



## 2025 Sentara Mid-Market & Large Group Vantage Plans (continued)



Plan Name	Sentara Vantage 4000/30/30%	Sentara Vantage 4500/25/20%	Sentara Vantage 5000/25/0%	Sentara Vantage 5000/30/30%	Sentara Vantage 7200/45/40%
In-network deductible (individual/family)	\$4,000/\$8,000	\$4,500/\$9,000	\$5,000/\$10,000	\$5,000/\$10,000	\$7,200/\$14,400
In-network out-of-pocket maximum (individual/family)	\$8,000/\$16,000	\$9,000/\$18,000	\$9,000/\$18,000	\$9,000/\$18,000	\$9,100/\$18,200
PCP visit	\$30	\$25 AD	\$25	\$30	\$45
Virtual consult	No charge	No charge AD	No charge	No charge	No charge
Specialist visit	\$50	\$50 AD	\$50	\$50	\$90
Outpatient surgery	30% AD	20% AD	No charge AD	30% AD	40% AD
Inpatient hospital services	30% AD	20% AD	No charge AD	30% AD	40% AD
Emergency services (in- and out-of-network)	40% AD	30% AD	20% AD	40% AD	50% AD
Urgent care center services	\$50	\$50 AD	No charge AD	\$50	\$90
Prescription drug coverage option 1; tier 1/tier 2/tier 3/ tier 4 (*\$300 max OOP/prescription)	Rx p/p deductible \$150 \$10/\$45 AD/\$75 AD/20% AD*	Rx p/p deductible \$150 \$10/\$45 AD/\$75 AD/20% AD*	Rx p/p deductible \$150 \$10/\$45 AD/\$75 AD/20% AD*	Rx p/p deductible \$150 \$10/\$45 AD/\$75 AD/20% AD*	Rx p/p deductible \$150 \$10/\$45 AD/\$75 AD/20% AD*
Prescription drug coverage option 2; tier 1/tier 2/tier 3/ tier 4 (*\$300 max OOP/prescription)	No deductible \$15/\$40/\$75/20%*	No deductible \$15/\$40/\$75/20%*	No deductible \$15/\$40/\$75/20%*	No deductible \$15/\$40/\$75/20%*	No deductible \$15/\$40/\$75/20%*

## 2025 Sentara Mid-Market & Large Group Vantage Design Plans

Plan Name	Sentara Vantage Design 3000/20%	Sentara Vantage Design 5000/0%
In-network deductible (individual/family)	\$3,000/\$6,000	\$5,000/\$10,000
In-network out-of-pocket maximum (individual/family)	\$5,500/\$11,000	\$7,350/\$14,700
PCP visit	20% AD	No charge AD
Virtual consult	No charge AD	No charge AD
Specialist visit	20% AD	No charge AD
Outpatient surgery	20% AD	No charge AD
Inpatient hospital services	20% AD	No charge AD
Emergency services (in-and out-of-network)	30% AD	20% AD
Urgent care center services	20% AD	No charge AD
Prescription drug coverage; tier 1/tier 2/tier 3/ tier 4 (*\$300 max OOP/prescription)	No deductible \$10/\$40/\$60/20%*	No deductible \$10/\$40/\$60/20%*

# 2025 Sentara Mid-Market & Large Group Vantage HSA Plans



Plan Name	Sentara Vantage HSA 1700/0%	Sentara Vantage HSA 2500/20%	Sentara Vantage HSA 3300/0%	Sentara Vantage HSA 3300/10%	Sentara Vantage HSA 3300/20%
In-network deductible (individual/family)	\$1,700/\$3,400	\$2,500/\$5,000	\$3,300/\$6,600	\$3,300/\$6,600	\$3,300/\$6,600
In-network out-of-pocket maximum (individual/family)	\$6,500/\$13,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$12,000
PCP visit	\$25 AD	20% AD	No charge AD	10% AD	20% AD
Virtual consult	No charge AD	No charge AD	No charge AD	No charge AD	No charge AD
Specialist visit	\$50 AD	20% AD	No charge AD	10% AD	20% AD
Outpatient surgery	\$300 AD	20% AD	No charge AD	10% AD	20% AD
Inpatient hospital services	\$500 AD	20% AD	No charge AD	10% AD	20% AD
Emergency services (in- and out-of-network)	\$350 AD	30% AD	20% AD	20% AD	30% AD
Urgent care center services	\$50 AD	20% AD	No charge AD	10% AD	20% AD
*Prescription drug coverage; tier 1/tier 2/tier 3/tier 4 (**\$300 max OOP/prescription)	Medical deductible applies \$10 AD/\$40 AD/\$60 AD/20% AD*	Medical deductible applies \$10 AD/\$40 AD/\$60 AD/20% AD*	Medical deductible applies \$10 AD/\$40 AD/\$60 AD/20% AD*	Medical deductible applies \$10 AD/\$40 AD/\$60 AD/20% AD*	Medical deductible applies \$10 AD/\$40 AD/\$60 AD/20% AD*

Plan Name	Sentara Vantage HSA 4000/0%	Sentara Vantage HSA 4000/20%	Sentara Vantage HSA 5000/0%	Sentara Vantage HSA 5000/30%
In-network deductible (individual/family)	\$4,000/\$8,000	\$4,000/\$8,000	\$5,000/\$10,000	\$5,000/\$10,000
In-network out-of-pocket maximum (individual/family)	\$6,750/\$13,500	\$6,750/\$13,500	\$7,000/\$14,000	\$7,000/\$14,000
PCP visit	No charge AD	20% AD	No charge AD	\$25 AD
Virtual consult	No charge AD	No charge AD	No charge AD	No charge AD
Specialist visit	No charge AD	20% AD	No charge AD	\$50 AD
Outpatient surgery	No charge AD	20% AD	No charge AD	\$500 AD
Inpatient hospital services	No charge AD	20% AD	No charge AD	\$500 AD
Emergency services (in- and out-of-network)	20% AD	30% AD	20% AD	40% AD
Urgent care center services	No charge AD	20% AD	No charge AD	\$50 AD
*Prescription drug coverage; tier 1/tier 2/tier 3/tier 4 (**\$300 max OOP/prescription)	Medical deductible applies \$10 AD/\$40 AD/\$60 AD/20% AD*	Medical deductible applies \$10 AD/\$40 AD/\$60 AD/20% AD*	Medical deductible applies \$10 AD/\$40 AD/\$60 AD/20% AD*	Medical deductible applies \$10 AD/\$40 AD/\$60 AD/20% 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

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