

2027 Sentara Plans | On- & Off-Exchange

On-Exchange Plan Name	Sentara M Gold 1000 Ded	Sentara M Gold 2200 Ded	Sentara M Gold 3500 Ded	Sentara M Silver 5500 Ded	Sentara M Silver 6500 Ded
Off-Exchange Plan Name	Sentara Gold 1000 Ded	Sentara Gold 2200 Ded	Sentara Gold 3500 Ded	Sentara Silver 5500 Ded	Sentara Silver 6500 Ded
In-network deductible: individual family	\$1,000 \$2,000	\$2,200 \$4,400	\$3,500 \$7,000	\$5,500 \$11,000	\$6,500 \$13,000
In-network out-of-pocket max: individual family	\$10,950 \$21,900	\$8,650 \$17,300	\$7,100 \$14,200	\$11,350 \$22,700	\$10,500 \$21,000
Coinsurance	20%	20%	30%	25%	30%
Preventive care	No charge	No charge	No charge	No charge	No charge
Physician services					
Primary Care Physician (PCP) office visit	\$35	\$25	\$20	\$40	\$35
Specialist office visit	\$65	\$50	\$50	\$60	\$65
Virtual consults	No charge	No charge	No charge	No charge	No charge
Emergency & urgent care services					
Urgent care	\$50	\$50	\$50	\$50	\$50
Emergency services (in- and out-of-network)	40% AD	40% AD	50% AD	45% AD	50% AD
Inpatient services					
Inpatient hospital services	20% AD	20% AD	30% AD	25% AD	30% AD
Outpatient services					
Outpatient diagnostic tests: X-ray, ultrasound, EKG, etc.	20% AD	20% AD	30% AD	25% AD	30% AD
Outpatient advanced diagnostic tests: MRI, CT scan, etc.	20% AD	20% AD	30% AD	25% AD	30% AD
Outpatient surgery	20% AD	20% AD	30% AD	25% AD	30% AD
Mental/behavioral health & substance use disorder services					
Outpatient office visits (PCP, specialist, or virtual consults)	\$50	\$35	\$35	\$50	\$50
Inpatient services	20% AD	20% AD	30% AD	25% AD	30% AD
Other covered services					
Maternity care	20% AD	20% AD	30% AD	25% AD	30% AD
Chiropractic care (spinal manipulation)*	20% AD	20% AD	30% AD	25% AD	30% AD
Physical and occupational therapy*	20% AD	20% AD	30% AD	25% AD	30% AD
Pharmacy					
Retail prescription drug coverage tier 1 tier 2 tier 3 tier 4	Medical deductible applies \$15 \$45 45% AD 50% AD	Medical deductible applies \$15 \$40 45% AD 50% AD	Medical deductible applies \$10 \$50 45% AD 50% AD	Medical deductible applies \$15 \$50 45% AD 50% AD	Medical deductible applies \$15 \$75 45% AD 50% AD
Mail-order prescription drug coverage tier 1 tier 2 tier 3 tier 4	Medical deductible applies \$45 \$135 45% AD 50% AD	Medical deductible applies \$45 \$120 45% AD 50% AD	Medical deductible applies \$30 \$150 45% AD 50% AD	Medical deductible applies \$45 \$150 45% AD 50% AD	Medical deductible applies \$45 \$225 45% AD 50% AD



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2027 Sentara Plans | **On- & Off-Exchange** *(continued)*

On-Exchange Plan Name	Sentara M Bronze 5900 Ded HSA	Sentara M Bronze 7200 Ded	Sentara M Bronze 8400 Ded	Sentara M Bronze 9800 Ded
Off-Exchange Plan Name	Sentara M Bronze 5900 Ded HSA	Sentara Bronze 7200 Ded	Sentara Bronze 8400 Ded	Sentara Bronze 9800 Ded
In-network deductible: individual family	\$5,900 \$11,800	\$7,200 \$14,400	\$8,400 \$16,800	\$9,800 \$19,600
In-network out-of-pocket max: individual family	\$9,900 \$19,800	\$12,000 \$24,000	\$12,000 \$24,000	\$12,000 \$24,000
Coinsurance	30%	40%	45%	50%
Preventive care	No charge	No charge	No charge	No charge
Physician services				
Primary Care Physician (PCP) office visit	30% AD	\$45	\$60	\$75
Specialist office visit	30% AD	\$90	\$120	\$150
Virtual consults	No charge AD	No charge	No charge	No charge
Emergency & urgent care services				
Urgent care	30% AD	\$50	\$75	\$90
Emergency services (in- and out-of-network)	50% AD	50% AD	50% AD	50% AD
Inpatient services				
Inpatient hospital services	30% AD	40% AD	45% AD	50% AD
Outpatient services				
Outpatient diagnostic tests: X-ray, ultrasound, EKG, etc.	30% AD	40% AD	45% AD	50% AD
Outpatient advanced diagnostic tests: MRI, CT scan, etc.	30% AD	40% AD	45% AD	50% AD
Outpatient surgery	30% AD	40% AD	45% AD	50% AD
Mental/behavioral health & substance use disorder services				
Outpatient office visits (PCP, specialist, or virtual consults)	30% AD	\$65	\$90	\$90
Inpatient services	30% AD	40% AD	45% AD	50% AD
Other covered services				
Maternity care	30% AD	40% AD	45% AD	50% AD
Chiropractic care (spinal manipulation)*	30% AD	40% AD	45% AD	50% AD
Physical and occupational therapy*	30% AD	40% AD	45% AD	50% AD
Pharmacy				
Retail prescription drug coverage tier 1 tier 2 tier 3 tier 4	Medical deductible applies 30% AD 40% AD 45% AD 50% AD	Medical deductible applies \$20 40% AD 45% AD 50% AD	Medical deductible applies \$25 40% AD 45% AD 50% AD	Medical deductible applies \$30 40% AD 45% AD 50% AD
Mail-order prescription drug coverage tier 1 tier 2 tier 3 tier 4	Medical deductible applies 30% AD 40% AD 45% AD 50% AD	Medical deductible applies \$60 40% AD 45% AD 50% AD	Medical deductible applies \$75 40% AD 45% AD 50% AD	Medical deductible applies \$90 40% AD 45% AD 50% AD



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2027 Sentara **Cost-Share Reduction (CSR) Plans**

Plan Name	Core Plan	CSR 73%	CSR 87%	CSR 94%	Core Plan	CSR 73%	CSR 87%	CSR 94%
	Sentara M Silver 5500 Ded	Sentara Silver 3450 Ded (04)	Sentara Silver 450 Ded (05)	Sentara Silver 0 Ded (06)	Sentara M Silver 6500 Ded	Sentara Silver 3800 Ded (04)	Sentara Silver 500 Ded (05)	Sentara Silver 50 Ded (06)
In-network deductible: individual family	\$5,500 \$11,000	\$3,450 \$6,900	\$450 \$900	\$0 \$0	\$6,500 \$13,000	\$3,800 \$7,600	\$500 \$1,000	\$50 \$100
In-network out-of-pocket max: individual family	\$11,350 \$22,700	\$9,600 \$19,200	\$3,800 \$7,600	\$2,800 \$5,600	\$10,500 \$21,000	\$8,850 \$17,700	\$3,350 \$6,700	\$2,350 \$4,700
Coinsurance	25%	25%	25%	15%	30%	30%	30%	20%
Preventive care	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Physician services								
Primary Care Physician (PCP) office visit	\$40	\$40	\$20	\$10	\$35	\$35	\$20	\$10
Specialist office visit	\$60	\$60	\$40	\$20	\$65	\$65	\$50	\$25
Virtual consults	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Emergency & urgent care services								
Urgent care	\$50	\$50	\$40	\$20	\$50	\$50	\$50	\$25
Emergency services (in- and out-of-network)	45% AD	45% AD	45% AD	35%	50% AD	50% AD	50% AD	40% AD
Inpatient services								
Inpatient hospital services	25% AD	25% AD	25% AD	15%	30% AD	30% AD	30% AD	20% AD
Outpatient services								
Outpatient diagnostic tests: X-ray, ultrasound, EKG, etc.	25% AD	25% AD	25% AD	15%	30% AD	30% AD	30% AD	20% AD
Outpatient advanced diagnostic tests: MRI, CT scan, etc.	25% AD	25% AD	25% AD	15%	30% AD	30% AD	30% AD	20% AD
Outpatient surgery	25% AD	25% AD	25% AD	15%	30% AD	30% AD	30% AD	20% AD
Mental/behavioral health & substance use disorder services								
Outpatient office visits (PCP, specialist, or virtual consults)	\$50	\$50	\$30	\$15	\$50	\$50	\$35	\$15
Inpatient services	25% AD	25% AD	25% AD	15%	30% AD	30% AD	30% AD	20% AD
Other covered services								
Maternity care	25% AD	25% AD	25% AD	15%	30% AD	30% AD	30% AD	20% AD
Chiropractic care (spinal manipulation)*	25% AD	25% AD	25% AD	15%	30% AD	30% AD	30% AD	20% AD
Physical and occupational therapy*	25% AD	25% AD	25% AD	15%	30% AD	30% AD	30% AD	20% AD
Pharmacy								
Retail prescription drug coverage tier 1 tier 2 tier 3 tier 4	Medical deductible applies \$15 \$50 45% AD 50% AD	Medical deductible applies \$15 \$50 45% AD 50% AD	Medical deductible applies \$10 \$40 45% AD 50% AD	No Rx Deductible \$5 \$20 40% 45%	Medical deductible applies \$15 \$75 45% AD 50% AD	Medical deductible applies \$15 \$75 45% AD 50% AD	Medical deductible applies \$10 \$45 45% AD 50% AD	Medical deductible applies \$5 \$25 40% AD 45% AD
Mail-order prescription drug coverage tier 1 tier 2 tier 3 tier 4	Medical deductible applies \$45 \$150 45% AD 50% AD	Medical deductible applies \$45 \$150 45% AD 50% AD	Medical deductible applies \$30 \$120 45% AD 50% AD	No Rx Deductible \$15 \$60 40% 45%	Medical deductible applies \$45 \$225 45% AD 50% AD	Medical deductible applies \$45 \$225 45% AD 50% AD	Medical deductible applies \$30 \$135 45% AD 50% AD	Medical deductible applies \$15 \$75 40% AD 45% AD



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Members get more with Sentara Unique Off-Exchange Plans

2027 Sentara Unique Plans | Only available Off-Exchange

There’s more than one way to buy healthcare coverage. That’s especially true for members who may not be eligible for a health insurance subsidy. Our Sentara Unique Off-Exchange Plans are only offered outside of Virginia’s Insurance Marketplace. Sentara Unique Off-Exchange Plans are ideal for those without subsidies to receive plan benefits with lower out-of-pocket costs. These plans include all the benefits, wellness programs, preventive services, and useful tools we offer on all of our Sentara Individual & Family Health Plans.

Plan Name	Sentara Platinum 0 Ded	Sentara Gold 1300 Ded	Sentara Gold 3750 Ded HSA	Sentara Silver 3300 Ded	Sentara Silver 3850 Ded HSA	Sentara Silver 5000 Ded	Sentara Silver 5600 Ded
In-network deductible: individual family	\$0 \$0	\$1,300 \$2,600	\$3,750 \$7,500	\$3,300 \$6,600	\$3,850 \$7,700	\$5,000 \$10,000	\$5,600 \$11,200
In-network out-of-pocket max: individual family	\$4,500 \$9,000	\$7,500 \$15,000	\$3,750 \$7,500	\$9,300 \$18,600	\$7,500 \$15,000	\$10,000 \$20,000	\$11,450 \$22,900
Coinsurance	20%	10%	0%	30%	30%	25%	35%
Preventive care	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Physician services							
Primary Care Physician (PCP) office visit	\$20	\$25	No charge AD	\$30	30% AD	\$25	\$35
Specialist office visit	\$40	\$50	No charge AD	\$60	30% AD	\$75	\$75
Virtual consults	No charge	No charge	No charge AD	No charge	No charge AD	No charge	No charge
Emergency & urgent care services							
Urgent care	\$50	\$50	No charge AD	\$50	30% AD	\$50	\$50
Emergency services (in- and out-of-network)	40%	30% AD	No charge AD	50% AD	50% AD	45% AD	50% AD
Inpatient services							
Inpatient hospital services	20%	10% AD	No charge AD	30% AD	30% AD	25% AD	35% AD
Outpatient services							
Outpatient diagnostic tests: X-ray, ultrasound, EKG, etc.	\$40	\$50	No charge AD	30% AD	30% AD	\$50	35% AD
Outpatient advanced diagnostic tests: MRI, CT scan, etc.	\$150	\$250	No charge AD	30% AD	30% AD	\$350	35% AD
Outpatient surgery	20%	10% AD	No charge AD	30% AD	30% AD	25% AD	35% AD
Mental/behavioral health & substance use disorder services							
Outpatient office visits (PCP, specialist, or virtual consults)	\$30	\$35	No charge AD	\$45	30% AD	\$50	\$55
Inpatient services	20%	10% AD	No charge AD	30% AD	30% AD	25% AD	35% AD
Other covered services							
Maternity care	20%	10% AD	No charge AD	30% AD	30% AD	25% AD	35% AD
Chiropractic care (spinal manipulation)*	20%	10% AD	No charge AD	30% AD	30% AD	25% AD	35% AD
Physical and occupational therapy*	\$20	\$25	No charge AD	30% AD	30% AD	\$50	35% AD
Pharmacy							
Retail prescription drug coverage tier 1 tier 2 tier 3 tier 4	No Rx deductible \$10 \$40 \$100 \$350	Medical deductible applies \$15 \$40 30% AD 35% AD	Medical deductible applies No charge AD/ No charge AD No charge AD/ No charge AD	Medical deductible applies \$30 \$60 40% AD 45% AD	Medical deductible applies 30% AD 30% AD 40% AD 45% AD	Medical deductible applies \$20 \$60 40% AD 45% AD	Medical deductible applies \$25 \$75 45% AD 50% AD
Mail-order prescription drug coverage tier 1 tier 2 tier 3 tier 4	No Rx deductible \$30 \$120 \$300 \$350	Medical deductible applies \$45 \$120 30% AD 35% AD	Medical deductible applies No charge AD/ No charge AD No charge AD/ No charge AD	Medical deductible applies \$90 \$180 40% AD 45% AD	Medical deductible applies 30% AD 30% AD 40% AD 45% AD	Medical deductible applies \$60 \$180 40% AD 45% AD	Medical deductible applies \$75 \$225 45% AD 50% AD



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2027 Sentara **Standard Plans**

On-Exchange Plan Name	Sentara Standard M Gold 2000 Ded	Sentara Standard M Silver 6000 Ded	Sentara Standard Silver 3000 Ded (04)	Sentara Standard Silver 700 Ded (05)	Sentara Standard Silver 0 Ded (06)	Sentara Standard M Bronze 7500 Ded
Off-Exchange Plan Name	Sentara Standard Gold 2000 Ded	Sentara Standard Silver 6000 Ded	CSR 73%	CSR 87%	CSR 94%	Sentara Standard Bronze 7500 Ded
			Available On-Exchange Only	Available On-Exchange Only	Available On-Exchange Only	
In-network deductible: individual family	\$2,000 \$4,000	\$6,000 \$12,000	\$3,000 \$6,000	\$700 \$1,400	\$0 \$0	\$7,500 \$15,000
In-network out-of-pocket max: individual family	\$8,200 \$16,400	\$8,900 \$17,800	\$8,000 \$16,000	\$3,300 \$6,600	\$2,600 \$5,200	\$10,500 \$21,000
Coinsurance	25%	40%	40%	30%	25%	50%
Preventive care	No charge	No charge	No charge	No charge	No charge	No charge
Physician services						
Primary Care Physician (PCP) office visit	\$30	\$40	\$40	\$20	No charge	\$50
Specialist office visit	\$60	\$80	\$80	\$40	\$10	\$100
Virtual consults	No charge	No charge	No charge	No charge	No charge	No charge
Emergency & urgent care services						
Urgent care	\$45	\$60	\$60	\$30	\$5	\$75
Emergency services (in- and out-of-network)	25% AD	40% AD	40% AD	30% AD	25%	50% AD
Inpatient services						
Inpatient hospital services	25% AD	40% AD	40% AD	30% AD	25%	50% AD
Outpatient services						
Outpatient diagnostic tests: X-ray, ultrasound, EKG, etc.	25% AD	40% AD	40% AD	30% AD	25%	50% AD
Outpatient advanced diagnostic tests: MRI, CT scan, etc.	25% AD	40% AD	40% AD	30% AD	25%	50% AD
Outpatient surgery	25% AD	40% AD	40% AD	30% AD	25%	50% AD
Mental/behavioral health & substance use disorder services						
Outpatient office visits (PCP, specialist, or virtual consults)	\$30	\$40	\$40	\$20	No charge	\$50
Inpatient services	25% AD	40% AD	40% AD	30% AD	25%	50% AD
Other covered services						
Maternity care	25% AD	40% AD	40% AD	30% AD	25%	50% AD
Chiropractic care (spinal manipulation)*	25% AD	40% AD	40% AD	30% AD	25%	50% AD
Physical and occupational therapy*	\$30	\$40	\$40	\$20	No charge	\$50
Pharmacy						
Retail prescription drug coverage tier 1 tier 2 tier 3 tier 4	No Rx deductible \$15 \$30 \$60 \$250	Medical deductible applies \$20 \$40 \$80 AD \$350 AD	Medical deductible applies \$20 \$40 \$80 AD \$350 AD	Medical deductible applies \$10 \$20 \$60 AD \$250 AD	No Rx deductible No charge \$15 \$50 \$150	Medical deductible applies \$25 \$50 AD \$100 AD \$500 AD
Mail-order prescription drug coverage tier 1 tier 2 tier 3 tier 4	No Rx deductible \$45 \$90 \$180 \$250	Medical deductible applies \$60 \$120 \$240 AD \$350 AD	Medical deductible applies \$60 \$120 \$240 AD \$350 AD	Medical deductible applies \$30 \$60 \$180 AD \$250 AD	No Rx deductible No charge \$45 \$150 \$150	Medical deductible applies \$75 \$150 AD \$300 AD \$500 AD



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