University of Virginia Health Plan
2024 Schedule of Benefits
Choice Health

Covered Services	In-Network[1]	Out-of-Network[2]
Annual Deductible	Applies to services and covered prescriptions that have coinsurance; not applicable to services or prescriptions that have copayments or to amounts above the allowable amount or to penalties.[3]	
Individual	$500	$1,500
Family	$1,000	$3,000
Out-of-Pocket Maximum	Includes coinsurance, deductible, copayments, and covered prescriptions; not applicable to amounts above the allowable amount or penalties.[3]	
Individual	$5,500	$11,000
Family	$11,000	$22,000
Plan Coinsurance	Applies to all expenses unless otherwise stated.	
	Deductible & 15%	Deductible & 35%
Professional Services in Office or Outpatient		
Primary care physician (PCP) visit	Deductible & 15% coinsurance	Deductible & 35% coinsurance
Specialty care visit	Deductible & 15% coinsurance	Deductible & 35% coinsurance
Maternity visit (routine prenatal)	Play pays 100%[4]	Deductible & 35% coinsurance
Outpatient Procedures	Deductible & 15% coinsurance	Deductible & 35% coinsurance
Other associated charges	Deductible & 15% coinsurance	Deductible & 35% coinsurance
Teladoc Consultations	Using Teladoc provider network only	
Virtual access to doctors for general medicine, behavioral healthcare, dermatology, and caregiving	Deductible & 15% coinsurance	Not available
Preventive Care and Immunizations		
Preventive general physical exam (PCP only)	Plan pays 100%	Not covered
Preventive well child care (under age 7) (PCP only)	Plan pays 100%	Not covered
Preventive diagnostic tests, laboratory services and X-ray procedures (non-urgent only)	Plan pays 100%[4]	Not covered
Routine cancer screenings	Plan pays 100%[4]	Not covered

Covered Services	In-Network[1]	Out-of-Network[2]
For common communicable diseases as per CDC guidelines excluding those used for foreign travel	Plan pays 100%	Not covered
Urgent Care Center	Must be an unexpected illness where services are needed sooner than a routine doctor's visit.	
	Deductible & 15% coinsurance	
Emergency Room Services	Must be an emergency to receive benefits. If admitted, benefits will be processed under the hospital care benefits.	
Emergency room visit	Deductible & 20% coinsurance	
Other associated charges	Deductible & 20% coinsurance	
Inpatient Hospital		
Inpatient care (semi-private accommodations unless private accommodations are approved for medical reasons)	Deductible & 15% coinsurance	Deductible & 35% coinsurance
Limitation on inpatient days	Unlimited	
Other associated charges	Deductible & 15% coinsurance	Deductible & 35% coinsurance
Transplant Services	Using Aetna's Institutes of Excellence network only	
Inpatient services and other associated charges	Deductible & 15% coinsurance	Not available
Bariatric Services	Using Aetna's Institutes of Quality network only	
Inpatient services and other associated charges	Deductible & 15% coinsurance	Not available
Outpatient Hospital		
Outpatient procedures and other associated charges	Deductible & 15% coinsurance	Deductible & 35% coinsurance
Early Intervention Services	Lifetime maximum of $5,000 per covered member for all covered medical services	
Primary care physician (PCP) visit	Deductible & 15% coinsurance	Deductible & 35% coinsurance
Specialty care visit	Deductible & 15% coinsurance	Deductible & 35% coinsurance
Infertility Services *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 & 15% coinsurance	Deductible & 35% coinsurance
Skilled Nursing Facility		
Skilled nursing/rehabilitation facility (180 days per year combined, maximum)	Deductible & 15% coinsurance	Deductible & 35% coinsurance
Hospice Care		

Covered Services	In-Network[1]	Out-of-Network[2]
Inpatient and outpatient services	Deductible & 15% coinsurance	Deductible & 35% coinsurance
Home Health Services		
Medically necessary services approved by Claims Administrator (90 visits per year maximum)	Deductible & 15% coinsurance	Deductible & 35% coinsurance
Ambulance Transportation		
Local ground or air transportation when medically necessary to and/or from a hospital	Deductible & 15% coinsurance	Deductible & 15% coinsurance
Mental Health and Substance Abuse Services		
Inpatient hospital and residential treatment	Deductible & 15% coinsurance	Deductible & 35% coinsurance
Outpatient treatment	Deductible & 15% coinsurance	Deductible & 35% coinsurance
Speech Therapy		
Medically necessary restorative services, non-developmental conditions (40 visits per year maximum)	Deductible & 15% coinsurance	Deductible & 35% coinsurance
Physical and Occupational Therapy		
Medically necessary restorative services, non-developmental conditions (40 visits per year combined maximum)	Deductible & 15% coinsurance	Deductible & 35% coinsurance
Habilitation Therapy		
Medically necessary services (speech, physical, and occupational therapy)	Deductible & 15% coinsurance	Deductible & 35% coinsurance
Chiropractic Care		
Spinal manipulations (26 per year maximum)	Deductible & 15% coinsurance	Deductible & 35% coinsurance
Acupuncture		
Medically necessary acupuncture services (20 visits per year maximum)	Deductible & 15% coinsurance	Deductible & 35% coinsurance
Hearing Services		
Hearing Exam performed by an audiologist (1 per year maximum)	Deductible & 15% coinsurance	Deductible & 35% coinsurance
Medically necessary hearing aids up to $1,200 every 48 months	Deductible & 15% coinsurance	Deductible & 35% coinsurance
Durable Medical Equipment		

Covered Services	In-Network[1]	Out-of-Network[2]
Medically necessary equipment, prosthetic appliances and medical supplies	Deductible & 15% coinsurance	Deductible & 35% coinsurance

Covered Drugs[3]	UVA Pharmacies[5]	Aetna National Pharmacy Network
Prescription Drugs		
Covered drugs are evaluated and selected from Aetna's Standard Plan Formulary. They require a written prescription and approval by the FDA. Participating pharmacy cost-sharing using Aetna National Pharmacy Network pharmacies is detailed on this schedule. The Plan mandates generic substitution. Coverage is limited to the cost of the generic when available. When a generic equivalent exists for a brand name prescription, you 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 selected.[3] Maintenance drugs for chronic conditions must be filled through the Maintenance Choice program with Opt-Out. This program allows 90-day scripts of maintenance drugs to be filled at UVA and CVS Pharmacies and CVS Caremark Mail Service Pharmacy. You must opt-out of Maintenance Choice if you want to fill a 30-day script of maintenance drugs at other retail pharmacies. Contraceptive drugs and devices are covered. Over-the-counter preventive items mandated by the federal health care reform law are covered with a prescription. Other over-the-counter items are not covered.		
Retail Pharmacy	***Up to 30-day supply***	
Generic drugs	$6 copay	$6 copay
Preferred brand drugs	Deductible & 20% coinsurance ($200 maximum)	Deductible & 20% coinsurance ($34 minimum/$200 maximum)
Non-preferred brand drugs	Deductible & 20% coinsurance ($275 maximum)	Deductible & 20% coinsurance ($68 minimum/$275 maximum)
Maintenance Choice program with Opt-Out[6]	***90-day supply***	***CVS Caremark Mail Service Pharmacy and CVS Retail Pharmacies***
Generic drugs	$14 copay	$14 copay
Preferred brand drugs	Deductible & 20% coinsurance ($425 maximum)	Deductible & 20% coinsurance ($75 minimum/$425 maximum)
Non-preferred brand drugs	Deductible & 20% coinsurance ($525 maximum)	Deductible & 20% coinsurance ($150 minimum/$525 maximum)

Covered Drugs[3]	UVA Pharmacies[5]	Aetna National Pharmacy Network
Specialty Drugs must be filled through UVA Specialty Pharmacy (Limited Distribution Drugs can also be filled through CVS Specialty Pharmacy)	*Up to 30-day supply*	*CVS Specialty Pharmacy (Limited Distribution Specialty Drugs only)*
Generic drugs	Deductible & 20% coinsurance ($150 maximum)	Deductible & 20% coinsurance ($150 maximum)
Preferred brand drugs	Deductible & 20% coinsurance ($200 maximum)	Deductible & 20% coinsurance ($200 maximum)
Non-preferred brand drugs	Deductible & 20% coinsurance ($350 maximum)	Deductible & 20% coinsurance ($350 maximum)
Diabetic drugs, insulin, and supplies	**30-day supply at an Aetna National Network Pharmacy**	**90-day supply through Maintenance Choice**
Generic drugs	$0	$0
Preferred brand drugs	$34	$75
Non-preferred brand drugs	Deductible & 20% coinsurance ($68 minimum/$275 maximum); through UVA Pharmacies, Deductible & 20% coinsurance ($275 maximum)	Deductible & 20% coinsurance ($150 minimum/$525 maximum); through UVA Pharmacies, Deductible & 20% coinsurance ($525 maximum)

[1] Participants living outside the United States for 90 consecutive days or longer who complete a special Foreign Country Enrollment Form available from the UVA HR may use providers in the country in which they are residing as in-network providers for health services with the exception of transplants and bariatric services. Aetna Institutes of Excellence Network Providers must perform all transplant services. Aetna Institutes of Quality Network Providers must perform all bariatric service. Health services received in the U.S. must be provided by Aetna participating providers to be eligible for in-network benefits.

[2] Out-of-network cost sharing amounts are based on the allowable amount which is defined as the amount the Claims Administrator will pay for any covered service before any applicable cost sharing amount. Participants are responsible for amounts above the allowable amount if they use non-participating providers which may be significant. Participants are also responsible for obtaining any necessary preauthorization when using non-participating providers (Out-of-Network option). Failure to obtain preauthorization may result in denial of benefits. Call the Claims Administrator's Customer Service Department prior to accessing services to determine whether Preauthorization is necessary. Claims will be denied entirely if not medically necessary.

[3] 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 the difference in the cost between the brand name 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.

[4] Choice Health 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.

[5] UVA Pharmacies include UVA Pharmacy at ERC, UVA Bookstore Pharmacy, UVA Student Health Pharmacy, Zion Crossroads Pharmacy, UVA Cancer Center Augusta Pharmacy, UVA Pharmacy Pantops, and UVA Specialty Pharmacy.

[6] 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 costshare amount.