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

**BASIC**
- Annual Premiums: $240
- Deductible: $2,000
- Out-of-Pocket Maximum: $4,000
- Total: $3,240

**VALUE**
- Annual Premiums: $1,050
- Deductible: $800
- Out-of-Pocket Maximum: $5,500
- Total: $6,550

**CHOICE**
- Annual Premiums: $2,196
- Deductible: $500
- Out-of-Pocket Maximum: $5,500
- Total: $7,696

EMPLOYEE + SPOUSE

**BASIC**
- Annual Premiums: $399
- Deductible: $4,000
- Out-of-Pocket Maximum: $4,000/$8,000
- Total: $2,899

**VALUE**
- Annual Premiums: $2,115
- Deductible: $800/$1,600
- Out-of-Pocket Maximum: $5,500/$11,000
- Total: $7,615

**CHOICE**
- Annual Premiums: $5,724
- Deductible: $500/$1,000
- Out-of-Pocket Maximum: $5,500/$11,000
- Total: $11,224

EMPLOYEE + CHILD

**BASIC**
- Annual Premiums: $303
- Deductible: $4,000
- Out-of-Pocket Maximum: $4,000/$8,000
- Total: $2,803

**VALUE**
- Annual Premiums: $1,683
- Deductible: $800/$1,600
- Out-of-Pocket Maximum: $5,500/$11,000
- Total: $7,183

**CHOICE**
- Annual Premiums: $4,443
- Deductible: $500/$1,000
- Out-of-Pocket Maximum: $5,500/$11,000
- Total: $9,943

FAMILY

**BASIC**
- Annual Premiums: $756
- Deductible: $4,000
- Out-of-Pocket Maximum: $4,000/$8,000
- Total: $3,256

**VALUE**
- Annual Premiums: $3,387
- Deductible: $800/$1,600
- Out-of-Pocket Maximum: $5,500/$11,000
- Total: $8,887

**CHOICE**
- Annual Premiums: $8,472
- Deductible: $500/$1,000
- Out-of-Pocket Maximum: $5,500/$11,000
- Total: $13,972