

University of Virginia Physicians Group Comparison of 2024 HealthKeepers Plan Options

		Tiered Plan		High Deductible Health Plan (HDHP)
		Current		New Option for 2024
<i>In-Network Benefits</i>		Tier 1 - UVA/UPG	Tier 2 - HealthKeepers	In-Network
Deductible and Out-of-pocket Accumulation		Embedded		Non-Embedded
Deductible	Individual	\$750		\$2,000
	Family	\$1,500		\$4,000
Coinsurance		90%/10%	80%/20%	90%/10%
Out-of-pocket maximum	Individual	\$5,000		\$4,725
	Family	\$10,000		\$9,450
Preventive	Care/Screening/Immunization	\$0	\$0	\$0
	Vision Exam	Adult \$15, Child \$0		Adult \$15, Child \$0
Office, Virtual Visits, Urgent Care	Primary Care Physician (PCP)	\$15	\$20	Deductible + 10%
	Specialist	\$30	\$35	Deductible + 10%
Emergency Room		\$300		Deductible + 10%
Ambulance - Ground / Air and Water		\$100 / \$500		Deductible + 10%
<i>Virtual Care</i>				
Medical Chats and Virtual Visits from K Health		\$0		Deductible
LiveHealth Online	PCP	\$15	\$20	Deductible
	Mental Health and Substance Abuse	\$0	\$0	Deductible
	Specialist	\$30	\$35	Deductible + 10%
<i>Mental/Behavioral Health and Substance Abuse</i>				
Inpatient	Facility	\$300	\$300	Deductible + 10%
	Provider	Deductible	Deductible + 20%	Deductible + 10%
Outpatient	Office Visit	\$0	\$0	Deductible + 10%
	Facility & Provider	\$0	\$0	Deductible + 10%
<i>Inpatient Services</i>				
Inpatient Hospital	Facility	\$300	\$600	Deductible + 10%
	Provider	Deductible	Deductible + 20%	Deductible + 10%
Other Inpatient Health Care Facilities (Annual limit: 150 days)	Skilled Nursing Facility	Deductible + 20%	Deductible + 20%	Deductible + 10%
	Rehabilitation Hospital	Same as Inpatient Hospital	Same as Inpatient Hospital	Deductible + 10%
<i>Outpatient Surgery</i>				
Facility (Hospital, Ambulatory Surgical Center)		Deductible + 10%	Deductible + 20%	Deductible + 10%
Provider		\$30	\$35	Deductible + 10%
<i>Laboratory Services</i>				
Preferred Lab - LabCorp		\$0	\$0	Deductible + 10%
Non-Preferred Lab		Covered as Out-of-Network		Covered as Out-of-Network
<i>Radiology Services</i>				
X-Ray - Office, Outpatient Hospital, Freestanding Radiology Center		\$0	Deductible + 20%	Deductible + 10%
Advanced Diagnostic Imaging		Deductible + 10%	Deductible + 20%	Deductible + 10%
<i>Therapy Services</i>				
Physical & Occupational Therapy - 30 visits		\$30	\$30	Deductible + 10%
Speech Therapy - 30 visits		\$30	\$30	Deductible + 10%
Cardiac Rehabilitation - 36 visits		\$30	\$35	Deductible + 10%
Chemotherapy / Radiation Therapy	Office Visit	\$0	\$0	Deductible + 10%
	Outpatient Facility	\$30	\$35	Deductible + 10%
Chiropractic/Manipulative - 30 visits		\$25	\$25	Deductible + 10%
Dialysis	Office Visit	\$30	\$35	Deductible + 10%
	Outpatient Facility	Deductible + 20%	Deductible + 20%	Deductible + 10%

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<i>Hospice</i>				
Home, Inpatient, Outpatient, Bereavement, Respite Care		Deductible + 20%	Deductible + 20%	Deductible + 10%
<i>Medical Specialty Drugs - Dispensed in Office</i>				
Prescription drug only, not including administration fee/copay		Deductible + 20%	Deductible + 20%	Deductible + 10%
<i>Maternity</i>				
Initial Visit to Confirm Pregnancy		\$15/\$30	\$20/\$35	Deductible + 10%
Global Fee for ObGyn prenatal, postnatal, and delivery services		\$0	Deductible + 20%	Deductible + 10%
Delivery		Same as Inpatient Hospital	Same as Inpatient Hospital	Deductible + 10%
<i>Home Health Care</i>				
100 visits (not including infusion therapy or dialysis visits)		Deductible + 20%	Deductible + 20%	Deductible + 10%
<i>Organ Transplants</i>				
Inpatient Hospital	Facility	\$300	\$600	Deductible + 10%
	Provider	Deductible + 10%	Deductible + 20%	Deductible + 10%
Outpatient Hospital	Facility	Deductible + 10%	Deductible + 20%	Deductible + 10%
	Provider	\$30	\$35	Deductible + 10%
Transportation and Lodging - \$10,000 limit		Deductible + 20%	Deductible + 20%	Deductible + 10%
<i>Durable Medical Equipment</i>				
DME, Orthotics, Medical and Surgical Supplies		Deductible + 20%	Deductible + 20%	Deductible + 10%
Prosthetics		Deductible + 30%	Deductible + 30%	Deductible + 10%
<i>Pharmacy - Includes Enhanced Preventive Rx</i>				
Deductible	Deductible	N/A		Combined with Medical
Rx Out-of-pocket maximum	Rx Out-of-pocket maximum	Combined with Medical		Combined with Medical
Retail (30-day supply, 3x for 90-day supply)	Generic	\$15		Deductible + \$10
	Preferred Brand	\$50		Deductible + \$40
	Non-Preferred Brand	\$85		Deductible + \$70
	Specialty (30-day supply only)	20% to \$250		Deductible + 20% to \$300
Home Delivery (90-day supply)	Generic	\$38		Deductible + \$25
	Preferred Brand	\$125		Deductible + \$100
	Non-Preferred Brand	\$213		Deductible + \$210
	Specialty (30-day supply only)	20% to \$250		Deductible + 20% to \$300
<i>Out-of-Network Benefits</i>				
Deductible and Out-of-pocket Accumulation		Embedded		Non-Embedded
Deductible	Individual	\$750		\$4,000
	Family	\$1,500		\$8,000
Coinsurance (based on Maximum Allowed Amount)		70%/30%		70%/30%
Out-of-pocket maximum	Individual	\$5,000		\$9,450
	Family	\$10,000		\$18,900
Emergency Room		Covered as In-Network		Covered as In-Network
<i>Employer HSA Contributions</i>				
Individual/Family Contribution		N/A		\$750/\$1,500
<i>Monthly Employee Cost</i>				
Employee Only		\$96.98		\$54.17
Employee + Child(ren)		\$308.72		\$108.33
Employee + Spouse		\$457.28		\$162.50
Family		\$661.68		\$216.67