



Medical Plan Comparison—Innovation Health Network

Benefit Tier	Innovation Health HSA HDP ¹				Innovation Health PPO ¹			
	In-Network			Out-Of-Network	In-Network			Out-Of-Network
	Maximum Savings ²	Standard Savings Plus ³	Standard Savings		Maximum Savings ²	Standard Savings Plus ³	Standard Savings	
Annual Deductible								
Team Member Only		\$1,700			\$500			\$1,000
Team Member + Family		\$3,400			\$1,000			\$2,000
Annual Out-of-Pocket Maximum								
Team Member Only		\$3,500		\$6,000	\$3,500			\$6,000
Team Member + Family		\$7,000 ⁴		\$13,000	\$7,000			\$13,000

Office Visits: Your coinsurance (fixed percent) or copay (fixed dollar amount)⁵

	In-Network Max Savings	In-Network Standard Savings Plus	In-Network Standard Savings	Out-Of-Network	In-Network Max Savings	In-Network Standard Savings Plus	In-Network Standard Savings	Out-Of-Network
Preventive Care	\$0	\$0	\$0	Not covered	\$0	\$0	\$0	Not covered
Primary Care Office Visit	0% ¹⁰	10%	20%	50%	\$0	\$15	\$25	50%
Specialist Office Visit	20%	20%	20%	50%	\$20	\$20	\$50	50%
Urgent Care	20%	20%	50%	50%	\$35	\$35	\$50	50%
GoHealth Urgent Care	20%	20%	50%	50%	\$5	\$5	\$50	50%

Inpatient Services⁸

	In-Network Max Savings	In-Network Standard Savings Plus	In-Network Standard Savings	Out-Of-Network	In-Network Max Savings	In-Network Standard Savings Plus	In-Network Standard Savings	Out-Of-Network
Hospital	20%	20%	50%	50%	\$100 per admission, then 20%	\$100 per admission, then 20%	\$500 per admission, then 50%	\$1,000 per admission, then 50%
Mental Health/ Behavioral Health/ Substance Abuse	20%	20%	50%	40%	\$100 per admission, then 20%	\$100 per admission, then 20%	\$500 per admission, then 50%	\$1,000 per admission, then 40%

Outpatient Services

	In-Network Max Savings	In-Network Standard Savings Plus	In-Network Standard Savings	Out-Of-Network	In-Network Max Savings	In-Network Standard Savings Plus	In-Network Standard Savings	Out-Of-Network
Emergency Room (ER)		20%			\$200 waived if admitted, then 20%			
Outpatient Surgery Facility Fees	10%	20%	50%	50%	10%	20%	50%	50%

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Maximum Savings ²	Standard Savings Plus ³	Standard Savings	Maximum Savings ²		Standard Savings Plus ³	Standard Savings		
Outpatient Services, continued								
Outpatient Surgery Professional Fees	10%	20%	20%	50%	10%	20%	20%	50%
Physical Therapy	20%	20%	50%	50%	20%	20%	50%	50%
Radiology	20%	20%	50%	50%	\$25 x-ray \$100 complex imaging	\$25 x-ray \$100 complex imaging	\$100 x-ray \$400 complex imaging	50%
Outpatient Diagnostic Lab Tests	0% ¹⁰ Must be an Inova Diagnostic Lab ⁶	20%	20%	50%	0% Must be an Inova Diagnostic Lab ⁶	20%	20%	50%
Hearing Exam and Hardware	Hearing exam benefit: 1 exam every 12 months			Hearing exam benefit: 1 exam every 12 months				
	Hearing aid benefit: 1 hearing aid per ear / per calendar year			Hearing aid benefit: 1 hearing aid per ear / per calendar year				
Durable Medical Equipment	20% after deductible			50% after deductible		20% after deductible		50% after deductible
Infertility⁷	Covered same as any other expense			Covered same as any other expense				

¹ These plans apply to members who reside inside the following Virginia counties: Arlington, Fairfax, Loudoun and Prince William, or who reside in the following Virginia cities: City of Alexandria, Fairfax City, Falls Church City, Manassas City and Manassas Park City. For team members who reside outside these areas, please see the Outside NOVA network plan comparison.

² Maximum Savings are found by using Inova providers, facilities and hospitals.

³ Standard Savings Plus are found by using Signature Partners, Valley Health, Privia, Loudoun Medical Group and certain Aetna Behavioral Health providers. Go to www.aetna.com/dse/custom/inova to find providers with the Standard Savings Plus designation.

⁴ If any individual in the plan has \$7,000 in eligible out-of-pocket expenses before the out-of-pocket maximum is met, the cost of that individual's in-network, eligible care will be covered for the rest of the plan year.

⁵ Coinsurance of 10% will be added to the office copay for infusion or injection drugs provided by an Aetna (non-Inova) network physician for the Innovation Health PPO plan. However, for the Innovation Health HSA HDP, the coinsurance will be 30% (rather than 20%) when these drugs are provided by an Aetna (non-Inova) network physician in the office. These additional coinsurances will not apply to the Outside NOVA plans.

⁶ The \$0 copay does not apply to inpatient or outpatient lab work at an Inova facility that is not a specifically designated Inova Lab location. Inova Diagnostic Labs are stand alone facilities and are not located in an Inova hospital. To view the locations of specifically designated Inova Labs, go to www.inova.org/our-services/inova-laboratories/locations.

⁷ Artificial insemination, ovulation induction and advanced reproductive technology are subject to a combined \$25,000 lifetime maximum. There is a separate \$20,000 lifetime maximum on IVF drugs. You must contact WINFertility at 1-833-204-2756 to initiate the fertility benefits.

⁸ Reston Hospital Center, Virginia Hospital Center and StoneSprings Hospital are out-of-network hospitals, except for emergencies.

¹⁰ The annual deductible must be satisfied before these services have 0% coinsurance.

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