

Medical Plan Comparison—Outside NOVA Network

| | Outside NOVA HSA HDP ¹ | | | | Outside NOVA 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 | | \$1,500 | | | \$250 | | | \$1,000 |
| Team Member + Family | | \$3,000 | | | \$500 | | | \$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

| | | | | | | | | |
|----------------------------------|-----|-----|-----|-------------|------|------|------|-------------|
| Preventive Care | \$0 | \$0 | \$0 | Not covered | \$0 | \$0 | \$0 | Not covered |
| Primary Care Office Visit | 0% | 10% | 20% | 50% | \$0 | \$15 | \$25 | 50% |
| Specialist Office Visit | 20% | 20% | 20% | 50% | \$20 | \$20 | \$50 | 50% |
| Urgent Care | 20% | 20% | 20% | 50% | \$20 | \$20 | \$20 | 50% |

Inpatient Services⁸

| | | | | | | | | |
|--|-----|-----|-----|-----|-------------------------------|-------------------------------|-------------------------------|---------------------------------|
| Hospital | 20% | 20% | 20% | 50% | \$100 per admission, then 20% | \$100 per admission, then 20% | \$250 per admission, then 20% | \$1,000 per admission, then 50% |
| Mental Health/ Behavioral Health/ Substance Abuse | 20% | 20% | 20% | 40% | \$100 per admission, then 20% | \$100 per admission, then 20% | \$250 per admission, then 20% | \$1,000 per admission, then 40% |

Outpatient Services

| | | | | | | | | |
|---|-----|-----|-----|-----|------------------------------------|-----|-----|-----|
| Emergency Room (ER) | 20% | | | | \$150 waived if admitted, then 20% | | | |
| Outpatient Surgery Facility Fees | 10% | 20% | 20% | 50% | 10% | 20% | 20% | 50% |

| Outside NOVA HSA HDP ¹ | | | | Outside NOVA 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 | |

Outpatient Services, *continued*

| | | | | | | | | |
|--------------------------------------|--|-----|-----|-----|--|-------------------------------------|-------------------------------------|-----|
| Outpatient Surgery Professional Fees | 10% | 20% | 20% | 50% | 10% | 20% | 20% | 50% |
| Physical Therapy | 20% | 20% | 20% | 50% | 20% | 20% | 20% | 50% |
| Radiology | 20% | 20% | 20% | 50% | \$25 x-ray \$100 complex imaging | \$25 x-ray \$100 complex imaging | \$25 x-ray \$100 complex imaging | 50% |
| Outpatient Diagnostic Lab Tests | 0% <i>Must be an Inova Diagnostic Lab⁶</i> | 20% | 20% | 50% | 0% <i>Must be an Inova Diagnostic Lab⁶</i> | 20% | 20% | 50% |
| Hearing Exam and Hardware | Hearing exam benefit: 1 exam every 12 months Hearing aid benefit: 1 hearing aid per ear / per calendar year | | | | Hearing exam benefit: 1 exam every 12 months Hearing aid benefit: 1 hearing aid per ear / per calendar year | | | |
| Infertility ⁷ | Covered same as any other expense | | | | Covered same as any other expense | | | |

¹ These plans apply to members who reside outside the following Virginia counties: Arlington, Fairfax, Loudoun and Prince William, or who do not 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 inside these areas, please see the Innovation Health 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 \$6,850 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.