University of Virginia Physicians Group Comparison of 2025 HealthKeepers Plan Options

		Tiered Plan		High Deductible Health Plan (HDHP)
In-Network Benefits		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		$9,200
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%
Virtual Care-Only Provider Visits - Through Anthem Mobile App or Website				
PCP, Urgent/Acute Care		$0		Deductible
Mental Health and Substance Use Disorder		$0		Deductible
Specialist		$30		Deductible + 10%
Mental Health and Substance Use Disorder				
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%
Inpatient Services				
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%
	Inpatient Rehabilitation	Same as Inpatient Hospital	Same as Inpatient Hospital	Deductible + 10%
Outpatient Surgery				
Facility (Hospital, Ambulatory Surgical Center)		Deductible + 10%	Deductible + 20%	Deductible + 10%
Provider		$30	$35	Deductible + 10%
Laboratory Services				
Preferred Reference Lab - LabCorp		$0	$0	Deductible + 10%
Non-Preferred Lab		Covered as Out-of-Network		Covered as Out-of-Network
Radiology Services				
X-Ray - Office, Outpatient Hospital, Freestanding Radiology Center		$0	Deductible + 20%	Deductible + 10%
Advanced Diagnostic Imaging		Deductible + 10%	Deductible + 20%	Deductible + 10%
Therapy Services				
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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		Tiered Plan		High Deductible Health Plan (HDHP)
In-Network Benefits		Tier 1 - UVA/UPG	Tier 2 - HealthKeepers	In-Network
Hospice				
Home, Inpatient, Outpatient, Bereavement, Respite Care		Deductible + 20%	Deductible + 20%	Deductible + 10%
Medical Specialty Drugs - Dispensed in Office				
Prescription drug only, not including adminstration fee/copay		Deductible + 20%	Deductible + 20%	Deductible + 10%
Maternity				
Initial Visit to Confirm Pregrancy		$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%
Home Health Care				
100 visits (not including infusion therapy or dialysis visits)		Deductible + 20%	Deductible + 20%	Deductible + 10%
Organ Transplants				
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%
Durable Medical Equipment				
DME, Orthotics, Medical and Surgical Supplies		Deductible + 20%	Deductible + 20%	Deductible + 10%
Prosthetics		Deductible + 30%	Deductible + 30%	Deductible + 10%
Pharmacy - Includes Enhanced Preventive Rx				
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 + $20
	Preferred Brand	$125		Deductible + $100
	Non-Preferred Brand	$213		Deductible + $175
	Specialty (30-day supply only)	20% to $250		Deductible + 20% to $300
Out-of-Network Benefits				
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
Annual Employer HSA Contributions				
Individual/Family Contribution		N/A		$750/$1,500
Monthly Employee Cost				
Employee Only		$103.65		$54.17
Employee + Child(ren)		$329.97		$108.33
Employee + Spouse		$488.74		$162.50
Family		$707.20		$216.67