

2025 Sentara Mid-Market & Large Group Plus Plans



Mid-Market Groups with more than 50 total employees with 150 or fewer eligible; Large Groups with more than 151 eligible employees.

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

Plan Name	Sentara Plus 10/20	Sentara Plus 20/20%	Sentara Plus 500/20/20%	Sentara Plus 1000/20/0%	Sentara Plus 1000/30/30%
In-network deductible (individual/family)	\$0/\$0	\$0/\$0	\$500/\$1,000	\$1,000/\$2,000	\$1,000/\$2,000
Out-of-network deductible (individual/family)	\$1,750/\$3,500	\$1,500/\$3,000	\$1,000/\$2,000	\$2,000/\$4,000	\$3,000/\$6,000
In-network out-of-pocket maximum (individual/family)	\$3,500/\$7,000	\$3,500/\$7,000	\$4,000/\$8,000	\$4,500/\$9,000	\$5,000/\$10,000
Out-of-network out-of-pocket maximum (individual/family)	\$7,000/\$14,000	\$7,000/\$14,000	\$8,000/\$16,000	\$9,000/\$18,000	\$10,000/\$20,000
Out-of-network coinsurance	40% AD/AC	40% AD/AC	40% AD/AC	30% AD/AC	50% AD/AC
PCP visit	\$10	\$20	\$20	\$20	\$30
Virtual consult (no out-of-network coverage)	No charge	No charge	No charge	No charge	No charge
Specialist visit	\$20	\$40	\$40	\$40	\$50
Outpatient surgery	\$150	20%	20% AD	\$250 AD	30% AD
Inpatient hospital services	\$200/day (\$800 max)	\$550	20% AD	\$500 AD	30% AD
Emergency services (in- and out-of-network)	\$350	\$350	30% AD	\$350	40% AD
Urgent care center services	\$20	\$40	\$40	\$40	\$50
Prescription drug coverage option 1; tier 1/tier 2/tier 3/tier 4 (*\$300 max OOP/prescription)	Rx p/p deductible \$150 \$10/\$45 AD/\$75 AD/20% AD*	Rx p/p deductible \$150 \$10/\$45 AD/\$75 AD/20% AD*	Rx p/p deductible \$150 \$10/\$45 AD/\$75 AD/20% AD*	Rx p/p deductible \$150 \$10/\$45 AD/\$75 AD/20% AD*	Rx p/p deductible \$150 \$10/\$45 AD/\$75 AD/20% AD*
Prescription drug coverage option 2; tier 1/tier 2/tier 3/tier 4 (*\$300 max OOP/prescription)	No deductible \$15/\$40/\$75/20%*	No deductible \$15/\$40/\$75/20%*	No deductible \$15/\$40/\$75/20%*	No deductible \$15/\$40/\$75/20%*	No deductible \$15/\$40/\$75/20%*

Plan Name	Sentara Plus 1500/25/30%	Sentara Plus 2000/20/0%	Sentara Plus 2000/25/30%	Sentara Plus 2500/30/20%	Sentara Plus 3000/25/0%
In-network deductible (individual/family)	\$1,500/\$3,000	\$2,000/\$4,000	\$2,000/\$4,500	\$2,500/\$5,000	\$3,000/\$6,000
Out-of-network deductible (individual/family)	\$3,000/\$6,000	\$4,000/\$8,000	\$4,500/\$9,000	\$5,000/\$10,000	\$6,000/\$12,000
In-network out-of-pocket maximum (individual/family)	\$5,000/\$10,000	\$6,000/\$12,000	\$6,500/\$13,000	\$6,500/\$13,000	\$7,000/\$14,000
Out-of-network out-of-pocket maximum (individual/family)	\$10,000/\$20,000	\$12,000/\$24,000	\$13,000/\$26,000	\$13,000/\$26,000	\$14,000/\$28,000
Out-of-network coinsurance	50% AD/AC	30% AD/AC	50% AD/AC	40% AD/AC	30% AD/AC
PCP visit	\$25	\$20	\$25	\$30	\$25
Virtual consult (no out-of-network coverage)	No charge	No charge	No charge	No charge	No charge
Specialist visit	\$50	\$40	\$50	\$60	\$50
Outpatient surgery	30% AD	\$250 AD	30% AD	\$250 AD	\$300 AD
Inpatient hospital services	30% AD	\$500 AD	30% AD	\$500 AD	\$500 AD
Emergency services (in- and out-of-network)	40% AD	20% AD	40% AD	\$350	\$350
Urgent care center services	\$50	\$40	\$50	\$60	\$50
Prescription drug coverage option 1; tier 1/tier 2/tier 3/tier 4 (*\$300 max OOP/prescription)	Rx p/p deductible \$150 \$10/\$45 AD/\$75 AD/20% AD*	Rx p/p deductible \$150 \$10/\$45 AD/\$75 AD/20% AD*	Rx p/p deductible \$150 \$10/\$45 AD/\$75 AD/20% AD*	Rx p/p deductible \$150 \$10/\$45 AD/\$75 AD/20% AD*	Rx p/p deductible \$150 \$10/\$45 AD/\$75 AD/20% AD*
Prescription drug coverage option 2; tier 1/tier 2/tier 3/tier 4 (*\$300 max OOP/prescription)	No deductible \$15/\$40/\$75/20%*	No deductible \$15/\$40/\$75/20%*	No deductible \$15/\$40/\$75/20%*	No deductible \$15/\$40/\$75/20%*	No deductible \$15/\$40/\$75/20%*

2025 Sentara Mid-Market & Large Group Plus Design Plans



Plan Name	Sentara Plus Design 3000/20%	Sentara Plus Design 5000/0%
In-network deductible (individual/family)	\$3,000/\$6,000	\$5,000/\$10,000
Out-of-network deductible (individual/family)	\$6,000/\$12,000	\$10,000/\$20,000
In-network out-of-pocket maximum (individual/family)	\$5,500/\$11,000	\$7,350/\$14,700
Out-of-network out-of-pocket maximum (individual/family)	\$11,000/\$22,000	\$14,700/\$29,400
Out-of-network coinsurance	40% AD/AC	30% AD/AC
PCP visit	20% AD	No charge AD
Virtual consult (no out-of-network coverage)	No charge AD	No charge AD
Specialist visit	20% AD	No charge AD
Outpatient surgery	20% AD	No charge AD
Inpatient hospital services	20% AD	No charge AD
Emergency services (in- and out-of-network)	30% AD	20% AD
Urgent care center services	20% AD	No charge AD
Prescription drug coverage; tier 1/tier 2/tier 3/ tier 4 (*\$300 max OOP/prescription)	No deductible \$10/\$40/\$60/20%*	No deductible \$10/\$40/\$60/20%*

*Some preventive drugs are available before the deductible for HSA plans.

AD: After Deductible | AC: Allowable Charge | p/p per person | OOP/prescription: Out-of-pocket, per prescription

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