2027 **Sentara BusinessEDGE® Plus Plans**

Sentara Health Plans

Groups with 5-250 enrolled employees

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

Plan name	Sentara Plus 0/25/20%	Sentara Plus 500/25/20%	Sentara Plus 1000/25/20%	Sentara Plus 1000/25/30%	Sentara Plus 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
Out-of-network deductible (individual/family)	$2,500/$5,000	$1,000/$2,000	$1,250/$2,500	$2,000/$4,000	$3,250/$6,500
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
Out-of-network out-of-pocket maximum (individual/family)	$5,000/$10,000	$15,000/$30,000	$10,000/$20,000	$12,400/$24,800	$13,000/$26,000
Out-of-network coinsurance	40% AD/AC	40% AD/AC	40% AD/AC	50% AD/AC	40% AD/AC
Primary care physician office visit	$25	$25	$25	$25	$25
Virtual consult (no out-of-network coverage)	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 Plus 2000/25/30%	Sentara Plus 2500/30/20%	Sentara Plus 3000/30/0%	Sentara Plus 4000/30/0%	Sentara Plus 4000/40/20%
In-network deductible (individual/family)	$2,000/$4,000	$2,500/$5,000	$3,000/$6,000	$4,000/$8,000	$4,000/$8,000
Out-of-network deductible (individual/family)	$4,000/$8,000	$5,000/$10,000	$6,000/$12,000	$8,000/$16,000	$8,000/$16,000
In-network out-of-pocket maximum (individual/family)	$6,500/$13,000	$6,500/$13,000	$6,500/$13,000	$6,500/$13,000	$8,650/$17,300
Out-of-network out-of-pocket maximum (individual/family)	$13,000/$26,000	$13,000/$26,000	$13,000/$26,000	$13,000/$26,000	$17,300/$34,600
Out-of-network coinsurance	50% AD/AC	40% AD/AC	30% AD/AC	30% AD/AC	40% AD/AC
Primary care physician office visit	$25	$30	$30	$30	$40
Virtual consult (no out-of-network coverage)	No charge	No charge	No charge	No charge	No charge
Specialist office visit	$50	$60	$60	$60	$80
Outpatient surgery	30% AD	$350 AD	No charge AD	No charge AD	20% AD
Inpatient hospital services	30% AD	20% AD	No charge AD	No charge AD	20% AD
Emergency services (in- and out-of-network)	40% AD	30% AD	$350 AD	$350 AD	30% AD
Urgent care center services	$50	$60	$75	$75	$80
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%*

2027 **Sentara BusinessEDGE® Plus Plans** *(continued)*

Sentara Health Plans

Plan name	Sentara Plus 4500/45/30%	Sentara Plus 5000/25/0%	Sentara Plus 5000/30/30%	Sentara Plus 5500/40/20%
In-network deductible (individual/family)	$4,500/$9,000	$5,000/$10,000	$5,000/$10,000	$5,500/$11,000
Out-of-network deductible (individual/family)	$9,000/$18,000	$10,000/$20,000	$10,000/$20,000	$11,000/$22,000
In-network out-of-pocket maximum (individual/family)	$9,000/$18,000	$9,000/$18,000	$9,000/$18,000	$7,000/$14,000
Out-of-network out-of-pocket maximum (individual/family)	$18,000/$36,000	$18,000/$36,000	$18,000/$36,000	$14,000/$28,000
Out-of-network coinsurance	50% AD/AC	30% AD/AC	50% AD/AC	40% AD/AC
Primary care physician office visit	$45	$25	$30	$40
Virtual consult (no out-of-network coverage)	No charge	No charge	No charge	No charge
Specialist office visit	$90	$60	$50	$80
Outpatient surgery	30% AD	No charge AD	30% AD	20% AD
Inpatient hospital services	30% AD	No charge AD	30% AD	20% AD
Emergency services (in- and out-of-network)	40% AD	20% AD	40% AD	30% AD
Urgent care center services	$90	$75	$50	$80
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%*

2027 Sentara BusinessEDGE® Plus HSA Plans

Sentara® Health Plans

Plan name	Sentara Plus HSA 2500/20%	Sentara Plus HSA 3500/10%	Sentara Plus HSA 4000/20%	Sentara Plus HSA 5000/0%	Sentara Plus HSA 5000/30%	Sentara Plus HSA 6000/30%	Sentara Plus HSA 6500/0%
In-network deductible (individual/family)¥	$2,500/$5,000	$3,500/$7,000	$4,000/$8,000	$5,000/$10,000	$5,000/$10,000	$6,000/$12,000	$6,500/$13,000
Out-of-network deductible (individual/family)¥	$5,000/$10,000	$7,000/$14,000	$5,500/$11,000	$10,000/$20,000	$10,000/$20,000	$12,000/$24,000	$13,000/$26,000
In-network out-of-pocket maximum (individual/family)	$6,500/$13,000	$5,000/$10,000	$6,750/$13,500	$7,000/$14,000	$7,000/$14,000	$7,000/$14,000	$7,500/$15,000
Out-of-network out-of-pocket maximum (individual/family)	$13,000/$26,000	$10,000/$20,000	$14,000/$28,000	$14,000/$28,000	$14,000/$28,000	$14,000/$28,000	$15,000/$30,000
Out-of-network coinsurance	40% AD/AC	30% AD/AC	40% AD/AC	30% AD/AC	50% AD/AC	50% AD/AC	30% AD/AC
Primary care physician office visit	20% AD	10% AD	20% AD	No charge AD	30% AD	30% AD	No charge AD
Virtual consult (no out-of-network coverage)	No charge AD	No charge AD	No charge AD	No charge AD	No charge AD	No charge AD	No charge AD
Specialist office visit	20% AD	10% AD	20% AD	No charge AD	30% AD	30% AD	No charge AD
Outpatient surgery	20% AD	10% AD	20% AD	No charge AD	30% AD	30% AD	No charge AD
Inpatient hospital services	20% AD	10% AD	20% AD	No charge AD	30% AD	30% AD	No charge AD
Emergency services (in- and out-of-network)	30% AD	20% AD	30% AD	20% AD	40% AD	40% AD	20% AD
Urgent care center services	20% AD	10% AD	20% AD	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)	Prev BD, after medical deductible $10 AD/$40 AD/ 25% AD/30% AD*	Prev BD, after medical deductible $10 AD/$40 AD/ 25% AD/30% AD*	Prev BD, after medical deductible $10 AD/$40 AD/ 25% AD/30% AD*	Prev BD, after medical deductible $10 AD/$40 AD/ 25% AD/30% AD*	Prev BD, after medical deductible $10 AD/$40 AD/ 25% AD/30% AD*	Prev BD, after medical deductible $10 AD/$40 AD/ 25% AD/30% AD*	Prev BD, after medical deductible $10 AD/$40 AD/ 25% AD/30% AD*

¥No 4th quarter deductible carryover on HSA plans. | ‡Some preventive drugs are available before the deductible for HSA plans.
AD: After Deductible | AC: Allowable Charge | 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.