2027 **Sentara Small Group Vantage Plans**

Sentara® Health Plans

Small Groups with 1-50 total employees

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

Plan Name	Sentara Vantage Platinum 0 Ded	Sentara Vantage Platinum 0 Ded 3500 MOOP	Sentara Vantage Platinum 0 Ded 200 Rx Ded	Sentara Vantage Platinum 250 Ded	Sentara Vantage Gold 0 Ded
In-network deductible (individual/family)	$0/$0	$0/$0	$0/$0	$250/$500	$0/$0
In-network out-of-pocket maximum (individual/family)	$3,500/$7,000	$3,500/$7,000	$3,000/$6,000	$3,000/$6,000	$8,500/$17,000
Primary care physician office visit	$10	$15	$25	$30	$35
Virtual consult	No charge	No charge	No charge	No charge	No charge
Specialist office visit	$30	$35	$50	$60	$70
Outpatient surgery	$150	$200	$300	30% AD	$400
Inpatient hospital services	$300/day ($1,200 max)	$600	$300/day ($1,200 max)	30% AD	$600/day ($2,400 max)
Emergency services (in- and out-of-network)	$350	$350	30%	40% AD	40%
Urgent care center services	$30	$35	$50	$70	$70
Prescription drug coverage; deductible if applicable; tier 1/tier 2/ tier 3/ tier 4 (*$350 max OOP/prescription)	No deductible $10/$50/$250/$350	No deductible $10/$40/20%/25%*	Rx p/p deductible $200 $10/$40 AD/20% AD/25% AD*	No deductible $10/$40/20%/25%*	No deductible $10/$40/30%/35%*

Plan Name	Sentara Vantage Gold 500 Ded 200 Rx Ded	Sentara Vantage Gold 750 Ded	Sentara Vantage Gold 1000 Ded 250 Rx Ded	Sentara Vantage Gold 1000 Ded 200 Rx Ded	Sentara Vantage Gold 1250 Ded 200 Rx Ded
In-network deductible (individual/family)	$500/$1,000	$750/$1,500	$1,000/$2,000	$1,000/$2,000	$1,250/$2,500
In-network out-of-pocket maximum (individual/family)	$7,500/$15,000	$7,700/$15,400	$7,500/$15,000	$6,500/$13,000	$7,000/$14,000
Primary care physician office visit	$25	$30	$20	$25	$20
Virtual consult	No charge	No charge	No charge	No charge	No charge
Specialist office visit	$50	$60	$40	$50	$40
Outpatient surgery	20% AD	20% AD	$250 AD	30% AD	20% AD
Inpatient hospital services	20% AD	20% AD	$500 AD	30% AD	20% AD
Emergency services (in- and out-of-network)	30% AD	30% AD	$350 AD	40% AD	30% AD
Urgent care center services	$50	$60	$40	$50	$40
Prescription drug coverage; deductible if applicable; tier 1/tier 2/ tier 3/ tier 4 (*$350 max OOP/prescription)	Rx p/p deductible $200 $15/$50 AD/20% AD/25% AD*	No deductible $15/$50/20%/25%*	Rx p/p deductible $250 $25/$75 AD/$250 AD/$350 AD	Rx p/p deductible $200 $15/$50 AD/30% AD/35% AD*	Rx p/p deductible $200 $15/$50 AD/20% AD/25% AD*

2027 **Sentara Small Group Vantage Plans (continued)**

Sentara® Health Plans

Plan Name	Sentara Vantage Gold 1500 Ded 200 Rx Ded	Sentara Vantage Gold 2000 Ded	Sentara Vantage Gold 2500 Ded	Sentara Vantage Silver 3000 Ded	Sentara Vantage Silver 4000 Ded 250 Rx Ded	Sentara Vantage Silver 4850 Ded 250 Rx Ded
In-network deductible (individual/family)	$1,500/$3,000	$2,000/$4,000	$2,500/$5,000	$3,000/$6,000	$4,000/$8,000	$4,850/$9,700
In-network out-of-pocket maximum (individual/family)	$6,400/$12,800	$6,500/$13,000	$6,500/$13,000	$9,800/$18,600	$9,100/$18,200	$9,200/$18,400
Primary care physician office visit	$25	$25	$30	$50	$40	$45
Virtual consult	No charge	No charge	No charge	No charge	No charge	No charge
Specialist office visit	$50	$50	$60	$90	$80	$90
Outpatient surgery	$300 AD	30% AD	$350 AD	25% AD	20% AD	$300 AD
Inpatient hospital services	$400 AD	30% AD	20% AD	25% AD	20% AD	$500 AD
Emergency services (in- and out-of-network)	$350 AD	40% AD	30% AD	35% AD	30% AD	$350 AD
Urgent care center services	$50	$50	$60	$90	$80	$90
Prescription drug coverage; deductible if applicable; tier 1/tier 2/ tier 3/ tier 4 (*$350 max OOP/prescription)	Rx p/p deductible $200 $15/$50 AD/20% AD/25% AD*	No deductible $15/$50/30%/35%*	No deductible $10/$50/20%/25%*	After medical deductible $15/$50 AD/25% AD/30% AD*	Rx p/p deductible $250 $25/$65/20% AD/25% AD*	Rx p/p deductible $250 $15/$65/$250 AD/$350 AD

Plan Name	Sentara Vantage Silver 5600 Ded 200 Rx Ded	Sentara Vantage Silver 6500 Ded 250 Rx Ded	Sentara Vantage Silver 7000 Ded	Sentara Vantage Bronze 6600 Ded	Sentara Vantage Bronze 7200 Ded	Sentara Vantage Bronze 8500 Ded
In-network deductible (individual/family)	$5,600/$11,200	$6,500/$13,000	$7,000/$14,000	$6,600/$13,200	$7,200/$14,400	$8,500/$17,000
In-network out-of-pocket maximum (individual/family)	$9,000/$18,000	$8,000/$16,000	$9,500/$19,000	$8,600/$17,200	$9,500/$19,000	$8,500/$17,000
Primary care physician office visit	$50	No charge AD	$50	30% AD	$45 AD	No charge AD
Virtual consult	No charge	No charge AD	No charge	No charge AD	No charge	No charge AD
Specialist office visit	$90	No charge AD	$100	30% AD	$90 AD	No charge AD
Outpatient surgery	20% AD	No charge AD	40% AD	30% AD	40% AD	No charge AD
Inpatient hospital services	20% AD	No charge AD	40% AD	30% AD	40% AD	No charge AD
Emergency services (in- and out-of-network)	30% AD	20% AD	50% AD	40% AD	50% AD	No charge AD
Urgent care center services	$90	No charge AD	$100	30% AD	$90 AD	No charge AD
Prescription drug coverage; deductible if applicable; tier 1/tier 2/ tier 3/ tier 4 (*$350 max OOP/prescription)	Rx p/p deductible $200 $15/$55 AD/20% AD/25% AD*	Rx p/p deductible $250 $15 AD/$50 AD/25% AD/30% AD*	No deductible $25/$50/$250/$400	After medical deductible $15/$50 AD/30% AD/35% AD*	After medical deductible $25/$65/40% AD/45% AD*	After medical deductible No charge AD/No charge AD No charge AD/ No charge AD

2027 **Sentara Small Group Vantage HSA Plans**

Sentara Health Plans

Plan Name	Sentara Vantage HSA Gold 1950 Ded	Sentara Vantage HSA Silver 3500 Ded	Sentara Vantage HSA Silver 4000 Ded
In-network deductible (individual/family)[¥]	$1,950/$3,900	$3,500/$7,000	$4,000/$8,000
In-network out-of-pocket maximum (individual/family)[¥]	$6,000/$12,000	$8,500/$17,000	$8,500/$17,000
Primary care physician office visit	$25 AD	20% AD	$40 AD
Virtual consult	No charge AD	No charge AD	No charge AD
Specialist office visit	$50 AD	20% AD	$80 AD
Outpatient surgery	$300 AD	20% AD	No charge AD
Inpatient hospital services	$500 AD	20% AD	No charge AD
Emergency services (in- and out-of-network)	$350 AD	30% AD	20% AD
Urgent care center services	$50 AD	20% AD	$80 AD
[‡]Prescription drug coverage; deductible if applicable; tier 1/tier 2/ tier 3/tier 4 (*$350 max OOP/prescription)	After medical deductible $25 AD/$65 AD/25% AD/30% AD*	After medical deductible $25 AD/$65 AD/20% AD/25% AD*	After medical deductible $25 AD/$65 AD/20% AD/25% AD*

Plan Name	Sentara Vantage HSA Bronze 6100 Ded	Sentara Vantage HSA Bronze 6750 Ded	Sentara Vantage HSA Bronze 7000 Ded
In-network deductible (individual/family)[¥]	$6,100/$12,200	$6,750/$13,500	$7,000/$14,000
In-network out-of-pocket maximum (individual/family)[¥]	$8,500/$17,000	$8,500/$17,000	$8,500/$17,000
Primary care physician office visit	$40 AD	No charge AD	No charge AD
Virtual consult	No charge AD	No charge AD	No charge AD
Specialist office visit	$80 AD	No charge AD	No charge AD
Outpatient surgery	40% AD	No charge AD	No charge AD
Inpatient hospital services	40% AD	No charge AD	No charge AD
Emergency services (in- and out-of-network)	50% AD	30% AD	20% AD
Urgent care center services	$80 AD	No charge AD	No charge AD
[‡]Prescription drug coverage; deductible if applicable; tier 1/tier 2/ tier 3/tier 4 (*$350 max OOP/prescription)	After medical deductible $25 AD/$65 AD/40% AD/45% AD*	After medical deductible 25% AD/25% AD/25% AD/30% AD*	After medical deductible 25% AD/25% AD/25% AD/30% AD*

[¥]No 4th quarter deductible carryover on HSA or HRA plans. | [‡]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 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 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.