2026 **Sentara Mid-Market & Large Group POS Plans**

Sentara Health 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 POS 10/20	Sentara POS 25/50	Sentara POS 500/20/20%	Sentara POS 1000/20
In-network deductible (individual/family)	$0/$0	$0/$0	$500/$1,000	$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
In-network out-of-pocket maximum (individual/family)	$3,500/$7,000	$3,000/$6,000	$4,000/$8,000	$4,500/$9,000
Out-of-network out-of-pocket maximum (individual/family)	$7,000/$14,000	$7,500/$15,000	$9,000/$18,000	$10,000/$20,000
Out-of-network coinsurance	40% AD/AC	40% AD/AC	40% AD/AC	30% AD/AC
Primary care physician office visit	$10	$25	$20	$20
Virtual consult (no out-of-network coverage)	No charge	No charge	No charge	No charge
Specialist office visit	$20	$50	$50	$40
Outpatient surgery	$250	$350	20% AD	$300 AD
Inpatient hospital services	$200/day ($800 max)	$300/day ($1,500 max)	20% AD	$500 AD
Emergency services (in- and out-of-network)	$350	$350	30% AD	$350 AD
Urgent care center services	$20	$50	$50	$40
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*
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%*

Plan Name	Sentara POS 1000/20/20%	Sentara POS 1000/30/30%	Sentara POS 1500/25/30%	Sentara POS 2000/20
In-network deductible (individual/family)	$1,000/$2,000	$1,000/$2,000	$1,500/$3,000	$2,000/$4,000
Out-of-network deductible (individual/family)	$2,000/$4,000	$3,000/$6,000	$3,000/$6,000	$4,000/$8,000
In-network out-of-pocket maximum (individual/family)	$5,000/$10,000	$5,000/$10,000	$5,500/$11,000	$6,000/$12,000
Out-of-network out-of-pocket maximum (individual/family)	$11,000/$22,000	$12,000/$24,000	$12,000/$24,000	$12,000/$24,000
Out-of-network coinsurance	40% AD/AC	50% AD/AC	50% AD/AC	30% AD/AC
Primary care physician office visit	$20	$30	$25	$20
Virtual consult (no out-of-network coverage)	No charge	No charge	No charge	No charge
Specialist office visit	$50	$50	$50	$40
Outpatient surgery	20% AD	30% AD	30% AD	$300 AD
Inpatient hospital services	20% AD	30% AD	30% AD	$500 AD
Emergency services (in- and out-of-network)	30% AD	40% AD	40% AD	$350 AD
Urgent care center services	$50	$50	$50	$40
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*
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%*

2026 **Sentara Mid-Market & Large Group POS Plans (continued)**

Sentara Health Plans

Plan Name	Sentara POS 2000/25/30%	Sentara POS 2500/30/20%	Sentara POS 3000/25	Sentara POS 3000/30/30%	Sentara POS 3500/30/20%
In-network deductible (individual/family)	$2,000/$4,000	$2,500/$5,000	$3,000/$6,000	$3,000/$6,000	$3,500/$7,000
Out-of-network deductible (individual/family)	$4,000/$8,000	$5,000/$10,000	$6,000/$12,000	$6,000/$12,000	$7,000/$14,000
In-network out-of-pocket maximum (individual/family)	$6,500/$13,000	$6,500/$13,000	$7,000/$14,000	$6,500/$13,000	$8,000/$16,000
Out-of-network out-of-pocket maximum (individual/family)	$14,500/$29,000	$14,500/$29,000	$14,000/$28,000	$13,000/$26,000	$16,000/$32,000
Out-of-network coinsurance	50% AD/AC	40% AD/AC	30% AD/AC	50% AD/AC	40% AD/AC
Primary care physician office visit	$25	$30	$25	$30	$30
Virtual consult (no out-of-network coverage)	No charge	No charge	No charge	No charge	No charge
Specialist office visit	$50	$60	$50	$50	$60
Outpatient surgery	30% AD	$300 AD	$350 AD	30% AD	20% AD
Inpatient hospital services	30% AD	$500 AD	$500 AD	30% AD	20% AD
Emergency services (in- and out-of-network)	40% AD	$350 AD	$350 AD	40% AD	30% AD
Urgent care center services	$50	$60	$50	$50	$60
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 POS 4000/30/30%	Sentara POS 4500/25/20%	Sentara POS 5000/25/0%	Sentara POS 5000/30/30%	Sentara POS 6000/30/20%
In-network deductible (individual/family)	$4,000/$8,000	$4,500/$9,000	$5,000/$10,000	$5,000/$10,000	$6,000/$12,000
Out-of-network deductible (individual/family)	$8,000/$16,000	$9,000/$18,000	$10,000/$20,000	$10,000/$20,000	$12,000/$24,000
In-network out-of-pocket maximum (individual/family)	$8,000/$16,000	$9,000/$18,000	$9,000/$18,000	$9,000/$18,000	$8,000/$16,000
Out-of-network out-of-pocket maximum (individual/family)	$18,000/$36,000	$20,000/$40,000	$18,000/$36,000	$18,000/$36,000	$20,000/$40,000
Out-of-network coinsurance	50% AD/AC	40% AD/AC	30% AD/AC	50% AD/AC	40% AD/AC
Primary care physician office visit	$30	$25	$25	$30	$30
Virtual consult (no out-of-network coverage)	No charge	No charge	No charge	No charge	No charge
Specialist office visit	$50	$50	$50	$50	$60
Outpatient surgery	30% AD	20% AD	No charge AD	30% AD	20% AD
Inpatient hospital services	30% AD	20% AD	No charge AD	30% AD	20% AD
Emergency services (in- and out-of-network)	40% AD	30% AD	20% AD	40% AD	30% AD
Urgent care center services	$50	$50	$50	$50	$60
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%*

2026 **Sentara Mid-Market & Large Group POS Plans (continued)**

Sentara® Health Plans

Plan Name	Sentara POS 7200/45/40%
In-network deductible (individual/family)	$7,200/$14,400
Out-of-network deductible (individual/family)	$16,000/$32,000
In-network out-of-pocket maximum (individual/family)	$9,000/$18,000
Out-of-network out-of-pocket maximum (individual/family)	$20,000/$40,000
Out-of-network coinsurance	50% AD/AC
Primary care physician office visit	$45
Virtual consult (no out-of-network coverage)	No charge
Specialist office visit	$90
Outpatient surgery	40% AD
Inpatient hospital services	40% AD
Emergency services (in- and out-of-network)	50% AD
Urgent care center services	$90
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*
Prescription drug coverage option 2; tier 1/tier 2/tier 3/tier 4 (*$300 max OOP/prescription)	No deductible $15/$40/$75/20%*

2026 **Sentara Mid-Market & Large Group POS HSA Plans**

Sentara® Health Plans

Plan Name	Sentara POS HSA 2500/20%	Sentara POS HSA 3400/0%	Sentara POS HSA 3400/10%	Sentara POS HSA 3400/20%	Sentara POS HSA 4000/0%
In-network deductible (individual/family)	$2,500/$5,000	$3,400/$6,800	$3,400/$6,800	$3,400/$6,800	$4,000/$8,000
Out-of-network deductible (individual/family)	$5,000/$10,000	$6,400/$12,800	$6,400/$12,800	$6,400/$12,800	$8,000/$16,000
In-network out-of-pocket maximum (individual/family)	$5,000/$10,000	$5,000/$10,000	$5,000/$10,000	$6,000/$12,000	$6,750/$13,500
Out-of-network out-of-pocket maximum (individual/family)	$10,000/$20,000	$10,500/$21,000	$11,000/$22,000	$12,000/$24,000	$13,500/$27,000
Out-of-network coinsurance	40% AD/AC	30% AD/AC	30% AD/AC	40% AD/AC	30% AD/AC
Primary care physician office visit	20% AD	No charge AD	10% AD	20% 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	20% AD	No charge AD	10% AD	20% AD	No charge AD
Outpatient surgery	20% AD	No charge AD	10% AD	20% AD	No charge AD
Inpatient hospital services	20% AD	No charge AD	10% AD	20% AD	No charge AD
Emergency services (in- and out-of-network)	30% AD	20% AD	20% AD	30% AD	20% AD
Urgent care center services	20% AD	No charge AD	10% AD	20% AD	No charge AD
‡Prescription drug coverage; tier 1/tier 2/tier 3/tier 4 (*$300 max OOP/prescription)	Medical deductible applies $10 AD/$40 AD/$60 AD/20% AD*	Medical deductible applies $10 AD/$40 AD/$60 AD/20% AD*	Medical deductible applies $10 AD/$40 AD/$60 AD/20% AD*	Medical deductible applies $10 AD/$40 AD/$60 AD/20% AD*	Medical deductible applies $10 AD/$40 AD/$60 AD/20% AD*

Plan Name	Sentara POS HSA 4000/20%	Sentara POS HSA 4000/25/40%	Sentara POS HSA 5000/0%	Sentara POS HSA 5000/25/30%	Sentara POS HSA 6000/30/30%
In-network deductible (individual/family)	$4,000/$8,000	$4,000/$8,000	$5,000/$10,000	$5,000/$10,000	$6,000/$12,000
Out-of-network deductible (individual/family)	$8,000/$16,000	$8,000/$16,000	$10,000/$20,000	$10,000/$20,000	$10,000/$20,000
In-network out-of-pocket maximum (individual/family)	$6,750/$13,500	$7,500/$15,000	$7,000/$14,000	$7,000/$14,000	$7,500/$15,000
Out-of-network out-of-pocket maximum (individual/family)	$13,500/$27,000	$15,000/$30,000	$14,000/$28,000	$14,000/$28,000	$20,000/$40,000
Out-of-network coinsurance	40% AD/AC	50% AD/AC	30% AD/AC	50% AD/AC	50% AD/AC
Primary care physician office visit	20% AD	$25 AD	No charge AD	$25 AD	$30 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	20% AD	$50 AD	No charge AD	$50 AD	$60 AD
Outpatient surgery	20% AD	$500 AD	No charge AD	$500 AD	$500 AD
Inpatient hospital services	20% AD	$500 AD	No charge AD	$500 AD	30% AD
Emergency services (in- and out-of-network)	30% AD	$450 AD	20% AD	$450 AD	40% AD
Urgent care center services	20% AD	$50 AD	No charge AD	$50 AD	30% AD
‡Prescription drug coverage; tier 1/tier 2/tier 3/tier 4 (*$300 max OOP/prescription)	Medical deductible applies $10 AD/$40 AD/$60 AD/20% AD*	Medical deductible applies $10 AD/$40 AD/$60 AD/20% AD*	Medical deductible applies $10 AD/$40 AD/$60 AD/20% AD*	Medical deductible applies $10 AD/$40 AD/$60 AD/20% AD*	Medical deductible applies $10 AD/$40 AD/$60 AD/20% AD*

2026 **Sentara Mid-Market & Large Group POS HRA Plans**

Sentara® Health Plans

Plan Name	Sentara POS HRA 3000/20%	Sentara POS HRA 4000/10%	Sentara POS HRA 5000/0%
In-network deductible (individual/family)	$3,000/$6,000	$4,000/$8,000	$5,000/$10,000
Out-of-network deductible (individual/family)	$6,000/$12,000	$8,000/$16,000	$10,000/$20,000
In-network out-of-pocket maximum (individual/family)	$5,500/$11,000	$7,000/$14,000	$8,000/$16,000
Out-of-network out-of-pocket maximum (individual/family)	$11,000/$22,000	$14,000/$28,000	$16,000/$32,000
Out-of-network coinsurance	40% AD/AC	30% AD/AC	30% AD/AC
Primary care physician office visit	20% AD	10% AD	No charge AD
Virtual consult (no out-of-network coverage)	No charge AD	No charge AD	No charge AD
Specialist office visit	20% AD	10% AD	No charge AD
Outpatient surgery	20% AD	10% AD	No charge AD
Inpatient hospital services	20% AD	10% AD	No charge AD
Emergency services (in- and out-of-network)	30% AD	20% AD	20% AD
Urgent care center services	20% AD	10% 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%*	No deductible $10/$40/$60/20%*

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

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