### 2020 UVA Health Plan Options at a Glance

#### Your Potential Maximum Annual In-Network Costs

The maximum out of pocket amount and deductible list two values: for an individual and for coverage of multiple family members. The maximum out of pocket amount includes co-insurance, deductible, co-payments and covered prescriptions; excludes amounts above allowable amount and penalties.

#### EMPLOYEE ONLY

<table>
<thead>
<tr>
<th>Plan</th>
<th>Annual Premiums</th>
<th>Deductible</th>
<th>Out-of-Pocket Maximum</th>
<th>Employer HSA Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASIC</td>
<td>$240</td>
<td>$2,000</td>
<td>$4,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>VALUE</td>
<td>$1,050</td>
<td>$800</td>
<td>$5,500</td>
<td></td>
</tr>
<tr>
<td>CHOICE</td>
<td>$2,196</td>
<td>$500</td>
<td>$5,500</td>
<td></td>
</tr>
</tbody>
</table>

**Total:**
- Individual: $3,240
- Family: $6,650

#### EMPLOYEE + SPOUSE

<table>
<thead>
<tr>
<th>Plan</th>
<th>Annual Premiums</th>
<th>Deductible</th>
<th>Out-of-Pocket Maximum</th>
<th>Employer HSA Contribution</th>
</tr>
</thead>
<tbody>
<tr>
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<td>$4,000/$8,000</td>
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<tr>
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<td>$5,500/$11,000</td>
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<td>$5,500/$11,000</td>
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</tbody>
</table>

**Total:**
- Individual: $2,899
- Family: $7,615

#### EMPLOYEE + CHILD

<table>
<thead>
<tr>
<th>Plan</th>
<th>Annual Premiums</th>
<th>Deductible</th>
<th>Out-of-Pocket Maximum</th>
<th>Employer HSA Contribution</th>
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</thead>
<tbody>
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<td>$5,500/$11,000</td>
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</tr>
<tr>
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<td>$5,500/$11,000</td>
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</table>

**Total:**
- Individual: $2,803
- Family: $7,183
- Child: $12,683

#### FAMILY

<table>
<thead>
<tr>
<th>Plan</th>
<th>Annual Premiums</th>
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<th>Out-of-Pocket Maximum</th>
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</thead>
<tbody>
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</tr>
<tr>
<td>CHOICE</td>
<td>$8,472</td>
<td>$500/$1,000</td>
<td>$5,500/$11,000</td>
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</tr>
</tbody>
</table>

**Total:**
- Individual: $3,256
- Family: $8,887
- Child: $14,387

**Total:**
- Individual: $3,387
- Family: $19,472