Plan Comparison

In-Network	COVAcare	COVA HealthAware Know Your Numbers	COVA HDHP
Deductible	$225/$450	$1,500/$3,000	$1,750/$3,500
Out-of-Pocket Maximum	$1,500/$3,000	$3,000/$6,000	$5,000/$10,000
Health Reimbursement Arrangement (HRA)	No	$600/$1,200 (ee/ee +spouse)	No
Extra HRA funds for "do rights"	No	Up to $150/$300	No
Plan Design	Copayments and coinsurance	80/20 coinsurance	80/20 coinsurance
Wellness & Preventive Care, including Dental	100%	100%	100%
Expanded Dental and Vision Buy-Ups	Yes	Yes	Expanded Dental only
Annual Routine Vision Exam included	With buy-up	In standard plan	No
Pharmacy counts toward OOP	No	Yes	Yes
Dental counts toward OOP	No	No	No
Premium Rewards	Yes	Yes	No