2027 **Sentara Small Group POS 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 POS Platinum 0 Ded	Sentara POS Platinum 0 Ded 3500 MOOP	Sentara POS Platinum 0 Ded 200 Rx Ded	Sentara POS Platinum 250 Ded	Sentara POS Gold 0 Ded
In-network deductible (individual/family)	$0/$0	$0/$0	$0/$0	$250/$500	$0/$0
Out-of-network deductible (individual/family)	$1,750/$3,500	$2,000/$4,000	$2,500/$5,000	$500/$1,000	$3,500/$7,000
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
Out-of-network out-of-pocket maximum (individual/family)	$7,000/$14,000	$7,000/$14,000	$6,000/$12,000	$6,000/$12,000	$17,000/$34,000
Out-of-network coinsurance	40% AD/AC	40% AD/AC	40% AD/AC	40% AD/AC	40% AD/AC
Primary care physician office visit	$10	$15	$25	$30	$35
Virtual consult (no out-of-network coverage)	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 POS Gold 500 Ded 200 Rx Ded	Sentara POS Gold 750 Ded	Sentara POS Gold 1000 Ded 250 Rx Ded	Sentara POS Gold 1000 Ded 200 Rx Ded	Sentara POS 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
Out-of-network deductible (individual/family)	$1,000/$2,000	$1,500/$3,000	$2,000/$4,000	$2,000/$4,000	$2,500/$5,000
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
Out-of-network out-of-pocket maximum (individual/family)	$15,000/$30,000	$15,400/$30,800	$15,000/$30,000	$13,000/$26,000	$14,000/$28,000
Out-of-network coinsurance	40% AD/AC	40% AD/AC	30% AD/AC	50% AD/AC	40% AD/AC
Primary care physician office visit	$25	$30	$20	$25	$20
Virtual consult (no out-of-network coverage)	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 POS Plans (continued)**

Sentara Health Plans

Plan Name	Sentara POS Gold 1500 Ded 200 Rx Ded	Sentara POS Gold 2000 Ded	Sentara POS Gold 2500 Ded	Sentara POS Silver 3000 Ded	Sentara POS Silver 3500 Ded
In-network deductible (individual/family)	$1,500/$3,000	$2,000/$4,000	$2,500/$5,000	$3,000/$6,000	$3,500/$7,000
Out-of-network deductible (individual/family)	$3,250/$6,500	$4,000/$8,000	$5,000/$10,000	$6,000/$12,000	$7,000/$14,000
In-network out-of-pocket maximum (individual/family)	$6,400/$12,800	$6,500/$13,000	$6,500/$13,000	$9,800/$18,600	$9,500/$19,000
Out-of-network out-of-pocket maximum (individual/family)	$12,800/$25,600	$13,000/$26,000	$13,000/$26,000	$18,600/$37,200	$19,000/$38,000
Out-of-network coinsurance	40% AD/AC	50% AD/AC	40% AD/AC	45% AD/AC	40% AD/AC
Primary care physician office visit	$25	$25	$30	$50	$35
Virtual consult (no out-of-network coverage)	No charge	No charge	No charge	No charge	No charge
Specialist office visit	$50	$50	$60	$90	$70
Outpatient surgery	$300 AD	30% AD	$350 AD	25% AD	20% AD
Inpatient hospital services	$400 AD	30% AD	20% AD	25% AD	20% AD
Emergency services (in- and out-of-network)	$350 AD	40% AD	30% AD	35% AD	30% AD
Urgent care center services	$50	$50	$60	$90	$70
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*	After medical deductible $25 AD/$50 AD/20% AD/25% AD*

Plan Name	Sentara POS Silver 4000 Ded 250 Rx Ded	Sentara POS Silver 4850 Ded 250 Rx Ded	Sentara POS Silver 5600 Ded 200 Rx Ded	Sentara POS Silver 6500 Ded 250 Rx Ded	Sentara POS Silver 7000 Ded
In-network deductible (individual/family)	$4,000/$8,000	$4,850/$9,700	$5,600/$11,200	$6,500/$13,000	$7,000/$14,000
Out-of-network deductible (individual/family)	$8,000/$16,000	$9,700/$19,400	$11,200/$22,400	$13,000/$26,000	$14,000/$28,000
In-network out-of-pocket maximum (individual/family)	$9,100/$18,200	$9,200/$18,400	$9,000/$18,000	$8,000/$16,000	$9,500/$19,000
Out-of-network out-of-pocket maximum (individual/family)	$18,200/$36,400	$18,400/$36,800	$18,000/$36,000	$16,000/$32,000	$19,000/$38,000
Out-of-network coinsurance	40% AD/AC	40% AD/AC	40% AD/AC	30% AD/AC	50% AD/AC
Primary care physician office visit	$40	$45	$50	No charge AD	$50
Virtual consult (no out-of-network coverage)	No charge	No charge	No charge	No charge AD	No charge
Specialist office visit	$80	$90	$90	No charge AD	$100
Outpatient surgery	20% AD	$300 AD	20% AD	No charge AD	40% AD
Inpatient hospital services	20% AD	$500 AD	20% AD	No charge AD	40% AD
Emergency services (in- and out-of-network)	30% AD	$350 AD	30% AD	20% AD	50% AD
Urgent care center services	$80	$90	$90	No charge AD	$100
Prescription drug coverage; deductible if applicable; tier 1/tier 2/tier 3/tier 4 (*$350 max OOP/prescription)	Rx p/p deductible $250 $25/$65/20% AD/25% AD*	Rx p/p deductible $250 $15/$65/$250 AD/$350 AD	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

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

Sentara Health Plans

Plan Name	Sentara POS Bronze 6600 Ded	Sentara POS Bronze 7200 Ded	Sentara POS Bronze 8500 Ded
In-network deductible (individual/family)	$6,600/$13,200	$7,200/$14,400	$8,500/$17,000
Out-of-network deductible (individual/family)	$13,200/$26,400	$14,400/$28,800	$17,000/$34,000
In-network out-of-pocket maximum (individual/family)	$8,600/$17,200	$9,500/$19,000	$8,500/$17,000
Out-of-network out-of-pocket maximum (individual/family)	$17,200/$34,400	$19,000/$38,000	$17,000/$34,000
Out-of-network coinsurance	50% AD/AC	50% AD/AC	30% AD/AC
Primary care physician office visit	30% AD	$45 AD	No charge AD
Virtual consult (no out-of-network coverage)	No charge AD	No charge	No charge AD
Specialist office visit	30% AD	$90 AD	No charge AD
Outpatient surgery	30% AD	40% AD	No charge AD
Inpatient hospital services	30% AD	40% AD	No charge AD
Emergency services (in- and out-of-network)	40% AD	50% AD	No charge AD
Urgent care center services	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)	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 POS HSA Plans**

Sentara® Health Plans

Plan Name	Sentara POS HSA Gold 1950 Ded	Sentara POS HSA Silver 3500 Ded	Sentara POS HSA Silver 4000 Ded	Sentara POS HSA Bronze 6100 Ded
In-network deductible (individual/family)[¥]	$1,950/$3,900	$3,500/$7,000	$4,000/$8,000	$6,100/$12,200
Out-of-network deductible (individual/family)[¥]	$3,900/$7,800	$7,000/$14,000	$8,000/$16,000	$12,200/$24,400
In-network out-of-pocket maximum (individual/family)	$6,000/$12,000	$8,500/$17,000	$8,500/$17,000	$8,500/$17,000
Out-of-network out-of-pocket maximum (individual/family)	$12,000/$24,000	$17,000/$34,000	$17,000/$34,000	$17,000/$34,000
Out-of-network coinsurance	30% AD/AC	40% AD/AC	30% AD/AC	50% AD/AC
Primary care physician office visit	$25 AD	20% AD	$40 AD	$40 AD
Virtual consult (no out-of-network coverage)	No charge AD	No charge AD	No charge AD	No charge AD
Specialist office visit	$50 AD	20% AD	$80 AD	$80 AD
Outpatient surgery	$300 AD	20% AD	No charge AD	40% AD
Inpatient hospital services	$500 AD	20% AD	No charge AD	40% AD
Emergency services (in- and out-of-network)	$350 AD	30% AD	20% AD	50% AD
Urgent care center services	$50 AD	20% AD	$80 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*	After medical deductible $25 AD/$65 AD/40% AD/45% AD*

Plan Name	Sentara POS HSA Bronze 6200 Ded	Sentara POS HSA Bronze 6750 Ded	Sentara POS HSA Bronze 7000 Ded
In-network deductible (individual/family)[¥]	$6,200/$12,400	$6,750/$13,500	$7,000/$14,000
Out-of-network deductible (individual/family)[¥]	$12,400/$24,800	$13,500/$27,000	$14,000/$28,000
In-network out-of-pocket maximum (individual/family)	$8,500/$17,000	$8,500/$17,000	$8,500/$17,000
Out-of-network out-of-pocket maximum (individual/family)	$17,000/$34,000	$17,000/$34,000	$17,000/$34,000
Out-of-network coinsurance	50% AD/AC	30% AD/AC	30% AD/AC
Primary care physician office visit	$40 AD	No charge AD	No charge AD
Virtual consult (no out-of-network coverage)	No charge AD	No charge AD	No charge AD
Specialist office visit	$80 AD	No charge AD	No charge AD
Outpatient surgery	30% AD	No charge AD	No charge AD
Inpatient hospital services	30% AD	No charge AD	No charge AD
Emergency services (in- and out-of-network)	40% AD	30% AD	20% AD
Urgent care center services	30% 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 30% AD/30% AD/30% AD/35% AD*	After medical deductible 25% AD/25% AD/25% AD/30% AD*	After medical deductible 25% AD/25% AD/25% AD/30% AD*

2027 **Sentara Small Group POS HRA Plans**

Sentara Health Plans

Plan Name	Sentara POS HRA Silver 3500 Ded 250 Rx Ded
In-network deductible (individual/family)[¥]	$3,500/$7,000
Out-of-network deductible (individual/family)[¥]	$7,000/$14,000
In-network out-of-pocket maximum (individual/family)	$9,500/$19,000
Out-of-network out-of-pocket maximum (individual/family)	$19,000/$38,000
Out-of-network coinsurance	40% AD/AC
Primary care physician office visit	$30 AD
Virtual consult (no out-of-network coverage)	No charge AD
Specialist office visit	$60 AD
Outpatient surgery	20% AD
Inpatient hospital services	20% AD
Emergency services (in- and out-of-network)	30% AD
Urgent care center services	$60 AD
Prescription drug coverage; deductible if applicable; tier 1/tier 2/tier 3/tier 4 (*$350 max OOP/prescription)	Rx p/p deductible $250 $25 AD/$65 AD/20% AD/25% 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 | 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 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.