2026 Sentara BusinessEDGE® POS Plans

Sentara Health Plans

Groups with 5-250 total enrolled employees

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

Plan Name	Sentara POS 0/25/20%	Sentara POS 500/25/20%	Sentara POS 1000/25/20%	Sentara POS 1000/25/30%	Sentara POS 1500/25/20%
In-network deductible (individual/family)	$0/$0	$500/$1,000	$1,000/$2,000	$1,000/$2,000	$1,500/$3,000
Out-of-network deductible (individual/family)	$2,500/$5,000	$1,000/$2,000	$1,250/$2,500	$2,000/$4,000	$3,250/$6,500
In-network out-of-pocket maximum (individual/family)	$2,500/$5,000	$7,500/$15,000	$5,000/$10,000	$6,200/$12,400	$6,500/$13,000
Out-of-network out-of-pocket maximum (individual/family)	$5,000/$10,000	$15,000/$30,000	$10,000/$20,000	$12,400/$24,800	$13,000/$26,000
Out-of-network coinsurance	40% AD/AC	40% AD/AC	40% AD/AC	50% AD/AC	40% AD/AC
Primary care physician office visit	$25	$25	$25	$25	$25
Virtual consult (no out-of-network coverage)	No charge	No charge	No charge	No charge	No charge
Specialist office visit	$50	$50	$50	$50	$50
Outpatient surgery	$300	20% AD	20% AD	30% AD	$300 AD
Inpatient hospital services	$300/day ($1,200 max)	20% AD	20% AD	30% AD	$400 AD
Emergency services (in- and out-of-network)	30%	30% AD	30% AD	40% AD	$350 AD
Urgent care center services	$50	$50	$50	$50	$50
Prescription drug coverage; deductible if applicable; tier 1/tier 2/tier 3/tier 4 (*$400 max OOP/prescription)	No deductible $10/$30/25%/30%*	No deductible $10/$30/25%/30%*	No deductible $10/$30/25%/30%*	No deductible $10/$30/25%/30%*	No deductible $10/$30/25%/30%*

Plan Name	Sentara POS 2000/25/30%	Sentara POS 2500/30/20%	Sentara POS 3000/30/0%	Sentara POS 3000/35/25%	Sentara POS 4000/30/0%	Sentara POS 4000/40/20%
In-network deductible (individual/family)	$2,000/$4,000	$2,500/$5,000	$3,000/$6,000	$3,000/$6,000	$4,000/$8,000	$4,000/$8,000
Out-of-network deductible (individual/family)	$4,000/$8,000	$5,000/$10,000	$6,000/$12,000	$6,000/$12,000	$8,000/$16,000	$8,000/$16,000
In-network out-of-pocket maximum (individual/family)	$6,500/$13,000	$6,500/$13,000	$6,500/$13,000	$8,800/$17,600	$6,500/$13,000	$8,650/$17,300
Out-of-network out-of-pocket maximum (individual/family)	$13,000/$26,000	$13,000/$26,000	$13,000/$26,000	$17,600/$35,200	$13,000/$26,000	$17,300/$34,600
Out-of-network coinsurance	50% AD/AC	40% AD/AC	30% AD/AC	45% AD/AC	30% AD/AC	40% AD/AC
Primary care physician office visit	$25	$30	$30	$35	$30	$40
Virtual consult (no out-of-network coverage)	No charge	No charge	No charge	No charge	No charge	No charge
Specialist office visit	$50	$60	$60	$70 AD	$60	$80
Outpatient surgery	30% AD	$350 AD	No charge AD	25% AD	No charge AD	20% AD
Inpatient hospital services	30% AD	20% AD	No charge AD	25% AD	No charge AD	20% AD
Emergency services (in- and out-of-network)	40% AD	30% AD	$350 AD	35% AD	$350	30% AD
Urgent care center services	$50	$60	$75	$70 AD	$75	$80
Prescription drug coverage; deductible if applicable; tier 1/tier 2/tier 3/tier 4 (*$400 max OOP/prescription)	No deductible $10/$30/25%/30%*	No deductible $10/$30/25%/30%*	No deductible $10/$30/25%/30%*	No deductible $10/$30/25%/30%*	No deductible $10/$30/25%/30%*	No deductible $10/$30/25%/30%*

2026 **Sentara BusinessEDGE® POS Plans** *(continued)*

Sentara Health Plans

Plan Name	Sentara POS 5000/25/0%	Sentara POS 5000/30/30%
In-network deductible (individual/family)	$5,000/$10,000	$5,000/$10,000
Out-of-network deductible (individual/family)	$10,000/$20,000	$10,000/$20,000
In-network out-of-pocket maximum (individual/family)	$9,000/$18,000	$9,000/$18,000
Out-of-network out-of-pocket maximum (individual/family)	$18,000/$36,000	$18,000/$36,000
Out-of-network coinsurance	30% AD/AC	50% AD/AC
Primary care physician office visit	$25	30%
Virtual consult (no out-of-network coverage)	No charge	No charge
Specialist office visit	$60	$50
Outpatient surgery	No charge AD	30% AD
Inpatient hospital services	No charge AD	30% AD
Emergency services (in- and out-of-network)	20% AD	40% AD
Urgent care center services	$75	$50
Prescription drug coverage; deductible if applicable; tier 1/tier 2/tier 3/tier 4 (*$400 max OOP/prescription)	No deductible $10/$30/25%/30%*	No deductible $10/$30/25%/30%*

2026 Sentara BusinessEDGE® POS HSA Plans

Sentara Health Plans

Plan Name	Sentara POS HSA 3400/10%	Sentara POS HSA 3400/20%	Sentara POS HSA 4000/20%	Sentara POS HSA 5000/0%	Sentara POS HSA 5000/30%	Sentara POS HSA 6000/30%	Sentara POS HSA 6500/0%
In-network deductible (individual/family)	$3,400/$6,800	$3,400/$6,800	$4,000/$8,000	$5,000/$10,000	$5,000/$10,000	$6,000/$12,000	$6,500/$13,000
Out-of-network deductible (individual/family)	$6,800/$13,600	$6,800/$13,600	$5,500/$11,000	$10,000/$20,000	$10,000/$20,000	$12,000/$24,000	$13,000/$26,000
In-network out-of-pocket maximum (individual/family)	$5,000/$10,000	$7,200/$14,400	$6,750/$13,500	$7,000/$14,000	$7,000/$14,000	$7,000/$14,000	$7,500/$15,000
Out-of-network out-of-pocket maximum (individual/family)	$10,000/$20,000	$14,400/$28,800	$14,000/$28,000	$14,000/$28,000	$14,000/$28,000	$14,000/$28,000	$15,000/$30,000
Out-of-network coinsurance	30% AD/AC	40% AD/AC	40% AD/AC	30% AD/AC	50% AD/AC	50% AD/AC	30% AD/AC
Primary care physician office visit	10% AD	20% AD	20% AD	No charge AD	30% AD	30% AD	No charge AD
Virtual consult (no out-of-network coverage)	No charge AD	No charge AD	No charge AD	No charge AD	No charge AD	No charge AD	No charge AD
Specialist office visit	10% AD	20% AD	20% AD	No charge AD	30% AD	30% AD	No charge AD
Outpatient surgery	10% AD	20% AD	20% AD	No charge AD	30% AD	30% AD	No charge AD
Inpatient hospital services	10% AD	20% AD	20% AD	No charge AD	30% AD	30% AD	No charge AD
Emergency services (in- and out-of-network)	20% AD	30% AD	30% AD	20% AD	40% AD	40% AD	20% AD
Urgent care center services	10% AD	20% AD	20% AD	No charge AD	30% AD	30% AD	No charge AD
‡Prescription drug coverage; deductible if applicable; tier 1/tier 2/tier 3 /tier 4 (*$400 max OOP/prescription)	After medical deductible $10 AD/$40 AD/ 25% AD/30% AD*	After medical deductible $10 AD/$40 AD/ 25% AD/30% AD*	After medical deductible $10 AD/$40 AD/ 25% AD/30% AD*	After medical deductible $10 AD/$40 AD/ 25% AD/30% AD*	After medical deductible $10 AD/$40 AD/ 25% AD/30% AD*	After medical deductible $10 AD/$40 AD/ 25% AD/30% AD*	After medical deductible $10 AD/$40 AD/ 25% AD/30% AD*

‡Some preventive drugs are available before the deductible for HSA plans.
AD: After Deductible | p/p: per person | AC: Allowable Charge | OOP/prescription: Out-of-pocket per prescription

Sentara Health Plans is the trade name of Sentara Health Plans, Sentara Health Insurance Company, Sentara Behavioral Health Services, Inc., and Sentara Health Administration, Inc. Sentara Vantage Health Maintenance organization (HMO), Point of Service (POS), and Tiered plans are issued and underwritten by Sentara Health Plans. Sentara Plus Preferred Provider Organization (PPO) products are issued and underwritten by Sentara Health Insurance Company. Self-funded employer group health are administered, but not underwritten, by Sentara Health Administration, Inc. Stop-loss products are issued and underwritten by Sentara Health Insurance Company. All plans have benefit exclusions and limitations, and terms under which the policy may be continued in force or discontinued. Wellness and rewards programs are administered by Sentara Health Administration, Inc. and are not covered benefits under any plans through Sentara Health Plans. Value-added services are not covered benefits under any of our health plans. For costs and complete details of coverage, please call your broker or Sentara Health Plans at 1-800-745-1271 or visit sentarahealthplans.com.