# 2026 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 3000/35/25% | Sentara Plus 4000/30/0% |
|---|---|---|---|---|---|
| In-network deductible (individual/family) | $2,000/$4,000 | $2,500/$5,000 | $3,000/$6,000 | $3,000/$6,000 | $4,000/$8,000 |
| Out-of-network deductible (individual/family) | $4,000/$8,000 | $5,000/$10,000 | $6,000/$12,000 | $6,000/$12,000 | $8,000/$16,000 |
| In-network out-of-pocket maximum (individual/family) | $6,500/$13,000 | $6,500/$13,000 | $6,500/$13,000 | $8,800/$17,600 | $6,500/$13,000 |
| Out-of-network out-of-pocket maximum (individual/family) | $13,000/$26,000 | $13,000/$26,000 | $13,000/$26,000 | $17,600/$35,200 | $13,000/$26,000 |
| Out-of-network coinsurance | 50% AD/AC | 40% AD/AC | 30% AD/AC | 45% AD/AC | 30% AD/AC |
| Primary care physician office visit | $25 | $30 | $30 | $35 | $30 |
| Virtual consult (no out-of-network coverage) | No charge | No charge | No charge | No charge | No charge |
| Specialist office visit | $50 | $60 | $60 | $70 AD | $60 |
| Outpatient surgery | 30% AD | $350 AD | No charge AD | 25% AD | No charge AD |
| Inpatient hospital services | 30% AD | 20% AD | No charge AD | 25% AD | No charge AD |
| Emergency services (in- and out-of-network) | 40% AD | 30% AD | $350 AD | 35% AD | $350 |
| Urgent care center services | $50 | $60 | $75 | $70 AD | $75 |
| 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%* |

# 2026 **Sentara BusinessEDGE® Plus Plans** *(continued)*

Sentara Health Plans

| Plan Name | Sentara Plus 4000/40/20% | Sentara Plus 5000/25/0% | Sentara Plus 5000/30/30% |
|---|---|---|---|
| In-network deductible (individual/family) | $4,000/$8,000 | $5,000/$10,000 | $5,000/$10,000 |
| Out-of-network deductible (individual/family) | $8,000/$16,000 | $10,000/$20,000 | $10,000/$20,000 |
| In-network out-of-pocket maximum (individual/family) | $8,650/$17,300 | $9,000/$18,000 | $9,000/$18,000 |
| Out-of-network out-of-pocket maximum (individual/family) | $17,300/$34,600 | $18,000/$36,000 | $18,000/$36,000 |
| Out-of-network coinsurance | 40% AD/AC | 30% AD/AC | 50% AD/AC |
| Primary care physician office visit | $40 | $25 | $30 |
| Virtual consult (no out-of-network coverage) | No charge | No charge | No charge AD |
| Specialist office visit | $80 | $60 | $50 |
| Outpatient surgery | 20% AD | No charge AD | 30% AD |
| Inpatient hospital services | 20% AD | No charge AD | 30% AD |
| Emergency services (in- and out-of-network) | 30% AD | 20% AD | $40 AD |
| Urgent care center services | $80 | $75 | $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%* |

# 2026 Sentara BusinessEDGE® Plus HSA Plans

Sentara® Health Plans

| Plan Name | Sentara Plus HSA 3400/10% | Sentara Plus HSA 3400/20% | 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) | $3,400/$6,800 | $3,400/$6,800 | $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) | $6,800/$13,600 | $6,800/$13,600 | $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) | $5,000/$10,000 | $7,200/$14,400 | $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) | $10,000/$20,000 | $14,400/$28,800 | $14,000/$28,000 | $14,000/$28,000 | $14,000/$28,000 | $14,000/$28,000 | $15,000/$30,000 |
| Out-of-network coinsurance | 30% AD/AC | 40% AD/AC | 40% AD/AC | 30% AD/AC | 50% AD/AC | 50% AD/AC | 30% AD/AC |
| Primary care physician office visit | 10% AD | 20% 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 | 10% AD | 20% AD | 20% AD | No charge AD | 30% AD | 30% AD | No charge AD |
| Outpatient surgery | 10% AD | 20% AD | 20% AD | No charge AD | 30% AD | 30% AD | No charge AD |
| Inpatient hospital services | 10% AD | 20% AD | 20% AD | No charge AD | 30% AD | 30% AD | No charge AD |
| Emergency services (in- and out-of-network) | 20% AD | 30% AD | 30% AD | 20% AD | 40% AD | 40% AD | 20% AD |
| Urgent care center services | 10% AD | 20% 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) | After medical deductible $10 AD/$40 AD/ 25% AD/30% AD* | After medical deductible $10 AD/$40 AD/ 25% AD/30% AD* | After medical deductible $10 AD/$40 AD/ 25% AD/30% AD* | After medical deductible $10 AD/$40 AD/ 25% AD/30% AD* | After medical deductible $10 AD/$40 AD/ 25% AD/30% AD* | After medical deductible $10 AD/$40 AD/ 25% AD/30% AD* | After medical deductible $10 AD/$40 AD/ 25% AD/30% AD* |

**‡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.*