The University of Virginia Health Plan
2026 Aetna National Network Benefits
Key Benefit Comparison of UVA Health Plan Options

Covered Services	Health Savings	UVA PPO*	Choice Health (Closed to new enrollees)
Plan Coinsurance: Applies to all expenses unless otherwise stated.			
	Deductible & 20% Coinsurance	Deductible & 20% Coinsurance	Deductible & 15% Coinsurance
Annual Deductible: Deductible is applicable to services and covered prescriptions that have coinsurance; deductible is not applicable to services or prescriptions that have copayments or to amounts above the allowable amount or to penalties.			
	$3,000 for employee only	$800 per individual	$500 per individual
	$6,000 for E+spouse, E+children, family	$1,600 per family	$1,000 per family
Out-Of-Pocket Maximum: Includes coinsurance, deductible, copayments and covered prescriptions; Excludes amounts above allowable amount and penalties[2].			
Per Individual	$6,500	$5,500	$5,500
Per Family	$13,000	$11,000	$11,000
Professional Services In Office or Outpatient			
Primary Care Physician Visit	Deductible & 20% Coinsurance	$40 Copayment	Deductible & 15% Coinsurance
Specialty Care Visit	Deductible & 20% Coinsurance	$80 Copayment	Deductible & 15% Coinsurance
Maternity Visit (routine prenatal)	Paid in Full1	Paid in Full1	Paid in Full1
Other associated charges	Deductible & 20% Coinsurance	Deductible & 20% Coinsurance	Deductible & 215% Coinsurance
Teladoc Consultations Using Teladoc provider network only			
Virtual primary care access for regular check-ups, one-time health needs and personalized health plans. (Age 18+)	Flat rate until Deductible met Paid in Full after deductible met	Paid in Full	Paid in Full
Virtual access to doctors for general medicine, behavioral healthcare (Age 13+), dermatology, and caregiving (Age 18 months +)	General medicine: per visit flat rate until deductible met; Paid in Full after deductible Behavioral Health and Dermatology: per visit flat rate until deductible met; 20% Coinsurance after deductible	General medicine: Paid in Full Behavioral Health: $40 Copayment Dermatology: $80 Copayment	General medicine: Paid in Full Behavioral Health and Dermatology: per visit flat rate until deductible met; 15% Coinsurance after deductible met
Preventive Care and Immunizations			
Preventive General Physical Examination (PCP Only)	Paid in Full	Paid in Full	Paid in Full
Preventive Well Child Care (Under Age 7) (PCP Only)	Paid in Full	Paid in Full	Paid in Full

Covered Services	Health Savings	UVA PPO*	Choice Health (Closed to new enrollees)
Preventive Diagnostic Tests, Laboratory Services and XRay Procedures (Non-Urgent Only)	Paid in Full[1]	Paid in Full[1]	Paid in Full[1]
Virtual primary care for preventive general physical examination (PCP Only) and referrals for preventive screening (Age 18+)	Paid in Full	Paid in Full	Paid in Full
For Common Communicable Diseases as per CDC Guidelines excluding those used for Foreign Travel	Paid in Full	Paid in Full	Paid in Full
Urgent Care Center *(Must be an unexpected illness or injury where services are needed sooner than a routine doctor's visit)*			
	Deductible & 20% Coinsurance	Deductible & 20% Coinsurance	Deductible & 15% Coinsurance
Emergency Room Services Emergency room services will be processed under the hospital care benefits if patient is admitted. *(Must be an emergency to receive benefits.)*			
Emergency Room Visit	Deductible & 25% Coinsurance	Deductible & 25% Coinsurance	Deductible & 20% Coinsurance
Other Associated Charges	Deductible & 25% Coinsurance	Deductible & 25% Coinsurance	Deductible & 20% Coinsurance
Inpatient Hospital			
Inpatient Care (Semi-Private Accommodations Unless Private Accommodations are Approved for Medical Reasons)	Deductible & 20% Coinsurance	Deductible & 20% Coinsurance	Deductible & 15% Coinsurance
Limitation on Inpatient Days	Unlimited	Unlimited	Unlimited
Transplant Services Using Aetna's Institutes of Excellence Network only			
Inpatient Services and Other Associated Charges	Deductible & 20% Coinsurance	Deductible & 20% Coinsurance	Deductible & 15% Coinsurance
Bariatric Services Using Aetna's Institutes of Quality Network only			
Inpatient Services and Other Associated Charges	Deductible & 20% Coinsurance	Deductible & 20% Coinsurance	Deductible & 15% Coinsurance
Outpatient Hospital			
Outpatient Procedures	Deductible & 20% Coinsurance	Deductible & 20% Coinsurance	Deductible & 15% Coinsurance
Other Associated Charges	Deductible & 20% Coinsurance	Deductible & 20% Coinsurance	Deductible & 15% Coinsurance
Early Intervention Services Lifetime maximum of $5,000 per covered member for all covered medical services			
Primary Care Physician Visit	Deductible & 20% Coinsurance	$40 Copayment	Deductible & 15% Coinsurance
Specialty Care Visit	Deductible & 20% Coinsurance	$80 Copayment	Deductible & 15% Coinsurance
Infertility Services Using Aetna's Institutes of Excellence Network only			
Comprehensive Infertility and Advanced Reproductive Technology	Lifetime maximum of $20,000 for medical and Rx services per subscriber and their covered spouse; no coverage for dependent children		
Treatment after diagnosis	Deductible & 20% Coinsurance	Deductible & 20% Coinsurance	Deductible & 15% Coinsurance

Covered Services	Health Savings	UVA PPO*	Choice Health (Closed to new enrollees)
Skilled Nursing Facility			
Skilled Nursing / Rehabilitation Facility (180 Days Per Year Combined Maximum)	Deductible & 20% Coinsurance	Deductible & 20% Coinsurance	Deductible & 15% Coinsurance
Hospice Care			
Inpatient and outpatient services	Deductible & 20% Coinsurance	Deductible & 20% Coinsurance	Deductible & 15% Coinsurance
Home Health Services			
Medically Necessary Services Approved By Claims Administrator (90 Visits Per Year Maximum)	Deductible & 20% Coinsurance	Deductible & 20% Coinsurance	Deductible & 15% Coinsurance
Ambulance Transportation			
Local Ground or Air Transportation When Medically Necessary To and/or From a Hospital	Deductible & 20% Coinsurance	Deductible & 20% Coinsurance	Deductible & 15% Coinsurance
Mental Health and Substance Abuse Services			
Inpatient Hospital and Residential Treatment	Deductible & 20% Coinsurance	Deductible & 20% Coinsurance	Deductible & 15% Coinsurance
Outpatient Treatment	Deductible & 20% Coinsurance	$40 Copayment	Deductible & 15% Coinsurance
Speech Therapy			
Medically Necessary Restorative Services, Non-developmental Conditions (40 Visits Per Year Combined Maximum for Medical/Surgical)	Deductible & 20% Coinsurance	$40 Copayment	Deductible & 15% Coinsurance
Physical and Occupational Therapy			
Medically Necessary Restorative Services, Non-developmental Conditions (40 Visits Per Year Combined Maximum for Medical/Surgical)	Deductible & 20% Coinsurance	$40 Copayment	Deductible & 15% Coinsurance
Habilitation Therapy			
Medically Necessary Services (speech, physical, and occupational therapy)	Deductible & 20% Coinsurance No copay for Habilitative PT, OT and ST	$40 Copayment	Deductible & 15% Coinsurance No copay for Habilitative PT, OT and ST
Chiropractic Care			
26 Spinal Manipulations Per Year Maximum	Deductible & 20% Coinsurance	$40 Copayment	Deductible & 15% Coinsurance
Acupuncture			
Medically Necessary Acupuncture Services (20 Visits Per Year Maximum)	Deductible & 20% Coinsurance	$40 Copayment	Deductible & 15% Coinsurance

Covered Services	Health Savings	UVA PPO*	Choice Health (Closed to new enrollees)
Hearing Services			
Hearing Exam performed by an audiologist (1 Per Year Maximum)	Deductible & 20% Coinsurance	$40 Copayment	Deductible & 15% Coinsurance
Medically Necessary Hearing Aids up to $1,200 every 48 months	Deductible & 20% Coinsurance	Deductible & 20% Coinsurance	Deductible & 15% Coinsurance
Durable Medical Equipment			
Medically Necessary Equipment, Prosthetic Appliances, and Medical Supplies	Deductible & 20% Coinsurance	Deductible & 20% Coinsurance	Deductible & 15% Coinsurance
Prescription Drugs Using Participating Pharmacies in the Aetna National Pharmacy Network			
Covered drugs are evaluated and selected from Aetna's Standard Plan Formulary. Covered drugs require a written prescription and approval by FDA. Participating Pharmacy cost-sharing is detailed on this schedule. The Plan mandates Generic Substitution: Coverage is limited to cost of Generic when available. When a Generic equivalent exists for a Brand Name prescription, the Enrollee will be required to pay the difference in the cost between the Brand Name drug and the Generic drug in addition to the appropriate Copayment if the Brand Name drug is selected2. UVA Pharmacies include UVA at ERC, UVA Bookstore, UVA Student Health, Zion Crossroads, UVA Cancer Center Augusta, UVA Pantops , and UVA Specialty Pharmacies.	***Retail Pharmacy Network:*** Deductible & 20% for up to a ***30-day supply***. ***Maintenance Choice program[3]:*** Deductible & 20% for up to ***90-day supply*** through CVS Caremark Mail Service Pharmacy, UVA Pharmacy, and CVS Pharmacies. ***Specialty Drugs*** are available only in a supply ***up to 30 days***. Specialty Drugs must be filled through ***UVA Specialty Pharmacy in order to be covered. Limited Distribution Drugs may be filled through CVS Specialty Pharmacy:*** Deductible & 20%.	***Retail Pharmacy Network:*** $6 (Generic), Deductible & 20% with $34 min/$200 max (Preferred brand), and Deductible & 20% with $68 min/$275 max (Non-preferred brand) cost sharing per prescription for up to a ***30-day supply***. ***When using UVA Pharmacies:*** $6 (Generic), Deductible & 20% with $200 max(Preferred brand), and Deductible & 20% with $275 max (Non-preferred brand) cost sharing per prescription for up to a ***30-day supply***. ***Maintenance Choice program[3]:*** $14 (Generic), Deductible & 20% with $75 min/$425 max (Preferred brand), and Deductible & 20% coinsurance with $150 min/$525 max (Non-preferred brand) cost sharing per prescription for up to ***90-day supply through CVS Caremark Mail Service Pharmacy, UVA pharmacies, and CVS pharmacies***. ***Specialty Drugs*** are available only in a supply ***up to 30 days***. Specialty Drugs must be filled through ***UVA Specialty Pharmacy in order to be covered. Limited Distribution Drugs may be filled through CVS Specialty Pharmacy:*** Deductible & 20% with $150 max (Generic), Deductible & 20% with $200 max (Preferred brand), and Deductible & 20% with $350 max (Non-preferred brand) cost sharing per prescription.	***Retail Pharmacy Network:*** Deductible & 20% for up to a ***30-day supply***. ***Maintenance Choice program[3]:*** Deductible & 20% for up to ***90-day supply*** through CVS Caremark Mail Service Pharmacy, UVA Pharmacy, and CVS Pharmacies. ***Specialty Drugs*** are available only in a supply ***up to 30 days***. Specialty Drugs must be filled through ***UVA Specialty Pharmacy in order to be covered. Limited Distribution Drugs may be filled through CVS Specialty Pharmacy:*** Deductible & 20%.
	Weight Loss medications can be accessed through the ***CVS Weight Management program***, which can help you improve your health and get the most from your medication. This program offers personal guidance and nutrition support, and a digital app to help you stay on track with your health goals – ***all at no cost to you.*** [4]		

	Diabetic drugs, insulin, and supplies: $0 (Generic), $34 (Preferred brand) for 30-day supply; $0 (Generic), $75 (Preferred brand) for a 90-day supply through Maintenance Choice. Non-preferred brand diabetic drugs, insulin, and supplies are subject to the standard non-preferred cost-share amounts. ***Contraceptive drugs and devices*** are covered. OTC preventive items mandated by the federal health care reform law are covered with a prescription. Other OTC items are not covered.

*Reduced cost-sharing is available for some services when participants enrolled in UVA PPO use the UVA Provider Network.

[1]All options will pay 100% of in-network preventive diagnostic, laboratory, and x-ray procedures. The plan coinsurance will be applied for in-network non-preventive diagnostic, laboratory, and x-ray procedures after the annual deductible has been met.

[2]When a generic equivalent exists for a brand name prescription and the enrollee selects the brand name drug, the brand name prescription cost-sharing and difference in the cost between the brand name drug and the generic drug are not included in the deductible or out-of-pocket amount. Neither is cost-sharing for non-covered prescriptions or services.

[3]Participants can opt out of the Maintenance Choice program for all their maintenance medications. Contact Aetna at 800-987-9072 before your third fill of maintenance medications and you can continue to fill a 30-day supply at your retail pharmacy at the regular retail cost-share amount.

[4]This program is funded by your prescription benefit plan at no cost to you. Benefits, services, prescriptions, devices, and providers not included in the CVS Weight Management program are subject to applicable copayment, coinsurance, and deductibles, as well as any applicable plan exclusions and limitations. See your plan documents for a complete description of benefits, exclusions, limitations, and conditions of coverage. Program availability is subject to change.

This comparison is a subset of benefits. To fully understand plan coverages and cost sharing, consult the Summary Plan Description.