

2025

# Small Group Guide



*This publication is only intended to be used for agent and broker education and must not be distributed or used with the general public.*

## Our tradition of exceptional health benefits and broker support

Sentara Health Plans has been providing Virginia-based employers with affordable, high-quality health benefits since 1984.<sup>1</sup> With more than four decades of experience, we understand the needs of small businesses.

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## We are meeting those needs with offerings that include:

- A robust portfolio of plan choices and cost-sharing options.
- A comprehensive provider network including specialists, primary care physicians, and hospitals.<sup>2</sup>
- Impactful health improvement programs that help members maximize their health.
- Local service representatives who help members get the most out of their health benefits.

Working with Sentara Health Plans is easier than ever with online tools and our exemplary broker support services. The 2025 Small Group guide is an additional resource that puts information about plans and services right at your fingertips. If you have questions, our sales and service teams stand ready to help.



Learn more at  
[sentarahealthplans.com](https://sentarahealthplans.com).

<sup>1</sup>Sentara Health Plans is the trade name for Sentara Health Plans, Sentara Health Insurance Company, Sentara Health Administration, Inc., and Sentara Behavioral Health Services, Inc. Sentara Health Plans, previously Optima Health Plan, has been issuing HMO plans under that license since 1984. Sentara Health Insurance Company, previously Optima Health Insurance Company, has issued PPO Accident and Sickness plans since 1991.

<sup>2</sup>Sentara Health Administration, Inc., Provider Status Report, 2024, available at [sentarahealthplans.com/find-doctors-drugs-and-facilities](https://sentarahealthplans.com/find-doctors-drugs-and-facilities).



# Improving health every day

When your clients choose Sentara Health Plans, they are selecting a health plan headquartered in the Commonwealth of Virginia. We're proud of the reputation we've built in our community. Employers and brokers consider us a trusted partner because they can rely on us for excellent benefits and service.<sup>3</sup>



We have sales and service representatives, network managers, nurse case managers, and other staff located in offices throughout the Commonwealth. Working and living in the communities we serve means we have first-hand experience with the doctors, facilities, and services within our vast provider network.

## We help members get the most out of their health coverage by providing:

**Outstanding customer service:** Our representatives' local knowledge enables us to go above and beyond to assist employers and members.

**Tailored case management services:** Nurses help members take control of their health with recommendations that reflect the local area.

**Referrals to nearby resources:** We work closely with nonprofits in the areas we serve to connect members with support services close to home.

**Care management that reflects local trends:** We work with local doctors to learn more about care utilization and preferences that are unique to their localities.

**Community-based access and outreach:** At Sentara we regularly provide free health screenings to identify health risks and guide members and non-members to take steps to manage them. We partner with a variety of local nonprofits that strengthen our community, such as food banks, youth centers, and scholarship programs.

<sup>3</sup>To ensure we continually meet or exceed our performance goals, our teams track and report on a variety of quality metrics. One way we measure our effectiveness is through a Customer Satisfaction Score (CSAT) post call survey. In 2024, 94% of respondents indicated they were satisfied by the services received during the customer interaction.

# Group sizes

## Serving the needs of individuals and employer groups of all sizes

Sentara Health Plans makes it easier for people and businesses to get the health coverage they need with the quality they deserve. Our group health plans include a robust portfolio of benefit plans, exceptional service, and budget-friendly options for access to care. We offer consumer-driven health plans that empower employees to make cost-conscious care decisions.



## Groups that are eligible for our Small Group plans include:

 **1-4**  
total enrolled employees

### Micro Small Business Unit (MSBU)

The Micro Small Business Unit (MSBU) offers plans from our existing Small Group portfolio combined with a high-touch service model for even the smallest groups and self-employed individuals. The MSBU delivers fast turnaround times for quoting and enrolling new business as well as renewing existing groups with 1-4 enrolled employees. The MSBU also conducts proactive outreach to customer groups to assist with education on important employer and member resources and value-added services. For employer plans to cover 1-4 enrolled employees, contact our dedicated Micro Small Business Team at **1-888-706-2850**.

 **1-50**  
total employees

### Self-employed individuals<sup>4</sup> and Small Group

Our small business health insurance options allow self-employed individuals and employers to offer competitive benefits while staying within budget. Members have access to comprehensive benefits that include wellness programs and support for chronic illness.

This plan guide is for the Small Group market segment. If you are looking for information about other plans, such as our level-funded product, Business**EDGE**<sup>®</sup>, or about Mid-Market and Large Group employers, contact your local Sentara Health Plans sales team. Learn more at [sentarahealthplans.com/brokers](https://sentarahealthplans.com/brokers).

<sup>4</sup>Terms and conditions apply.



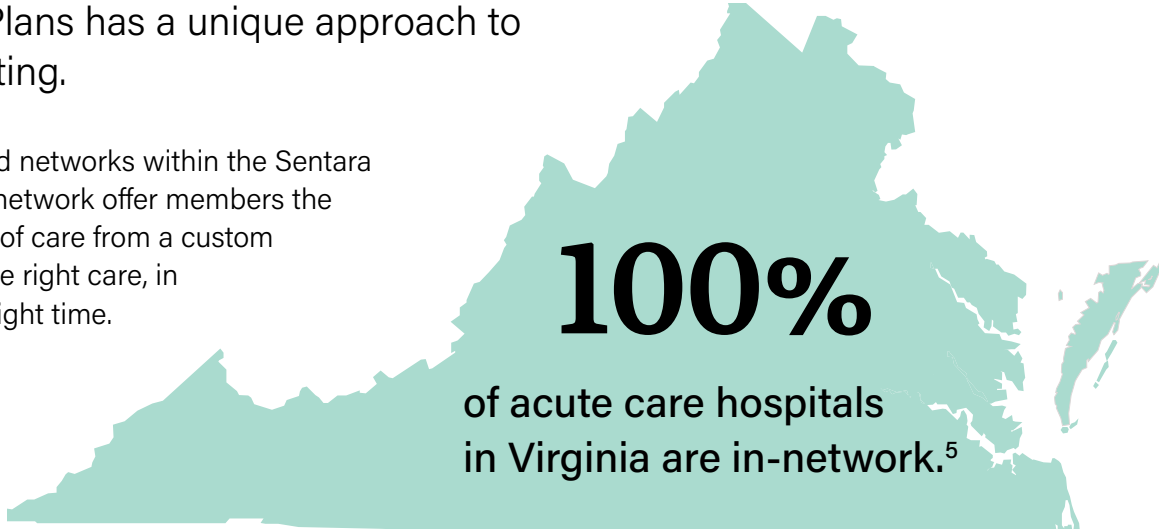


# Provider access

## Making quality care easier to access

As part of a not-for-profit, integrated delivery system, Sentara Health Plans has a unique approach to provider contracting.

Key clinically integrated networks within the Sentara Health Plans provider network offer members the benefit of new models of care from a custom care team, to deliver the right care, in the right place, at the right time.



View the complete list of our provider directories at [sentarahealthplans.com/find-doctors-drugs-and-facilities](https://sentarahealthplans.com/find-doctors-drugs-and-facilities).

<sup>5</sup>Excludes Veterans Affairs hospitals.

### National provider access through PHCS<sup>6</sup>

In addition to the Sentara Health Plans proprietary network, members who choose our POS or Plus PPO plans have access to PHCS, the nation's largest independent primary PPO network.<sup>7</sup> This provides members with in-network access to physicians and hospitals all over the country for services received outside the primary Sentara Health Plans service area—regardless of where members live or work.

### Out-of-Area (OOA) Dependent Program<sup>8</sup>

Dependent children living outside of the service area have access to in-network benefits on a Vantage HMO plan—even when they're away at college. They will be able to receive covered services from PHCS providers at the in-network benefit level.

### Transformative care through Value-Based Care Program

Sentara Health Plans offers our clients the opportunity to engage with our Value-Based Care (VBC) Program. We provide a successful model that involves the health plan and provider network working in concert to eliminate non-value-added medical services, reduce clinical care gaps, improve access, and overall member experience, and empower and incent providers to make positive changes in their approach to care.



### Convenient vision services through VSP Vision Care (VSP)

Annual examinations are a covered benefit and value-added discounts for corrective lenses and materials are available from VSP's expansive provider network. Members may access these services through independent optometrists as well as national, regional, and online retail providers.

### Pediatric vision care

Our pediatric vision benefit covers dependent children up to age 19 and includes examinations; glasses, lenses, and frames or contact lenses; as well as low-vision exams.

### Around-the-world assistance 24/7

Members have access to Emergency Travel Assistance for medical and travel emergencies at no additional cost.<sup>9</sup> The service covers members whenever traveling 100 miles or more away from their permanent residence, or in another country.

### Emergency Travel Assistance services include:

- Medical consultation, evaluation, and referral
- Hospital admission assistance
- Emergency medical evacuation
- Medical monitoring
- Medical repatriation
- Prescription assistance
- Compassionate visit
- Care of minor children
- Return of mortal remains
- Emergency trauma counseling
- Lost luggage or document assistance
- Interpreter and legal referrals
- Pre-trip information

<sup>6</sup>Depending on the plan, members may see this referenced as PHCS/MultiPlan on their ID cards.

<sup>7</sup>MultiPlan press release, July 16, 2019.

<sup>8</sup>The member will be required to complete an annual certification form prior to being eligible for the program.

<sup>9</sup>This is not a covered benefit but a value-added service.





# Value for employers and members: consumer-driven health

## Helping employers and members get more value

Sentara Health Plans offers a suite of tools and services to empower members to be better health consumers and enable employers to recognize cost savings.

## Cost-efficient benefits for employers and their employees

Sentara Health Plans employers and members can get more for their healthcare dollars with consumer-driven health plans (CDHP).

Our CDHPs ease the cost burden for employers while providing competitive benefit plans to members. Some preventive drugs are available before the deductible for CDHPs that include a Health Savings Account (HSA). Partnering with HealthEquity® account services enables us to offer an integrated solution that simplifies administration for both employers and members.

Eligibility and claims data flow directly from Sentara Health Plans to HealthEquity. Members have easy, permanent access to claims information through the HealthEquity portal, eliminating paperwork requirements and facilitating the payment process.<sup>10</sup>

<sup>10</sup>Investments made available to HSA holders are subject to risk, including the possible loss of the principal invested, and are not FDIC or NCUA insured, or guaranteed by HealthEquity, Inc.

## CDHP implementation process

As part of the implementation process coordinated by your representative, employers interested in participating in Health Reimbursement Arrangements or Health Savings Accounts should submit the New Business Information Form: [sales.healthequity.com/onboarding](https://sales.healthequity.com/onboarding).

## Afterward, the following will take place:

1. A HealthEquity representative will contact the employer within 5-7 business days to walk through the plan setup and application.
2. Employers will complete group enrollment with Sentara Health Plans, who will send the following group information to HealthEquity:
  - Group setup files
  - Daily eligibility files
  - Weekly claims files
3. HealthEquity will create the employer portal.
4. HealthEquity will open employee accounts and send welcome materials to members.

# Health and wellness services: MyLife MyPlan

## Services that empower members to live healthier lives

Small changes can make a big difference. That's why Sentara Health Plans offers MyLife MyPlan.<sup>11</sup> This personalized health and wellness program encourages members to build healthier habits into their daily lives. It's part of our mission **to improve health every day.**

## Personalized solutions for sustained well-being

### MyLife MyPlan wellness programs and services are:



### Customizable

The exclusive WebMD® Health Services platform is tailored to each member's age, biometrics, lifestyle, and overall health objectives.



### Flexible

Members engage with the programs on their own time, and at their own pace, so they're more likely to adopt healthy habits for life.



### Accessible

MyLife MyPlan programs are available in a variety of formats to allow members to reach their goals in ways that work for them.

<sup>11</sup>This is not a covered benefit but a value-added service.



# Health and wellness services: MyLife MyPlan

## MyLife MyPlan includes<sup>12</sup>

### Exclusive WebMD Health Services

Sentara Health Plans has partnered with WebMD to deliver health and wellness services such as:

- **Personal health assessments:** This easy-to-use online assessment gathers information about a member's biometrics and lifestyle to create a customized health profile and make recommendations on actions to manage or improve health.
- **Daily habits:** Based on their individual health profile, members receive personalized advice, exercise plans, nutrition coaching, and tips for healthier living.
- **Health coaching:** Members can connect with a health coach to ask questions, discuss milestones, and set new goals, online or over the phone.

### Self-paced programs

This group of programs offers a wealth of resources that address the needs of members of all ages.<sup>13</sup> Our self-paced programs are regularly updated and available for all plans. Current self-paced program options include:

- Tobacco cessation services that focus on enjoying a tobacco-free life.
- Advice on how to spot chronic disease risk factors to prevent diabetes and heart disease.
- Movement and fitness programs such as MoveAbout, Qigong, and yoga.
- Prompts to make healthy food choices at the grocery store and in meal planning.
- Support for healthy sleep and stress management.



### Healthy actions incentive program

Sentara Well-being Rewards program offers a flexible solution, designed to empower employees as they engage in healthy actions. From preventive care to condition management, members can choose which activities are most meaningful and earn up to \$250 each plan year. This offering is for fully-insured groups only.

<sup>12</sup>This is not a covered benefit but a value-added service.

<sup>13</sup>[sentarahealthplans.com/members/health-and-wellness/prevention-and-wellness](https://sentarahealthplans.com/members/health-and-wellness/prevention-and-wellness).

### Discounts and savings

To make it easier for members to manage their health, MyLife MyPlan includes exclusive discounts on:

- **Gym memberships** as well as fitness equipment and nutrition programs
- **Complementary alternative treatments** such as acupuncture, massage therapy, and chiropractic care
- **Select vision and hearing services** for adults

Visit [sentarahealthplans.com/mylifemyplan](https://sentarahealthplans.com/mylifemyplan) for more information.

### More ways we support members on their wellness journey

Sentara Health Plans offers special services that help members stay healthy, even when life gets busy.<sup>14</sup> Our services meet members where they are and empower them to take the next step to improve their health.

- **Worksite wellness programs (minimum of 20 employees whether through a single employer or combined):** Our nursing team comes to the workplace to provide health screenings, flu shots, and health improvement presentations. We can provide screening services to help identify potential risks for high blood pressure or diabetes and connect members with next-level care. Presentations include health improvement topics like healthy eating, moving more, and tobacco cessation. Based on health screening findings, members receive group, individual, and self-paced programs to reduce cardiovascular health risks and promote health.
- **Outreach events:** Our member outreach includes presentations, screenings, and flu shots at various locations. These events reflect our genuine interest in helping our members stay healthy.
- **Digital lunch and learn series:** As part of our ongoing effort to address relevant and timely risk reduction, our team of health educators host free learning opportunities on a range of wellness topics. This series is open to all and can be accessed at [sentarahealthplans.com/mylifemyplan](https://sentarahealthplans.com/mylifemyplan).

- **Prediabetes program (standard for all fully insured groups, optional basis for self-funded clients):** Eligible members can participate in a structured diabetes and heart disease prevention program. The program includes a cellularly-enabled digital scale, weekly online learning sessions, a personal health coach, and peer support to facilitate weight loss for those who are at risk for developing diabetes.

*Fees may apply for some services for self-funded groups.*



### Lunch and Learn series include:

- Healthy eating
- Increasing movement
- Cultivating financial well-being
- Supporting social wellness

<sup>14</sup>There may be an additional fee for these services.

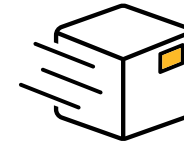




# Pharmacy benefits

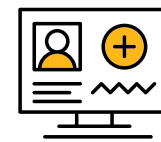
## Easy-to-access, integrated prescription drug coverage

Sentara Health Plans makes getting prescription drugs more convenient than ever through a large network of retail chains and local pharmacies. Benefit options include generic and brand name drugs with tiered cost share amounts to help both employers and members control costs. Plus, our pharmacy and medical benefits are fully integrated, allowing access for members to use services with one member ID card and for our care managers to get the required data to provide the best care. New members may be able to refill retail prescriptions up to a 90-day supply without pre-authorization when they enroll in Sentara Health Plans. Please refer to the Summary of Benefits for specific plan details.



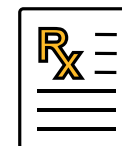
### Mail-order drugs<sup>15</sup>

Members may receive up to a 90-day supply of maintenance drugs through our mail-order pharmacy.<sup>16</sup> This option helps members with conditions such as diabetes and heart disease save money and reduce trips to the pharmacy.



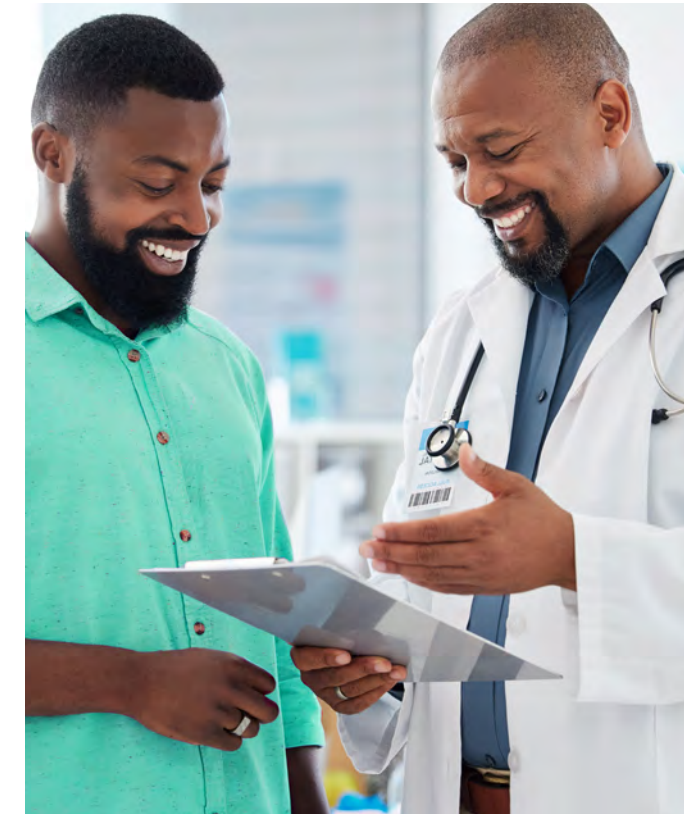
### Online pharmacy benefit tools

Our online tools, which include a medication search, help members identify and learn more about cost-effective drug alternatives. These tools help members maximize their pharmacy benefits.



### Specialty pharmacy services

Comprehensive medication therapy management programs are available to patients with acute and chronic conditions through our specialty pharmacy services.



### Specialty pharmacy services may include:

- A plan of care between the patient, the pharmacy, and the prescriber.
- Medication shipment to the provider's office, member's home, or other appropriate site of care.
- Ongoing clinical and educational support.
- Monthly refill reminder calls or text messages.
- Insurance support and financial assistance programs.
- Language translation services for pharmacy interactions.
- 24-hour access to a pharmacist for emergency needs.

Find out more at [sentarahealthplans.com/find-doctors-drugs-and-facilities](https://sentarahealthplans.com/find-doctors-drugs-and-facilities).

<sup>15</sup>Not all drugs are available for mail-order.

<sup>16</sup>Certain mail order pharmacies have a day-supply minimum and require the member to fill at least a 35-day supply. Check with the network mail order pharmacy of choice.



# Preventive services

## Patient Identification Manager Reminder System

The Patient Identification Manager Reminder System informs members of recommended immunizations and preventive health screenings that help fight communicable diseases and diagnose cancer in the earliest, most treatable stages. Our health improvement programs give members valuable information and encouragement to reduce health risks. Employees who improve their health can reduce their healthcare needs, reduce absenteeism, and reduce healthcare costs. Initiatives of this system include:

### Mammography reminders

Women who have missed a mammogram per the recommendation of their provider receive preventive care reminders. We also send a postcard during their birthday month with information about the recommended mammography schedule, and the importance of mammography and cervical cancer screening.

### Cervical cancer screening reminders

Women who have missed a cervical cancer screening per the recommendation of their provider receive a postcard during their birthday month. This card informs them of Pap test recommendations, and the importance of cervical cancer and mammography screening.

### Healthy pregnancy mailings

Members receive periodic mailings during their pregnancy. Letters include pregnancy and parenting resources as well as helpful tips related to nutrition, stress management, pre-term labor and postpartum visits. Members are connected with our Partners in Pregnancy team who are available throughout the gestational period for information and assistance.

### Immunization postcards

Parents receive a postcard with a basic immunization schedule for children at 6, 12, and 18 months of age.

### Birthday cards

Plan members 3 years old and over receive a birthday card during their birthday month. Part of this mailing includes a bookmark that serves to remind members of the preventive health guidelines they should follow to achieve their personal best health.

### Physician notifications

Physicians receive monthly lists of their patients (our members) who were reminded through the Patient Identification Manager Reminder System and have still not completed their preventive screenings.

In keeping with our mission **to improve health every day**, Sentara Health Plans offers over 100 preventive services and medications that are covered at no cost to the member when administered by an in-network plan physician or pharmacy. An office visit copayment may be charged to health plan members for some services. To review a list of services that are covered, please visit [sentarahealthplans.com/members/manage-plans/covered-preventive-services](https://sentarahealthplans.com/members/manage-plans/covered-preventive-services). Some preventive drugs are available before the deductible for HSA plans.

# Holistic health management

## Disease management

Sentara Health Plans' approach to chronic conditions is member-centric rather than disease-centric and flexes to fit each member. For this reason, all clinical interventions incorporate depression assessment, stress management, tobacco cessation, and weight management when appropriate to better manage the population from a holistic health perspective. Our specialized services support members according to their preferences and their goals with guidance from clinical experts who are there with them throughout their health journey.

We offer chronic condition disease management for several disease states to include diabetes, congestive heart failure/coronary artery disease, chronic obstructive pulmonary disease, and asthma. Case managers collaborate with members and providers to promote better member engagement and empowerment so that members can effectively manage their own health.

## Partners in Pregnancy

Partners in Pregnancy provides access to experienced pregnancy and childbirth nurses, clinical case managers, licensed social workers, and service coordinators to help members:

- Maintain good health throughout their pregnancy
- Develop a healthy nutrition and activity plan
- Maximize their benefits and resources
- Locate important resources, classes, and services on pregnancy and parenting
- Coordinate prenatal care and appropriate risk screenings
- Understand timely health tips, which are mailed directly to the member



## Behavioral health

In our commitment to promoting comprehensive wellness, Sentara Health Plans acknowledges the pivotal role of behavioral health in overall well-being. Understanding that optimal health encompasses both physical and mental aspects, we have fortified and broadened our behavioral health initiatives. Our approach is centered on seamlessly integrating the assessment and management of behavioral health concerns into routine medical practices, thereby facilitating wraparound care for our members' holistic wellness. With our expanded programs and offerings, members gain access to additional inpatient and outpatient services, ensuring comprehensive support and care for their behavioral health needs. At Sentara Health Plans, we strive to provide the best possible support and resources, empowering individuals to prioritize their mental wellness alongside their physical health.





# Sentara EAP

The Sentara Employee Assistance Program (Sentara EAP)<sup>17</sup> serves as a strategic partner for employers to help improve employee performance, absenteeism, and presenteeism. We are a resource to help employees and all household members overcome life's challenges, solve personal problems, and address work-related concerns. This program is available to all employer groups.

**Up to 5 counseling sessions per presenting concern and work/life benefits are now available to all groups.**



## Clinical services

### Short-term solution-focused counseling

Our clinicians are professional, caring, and licensed behavioral health providers.



## Work/Life benefits

### EAP Work/Life benefits include the following:

- Telephonic work/life consultations to find resources for daily life (childcare, eldercare, pet care and education to solve other everyday living needs)
- Legal/financial assistance (identity theft)



## Organizational services

### Management consultation

At no additional cost, we offer unlimited supervisory consultation services, including discussing employee performance concerns and receiving assistance in making a supervisory referral.

### Critical Incident Response Program

Sentara EAP offers structured group counseling services to respond to events that can cause disruption in the workplace. The Sentara EAP clinical team includes individuals trained in Critical Incident Stress Management. One (1) session per contract year is included. Additional Critical Incident Response Services can be purchased on a fee-for-service basis.



## Training

The Sentara EAP training team provides professional and personal skill development training on 60+ topics relevant and essential to the well-being of management and front-line employees. Training classes are designed to increase awareness, expand thinking, and build skills that enhance effectiveness (*subject to fee-for-service*). We offer on-site and virtual training options.



## Account management

A designated client executive ensures that clients receive and maximize their contracted EAP services.



## Easy-to-access

To access Sentara EAP services, employees or their household members can call **1-800-899-8174** or visit our website at **sentaraeap.com** for online resources.

We offer the option and convenience of face-to-face, telephonic, or virtual counseling sessions.

<sup>17</sup>Sentara EAP is administered by Sentara Behavioral Health Services, Inc. Consult with an EAP client executive for pricing and additional information. Employee assistance visits are included in all fully insured and BusinessEDGE plans, and as an option for self-funded groups.



# Member resources

**We offer services that make it easier to access care when and where our members need it.**

## Mobile app and member portal

Members can use the Sentara Health Plans Mobile App or member portal to view their benefit summaries, Explanation of Benefits (EOBs), claims and plan balances, member guides, and member ID cards, set their communication preferences and much more. Members only need to register once on either [sentarahealthplans.com/members](https://sentarahealthplans.com/members) or the mobile app to access both.

## Online search tool for doctors, drugs, and facilities

Members can access the provider search tool by signing in to the member portal at [sentarahealthplans.com/members](https://sentarahealthplans.com/members), using the mobile app, or by visiting [sentarahealthplans.com/find-doctors-drugs-and-facilities](https://sentarahealthplans.com/find-doctors-drugs-and-facilities). If the member is signed in, the provider search tool will automatically adjust to include the member's plan information. If the member is not signed in, they will need to enter the plan name located on their member ID card (Vantage/HMO, POS, or Plus/PPO). Members can search for a doctor or facility by name or specialty, or use the advanced search tools.

## Treatment Cost Calculator

Members can calculate plan and provider-specific, out-of-pocket cost estimates for all covered services. These estimates help members make decisions that are the best for their health and budget. For more information, visit [sentarahealthplans.com/features/treatment-cost-calculator](https://sentarahealthplans.com/features/treatment-cost-calculator).

## Virtual consults

Members can securely connect with a board certified provider over the phone, online, or through video chat. Providers are available 24/7 to diagnose and treat a variety of non-emergency medical conditions and behavioral health concerns. For most plans, virtual consults have no additional charge.<sup>18</sup> This is a separate benefit from telemedicine visits scheduled with a member's provider.

## 24/7 Nurse Advice Line

When illnesses or injuries occur after hours or when the physician's office is closed, members can call the 24/7 Nurse Advice Line at **1-800-394-2237**.

## 24/7 Behavioral Health Crisis Line

Sentara Health Plans offers a 24/7 Behavioral Health Crisis Line that is staffed by professionals who can triage and assist members going through a crisis. Members who need help should call **1-833-717-2310**.<sup>19</sup>

<sup>18</sup>Mental health and substance use disorder virtual consults are separate from medical virtual consults and may carry an additional charge. HSA Plans will carry an additional charge until the deductible is met.

<sup>19</sup>Members with thoughts of harming themselves or someone else should get help right away by calling 911 or by going to the closest hospital for emergency care.



## Manage benefits on-the-go

The Sentara Health Plans Mobile App helps members get the most value from their health benefits.

### Our app provides secure access to many services:

- Member ID card
- Virtual consults
- Contact information
- Member guide
- Communication preferences
- Doctors and facilities search tool
- Claims and authorizations
- Wellness tools
- Cost estimates for treatments and services
- Important preventive care reminders
- Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA)<sup>20</sup> account access
- Common forms and documents
- Frequently asked questions and answers

For more information, visit [sentarahealthplans.com/app](https://sentarahealthplans.com/app).

<sup>20</sup>Only applies to members with HSA or HRA plans.



# Employer resources

## Digital solutions for employers to support our customers

Sentara Health Plans provides access to many online resources to make it easy for employers to manage their plans. Our online portal allows employers to get the information they need when they need it. Employers can:

- View group information and plan documents
- Request member ID cards
- Pay monthly invoices
- Search provider directories
- Identify preventive services covered under the Affordable Care Act



## Online enrollment tool

Sentara Health Plans offers an online enrollment tool for our employers and their employees.

### Employers can:

- Apply their organization's eligibility rules
- Change employee and dependent demographic information
- Cancel employees' benefit elections
- Approve benefit elections or changes made by employees
- Add, terminate, and rehire employees
- Run reports on census, benefits, and history of change

Employers also have the option to offer the employee self-service feature within the platform. Employees can compare and select their own benefits through our simple online tool as well as access the Plan Shopping Tool to estimate their out-of-pocket expenses. The Plan Shopping Tool gives employees support and guidance as they make enrollment choices. Depending on the plan, employers may have access to additional secure tools once signed in.



For more information, visit [sentarahealthplans.com/employers/manage-plans](https://sentarahealthplans.com/employers/manage-plans).

# Broker services

## We're here for you, so you can focus on your clients

When you have questions, our sales and service teams are easy to reach. We resolve many inquiries without having to transfer your call. When employer groups and members have inquiries, they can count on us to respond promptly. Our high service standards are one of the many reasons brokers prefer Sentara Health Plans.<sup>21</sup>



There are many ways you can reach us for broker support:



### Broker services line

Our concierge service helps resolve claims issues and eligibility inquiries for existing Sentara Health Plans customers.

- **1-866-927-4785**, 8 a.m. to 5 p.m. EST, Monday through Friday
- [sentarahealthplans.com/brokers](https://sentarahealthplans.com/brokers)
- [brokerservices@sentara.com](mailto:brokerservices@sentara.com)



### Sales team

Sentara Health Plans proactively manages the sales process and offers prompt responses to inquiries about plan offerings for new business and plan renewals.

- **1-866-927-4785**, 8 a.m. to 5 p.m. EST, Monday through Friday
- [sales@sentara.com](mailto:sales@sentara.com)



### eBroker

Our online portal gives brokers even more flexibility to work with us and serve clients. You can request quotes, manage your groups, and view report activity without having to call us. eBroker also offers access to sales materials and educational content so our brokers can stay informed about the latest updates impacting Sentara Health Plans and the health insurance industry. To register or get more information about eBroker, contact your Sentara Health Plans sales team.

<sup>21</sup>2024 Broker Satisfaction Survey



# Flexible plan design

## We give employers more health plan choices

Sentara Health Plans offers a broad range of health plan choices. Whether employers are seeking comprehensive plans or empowering their employees through cost-sharing, our offerings are the perfect match.

### Sentara Health Plans core health plan options

All health benefits packages with Sentara Health Plans are based on one of our core plan options. Our offerings include:<sup>22</sup>

- Sentara Vantage (HMO):**  
 These plans cover services administered in-network, as well as in emergency situations. To achieve overall care-management, we require that members select a primary care physician (PCP) from our robust proprietary network. As an open access HMO, members do not need referrals for specialty care.
- Sentara POS and Sentara Plus (PPO):**  
 In addition to the Sentara network, members have access to a national provider network at in-network benefits in and outside of Virginia.

### Added benefits available on all plans

We help employers and members get the most from their health coverage with special services that come standard on all plans. These services include:

- Health and wellness services** that maximize well-being for people of all ages regardless of their health history.
- Comprehensive provider networks** that include quality providers in convenient locations.
- Certain preventive services at no additional cost**, including vaccines, colorectal cancer screenings, and breast cancer screenings, when received from an in-network provider.

<sup>22</sup>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](http://sentarahealthplans.com).

# 2025 plan design options

Product types	Vantage: HMO	POS	Plus: PPO
No referrals required	✓	✓	✓
National network for in-network coverage included		✓	✓
In-network coverage only <sup>23</sup>	✓		
In-and-out of network coverage		✓	✓

<sup>23</sup>Emergency services covered for out-of-network.

## Plan types

### HSA

Employers and employees can contribute tax-free income for qualified medical expenses. These accounts are easy to manage, with integrated claims accessed through the Sentara Health Plans online portal.

### Design: HRA

Employer-funded health benefit plan that reimburses employees for some of their out-of-pocket medical expenses. All unused funds remain with the employer.

## Sentara Health Plans and PHCS

Sentara Health Plans partners with PHCS to provide national network coverage, which may be used for:

- Out-of-area dependents<sup>24</sup>
- Members living outside of the Sentara Health Plans service area
- Coverage when traveling outside of the Sentara Health Plans service area

<sup>24</sup>Vantage HMO members will be required to submit documentation to activate the PHCS network.





# 2025 Sentara Vantage Plans

Plan Name	Sentara Vantage Platinum 0 Ded 100 Rx Ded	Sentara Vantage Platinum 0 Ded 150 Rx Ded	Sentara Vantage Platinum 0 Ded	Sentara Vantage Platinum 0 Ded 200 Rx Ded	Sentara Vantage Gold 0 Ded
Embedded/non-embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Deductible individual/family	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0
Max out-of-pocket individual/family	\$2,800/\$5,600	\$3,000/\$6,000	\$2,500/\$5,000	\$2,500/\$5,000	\$7,500/\$15,000
<b>Physician services</b>					
PCP office visit	\$10	\$15	\$25	\$25	\$35
Virtual consult	No charge	No charge	No charge	No charge	No charge
Specialist office visit	\$20	\$35	\$50	\$50	\$70
<b>Outpatient surgery</b>					
Outpatient surgery	\$150	\$150	\$300	\$300	\$400
<b>Outpatient services</b>					
Outpatient diagnostic procedures and tests	\$20	20%	20%	20%	\$35
Outpatient lab work	\$10	20%	20%	20%	\$35
Advanced imaging and testing procedures	\$200	\$150	\$150	\$150	\$300
<b>Inpatient services</b>					
Inpatient hospital services	\$400	\$600	\$300/day (\$1,200 max)	\$300/day (\$1,200 max)	\$600/day (\$2,400 max)
<b>Emergency and urgent care services</b>					
Emergency services (in or out-of-network)	\$350	\$350	30%	30%	40%
Urgent care center services	\$20	\$35	\$50	\$50	\$70
<b>Mental/behavioral health and substance use disorder services</b>					
Inpatient services	\$400	\$600	\$300/day (\$1,200 max)	\$300/day (\$1,200 max)	\$600/day (\$2,400 max)
Outpatient office visits (PCP, specialist or virtual consults)	\$20	\$25	\$35	\$35	\$45
Other outpatient services	\$20	\$25	\$35	\$35	\$45
Employee assistance visits	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required
<b>Diabetes treatment</b>					
Insulin pumps	No charge	No charge	No charge	No charge	No charge
Pump infusion sets and supplies	No charge	20%	20%	20%	30%
Testing supplies <sup>o</sup> (Includes test strips, lancets, lancet devices, blood glucose meters and control solution)	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit
<b>Other covered services</b>					
Adult preventive vision exams	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months
Chiropractic care (spinal manipulation) <sup>§</sup>	\$20	20%	20%	20%	30%
Maternity care	\$350	\$350	\$500	\$500	\$500
Hearing aid (Available for dependent children up to age 18)	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months
<b>Pharmacy</b>					
Prescription drug coverage deductible, if applicable tier 1/tier 2/ tier 3/tier 4 (*\$350 max out-of-pocket, per prescription)	Rx p/p deductible \$100 \$15/\$50/20% AD/20% AD*	Rx p/p deductible \$150 \$10/\$40 AD/20% AD/20% AD*	\$10/\$40/20%/20%*	Rx p/p deductible \$200 \$10/\$40 AD/20% AD/20% AD*	\$10/\$40/30%/30%*

<sup>o</sup>Continuous blood glucose monitors, sensors and supplies are covered under the plan's prescription drug benefit for the associated cost share.

<sup>§</sup>Plan visit limits apply. | AD: After Deductible | p/p: Per Person

This is a summary of the standard covered expenses. Exclusions and limitations apply. Additional benefits may be available. Please see plan-specific summary for more information. Most values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.



2025 Sentara **Vantage Plans** (continued)

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
Embedded/non-embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Deductible individual/family	\$500/\$1,000	\$750/\$1,500	\$1,000/\$2,000	\$1,000/\$2,000	\$1,250/\$2,500
Max out-of-pocket individual/family	\$7,500/\$15,000	\$7,700/\$15,400	\$7,000/\$14,000	\$6,200/\$12,400	\$6,500/\$13,000
<b>Physician services</b>					
PCP 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
<b>Outpatient surgery</b>					
Outpatient surgery	20% AD	20% AD	\$250 AD	30% AD	20% AD
<b>Outpatient services</b>					
Outpatient diagnostic procedures and tests	\$50	\$60	\$50	30% AD	20% AD
Outpatient lab work	\$50	\$60	\$50	30% AD	20% AD
Advanced imaging and testing procedures	20% AD	20% AD	\$300 AD	30% AD	20% AD
<b>Inpatient services</b>					
Inpatient hospital services	20% AD	20% AD	\$500 AD	30% AD	20% AD
<b>Emergency and urgent care services</b>					
Emergency services (in or out-of-network)	30% AD	30% AD	\$350 AD	40% AD	30% AD
Urgent care center services	\$50	\$60	\$40	\$50	\$40
<b>Mental/behavioral health and substance use disorder services</b>					
Inpatient services	20% AD	20% AD	\$500 AD	30% AD	20% AD
Outpatient office visits (PCP, specialist or virtual consults)	\$35	\$40	\$30	\$35	\$30
Other outpatient services	20% AD	20% AD	\$30	30% AD	20% AD
Employee assistance visits	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required
<b>Diabetes treatment</b>					
Insulin pumps	No charge	No charge	No charge	No charge	No charge
Pump infusion sets and supplies	20% AD	20% AD	No charge AD	30% AD	20% AD
Testing supplies <sup>o</sup> (Includes test strips, lancets, lancet devices, blood glucose meters and control solution)	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit
<b>Other covered services</b>					
Adult preventive vision exams	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months
Chiropractic care (spinal manipulation) <sup>§</sup>	20% AD	20% AD	\$20 AD	30% AD	20% AD
Maternity care	\$450	\$450	\$500 AD	\$500	\$450
Hearing aid (Available for dependent children up to age 18)	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months
<b>Pharmacy</b>					
Prescription drug coverage deductible, if applicable tier 1/tier 2/ tier 3/tier 4 (*\$350 max out-of-pocket, per prescription)	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*	Rx p/p deductible \$200 \$15/\$50 AD/30% AD/30% AD*	Rx p/p deductible \$200 \$15/\$50 AD/20% AD/20% AD*

<sup>o</sup>Continuous blood glucose monitors, sensors and supplies are covered under the plan's prescription drug benefit for the associated cost share.

<sup>§</sup>Plan visit limits apply. | AD: After Deductible | p/p: Per Person

This is a summary of the standard covered expenses. Exclusions and limitations apply. Additional benefits may be available. Please see plan-specific summary for more information. Most values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.



2025 Sentara **Vantage Plans** (continued)

Plan Name	Sentara Vantage Gold 1500 Ded 200 Rx Ded	Sentara Vantage Gold 2000 Ded 200 Rx Ded	Sentara Vantage Gold 2000 Ded 100 Rx Ded	Sentara Vantage Gold 2000 Ded	Sentara Vantage Gold 2800 Ded 200 Rx Ded
Embedded/non-embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Deductible individual/family	\$1,500/\$3,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,800/\$5,600
Max out-of-pocket individual/family	\$6,500/\$13,000	\$7,400/\$14,800	\$8,000/\$16,000	\$6,500/\$13,000	\$6,500/\$13,000
<b>Physician services</b>					
PCP office visit	\$25	\$15	\$30	\$25	\$35
Virtual consult	No charge	No charge	No charge	No charge	No charge
Specialist office visit	\$50	\$30	\$60	\$50	\$65
<b>Outpatient surgery</b>					
Outpatient surgery	\$300 AD	\$350 AD	\$100	30% AD	No charge AD
<b>Outpatient services</b>					
Outpatient diagnostic procedures and tests	\$60 AD	\$50 AD	\$60	30% AD	No charge AD
Outpatient lab work	\$30 AD	\$50 AD	\$30	30% AD	No charge AD
Advanced imaging and testing procedures	\$400 AD	\$250 AD	\$300	30% AD	No charge AD
<b>Inpatient services</b>					
Inpatient hospital services	\$400 AD	\$500 AD/day (\$2,500 max)	20% AD	30% AD	No charge AD
<b>Emergency and urgent care services</b>					
Emergency services (in or out-of-network)	\$350 AD	\$400	30% AD	40% AD	20% AD
Urgent care center services	\$50	\$30	\$60	\$50	No charge AD
<b>Mental/behavioral health and substance use disorder services</b>					
Inpatient services	\$400 AD	\$500 AD/day (\$2,500 max)	20% AD	30% AD	No charge AD
Outpatient office visits (PCP, specialist or virtual consults)	\$35	\$25	\$40	\$35	\$45
Other outpatient services	\$35	\$25	\$40	30% AD	No charge AD
Employee assistance visits	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required
<b>Diabetes treatment</b>					
Insulin pumps	No charge	No charge	No charge	No charge	No charge
Pump infusion sets and supplies	20% AD	No charge AD	20% AD	30% AD	No charge AD
Testing supplies <sup>§</sup> (Includes test strips, lancets, lancet devices, blood glucose meters and control solution)	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit
<b>Other covered services</b>					
Adult preventive vision exams	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months
Chiropractic care (spinal manipulation) <sup>§</sup>	20% AD	No charge AD	20% AD	30% AD	No charge AD
Maternity care	\$450	\$450	20% AD	\$500	\$500
Hearing aid (Available for dependent children up to age 18)	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months
<b>Pharmacy</b>					
Prescription drug coverage deductible, if applicable tier 1/tier 2/tier 3/tier 4 (**\$350 max out-of-pocket, per prescription)	Rx p/p deductible \$200 \$15 AD/\$50 AD/20% AD/20% AD*	Rx p/p deductible \$200 \$25 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*

<sup>§</sup>Continuous blood glucose monitors, sensors and supplies are covered under the plan's prescription drug benefit for the associated cost share  
<sup>§</sup>Plan visit limits apply. | AD: After Deductible | p/p: Per Person

This is a summary of the standard covered expenses. Exclusions and limitations apply. Additional benefits may be available. Please see plan-specific summary for more information. Most values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.



2025 Sentara **Vantage Plans** (continued)

Plan Name	Sentara Vantage Silver 3000 Ded	Sentara Vantage Silver 4000 Ded 250 Rx Ded	Sentara Vantage Silver 4850 Ded 250 Rx Ded	Sentara Vantage Silver 5600 Ded 200 Rx Ded	Sentara Vantage Silver 6500 Ded 250 Rx Ded
Embedded/non-embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Deductible individual/family	\$3,000/\$6,000	\$4,000/\$8,000	\$4,850/\$9,700	\$5,600/\$11,200	\$6,500/\$13,000
Max out-of-pocket individual/family	\$8,800/\$17,600	\$8,650/\$17,300	\$9,200/\$18,400	\$8,800/\$17,600	\$8,000/\$16,000
<b>Physician services</b>					
PCP office visit	\$35	\$40	\$45	\$40	No charge AD
Virtual consult	No charge	No charge	No charge	No charge	No charge AD
Specialist office visit	\$70 AD	\$80	\$90	\$80	No charge AD
<b>Outpatient surgery</b>					
Outpatient surgery	25% AD	20% AD	20% AD	20% AD	No charge AD
<b>Outpatient services</b>					
Outpatient diagnostic procedures and tests	25% AD	\$80 AD	\$90 AD	20% AD	No charge AD
Outpatient lab work	25% AD	\$80 AD	\$90 AD	20% AD	No charge AD
Advanced imaging and testing procedures	25% AD	20% AD	\$300 AD	20% AD	No charge AD
<b>Inpatient services</b>					
Inpatient hospital services	25% AD	20% AD	20% AD	20% AD	No charge AD
<b>Emergency and urgent care services</b>					
Emergency services (in or out-of-network)	35% AD	30% AD	30% AD	30% AD	20% AD
Urgent care center services	\$70 AD	\$80	\$90	\$80	No charge AD
<b>Mental/behavioral health and substance use disorder services</b>					
Inpatient services	25% AD	20% AD	20% AD	20% AD	No charge AD
Outpatient office visits (PCP, specialist or virtual consults)	\$45	\$50	\$50	\$50	No charge AD
Other outpatient services	25% AD	20% AD	20% AD	20% AD	No charge AD
Employee assistance visits	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required
<b>Diabetes treatment</b>					
Insulin pumps	No charge	No charge	No charge	No charge	No charge
Pump infusion sets and supplies	25% AD	20% AD	20% AD	20% AD	No charge AD
Testing supplies <sup>o</sup> (Includes test strips, lancets, lancet devices, blood glucose meters and control solution)	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit
<b>Other covered services</b>					
Adult preventive vision exams	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months
Chiropractic care (spinal manipulation) <sup>9</sup>	25% AD	20% AD	20% AD	20% AD	No charge AD
Maternity care	25% AD	20% AD	20% AD	20% AD	No charge AD
Hearing aid (Available for dependent children up to age 18)	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months
<b>Pharmacy</b>					
Prescription drug coverage deductible, if applicable tier 1/tier 2/tier 3/tier 4 (*\$350 max out-of-pocket, per 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/20% AD/20% AD*	Rx p/p deductible \$200 \$10/\$40 AD/20% AD/20% AD*	Rx p/p deductible \$250 \$15 AD/\$50 AD/25% AD/25% AD*

<sup>o</sup>Continuous blood glucose monitors, sensors and supplies are covered under the plan's prescription drug benefit for the associated cost share.

<sup>9</sup>Plan visit limits apply. | AD: After Deductible | p/p: Per Person

This is a summary of the standard covered expenses. Exclusions and limitations apply. Additional benefits may be available. Please see plan-specific summary for more information. Most values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.





2025 Sentara **Vantage Plans** (continued)

Plan Name	Sentara Vantage Bronze 6600 Ded	Sentara Vantage Bronze 7200 Ded	Sentara Vantage Bronze 8500 Ded
Embedded/non-embedded	Embedded	Embedded	Embedded
Deductible individual/family	\$6,600/\$13,200	\$7,200/\$14,400	\$8,500/\$17,000
Max out-of-pocket individual/family	\$8,600/\$17,200	\$9,200/\$18,400	\$9,200/\$18,400
<b>Physician services</b>			
PCP office visit	30% AD	\$45	\$50
Virtual consult	No charge AD	No charge	No charge
Specialist office visit	30% AD	\$90	\$100
<b>Outpatient surgery</b>			
Outpatient surgery	30% AD	40% AD	30% AD
<b>Outpatient services</b>			
Outpatient diagnostic procedures and tests	30% AD	40% AD	30% AD
Outpatient lab work	30% AD	40% AD	30% AD
Advanced imaging and testing procedures	30% AD	40% AD	30% AD
<b>Inpatient services</b>			
Inpatient hospital services	30% AD	40% AD	30% AD
<b>Emergency and urgent care services</b>			
Emergency services (in or out-of-network)	40% AD	50% AD	40% AD
Urgent care center services	30% AD	\$90	\$100
<b>Mental/behavioral health and substance use disorder services</b>			
Inpatient services	30% AD	40% AD	30% AD
Outpatient office visits (PCP, specialist or virtual consults)	30% AD	\$45	\$50
Other outpatient services	30% AD	40% AD	30% AD
Employee assistance visits	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required
<b>Diabetes treatment</b>			
Insulin pumps	No charge	No charge	No charge
Pump infusion sets and supplies	30% AD	40% AD	30% AD
Testing supplies <sup>o</sup> (Includes test strips, lancets, lancet devices, blood glucose meters and control solution)	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit
<b>Other covered services</b>			
Adult preventive vision exams	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months
Chiropractic care (spinal manipulation) <sup>§</sup>	30% AD	40% AD	30% AD
Maternity care	30% AD	40% AD	30% AD
Hearing aid (Available for dependent children up to age 18)	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months
<b>Pharmacy</b>			
Prescription drug coverage deductible, if applicable tier 1/tier 2/tier 3/tier 4 (*\$350 max out-of-pocket, per prescription)	After medical deductible \$15/\$50 AD/30% AD/30% AD*	After medical deductible \$25 AD/\$55 AD/40% AD/40% AD*	After medical deductible \$25 AD/\$55 AD/30% AD/30% AD*

<sup>o</sup>Continuous blood glucose monitors, sensors and supplies are covered under the plan's prescription drug benefit for the associated cost share. | <sup>§</sup>Plan visit limits apply. AD: After Deductible | p/p: Per Person | This is a summary of the standard covered expenses. Exclusions and limitations apply. Additional benefits may be available. Please see plan-specific summary for more information. Most values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.



# 2025 Sentara Vantage HSA Plans

Plan Name	Sentara Vantage HSA Silver 1900 Ded	Sentara Vantage HSA Silver 3300 Ded	Sentara Vantage HSA Silver 4000 Ded	Sentara Vantage HSA Bronze 6100 Ded	Sentara Vantage HSA Bronze 6500 Ded	Sentara Vantage HSA Bronze 7000 Ded
Embedded/non-embedded	Non-embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Deductible individual/family (no 4th quarter deductible carryover on HSA plans)	\$1,900/\$3,800	\$3,300/\$6,600	\$4,000/\$8,000	\$6,100/\$12,200	\$6,500/\$13,000	\$7,000/\$14,000
Max out-of-pocket individual/family	\$7,500/\$15,000	\$7,200/\$14,400	\$6,900/\$13,800	\$7,400/\$14,800	\$7,500/\$15,000	\$7,500/\$15,000
<b>Physician services</b>						
PCP office visit	\$25 AD	20% AD	\$40 AD	\$40 AD	No charge AD	No charge AD
Virtual consult	No charge AD	No charge AD	No charge AD	No charge AD	No charge AD	No charge AD
Specialist office visit	\$50 AD	20% AD	\$80 AD	\$80 AD	No charge AD	No charge AD
<b>Outpatient surgery</b>						
Outpatient surgery	\$400 AD	20% AD	No charge AD	40% AD	No charge AD	No charge AD
<b>Outpatient services</b>						
Outpatient diagnostic procedures and tests	\$100 AD	20% AD	No charge AD	40% AD	No charge AD	No charge AD
Outpatient lab work	\$100 AD	20% AD	No charge AD	40% AD	No charge AD	No charge AD
Advanced imaging and testing procedures	\$400 AD	20% AD	No charge AD	40% AD	No charge AD	No charge AD
<b>Inpatient services</b>						
Inpatient hospital services	\$500 AD	20% AD	No charge AD	40% AD	No charge AD	No charge AD
<b>Emergency and urgent care services</b>						
Emergency services (in or out-of-network)	\$350 AD	30% AD	20% AD	50% AD	20% AD	20% AD
Urgent care center services	\$50 AD	20% AD	\$80 AD	\$80 AD	No charge AD	No charge AD
<b>Mental/behavioral health and substance use disorder services</b>						
Inpatient services	\$500 AD	20% AD	No charge AD	40% AD	No charge AD	No charge AD
Outpatient office visits (PCP, specialist or virtual consults)	\$25 AD	20% AD	\$40 AD	\$40 AD	No charge AD	No charge AD
Other outpatient services	\$50 AD	20% AD	No charge AD	40% AD	No charge AD	No charge AD
Employee assistance visits	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required
<b>Diabetes treatment</b>						
Insulin pumps	No charge AD	20% AD	No charge AD	40% AD	No charge AD	No charge AD
Pump infusion sets and supplies	No charge AD	20% AD	No charge AD	40% AD	No charge AD	No charge AD
Testing supplies <sup>◇</sup> (Includes test strips, lancets, lancet devices, blood glucose meters and control solution)	Covered under the plan's prescription drug benefit for the associated cost share	Covered under the plan's prescription drug benefit for the associated cost share	Covered under the plan's prescription drug benefit for the associated cost share	Covered under the plan's prescription drug benefit for the associated cost share	Covered under the plan's prescription drug benefit for the associated cost share	Covered under the plan's prescription drug benefit for the associated cost share
<b>Other covered services</b>						
Adult preventive vision exams	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months
Chiropractic care (spinal manipulation) <sup>§</sup>	\$50 AD	20% AD	No charge AD	40% AD	No charge AD	No charge AD
Maternity care	\$500 AD	20% AD	No charge AD	40% AD	No charge AD	No charge AD
Hearing aid (Available for dependent children up to age 18)	No charge AD up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge AD up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge AD up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge AD up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge AD up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge AD up to \$1,500 per hearing aid per hearing impaired ear, every 24 months
<b>Pharmacy</b>						
<sup>‡</sup> Prescription drug coverage deductible, if applicable tier 1/tier 2/tier 3/tier 4 (*\$350 max out-of-pocket, per 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/\$55 AD/40% AD/40% AD*	After medical deductible 25% AD/25% AD/25% AD/25% AD*	After medical deductible 25% AD/25% AD/25% AD/25% AD*

<sup>◇</sup>Continuous blood glucose monitors, sensors and supplies are covered under the plan's prescription drug benefit for the associated cost share. | <sup>§</sup>Plan visit limits apply.  
<sup>‡</sup>Some preventive drugs are available before the deductible for HSA Plans. | AD: After Deductible | p/p: Per Person

This is a summary of the standard covered expenses. Exclusions and limitations apply. Additional benefits may be available. Please see plan-specific summary for more information. Most values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.

# 2025 Sentara POS Plans

Plan Name	Sentara POS Platinum 0 Ded 100 Rx Ded	Sentara POS Platinum 0 Ded 150 Rx Ded	Sentara POS Platinum 0 Ded	Sentara POS Platinum 0 Ded 200 Rx Ded	Sentara POS Gold 0 Ded
Embedded/non-embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Deductible individual/family (in-network)	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0
Deductible individual/family (out-of-network)	\$1,750/\$3,500	\$2,000/\$4,000	\$2,500/\$5,000	\$2,500/\$5,000	\$3,500/\$7,000
Max out-of-pocket individual/family (in-network)	\$2,800/\$5,600	\$3,000/\$6,000	\$2,500/\$5,000	\$2,500/\$5,000	\$7,500/\$15,000
Max out-of-pocket individual/family (out-of-network)	\$5,000/\$10,000	\$6,000/\$12,000	\$5,000/\$10,000	\$5,000/\$10,000	\$15,000/\$30,000
Out-of-network coinsurance	40% AD/AC	40% AD/AC	40% AD/AC	40% AD/AC	40% AD/AC
<b>Physician services</b>					
PCP office visit	\$10	\$15	\$25	\$25	\$35
Virtual consult (no out-of-network coverage)	No charge	No charge	No charge	No charge	No charge
Specialist office visit	\$20	\$35	\$50	\$50	\$70
<b>Outpatient surgery</b>					
Outpatient surgery	\$150	\$150	\$300	\$300	\$400
<b>Outpatient services</b>					
Outpatient diagnostic procedures and tests	\$20	20%	20%	20%	\$35
Outpatient lab work	\$10	20%	20%	20%	\$35
Advanced imaging and testing procedures	\$200	\$150	\$150	\$150	\$300
<b>Inpatient services</b>					
Inpatient hospital services	\$400	\$600	\$300/day (\$1,200 max)	\$300/day (\$1,200 max)	\$600/day (\$2,400 max)
<b>Emergency and urgent care services</b>					
Emergency services (in or out-of-network)	\$350	\$350	30%	30%	40%
Urgent care center services	\$20	\$35	\$50	\$50	\$70
<b>Mental/behavioral health and substance use disorder services</b>					
Inpatient services	\$400	\$600	\$300/day (\$1,200 max)	\$300/day (\$1,200 max)	\$600/day (\$2,400 max)
Outpatient office visits (PCP, specialist or virtual consults <sup>4</sup> )	\$20	\$25	\$35	\$35	\$45
Other outpatient services	\$20	\$25	\$35	\$35	\$45
Employee assistance visits	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required
<b>Diabetes treatment</b>					
Insulin pumps	No charge	No charge	No charge	No charge	No charge
Pump infusion sets and supplies	No charge	20%	20%	20%	30%
Testing supplies <sup>5</sup> (Includes test strips, lancets, lancet devices, blood glucose meters and control solution)	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit
<b>Other covered services</b>					
Adult preventive vision exams	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months
Chiropractic care (spinal manipulation) <sup>6</sup>	\$20	20%	20%	20%	30%
Maternity care	\$350	\$350	\$500	\$500	\$500
Hearing aid (Available for dependent children up to age 18)	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months
<b>Pharmacy</b>					
Prescription drug coverage deductible, if applicable tier 1/tier 2/tier 3/tier 4 (*\$350 max out-of-pocket, per prescription)	Rx p/p deductible \$100 \$15/\$50/20% AD/20% AD*	Rx p/p deductible \$150 \$10/\$40 AD/20% AD/20% AD*	\$10/\$40/20%/20%*	Rx p/p deductible \$200 \$10/\$40 AD/20% AD/20% AD*	\$10/\$40/30%/30%*

<sup>4</sup> No out-of-network coverage for behavioral health virtual consults | <sup>5</sup> Continuous blood glucose monitors, sensors and supplies are covered under the plan's prescription drug benefit for the associated cost share. | <sup>6</sup> Plan visit limits apply. | AC: Allowable Charge | AD: After Deductible | p/p: Per Person

This is a summary of the standard covered expenses. Exclusions and limitations apply. Additional benefits may be available. Please see plan-specific summary for more information. Most values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.



2025 Sentara POS Plans (continued)

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
Embedded/non-embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Deductible individual/family (in-network)	\$500/\$1,000	\$750/\$1,500	\$1,000/\$2,000	\$1,000/\$2,000	\$1,250/\$2,500
Deductible individual/family (out-of-network)	\$1,000/\$2,000	\$1,500/\$3,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,500/\$5,000
Max out-of-pocket individual/family (in-network)	\$7,500/\$15,000	\$7,700/\$15,400	\$7,000/\$14,000	\$6,200/\$12,400	\$6,500/\$13,000
Max out-of-pocket individual/family (out-of-network)	\$15,000/\$30,000	\$15,400/\$30,800	\$14,000/\$28,000	\$12,400/\$24,800	\$13,000/\$26,000
Out-of-network coinsurance	40% AD/AC	40% AD/AC	30% AD/AC	50% AD/AC	40% AD/AC
<b>Physician services</b>					
PCP 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
<b>Outpatient surgery</b>					
Outpatient surgery	20% AD	20% AD	\$250 AD	30% AD	20% AD
<b>Outpatient services</b>					
Outpatient diagnostic procedures and tests	\$50	\$60	\$50	30% AD	20% AD
Outpatient lab work	\$50	\$60	\$50	30% AD	20% AD
Advanced imaging and testing procedures	20% AD	20% AD	\$300 AD	30% AD	20% AD
<b>Inpatient services</b>					
Inpatient hospital services	20% AD	20% AD	\$500 AD	30% AD	20% AD
<b>Emergency and urgent care services</b>					
Emergency services (in or out-of-network)	30% AD	30% AD	\$350 AD	40% AD	30% AD
Urgent care center services	\$50	\$60	\$40	\$50	\$40
<b>Mental/behavioral health and substance use disorder services</b>					
Inpatient services	20% AD	20% AD	\$500 AD	30% AD	20% AD
Outpatient office visits (PCP, specialist or virtual consults <sup>4</sup> )	\$35	\$40	\$30	\$35	\$30
Other outpatient services	20% AD	20% AD	\$30	30% AD	20% AD
Employee assistance visits	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required
<b>Diabetes treatment</b>					
Insulin pumps	No charge	No charge	No charge	No charge	No charge
Pump infusion sets and supplies	20% AD	20% AD	No charge AD	30% AD	20% AD
Testing supplies <sup>5</sup> (Includes test strips, lancets, lancet devices, blood glucose meters and control solution)	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit
<b>Other covered services</b>					
Adult preventive vision exams	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months
Chiropractic care (spinal manipulation) <sup>6</sup>	20% AD	20% AD	\$20 AD	30% AD	20% AD
Maternity care	\$450	\$450	\$500 AD	\$500	\$450
Hearing aid (Available for dependent children up to age 18)	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months
<b>Pharmacy</b>					
Prescription drug coverage deductible, if applicable tier 1/tier 2/tier 3/tier 4 (*\$350 max out-of-pocket, per prescription)	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*	Rx p/p deductible \$200 \$15/\$50 AD/30% AD/30% AD*	Rx p/p deductible \$200 \$15/\$50 AD/20% AD/20% AD*

<sup>4</sup> No out-of-network coverage for behavioral health virtual consults | <sup>5</sup> Continuous blood glucose monitors, sensors and supplies are covered under the plan's prescription drug benefit for the associated cost share. | <sup>6</sup> Plan visit limits apply. | AC: Allowable Charge | AD: After Deductible | p/p: Per Person

This is a summary of the standard covered expenses. Exclusions and limitations apply. Additional benefits may be available. Please see plan-specific summary for more information. Most values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.

2025 Sentara POS Plans (continued)

Plan Name	Sentara POS Gold 1500 Ded 200 Rx Ded	Sentara POS Gold 2000 Ded 200 Rx Ded	Sentara POS Gold 2000 Ded 100 Rx Ded	Sentara POS Gold 2000 Ded	Sentara POS Gold 2800 Ded 200 Rx Ded
Embedded/non-embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Deductible individual/family (in-network)	\$1,500/\$3,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,800/\$5,600
Deductible individual/family (out-of-network)	\$3,250/\$6,500	\$5,000/\$10,000	\$4,000/\$8,000	\$4,000/\$8,000	\$5,600/\$11,200
Max out-of-pocket individual/family (in-network)	\$6,500/\$13,000	\$7,400/\$14,800	\$8,000/\$16,000	\$6,500/\$13,000	\$6,500/\$13,000
Max out-of-pocket individual/family (out-of-network)	\$13,000/\$26,000	\$14,800/\$29,600	\$16,800/\$33,600	\$13,000/\$26,000	\$13,000/\$26,000
Out-of-network coinsurance	40% AD/AC	30% AD/AC	40% AD/AC	50% AD/AC	30% AD/AC
<b>Physician services</b>					
PCP office visit	\$25	\$15	\$30	\$25	\$35
Virtual consult (no out-of-network coverage)	No charge	No charge	No charge	No charge	No charge
Specialist office visit	\$50	\$30	\$60	\$50	\$65
<b>Outpatient surgery</b>					
Outpatient surgery	\$300 AD	\$350 AD	\$100	30% AD	No charge AD
<b>Outpatient services</b>					
Outpatient diagnostic procedures and tests	\$60 AD	\$50 AD	\$60	30% AD	No charge AD
Outpatient lab work	\$30 AD	\$50 AD	\$30	30% AD	No charge AD
Advanced imaging and testing procedures	\$400 AD	\$250 AD	\$300	30% AD	No charge AD
<b>Inpatient services</b>					
Inpatient hospital services	\$400 AD	\$500 AD/day (\$2,500 max)	20% AD	30% AD	No charge AD
<b>Emergency and urgent care services</b>					
Emergency services (in or out-of-network)	\$350 AD	\$400	30% AD	40% AD	20% AD
Urgent care center services	\$50	\$30	\$60	\$50	No charge AD
<b>Mental/behavioral health and substance use disorder services</b>					
Inpatient services	\$400 AD	\$500 AD/day (\$2,500 max)	20% AD	30% AD	No charge AD
Outpatient office visits (PCP, specialist or virtual consults <sup>d</sup> )	\$35	\$25	\$40	\$35	\$45
Other outpatient services	\$35	\$25	\$40	30% AD	No charge AD
Employee assistance visits	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required
<b>Diabetes treatment</b>					
Insulin pumps	No charge	No charge	No charge	No charge	No charge
Pump infusion sets and supplies	20% AD	No charge AD	20% AD	30% AD	No charge AD
Testing supplies <sup>o</sup> (Includes test strips, lancets, lancet devices, blood glucose meters and control solution)	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit
<b>Other covered services</b>					
Adult preventive vision exams	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months
Chiropractic care (spinal manipulation) <sup>§</sup>	20% AD	No charge AD	20% AD	30% AD	No charge AD
Maternity care	\$450	\$450	20% AD	\$500	\$500
Hearing aid (Available for dependent children up to age 18)	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months
<b>Pharmacy</b>					
Prescription drug coverage deductible, if applicable tier 1/tier 2/tier 3/tier 4 (*\$350 max out-of-pocket, per prescription)	Rx p/p deductible \$200 \$15 AD/\$50 AD/20% AD/20% AD*	Rx p/p deductible \$200 \$25 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*

<sup>d</sup> No out-of-network coverage for behavioral health virtual consults | <sup>o</sup> Continuous blood glucose monitors, sensors and supplies are covered under the plan's prescription drug benefit for the associated cost share. | <sup>§</sup> Plan visit limits apply. | AC: Allowable Charge | AD: After Deductible | p/p: Per Person

This is a summary of the standard covered expenses. Exclusions and limitations apply. Additional benefits may be available. Please see plan-specific summary for more information. Most values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.



2025 Sentara POS Plans (continued)

Plan Name	Sentara POS Silver 3000 Ded	Sentara POS Silver 3500 Ded	Sentara POS Silver 4000 Ded 250 Rx Ded	Sentara POS Silver 4850 Ded 250 Rx Ded	Sentara POS Silver 5600 Ded 200 Rx Ded
Embedded/non-embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Deductible individual/family (in-network)	\$3,000/\$6,000	\$3,500/\$7,000	\$4,000/\$8,000	\$4,850/\$9,700	\$5,600/\$11,200
Deductible individual/family (out-of-network)	\$6,000/\$12,000	\$7,000/\$14,000	\$8,000/\$16,000	\$9,700/\$19,400	\$11,200/\$22,400
Max out-of-pocket individual/family (in-network)	\$8,800/\$17,600	\$8,000/\$16,000	\$8,650/\$17,300	\$9,200/\$18,400	\$8,800/\$17,600
Max out-of-pocket individual/family (out-of-network)	\$17,600/\$35,200	\$16,000/\$32,000	\$17,300/\$34,600	\$18,400/\$36,800	\$17,600/\$35,200
Out-of-network coinsurance	45% AD/AC	40% AD/AC	40% AD/AC	40% AD/AC	40% AD/AC
<b>Physician services</b>					
PCP office visit	\$35	\$35	\$40	\$45	\$40
Virtual consult (no out-of-network coverage)	No charge	No charge	No charge	No charge	No charge
Specialist office visit	\$70 AD	\$70	\$80	\$90	\$80
<b>Outpatient surgery</b>					
Outpatient surgery	25% AD	20% AD	20% AD	20% AD	20% AD
<b>Outpatient services</b>					
Outpatient diagnostic procedures and tests	25% AD	\$70 AD	\$80 AD	\$90 AD	20% AD
Outpatient lab work	25% AD	\$70 AD	\$80 AD	\$90 AD	20% AD
Advanced imaging and testing procedures	25% AD	\$300 AD	20% AD	\$300 AD	20% AD
<b>Inpatient services</b>					
Inpatient hospital services	25% AD	20% AD	20% AD	20% AD	20% AD
<b>Emergency and urgent care services</b>					
Emergency services (in or out-of-network)	35% AD	30% AD	30% AD	30% AD	30% AD
Urgent care center services	\$70 AD	\$70	\$80	\$90	\$80
<b>Mental/behavioral health and substance use disorder services</b>					
Inpatient services	25% AD	20% AD	20% AD	20% AD	20% AD
Outpatient office visits (PCP, specialist or virtual consults <sup>4</sup> )	\$45	\$45	\$50	\$50	\$50
Other outpatient services	25% AD	20% AD	20% AD	20% AD	20% AD
Employee assistance visits	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required
<b>Diabetes treatment</b>					
Insulin pumps	No charge	No charge	No charge	No charge	No charge
Pump infusion sets and supplies	25% AD	20% AD	20% AD	20% AD	20% AD
Testing supplies <sup>5</sup> (Includes test strips, lancets, lancet devices, blood glucose meters and control solution)	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit
<b>Other covered services</b>					
Adult preventive vision exams	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months
Chiropractic care (spinal manipulation) <sup>6</sup>	25% AD	20% AD	20% AD	20% AD	20% AD
Maternity care	25% AD	20% AD	20% AD	20% AD	20% AD
Hearing aid (Available for dependent children up to age 18)	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months
<b>Pharmacy</b>					
Prescription drug coverage deductible, if applicable tier 1/tier 2/tier 3/tier 4 (*\$350 max out-of-pocket, per prescription)	After medical deductible \$15 AD/\$50 AD/25% AD/25% AD*	After medical deductible \$15 AD/\$50 AD/20% AD/20% AD*	Rx p/p deductible \$250 \$25 AD/\$50 AD/20% AD/20% AD*	Rx p/p deductible \$250 \$15 AD/\$50 AD/20% AD/20% AD*	Rx p/p deductible \$200 \$10/\$40 AD/20% AD/20% AD*

<sup>4</sup> No out-of-network coverage for behavioral health virtual consults | <sup>5</sup> Continuous blood glucose monitors, sensors and supplies are covered under the plan's prescription drug benefit for the associated cost share. | <sup>6</sup> Plan visit limits apply. | AC: Allowable Charge | AD: After Deductible | p/p: Per Person

This is a summary of the standard covered expenses. Exclusions and limitations apply. Additional benefits may be available. Please see plan-specific summary for more information. Most values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.

2025 Sentara POS Plans (continued)

Plan Name	Sentara POS Silver 6500 Ded 250 Rx Ded	Sentara POS Bronze 6600 Ded	Sentara POS Bronze 7200 Ded	Sentara POS Bronze 8500 Ded
Embedded/non-embedded	Embedded	Embedded	Embedded	Embedded
Deductible individual/family (in-network)	\$6,500/\$13,000	\$6,600/\$13,200	\$7,200/\$14,400	\$8,500/\$17,000
Deductible individual/family (out-of-network)	\$13,000/\$26,000	\$13,200/\$26,400	\$14,400/\$28,800	\$17,000/\$34,000
Max out-of-pocket individual/family (in-network)	\$8,000/\$16,000	\$8,600/\$17,200	\$9,200/\$18,400	\$9,200/\$18,400
Max out-of-pocket individual/family (out-of-network)	\$16,000/\$32,000	\$17,200/\$34,400	\$18,400/\$36,800	\$18,400/\$36,800
Out-of-network coinsurance	30% AD/AC	50% AD/AC	50% AD/AC	50% AD/AC
<b>Physician services</b>				
PCP office visit	No charge AD	30% AD	\$45	\$50
Virtual consult (no out-of-network coverage)	No charge AD	No charge AD	No charge	No charge
Specialist office visit	No charge AD	30% AD	\$90	\$100
<b>Outpatient surgery</b>				
Outpatient surgery	No charge AD	30% AD	40% AD	30% AD
<b>Outpatient services</b>				
Outpatient diagnostic procedures and tests	No charge AD	30% AD	40% AD	30% AD
Outpatient lab work	No charge AD	30% AD	40% AD	30% AD
Advanced imaging and testing procedures	No charge AD	30% AD	40% AD	30% AD
<b>Inpatient Services</b>				
Inpatient hospital services	No charge AD	30% AD	40% AD	30% AD
<b>Emergency and urgent care services</b>				
Emergency services (in or out-of-network)	20% AD	40% AD	50% AD	40% AD
Urgent care center services	No charge AD	30% AD	\$90	\$100
<b>Mental/behavioral health and substance use disorder services</b>				
Inpatient services	No charge AD	30% AD	40% AD	30% AD
Outpatient office visits (PCP, specialist or virtual consults <sup>4</sup> )	No charge AD	30% AD	\$45	\$50
Other outpatient services	No charge AD	30% AD	40% AD	30% AD
Employee assistance visits	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required
<b>Diabetes treatment</b>				
Insulin pumps	No charge	No charge	No charge	No charge
Pump infusion sets and supplies	No charge AD	30% AD	40% AD	30% AD
Testing supplies <sup>5</sup> (Includes test strips, lancets, lancet devices, blood glucose meters and control solution)	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit
<b>Other covered services</b>				
Adult preventive vision exams	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months
Chiropractic care (spinal manipulation) <sup>6</sup>	No charge AD	30% AD	40% AD	30% AD
Maternity care	No charge AD	30% AD	40% AD	30% AD
Hearing aid (Available for dependent children up to age 18)	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months
<b>Pharmacy</b>				
Prescription drug coverage deductible, if applicable tier 1/tier 2/tier 3/tier 4 (*\$350 max out-of-pocket, per prescription)	Rx p/p deductible \$250 \$15 AD/\$50 AD/ 25% AD/25% AD*	After medical deductible \$15/\$50 AD/30% AD/30% AD*	After medical deductible \$25 AD/\$55 AD/40% AD/40% AD*	After medical deductible \$25 AD/\$55 AD/30% AD/30% AD*

<sup>4</sup> No out-of-network coverage for behavioral health virtual consults | <sup>5</sup> Continuous blood glucose monitors, sensors and supplies are covered under the plan's prescription drug benefit for the associated cost share. | <sup>6</sup> Plan visit limits apply. | AC: Allowable Charge | AD: After Deductible | p/p: Per Person

This is a summary of the standard covered expenses. Exclusions and limitations apply. Additional benefits may be available. Please see plan-specific summary for more information. Most values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.



# 2025 Sentara POS HSA Plans

Plan Name	Sentara POS HSA Silver 1900 Ded	Sentara POS HSA Silver 3300 Ded	Sentara POS HSA Silver 4000 Ded	Sentara POS HSA Bronze 6100 Ded	Sentara POS HSA Bronze 6200 Ded
Embedded/non-embedded	Non-embedded	Embedded	Embedded	Embedded	Embedded
Deductible individual/family (in-network; no 4th quarter deductible carryover on HSA plans)	\$1,900/\$3,800	\$3,300/\$6,600	\$4,000/\$8,000	\$6,100/\$12,200	\$6,200/\$12,400
Deductible individual/family (out-of-network; no 4th quarter deductible carryover on HSA plans)	\$3,800/\$7,600	\$6,400/\$12,800	\$8,000/\$16,000	\$12,200/\$24,400	\$12,400/\$24,800
Max out-of-pocket individual/family (in-network)	\$7,500/\$15,000	\$7,200/\$14,400	\$6,900/\$13,800	\$7,400/\$14,800	\$7,200/\$14,400
Max out-of-pocket individual/family (out-of-network)	\$15,000/\$30,000	\$14,000/\$28,000	\$13,800/\$27,600	\$14,800/\$29,600	\$14,400/\$28,800
Out-of-network coinsurance	30% AD/AC	40% AD/AC	30% AD/AC	50% AD/AC	50% AD/AC
<b>Physician services</b>					
PCP office visit	\$25 AD	20% AD	\$40 AD	\$40 AD	\$40 AD
Virtual consult (no out-of-network coverage)	No charge AD	No charge AD	No charge AD	No charge AD	No charge AD
Specialist office visit	\$50 AD	20% AD	\$80 AD	\$80 AD	\$80 AD
<b>Outpatient surgery</b>					
Outpatient surgery	\$400 AD	20% AD	No charge AD	40% AD	30% AD
<b>Outpatient services</b>					
Outpatient diagnostic procedures and tests	\$100 AD	20% AD	No charge AD	40% AD	30% AD
Outpatient lab work	\$100 AD	20% AD	No charge AD	40% AD	30% AD
Advanced imaging and testing procedures	\$400 AD	20% AD	No charge AD	40% AD	30% AD
<b>Inpatient services</b>					
Inpatient hospital services	\$500 AD	20% AD	No charge AD	40% AD	30% AD
<b>Emergency and urgent care services</b>					
Emergency services (in or out-of-network)	\$350 AD	30% AD	20% AD	50% AD	40% AD
Urgent care center services	\$50 AD	20% AD	\$80 AD	\$80 AD	30% AD
<b>Mental/behavioral health and substance use disorder services</b>					
Inpatient services	\$500 AD	20% AD	No charge AD	40% AD	30% AD
Outpatient office visits (PCP, specialist or virtual consults <sup>4</sup> )	\$25 AD	20% AD	\$40 AD	\$40 AD	\$50 AD
Other outpatient services	\$50 AD	20% AD	No charge AD	40% AD	30% AD
Employee assistance visits	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required
<b>Diabetes treatment</b>					
Insulin pumps	No charge AD	20% AD	No charge AD	40% AD	30% AD
Pump infusion sets and supplies	No charge AD	20% AD	No charge AD	40% AD	30% AD
Testing supplies <sup>5</sup> (Includes test strips, lancets, lancet devices, blood glucose meters and control solution)	Covered under the plan's prescription drug benefit for the associated cost share	Covered under the plan's prescription drug benefit for the associated cost share	Covered under the plan's prescription drug benefit for the associated cost share	Covered under the plan's prescription drug benefit for the associated cost share	Covered under the plan's prescription drug benefit for the associated cost share
<b>Other covered services</b>					
Adult preventive vision exams	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months
Chiropractic care (spinal manipulation) <sup>6</sup>	\$50 AD	20% AD	No charge AD	40% AD	30% AD
Maternity care	\$500 AD	20% AD	No charge AD	40% AD	30% AD
Hearing aid (Available for dependent children up to age 18)	No charge AD up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge AD up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge AD up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge AD up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge AD up to \$1,500 per hearing aid per hearing impaired ear, every 24 months
<b>Pharmacy</b>					
<sup>4</sup> Prescription drug coverage deductible, if applicable tier 1/tier 2/tier 3/tier 4 (*\$350 max out-of-pocket, per 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/\$55 AD/40% AD/40% AD*	After medical deductible 30% AD/30% AD/30% AD/30% AD*

<sup>4</sup> No out-of-network coverage for behavioral health virtual consults | <sup>5</sup> Continuous blood glucose monitors, sensors and supplies are covered under the plan's prescription drug benefit for the associated cost share. | <sup>6</sup> Plan visit limits apply. | <sup>7</sup> Some preventive drugs are available before the deductible for HSA Plans.  
AC: Allowable Charge | AD: After Deductible | p/p: Per Person

This is a summary of the standard covered expenses. Exclusions and limitations apply. Additional benefits may be available. Please see plan-specific summary for more information. Most values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.

## 2025 Sentara POS HSA Plans (continued)

Plan Name	Sentara POS HSA Bronze 6500 Ded	Sentara POS HSA Bronze 7000 Ded
Embedded/non-embedded	Embedded	Embedded
Deductible individual/family (in-network; no 4th quarter deductible carryover on HSA plans)	\$6,500/\$13,000	\$7,000/\$14,000
Deductible individual/family (out-of-network; no 4th quarter deductible carryover on HSA plans)	\$13,000/\$26,000	\$14,000/\$28,000
Max out-of-pocket individual/family (in-network)	\$7,500/\$15,000	\$7,500/\$15,000
Max out-of-pocket individual/family (out-of-network)	\$15,000/\$30,000	\$15,000/\$30,000
Out-of-network coinsurance	30% AD/AC	30% AD/AC
<b>Physician services</b>		
PCP office visit	No charge AD	No charge AD
Virtual consult (no out-of-network coverage)	No charge AD	No charge AD
Specialist office visit	No charge AD	No charge AD
<b>Outpatient surgery</b>		
Outpatient surgery	No charge AD	No charge AD
<b>Outpatient services</b>		
Outpatient diagnostic procedures and tests	No charge AD	No charge AD
Outpatient lab work	No charge AD	No charge AD
Advanced imaging and testing procedures	No charge AD	No charge AD
<b>Inpatient services</b>		
Inpatient hospital services	No charge AD	No charge AD
<b>Emergency and urgent care services</b>		
Emergency services (in or out-of-network)	20% AD	20% AD
Urgent care center services	No charge AD	No charge AD
<b>Mental/behavioral health and substance use disorder services</b>		
Inpatient services	No charge AD	No charge AD
Outpatient office visits (PCP, specialist or virtual consults <sup>4</sup> )	No charge AD	No charge AD
Other outpatient services	No charge AD	No charge AD
Employee assistance visits	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required
<b>Diabetes treatment</b>		
Insulin pumps	No charge AD	No charge AD
Pump infusion sets and supplies	No charge AD	No charge AD
Testing supplies <sup>5</sup> (Includes test strips, lancets, lancet devices, blood glucose meters and control solution)	Covered under the plan's prescription drug benefit for the associated cost share	Covered under the plan's prescription drug benefit for the associated cost share
<b>Other covered services</b>		
Adult preventive vision exams	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months
Chiropractic care (spinal manipulation) <sup>6</sup>	No charge AD	No charge AD
Maternity care	No charge AD	No charge AD
Hearing aid (Available for dependent children up to age 18)	No charge AD up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge AD up to \$1,500 per hearing aid per hearing impaired ear, every 24 months
<b>Pharmacy</b>		
<sup>‡</sup> Prescription drug coverage deductible, if applicable tier 1/tier 2/tier 3/tier 4 (*\$350 max out-of-pocket, per prescription)	After medical deductible 25% AD/25% AD/25% AD/25% AD*	After medical deductible 25% AD/25% AD/25% AD/25% AD*

<sup>4</sup> No out-of-network coverage for behavioral health virtual consults | <sup>5</sup> Continuous blood glucose monitors, sensors and supplies are covered under the plan's prescription drug benefit for the associated cost share. | <sup>6</sup> Plan visit limits apply. | <sup>‡</sup> Some preventive drugs are available before the deductible for HSA Plans. | AC: Allowable Charge | AD: After Deductible | p/p: Per Person This is a summary of the standard covered expenses. Exclusions and limitations apply. Additional benefits may be available. Please see plan-specific summary for more information. Most values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.

## 2025 Sentara POS Design Plans

Plan Name	Sentara POS Design Silver 3000 Ded 250 Rx Ded
Embedded/non-embedded	Embedded
Deductible individual/family (in-network; no 4th quarter deductible carryover on Design plans)	\$3,000/\$6,000
Deductible individual/family (out-of-network; no 4th quarter deductible carryover on Design plans)	\$6,000/\$12,000
Max out-of-pocket individual/family (in-network)	\$7,900/\$15,800
Max out-of-pocket individual/family (out-of-network)	\$15,800/\$31,600
Out-of-network coinsurance	40% AD/AC
<b>Physician services</b>	
PCP office visit	\$30 AD
Virtual consult (no out-of-network coverage)	No charge AD
Specialist office visit	\$60 AD
<b>Outpatient surgery</b>	
Outpatient surgery	20% AD
<b>Outpatient services</b>	
Outpatient diagnostic procedures and tests	20% AD
Outpatient lab work	20% AD
Advanced imaging and testing procedures	20% AD
<b>Inpatient services</b>	
Inpatient hospital services	20% AD
<b>Emergency and urgent care services</b>	
Emergency services (in or out-of-network)	30% AD
Urgent care center services	\$60 AD
<b>Mental/behavioral health and substance use disorder services</b>	
Inpatient services	20% AD
Outpatient office visits (PCP, specialist or virtual consults <sup>4</sup> )	\$30 AD
Other outpatient services	20% AD
Employee assistance visits	5 sessions per presenting issue for each individual covered; no copay required
<b>Diabetes treatment</b>	
Insulin pumps	No charge
Pump infusion sets and supplies	20% AD
Testing supplies <sup>5</sup> (Includes test strips, lancets, lancet devices, blood glucose meters and control solution)	Covered under the plan's prescription drug benefit for the associated cost share
<b>Other covered services</b>	
Adult preventive vision exams	No charge for 1 in-network visit every 12 months
Chiropractic care (spinal manipulation) <sup>6</sup>	20% AD
Maternity care	20% AD
Hearing aid (Available for dependent children up to age 18)	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months
<b>Pharmacy</b>	
Prescription drug coverage deductible, if applicable tier 1/tier 2/tier 3/tier 4 (*\$350 max out-of-pocket, per prescription)	Rx p/p deductible \$250 \$25 AD/\$55 AD/20% AD/20% AD*

<sup>4</sup> No out-of-network coverage for behavioral health virtual consults | <sup>5</sup> Continuous blood glucose monitors, sensors and supplies are covered under the plan's prescription drug benefit for the associated cost share. | <sup>6</sup> Plan visit limits apply. | AC: Allowable Charge | AD: After Deductible | p/p: Per Person | This is a summary of the standard covered expenses. Exclusions and limitations apply. Additional benefits may be available. Please see plan-specific summary for more information. Most values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.



# 2025 Sentara Plus Plans

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
Embedded/non-embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Deductible individual/family (in-network)	\$0/\$0	\$0/\$0	\$500/\$1,000	\$750/\$1,500	\$1,000/\$2,000
Deductible individual/family (out-of-network)	\$1,750/\$3,500	\$2,000/\$4,000	\$1,000/\$2,000	\$1,500/\$3,000	\$2,000/\$4,000
Max out-of-pocket individual/family (in-network)	\$2,800/\$5,600	\$3,000/\$6,000	\$7,500/\$15,000	\$7,700/\$15,400	\$7,000/\$14,000
Max out-of-pocket individual/family (out-of-network)	\$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
<b>Physician services</b>					
PCP office visit	\$10	\$15	\$25	\$30	\$20
Virtual consult (no out-of-network coverage)	No charge	No charge	No charge	No charge	No charge
Specialist office visit	\$20	\$35	\$50	\$60	\$40
<b>Outpatient surgery</b>					
Outpatient surgery	\$150	\$150	20% AD	20% AD	\$250 AD
<b>Outpatient services</b>					
Outpatient diagnostic procedures and tests	\$20	20%	\$50	\$60	\$50
Outpatient lab work	\$10	20%	\$50	\$60	\$50
Advanced imaging and testing procedures	\$200	\$150	20% AD	20% AD	\$300 AD
<b>Inpatient services</b>					
Inpatient hospital services	\$400	\$600	20% AD	20% AD	\$500 AD
<b>Emergency and urgent care services</b>					
Emergency services (in or out-of-network)	\$350	\$350	30% AD	30% AD	\$350 AD
Urgent care center services	\$20	\$35	\$50	\$60	\$40
<b>Mental/behavioral health and substance use disorder services</b>					
Inpatient services	\$400	\$600	20% AD	20% AD	\$500 AD
Outpatient office visits (PCP, specialist or virtual consults <sup>d</sup> )	\$20	\$25	\$35	\$40	\$30
Other outpatient services	\$20	\$25	20% AD	20% AD	\$30
Employee assistance visits	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required
<b>Diabetes treatment</b>					
Insulin pumps	No charge	No charge	No charge	No charge	No charge
Pump infusion sets and supplies	No charge	20%	20% AD	20% AD	No charge AD
Testing supplies <sup>o</sup> (Includes test strips, lancets, lancet devices, blood glucose meters and control solution)	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit
<b>Other covered services</b>					
Adult preventive vision exams	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months
Chiropractic care (spinal manipulation) <sup>§</sup>	\$20	20%	20% AD	20% AD	\$20 AD
Maternity care	\$350	\$350	\$450	\$450	\$500 AD
Hearing aid (Available for dependent children up to age 18)	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months
<b>Pharmacy</b>					
Prescription drug coverage deductible, if applicable tier 1/tier 2/tier 3/tier 4 (*\$350 max out-of-pocket, per 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*

<sup>Δ</sup> No out-of-network coverage for behavioral health virtual consults | <sup>o</sup> Continuous blood glucose monitors, sensors and supplies are covered under the plan's prescription drug benefit for the associated cost share. | <sup>§</sup> Plan visit limits apply. | AC: Allowable Charge | AD: After Deductible | p/p: Per Person

This is a summary of the standard covered expenses. Exclusions and limitations apply. Additional benefits may be available. Please see plan-specific summary for more information. Most values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.

2025 Sentara **Plus Plans** (continued)

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
Embedded/non-embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Deductible individual/family (in-network)	\$1,250/\$2,500	\$1,500/\$3,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,800/\$5,600
Deductible individual/family (out-of-network)	\$2,500/\$5,000	\$3,250/\$6,500	\$4,000/\$8,000	\$4,000/\$8,000	\$5,600/\$11,200
Max out-of-pocket individual/family (in-network)	\$6,500/\$13,000	\$6,500/\$13,000	\$8,000/\$16,000	\$6,500/\$13,000	\$6,500/\$13,000
Max out-of-pocket individual/family (out-of-network)	\$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
<b>Physician services</b>					
PCP office visit	\$20	\$25	\$30	\$25	\$35
Virtual consult (no out-of-network coverage)	No charge	No charge	No charge	No charge	No charge
Specialist office visit	\$40	\$50	\$60	\$50	\$65
<b>Outpatient surgery</b>					
Outpatient surgery	20% AD	\$300 AD	\$100	30% AD	No charge AD
<b>Outpatient services</b>					
Outpatient diagnostic procedures and tests	20% AD	\$60 AD	\$60	30% AD	No charge AD
Outpatient lab work	20% AD	\$30 AD	\$30	30% AD	No charge AD
Advanced imaging and testing procedures	20% AD	\$400 AD	\$300	30% AD	No charge AD
<b>Inpatient services</b>					
Inpatient hospital services	20% AD	\$400 AD	20% AD	30% AD	No charge AD
<b>Emergency and urgent care services</b>					
Emergency services (in or out-of-network)	30% AD	\$350 AD	30% AD	40% AD	20% AD
Urgent care center services	\$40	\$50	\$60	\$50	No charge AD
<b>Mental/behavioral health and substance use disorder services</b>					
Inpatient services	20% AD	\$400 AD	20% AD	30% AD	No charge AD
Outpatient office visits (PCP, specialist or virtual consults <sup>d</sup> )	\$30	\$35	\$40	\$35	\$45
Other outpatient services	20% AD	\$35	\$40	30% AD	No charge AD
Employee assistance visits	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required
<b>Diabetes treatment</b>					
Insulin pumps	No charge	No charge	No charge	No charge	No charge
Pump infusion sets and supplies	20% AD	20% AD	20% AD	30% AD	No charge AD
Testing supplies <sup>o</sup> (Includes test strips, lancets, lancet devices, blood glucose meters and control solution)	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit
<b>Other covered services</b>					
Adult preventive vision exams	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months
Chiropractic care (spinal manipulation) <sup>g</sup>	20% AD	20% AD	20% AD	30% AD	No charge AD
Maternity care	\$450	\$450	20% AD	\$500	\$500
Hearing aid (Available for dependent children up to age 18)	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months
<b>Pharmacy</b>					
Prescription drug coverage deductible, if applicable tier 1/tier 2/tier 3/tier 4 (*\$350 max out-of-pocket, per 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*

<sup>A</sup> No out-of-network coverage for behavioral health virtual consults | <sup>o</sup>Continuous blood glucose monitors, sensors and supplies are covered under the plan's prescription drug benefit for the associated cost share. | <sup>g</sup>Plan visit limits apply. | AC: Allowable Charge | AD: After Deductible | p/p: Per Person

This is a summary of the standard covered expenses. Exclusions and limitations apply. Additional benefits may be available. Please see plan-specific summary for more information. Most values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.



2025 Sentara **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
Embedded/non-embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Deductible individual/family (in-network)	\$3,000/\$6,000	\$4,000/\$8,000	\$6,500/\$13,000	\$7,200/\$14,400	\$8,500/\$17,000
Deductible individual/family (out-of-network)	\$6,000/\$12,000	\$8,000/\$16,000	\$13,000/\$26,000	\$14,400/\$28,800	\$17,000/\$34,000
Max out-of-pocket individual/family (in-network)	\$8,800/\$17,600	\$8,650/\$17,300	\$8,000/\$16,000	\$9,200/\$18,400	\$9,200/\$18,400
Max out-of-pocket individual/family (out-of-network)	\$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
<b>Physician services</b>					
PCP office 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 office visit	\$70 AD	\$80	No charge AD	\$90	\$100
<b>Outpatient surgery</b>					
Outpatient surgery	25% AD	20% AD	No charge AD	40% AD	30% AD
<b>Outpatient services</b>					
Outpatient diagnostic procedures and tests	25% AD	\$80 AD	No charge AD	40% AD	30% AD
Outpatient lab work	25% AD	\$80 AD	No charge AD	40% AD	30% AD
Advanced imaging and testing procedures	25% AD	20% AD	No charge AD	40% AD	30% AD
<b>Inpatient services</b>					
Inpatient hospital services	25% AD	20% AD	No charge AD	40% AD	30% AD
<b>Emergency and urgent care services</b>					
Emergency services (in or 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
<b>Mental/behavioral health and substance use disorder services</b>					
Inpatient services	25% AD	20% AD	No charge AD	40% AD	30% AD
Outpatient office visits (PCP, specialist or virtual consults <sup>4</sup> )	\$45	\$50	No charge AD	\$45	\$50
Other outpatient services	25% AD	20% AD	No charge AD	40% AD	30% AD
Employee assistance visits	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required
<b>Diabetes treatment</b>					
Insulin pumps	No charge	No charge	No charge	No charge	No charge
Pump infusion sets and supplies	25% AD	20% AD	No charge AD	40% AD	30% AD
Testing supplies <sup>5</sup> (Includes test strips, lancets, lancet devices, blood glucose meters and control solution)	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit	No charge under the plan's prescription drug benefit
<b>Other covered services</b>					
Adult preventive vision exams	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months
Chiropractic care (spinal manipulation) <sup>6</sup>	25% AD	20% AD	No charge AD	40% AD	30% AD
Maternity care	25% AD	20% AD	No charge AD	40% AD	30% AD
Hearing aid (Available for dependent children up to age 18)	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge up to \$1,500 per hearing aid per hearing impaired ear, every 24 months
<b>Pharmacy</b>					
Prescription drug coverage deductible, if applicable tier 1/tier 2/tier 3/tier 4 (**\$350 max out-of-pocket, per 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*

<sup>4</sup> No out-of-network coverage for behavioral health virtual consults | <sup>5</sup> Continuous blood glucose monitors, sensors and supplies are covered under the plan's prescription drug benefit for the associated cost share. | <sup>6</sup> Plan visit limits apply. | AC: Allowable Charge | AD: After Deductible | p/p: Per Person

This is a summary of the standard covered expenses. Exclusions and limitations apply. Additional benefits may be available. Please see plan-specific summary for more information. Most values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.

# 2025 Sentara 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
Embedded/non-embedded	Non-embedded	Embedded	Embedded	Embedded	Embedded
Deductible individual/family (in-network) (no 4th quarter deductible carryover on HSA plans)	\$1,900/\$3,800	\$3,300/\$6,600	\$4,000/\$8,000	\$6,500/\$13,000	\$7,000/\$14,000
Deductible individual/family (out-of-network) (no 4th quarter deductible carryover on HSA plans)	\$3,800/\$7,600	\$6,400/\$12,800	\$8,000/\$16,000	\$13,000/\$26,000	\$14,000/\$28,000
Max out-of-pocket individual/family (in-network)	\$7,500/\$15,000	\$7,200/\$14,400	\$6,900/\$13,800	\$7,500/\$15,000	\$7,500/\$15,000
Max out-of-pocket individual/family (out-of-network)	\$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
<b>Physician services</b>					
PCP office 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 office visit	\$50 AD	20% AD	\$80 AD	No charge AD	No charge AD
<b>Outpatient surgery</b>					
Outpatient surgery	\$400 AD	20% AD	No charge AD	No charge AD	No charge AD
<b>Outpatient services</b>					
Outpatient diagnostic procedures and tests	\$100 AD	20% AD	No charge AD	No charge AD	No charge AD
Outpatient lab work	\$100 AD	20% AD	No charge AD	No charge AD	No charge AD
Advanced imaging and testing procedures	\$400 AD	20% AD	No charge AD	No charge AD	No charge AD
<b>Inpatient services</b>					
Inpatient hospital services	\$500 AD	20% AD	No charge AD	No charge AD	No charge AD
<b>Emergency and urgent care services</b>					
Emergency services (in or 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
<b>Mental/behavioral health and substance use disorder services</b>					
Inpatient services	\$500 AD	20% AD	No charge AD	No charge AD	No charge AD
Outpatient office visits (PCP, specialist or virtual consults <sup>4</sup> )	\$25 AD	20% AD	\$40 AD	No charge AD	No charge AD
Other outpatient services	\$50 AD	20% AD	No charge AD	No charge AD	No charge AD
Employee assistance visits	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required	5 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required
<b>Diabetes treatment</b>					
Insulin pumps	No charge AD	20% AD	No charge AD	No charge AD	No charge AD
Pump infusion sets and supplies	No charge AD	20% AD	No charge AD	No charge AD	No charge AD
Testing supplies <sup>5</sup> (Includes test strips, lancets, lancet devices, blood glucose meters and control solution)	Covered under the plan's prescription drug benefit for the associated cost share	Covered under the plan's prescription drug benefit for the associated cost share	Covered under the plan's prescription drug benefit for the associated cost share	Covered under the plan's prescription drug benefit for the associated cost share	Covered under the plan's prescription drug benefit for the associated cost share
<b>Other covered services</b>					
Adult preventive vision exams	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months
Chiropractic care (spinal manipulation) <sup>6</sup>	\$50 AD	20% AD	No charge AD	No charge AD	No charge AD
Maternity care	\$500 AD	20% AD	No charge AD	No charge AD	No charge AD
Hearing aid (Available for dependent children up to age 18)	No charge AD up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge AD up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge AD up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge AD up to \$1,500 per hearing aid per hearing impaired ear, every 24 months	No charge AD up to \$1,500 per hearing aid per hearing impaired ear, every 24 months
<b>Pharmacy</b>					
<sup>‡</sup> Prescription drug coverage deductible, if applicable tier 1/tier 2/tier 3/tier 4 (*\$350 max out-of-pocket, per 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*

<sup>4</sup> No out-of-network coverage for behavioral health virtual consults | <sup>5</sup>Continuous blood glucose monitors, sensors and supplies are covered under the plan's prescription drug benefit for the associated cost share. | <sup>6</sup>Plan visit limits apply. | <sup>‡</sup>Some preventive drugs are available before the deductible for HSA Plans. | AC: Allowable Charge | AD: After Deductible | p/p: Per Person

This is a summary of the standard covered expenses. Exclusions and limitations apply. Additional benefits may be available. Please see plan-specific summary for more information. Most values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.



# Service descriptions

## Physician services

There is an additional copayment or coinsurance for outpatient habilitative and rehabilitative therapy and services, injectable and infused medications, allergy care, testing and serums, outpatient advanced imaging procedures, and sleep studies done during an office visit. Applicable to services rendered with a medical/surgical diagnosis. For treatment of mental health conditions or substance use disorder, the outpatient office visits cost sharing listed under mental health and substance use disorder services applies.

## Virtual Consult

### Medical virtual consult

Applicable when primary diagnosis is medical. Must be provided by a Plan approved provider.

### Behavioral health virtual consult

Visits for treatment of mental health conditions or substance use disorder. Must be provided by a Plan approved provider.

## Outpatient services

### Outpatient surgery

Copayment or coinsurance applies to services provided in a free-standing ambulatory surgery center or hospital outpatient surgical facility.

### Outpatient diagnostic procedures and tests

Copayment or coinsurance will apply when a procedure is performed in a free-standing outpatient facility or lab, or a hospital outpatient facility or lab. Applicable to services rendered with a medical/surgical diagnosis.

For mental health conditions or substance use disorder, the cost sharing listed under mental health and substance use disorder services/other outpatient services will apply.

## Emergency services

Includes emergency services, physician services, advanced diagnostic imaging, such as MRI, and CT scans, and other facility charges, such as diagnostic X-ray and lab services, and medical supplies, provided in an emergency department in-network or out-of-network. Applicable to those with medical and mental health and substance use disorder diagnoses. Both in-and out-of-network cost shares apply toward in-network accumulators. Includes mobile crisis response services and residential crisis stabilization units.

## Mental/behavioral health and substance use disorder services

Includes inpatient and outpatient services for the treatment of mental health and substance use disorders. Pre-authorization is required for inpatient services, partial hospitalization services, Intensive Outpatient Program (IOP), Electro-Convulsive Therapy, and Transcranial Magnetic Stimulation (TMS).

## Other outpatient services

All other outpatient services with mental health or substance use disorder diagnoses will be covered under this benefit.

## Employee assistance visits

Employee assistance visits include short-term problem assessment by licensed behavioral health providers, referral services for employees, and other covered family members and household members.

## Diabetes treatment

Coverage includes benefits for equipment, supplies, and in-person outpatient self-management training and education, including medical nutrition therapy, for the treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes and non-insulin-using diabetes if prescribed by a healthcare professional legally authorized to prescribe such items under law.

Equipment and supplies under this benefit are not considered durable medical equipment. An annual diabetic eye exam is covered by a participating VSP Vision Care (VSP) provider at the applicable office visit copayment or coinsurance amount. The following equipment and supplies are covered under this benefit:

- Insulin pumps
- Pump infusion sets and supplies
- Testing supplies - includes test strips, lancets, lancet devices, blood glucose meters, continuous blood glucose monitors, sensors, supplies, and control solution
- Insulin needles and syringes
- Outpatient self-management training and education and nutritional therapy

## Maternity care

Prenatal, delivery, postpartum services, and home health visits are included. The inpatient hospital copayment or coinsurance is also applied.

## Chiropractic care

Sentara Health Plans contracts with American Specialty Health Group (ASH) to administer this benefit. Services include therapy to treat problems of the bones, joints, and back.

## Vision services through VSP Vision Care (VSP)

Sentara Health Plans contracts with Vision Services Plan (VSP) to administer this benefit. Coverage includes one examination every 12 months when done by a participating VSP provider.

## Hearing aid services

Available for dependent children up to age 18. Includes hearing aids and related services such as ear-molds, initial batteries, other necessary equipment, maintenance and adaption training.

*For additional details on covered services, reference benefit documents.*

## Choose Sentara Health Plans



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8 a.m. to 5 p.m. EST,  
Monday through Friday

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