

2025 Sentara Small Group Plus Plans



Groups with 1-50 total employees

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

Plan Name	Sentara Plus Platinum 0 Ded 100 Rx Ded	Sentara Plus Platinum 0 Ded 150 Rx Ded	Sentara Plus Gold 500 Ded 200 Rx Ded	Sentara Plus Gold 750 Ded	Sentara Plus Gold 1000 Ded 250 Rx Ded
In-network deductible (individual/family)	\$0/\$0	\$0/\$0	\$500/\$1,000	\$750/\$1,500	\$1,000/\$2,000
Out-of-network deductible (individual/family)	\$1,750/\$3,500	\$2,000/\$4,000	\$1,000/\$2,000	\$1,500/\$3,000	\$2,000/\$4,000
In-network out-of-pocket maximum (individual/family)	\$2,800/\$5,600	\$3,000/\$6,000	\$7,500/\$15,000	\$7,700/\$15,400	\$7,000/\$14,000
Out-of-network out-of-pocket maximum (individual/family)	\$5,000/\$10,000	\$6,000/\$12,000	\$15,000/\$30,000	\$15,400/\$30,800	\$14,000/\$28,000
Out-of-network coinsurance	40% AD/AC	40% AD/AC	40% AD/AC	40% AD/AC	30% AD/AC
PCP visit	\$10	\$15	\$25	\$30	\$20
Virtual consult (no out-of-network coverage)	No charge	No charge	No charge	No charge	No charge
Specialist visit	\$20	\$35	\$50	\$60	\$40
Outpatient surgery	\$150	\$150	20% AD	20% AD	\$250 AD
Inpatient hospital services	\$400	\$600	20% AD	20% AD	\$500 AD
Emergency services (in- and out-of-network)	\$350	\$350	30% AD	30% AD	\$350 AD
Urgent care center services	\$20	\$35	\$50	\$60	\$40
Prescription drug coverage; deductible if applicable; tier 1/tier 2/tier 3/tier 4 (*\$350 max OOP/prescription)	Rx p/p deductible \$100 \$15/\$50/20% AD/20% AD*	Rx p/p deductible \$150 \$10/\$40 AD/20% AD/20% AD*	Rx p/p deductible \$200 \$15/\$50 AD/20% AD/20% AD*	\$15/\$50/20%/20%*	Rx p/p deductible \$250 \$25 AD/\$50 AD/20% AD/20% AD*

Plan Name	Sentara Plus Gold 1250 Ded 200 Rx Ded	Sentara Plus Gold 1500 Ded 200 Rx Ded	Sentara Plus Gold 2000 Ded 100 Rx Ded	Sentara Plus Gold 2000 Ded	Sentara Plus Gold 2800 Ded 200 Rx Ded
In-network deductible (individual/family)	\$1,250/\$2,500	\$1,500/\$3,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,800/\$5,600
Out-of-network deductible (individual/family)	\$2,500/\$5,000	\$3,250/\$6,500	\$4,000/\$8,000	\$4,000/\$8,000	\$5,600/\$11,200
In-network out-of-pocket maximum (individual/family)	\$6,500/\$13,000	\$6,500/\$13,000	\$8,000/\$16,000	\$6,500/\$13,000	\$6,500/\$13,000
Out-of-network out-of-pocket maximum (individual/family)	\$13,000/\$26,000	\$13,000/\$26,000	\$16,800/\$33,600	\$13,000/\$26,000	\$13,000/\$26,000
Out-of-network coinsurance	40% AD/AC	40% AD/AC	40% AD/AC	50% AD/AC	30% AD/AC
PCP visit	\$20	\$25	\$30	\$25	\$35
Virtual consult (no out-of-network coverage)	No charge	No charge	No charge	No charge	No charge
Specialist visit	\$40	\$50	\$60	\$50	\$65
Outpatient surgery	20% AD	\$300 AD	\$100	30% AD	No charge AD
Inpatient hospital services	20% AD	\$400 AD	20% AD	30% AD	No charge AD
Emergency services (in- and out-of-network)	30% AD	\$350 AD	30% AD	40% AD	20% AD
Urgent care center services	\$40	\$50	\$60	\$50	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/\$50 AD/20% AD/20% AD*	Rx p/p deductible \$200 \$15 AD/\$50 AD/20% AD/20% AD*	Rx p/p deductible \$100 \$25 AD/\$50 AD/20% AD/20% AD*	\$15/\$50/30%/30%*	Rx p/p deductible \$200 \$15 AD/\$50 AD/25% AD/25% AD*

2025 Sentara Small Group Plus Plans (continued)



Plan Name	Sentara Plus Silver 3000 Ded	Sentara Plus Silver 4000 Ded 250 Rx Ded	Sentara Plus Silver 6500 Ded 250 Rx Ded	Sentara Plus Bronze 7200 Ded	Sentara Plus Bronze 8500 Ded
In-network deductible (individual/family)	\$3,000/\$6,000	\$4,000/\$8,000	\$6,500/\$13,000	\$7,200/\$14,400	\$8,500/\$17,000
Out-of-network deductible (individual/family)	\$6,000/\$12,000	\$8,000/\$16,000	\$13,000/\$26,000	\$14,400/\$28,800	\$17,000/\$34,000
In-network out-of-pocket maximum (individual/family)	\$8,800/\$17,600	\$8,650/\$17,300	\$8,000/\$16,000	\$9,200/\$18,400	\$9,200/\$18,400
Out-of-network out-of-pocket maximum (individual/family)	\$17,600/\$35,200	\$17,000/\$34,000	\$16,000/\$32,000	\$18,400/\$36,800	\$18,400/\$36,800
Out-of-network coinsurance	45% AD/AC	40% AD/AC	30% AD/AC	50% AD/AC	50% AD/AC
PCP visit	\$35	\$40	No charge AD	\$45	\$50
Virtual consult (no out-of-network coverage)	No charge	No charge	No charge AD	No charge	No charge
Specialist visit	\$70 AD	\$80	No charge AD	\$90	\$100
Outpatient surgery	25% AD	20% AD	No charge AD	40% AD	30% AD
Inpatient hospital services	25% AD	20% AD	No charge AD	40% AD	30% AD
Emergency services (in- and out-of-network)	35% AD	30% AD	20% AD	50% AD	40% AD
Urgent care center services	\$70 AD	\$80	No charge AD	\$90	\$100
Prescription drug coverage; deductible if applicable; tier 1/tier 2/tier 3/tier 4 (*\$350 max OOP/prescription)	After medical deductible \$15 AD/\$50 AD/25% AD/25% AD*	Rx p/p deductible \$250 \$25 AD/\$50 AD/20% AD/20% AD*	Rx p/p deductible \$250 \$15 AD/\$50 AD/25% AD/25% AD*	After medical deductible \$25 AD/\$55 AD/40% AD/40% AD*	After medical deductible \$25 AD/\$55 AD/30% AD/30% AD*

2025 Sentara Small Group Plus HSA Plans



Plan Name	Sentara Plus HSA Silver 1900 Ded	Sentara Plus HSA Silver 3300 Ded	Sentara Plus HSA Silver 4000 Ded	Sentara Plus HSA Bronze 6500 Ded	Sentara Plus HSA Bronze 7000 Ded
In-network deductible (individual/family)	\$1,900/\$3,800	\$3,300/\$6,600	\$4,000/\$8,000	\$6,500/\$13,000	\$7,000/\$14,000
Out-of-network deductible (individual/family)	\$3,800/\$7,600	\$6,400/\$12,800	\$8,000/\$16,000	\$13,000/\$26,000	\$14,000/\$28,000
In-network out-of-pocket maximum (individual/family)	\$7,500/\$15,000	\$7,200/\$14,400	\$6,900/\$13,800	\$7,500/\$15,000	\$7,500/\$15,000
Out-of-network out-of-pocket maximum (individual/family)	\$15,000/\$30,000	\$14,400/\$28,800	\$13,800/\$27,600	\$15,000/\$30,000	\$15,000/\$30,000
Out-of-network coinsurance	30% AD/AC	40% AD/AC	30% AD/AC	30% AD/AC	30% AD/AC
PCP visit	\$25 AD	20% AD	\$40 AD	No charge 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
Specialist visit	\$50 AD	20% AD	\$80 AD	No charge AD	No charge AD
Outpatient surgery	\$400 AD	20% AD	No charge AD	No charge AD	No charge AD
Inpatient hospital services	\$500 AD	20% AD	No charge AD	No charge AD	No charge AD
Emergency services (in- and out-of-network)	\$350 AD	30% AD	20% AD	20% AD	20% AD
Urgent care center services	\$50 AD	20% AD	\$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/\$55 AD/25% AD/25% AD*	After medical deductible \$25 AD/\$55 AD/20% AD/20% AD*	After medical deductible \$25 AD/\$55 AD/20% AD/20% AD*	After medical deductible 25% AD/25% AD/25% AD/25% AD*	After medical deductible 25% AD/25% AD/25% AD/25% 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 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.