

2026 Business*EDGE*® Plan Changes

Effective at the group's renewal and beginning with the group's plan 2026 effective date

Medical benefit changes

Cost sharing will not apply to **diagnostic breast exams** received from innetwork providers. **Diagnostic breast exams** mean medically necessary and appropriate breast exams—including an exam using diagnostic mammography, breast magnetic resonance imaging, 3D mammography, or breast ultrasound—that are used to evaluate an abnormality seen or suspected from a screening for the detection of breast cancer or an abnormality detected by another means of examination. All plan preauthorization requirements apply.

Wigs are covered under the **durable medical equipment (DME)** benefit – 1 per year after cancer treatment.

Pre-authorization is required for all **DME**.

Health Savings Account (HSA) limits have been updated for 2026.

Minimum deductible:

- \$1,700 for self-only coverage (\$50 increase from 2025)
- \$3,400 for family coverage (\$100 increase from 2025)

Out-of-pocket maximum:

- \$8,500 for self-only coverage (\$200 increase from 2025)
- \$17,000 for family coverage (\$400 increase from 2025)

HSA contribution limits:

- \$4,400 for self-only coverage (\$100 increase from 2025)
- \$8,750 for family coverage (\$200 increase from 2025)

Pharmacy benefit changes

Pharmacy option 1 (\$150 Ded) has been removed. Pharmacy option 2 (\$0 Ded) is still available for traditional plans. Pharmacy deductible on HSA plans remains: preventive drugs before deductible; medical deductible applies.

The pharmacy cost share structure has been updated for all plans, traditional and HSA.

Traditional:

- Retail Tier 3: 25%
- Retail Tier 4: 30% (\$400 MOOP per script)
- Mail Order Tier 3: 25%
- Mail Order Tier 4: 30% (\$400 MOOP per script)

HSA:

- Retail Tier 3: 25% AD
- Retail Tier 4: 30% AD (\$400 MOOP per script)
- Mail Order Tier 3: 25% AD
- Mail Order Tier 4: 30% AD (\$400 MOOP per script)



	Nev	v plans	
Sentara Vantage 2500/30/20% Sentara Vantage 5000/30/30%	New plans Sentara Plus 1000/25/20% Sentara Plus 1500/25/20% Sentara Plus 2500/30/20% Sentara Plus 3000/30/0% Sentara Plus 4000/30/0% Sentara Plus 5000/25/0% Sentara Plus 5000/30/30% Sentara Plus HSA 3400 /10% Sentara Plus HSA 4000/20% Sentara Plus HSA 5000/30% Sentara Plus HSA 6000/30%		Sentara POS 2500/30/20% Sentara POS 3000/30/0% Sentara POS 4000/30/0% Sentara POS 5000/30/30% Sentara POS HSA 5000/30% Sentara POS HSA 6000/30%
	Discont	nued plans	
Sentara Vantage 6600/30% Sentara Vantage HSA 4000/0%	Sentara Plus 100 Sentara Plus HS		Sentara POS 1000/20/0% Sentara POS 6600/30% Sentara POS HSA 4000/0%
	Docu	ment key	
Ded = deductible AD = after deductible IN = in network OON = out-of-network MH = mental health MOOP = maximum out-of-pocket Dollar amounts = copayments Percentages = coinsurances DME = durable medical equipment		IP = inpatient OP = outpatient PT/ST/OT = physical/speech/occupational therapy ER = emergency room UCC = urgent care centers IOP = intensive outpatient program PCP = primary care physician Spec = specialist	
E	Business <i>EDGE</i> \	/antage plan char	iges
Sentara Vantage 0/25/20%	service OP the service Materr Hospice	e: 20% erapies chemo/cher e: 20% nity: \$300 ee care: 20% health care skilled	respiration/inhalation all places of mo drugs/radiation all places of services: \$50 , OP services: \$60
Sentara Vantage 500/25/20%	PCP/s OP the service Matern	pec/facility: 20% Al grapies chemo/cher e: 20% AD nity: 20% AD	respiration/inhalation D mo drugs/radiation All places of services: \$50 (Ded does not apply)



Sentara Vantage 1000/25/20%	 OP therapies IV infusion/respiration/inhalation all places of service: 20% AD OP therapies chemo/chemo drugs/radiation all places of service: 20% AD
Sentara Vantage 1000/25/30%	 OP therapies IV infusion/respiration/inhalation all places of service: 30% AD OP therapies chemo/chemo drugs/radiation all places of service: 30% AD Maternity: 30% AD Hospice care: 30% AD Home health care skilled services: \$50 (Ded does not apply)
Sentara Vantage 1500/25/20%	 OP therapies IV infusion/respiration/inhalation all places of service: 20% AD OP therapies chemo/chemo drugs/radiation all places of service: 20% AD Maternity: \$400 AD Hospice care: 20% AD Home health care skilled services: \$50 (Ded does not apply) MH partial hospitalization, OP services: \$60 (Ded does not apply)
Sentara Vantage 2000/25/30%	 OP therapies IV infusion/respiration/inhalation all places of service: 30% AD OP therapies chemo/chemo drugs/radiation all places of service: 30% AD Maternity: 30% AD Hospice care: 30% AD Home health care skilled services: \$50 (Ded does not apply)
Sentara Vantage 3000/30/0%	 OP therapies IV infusion/respiration/inhalation all places of service: No charge AD OP therapies chemo/chemo drugs/radiation all places of service: No charge AD Emergency services/ambulance: \$350 AD
Sentara Vantage 4000/30/0%	 OP therapies IV infusion/respiration/inhalation all places of service: No charge AD OP therapies chemo/chemo drugs/radiation all places of service: No charge AD
Sentara Vantage 5000/25/0%	 Specialist office visit: \$60 (Ded does not apply) OP therapies IV infusion/respiration/inhalation all places of service: No charge AD OP therapies chemo/chemo drugs/radiation all places of service: No charge AD MH outpatient visits PCP/spec/virtual: \$25 (Ded does not apply) Urgent care center services: \$75 (Ded does not apply)



Sentara Vantage HSA 3400/10% (previously Sentara Vantage HSA 3300/10%)	 Plan name change and cost share: 3400/10% IN Ded: \$3,400/6,800 OP therapies IV infusion/respiration/inhalation all places of service: 20% AD OP therapies chemo/chemo drugs/radiation all places of service: 20% AD
Sentara Vantage HSA 3400/20%	 Pre-auth injectable/infused medications: 20% AD Hospice care: 20% AD Home health care skilled services: 20% AD Plan name change and cost share: 3400/20%
(previously Sentara Vantage HSA 3300/20%)	• IN Ded: \$3,400/6,800
Busii	ness <i>EDGE</i> Plus plans changes
Sentara Plus 0/25/20%	 OP therapies IV infusion/respiration/inhalation all places of service: 20% OP therapies chemo/chemo drugs/radiation all places of service: 20% Maternity: \$300 Hospice care: 20%
	Home health care skilled services: \$50
Sentara Plus 500/25/20%	 MH partial hospitalization, OP services: \$60 OP therapies IV infusion/respiration/inhalation all places of
	 service: 20% AD OP therapies chemo/chemo drugs/radiation all places of service: 20% AD Maternity: 20% AD Home health care skilled services: \$50 (Ded does not apply)
Sentara Plus 1000/25/30%	 OP therapies IV infusion/respiration/inhalation all places of service: 30% AD OP therapies chemo/chemo drugs/radiation all places of service: 30% AD Maternity: 30% AD Hospice care: 30% Home health care skilled services: \$50 (Ded does not apply)
Sentara Plus 2000/25/30%	 OON out of pocket max: \$13,000/26,000 OP therapies IV infusion/respiration/inhalation all places of service: 30% AD OP therapies chemo/chemo drugs/radiation all places of service: 30% AD Maternity: 30% AD Hospice care: 30% AD Home health care skilled services: \$50 (Ded does not apply)
Sentara Plus HSA 3400/20% (previously Sentara Plus HSA 3300/20%)	 Plan name change and cost share: 3400/20% IN Ded: \$3,400/6,800 OON Ded: \$6,800/\$13,600



Business <i>EDGE</i> POS plan changes		
Sentara POS 0/25/20%	 OP therapies IV infusion/respiration/inhalation all places of service: 20% OP therapies chemo/chemo drugs/radiation all places of service: 20% Maternity: \$300 Hospice care: 20% Home health care skilled services: \$50 MH partial hospitalization, OP services: \$60 	
Sentara POS 500/25/20%	 OP therapies IV infusion/respiration/inhalation all places of service: 20% AD OP therapies chemo/chemo drugs/radiation all places of service: 20% AD Maternity: 20% AD Home health care skilled services: \$50 (Ded does not apply) 	
Sentara POS 1000/25/20%	 OP therapies IV infusion/respiration/inhalation all places of service: 20% AD OP therapies chemo/chemo drugs/radiation all places of service: 20% AD 	
Sentara POS 1000/25/30%	 OP therapies IV infusion/respiration/inhalation all places of service: 30% AD OP therapies chemo/chemo drugs/radiation all places of service: 30% AD Maternity: 30% AD Hospice care: 30% AD Home health care skilled services: \$50 (Ded does not apply) 	
Sentara POS 1500/25/20%	 OP therapies IV infusion/respiration/inhalation all places of service: 20% AD OP therapies chemo/chemo drugs/radiation all places of service: 20% AD Maternity: \$400 AD Hospice care: 20% AD Home health care skilled services: \$50 (Ded does not apply) MH partial hospitalization, OP services: \$60 (Ded does not apply) 	
Sentara POS 2000/25/30%	 OON out of pocket max \$13,000/26,000 OP therapies IV infusion/respiration/inhalation all places of service: 30% AD OP therapies chemo/chemo drugs/radiation all places of service: 30% AD Maternity: 30% AD Hospice care: 30% AD Home health care skilled services: \$50 (Ded does not apply) 	



Sentara POS 5000/25/0%	Specialist visit: \$60 (Ded does not apply)
	 OP therapies IV infusion/respiration/inhalation all places of service: No charge AD
	OP therapies chemo/chemo drugs/radiation all places of service: No charge AD
	Urgent Care Center services: \$75 (Ded does not apply)
	MH partial hospitalization, OP services: \$25 (Ded does not apply)
Sentara POS HSA 3400/10% (previously Sentara POS HSA 3300/10%)	 Plan name change and cost share: 3400/10% IN Ded: \$3,400/6,800 OON Ded: \$6,800/\$13,600
	 OP therapies IV infusion/respiration/inhalation all places of service: 20% AD
	 OP therapies chemo/chemo drugs/radiation all places of service: 20% AD
	Pre-auth injectable/infused medications: 20% AD
	Hospice care: 20% AD
	Home health care skilled services: 20% AD
Sentara POS HSA 3400/20%	Plan name change and cost share: 3400/20%
(previously Sentara POS HSA	• IN Ded: \$3,400/6,800
3300/20%)	• OON Ded: \$6,800/\$13,600
Sentara POS HSA 4000/20%	• OON Ded: \$5,500/\$11,000