

Comparison of UVA Community Health 2024 & 2025 Medical Plan Changes

2024 PPO Plan

PPO with HRA			
	Tier 1 UVA Health Providers and Facilities	Tier 2 In-Network	Tier 3 Non-Network
Annual Deductible (Individual/Family)	\$500 / \$1,000	\$1,000 / \$2,000	\$2,000 / \$4,000
Coinsurance	95%	85%	60%
Annual Out-of-Pocket Maximum (Individual/Family)	\$1,000 / \$2,000	\$2,000 / \$4,000	\$5,000 / \$10,000

2025 PPO Plan

PPO with HRA			
	Tier 1 UVA Health Providers and Facilities	Tier 2 In-Network	Tier 3 Non-Network
Annual Deductible (Individual/Family)	\$750 / \$1,500	\$1,500 / \$3,000	\$3,000 / \$6,000
Coinsurance	90%	80%	60%
Annual Out-of-Pocket Maximum (Individual/Family)	\$1,500 / \$3,000	\$3,000 / \$6,000	\$6,000 / \$12,000

2024 HDHP Plan

HDHP with HSA			
	Tier 1 UVA Health Providers and Facilities	Tier 2 In-Network	Tier 3 Non-Network
Annual Deductible (Individual/Family)	\$1,500 / \$3,000	\$3,000 / \$6,000	\$6,000 / \$12,000
Coinsurance	90%	75%	50%
Annual Out-of-pocket Maximum (Individual/Family)	\$3,000 / \$6,000	\$6,000 / \$12,000	\$10,000 / \$20,000

2025 HDHP Plan

HDHP with HSA			
	Tier 1 UVA Health Providers and Facilities	Tier 2 In-Network	Tier 3 Non-Network
Annual Deductible (Individual/Family)	\$1,650 / \$3,300	\$3,300 / \$6,600	\$6,600 / \$13,200
Coinsurance	90%	75%	50%
Annual Out-of-pocket Maximum (Individual/Family)	\$3,300 / \$6,600	\$6,600 / \$13,200	\$14,000 / \$24,000