

Medical Plan Comparison

	Outside NOVA HSA HDP ¹			Outside NOVA PPO ¹		
	In-Network Maximum Savings ²	In-Network Standard Savings	Out-Of- Network	In-Network Maximum Savings ²	In-Network Standard Savings	Out-Of- Network
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 ³		\$13,000 ³	\$7,000		\$13,000

Office Visits: Your coinsurance (fixed percent) or copay (fixed dollar amount)⁴

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

Inpatient Services

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

Outpatient Services

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

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Outpatient Services, <i>continued</i>						
Outpatient Surgery	10%	20%	50%	10%	20%	50%
Professional Fees						
Physical Therapy	20%	20%	50%	20%	20%	50%
Radiology	20%	20%	50%	\$25 x-ray \$100 complex imaging	\$25 x-ray \$100 complex imaging	50%
Outpatient Diagnostic Lab Tests	0% <i>Must be an Inova Diagnostic Lab⁵</i>	20%	50%	0% <i>Must be an Inova Diagnostic Lab⁵</i>	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		
Infertility⁶	20%	20%	50%	\$20	\$50	50%

¹ These plans apply to team members who live 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.

² Maximum Savings are found in the Innovation Health Performance Network which includes Inova providers, 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 Maximum Savings designation.

³ 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.

⁴ 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. This additional 10% coinsurance will not apply to the Outside NOVA plans. 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.

⁵ 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. To view the locations of specifically designated Inova Labs, go to www.inova.org/our-services/inova-laboratories/locations.

⁶ 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.