

2025 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%	Sentara Vantage 2000/25/30%
In-network deductible (individual/family)	\$0/\$0	\$500/\$1,000	\$1,000/\$2,000	\$1,000/\$2,000	\$1,500/\$3,000	\$2,000/\$4,000
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	\$6,500/\$13,000
PCP visit	\$25	\$25	\$25	\$25	\$25	\$25
Virtual consult	No charge	No charge	No charge	No charge	No charge	No charge
Specialist visit	\$50	\$50	\$50	\$50	\$50	\$50
Outpatient surgery	\$300	20% AD	20% AD	30% AD	\$300 AD	30% AD
Inpatient hospital services	\$300/day (\$1,200 max)	20% AD	20% AD	30% AD	\$400 AD	30% AD
Emergency services (in- and out-of-network)	30%	30% AD	30% AD	40% AD	\$350 AD	40% AD
Urgent care center services	\$50	\$50	\$50	\$50	\$50	\$50
Prescription drug coverage option 1; deductible if applicable; tier 1/tier 2/tier 3 (**\$250 max OOP/prescription)/tier 4 (**\$400 max OOP/prescription)	Rx p/p deductible \$150 \$10 AD/\$40 AD/ 25% AD*/25% AD**	Rx p/p deductible \$150 \$10 AD/\$40 AD/ 25% AD*/25% AD**	Rx p/p deductible \$150 \$10 AD/\$40 AD/ 25% AD*/25% AD**	Rx p/p deductible \$150 \$10 AD/\$40 AD/ 25% AD*/25% AD**	Rx p/p deductible \$150 \$10 AD/\$40 AD/ 25% AD*/25% AD**	Rx p/p deductible \$150 \$10 AD/\$40 AD/ 25% AD*/25% AD**
Prescription drug coverage option 2; deductible if applicable; tier 1/tier 2/tier 3 (**\$250 max OOP/prescription)/tier 4 (**\$400 max OOP/prescription)	\$10/\$30/25%*/25%**	\$10/\$30/25%*/25%**	\$10/\$30/25%*/25%**	\$10/\$30/25%*/25%**	\$10/\$30/25%*/25%**	\$10/\$30/25%*/25%**

Plan Name	Sentara Vantage 3000/30/0%	Sentara Vantage 3000/35/25%	Sentara Vantage 4000/30/0%	Sentara Vantage 4000/40/20%	Sentara Vantage 5000/25/0%	Sentara Vantage 6600/30%
In-network deductible (individual/family)	\$3,000/\$6,000	\$3,000/\$6,000	\$4,000/\$8,000	\$4,000/\$8,000	\$5,000/\$10,000	\$6,600/\$13,200
In-network out-of-pocket maximum (individual/family)	\$6,500/\$13,000	\$8,800/\$17,600	\$6,500/\$13,000	\$8,650/\$17,300	\$9,000/\$18,000	\$8,600/\$17,200
PCP visit	\$30	\$35	\$30	\$40	\$25	30% AD
Virtual consult	No charge	No charge	No charge	No charge	No charge	No charge AD
Specialist visit	\$60	\$70 AD	\$60	\$80	\$50	30% AD
Outpatient surgery	No charge AD	25% AD	No charge AD	20% AD	No charge AD	30% AD
Inpatient hospital services	No charge AD	25% AD	No charge AD	20% AD	No charge AD	30% AD
Emergency services (in- and out-of-network)	\$350	35% AD	\$350	30% AD	20% AD	40% AD
Urgent care center services	\$75	\$70 AD	\$75	\$80	No charge AD	30% AD
Prescription drug coverage option 1; deductible if applicable; tier 1/tier 2/tier 3 (**\$250 max OOP/prescription)/tier 4 (**\$400 max OOP/prescription)	Rx p/p deductible \$150 \$10 AD/\$40 AD/ 25% AD*/25% AD**	Rx p/p deductible \$150 \$10 AD/\$40 AD/ 25% AD*/25% AD**	Rx p/p deductible \$150 \$10 AD/\$40 AD/ 25% AD*/25% AD**	Rx p/p deductible \$150 \$10 AD/\$40 AD/ 25% AD*/25% AD**	Rx p/p deductible \$150 \$10 AD/\$40 AD/ 25% AD*/25% AD**	Rx p/p deductible \$150 \$10 AD/\$40 AD/ 25% AD*/25% AD**
Prescription drug coverage option 2; deductible if applicable; tier 1/tier 2/tier 3 (**\$250 max OOP/prescription)/tier 4 (**\$400 max OOP/prescription)	\$10/\$30/25%*/25%**	\$10/\$30/25%*/25%**	\$10/\$30/25%*/25%**	\$10/\$30/25%*/25%**	\$10/\$30/25%*/25%**	\$10/\$30/25%*/25%**

2025 Sentara BusinessEDGE® Vantage HSA Plans



Plan Name	Sentara Vantage HSA 3300/10%	Sentara Vantage HSA 3300/20%	Sentara Vantage HSA 4000/0%	Sentara Vantage HSA 4000/20%
In-network deductible (individual/family)	\$3,300/\$6,600	\$3,300/\$6,600	\$4,000/\$8,000	\$4,000/\$8,000
In-network out-of-pocket maximum (individual/family)	\$5,000/\$10,000	\$7,200/\$14,400	\$6,900/\$13,800	\$6,750/\$13,500
PCP visit	10% AD	20% AD	\$40 AD	20% AD
Virtual consult	No charge AD	No charge AD	No charge AD	No charge AD
Specialist visit	10% AD	20% AD	\$80 AD	20% AD
Outpatient surgery	10% AD	20% AD	No charge AD	20% AD
Inpatient hospital services	10% AD	20% AD	No charge AD	20% AD
Emergency services (in- and out-of-network)	20% AD	30% AD	20% AD	30% AD
Urgent care center services	10% AD	20% AD	\$80 AD	20% AD
Prescription drug coverage option 1; deductible if applicable; tier 1/tier 2/tier 3/ (*\$250 max OOP/prescription)/ tier 4 (**\$400 max OOP/prescription)	After medical deductible \$10 AD/\$40 AD/25% AD*/25% AD**	After medical deductible \$10 AD/\$40 AD/25% AD*/25% AD**	After medical deductible \$10 AD/\$40 AD/25% AD*/25% AD**	After medical deductible \$10 AD/\$40 AD/25% AD*/25% AD**
Prescription drug coverage option 2; deductible if applicable; tier 1/tier 2/tier 3 (\$250 max OOP/prescription)/ tier 4 (**\$400 max OOP/prescription)	Prev BD, after medical deductible \$10 AD/\$40 AD/25% AD*/25% AD**	Prev BD, after medical deductible \$10 AD/\$40 AD/25% AD*/25% AD**	Prev BD, after medical deductible \$10 AD/\$40 AD/25% AD*/25% AD**	Prev BD, after medical deductible \$10 AD/\$40 AD/25% AD*/25% 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
PCP 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 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 option 1; deductible if applicable; tier 1/tier 2/tier 3 (*\$250 max OOP/prescription)/ tier 4 (**\$400 max OOP/prescription)	After medical deductible \$10 AD/\$40 AD/25% AD*/25% AD**	After medical deductible \$10 AD/\$40 AD/25% AD*/25% AD**	After medical deductible \$10 AD/\$40 AD/25% AD*/25% AD**	After medical deductible \$10 AD/\$40 AD/25% AD*/25% AD**
Prescription drug coverage option 2; deductible if applicable; tier 1/tier 2/tier 3 (\$250 max OOP/prescription)/ tier 4 (**\$400 max OOP/prescription)	Prev BD, after medical deductible \$10 AD/\$40 AD/25% AD*/25% AD**	Prev BD, after medical deductible \$10 AD/\$40 AD/25% AD*/25% AD**	Prev BD, after medical deductible \$10 AD/\$40 AD/25% AD*/25% AD**	Prev BD, after medical deductible \$10 AD/\$40 AD/25% AD*/25% AD**

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

AD: After Deductible | p/p: Per Person | Prev BD: Preventive drugs before deductible | OOP/prescription: Out-of-pocket, per prescription

Sentara Health Plans is the trade name for Sentara Health Plans, Sentara Health Insurance Company, Sentara Behavioral Health Services, Inc., and Sentara Health Administration, Inc. Sentara Vantage (HMO), and Point of Service (POS) plans are issued and underwritten by Sentara Health Plans. Sentara Plus (PPO) products are issued and underwritten by Sentara Health Insurance Company. Self-funded employer group health plans and BusinessEDGE® level-funded plans 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 Sentara plan. 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.