



2023 UVA Health Plan Options at a Glance

YOUR POTENTIAL ANNUAL IN-NETWORK COSTS

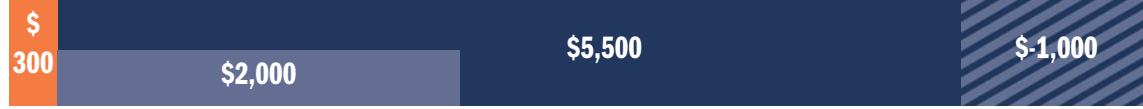


Applies to: Full-time & Part-time Faculty, Classified Staff, Medical Center Team Members, Research Associates, Sr. Professional Research Staff, & University Staff
 MAXIMUM OUT-OF-POCKET includes coinsurance, deductible, co-payments and covered prescriptions; excludes amounts above allowable amount and 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

BASIC Total: \$4,800 Individual



VALUE Total: \$6,604 Individual



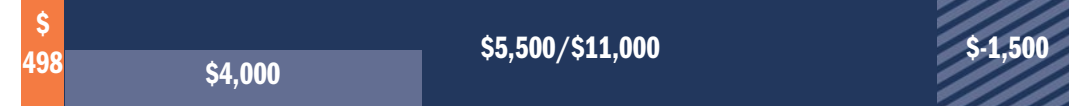
CHOICE Total: \$7,915 Individual



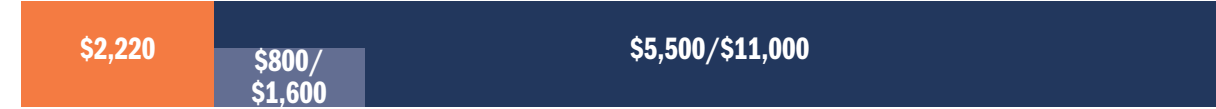
EMPLOYEE + SPOUSE

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

BASIC Total: \$4,498 Individual/\$9,998 Family



VALUE Total: \$7,720 Individual/\$13,220 Family



CHOICE Total: \$11,797 Individual/\$17,297 Family



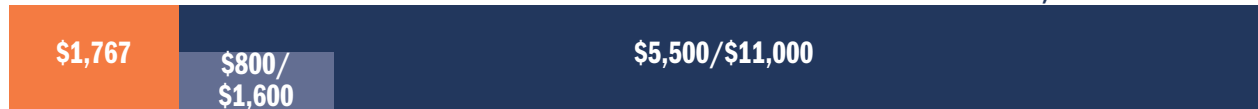
EMPLOYEE + CHILD

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

BASIC Total: \$4,378 Individual/\$9,878 Family



VALUE Total: \$7,267 Individual/\$12,767 Family



CHOICE Total: \$10,387 Individual/\$15,887 Family



FAMILY

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

BASIC Total: \$4,945 Individual/\$10,445 Family



VALUE Total: \$9,055 Individual/\$14,555 Family



CHOICE Total: \$14,818 Individual/\$20,318 Family

