

2026 Sentara BusinessEDGE® VantagePlans



Groups with 5-250 enrolled employees

These charts summarize standard covered expenses. Exclusions and limitations apply. Additional benefits may be available.

Plan Name	Sentara Vantage 0/25/20%	Sentara Vantage 500/25/20%	Sentara Vantage 1000/25/20%	Sentara Vantage 1000/25/30%	Sentara Vantage 1500/25/20%
In-network deductible (individual/family)	\$0/\$0	\$500/\$1,000	\$1,000/\$2,000	\$1,000/\$2,000	\$1,500/\$3,000
In-network out-of-pocket maximum (individual/family)	\$2,500/\$5,000	\$7,500/\$15,000	\$5,000/\$10,000	\$6,200/\$12,400	\$6,500/\$13,000
Primary care physician office visit	\$25	\$25	\$25	\$25	\$25
Virtual consult	No charge	No charge	No charge	No charge	No charge
Specialist office visit	\$50	\$50	\$50	\$50	\$50
Outpatient surgery	\$300	20% AD	20% AD	30% AD	\$300 AD
Inpatient hospital services	\$300/day (\$1,200 max)	20% AD	20% AD	30% AD	\$400 AD
Emergency services (in- and out-of-network)	30%	30% AD	30% AD	40% AD	\$350 AD
Urgent care center services	\$50	\$50	\$50	\$50	\$50
Prescription drug coverage; deductible if applicable; tier 1/tier 2/tier 3/ tier 4 (*\$400 max OOP/prescription)	No deductible \$10/\$30/\$25%/30%*	No deductible \$10/\$30/\$25%/30%*	No deductible \$10/\$30/\$25%/30%*	No deductible \$10/\$30/\$25%/30%*	No deductible \$10/\$30/\$25%/30%*

Plan Name	Sentara Vantage 2000/25/30%	Sentara Vantage 2500/30/20%	Sentara Vantage 3000/30/0%	Sentara Vantage 3000/35/25%	Sentara Vantage 4000/30/0%
In-network deductible (individual/family)	\$2,000/\$4,000	\$2,500/\$5,000	\$3,000/\$6,000	\$3,000/\$6,000	\$4,000/\$8,000
In-network out-of-pocket maximum (individual/family)	\$6,500/\$13,000	\$6,500/\$13,000	\$6,500/\$13,000	\$8,800/\$17,600	\$6,500/\$13,000
Primary care physician office visit	\$25	\$30	\$30	\$35	\$30
Virtual consult	No charge	No charge	No charge	No charge	No charge
Specialist office visit	\$50	\$60	\$60	\$70 AD	\$60
Outpatient surgery	30% AD	\$350 AD	No charge AD	25% AD	No charge AD
Inpatient hospital services	30% AD	20% AD	No charge AD	25% AD	No charge AD
Emergency services (in- and out-of-network)	40% AD	30% AD	\$350 AD	35% AD	\$350
Urgent care center services	\$50	\$60	\$75	\$70 AD	\$75
Prescription drug coverage; deductible if applicable; tier 1/tier 2/tier 3/ tier 4 (*\$400 max OOP/prescription)	No deductible \$10/\$30/\$25%/30%*	No deductible \$10/\$30/\$25%/30%*	No deductible \$10/\$30/\$25%/30%*	No deductible \$10/\$30/\$25%/30%*	No deductible \$10/\$30/\$25%/30%*

2026 Sentara BusinessEDGE® VantagePlans (continued)



Plan Name	Sentara Vantage 4000/40/20%	Sentara Vantage 5000/25/0%	Sentara Vantage 5000/30/30%
In-network deductible (individual/family)	\$4,000/\$8,000	\$5,000/\$10,000	\$5,000/\$10,000
In-network out-of-pocket maximum (individual/family)	\$8,650/\$17,300	\$9,000/\$18,000	\$9,000/\$18,000
Primary care physician office visit	\$40	\$25	\$30
Virtual consult	No charge	No charge	No charge
Specialist office visit	\$80	\$60	\$50
Outpatient surgery	20% AD	No charge AD	30% AD
Inpatient hospital services	20% AD	No charge AD	30% AD
Emergency services (in- and out-of-network)	30% AD	20% AD	40% AD
Urgent care center services	\$80	\$75	\$50
Prescription drug coverage; deductible if applicable; tier 1/tier 2/tier 3/ tier 4 (*\$400 max OOP/prescription)	No deductible \$10/\$30/\$25%/30%*	No deductible \$10/\$30/\$25%/30%*	No deductible \$10/\$30/\$25%/30%*

2026 Sentara BusinessEDGE® Vantage HSA Plans



Plan Name	Sentara Vantage HSA 3400/10%	Sentara Vantage HSA 3400/20%	Sentara Vantage HSA 4000/20%
In-network deductible (individual/family)	\$3,400/\$6,800	\$3,400/\$6,800	\$4,000/\$8,000
In-network out-of-pocket maximum (individual/family)	\$5,000/\$10,000	\$7,200/\$14,400	\$6,750/\$13,500
Primary care physician office visit	10% AD	20% AD	20% AD
Virtual consult	No charge AD	No charge AD	No charge AD
Specialist office visit	10% AD	20% AD	20% AD
Outpatient surgery	10% AD	20% AD	20% AD
Inpatient hospital services	10% AD	20% AD	20% AD
Emergency services (in- and out-of-network)	20% AD	30% AD	30% AD
Urgent care center services	10% AD	20% AD	20% AD
‡Prescription drug coverage; deductible if applicable; tier 1/tier 2/tier 3/ tier 4 (*\$400 max OOP/prescription)	After medical deductible \$10 AD/\$40 AD/25% AD/30% AD*	After medical deductible \$10 AD/\$40 AD/25% AD/30% AD*	After medical deductible \$10 AD/\$40 AD/25% AD/30% AD*

Plan Name	Sentara Vantage HSA 5000/0%	Sentara Vantage HSA 5000/30%	Sentara Vantage HSA 6000/30%	Sentara Vantage HSA 6500/0%
In-network deductible (individual/family)	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$12,000	\$6,500/\$13,000
In-network out-of-pocket maximum (individual/family)	\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000	\$7,500/\$15,000
Primary care physician office visit	No charge AD	30% AD	30% AD	No charge AD
Virtual consult	No charge AD	No charge AD	No charge AD	No charge AD
Specialist office visit	No charge AD	30% AD	30% AD	No charge AD
Outpatient surgery	No charge AD	30% AD	30% AD	No charge AD
Inpatient hospital services	No charge AD	30% AD	30% AD	No charge AD
Emergency services (in- and out-of-network)	20% AD	40% AD	40% AD	20% AD
Urgent care center services	No charge AD	30% AD	30% AD	No charge AD
‡Prescription drug coverage; deductible if applicable; tier 1/tier 2/tier 3/ tier 4 (*\$400 max OOP/prescription)	After medical deductible \$10 AD/\$40 AD/25% AD/30% AD*	After medical deductible \$10 AD/\$40 AD/25% AD/30% AD*	After medical deductible \$10 AD/\$40 AD/25% AD/30% AD*	After medical deductible \$10 AD/\$40 AD/25% AD/30% AD*

*Some preventive drugs are available before the deductible for HSA plans.

AD: After Deductible | p/p: Per Person | OOP/prescription: Out-of-pocket, per prescription

Sentara Health Plans is the trade name of Sentara Health Plans, Sentara Health Insurance Company, Sentara Behavioral Health Services, Inc., and Sentara Health Administration, Inc. Sentara Vantage Health Maintenance organization (HMO), Point of Service (POS), and Tiered plans are issued and underwritten by Sentara Health Plans. Sentara Plus Preferred Provider Organization (PPO) products are issued and underwritten by Sentara Health Insurance Company. Self-funded employer group health are administered, but not underwritten, by Sentara Health Administration, Inc. Stop-loss products are issued and underwritten by Sentara Health Insurance Company. All plans have benefit exclusions and limitations, and terms under which the policy may be continued in force or discontinued. Wellness and rewards programs are administered by Sentara Health Administration, Inc. and are not covered benefits under any plans through Sentara Health Plans. Value-added services are not covered benefits under any of our health plans. For costs and complete details of coverage, please call your broker or Sentara Health Plans at 1-800-745-1271 or visit sentarahealthplans.com.