

Virginia Bankers Association
Medical Plans Offered for 2027 Plan Year

Plan Feature	KeyCare 20	KeyCare 25	HealthKeepers 25	KeyCare HRA 2000	KeyCare 2000	KeyCare 3500	HealthKeepers 3500	KeyCare 5000
Annual Deductible								
<i>In-network (Employee only/Family)</i>	\$0/\$0	\$500/\$1,000	\$500/\$1,000	\$2,000/\$4,000 (500/\$1,000 HRA allocation)	\$2,000/\$4,000	\$3,500/\$7,000	\$3,500/\$7,000	\$5,000/\$10,000
<i>Out-of-network (Employee only/Family)</i>	\$500/\$1,000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000 (500/\$1,000 HRA allocation)	\$2,000/\$4,000	\$3,500/\$7,000	\$3,500/\$7,000	\$5,000/\$10,000
Annual Out-of-pocket Maximum								
<i>In-network (Employee only/Family)</i>	\$4,000/\$8,000	\$4,500/\$9,000	\$4,500/\$9,000	\$3,500/\$7,000	\$3,500/\$7,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000
<i>Out-of-network (Employee only/Family)</i>	\$5,500/\$11,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,500/\$13,000	\$6,500/\$13,000	\$8,000/\$16,000	\$8,000/\$16,000	\$12,000/\$24,000
In-Network Benefits Illustrated Below								
Preventive Care Services								
<i>Employee Only/Family</i>	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Doctor Visits & Medical Services								
<i>Primary Care Physician</i>	\$20	\$25	\$25	After deductible, the plan pays 80%, you pay 20%	After deductible, the plan pays 90%, you pay 10%	After deductible, the plan pays 100%, you pay 0%	After deductible, the plan pays 100%, you pay 0%	After deductible, the plan pays 100%, you pay 0%
<i>Specialist</i>	\$40	\$50	\$50					
<i>In-Patient Hospital</i>	\$400 copay, then plan pays 80%, you pay 20%	After deductible, the plan pays 80%, you pay 20%	After the deductible the plan pays 80%, you pay 20%					
<i><u>Most</u> Other Services</i>	The plan pays 80%, you pay 20%	After deductible, the plan pays 80%, you pay 20%	After the deductible the plan pays 80%, you pay 20%					
Prescription drugs - Four-tier program								
Retail (30 day supply) benefit illustrated by tier. Mail order (90 day supply) cost is retail copay multiplied by 2.5; specialty drugs only allow for 30 day supply.	1st Tier: \$20 2nd Tier: \$50 3rd Tier: \$90 4th Tier: 20%, \$200 per prescription maximum	1st Tier: \$20 2nd Tier: \$50 3rd Tier: \$90 4th Tier: 20%, \$200 per prescription maximum	1st Tier: \$20 2nd Tier: \$50 3rd Tier: \$90 4th Tier: 20%, \$200 per prescription maximum	Copay applies to preventive drugs before deductible; all drugs after deductible. 1st Tier: \$20 2nd Tier: \$50 3rd Tier: \$90 4th Tier: 20%, \$200 per prescription maximum	Copay applies to preventive drugs before deductible; all drugs after deductible. 1st Tier: \$20 2nd Tier: \$50 3rd Tier: \$90 4th Tier: 20%, \$200 per prescription maximum	Copay applies to preventive drugs before deductible; all drugs after deductible. 1st Tier: \$20 2nd Tier: \$50 3rd Tier: \$90 4th Tier: 20%, \$200 per prescription maximum	Copay applies to preventive drugs before deductible; all drugs after deductible. 1st Tier: \$20 2nd Tier: \$50 3rd Tier: \$90 4th Tier: 20%, \$200 per prescription maximum	Copay applies to preventive drugs before deductible; all drugs after deductible. 1st Tier: \$20 2nd Tier: \$50 3rd Tier: \$90 4th Tier: 20%, \$200 per prescription maximum
Out-of-Network Member Coinsurance	30%	40%	40%	40%	30%	20%	20%	20%
Network	KeyCare PPO	KeyCare PPO	HealthKeepers HMO	KeyCare PPO	KeyCare PPO	KeyCare PPO	HealthKeepers HMO	KeyCare PPO

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Plan Feature	HealthKeepers 5000
Annual Deductible	
<i>In-network (Employee only/Family)</i>	\$5,000/\$10,000
<i>Out-of-network (Employee only/Family)</i>	\$5,000/\$10,000
Annual Out-of-pocket Maximum	
<i>In-network (Employee only/Family)</i>	\$6,000/\$12,000
<i>Out-of-network (Employee only/Family)</i>	\$12,000/\$24,000
In-Network Benefits Illustrated Below	
Preventive Care Services	
<i>Employee Only/Family</i>	Covered at 100%
Doctor Visits & Medical Services	
<i>Primary Care Physician</i>	After deductible, the plan pays 100%, you pay 0%
<i>Specialist</i>	
<i>In-Patient Hospital</i>	
<u>Most</u> Other Services	
Prescription drugs - Four-tier program	
Retail (30 day supply) benefit illustrated by tier. Mail order (90 day supply) cost is retail copay multiplied by 2.5; specialty drugs only allow for 30 day supply.	Copay applies to preventive drugs before deductible; all drugs after deductible. 1st Tier: \$20 2nd Tier: \$50 3rd Tier: \$90 4th Tier: 20%, \$200 per prescription maximum
Out-of-Network Member Coinsurance	20%
Network	HealthKeepers HMO

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Plan Feature
Annual Deductible
In-network (Employee only/Family)
Out-of-network (Employee only/Family)
Annual Out-of-pocket Maximum
In-network (Employee only/Family)
Out-of-network (Employee only/Family)
In-Network Benefits Illustrated Below
Preventive Care Services
Employee Only/Family
Doctor Visits & Medical Services
Primary Care Physician
Specialist
In-Patient Hospital
<u>Most</u> Other Services
Prescription drugs - Four-tier program
Retail (30 day supply) benefit illustrated by tier. Mail order (90 day supply) cost is retail copay multiplied by 2.5; specialty drugs only allow for 30 day supply.
Out-of-Network Member Coinsurance
Network