



2025 UVA Health Plan Options at a Glance

YOUR POTENTIAL ANNUAL IN-NETWORK COSTS



Applies to: Full-time & Part-time Faculty, Classified Staff, Medical Center Team Members, Research Associates, Sr. Professional Research Staff, & University Staff

MAXIMUM OUT-OF-POCKET includes coinsurance, deductible, co-payments and covered prescriptions; excludes amounts above allowable amount and penalties.

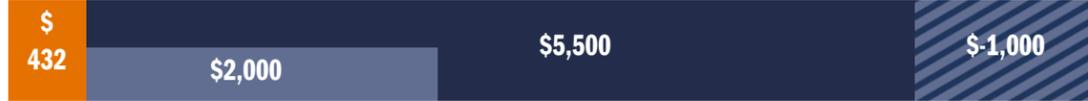
(Assumes out-of-pocket max met; your costs may be lower)

Each table below is to scale, relative to its out-of-pocket maximum.

EMPLOYEE ONLY

Annual Premiums Deductible Out-of-Pocket Maximum Employer HSA Contribution

HEALTH SAVINGS (formerly BASIC) Total: \$4,932 Individual



UVA PPO (formerly VALUE) Total: \$6,715 Individual



CHOICE (closed to new enrollees 2026) Total: \$8,425 Individual



EMPLOYEE + SPOUSE

Annual Premiums Deductible Out-of-Pocket Maximum Employer HSA Contribution

HEALTH SAVINGS (formerly BASIC) Total: \$4,717 Individual/\$10,217 Family



UVA PPO (formerly VALUE) Total: \$7,948 Individual/\$13,448 Family



CHOICE (closed to new enrollees 2026) Total: \$13,120 Individual/\$18,620 Family



EMPLOYEE + CHILD

Annual Premiums Deductible Out-of-Pocket Maximum Employer HSA Contribution

HEALTH SAVINGS (formerly BASIC) Total: \$4,543 Individual/\$10,043 Family



UVA PPO (formerly VALUE) Total: \$7,447 Individual/\$12,947 Family



CHOICE (closed to new enrollees 2026) Total: \$11,413 Individual/\$16,913 Family



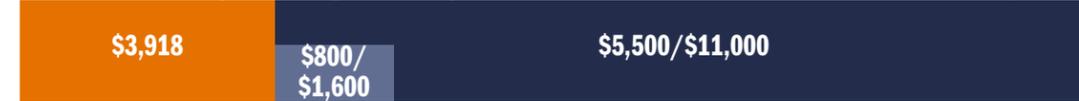
FAMILY

Annual Premiums Deductible Out-of-Pocket Maximum Employer HSA Contribution

HEALTH SAVINGS (formerly BASIC) Total: \$5,362 Individual/\$10,862 Family



UVA PPO (formerly VALUE) Total: \$9,418 Individual/\$14,918 Family



CHOICE (closed to new enrollees 2026) Total: \$16,777 Individual/\$22,277 Family

