixed funds awarded in 2027 that are not used by the end of the year will not roll over. See Well-being programs on page 31 for more information on HRA contributions.

PLAN FEATURES	NOVANT HEALTH PREMIER PLAN	BLUE STANDARD PLAN	BLUE PREMIUM PLAN	
Employer-Funded Health Reimbursement Account (HRA)	Wellness Incentive up to:	Wellness Incentive up to:	Fixed funds	Wellness Incentive up to:
Employee Only	$900	$900	$0	$900
Employee/Child(ren)	$900	$900	$375	$900
Employee/Spouse	$1,175	$1,175	$450	$1,175
Employee/Family	$1,175	$1,175	$750	$1,175

Pro-rated HRA fixed funds schedule for the Blue Premium Plan

Coverage Effective Date Falls Between	Employee Only	Employee/ Child(ren)	Employee/Spouse	Employee/Family
January 1 — March 31	$0	$375	$450	$750
April 1 — June 30	$0	$291.25	$337.50	$562.50
July 1 — September 30	$0	$187.50	$225	$375
October 1 — December 31	$0	$93.75	$112.50	$187.50

Blue High Deductible Health Plan

This health plan has the highest deductible but qualifies for a Health Savings Account (HSA). Team members will receive preventive care at no cost; however, you will pay for medical claims up to the deductible before the plan coinsurance will apply.

Novant Health will contribute a total of $750 per individual or $1,500 per family to your HSA annually. Contributions are made in lump sum ($250 per individual, $500 per family) and per paycheck installments ($19.23 per individual, $38.46 for family).*

In addition to the HSA funding provided by Novant Health, team members can set aside pre-tax dollars to save for when you incur claims in the future. An HSA is a tax-free account that you can use to pay for current and future medical expenses (even medical expenses during retirement). Money in your HSA rolls over year to year and the account is always yours — even if you change employers.

Federal tax regulations restrict the amount contributed to an HSA. In 2027, contributions are limited to:

- Employee Only Health Coverage: $4,500**
- Employee with any Dependent Health Coverage: $9,000**
- Catch-up provision for those 55 & up: $1,000

* HSA paycheck contributions are pro-rated for new hires.

** 2027 IRS limits include Novant Health and team member contributions.

Enhanced Network

Known as Tier 1 or Enhanced Network. Includes all Novant Health facilities, clinics and providers. Also includes some independent providers in our communities.

Preferred Network

Known as Tier 2 or Blue Options PPO network. This is the default in-network tier.

Non-Preferred Network

Known as Tier 3. Applies to provider and facility charges at local non-domestic facilities. Care and services received under this tier are still in-network.

Out-of-Network

Known as Tier 4 and is the highest cost tier.

Note: Novant Health completes network reviews on a regular basis. Team members are encouraged to confirm their provider and/or facility's current tier of coverage prior to seeking care.



HSAs offer a unique triple-tax advantage

1. **Contributions are tax-deductible:** The money you put into an HSA reduces your taxable income for the year.
2. **Earnings grow tax-free:** Any interest or investment gains in the account are not subject to taxes.
3. **Withdrawals for qualified medical expenses are tax-free:** When you use HSA funds for eligible healthcare costs, you don't pay taxes on those withdrawals.

This combination makes HSAs a powerful tool for saving on healthcare expenses — and the money that you and Novant Health contribute to your account is yours to keep forever.

Note: IRS regulations dictate that if you enroll in the Blue High Deductible Health Plan with a Health Savings Account, any existing HRA balances will be forfeited on the effective date of coverage in the Blue High Deductible Health Plan.

Blue High Deductible Health Plan coverage summary

Important notes about medical plan coverage

- **Deductibles:** Copays do not apply to the deductible. Your out-of-pocket expenses cross-accumulate, which means that money you pay toward your deductible in one tier also counts toward the deductible for other tiers.
- **Out-of-pocket maximums:** Your out-of-pocket maximum includes your deductible, coinsurance and copays. All out-of-pocket tiers cross-accumulate. Medical and pharmacy have separate out-of-pocket maximum limits.
- In-network and out-of-network coinsurance amounts are after the calendar year deductible, except where noted.
- Not all hospital-based providers at Novant Health facilities are in the Enhanced Network (Tier 1). You will receive the Preferred Network (Tier 2) or Non-Preferred Network (Tier 3) benefit if the hospital-based provider is not in the Enhanced Network. Novant Health is seeking to expand the number of hospital-based providers in the Enhanced Network.
- Prior authorization is required for services received outside of Tier 1, regardless of the medical plan you choose.

PLAN FEATURES	BLUE HIGH DEDUCTIBLE HEALTH PLAN WITH HEALTH SAVINGS ACCOUNT			
	Enhanced Network (Tier 1)	Preferred Network (Tier 2)	Non-Preferred Network (Tier 3)	Out-of-Network (Tier 4)
DEDUCTIBLE				
Employee Only	$2,100	$3,100	$4,100	$7,100
Employee + Dependent(s)	$4,200	$6,200	$8,200	$14,200
OUT-OF-POCKET (OOP) MAXIMUMS				
Employee Only	$6,500	$8,000	$8,800	$14,500
Employee + Dependent(s)	$13,000	$16,000	$17,600	$29,000
Rx Out-of-Pocket Maximum	Combined with Medical			
HEALTH SAVINGS ACCOUNT				
Novant Health Funding	$750 Employee only / $1,500 Family			
SERVICES				
Preventive Care	$0	$0	$0	You pay 55%. Novant Health pays 45%.
PCP Office Services, Excluding Surgery	You pay 15%. Novant Health pays 85%.	You pay 30%. Novant Health pays 70%.	You pay 45%. Novant Health pays 55%.	
Specialist Office Services, Excluding Surgery				
Hospital Inpatient Services				
Hospital Outpatient Services				

Chart continues on next page

Blue High Deductible Health Plan coverage summary (continued)

PLAN FEATURES	BLUE HIGH DEDUCTIBLE HEALTH PLAN WITH HEALTH SAVINGS ACCOUNT			
	Enhanced Network (Tier 1)	Preferred Network (Tier 2)	Non-Preferred Network (Tier 3)	Out-of-Network (Tier 4)
SERVICES				
Physician Inpatient Visits	You pay 15%. Novant Health pays 85%.	You pay 30%. Novant Health pays 70%.	You pay 45%. Novant Health pays 55%.	You pay 55%. Novant Health pays 45%.
Physician Surgery, Office				
Physician Surgery, Inpatient and Outpatient				
Hospital Emergency Room		You pay 15%. Novant Health pays 85%.	You pay 15%. Novant Health pays 85%.	You pay 15%. Novant Health pays 85%.
Hospital Emergency Room Provider		You pay 15%, after Tier 1 deductible. Tier 1 OOP applies. Novant Health pays 85%.	You pay 15%, after Tier 1 deductible. Tier 1 OOP applies. Novant Health pays 85%.	You pay 15%, after Tier 1 deductible. Tier 1 OOP applies. Novant Health pays 85%.
Hospital Emergency Room Facility		You pay 15%, after Tier 2 deductible. Tier 2 OOP applies. Novant Health pays 85%.	You pay 15%. Novant Health pays 85%.	You pay 15%. Novant Health pays 85%.
Urgent Care Facility		You pay 30%. Novant Health pays 70%.	You pay 45%. Novant Health pays 55%.	You pay 55%. Novant Health pays 45%.
Hospital Inpatient Mental Health and Substance Abuse		You pay 15%, after Tier 1 deductible. Tier 1 OOP applies. Novant Health pays 85%.	You pay 15%, after Tier 1 deductible. Tier 1 OOP applies. Novant Health pays 85%.	
X-Rays and Lab Services, Including Interpretation At Office, Urgent Care		You pay 30%. Novant Health pays 70%.		
X-Rays and Lab Services, At Outpatient Hospital or Independent Facility			You pay 30%. Novant Health pays 70%.	
Advanced Radiology (MRI, PET, CT), Office		You pay 30%. Novant Health pays 70%.		
Advanced Radiology (MRI, PET, CT), Outpatient			You pay 45%. Novant Health pays 55%.	

Chart continues on next page

Blue High Deductible Health Plan coverage summary (continued)

PLAN FEATURES	BLUE HIGH DEDUCTIBLE HEALTH PLAN WITH HEALTH SAVINGS ACCOUNT			
	Enhanced Network (Tier 1)	Preferred Network (Tier 2)	Non-Preferred Network (Tier 3)	Out-of-Network (Tier 4)
SERVICES				
Physician Office Mental Health and Substance Abuse	You pay 15%. Novant Health pays 85%.	You pay 15%, after Tier 1 deductible. Tier 1 OOP applies. Novant Health pays 85%.	You pay 15%, after Tier 1 deductible. Tier 1 OOP applies. Novant Health pays 85%.	You pay 55%. Novant Health pays 45%.
Physical, Occupational and Speech Therapy, No Visit Limit		You pay 30%, after Tier 1 deductible. Tier 1 OOP applies. Novant Health pays 70%.	You pay 45%. Novant Health pays 55%.	
Maternity, Hospital		You pay 30%. Novant Health pays 70%.		
Maternity, Physician Global				
Durable Medical Equipment*		You pay 15%, after Tier 1 deductible. Tier 1 OOP applies. Novant Health pays 85%.		

HEALTH SAVINGS ACCOUNT CONTRIBUTION SCHEDULE				
	Individual		Family	
New Hire Benefits Effective Date	January 1–June 30	July 1–December 31	January 1–June 30	July 1–December 31
Novant Health Upfront Contribution	$250	$125	$500	$250
Team Member per Paycheck Contribution	$19.23	$19.23	$38.46	$38.46
Total Contribution	Will vary depending on when the team member enrolls in benefits.			

* Enhanced Network tier applies when durable medical equipment and home healthcare services are obtained through Blue Options PPO network.
Note: For more information on these and other services and costs, visit the **Benefits page** of I-Connect.

Medical Plan premiums

A TEAM MEMBER PAYS FULL-TIME BENEFIT PREMIUM COSTS IF THEY ARE CLASSIFIED AS WORKING 30 HOURS OR MORE PER WEEK IN INFOR (MINIMUM .75 FTE).			
COVERAGE LEVEL	**TOTAL COST**	**LESS NOVANT HEALTH CONTRIBUTION**	**TEAM MEMBER COST**
Novant Health Premier Plan			
Employee Only	$533.18	$506.52	$26.66
Employee/Child(ren)	$1,114.30	$1,014.01	$100.29
Employee/Spouse	$1,194.28	$1,062.91	$131.37
Employee/Family	$1,684.81	$1,516.33	$168.48
Blue Standard Plan			
Employee Only	$481.24	$423.49	$57.75
Employee/Child(ren)	$1,005.74	$844.82	$160.92
Employee/Spouse	$1,077.93	$862.34	$215.59
Employee/Family	$1,520.66	$1,231.73	$288.93
Blue Premium Plan			
Employee Only	$504.58	$403.66	$100.92
Employee/Child(ren)	$1,054.54	$843.63	$210.91
Employee/Spouse	$1,130.22	$858.97	$271.25
Employee/Family	$1,594.44	$1,227.72	$366.72
Blue High Deductible Health Plan			
Employee Only	$460.39	$409.75	$50.64
Employee/Child(ren)	$959.07	$824.80	$134.27
Employee/Spouse	$1,022.94	$828.58	$194.36
Employee/Family	$1,414.67	$1,174.18	$240.49

Note: Payroll premiums are made on a bi-weekly basis. They are made pre-tax which lowers the amount of taxes you pay.

Tobacco-user surcharge

In addition to the premiums in the chart, **tobacco users who have used any form of tobacco products (e.g., cigarettes, smokeless tobacco products, vapes, etc.) within the previous 30 days will pay $50 more per pay period, per person, for medical coverage**.

If you or a covered spouse are currently a tobacco user, you can still avoid the tobacco-user surcharge by completing the Reasonable Alternative Standard (RAS) by Oct. 31, 2027 if hired prior to Nov. 1, 2027. Review the options available for satisfying the RAS by visiting the well-being portal.

Medical Plan premiums (continued)

A TEAM MEMBER PAYS PART-TIME BENEFIT PREMIUM COSTS IF THEY ARE CLASSIFIED AS WORKING 24 TO 29 HOURS PER WEEK IN INFOR (.6 FTE TO .725 FTE).			
COVERAGE LEVEL	**TOTAL COST**	**LESS NOVANT HEALTH CONTRIBUTION**	**TEAM MEMBER COST**
Novant Health Premier Plan			
Employee Only	$533.18	$382.97	$150.21
Employee/Child(ren)	$1,114.30	$791.74	$322.56
Employee/Spouse	$1,194.28	$878.49	$315.79
Employee/Family	$1,684.81	$1,211.96	$472.85
Blue Standard Plan			
Employee Only	$481.24	$309.88	$171.36
Employee/Child(ren)	$1,005.74	$634.80	$370.94
Employee/Spouse	$1,077.93	$672.91	$405.02
Employee/Family	$1,520.67	$942.59	$578.08
Blue Premium Plan			
Employee Only	$504.59	$283.80	$220.79
Employee/Child(ren)	$1,054.54	$644.64	$409.90
Employee/Spouse	$1,130.22	$668.08	$462.14
Employee/Family	$1,594.43	$944.04	$650.39
Blue High Deductible Health Plan			
Employee Only	$460.39	$292.45	$167.94
Employee/Child(ren)	$959.07	$613.15	$345.92
Employee/Spouse	$1,022.94	$614.85	$408.09
Employee/Family	$1,414.67	$876.90	$537.77

Note: Payroll premiums are made on a bi-weekly basis. They are made pre-tax which lowers the amount of taxes you pay.

Tobacco-user surcharge

In addition to the premiums in the chart, **tobacco users who have used any form of tobacco products (e.g., cigarettes, smokeless tobacco products, vapes, etc.) within the previous 30 days will pay $50 more per pay period, per person, for medical coverage**.

If you or a covered spouse are currently a tobacco user, you can still avoid the tobacco-user surcharge by completing the Reasonable Alternative Standard (RAS) by Oct. 31, 2027 if hired prior to Nov. 1, 2027. Review the options available for satisfying the RAS by visiting the well-being portal.

Tobacco-user surcharge

Definition of tobacco-free

Tobacco-free is defined as a team member or spouse who has not used any form of tobacco products within 30 days prior to their benefits election date.

Tobacco products are defined as any tobacco-derived or tobacco-containing products, nicotine-based products (such as synthetic nicotine), and/or plant-based products including, but not limited to cigarettes, cigars, pipe tobacco, snuff, chewing tobacco, other smokeless products, vape products, electronic cigarettes and other electronic nicotine delivery systems (ENDS).

Nicotine replacement therapies are not considered tobacco products.

Consequences of misrepresentation

You must truthfully and accurately disclose your own tobacco use and, if applicable, your spouse's tobacco use. Falsifying a tobacco designation is considered fraud by Novant Health and may result in disciplinary action, up to and including termination of employment.

Steps for tobacco users to take to avoid the tobacco-user surcharge

Novant Health offers team members and/or their covered spouses an annual opportunity to remove the tobacco-user surcharge by completing the Reasonable Alternative Standards (RAS) as outlined below.

If you and/or your covered spouse want to avoid the tobacco-user surcharge:

- Confirm during the enrollment process that you have been tobacco-free for 30 days prior to your benefits election date.

OR, if you and/or your covered spouse are tobacco users and wish to avoid the tobacco-user surcharge, you must complete one of the following RAS, by Oct. 31, 2027:

- Enroll in and complete the **Quitting Tobacco** video course in the Novant Health well-being portal.*

OR

- Obtain documentation from your primary care provider (PCP) stating you have completed a cessation program directed by them.

Once you have completed one of the RAS listed above, submit a screenshot verifying completion of the **Quitting Tobacco** video course or documentation from your PCP to the Human Resources Solution Center (HRSC) via a ServiceNow HR Inquiry. Under the Category, select Benefits, and use the field to add attachments. You will receive a ServiceNow notification once the RAS documentation has been appropriately validated.

If all covered tobacco users in your family successfully complete the RAS requirements, the tobacco-user surcharge will no longer be charged. You will be refunded the tobacco-user surcharges you paid. It may take up to three pay periods for the surcharge to be refunded.

If the RAS requirement is not completed by Oct. 31, 2027, the tobacco-user surcharge will remain in effect for the remainder of the year.

* Available starting January 1, 2027.

Pharmacy benefits

You automatically receive prescription drug benefits when you enroll in a Novant Health medical plan. However, each plan covers prescription drug benefits differently.

Prescription drug benefits are provided through Judi Rx (formerly Capital Rx). You can call Judi Rx toll-free at **866-622-2779** with any questions.

Some important notes about pharmacy benefits

- Generic drugs are mandatory unless a dispense-as-written (DAW) waiver has been prescribed by your doctor or provider. The difference between the cost of brand and generic is not covered under the copay or out-of-pocket limits.
- Tiers 4 through 6 are filled by the Novant Health Specialty Pharmacy. Call the Novant Health Specialty Pharmacy toll-free at **855-307-6868**.
- Team members have a choice in where prescriptions can be filled and **prescriptions filled at Novant Health or Walgreens retail pharmacies have more favorable copays.**
- The **Blue High Deductible Health Plan** has a **combined medical and pharmacy out-of-pocket maximum** per calendar year:
  - o $6,500 — Employee Only
  - o $13,000 — Family ($6,500 out-of-pocket maximum for any one member)
- Team members enrolled in the Blue High Deductible Health Plan have access to no-cost preventive drugs.



Pharmacy plan coverage summary

Novant Health Premier Plan

PLAN FEATURES	NOVANT HEALTH PREMIER PLAN		
Prescription Drugs	**Novant Health Pharmacies and Walgreens Retail Pharmacies** (30- and 90-day Supplies)	**Non-Walgreens Judi Rx Retail Network Pharmacies** (30-day Supply)	**Novant Health Pharmacies Prescription Home Delivery** (90-day Supply)
Rx Deductible	N/A	$150 for brand drugs	N/A
Rx Out-of-Pocket Maximum	$1,700 Employee Only / $3,400 Family		
Preventive Drug List	N/A		
Tier 1 - Generics	$10 (30 days)/$24 (90 days)	$20	$24
Tier 2 - Preferred Brands	$40 (30 days)/$96 (90 days)	$45 + 25% up to $160	$96
Tier 3 - Non-Preferred Brands	$65 (30 days)/$195 (90 days)	$90 + 45% up to $160	$195
Tier 4 - Specialty Generics	$75 (30-day limit)	Not Covered	$75 (30-day limit)
Tier 5 - Specialty Preferred Brands	$105 (30-day limit)		$105 (30-day limit)
Tier 6 - Specialty Non-Preferred Brands	$205 (30-day limit)		$205 (30-day limit)
OOP Maximum per Claim	N/A	$160	N/A

Blue Standard Plan and Blue Premium Plan

PLAN FEATURES	BLUE STANDARD PLAN AND BLUE PREMIUM PLAN		
Prescription Drugs	**Novant Health Pharmacies and Walgreens Retail Pharmacies** (30- and 90-day Supplies)	**Non-Walgreens Judi Rx Retail Network Pharmacies** (30-day Supply)	**Novant Health Pharmacies Prescription Home Delivery** (90-day Supply)
Rx Deductible	N/A	$150 for brand drugs	N/A
Rx Out-of-Pocket Maximum	$1,700 Employee Only / $3,400 Family		
Preventive Drug List	N/A	N/A	N/A
Tier 1 - Generics	$15 (30 days)/$37 (90 days)	$25	$37
Tier 2 - Preferred Brands	$45 (30 days)/$112 (90 days)	$50 + 25% up to $260	$112
Tier 3 - Non-Preferred Brands	$85 (30 days)/$255 (90 days)	$105 + 45% up to $260	$255
Tier 4 - Specialty Generics	$105 (30-day limit)	Not Covered	$105 (30-day limit)
Tier 5 - Specialty Preferred Brands	$155 (30-day limit)	Not Covered	$155 (30-day limit)
Tier 6 - Specialty Non-Preferred Brands	$405 (30-day limit)	Not Covered	$405 (30-day limit)
OOP Maximum per Claim	N/A	$260	N/A

Pharmacy plan coverage summary (continued)

Blue High Deductible Health Plan with Health Savings Account

PLAN FEATURES	BLUE HIGH DEDUCTIBLE HEALTH PLAN WITH HEALTH SAVINGS ACCOUNT		
Prescription Drugs	**Novant Health Pharmacies and Walgreens Retail Pharmacies** (30- and 90-day Supplies)	**Non-Walgreens Judi Rx Retail Network Pharmacies** (30-day Supply)	**Novant Health Pharmacies Prescription Home Delivery** (90-day Supply)
Rx Deductible	$2,100 Employee Only / $4,200 Family		
Rx Out-of-Pocket Maximum	$6,500 Employee Only / $13,000 Family		
Preventive Drug List	No Cost	No Cost	No Cost
Tier 1 - Generics	Deductible, then 15% Coinsurance	Deductible, then 30% Coinsurance	Deductible, then 15% Coinsurance
Tier 2 - Preferred Brands	Deductible, then 15% Coinsurance	Deductible, then 30% Coinsurance	Deductible, then 15% Coinsurance
Tier 3 - Non-Preferred Brands	Deductible, then 15% Coinsurance	Deductible, then 30% Coinsurance	Deductible, then 15% Coinsurance
Tier 4 - Specialty Generics	Deductible, then 15% Coinsurance	Not Covered	Deductible, then 15% Coinsurance
Tier 5 - Specialty Preferred Brands	Deductible, then 15% Coinsurance	Not Covered	Deductible, then 15% Coinsurance
Tier 6 - Specialty Non-Preferred Brands	Deductible, then 15% Coinsurance	Not Covered	Deductible, then 15% Coinsurance
OOP Maximum per Claim	N/A	N/A	N/A

Well-being programs

At Novant Health, our patients' well-being depends upon your well-being. All team members are encouraged to participate in our well-being activities and all benefits-eligible team members have the opportunity to earn incentives, including team members who are not enrolled in a Novant Health medical plan.

WELL-BEING PROGRAM INCENTIVE STRUCTURE		
Participant	**Incentive Cap**	**Incentive Format**
Novant Health Premier Plan, Blue Standard Plan and Blue Premium Plan — enrolled team member	$900	HRA, through the Novant Health well-being portal
Novant Health Premier Plan, Blue Standard Plan and Blue Premium Plan — enrolled spouse (Includes spouses employed and not employed by Novant Health)	$275	HRA, through the Novant Health well-being portal
Blue High Deductible Health Plan-enrolled team member	$250	Rewards/points, through the Novant Health well-being portal
Non-enrolled benefits-eligible team member and spouse enrolled as a dependent on the Blue High Deductible Health Plan (Includes spouses employed and not employed by Novant Health)	$100	Rewards/points, through the Novant Health well-being portal
PRN team member	Not eligible	N/A

Novant Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **800-890-5420**.

CHÚ Ý: Nêu ban nói Tiêng Viêt, có các dich vu hô tro ngôn ngu miên phí dành cho ban. Goi sô **800-890-5420**.

Healthy Lifestyles Program

The Healthy Lifestyles Program is designed to connect members with smarter, guided chronic condition management and pharmacy care — bridging well-being, medication and improved health outcomes.

This program provides tools, educational resources, treatment options and cost-saving benefits to help you manage Type 1 or Type 2 diabetes mellitus and/or hypertension.

To participate, you must:

- Be enrolled in a Novant Health medical plan (team member subscribers and covered dependents)
- Have a diagnosis of Type 1 or Type 2 diabetes mellitus and/or hypertension
- Maintain an active Novant Health MyChart account

Eligible team members and covered dependents can enroll at any time. For more information and to enroll, visit **NovantHealth.org/healthylifestyles**.



Dental, vision and FSAs

Dental benefits »

Vision benefits »

Flexible spending accounts »

Dental benefits

You can choose between two levels of dental coverage to best suit your needs. Both plans are administered by Cigna and cover preventive care at 100%. The Enhanced Plan covers orthodontia with a lifetime maximum of $2,000. The Base Plan is a lower-cost alternative which offers similar coverage for general services with a lower annual maximum benefit and no orthodontia coverage. The Base Plan also enables you to increase your out-of-pocket maximum by $100 per year, starting in 2027, if you or your family members receive any preventive care service in 2027 and remain enrolled in this plan for subsequent years.

Dental Plan comparison

PLAN FEATURES	BASE PLAN		ENHANCED PLAN	
	Total Cigna DPPO Network	Non-Network	Total Cigna DPPO Network	Non-Network
DEDUCTIBLE				
Deductible — Individual	$50	$50	$50	$50
Deductible — Family	$150	$150	$150	$150
Lifetime Deductible Orthodontics	N/A	N/A	$100	$100
Annual Maximum Benefit	Year 1: $1,000 Year 2: $1,100 Year 3: $1,200 Year 4: $1,300	Year 1: $900 Year 2: $1,000 Year 3: $1,100 Year 4: $1,200	$1,700	$1,300
Lifetime Maximum Orthodontics	N/A	N/A	$2,000	$2,000
SERVICES				
Preventive	$0	$0	$0	$0
Basic	20% (Bridges 50%)	20% (Bridges 50%)	20% (Bridges 50%)	20% (Bridges 50%)
Major	You pay 50%. Novant Health pays 50%.			
Endodontics	You pay 20%. Novant Health pays 80%.			
Periodontics				
Oral Surgery				

Dental Plan premiums

BASE PLAN			
COVERAGE LEVEL	**TOTAL COST**	**LESS NOVANT HEALTH CONTRIBUTION**	**TEAM MEMBER COST**
Employee Only	$18.88	$12.19	$6.69
Employee/Child(ren)	$40.80	$16.78	$24.02
Employee/Spouse	$39.23	$15.65	$23.58
Employee/Family	$66.65	$36.04	$30.61

ENHANCED PLAN			
COVERAGE LEVEL	**TOTAL COST**	**LESS NOVANT HEALTH CONTRIBUTION**	**TEAM MEMBER COST**
Employee Only	$23.79	$12.20	$11.59
Employee/Child(ren)	$51.40	$16.79	$34.61
Employee/Spouse	$49.41	$15.64	$33.77
Employee/Family	$83.95	$36.04	$47.91

Note: Payroll premiums are made on a bi-weekly basis. They are made pre-tax which lowers the amount of taxes you pay.

Vision benefits

The vision plan is administered by VSP and covers annual eye exams, lenses and frames or contact lenses in lieu of eyeglasses. Many in-network services are covered in full or require a copay, and a plan allowance is associated with many out-of-network services. Discounts are available on laser vision correction, additional glasses and sunglasses and lens enhancements.

VISION PAYROLL PREMIUMS	
COVERAGE LEVEL	**TEAM MEMBER COST**
Employee Only	$5.17
Employee/Child(ren)	$8.29
Employee/Spouse	$8.11
Employee/Family	$13.35

Note: Payroll premiums are made on a bi-weekly basis. They are made pre-tax which lowers the amount of taxes you pay.



Flexible spending accounts

Flexible spending accounts (FSAs), administered by WEX, allow you to set aside pre-tax money to pay for eligible out-of-pocket healthcare or dependent care expenses. The healthcare FSA allows you to set aside up to $3,400* for eligible expenses, and the dependent care FSA allows you to set aside up to $7,500 ($3,750 if married and filing separately) for child care or adult dependent care expenses. Be sure to calculate your expenses conservatively. FSA account balances do not carry over from year to year. Due to IRS regulations, any unused money in your account after the claim submission deadline at the end of the year will be forfeited.

* Please note that the 2027 limit for healthcare FSAs has not been set as of the date of this publication. The $3,400 limit for eligible expenses reflects the 2026 limit. The dependent care FSA limit above is current for 2027.



Voluntary benefits

Accident insurance »
Critical illness insurance »
Hospital care plan »
MetLife legal plan »
Auto and home insurance »
Pet insurance »

Accident insurance

Accident insurance pays a benefit directly to you if you or an eligible dependent suffer a covered injury. This benefit can help cover out-of-pocket expenses related to these injuries, such as hospitalization, physical therapy, transportation and more. There are no health questions or physical exams required. Coverage is portable, and you can take your policy with you if you change jobs or retire. You pay the full cost of coverage through payroll deductions.

The policy or its provisions may vary or be unavailable in some states.
The policy has exclusions and limitations that may affect any benefits payable.

Critical illness insurance

Critical illness insurance reduces the financial impact of a major illness, such as a heart attack, stroke or cancer. The policy pays a lump sum benefit directly to you once you or a covered family member is diagnosed with a covered condition. You choose the benefit amount when you enroll. Coverage is portable, and you can take your policy with you if you change jobs or retire. You pay the full cost of coverage through payroll deductions.

The policy or its provisions may vary or be unavailable in some states.
The policy has exclusions and limitations that may affect any benefits payable.

Hospital care plan

Hospital care coverage provides a fixed benefit when a covered person incurs a hospital stay due to a covered injury or illness. You can use the money however you would like to help pay for expenses such as child care, travel or other out-of-pocket expenses. As with Accident and Critical illness coverage, this coverage is portable, meaning you can take your policy with you if you change jobs or retire. You pay the full cost of coverage through payroll deductions.

Team members cannot be enrolled in more than one Hospital Care plan and may not receive coverage under multiple policies, whether as an employee, spouse, or dependent.

MetLife legal plan

Whether it's a planned event like buying a home or preparing a will, or an unexpected problem like a speeding ticket, most of us need legal counsel at some point, and quality legal assistance can be expensive. It can also be hard to know how to find an attorney you trust. With MetLife Legal Plans, you can have a team of top attorneys ready to help you take care of life's planned and unplanned legal events.

Auto and home insurance

Get the best for less with competitive rates on auto and home insurance for Novant Health team members. Side-by-side comparison quoting allows you to compare estimates from top-rated providers and select the one that's best for you. Insurance premiums can be paid directly through payroll deductions, eliminating the hassle of making monthly payments and making it easier to budget with consistent payments spaced evenly throughout the year. Learn more through the Novant Health Team Member Advantages program.

Pet insurance

Offset the cost of illnesses, injuries and routine wellness care for your furry family members with Nationwide pet insurance. Learn more through the Novant Health Team Member Advantage program.

Team Member Advantages

Discover a world of savings exclusively for Novant Health team members through the Team Member Advantages program.

Visit youdecide.com/Novant to start saving on auto and home insurance, pet insurance and more.

Need help?

Contact your consumer advisor for support (Monday through Friday, 8 a.m. to 7 p.m. ET) at **800-923-4609** or email advisor@youdecide.com. Client ID: NOV668



Financial benefits

Disability >>

Life insurance >>

Novant Health Retirement Plus Plan >>

Disability

Short-term disability

Novant Health offers short-term disability coverage, which pays a benefit of 60% of your base pay, up to $2,500 per week.

While short-term disability coverage is voluntary, you will be defaulted to the plan that pays 60% of pay after 30 days. You can use your new hire life event to change to the 15-day plan or opt out of short-term disability coverage altogether. If you opt out or choose to elect coverage for the first time outside of your new hire period, you will be required to answer medical questions to demonstrate evidence of insurability and will be subject to denial or approval by the carrier.

Team members pay the full cost of short-term disability with after-tax dollars so that the benefit is received tax-free, should you need it.*

* Directors and above do not elect short-term disability.

Long-term disability

Novant Health provides long-term disability coverage at no cost to you. The plan pays a benefit of 60% of your base pay after a 90-day waiting period, with a maximum benefit of $15,000 per month.

Physicians and executives are covered by Individual Disability Insurance (IDI) benefits designed to help protect their income in the event of a disability. View the Physician Individual Disability Insurance **here >>**. View the Executives Individual Disability Insurance (IDI) **here >>**.

Life insurance

Basic life

Novant Health provides 1.5x your base pay in basic life insurance, at no cost to you, up to a maximum coverage amount of $1,000,000. Enrollment is automatic, but you should enter beneficiary information into Infor.

Supplemental life

You may choose to purchase supplemental life and accidental death and dismemberment (AD&D) insurance in addition to the company-paid life insurance benefit. Supplemental life insurance is guaranteed up to $500,000 and can be purchased in the following increments up to the maximum amount of $1,000,000 pending approval:

- 1x base pay
- 2x base pay
- 3x base pay
- 4x base pay
- 5x base pay

Dependent life insurance coverage options for your spouse and children are also available.

Accidental death and dismemberment coverage is available as employee-only or family coverage. Spouses over the age of 70 are not eligible for AD&D coverage. Coverage options range from $25,000 to $500,000.

Novant Health Retirement Plus Plan

Your benefits package at Novant Health includes the Novant Health Retirement Plus Plan. Fidelity Investments provides recordkeeping services for the Plan. You can contact them for assistance or with any questions.

Newly hired team members will be automatically enrolled in the Plan at a pre-tax contribution rate of 4% of their gross pay.* Your contributions will be directed to a State Street Target Retirement Fund** based on your date of birth, unless you direct otherwise. You have 90 days in which to opt out of the Plan by contacting Fidelity and changing your deferral rate to 0%. If you opt out within 90 days, any contributions, adjusted for market gains and losses while deferred to the Plan, can be requested to be returned to you.

You can access your account at Fidelity by logging on to Fidelity NetBenefits® at **netbenefits.com/NovantHealth**. Click **Login** at the top of the screen to establish your username and password.



Screenshots are for illustrative purposes.

If you already have other accounts with Fidelity, you can use your existing log in information to access your Novant Health account. After logging in, choose **Accounts & Benefits** from the ribbon at the top and select **Manage Contributions**. Select your Plan and change your deferral rate to 0% if you do not wish to participate in the Plan.



You can also contact the Fidelity Retirement Service Center at **800-343-0860**. Service Representatives are available from 8:30 a.m. to midnight ET Monday through Friday, except for New York Stock Exchange holidays excluding Good Friday.

While you are not required to participate in the Plan, we hope you will choose to remain enrolled and take an active role in your retirement planning.

Screenshots are for illustrative purposes.

* To make a contribution election that is different than the automatic enrollment contribution rate of 4% of your gross pay, contribution rate changes must be entered into Fidelity NetBenefits. Contact the Fidelity Retirement Service Center at **800-343-0860** if you have questions or if you require additional information.

** Target Date Funds are an asset mix of stocks, bonds and other investments that automatically become more conservative as the fund approaches its target retirement date and beyond. Principal invested is not guaranteed.

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Here are some features of the Retirement Plus Plan:

Contributions: You can contribute 1% to 60% of your salary on a pre-tax and/or Roth basis to the Plan in 0.1% increments.

Novant Health contributes to your retirement through a dollar-for-dollar match of the first 4% you contribute to the Tax Deferred Savings Plan of Novant Health each pay period. Newly eligible team members will be eligible for the matching contribution on their date of hire. The match is contributed to the Savings and Supplemental Retirement Plan of Novant Health.

Physicians and executives can also make contributions to a 457(b) plan on a pre-tax basis and to a 401(a) plan on an after-tax basis. After-tax contributions to the 401(a) plan by Highly Compensated Employees are limited to 5% of eligible compensation. After-tax contributions to the Savings and Supplemental Retirement Plan of Novant Health are not eligible for employer matching.

Vesting: When you are "vested" in your savings, it effectively means the money is yours to keep. You are always 100% vested in your contributions to the Plan. The matching contribution is vested after three years of service. You earn one year of vesting service for each calendar year in which you are paid for at least 1,000 hours.

Auto Increase Program: An optional program that automatically increases your contribution rate by 1 to 3% on an annual basis. You choose the amount and the date of the increase and can opt out at any time.

Investment Options: The Plan offers a full range of investment options to help you reach your retirement savings goals.

Fidelity BrokerageLink: BrokerageLink® includes investments beyond those in your Plan's lineup. You should compare investments and share classes that are available in your Plan's lineup with those available through BrokerageLink to determine the available investment and share class that is appropriate for your situation. The Plan fiduciary, Novant Health, neither evaluates nor monitors the investments available through BrokerageLink. It is your responsibility to ensure that the investments you select are suitable for your situation, including your goals, time horizon and risk tolerance. Reference the fact sheet and commission schedule for applicable fees and risks.

Online planning tools: Fidelity offers a wide variety of investment analysis and retirement planning tools on NetBenefits®. Click the **Plan & Learn** link at the top left of the NetBenefits homepage and click the **Manage your plan** link to access the Fidelity Financial Wellness Dashboard.

Before investing in any mutual funds, consider the investment objectives, risks, charges and expenses.

Contact Fidelity for a prospectus or, if available, a summary prospectus containing this information. Read it carefully. Investing involves risk, including risk of loss.

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Other information about your Retirement Plus Plan:

Fidelity Workplace Financial Consultants: Fidelity offers one-on-one consultations if you have any questions about retirement planning or would like help determining which investment options may be right for you. You can contact the Fidelity Retirement Planning Team at **800-642-7131** or schedule an appointment online at **fidelity.com/reserve**. Select **Schedule a time to meet**, enter Novant Health Inc. as the employer name, select **Virtual Appointment** under Appointment Type, choose your preferred date and time, then click **register**.

For help choosing your investments or distribution options that are right for you, call **800-642-7131** to speak with a Fidelity representative.

Online Beneficiaries Service: It is important to designate your beneficiaries for the Plan. You can designate, review or update your beneficiary elections using Fidelity's secure online election tool located under the Profile link after logging into NetBenefits at **netbenefits.com/NovantHealth**. You can also contact the Fidelity Retirement Service Center for a beneficiary form at **800-343-0860**.

Loans and withdrawals: Although the Plan is intended for the future, you may borrow from your account for any purpose. Generally, the Plan allows you to borrow up to 50% of your vested account balance. The minimum loan amount is $1,000 and a loan must not exceed $50,000. You then pay the money back into your account, plus interest, through deductions from your paycheck. You may have a maximum of one loan at a time.

Withdrawals from the Plan are generally permitted when you terminate your employment, retire, reach age 59½ or become permanently disabled, as defined by your Plan.

Rollovers: You are permitted to roll over eligible pre-tax assets from another 401(k), 403(b) plan, 401(a) plan or governmental 457(b) retirement plan. The Plan also accepts rollovers from a conduit IRA. Be sure to consider all your available options and the applicable fees and features of each before moving your retirement assets.

We hope you will take full advantage of the Novant Health Retirement Plus Plan to help you reach your retirement saving goals. If you have any questions about the Plan or need assistance in performing a transaction, please call the Fidelity Retirement Service Center at **800-343-0860**.

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Work-life benefits

Time off >>

Caregiver support program >>

Adoption assistance >>

Tuition reimbursement >>

Consumer discounts >>

Time off

Paid Time Off (PTO)

The purpose of PTO is to provide team members with flexible paid time off from work that can be used for needs such as holidays, vacations, personal or family illness, doctor appointments, school, volunteerism and other activities of your choice. You earn PTO based on your years of service with Novant Health. Team members at the Director level and above have unlimited PTO available.

NOVANT HEALTH PTO SCHEDULE				
Years of Service	**Months of Service**	**Annual Accrual (Days)**	**Bi-Weekly Accrual (Hours)***	**Hourly Accrual Rate**
Less than 1	0-11	Will vary	8.00	0.100000
1 but less than 2	12-23	29	8.92	0.111538
2 but less than 5	24-59	31	9.54	0.119231
5 but less than 15	60-179	34	10.47	0.130875
15+	180+	39	12.00	0.150000

* Accrual is based on a 40-hour work week.

Holiday schedule

Novant Health recognizes seven holidays (listed below). Team members will use accrued PTO for holidays, aligned with the Novant Health paid time off (PTO) policy.

- New Year's Day
- Martin Luther King Jr. Day
- Memorial Day
- Fourth of July
- Labor Day
- Thanksgiving Day
- Christmas Day

Paid leaves of absence

Novant Health provides benefits-eligible team members who have been employed for at least 12 months and have worked 1,250 hours during the prior 12 months with the following paid leaves of absence:

- **Parental leave** — Eligible team members are provided with four weeks of paid parental leave at 100% of base pay to allow for the care and well-being of their newborn or adopted child.
- **Caregiver leave** — Eligible team members may take one week of paid leave at 100% of base pay to care for a parent, spouse or child under age 18 experiencing a serious health condition as defined by the Family and Medical Leave Act.
- **Birth recovery leave** — Physicians are eligible for up to two (2) weeks of paid leave for recovery from childbirth.

Bereavement leave

When eligible team members experience the loss of a loved one, they may take paid leave as detailed below.*

40 hours	Current spouse and child (including pregnancy loss and stepchild)
24 hours	Father, mother, father-in-law, mother-in-law, brother or sister, step-parent, step-sibling, legal guardian, grandparent and grandchild
8 hours	Brother-in-law, sister-in-law, son-in-law and daughter-in law

* For any other time off to attend memorials, funerals, etc., team members may utilize their accrued PTO.

Military leave supplemental pay benefit

Novant Health is proud of team members who make personal and professional sacrifices to serve in the U.S. Armed Forces or National Guard. These team members may be activated to support national and international military operations, and when their military pay is less than the base hourly rate of pay at Novant Health, it can be a hardship on the team member and family. Therefore, Novant Health provides supplemental pay equal to the difference between compensation (excluding payments for room and board) for military duty and the team member's base hourly rate of pay. Military pay supplements will be reviewed annually.

Caregiver support program

Family First connects you with accredited care experts who take a comprehensive approach to solving all the challenges that arise when you need to find facilities, in-home care or resources for people in your care.

Connect with a personal care expert and manage your care plan using the Family First Digital Care Hub. Visit Family First online at care.family-first.com or call **800-214-5410**.

Adoption assistance

The Adoption Assistance Program provides up to $3,500 per child ($7,000 per year maximum) for adoption-related expenses.

Tuition reimbursement

Eligibility begins after 90 days of service. Full-time team members who are classified in Infor as working at least 30 hours per week can receive up to $5,250 per calendar year total based on the approved Plan of Study. Part-time team members may receive up to $2,625 per calendar year based on the approved Plan of Study.

Consumer discounts

Save on the brands, services and experiences you love with Team Member Advantages. Visit youdecide.com/Novant to learn more.



Need help?

Contact your consumer advisor for support (Monday through Friday, 8 a.m. to 7 p.m. ET) at **800-923-4609** or email advisor@youdecide.com. Client ID: NOV668

Benefit resources

ABOUT	CONTACT	PHONE	ONLINE
Benefits enrollment	Infor	800-890-5420	AskHR@NovantHealth.org
Novant Health Premier Plan	BCBSNC	877-722-4871	mycreatehealth.com/employee
Blue Standard, Premium, and HDHP Plans			
Health Reimbursement Account (HRA)	HealthEquity	866-346-5800	my.healthequity.com
Health Savings Account (HSA)	Wex Health	866-451-3399	customer.wexinc.com/login/benefits-login/
Pharmacy	Judi Rx (formerly Capital Rx)	866-622-2779	rx.judi.health
Team member assistance program (EAP)	AllOne Health	800-451-1834	novanthealth.mylifeexpert.com/
Novant Health Well-being Portal	Navigate Wellbeing Solutions	888-282-0822	LiveHealthyNovantHealth.com
Dental	Cigna	800-Cigna24	mycigna.com
Vision	VSP	800-877-7195	vsp.com
Flexible Spending Account	WEX	866-451-3399	customer.wexinc.com/login/benefits-login/
Accident insurance	The Hartford	866-547-4205	myhealthhub.app/thehartford
Critical illness insurance			
Hospital care plan			
Auto and home insurance	YouDecide	800-923-4609	youdecide.com/portal/login/nov668
Pet insurance			
Disability	The Hartford	888-277-4647	mybenefits.thehartford.com/login
Life insurance			
Novant Health Retirement Plus Plan	Fidelity	800-343-0860	netbenefits.com/NovantHealth
Time off	HR Solutions Center	800-890-5420	AskHR@NovantHealth.org
Caregiver support program	Family First	800-214-5410	care.family-first.com/sign-in
Adoption assistance	HR Solutions Center	800-890-5420	AskHR@NovantHealth.org
Tuition reimbursement			TuitionReimbursement@NovantHealth.org
MetLife legal plan	MetLife	800-821-6400	legalplans.com
Consumer discounts	YouDecide	800-923-4609	youdecide.com/Novant



Out-of-area coverage

Blue Standard Plan >>

Blue Premium Plan >>

Blue Standard Plan coverage summary for out-of-area team members

The Blue Standard Plan for out-of-area team members offers varying degrees of coverage and cost to you. There are three tiers, or networks, of coverage. Out-of-area plans are available to team members who live beyond a 50-mile radius of a Novant Health hospital. If you qualify for these plans, they will be included in your medical plan options when you enroll. When you enroll in Infor, select either the Blue Standard or Blue Premium option. You will not see an out-of-area option, but it will be assigned to you on the back-end once your enrollment is processed.

Enhanced Network

Known as Tier 1 or Enhanced Network. Includes all Novant Health facilities, clinics and providers. Also includes some independent providers in our communities.

Blue Options PPO Network

Known as Tier 2 or Blue Options PPO network. This is the default in-network tier.

Non-Preferred Network

Known as Tier 3. Applies to provider and facility charges at local non-domestic facilities. Care and services received under this tier are still in-network

Out-of-Network

Known as Tier 4 and is the highest cost tier.

Note: Novant Health completes network reviews on a regular basis. Team members are encouraged to confirm their provider and/or facility's current tier of coverage prior to seeking care.

Important notes about medical plan coverage

- **Deductibles:** Copays do not apply to the deductible. Your out-of-pocket expenses cross-accumulate, which means that money you pay toward your deductible in one tier also counts toward the deductible for other tiers.
- **Out-of-pocket maximums:** Your out-of-pocket maximum includes your deductible, coinsurance and copays. All out-of-pocket tiers cross-accumulate. Medical and pharmacy have separate out-of-pocket maximum limits.
- In-network and out-of-network coinsurance amounts are after the calendar year deductible, except where noted.
- Not all hospital-based providers at Novant Health facilities are in the Enhanced Network (Tier 1), so you will receive the Blue Options PPO network (Tier 2) benefit if the hospital-based provider is not in the Enhanced Network. Novant Health is seeking to expand the number of hospital-based providers in the Enhanced Network.
- Prior authorization is required for services received outside of Tier 1, regardless of the medical plan you choose.

PLAN FEATURES	BLUE STANDARD PLAN (OUT-OF-AREA)			
	Enhanced Network (Tier 1)	Blue Options PPO Network (Tier 2)	Non-Preferred Network (Tier 3)	Out-of-Network (Tier 4)
DEDUCTIBLE				
Employee Only	$1,300	$1,300	$1,800	$2,300
Employee + Dependent(s)	$2,600	$2,600	$3,600	$4,600
OUT-OF-POCKET (OOP) MAXIMUMS				
Employee Only	$4,700	$4,700	$6,500	$8,300
Employee + Dependent(s)	$9,400	$9,400	$13,000	$16,600
Rx Out-of-Pocket Maximum	$1,700 Employee Only / $3,400 Family			

Chart continues on next page

Blue Standard Plan coverage summary for out-of-area team members (continued)

PLAN FEATURES	BLUE STANDARD PLAN (OUT-OF-AREA)			
	Enhanced Network (Tier 1)	Blue Options PPO Network (Tier 2)	Non-Preferred Network (Tier 3)	Out-of-Network (Tier 4)
SERVICES				
Preventive Care	$0	$0	You pay 45%. Novant Health pays 55%.	You pay 55%. Novant Health pays 45%.
PCP Office Services, Excluding Surgery	$30 copay	$35 copay		
Specialist Office Services, Excluding Surgery	$70 copay	$80 copay		
Hospital Inpatient Services	You pay 15%. Novant Health pays 85%.	You pay 20%. Novant Health pays 80%.		
Hospital Outpatient Services	No deductible. You pay 15%. Novant Health pays 85%.			
Physician Inpatient Visits	You pay 20%. Novant Health pays 80%.			
Physician Surgery, Office	$90 copay	$100 copay		
Physician Surgery, Inpatient and Outpatient	$205 copay	$230 copay		
Hospital Emergency Room	You pay 25%. Novant Health pays 75%.	You pay 25%. Novant Health pays 75%.	You pay 25%. Novant Health pays 75%.	You pay 25%. Novant Health pays 75%.
Hospital Emergency Room Provider	You pay 25%. Novant Health pays 75%.	You pay 25%, after Tier 1 deductible. Tier 1 OOP applies. Novant Health pays 75%.	You pay 25%, after Tier 1 deductible. Tier 1 OOP applies. Novant Health pays 75%.	You pay 25%, after Tier 1 deductible. Tier 1 OOP applies. Novant Health pays 75%.
Hospital Emergency Room Facility	You pay 25%. Novant Health pays 75%.	You pay 25%, after Tier 2 deductible. Tier 2 OOP applies. Novant Health pays 75%.	You pay 25%, after Tier 3 deductible. Tier 3 OOP applies. Novant Health pays 75%.	You pay 25%, after Tier 4 deductible. Tier 4 OOP applies. Novant Health pays 75%.
Urgent Care Facility	$40 copay	$45 copay	You pay 20%. Novant Health pays 80%.	You pay 30%. Novant Health pays 70%.
X-Rays and Lab Services, Including Interpretation At Office, Urgent Care	No deductible. You pay 15%. Novant Health pays 85%.	No deductible. You pay 20%. Novant Health pays 80%.	You pay 45%. Novant Health pays 55%.	You pay 55%. Novant Health pays 45%.
X-Rays and Lab Services, At Outpatient Hospital or Independent Facility				
Advanced Radiology (MRI, PET, CT), Office	$205 copay	$230 copay		
Advanced Radiology (MRI, PET, CT), Outpatient				

Chart continues on next page

PLAN FEATURES	BLUE STANDARD PLAN (OUT-OF-AREA)			
	Enhanced Network (Tier 1)	Blue Options PPO Network (Tier 2)	Non-Preferred Network (Tier 3)	Out-of-Network (Tier 4)
SERVICES				
Hospital Inpatient Mental Health and Substance Abuse	You pay 15%. Novant Health pays 85%.	You pay 15%, after Tier 1 deductible. Tier 1 OOP applies. Novant Health pays 85%.	You pay 45%. Novant Health pays 55%.	You pay 55%. Novant Health pays 45%.
Physician Office Mental Health and Substance Abuse	$30 copay	$30 copay		
Physical, Occupational and Speech Therapy, No Visit Limit		$35 copay		
Maternity, Hospital	You pay 15%. Novant Health pays 85%.	You pay 20%. Novant Health pays 80%.		
Maternity, Physician Global	$205 copay	$230 copay		
Durable Medical Equipment*	$15 copay	You pay 20%. Novant Health pays 80%.		

* Enhanced Network tier applies when durable medical equipment and home healthcare services are obtained through Blue Options PPO network.
Note: For more information on these and other services and costs, visit the **Benefits page** of I-Connect.

Blue Premium Plan coverage summary for out-of-area team members

The Blue Premium Plan for out-of-area team members offers varying degrees of coverage and cost to you. There are three tiers, or networks, of coverage. Out-of-area plans are available to team members who live beyond a 50-mile radius of a Novant Health hospital. If you qualify for these plans, they will be included in your medical plan options when you enroll. When you enroll in Infor, select either the Blue Standard or Blue Premium option. You will not see an out-of-area option, but it will be assigned to you on the back-end once your enrollment is processed.

Enhanced Network

Known as Tier 1 or Enhanced Network. Includes all Novant Health facilities, clinics and providers. Also includes some independent providers in our communities.

Blue Options PPO Network

Known as Tier 2 or Blue Options PPO network. This is the default in-network tier.

Non-Preferred Network

Known as Tier 3. Applies to provider and facility charges at local non-domestic facilities. Care and services received under this tier are still in-network

Out-of-Network

Known as Tier 4 and is the highest cost tier.

Note: Novant Health completes network reviews on a regular basis. Team members are encouraged to confirm their provider and/or facility's current tier of coverage prior to seeking care.

Important notes about medical plan coverage

- **Deductibles:** Copays do not apply to the deductible. Your out-of-pocket expenses cross-accumulate, which means that money you pay toward your deductible in one tier also counts toward the deductible for other tiers.
- **Out-of-pocket maximums:** Your out-of-pocket maximum includes your deductible, coinsurance and copays. All out-of-pocket tiers cross-accumulate. Medical and pharmacy have separate out-of-pocket maximum limits.
- In-network and out-of-network coinsurance amounts are after the calendar year deductible, except where noted.
- Not all hospital-based providers at Novant Health facilities are in the Enhanced Network (Tier 1), so you will receive the Blue Options PPO network (Tier 2) benefit if the hospital-based provider is not in the Enhanced Network. Novant Health is seeking to expand the number of hospital-based providers in the Enhanced Network.
- Prior authorization is required for services received outside of Tier 1, regardless of the medical plan you choose.

PLAN FEATURES	BLUE PREMIUM PLAN (OUT-OF-AREA)			
	Enhanced Network (Tier 1)	Blue Options PPO Network (Tier 2)	Non-Preferred Network (Tier 3)	Out-of-Network (Tier 4)
DEDUCTIBLE				
Employee Only	$1,000	$1,000	$1,500	$2,050
Employee + Dependent(s)	$2,000	$2,000	$3,100	$4,100
OUT-OF-POCKET (OOP) MAXIMUMS				
Employee Only	$3,700	$3,700	$5,450	$7,200
Employee + Dependent(s)	$7,400	$7,400	$10,900	$14,400
Rx Out-of-Pocket Maximum	$1,700 Employee Only / $3,400 Family			

Chart continues on next page

Blue Premium Plan coverage summary for out-of-area team members (continued)

PLAN FEATURES	BLUE PREMIUM PLAN (OUT-OF-AREA)			
	Enhanced Network (Tier 1)	Blue Options PPO Network (Tier 2)	Non-Preferred Network (Tier 3)	Out-of-Network (Tier 4)
SERVICES				
Preventive Care	$0	$0	You pay 30%. Novant Health pays 70%.	You pay 45%. Novant Health pays 55%.
PCP Office Services, Excluding Surgery	$15 copay	$25 copay		
Specialist Office Services, Excluding Surgery	$55 copay	$65 copay		
Hospital Inpatient Services	You pay 10%. Novant Health pays 90%.	You pay 15%. Novant Health pays 85%.		
Hospital Outpatient Services	No deductible. You pay 10%. Novant Health pays 90%.			
Physician Inpatient Visits	You pay 10%. Novant Health pays 90%.			
Physician Surgery, Office	$80 copay	$90 copay		
Physician Surgery, Inpatient and Outpatient	$105 copay	$130 copay		
Hospital Emergency Room	You pay 20%. Novant Health pays 80%.	You pay 20%. Novant Health pays 80%.	You pay 20%. Novant Health pays 80%.	You pay 20%. Novant Health pays 80%.
Hospital Emergency Room Provider	You pay 20%. Novant Health pays 80%.	You pay 20%. Novant Health pays 80%.	You pay 20%, after Tier 1 deductible. Tier 1 OOP applies. Novant Health pays 80%.	You pay 20%, after Tier 1 deductible. Tier 1 OOP applies. Novant Health pays 80%.
Hospital Emergency Room Facility	You pay 20%. Novant Health pays 80%.	You pay 20%, after Tier 2 deductible. Tier 2 OOP applies. Novant Health pays 80%.	You pay 20%, after Tier 3 deductible. Tier 3 OOP applies Novant Health pays 80%.	You pay 20%, after Tier 4 deductible. Tier 4 OOP applies. Novant Health pays 80%.
Urgent Care Facility	$25 copay	$35 copay	You pay 15%. Novant Health pays 85%.	You pay 25%. Novant Health pays 75%.
X-Rays and Lab Services, Including Interpretation At Office, Urgent Care	No deductible. You pay 10%. Novant Health pays 90%.	No deductible. You pay 15%. Novant Health pays 85%.	You pay 30%. Novant Health pays 70%.	You pay 45%. Novant Health pays 55%.
X-Rays and Lab Services, At Outpatient Hospital or Independent Facility				
Advanced Radiology (MRI, PET, CT), Office	$130 copay	$155 copay		
Advanced Radiology (MRI, PET, CT), Outpatient				

Chart continues on next page

Blue Premium Plan coverage summary for out-of-area team members (continued)

PLAN FEATURES	BLUE PREMIUM PLAN (OUT-OF-AREA)			
	Enhanced Network (Tier 1)	Blue Options PPO Network (Tier 2)	Non-Preferred Network (Tier 3)	Out-of-Network (Tier 4)
SERVICES				
Hospital Inpatient Mental Health and Substance Abuse	You pay 10%. Novant Health pays 90%.	You pay 10%, after Tier 1 deductible. Tier 1 OOP applies. Novant Health pays 90%.	You pay 30%. Novant Health pays 70%.	You pay 45%. Novant Health pays 55%.
Physician Office Mental Health and Substance Abuse	$15 copay	$15 copay		
Physical, Occupational and Speech Therapy, No Visit Limit		$25 copay		
Maternity, Hospital	You pay 10%. Novant Health pays 90%.	You pay 15%. Novant Health pays 85%.		
Maternity, Physician Global	$105 copay	$130 copay		
Durable Medical Equipment*	You pay 10%. Novant Health pays 90%.	You pay 15%. Novant Health pays 85%.		

* Enhanced Network tier applies when durable medical equipment and home healthcare services are obtained through Blue Options PPO network.
Note: For more information on these and other services and costs, visit the **Benefits page** of I-Connect.

Health Reimbursement Account (HRA) for out-of-area team members

Team members who participate in well-being activities are eligible to earn incentives from Novant Health as contributions to the Novant Health Premier Plan, Blue Standard or Premium Plan Health Reimbursement Account (HRA). Team members who cover a spouse or child(ren) under the Blue Premium Plan will receive HRA fixed funds. Any fixed funds awarded in 2027 that are not used by the end of the year will not roll over. See Well-being programs on page 31 for more information on HRA contributions.

PLAN FEATURES	NOVANT HEALTH PREMIER PLAN	BLUE STANDARD PLAN	BLUE PREMIUM PLAN	
Employer-Funded Health Reimbursement Account (HRA)	**Wellness Incentive up to:**	**Wellness Incentive up to:**	**Fixed funds**	**Wellness Incentive up to:**
Employee Only	$900	$900	$0	$900
Employee/Child(ren)	$900	$900	$375	$900
Employee/Spouse	$1,175	$1,175	$450	$1,175
Employee/Family	$1,175	$1,175	$750	$1,175

Pro-rated HRA fixed funds schedule for the Blue Premium Plan

Coverage Effective Date Falls Between	Employee Only	Employee/Child(ren)	Employee/Spouse	Employee/Family
January 1 — March 31	$0	$375	$450	$750
April 1 — June 30	$0	$291.25	$337.50	$562.50
July 1 — September 30	$0	$187.50	$225	$375
October 1 — December 31	$0	$93.75	$112.50	$187.50



Individual Disability Income

Physicians >>

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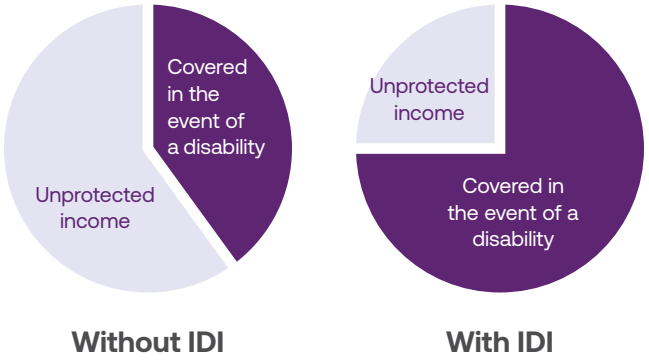
Physician Individual Disability Insurance (IDI)

Novant Health's Long-Term Disability plan replaces 60% of pay up to a monthly maximum benefit of $10,000. For many physicians, the group LTD benefit alone is inadequate. The Physician Individual Disability Insurance (IDI) plan provides an additional 15% of pay replacement to a maximum of $15,000 per month, for a combined maximum monthly benefit of $25,000.



Key IDI Provisions

The IDI policy provides:

- Own occupation definition of disability based on your practice specialty, even if you decide to work in another occupation
- Portability, meaning you can keep your policy at the same premium discount if you leave Novant Health
- Supplemental Long-Term Disability coverage with no premium deducted from your pay
- Annual benefit increases, up to the plan maximum, which track with compensation increases

COMPARISON OF GROUP LONG-TERM DISABILITY PLAN VERSUS INDIVIDUAL DISABILITY INSURANCE PLAN PROVISIONS

FEATURE/BENEFIT	GLTD PLAN	IDI PLAN
Benefit Percentage	60%	75%, less GLTD benefit
Insurable Income	Salary only	Salary and incentive compensation
Maximum Benefit	$10,000/month	$15,000/month
Elimination Period	90 days	90 days
Benefit Period	Social Security normal retirement age	To age 67 or later per schedule
Taxable Benefit at Time of Claim	Yes	Yes
Definition of Disability	"Own Occupation" based on specialty	"Own Occupation" based on specialty
Own Occupation Definition Period	Full benefit period	Full benefit period
Portability	No	Yes

Physician Individual Disability Insurance (IDI) (continued)

Frequently Asked Questions

What happens if I fail to enroll?
Your disability benefits will be limited to the Group Long-Term Disability (GLTD) plan only, with no anticipated opportunity to secure coverage in the Individual Disability Insurance (IDI) plan in the future.

Do I have to pay for this IDI coverage?
No payroll deduction is processed for the IDI; it is a practice expense and as such your participation is expected.

What medical and financial underwriting is required?
The negotiated guaranteed standard issue IDI has no medical or financial requirements; only the criteria of being active at work.

What are the active at work criteria?
No missed time due to injury or sickness in the 90 days prior to your application date and no current limitations to work full-time.

Is there any impact to my benefit if I already have Individual Disability Insurance (IDI)?
The application requires disclosure of existing IDI which may adjust your eligible benefit under the plan.

Additional Questions?

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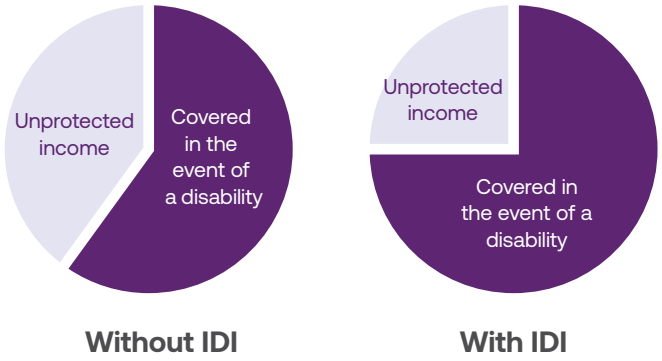
Disclosure

The legal documents governing the plans will prevail if there are any inconsistencies or inaccuracies in this material. This material and all provisions in it should not be considered as an employment contract.

Executive Individual Disability Insurance (IDI)

The Novant Health Group Long-Term Disability (GLTD) plan limits income replacement at the time of a disability to $15,000/month. For many highly compensated executives, this limit is inadequate to meet financial needs during a loss of income. With this understanding in mind, Novant Health negotiated a supplemental tier of income replacement called IDI, which increases the monthly limit to $30,000.



Key IDI Provisions

The IDI policy provides:

- Own occupation definition of disability, which takes into consideration your substantial and material duties.
- Portability, meaning you can keep your policy at the same premium discount if you leave Novant Health.
- Supplemental Long-Term Disability coverage with no premium deducted from your pay.
- Annual benefit increases, up to the plan maximum, which track with compensation increases.

COMPARISON OF GROUP LONG-TERM DISABILITY PLAN VERSUS INDIVIDUAL DISABILITY INSURANCE PLAN PROVISIONS		
FEATURE/BENEFIT	**GLTD PLAN**	**IDI PLAN**
Benefit Percentage	60%	75%, less GLTD benefit
Insurable Income	Salary only	Salary and incentive compensation
Maximum Benefit	$15,000/month	$15,000/month
Elimination Period	90 days	90 days
Benefit Period	Social Security normal retirement age	To age 67 or later per schedule
Premium Paid By	Employer	Employer
Taxable Benefit at Time of Claim	Yes	Yes
Definition of Disability	Own Occupation	Own Occupation
Own Occupation Definition Period	Full benefit period	Full benefit period
Portability	No	Yes

Executive Individual Disability Insurance (IDI) (continued)

Frequently Asked Questions

What happens if I fail to enroll?
Your disability benefits will be limited to the Group Long-Term Disability (GLTD) plan only, with no anticipated opportunity to secure coverage in the Individual Disability Insurance (IDI) plan in the future.

Do I have to pay for this IDI coverage?
No. IDI coverage is provided to you by Novant Health. There is no cost to you for this coverage.

What medical and financial underwriting is required?
The negotiated guaranteed standard issue IDI has no medical or financial requirements; only the criteria of being active at work.

What are the active at work criteria?
No missed time due to injury or sickness in the 90 days prior to your application date and no current limitations to work full-time.

Is there any impact to my benefit if I already have Individual Disability Insurance (IDI)?
The application requires disclosure of existing IDI which may adjust your eligible benefit under the plan.

Additional Questions?

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NOVANT® HEALTH

Note: This guide is intended to summarize the benefits you receive from Novant Health. The actual determination of your benefits is based solely on the plan documents provided by the carrier of each plan. This summary is not legally binding, is not a contract and does not alter any original plan documents.

For additional information, please call Novant Health Human Resources at **800-890-5420**.

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