



2024

New hire benefits enrollment guide

Physicians

N ■ **NOVANT**[®]
HEALTH



Novant Health provides comprehensive benefits to the people who help us deliver the most remarkable patient experience.

Whether it's now or later, the Novant Health benefits program will be of real value to you and your family. You can make flexible benefit selections for medical, dental, vision and life insurance coverage for yourself and your family. Short- and long-term disability benefits add an extra measure of protection. You have the opportunity to save taxes on certain healthcare and dependent care expenses through Flexible Spending Accounts. Additionally, Retirement Plus, our defined contribution retirement plan, helps provide an income during your retirement years.

Visit the Benefits Resource Center website at [NovantHealth.org/benefits](https://www.novanthealth.org/benefits) for plan details.



2024 benefits enrollment

- When and how to enroll
- How to enroll dependents
- When coverage begins
- Enrollment resources

When and how to enroll

If you are:

A new team member

or

A team member experiencing a change in your employment status that allows for enrollment in or a change to your benefits

Then:

You have 31 days to enroll 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:

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

If you need technical assistance accessing PeopleSoft or Infor Global HR, please call the service desk at **866-966-8268** (NH) or **910-667-7855** (NHRMC).

If completing your enrollment on a work computer

For legacy Novant Health team members:

1. From the I-Connect homepage, select *Tools and Services > Team member services > Self Service (PeopleSoft)*.
2. Enter your User ID (six-digit employee ID number).
3. Enter your password (previously created in Password Management).
4. The Employee Service page will open. Under *Main Menu*, select *Self Service > Benefits > Benefits enrollment*.

For legacy NHRMC/NHPEMC team members:

1. Access the NHRMC facility page on I-Connect.
2. Select Infor Global HR.
3. Sign in with Okta.
4. Use the Quick Links from your employee homepage to enroll in benefits.

If completing your enrollment on a personal computer

For Novant Health, NHRMC and NHPEMC team members:

1. Go to NovantHealth.org.
2. Select "For Team Members" at the bottom of the page.
3. Select "Remote Access" in the left menu.
4. Follow steps for Novant Health or New Hanover Regional Medical Center remote access.

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.

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 (reference the call-out box at right):
 - Copy of current proof of receipt of unemployment benefits, or
 - A letter from your spouse's employer validating they are not eligible for medical coverage through their employer, or
 - 2022 federal income tax return that verifies spouse is self-employed, retired, disabled or unemployed

Children (up to age 26)

1. 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)
2. 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.

When coverage begins

New hire

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

Employment status change or physician practice affiliation

If a team member has an employment status change or is a new hire through a physician practice affiliation then flexible benefits take effect on the date of the employment status change or practice affiliation.

Enrollment resources

Go to the Benefits website at Benefits.NovantHealth.org to visit the interactive benefits website.

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

If you have questions or require assistance, please call **800-890-5420** or submit an inquiry via ServiceNow.



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Medical benefits

You can choose from three medical plan options: the Cigna Premium and Standard plans or the Surest medical plan. All three plans include prescription drug coverage through MedImpact and have out-of-pocket maximums that place a cap on what you pay for covered services in a plan year.

Cigna

The Cigna **Premium** and **Standard Plans** require higher team member contributions per paycheck and have deductibles, copays and coinsurance.

Premium Plan participants in certain coverage tiers receive an initial employer-funded health reimbursement account (HRA)* deposit; however, both plans include the opportunity to earn money in an HRA through the well-being program.

Coverage Effective Date Falls Between	Employee Only	Employee/ Child(ren)	Employee/ Spouse	Family
January 1 — March 31	\$0.00	\$375.00	\$450.00	\$750.00
April 1 — June 30	\$0.00	\$281.25	\$337.50	\$562.50
July 1 — September 30	\$0.00	\$187.50	\$225.00	\$375.00
October 1 — December 31	\$0.00	\$93.75	\$112.50	\$187.50

Surest

Surest is a health plan that removes barriers such as deductibles and coinsurance, while making costs more transparent. The Surest plan allows coverage for less common, plannable treatment to be activated if and when you need coverage. This helps keep your cost down, while providing the flexibility to activate coverage at any time during the year, when and if you need it.

* Team members who select the Premium Plan and have a base annual salary greater than \$150,000 do not receive a fixed contribution to the HRA.

Other benefits and insurance

Accident insurance

Accident insurance pays a benefit directly to you if you or an eligible dependent suffers 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.

Dental benefits

The dental plan is administered by Cigna and offers in-network and out-of-network coverage. Preventive care is covered at 100%, basic care at 80% and major restorative services at 50%. Orthodontia is covered at 50% for children and adults and provides a lifetime orthodontia maximum of \$1,500 per covered patient.

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.

Visit the Benefits Resource Center at NovantHealth.org/benefits for more information.

Other benefits and insurance (CONTINUED)

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 \$3,050 for eligible expenses, and the dependent care FSA allows you to set aside up to \$4,992 (\$2,500 if married and filing separately) for child care or adult dependent care expenses. Be sure to calculate your expenses conservatively. IRS regulations require that you forfeit any money left in the account after the claim submission deadline.

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 PeopleSoft if you are a Novant Health team member, and Infor Global HR if you are an NHRMC or a Pender Medical Center team member.

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 can be purchased in the following increments:

1. 1x base pay, 2x base pay, 3x base pay, 4x base pay or 5x base pay. The maximum amount of supplemental life insurance is \$1,000,000.
2. Dependent life insurance coverage options for your spouse and children are also available.
3. Accidental death and dismemberment coverage is available as employee-only or family coverage. Coverage options range from \$25,000 to \$500,000.

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.

Disability

Novant Health offers short-term disability, which pays a benefit of 60% of your base pay, up to \$2,500 per week. 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. Novant Health provides the long-term disability benefit 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 \$10,000 per month*.

*The monthly maximum benefit for physicians is \$10,000 per month, not including the benefit that can be received from the supplemental long-term disability plan.

Paid leaves of absence

Novant Health recognizes the importance of providing eligible physician team members with paid leave opportunities for the following events:

- **Birth recovery leave** — Provides up to two (2) weeks of paid leave for recovery from childbirth.
- **Caregiver leave** — Provides one (1) week of paid leave for the care of a parent, spouse or child under age 18, who is experiencing a serious health condition as defined under the Family and Medical Leave Act.
- **Parental/bonding leave** — Provides up to four (4) weeks of paid leave for bonding with a newborn or newly adopted child.

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.

Visit Benefits.NovantHealth.org for plan details, rates and all required compliance notices.

Cigna medical plans

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

	Premium Plan 2024				Standard Plan 2024			
	Enhanced Network	Preferred Network	Non-Preferred Network	Out-of-Network	Enhanced Network	Preferred Network	Non-Preferred Network	Out-of-Network
Medical								
Employee Only	\$680	\$1,925	\$2,800	\$3,850	\$850	\$2,200	\$3,200	\$4,400
Employee/Child(ren)	\$1,000	\$2,900	\$4,200	\$5,800	\$1,275	\$3,300	\$4,800	\$6,600
Employee/Spouse	\$1,200	\$3,400	\$4,900	\$6,800	\$1,500	\$3,850	\$5,600	\$7,700
Employee/Family	\$1,360	\$3,600	\$5,200	\$7,700	\$1,700	\$4,400	\$6,400	\$8,800
Annual Maximum	None	None	None	None	None	None	None	None
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited

OUT-OF-POCKET MAXIMUM Includes deductible, coinsurance and copays. All out-of-pocket tiers cross-accumulate. Medical and pharmacy out-of-pocket are separate limits.

	Premium Plan 2024				Standard Plan 2024			
	Enhanced Network	Preferred Network	Non-Preferred Network	Out-of-Network	Enhanced Network	Preferred Network	Non-Preferred Network	Out-of-Network
Medical								
Employee Only	\$2,550	\$3,600	\$5,200	\$7,200	\$4,200	\$4,700	\$6,800	\$9,400
Employee/Child(ren)	\$4,000	\$5,600	\$8,100	\$11,200	\$6,500	\$7,300	\$10,500	\$14,600
Employee/Spouse	\$4,500	\$6,300	\$9,100	\$12,600	\$7,400	\$8,200	\$11,900	\$16,400
Employee/Family	\$5,100	\$7,450	\$10,800	\$14,400	\$8,400	\$9,400	\$13,600	\$18,800
Medical Out-of-Pocket Limit Any One Member	\$2,550	\$3,600	\$5,200	N/A	\$4,200	\$4,700	\$6,800	N/A
Member and Pharmacy Limit Any One Member	\$4,150	\$5,200	\$6,800	N/A	\$5,800	\$6,300	\$8,400	N/A

	Premium Plan 2024			Standard Plan 2024		
	Fixed with Salary: <\$150,000	Fixed with Salary: >\$150,000	Wellness Incentive Up To:	Fixed with Salary: <\$150,000	Fixed with Salary: >\$150,000	Wellness Incentive Up To:
Employer-Funded HRA						
Employee Only	\$0	\$0	\$900	\$0	\$0	\$900
Employee/Child(ren)	\$375	\$0	\$900	\$0	\$0	\$900
Employee/Spouse	\$450	\$0	\$1,175	\$0	\$0	\$1,175
Employee/Family	\$750	\$0	\$1,175	\$0	\$0	\$1,175

Network Name	Description
Enhanced Network	Known as tier 1 or Novant Health Network. Includes all Novant Health facilities, clinics and providers. Also, includes some independent providers in our communities.
Preferred Network	Known as tier 2 or Cigna Network. This is the default in-network tier and includes the Cigna Open Access Provider Network.
Non-Preferred Network	Known as tier 3. Applies to facility charges at local non-domestic facilities.
Out-of-Network	Known as tier 4 and is the highest cost tier.

For full plan information, visit your Benefits home page on I-Connect.

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

	Premium Plan 2024				Standard Plan 2024			
	Enhanced Network	Preferred Network	Non-Preferred Network	Out-of-Network	Enhanced Network	Preferred Network	Non-Preferred Network	Out-of-Network
Medical								
Hospital Inpatient Services	5%	20%	40%, tier 3 ded/oop	50%	10%	25%	40%, tier 3 ded/oop	50%
Hospital Outpatient Services	5%, No Deductible*	20%	40%, tier 3 ded/oop	50%	10%, No Deductible*	25%	40%, tier 3 ded/oop	50%
Physician Inpatient Visits	5%	20%	20%, tier 2 ded/oop	50%	10%	25%	25%, tier 2 ded/oop	50%
Physician Surgery, Office	\$75	20%	20%, tier 2 ded/oop	50%	\$85	25%	25%, tier 2 ded/oop	50%
Physician Surgery, Inpatient and Outpatient	\$100	20%	20%, tier 2 ded/oop	50%	\$200	25%	25%, tier 2 ded/oop	50%
Hospital Emergency Room	15%	15%	15%, tier 3 ded/oop	15%	20%	20%	20%, tier 2 ded/oop	20%
Urgent Care Facility	\$20	20%	40%, tier 3 ded/oop	20%	\$35	25%	40%, tier 3 ded/oop	25%
PCP Office Services, Excluding Surgery	\$10	20%	20%, tier 2 ded/oop	50%	\$25	25%	25%, tier 2 ded/oop	50%
Specialist Office Services, Excluding Surgery	\$50	20%	20%, tier 2 ded/oop	50%	\$65	25%	25%, tier 2 ded/oop	50%
X-Rays and Lab Services, Including Interpretation at Office, Urgent Care	5%, No Deductible*	20%	20%, tier 2 ded/oop	50%	10%, No Deductible*	25%	25%, tier 2 ded/oop	50%
X-Rays and Lab Services, at OP Hospital or Independent Facility	5%, No Deductible*	20%	40%, tier 3 ded/oop	50%	10%, No Deductible*	25%	40%, tier 3 ded/oop	50%
Advanced Radiology (MRI, PET, CT), Office	\$125	20%	20%, tier 2 ded/oop	50%	\$200	25%	25%, tier 2 ded/oop	50%
Advanced Radiology (MRI, PET, CT), OP Hospital	\$125	20%	40%, tier 3 ded/oop	50%	\$200	25%	40%, tier 3 ded/oop	50%
Anesthesia (Inpatient or Outpatient)	5%*	20%	40%, tier 3 ded/oop	50%	10%*	25%	40%, tier 3 ded/oop	50%
Preventive Care	\$0	\$0	\$0	50%	\$0	\$0	\$0	50%
Hospital Inpatient mental health and substance abuse	5%	5%, tier 1 ded/oop	5%, tier 1 ded/oop	50%	10%	10%, tier 1 ded/oop	10%, tier 1 ded/oop	50%
Physician Office mental health and substance abuse	\$10	\$10	\$10	50%	\$25	\$25	\$25	50%
Physical Therapy, Occupational Therapy and Speech Therapy, No Visit Limit	\$10	\$25	Professional \$25, Outpt 40%, tier 3 ded/oop	50%	\$25	\$40	Professional \$40, Outpt 40%, tier 3 ded/oop	50%
Maternity, Hospital	5%	20%	40%, tier 3 ded/oop	50%	10%	25%	40%, tier 3 ded/oop	50%
Maternity, Physician Global	\$100	20%	20%, tier 2 ded/oop	50%	\$200	25%	25%, tier 2 ded/oop	50%
Durable Medical Equipment (DME), Home Health	5%**	5%, tier 1 ** ded/oop	5%, tier 1 ** ded/oop	50%	10%**	10%, tier 1 ** ded/oop	10%, tier 1 ** ded/oop	50%

For full plan information visit the benefits home page on I-Connect > Cigna summary benefit coverage.

* Not all hospital-based providers at Novant Health facilities are in the Novant Health Network (tier 1), so you will receive the Cigna network (tier 2) benefit if the hospital-based provider is not in the Novant Health Network. Novant Health is seeking to expand the number of hospital-based providers in the Novant Health Network.

** Novant Health network tier applies when DME and HHC services are obtained through Cigna's DME and HHC network, eviCore.

Surest medical plan

The Surest plan is designed to be easier, with no deductible, no coinsurance and the ability to see upfront prices (copays) for health services before making an appointment. From day one, you have coverage for services, from colds to cancer treatment.

Your Surest plan also includes the flexibility to activate coverage through a feature called flexible coverage. This means, for a set list of plannable treatments and procedures (think: knee replacement), you simply need to activate the coverage for your preferred provider at least three business days in advance of receiving the care. Typically, fewer than 2% of Surest members activate coverage during the plan year. The cost of activating coverage is paid through paycheck deductions, for a set period of time, and may or may not require a copay at the time of service. Paycheck deductions begin once a member activates coverage. Once a member meets the cost, the deductions are complete. There is a maximum per paycheck amount set by Novant Health in the rare event of multiple activations. The specific amount and number of paycheck deductions for each procedure is available at [Join.Surest.com/NovantHealth](https://www.join-surest.com/NovantHealth), access code: *Novant2024*.

DEDUCTIBLE There are no deductibles with the Surest medical plan.			
OUT-OF-POCKET MAXIMUM Includes all copay costs. Payroll deduction amounts for coverages that require activation do not accumulate toward out-of-pocket maximum amounts. Out-of-pocket amounts accumulate across Novant Health, Surest (UHC Choice Plus) Network, and out-of-network. Medical and pharmacy out-of-pocket are separate limits.			
	Surest Medical Plan 2024		
Medical	Novant Health Network	Surest (UHC Choice Plus) Network	Out-of-Network
Deductible (Individual/Family)	\$0	\$0	\$0
Individual Out-of-Pocket Maximum	\$3,400	\$4,400	\$8,800
Family Out-of-Pocket Maximum	\$6,800	\$8,800	\$17,600
Medical Out-of-Pocket Limit Any One Member	\$3,400	\$4,400	\$8,800
Pharmacy Out-of-Pocket Maximum (Individual/Family)	\$1,600/\$3,200	\$1,600/\$3,200	Not Covered

For full plan information, visit your Benefits home page on I-Connect.

	Surest Medical Plan 2024		
Surest Plan Services	Novant Health Network	Surest (UHC Choice Plus) Network	Out-of-Network
Preventive care	\$0	\$0	\$300
Primary care provider office services	\$25	\$50-\$220	\$400
Specialist office services	\$65	\$50-\$220	\$400
Virtual visit with primary care provider/specialist	\$25/\$65	\$50-\$220	\$400
Routine X-rays, lab services, ultrasound — including interpretation at office or outpatient lab facility	\$0	\$0	\$0
Anesthesia, inpatient or outpatient	\$0 (included in procedure or treatment copay)	\$0 (included in procedure or treatment copay)	\$0 (included in procedure or treatment copay)
Physical therapy, occupational therapy and speech therapy	\$25	\$40-\$100	\$600
Urgent care facility	\$35	\$160	\$400
Hospital emergency room	\$500	\$500	\$500
Ambulance	\$550	\$550	\$550
Maternity, care and delivery	\$500	\$1,000-\$2,000	\$6,000
Hospital inpatient services (varies by procedure or treatment)*	\$450-\$1,000	\$1,000-\$3,950	Up to \$6,700
Physician inpatient visits (primary care provider/specialist)	Included in hospital inpatient services		
Hospital outpatient services (varies by procedure or treatment)*	\$0-\$1,600	\$0-\$3,950	Up to \$6,700
Non-screening colonoscopy	\$0	\$0	\$2,750
Medical infusions and chemotherapy	\$10-\$400	\$75-\$2,400	Up to \$4,350
Advanced radiology (MRI, PET, CT)	\$200	\$500-\$1,500	\$3,000
Bone marrow and solid organ transplant	\$1,600	\$3,950	Not Covered
Corneal transplant	\$800	\$2,000	Not Covered
Hip replacement**	\$3,900	\$3,900-\$7,700	\$8,200
Physician office — mental health and substance abuse	\$25	\$25	\$300
Hospital inpatient — mental health and substance abuse	\$1,000	\$1,000	\$6,000

For full plan information, visit your Benefits home page on I-Connect.

* Non-activated coverages — copay only.

** Prices reflect both paycheck deductions and copays, if applicable. There are 42 plannable treatments that require activation. Visit [Join.Surest.com/NovantHealth](https://www.join-surest.com/NovantHealth) and enter access code *Novant2024* to see the complete listing.

Surest coverages requiring activation

The Surest plan includes the feature of flexible coverage for certain plannable treatments, like cataract surgery or knee reconstruction. This coverage requires activation. Only 2% of all members activate coverage.*

The cost of activating coverage is paid through paycheck deductions, for a set period of time, and may or may not require a copay at the time of service. Paycheck deductions begin once a member activates coverage. Once a member meets the cost, the deductions are complete. There is a maximum out-of-paycheck set by your employer to protect your check in the rare event of multiple activations.

Coverage must be activated at least three business days in advance of the covered procedure, test or treatment.

Activation is not needed in the case of an emergency or cancer treatment.

Cardiovascular

- Cardiac ablation
- Carotid endarterectomy and stents
- Coronary artery bypass graft surgery
- Coronary catheterization and percutaneous coronary interventions
- Pacemakers and defibrillators
- Valve replacement

Ear, nose and throat (ENT)

- Sinus and nasal septum surgery
- Tonsillectomy and adenoidectomy

Gastrointestinal

- Bariatric surgery
- Gallbladder removal surgery (cholecystectomy)
- Hernia repair
- Reflux and hiatal hernia surgery

* Surest 2020 self-funded book of business. 147_V02.

The above is a sample list of exclusions and limitations and can be found on your Summary of Benefits and Coverage and in the Certificate of Coverage.



Musculoskeletal

- Ankle and foot bone fusion
- Ankle arthroscopy and ligament repair
- Ankle replacement and revision
- Bunionectomy and hammertoe surgery
- Carpal tunnel surgery
- Cervical spine disc decompression
- Cervical spine fusion
- Elbow arthroscopy and tenotomy
- Elbow replacement and revision
- Ganglion cyst surgery
- Hip arthroscopy and repair
- Hip replacement and revision
- Knee arthroscopy and repair
- Knee replacement and revision
- Lumbar spine disc decompression
- Lumbar spine fusion
- Morton's neuroma surgery
- Plantar fasciitis surgery
- Shoulder arthroscopy and repair
- Shoulder replacement and revision
- Spinal cord stimulator
- Wrist and hand joint replacement
- Wrist arthroscopy and repair

Other

- Breast reduction surgery
- Cataract surgery
- Fibroid removal (myomectomy)
- Hysterectomy
- Kidney stone ablation and removal (lithotripsy)
- Prostate removal surgery (non-cancer related)
- Sling surgery for female urinary incontinence

The above is a sample list of exclusions and limitations and can be found on your Summary of Benefits and Coverage and in the Certificate of Coverage.



Top 5 Sarest FAQs

Am I covered in an emergency?

YES! If you go to the emergency room, you pay the emergency room copay. If you need emergency surgery and/or need to be admitted to the hospital, the emergency room copay is waived, and you will be responsible for the inpatient hospital emergency admit copay. The applicable copay covers the care from X-rays and labs to anesthesiologists.

If, as part of your emergency treatment, a procedure is needed that would have otherwise required activation — don't worry. It will be covered under the inpatient hospitalization copay. **You do not need to activate coverage in emergencies.** With Sarest, we want you to focus on your health and feeling better.

Is there an out-of-pocket limit? What applies?

Yes. There is an out-of-pocket limit, or the most money you'll pay in a given year for healthcare benefits your plan covers. Visit Join.Sarest.com or your benefit site for details.

All copays count toward the limit, from prescriptions to office visits to surgery. (Monthly premiums and out-of-network expenses don't count toward out-of-pocket limits.) In the case of activating coverage, additional paycheck deductions do not count toward this amount.

Is there a pre-tax account I can use?

Under the Sarest plan, you can put money aside — tax-free — in a flexible spending account (FSA) to pay for qualified out-of-pocket medical expenses. Sign up for an FSA during open enrollment.

Administrative services provided by Bind Benefits, Inc. d/b/a Sarest, its affiliate United HealthCare Services, Inc., or by Bind Benefits, Inc. d/b/a Sarest Administrators Services, in CA.

What coverage(s) require activation?

For a small list of plannable tests, procedures or treatments, coverage must be activated at least three business days prior to the covered procedure. Activation will trigger additional paycheck deductions. Depending on where you choose to have the procedure, there may or may not be a copay. Keep in mind that few people need these tests, procedures or treatments annually. Approximately 2% of Sarest members activated coverage during the plan year.* Activation is not required in an emergency.

You can find the list of coverages requiring activation on Join.Sarest.com.

No matter what health service you're seeking, you'll find — with Sarest — covered services have a price tag (copay). For preventive care, the copay is typically \$0. For office visits and many procedures — from getting an MRI to having a baby — you have price visibility. The copay covers what you typically experience in a single visit, eliminating surprise tagalong bills that can show up in your mailbox after the fact for services like labs, X-rays or anesthesiologists.

Remember: See prices before you make an appointment. The Novant Health doctors and facilities will have the lowest copays. If you do use a doctor or facility in the UnitedHealthcare Choice Plus network, lower costs can indicate higher-value care. You choose what works for your health, your lifestyle and your budget.

* Sarest 2020 self-funded book of business. 147_V03.

Administrative services provided by Bind Benefits, Inc. d/b/a Sarest, its affiliate United HealthCare Services, Inc., or by Bind Benefits, Inc. d/b/a Sarest Administrators Services, in CA.

Is my doctor in-network?

Novant Health doctors and facilities are in-network and will have the lowest copays on the Sarest plan. In addition, we provide access to the national UnitedHealthcare Choice Plus network and Optum Behavioral Health network — but you should always confirm. Visit Join.Sarest.com or your benefit site for network status and applicable cost.

Scan the QR code to schedule a Sarest personalized one-on-one consultation

Our member services team will contact you via phone to answer your questions and discuss what's important to you when choosing a health plan.

Note: Calendly is used for scheduling purposes only



Pharmacy benefits

1. Prescription drug benefits are provided through MedImpact. Call **833-726-0668**.
2. Out-of-pocket maximum per calendar year:
 - \$1,600 — Employee Only
 - \$3,200 — Family (\$1,600 out-of-pocket limit for any one member)
3. Mandatory generics with a dispense-as-written (DAW) waiver. Difference between cost of brand and generic is not covered under the copay or out-of-pocket limits.
4. Infertility drugs can be purchased from any Walgreens or any other pharmacy and are limited to a 30-day supply each fill. There is a \$10,000 lifetime maximum benefit for infertility drugs.
5. Tiers 4 through 6 are filled by the Novant Health Specialty Pharmacy. Call the Novant Health Specialty Pharmacy at **855-307-6868** or the New Hanover Regional Medical Center Employee and Specialty Pharmacy at **910-662-7755**.



CIGNA			
Pharmacy	Novant Health and NHRMC Pharmacies and Walgreens Retail Pharmacies: 30- and 90-Day Supplies	Non-Walgreens Retail Pharmacies: 30-Day Supply	NHRMC Employee Pharmacy and Walgreens Prescription Delivery: 90-Day Supply
Deductible — Applies to Rx Out-of-Pocket	None	\$150, applies to brand drugs	None
Tier 1: Generics	\$5 (30 days) / \$12 (90 days)	\$10	\$12
Tier 2: Preferred Brands	\$25 (30 days) / \$65 (90 days)	\$30 + 20% up to \$145	\$65
Tier 3: Non-Preferred Brands	\$45 (30 days) / \$135 (90 days)	\$55 + 40% up to \$145	\$135
Tier 4: Specialty Generics	\$70 (30-day limit)	Not Covered	\$70 (30-day limit)
Tier 5: Specialty Preferred Brands	\$100 (30-day limit)	Not Covered	\$100 (30-day limit)
Tier 6: Specialty Non-Preferred Brands	\$200 (30-day limit)	Not Covered	\$200 (30-day limit)
Out-of-Pocket Maximum Per Claim	N/A	\$145	N/A

SUREST			
Pharmacy	Novant Health and NHRMC Pharmacies and Walgreens Retail Pharmacies: 30- and 90-Day Supplies	Non-Walgreens Retail Pharmacies: 30-Day Supply	NHRMC Employee Pharmacy and Walgreens Prescription Delivery: 90-Day Supply
Deductible — Applies to Rx Out-of-Pocket	None	None	None
Tier 1: Generics	\$5 (30 days) / \$15 (90 days)	\$10	\$15
Tier 2: Preferred Brands	\$25 (30 days) / \$65 (90 days)	\$30	\$65
Tier 3: Non-Preferred Brands	\$100 (30 days) / \$250 (90 days)	\$160	\$250
Tier 4: Specialty Generics	\$200 (30-day limit)	Not Covered	\$200 (30-day limit)
Tier 5: Specialty Preferred Brands	\$250 (30-day limit)	Not Covered	\$250 (30-day limit)
Tier 6: Specialty Non-Preferred Brands	\$300 (30-day limit)	Not Covered	\$300 (30-day limit)

2024 health plan biweekly premiums

Your premiums for medical, dental and vision care are made on a before-tax basis. This means your contributions are automatically deducted from your paycheck before taxes are withheld. As a result, you save money on taxes.

FULL-TIME TEAM MEMBER Classified as 30 hours or more per week

Cigna Premium Plan

Coverage Level	Total Cost	Less NH \$	Total Net Cost
Employee Only	\$419.96	\$352.33	\$67.63
Employee/Spouse	\$940.67	\$715.18	\$225.49
Employee/Child(ren)	\$877.68	\$709.18	\$168.50
Employee/Family	\$1,327.03	\$1,031.52	\$295.51

Cigna Standard Plan

Coverage Level	Total Cost	Less NH \$	Total Net Cost
Employee Only	\$387.22	\$350.90	\$36.32
Employee/Spouse	\$867.36	\$706.71	\$160.65
Employee/Child(ren)	\$809.28	\$700.88	\$108.40
Employee/Family	\$1,223.60	\$1,020.41	\$203.19

Surest

Coverage Level	Total Cost	Less NH \$	Total Net Cost
Employee Only	\$382.02	\$353.28	\$28.74
Employee/Spouse	\$855.71	\$728.55	\$127.16
Employee/Child(ren)	\$798.40	\$712.60	\$85.80
Employee/Family	\$1,207.15	\$1,046.33	\$160.82

DENTAL

Coverage Level	Total Cost	Less NH \$	Total Net Cost
Employee Only	\$19.02	\$10.75	\$8.27
Employee/Spouse	\$39.51	\$12.92	\$26.59
Employee/Child(ren)	\$41.10	\$13.94	\$27.16
Employee/Family	\$67.13	\$31.14	\$35.99

PART-TIME TEAM MEMBER Classified as 24 to 29 hours per week

Cigna Premium Plan

Coverage Level	Total Cost	Less NH \$	Total Net Cost
Employee Only	\$419.96	\$272.01	\$147.95
Employee/Spouse	\$940.67	\$556.50	\$384.17
Employee/Child(ren)	\$877.68	\$550.19	\$327.49
Employee/Family	\$1,327.03	\$802.93	\$524.10

Cigna Standard Plan

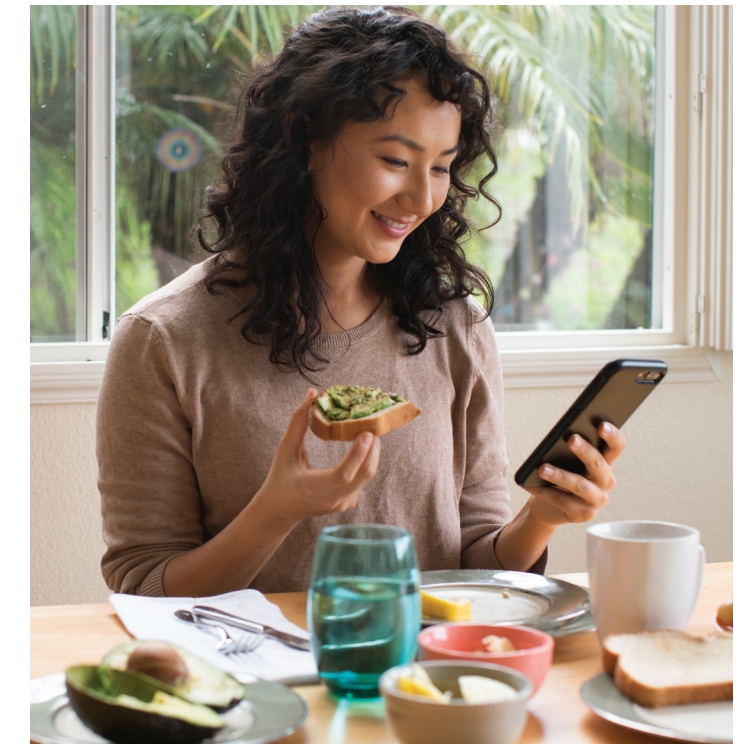
Coverage Level	Total Cost	Less NH \$	Total Net Cost
Employee Only	\$387.22	\$279.44	\$107.78
Employee/Spouse	\$867.36	\$565.56	\$301.80
Employee/Child(ren)	\$809.28	\$559.41	\$249.87
Employee/Family	\$1,223.60	\$817.07	\$406.53

Surest

Coverage Level	Total Cost	Less NH \$	Total Net Cost
Employee Only	\$382.02	\$296.71	\$85.31
Employee/Spouse	\$855.71	\$616.82	\$238.89
Employee/Child(ren)	\$798.40	\$600.62	\$197.78
Employee/Family	\$1,207.15	\$885.37	\$321.78

VISION

Coverage Level	Your Cost
Employee Only	\$5.17
Employee/Spouse	\$8.11
Employee/Child(ren)	\$8.29
Employee/Family	\$13.35



2024 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.

Team members enrolled in a Cigna medical plan can earn up to \$900 in health reimbursement account (HRA) incentive dollars, and covered spouses can earn up to \$275, through participation in Cigna's MotivateMe program and the Novant Health well-being portal. HRA dollars are placed in your Cigna HRA. Incentives can be earned throughout the year for a personalized health assessment, having healthy biometric values, completing annual well-being screenings and participation in living healthy webinars or events.

Team members who select the Surest medical plan can earn up to \$250 in reward points each calendar year through participation in our well-being portal.

Visit I-Connect for instructions on how to access more resources and rewards on the Novant Health well-being portal!

2024 WELL-BEING PROGRAM INCENTIVE STRUCTURE		
Participant	Incentive Cap	Incentive Format
Cigna-enrolled team member	\$900	HRA, through MotivateMe platform*
Cigna-enrolled spouse (Includes spouses employed and not employed by Novant Health)	\$275	HRA, through MotivateMe platform**
Surest-enrolled team member	\$250	Rewards/points, through the Novant Health well-being portal
Surest-enrolled spouse, spouses not employed by Novant Health	Not eligible	N/A
Non-enrolled benefits-eligible team member and Novant Health-employed spouse enrolled as a dependent on Surest	\$100	Rewards/points, through the Novant Health well-being portal

* Team members enrolled in the Novant Health Cigna medical plans will be eligible to utilize the MotivateMe platform and access living healthy incentive opportunities through the well-being portal.

** Team members' spouses who are enrolled as a dependent on our Novant Health Cigna medical plans will have access to the well-being portal.

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: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **800-890-5420**.



Group Long-Term Disability Insurance Benefit Highlights



Just over 1 in 4 of today's 20 year-olds will become disabled before they retire (age 67).

A disability can happen to anyone. Long-Term Disability insurance helps protect your paycheck if you're unable to work for a long period of time after a serious condition, injury or sickness.

To learn more about Long-Term Disability insurance, visit [TheHartford.com/EmployeeBenefits](https://www.thehartford.com/EmployeeBenefits).

COVERAGE INFORMATION

Benefit Percentage (% of your earnings)	Maximum	Minimum (Based on monthly income loss before the deduction of other income benefits)	Benefit Starts (Elimination period)	Benefit Duration
60%	\$10,000	The greater of \$100 or 10% of the benefit	After 90 days disabled	Disabled before: Age 63 Benefit duration: As long as you are disabled Benefit duration maximum: The greater of your Social Security normal retirement age or four years

Group Long-Term Disability Insurance Benefit Highlights



Asked & Answered

Who is eligible?

You are eligible if you are an active, full-time physician who works at least 24 hours per week on a regularly scheduled basis, excluding on-call hours.

Am I guaranteed coverage?

This insurance is guaranteed issue coverage — it is available without having to provide information about your health. This coverage is subject to a pre-existing condition exclusion, which is detailed on the Limitations & Exclusions sheet.

When can I enroll?

Your employer will automatically enroll you for this coverage.

When does this insurance begin?

This insurance will become effective on the date you become eligible. You must be actively at work with your employer on the day your coverage takes effect.

When does this insurance end?

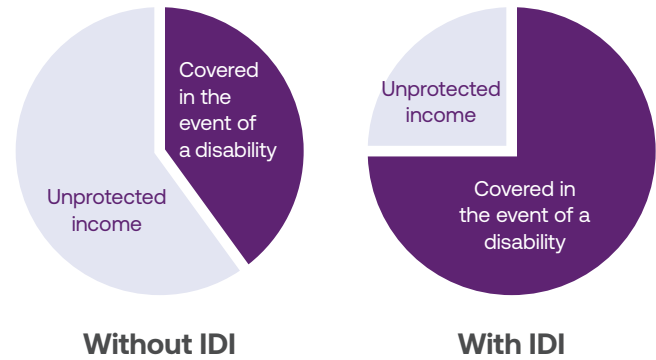
This insurance will end when you no longer satisfy the applicable eligibility conditions, the premium is unpaid, you leave your employer, or the coverage is no longer offered.

What does it mean to be disabled?

Disability is defined in The Hartford's certificate with your employer. Typically, disability means that you cannot perform one or more of the essential duties of your occupation due to injury, sickness, pregnancy or other medical condition covered by the insurance, and as a result, your current monthly earnings are less than 80% (standard) of your pre-disability earnings. Pre-disability earnings is your regular monthly rate of pay, not counting commissions, bonuses, overtime pay or any other fringe benefit or extra compensation.

Provider Individual Disability Insurance (IDI)

The Novant Health Group Long-Term Disability (GLTD) plan limits income replacement at the time of a disability to \$10,000/month. For most providers, 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 \$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
Premium Paid By	Employer	Employer
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

Provider 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?

Contact:

Jenny Dugan
Aon Senior Consultant
(952) 807-0744
jenny.dugan@aon.com

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.

Novant Health Retirement Plus Plan

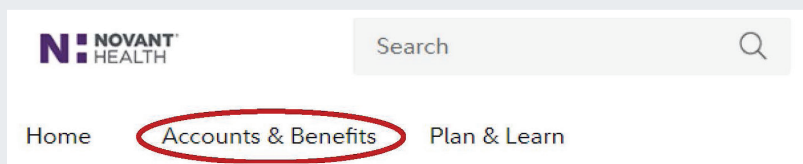


Your benefits package at Novant Health includes the Novant Health Retirement Plus Plan. Fidelity Investments provides recordkeeping services for the Plan. You can contact them for assistance or with any questions. You will be automatically enrolled in the Plan starting with your first full bi-weekly paycheck at a pre-tax contribution rate of 4%* of your 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 *Register* at the top of the screen to establish your username and password.



If you already have other accounts with Fidelity, you can use your existing login 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 becomes more conservative as the fund approaches its target retirement date and beyond. Principal invested is not guaranteed.

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Fidelity Brokerage Services LLC, Member NYSE, SIPC, 900 Salem Street, Smithfield, RI 02917

Here are some features of the plan:

Contributions: You can contribute 1-60% 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 6% you contribute to the Tax Deferred Savings Plan of Novant Health. 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. We encourage you to contact Fidelity and consider increasing your contribution rate to 6% to take full advantage of the matching contribution.

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 3 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 1-3% 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 and 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 Plan your path to retirement link to access the Fidelity Planning and Guidance Center.

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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Novant Health Retirement Plus Plan

Other information about your 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**. Schedule a time to meet, enter Novant Health Inc. as the employer name, select Virtual Appointment under Appointment Type and choose your preferred date and time then register.



Lucas Bourne



John Halley



Vera Uhiara

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 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**.





YouDecide Team Member Advantages

Voluntary benefit programs



Auto and home insurance

Get the best for less. Side-by-side comparison quoting allows you to compare estimates from top-rated providers and select the one that's best for you.



Nationwide pet insurance

Helps to offset the cost of illnesses, injuries and routine wellness care for your furry family members. Cover yourself from unexpected vet bills and routine care.

Consumer discounts



AutoNation



Lenovo



RESTAURANT.COM
BEST DEAL. EVERY MEAL.

SAMSUNG

TrueCar
Employee
AutoBuying

Walt Disney World

Access the Team Member Advantages site at youdecide.com/Novant.

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



We believe improving your health is the right thing to do.

We want you to stay healthy so you can enjoy life, now and in retirement. We're dedicated to improving your health by giving you a benefit plan that encourages and rewards you for making healthy choices and achieving healthy outcomes.

N ■ **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 People & Culture at **800-890-5420** for Novant Health team members or **910-667-6000** for New Hanover Regional Medical Center team members.