



Mid-Market & Large Group Guide 2024

Scan to learn more.



Website:
sentarahealthplans.com

Email:
sales@sentara.com

Broker Services:
1-866-927-4785
8 a.m. to 5 p.m. EST,
Monday through Friday
brokerservices@sentara.com



Sentara Health Plans is a trade name of Sentara Health Plans, Sentara Health Insurance Company, Sentara Behavioral Health Services, Inc., and Sentara Health Administration, Inc. Sentara Vantage (HMO), Point of Service (POS), Direct, and Select 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.

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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 1984.¹ With more than three decades of experience, we understand the needs of mid- to large-sized 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 hospitals²
- 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 2024 Mid-Market & Large 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 by contacting us at sentarahealthplans.com.

¹Sentara Health Plans is a trade name of 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.

²Sentara Health Administration, Inc., Provider Status Report, 2023, available at sentarahealthplans.com/find-doctors-drugs-and-facilities.

We Improve Health Every Day

When your clients choose Sentara Health Plans, they are selecting a health insurance 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.³

Our sales and service representatives, network managers, nurse case managers, and other staff are located in offices throughout the state. 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:

-  **Exceptional customer service:** Our representatives' proximity and local knowledge enable 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 Health we regularly provide free health screenings to identify health risks and guide members and non-members to take steps to manage them. We also actively support a variety of local nonprofits that strengthen our community, such as food banks, youth centers, and scholarship programs.

³To 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 Net Promoter Score (NPS). NPS gauges customers' willingness to recommend us to friends or family. Scores range from -100 to 100. Our 2022 NPS was 20.4. Our 2022 NPS proves how we go above and beyond for our customers.

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 insurance 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 plans include:

<p style="text-align: center;">1-50</p> 	<p>Self-Employed Individuals⁴ and Small Group (1-50 total employees)</p> <p>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.</p>
<p style="text-align: center;">51-150</p> 	<p>Mid-Market Group (more than 50 total employees with 150 or fewer eligible)</p> <p>We help employers and their employees get more value for their healthcare dollars.</p>
<p style="text-align: center;">150+</p> 	<p>Large Group (151+ eligible employees)</p> <p>Sentara Health Plans helps employers manage large groups with integrated services. Brokers have access to utilization data and other reports that make it easier to help clients manage their resources.</p>

This plan guide is for Mid-Market and Large Group. If you are looking for information about other plans, such as BusinessEDGE® plans, or information about Small Group employers, contact your local Sentara Health Plans representative. Learn more at sentarahealthplans.com/brokers.

⁴Terms 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 our provider directories at sentarahealthplans.com/find-doctors-drugs-and-facilities.



National Provider Access Through PHCS/MultiPlan®

In addition to the Sentara Health Plans proprietary network, members who choose our POS, POSA, or Plus PPO plans have access to PHCS/MultiPlan, the nation's largest independent primary PPO network.⁵ 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 Program⁶

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/MultiPlan 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.

⁵MultiPlan press release, July 16, 2019

⁶The member will be required to submit documentation to enroll.

⁷This is not a covered benefit but a value-added service.



Convenient Vision Services Through VSP Vision Care (VSP)

Examinations, 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.



Around-The-World Assistance 24/7

Members have access to emergency travel assistance for medical and travel emergencies at no additional cost.⁷ 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

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). Look for plan names that include "Equity" for our HSA products. 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. HealthEquity HSAs use an intuitive investing platform with a robust suite of Vanguard mutual fund options and low expense ratios.

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. Afterward, the following will take place:



A HealthEquity representative will contact the employer within 5-7 business days to walk through the plan setup and application.



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



HealthEquity will create the employer portal.



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.⁸ 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.

⁸This is not a covered benefit but a value-added service.

Health and Wellness Services: MyLife MyPlan

MyLife MyPlan includes⁹

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.¹⁰ 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

⁹This is not a covered benefit but a value-added service.

¹⁰sentarahealthplans.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 trackers 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 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.¹¹ Our services meet members where they are and empower them to take the next step to improve their health.

- **Worksite wellness programs:** 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 webinars on a range of wellness topics. This series is open to all and can be accessed at sentarahealthplans.com/mylifemyplan. Previous topics include:

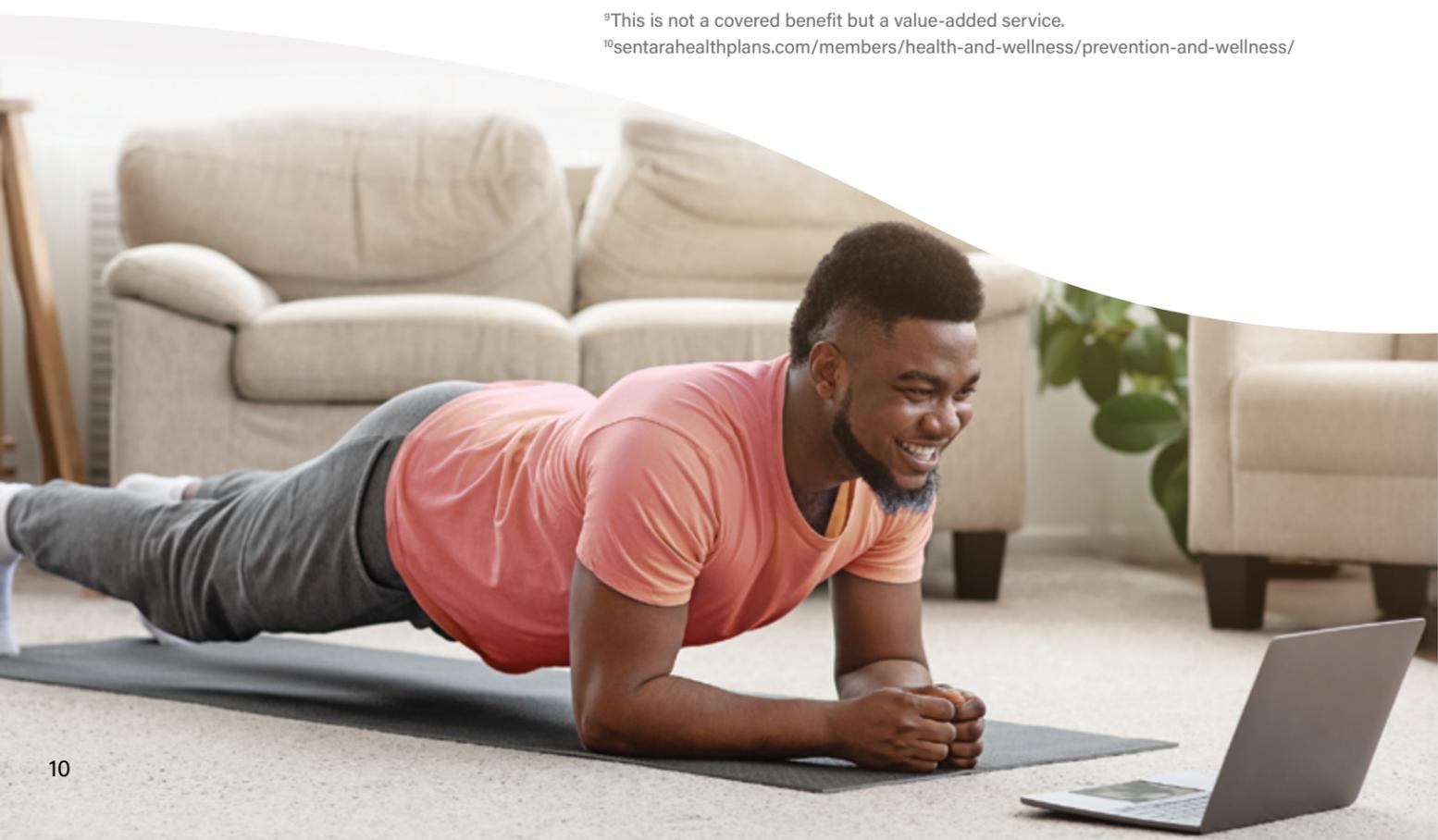
- healthy eating
- increasing movement
- cultivating financial well-being
- supporting social wellness

- **Customized health incentive programs:** We provide an easy-to-use and cost-effective infrastructure to administer employer-funded programs that reward employees for completing educational and wellness activities. Programs may incentivize employees with specific health issues, such as asthma and chronic obstructive pulmonary disease (COPD) to engage with case management programs. Our case managers give personalized recommendations to lower the risk of complications and reduce care expenditures.

- **Prediabetes program (standard for all fully insured large 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.

¹¹There may be an additional fee for these services.



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 disease 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 age 3 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.

Holistic Health Management

Health Management Programs:

Sentara Health Plans offers programs and trained healthcare professionals that are ready to help members make healthy lifestyle changes to manage the following: cardiovascular disease, diabetes, and respiratory disease. The Partners in Pregnancy program also offers support to expectant mothers and provides members with information and guidance in making good choices throughout their pregnancy.

Case Management Programs:

Standard case management is an integrated part of our medical plan, included in the fees, and administered internally.

Our approach is person-centered rather than disease-centered, so our programs flex to fit each member's needs, goals, and preferences. We focus on improving health by engaging members on a personal level, addressing all their health needs, and collaborating with their providers.



In keeping with our commitment 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.

Some preventive drugs are available before the deductible for Equity plans.

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.



Flexible Formulary

Sentara Health Plans is among the few health plans in Virginia offering both an open formulary and a standard/closed formulary:

- open formulary: more freedom to receive name-brand prescription drugs
- standard/closed formulary: a narrower drug list that promotes cost-effective options

Mail-Order Drugs¹²

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

Online Pharmacy Benefit Tools

Our online tools, which include a medication search app, help members identify and learn more about cost-effective drug alternatives. These tools help members maximize their pharmacy benefits. Find out more at sentarahealthplans.com/find-doctors-drugs-and-facilities.

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

¹²Not all drugs are available from mail order.

Sentara EAP

The Sentara Employee Assistance Program (Sentara EAP)¹³ 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 issues. This program is available to all employer groups. 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.



Clinical Services

Short-term solution-focused counseling

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

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.



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.

Additional EAP Benefits:

For an additional fee, the EAP Work/Life Benefit includes the following:

- Telephonic Work/Life Consultations
- Legal/Financial Assistance (Identity Theft)

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 sentarahealthplans.com/eap for online resources.

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

¹³Sentara EAP is administered by Sentara Behavioral Health Services, Inc.

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 ID cards, and much more. Members only need to register once on either sentarahealthplans.com/members or the mobile app to access both.

Online Search Tool for Doctors, Drugs, and Facilities

Members can access a provider search tool by signing in to the member portal at sentarahealthplans.com/members, using the mobile app, or by visiting 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, POSA or Plus/PPO). Members can search for a doctor or facility by name or specialty, or use the advanced search tools.

¹⁴Mental health and substance abuse disorder virtual consults may carry an additional charge.

¹⁵Members with thoughts of harming themselves or someone else should get help right away by calling 911 or go to the closest hospital for emergency care.

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.

Virtual Consults

Members can securely connect with a board-certified physician 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.¹⁴ 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. Please refer to the back of the member ID card for the phone number.

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. Please refer to the back of the member ID card for the phone number.¹⁵

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:

- frequently asked questions and answers
- common forms and documents
- contact information
- doctors and facilities search tool
- claims and authorizations
- wellness tools
- member ID card
- virtual consults
- cost estimates for treatments and services
- important preventive care reminders
- Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA)¹⁶ account access

For more information, visit sentarahealthplans.com/app.

¹⁶Only 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
- identify provider directories
- identify preventive services covered under the Affordable Care Act

Visibility Through Enhanced Reporting Capabilities with DataPoint

The Sentara Health Plans DataPoint reporting solution helps brokers and employers with 100+ enrolled employees make informed health benefit decisions. This tool provides:

- secure, 24/7 access to detailed group utilization data
- periodic monitoring to identify trends in healthcare expenditures
- timely notification of unexpected spikes in utilization, such as emergency room claims
- early planning for renewals and budgeting purposes



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. Getting started is easy.

Depending on the plan, employers may have access to additional secure tools in the left navigation bar once signed in. For more information, visit sentarahealthplans.com/employers/manage-plans.

Contact your sales representative if you have any questions.

Broker Services

We're Here for You, So You Can Focus on Your Clients

When you have questions, our Virginia-based sales and service teams are easy to reach. We resolve many inquiries without having to transfer your call. And 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.¹⁷

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.

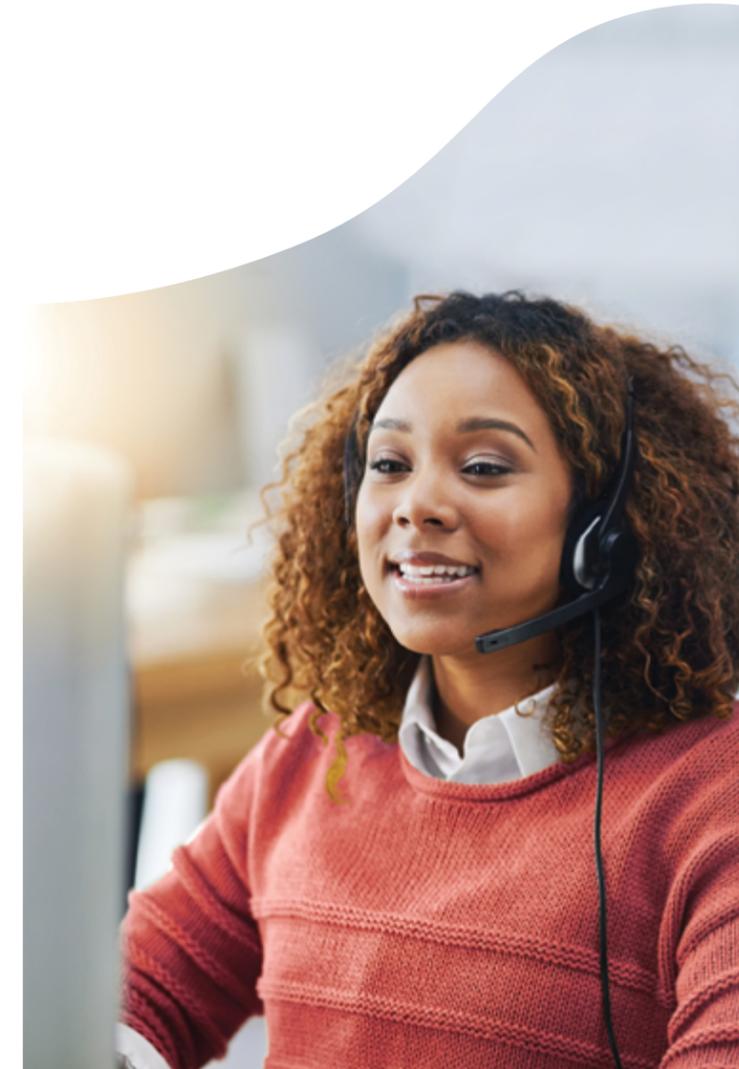
- 1-866-927-4785, 8 a.m. to 5 p.m. EST, Monday through Friday
- sentarahealthplans.com/brokers
- brokerservices@sentara.com

Sales Team

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

- 1-877-552-7401, 8 a.m. to 5 p.m. EST, Monday through Friday
- sales@sentara.com

¹⁷2023 Broker Satisfaction "Easy to do Business With" Survey



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 issues impacting Sentara Health Plans and the health insurance industry. To register or get more information about eBroker, contact your Sentara Health Plans representative.

Flexible Plan Design

We Give Employers More Health Benefit 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.¹⁸

Our offerings include:

- **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 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 for each, members have access to a national provider network at in-network benefits when outside of Virginia.

Our Score with Core Program for Large Groups

Large employer groups (151+ eligible employees) have plan options that include:

- **selecting a package of core plans** as-is and recognizing a discount (*Score with Core*)
- **modifying our core plans** by tailoring copayment and deductible levels or adding non-standard benefits

Special Benefits Available

Mid-market groups may include select benefits for an additional cost. These benefits include:

- chiropractic care (standard on Plus PPO plans; add-on for Vantage/POS plans)
- morbid obesity surgery or other approved methods recognized by the National Institute of Health

Large employer groups (151+ eligible employees) may include specialized benefits for an additional cost, such as:

- enhanced vision services and materials
- enhanced fertility treatment
- wisdom tooth extraction services
- OOA Dependent Rider coverage
- chiropractic care (standard on Plus PPO plans; add-on for Vantage/POS plans)
- morbid obesity surgery or other approved methods recognized by the National Institute of Health

¹⁸Sentara Health Plans is a trade name of Sentara Health Plans, Sentara Health Insurance Company, Sentara Behavioral Health Services, Inc., and Sentara Health Administration, Inc. Sentara Vantage (HMO), Point of Service (POS), Direct, and Select 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.

2024 Plan Design Options

PRODUCT TYPES	Vantage: HMO	POS	Plus: PPO
No referrals required	✓	✓	✓
Sentara Health Plans network for in-network coverage	✓	✓	
Sentara Health Plans Insurance Company network for in-network coverage			✓
National network for in-network coverage included		✓	✓
In-network coverage only	✓		
In-and-out of network coverage		✓	✓

PRODUCT LINES

Equity: HSA

Employers and employees 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/Multiplan

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

- Out-of-Area dependents
- Members living outside of the Sentara Health Plans service area
- Coverage when traveling outside of the Sentara Health Plans service area

*You may be required to submit documentation to activate the PHCS/MultiPlan network.

2024 Sentara Vantage Plans

Plan Name	Sentara Vantage 10/20	Sentara Vantage 25/50	Sentara Vantage 500/20/20%	Sentara Vantage 1000/20/20%	Sentara Vantage 1000/30/30%
Embedded/Non-Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
In-Network Deductible (Individual/Family)	None	None	\$500/\$1,500	\$1,000/\$2,000	\$1,000/\$2,000
In-Network Out-of-Pocket Maximum (Individual/Family)	\$2,500/\$5,000	\$3,000/\$6,000	\$4,500/\$9,000	\$5,500/\$11,000	\$5,000/\$10,000
Physician Services					
PCP Visit	\$10	\$25	\$20	\$20	\$30
Virtual Consult	No charge	No charge	No charge	No charge	No charge
Specialist Visit	\$20	\$50	\$40	\$40	\$50
Maternity Care	\$350	\$500	\$450	\$450	\$500
Outpatient Services					
Outpatient Surgery	\$150	\$300	20% AD	20% AD	30% AD
Outpatient Diagnostic Procedures & Tests	\$20	\$50	20% AD	20% AD	30% AD
Outpatient Lab Work	\$10	\$50	20% AD	20% AD	30% AD
Advanced Imaging & Testing Procedures	\$100	\$150	20% AD	20% AD	30% AD
Inpatient Services					
Inpatient Hospital Services	\$200/day (\$800 max)	\$300/day (\$1,500 max)	20% AD	20% AD	30% AD
Emergency and Urgent Services					
Emergency Department (In- and Out-of-Network)	\$350	\$350	20% AD	20% AD	30% AD
Urgent Care Center Services	\$20	\$50	\$40	\$40	\$50
Mental/Behavioral Health and Substance Use Disorder Services					
Inpatient Services	\$200/day (\$800 max)	\$300/day (\$1,500 max)	20% AD	20% AD	30% AD
Outpatient Office Visits (PCP, Specialist or Virtual Consults)	\$20	\$35	\$30	\$30	\$40
Other Outpatient Services	\$20	\$35	20% AD	20% AD	30% AD
Employee Assistance Visits	3 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	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required
Diabetes Treatment					
Pump Infusion Sets and Supplies	20%	20%	20% AD	20% AD	30% AD
Other Covered Services					
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
Outpatient Prescription Drug Coverage					
Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 45			Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 45		

AD: After Deductible
 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.
 All values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.

2024 Sentara Vantage Plans (continued)

Plan Name	Sentara Vantage 1500/25/30%	Sentara Vantage 2000/20/0%	Sentara Vantage 2000/25/30%	Sentara Vantage 3000/30/30%	Sentara Vantage 4000/30/30%	Sentara Vantage 5000/30/30%	Sentara Vantage 7200/45/40%
Embedded/Non-Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
In-Network Deductible (Individual/Family)	\$1,500/\$3,000	\$2,000/\$4,000	\$2,000/\$4,500	\$3,000/\$6,000	\$4,000/\$8,000	\$5,000/\$10,000	\$7,200/\$14,400
In-Network Out-of-Pocket Maximum (Individual/Family)	\$5,000/\$10,000	\$7,000/\$14,000	\$6,000/\$12,000	\$6,500/\$13,000	\$7,100/\$14,200	\$8,000/\$16,000	\$9,100/\$18,200
Physician Services							
PCP Visit	\$25	\$20	\$25	\$30	\$30	\$30	\$45
Virtual Consult	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Specialist Visit	\$50	\$40	\$50	\$50	\$50	\$50	\$90
Maternity Care	\$500	\$500 AD	\$500	\$500	\$550	\$600	40% AD
Outpatient Services							
Outpatient Surgery	30% AD	\$250 AD	30% AD	30% AD	30% AD	30% AD	40% AD
Outpatient Diagnostic Procedures & Tests	30% AD	\$50	30% AD	30% AD	30% AD	30% AD	40% AD
Outpatient Lab Work	30% AD	\$50	30% AD	30% AD	30% AD	30% AD	40% AD
Advanced Imaging & Testing Procedures	30% AD	\$300 AD	30% AD	30% AD	30% AD	30% AD	40% AD
Inpatient Services							
Inpatient Hospital Services	30% AD	\$500 AD	30% AD	30% AD	30% AD	30% AD	40% AD
Emergency and Urgent Services							
Emergency Department (In- and Out-of-Network)	30% AD	20% AD	30% AD	30% AD	30% AD	30% AD	40% AD
Urgent Care Center Services	\$50	\$40	\$50	\$50	\$50	\$50	\$50
Mental/Behavioral Health and Substance Use Disorder Services							
Inpatient Services	30% AD	\$500 AD	30% AD	30% AD	30% AD	30% AD	40% AD
Outpatient Office Visits (PCP, Specialist or Virtual Consults)	\$35	\$30	\$35	\$40	\$40	\$40	\$50
Other Outpatient Services	30% AD	\$30	30% AD	30% AD	30% AD	30% AD	40% AD
Employee Assistance Visits	3 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	3 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	3 sessions per presenting issue for each individual covered; no copay required
Diabetes Treatment							
Pump Infusion Sets and Supplies	30% AD	No charge AD	30% AD	30% AD	30% AD	30% AD	40% AD
Other Covered Services							
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	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
Outpatient Prescription Drug Coverage							
Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 45				Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 45			

AD: After Deductible
 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.
 All values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.

2024 Sentara Vantage Design Plans

Plan Name	Sentara Vantage Design 3000/20%	Sentara Vantage Design 5000/0%
Embedded/Non-Embedded	Embedded	Embedded
In-Network Deductible (Individual/Family)	\$3,000/\$6,000	\$5,000/\$10,000
In-Network Out-of-Pocket Maximum (Individual/Family)	\$5,500/\$11,000	\$7,350/\$14,700
Physician Services		
PCP Visit	20% AD	No charge AD
Virtual Consult	No charge AD	No charge AD
Specialist Visit	20% AD	No charge AD
Maternity Care	20% AD	No charge AD
Outpatient Services		
Outpatient Surgery	20% AD	No charge AD
Outpatient Diagnostic Procedures & Tests	20% AD	No charge AD
Outpatient Lab Work	20% AD	No charge AD
Advanced Imaging & Testing Procedures	20% AD	No charge AD
Inpatient Services		
Inpatient Hospital Services	20% AD	No charge AD
Emergency and Urgent Services		
Emergency Department (In- and Out-of-Network)	20% AD	No charge AD
Urgent Care Center Services	20% AD	No charge AD
Mental/Behavioral Health and Substance Use Disorder Services		
Inpatient Services	20% AD	No charge AD
Outpatient Office Visits (PCP, Specialist or Virtual Consults)	20% AD	No charge AD
Other Outpatient Services	20% AD	No charge AD
Employee Assistance Visits	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required
Diabetes Treatment		
Pump Infusion Sets and Supplies	20% AD	No charge AD
Other Covered Services		
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
Outpatient Prescription Drug Coverage		

Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 45

AD: After Deductible
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.
All values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.



2024 Sentara Vantage Equity Plans*

Plan Name	Sentara Vantage Equity 1600/0%	Sentara Vantage Equity 3200/0%	Sentara Vantage Equity 3200/10%	Sentara Vantage Equity 3200/20%	Sentara Vantage Equity 4000/0%	Sentara Vantage Equity 4000/20%	Sentara Vantage Equity 5000/0%	Sentara Vantage Equity 5000/30%
Embedded/Non-Embedded	Non-Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
In-Network Deductible (Individual/Family)	\$1,600/\$3,200	\$3,200/\$6,400	\$3,200/\$6,400	\$3,200/\$6,400	\$4,000/\$8,000	\$4,000/\$8,000	\$5,000/\$10,000	\$5,000/\$10,000
In-Network Out-of-Pocket Maximum (Individual/Family)	\$7,500/\$15,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$12,000	\$6,750/\$13,500	\$6,750/\$13,500	\$7,000/\$14,000	\$7,000/\$14,000
Physician Services								
PCP Visit	\$25 AD	No charge AD	10% AD	20% AD	No charge AD	20% AD	No charge AD	\$25 AD
Virtual Consult	No charge AD	No charge AD	No charge AD	No charge AD	No charge AD	No charge AD	No charge AD	No charge AD
Specialist Visit	\$50 AD	No charge AD	10% AD	20% AD	No charge AD	20% AD	No charge AD	\$50 AD
Maternity Care	\$500 AD	No charge AD	10% AD	20% AD	No charge AD	20% AD	No charge AD	\$600 AD
Outpatient Services								
Outpatient Surgery	\$300 AD	No charge AD	10% AD	20% AD	No charge AD	20% AD	No charge AD	\$500 AD
Outpatient Diagnostic Procedures & Tests	\$25 AD	No charge AD	10% AD	20% AD	No charge AD	20% AD	No charge AD	\$25 AD
Outpatient Lab Work	\$25 AD	No charge AD	10% AD	20% AD	No charge AD	20% AD	No charge AD	\$25 AD
Advanced Imaging & Testing Procedures	\$250 AD	No charge AD	10% AD	20% AD	No charge AD	20% AD	No charge AD	30% AD
Inpatient Services								
Inpatient Hospital Services	\$500 AD	No charge AD	10% AD	20% AD	No charge AD	20% AD	No charge AD	\$500 AD
Emergency and Urgent Services								
Emergency Department (In- and Out-of-Network)	\$350 AD	No charge AD	10% AD	20% AD	No charge AD	20% AD	No charge AD	30% AD
Urgent Care Center Services	\$100 AD	No charge AD	10% AD	20% AD	No charge AD	20% AD	No charge AD	\$50 AD
Mental/Behavioral Health and Substance Use Disorder Services								
Inpatient Services	\$500 AD	No charge AD	10% AD	20% AD	No charge AD	20% AD	No charge AD	\$500 AD
Outpatient Office Visits (PCP, Specialist or Virtual Consults)	\$25 AD	No charge AD	10% AD	20% AD	No charge AD	20% AD	No charge AD	\$25 AD
Other Outpatient Services	\$50 AD	No charge AD	10% AD	20% AD	No charge AD	20% AD	No charge AD	\$25 AD
Employee Assistance Visits	3 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	3 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	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required
Diabetes Treatment								
Pump Infusion Sets and Supplies	No charge AD	No charge AD	10% AD	20% AD	No charge AD	20% AD	No charge AD	30% AD
Other Covered Services								
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	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
Outpatient Prescription Drug Coverage								
Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 45				Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 45				

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

AD: After Deductible
 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.
 All values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.

2024 Sentara POS Plans

Plan Name	Sentara POS 10/20	Sentara POS 500/20/20%	Sentara POS 1000/30/30%	Sentara POS 2000/20/0%	Sentara POS 2000/25/30%	Sentara POS 5000/30/30%	Sentara POS 7200/45/40%
Embedded/Non-Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
In-Network Deductible (Individual/Family)	None	\$500/\$1,500	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,500	\$5,000/\$10,000	\$7,200/\$14,400
Out-of-Network Deductible (Individual/Family)	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,000/\$8,000	\$4,500/\$9,000	\$10,000/\$20,000	\$14,000/\$28,000
In-Network Out-of-Pocket Maximum (Individual/Family)	\$2,500/\$5,000	\$4,500/\$9,000	\$5,000/\$10,000	\$7,000/\$14,000	\$6,000/\$12,000	\$8,000/\$16,000	\$9,100/\$18,200
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	\$5,000/\$10,000	\$9,000/\$18,000	\$10,000/\$20,000	\$14,000/\$28,000	\$12,000/\$24,000	\$16,000/\$32,000	\$18,200/\$36,400
Out-of-Network Coinsurance	30% AD/AC	40% AD/AC	50% AD/AC	30% AD/AC	50% AD/AC	50% AD/AC	50% AD/AC
Physician Services							
PCP Visit	\$10	\$20	\$30	\$20	\$25	\$30	\$45
Virtual Consult (No Out-of-Network Coverage)	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Specialist Visit	\$20	\$40	\$50	\$40	\$50	\$50	\$90
Maternity Care	\$350	\$450	\$500	\$500 AD	\$500	\$600	40% AD
Outpatient Services							
Outpatient Surgery	\$150	20% AD	30% AD	\$250 AD	30% AD	30% AD	40% AD
Outpatient Diagnostic Procedures & Tests	\$20	20% AD	30% AD	\$50	30% AD	30% AD	40% AD
Outpatient Lab Work	\$10	20% AD	30% AD	\$50	30% AD	30% AD	40% AD
Advanced Imaging & Testing Procedures	\$100	20% AD	30% AD	\$300 AD	30% AD	30% AD	40% AD
Inpatient Services							
Inpatient Hospital Services	\$200/day (\$800 max)	20% AD	30% AD	\$500 AD	30% AD	30% AD	40% AD
Emergency and Urgent Services							
Emergency Department (In- and Out-of-Network)	\$350	20% AD	30% AD	20% AD	30% AD	30% AD	50% AD
Urgent Care Center Services	\$20	\$40	\$50	\$40	\$50	\$50	\$50
Mental/Behavioral Health and Substance Use Disorder Services							
Inpatient Services	\$200/day (\$800 max)	20% AD	30% AD	\$500 AD	30% AD	30% AD	40% AD
Outpatient Office Visits (PCP, Specialist or Virtual Consult ^Δ)	\$20	\$30	\$40	\$30	\$35	\$40	\$50
Other Outpatient Services	\$20	20% AD	30% AD	\$30	30% AD	30% AD	40% AD
Employee Assistance Visits	3 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	3 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	3 sessions per presenting issue for each individual covered; no copay required
Diabetes Treatment							
Pump Infusion Sets and Supplies	20%	20% AD	30% AD	No charge AD	30% AD	30% AD	40% AD
Other Covered Services							
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	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
Outpatient Prescription Drug Coverage							
Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 45				Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 45			

^ΔBehavioral health virtual consults no out-of-network coverage

AD: After Deductible | AC: Allowable Charge

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. All values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.

2024 Sentara POS Design Plans

Plan Name	Sentara POS Design 3000/20%	Sentara POS Design 5000/0%
Embedded/Non-Embedded	Embedded	Embedded
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
Physician Services		
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
Maternity Care	20% AD	No charge AD
Outpatient Services		
Outpatient Surgery	20% AD	No charge AD
Outpatient Diagnostic Procedures & Tests	20% AD	No charge AD
Outpatient Lab Work	20% AD	No charge AD
Advanced Imaging & Testing Procedures	20% AD	No charge AD
Inpatient Services		
Inpatient Hospital Services	20% AD	No charge AD
Emergency and Urgent Services		
Emergency Department (In- and Out-of-Network)	20% AD	No charge AD
Urgent Care Center Services	20% AD	No charge AD
Mental/Behavioral Health and Substance Use Disorder Services		
Inpatient Services	20% AD	No charge AD
Outpatient Office Visits (PCP, Specialist or Virtual Consult ^Δ)	20% AD	No charge AD
Other Outpatient Services	20% AD	No charge AD
Employee Assistance Visits	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required
Diabetes Treatment		
Pump Infusion Sets and Supplies	20% AD	No charge AD
Other Covered Services		
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
Outpatient Prescription Drug Coverage		

Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 45

^ΔBehavioral health virtual consults no out-of-network coverage

AD: After Deductible | AC: Allowable Charge
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. All values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.



2024 Sentara POS Equity Plans*

Plan Name	Sentara POS Equity 1600/0%	Sentara POS Equity 3200/0%	Sentara POS Equity 4000/40%	Sentara POS Equity 5000/0%
Embedded/Non-Embedded	Non-Embedded	Embedded	Embedded	Embedded
In-Network Deductible (Individual/Family)	\$1,600/\$3,200	\$3,200/\$6,400	\$4,000/\$8,000	\$5,000/\$10,000
Out-of-Network Deductible (Individual/Family)	\$3,200/\$6,400	\$6,400/\$12,800	\$8,000/\$16,000	\$10,000/\$20,000
In-Network Out-of-Pocket Maximum (Individual/Family)	\$7,500/\$15,000	\$5,000/\$10,000	\$7,500/\$15,000	\$7,000/\$14,000
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	\$15,000/\$30,000	\$10,000/\$20,000	\$15,000/\$30,000	\$14,000/\$28,000
Out-of-Network Coinsurance	30% AD/AC	30% AD/AC	50% AD/AC	30% AD/AC
Physician Services				
PCP Visit	\$25 AD	No charge AD	\$25 AD	No charge AD
Virtual Consult (No Out-of-Network Coverage)	No charge AD	No charge AD	No charge AD	No charge AD
Specialist Visit	\$50 AD	No charge AD	\$50 AD	No charge AD
Maternity Care	\$500 AD	No charge AD	\$500 AD	No charge AD
Outpatient Services				
Outpatient Surgery	\$300 AD	No charge AD	\$500 AD	No charge AD
Outpatient Diagnostic Procedures & Tests	\$25 AD	No charge AD	\$25 AD	No charge AD
Outpatient Lab Work	\$25 AD	No charge AD	\$25 AD	No charge AD
Advanced Imaging & Testing Procedures	\$250 AD	No charge AD	40% AD	No charge AD
Inpatient Services				
Inpatient Hospital Services	\$500 AD	No charge AD	\$500 AD	No charge AD
Emergency and Urgent Services				
Emergency Department (In- and Out-of-Network)	\$350 AD	No charge AD	40% AD	No charge AD
Urgent Care Center Services	\$100 AD	No charge AD	\$50 AD	No charge AD
Mental/Behavioral Health and Substance Use Disorder Services				
Inpatient Services	\$500 AD	No charge AD	\$500 AD	No charge AD
Outpatient Office Visits (PCP, Specialist or Virtual Consult ^Δ)	\$25 AD	No charge AD	\$25 AD	No charge AD
Other Outpatient Services	\$50 AD	No charge AD	40% AD	No charge AD
Employee Assistance Visits	3 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	3 sessions per presenting issue for each individual covered; no copay required
Diabetes Treatment				
Pump Infusion Sets and Supplies	No charge AD	No charge AD	40% AD	No charge AD
Other Covered Services				
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
Outpatient Prescription Drug Coverage				
Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 45			Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 45	

*Some preventive drugs are available before the deductible for Equity plans. ^ΔBehavioral health virtual consults no out-of-network coverage

AD: After Deductible | AC: Allowable Charge
 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.
 All values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.

2024 Sentara Plus Plans

Plan Name	Sentara Plus 10/20	Sentara Plus 20/20%	Sentara Plus 500/20/20%	Sentara Plus 1000/30/30%	Sentara Plus 2000/20/0%	Sentara Plus 2000/25/30%	Sentara Plus 3000/30/30%	Sentara Plus 4000/30/20%	Sentara Plus 5000/30/30%
Embedded/Non-Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
In-Network Deductible (Individual/Family)	None	None	\$500/\$1,500	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,500	\$3,000/\$6,000	\$4,000/\$8,000	\$5,000/\$10,000
Out-of-Network Deductible (Individual/Family)	\$500/\$1,000	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,000/\$8,000	\$4,500/\$9,000	\$6,000/\$12,000	\$8,000/\$16,000	\$10,000/\$20,000
In-Network Out-of-Pocket Maximum (Individual/Family)	\$2,500/\$5,000	\$3,500/\$7,000	\$4,500/\$9,000	\$5,000/\$10,000	\$7,000/\$14,000	\$6,000/\$12,000	\$6,500/\$13,000	\$6,600/\$13,200	\$8,000/\$16,000
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	\$5,000/\$10,000	\$7,000/\$14,000	\$9,000/\$18,000	\$10,000/\$20,000	\$14,000/\$28,000	\$12,000/\$24,000	\$13,000/\$26,000	\$13,200/\$26,400	\$16,000/\$32,000
Out-of-Network Coinsurance	30% AD/AC	40% AD/AC	40% AD/AC	50% AD/AC	30% AD/AC	50% AD/AC	50% AD/AC	40% AD	50% AD
Physician Services									
PCP Visit	\$10	\$20	\$20	\$30	\$20	\$25	\$30	\$30	\$30
Virtual Consult (No Out-of-Network Coverage)	No charge	No charge	No charge	No charge	No charge				
Specialist Visit	\$20	\$40	\$40	\$50	\$40	\$50	\$50	\$50	\$50
Maternity Care	\$350	20%	\$450	\$500	\$500 AD	\$500	\$500	\$550	\$600
Outpatient Services									
Outpatient Surgery	\$150	\$150 & 20%	20% AD	30% AD	\$250 AD	30% AD	30% AD	20% AD	30% AD
Outpatient Diagnostic Procedures & Tests	\$20	20%	20% AD	30% AD	\$50	30% AD	30% AD	20% AD	30% AD
Outpatient Lab Work	\$10	20%	20% AD	30% AD	\$50	30% AD	30% AD	20% AD	30% AD
Advanced Imaging & Testing Procedures	\$100	20%	20% AD	30% AD	\$300 AD	30% AD	30% AD	20% AD	30% AD
Inpatient Services									
Inpatient Hospital Services	\$200/day (\$800 max)	\$400 & 20%	20% AD	30% AD	\$500 AD	30% AD	30% AD	20% AD	30% AD
Emergency and Urgent Services									
Emergency Department (In- and Out-of-Network)	\$350	\$350	20% AD	30% AD	20% AD	30% AD	30% AD	20% AD	30% AD
Urgent Care Center Services	\$20	\$40	\$40	\$50	\$40	\$50	\$50	\$50	\$50
Mental/Behavioral Health and Substance Use Disorder Services									
Inpatient Services	\$200/day (\$800 max)	\$400 & 20%	20% AD	30% AD	\$500 AD	30% AD	30% AD	20% AD	30% AD
Outpatient Office Visits (PCP, Specialist or Virtual Consult ^Δ)	\$20	\$30	\$30	\$40	\$30	\$35	\$40	\$40	\$40
Other Outpatient Services	\$20	20%	20% AD	30% AD	\$30	30% AD	30% AD	20% AD	30% AD
Employee Assistance Visits	3 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	3 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	3 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
Diabetes Treatment									
Pump Infusion Sets and Supplies	20%	20%	20% AD	30% AD	No charge AD	30% AD	30% AD	20% AD	30% AD
Other Covered Services									
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	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
Outpatient Prescription Drug Coverage									
Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 45					Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 45				

^ΔBehavioral health virtual consults no out-of-network coverage

AD: After Deductible | AC: Allowable Charge

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. All values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.

2024 Sentara Plus Design Plans

Plan Name	Sentara Plus Design 3000/20%	Sentara Plus Design 5000/0%
Embedded/Non-Embedded	Embedded	Embedded
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
Physician Services		
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
Maternity Care	20% AD	No charge AD
Outpatient Services		
Outpatient Surgery	20% AD	No charge AD
Outpatient Diagnostic Procedures & Tests	20% AD	No charge AD
Outpatient Lab Work	20% AD	No charge AD
Advanced Imaging & Testing Procedures	20% AD	No charge AD
Inpatient Services		
Inpatient Hospital Services	20% AD	No charge AD
Emergency and Urgent Services		
Emergency Department (In- and Out-of-Network)	20% AD	No charge AD
Urgent Care Center Services	20% AD	No charge AD
Mental/Behavioral Health and Substance Use Disorder Services		
Inpatient Services	20% AD	No charge AD
Outpatient Office Visits (PCP, Specialist or Virtual Consult ^Δ)	20% AD	No charge AD
Other Outpatient Services	20% AD	No charge AD
Employee Assistance Visits	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required
Diabetes Treatment		
Pump Infusion Sets and Supplies	20% AD	No charge AD
Other Covered Services		
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
Outpatient Prescription Drug Coverage		
Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 45		

^ΔBehavioral health virtual consults no out-of-network coverage

AD: After Deductible | AC: Allowable Charge

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. All values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.



2024 Sentara Plus Equity Plans*

Plan Name	Sentara Plus Equity 1600/0%	Sentara Plus Equity 3200/0%	Sentara Plus Equity 3200/10%	Sentara Plus Equity 4000/0%	Sentara Plus Equity 5000/0%
Embedded/Non-Embedded	Non-Embedded	Embedded	Embedded	Embedded	Embedded
In-Network Deductible (Individual/Family)	\$1,600/\$3,200	\$3,200/\$6,400	\$3,200/\$6,400	\$4,000/\$8,000	\$5,000/\$10,000
Out-of-Network Deductible (Individual/Family)	\$3,200/\$6,400	\$6,000/\$12,000	\$6,000/\$12,000	\$8,000/\$16,000	\$10,000/\$20,000
In-Network Out-of-Pocket Maximum (Individual/Family)	\$7,500/\$15,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,750/\$13,500	\$7,000/\$14,000
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	\$15,000/\$30,000	\$10,000/\$20,000	\$10,000/\$20,000	\$13,500/\$27,000	\$14,000/\$28,000
Out-of-Network Coinsurance	30% AD/AC	30% AD/AC	30% AD/AC	30% AD/AC	30% AD/AC
Physician Services					
PCP Visit	\$25 AD	No charge AD	10% AD	No charge AD	No charge AD
Virtual Consult (No Out-of-Network Coverage)	No charge AD	No charge AD	No charge AD	No charge AD	No charge AD
Specialist Visit	\$50 AD	No charge AD	10% AD	No charge AD	No charge AD
Maternity Care	\$500 AD	No charge AD	10% AD	No charge AD	No charge AD
Outpatient Services					
Outpatient Surgery	\$300 AD	No charge AD	10% AD	No charge AD	No charge AD
Outpatient Diagnostic Procedures & Tests	\$25 AD	No charge AD	10% AD	No charge AD	No charge AD
Outpatient Lab Work	\$25 AD	No charge AD	10% AD	No charge AD	No charge AD
Advanced Imaging & Testing Procedures	\$250 AD	No charge AD	10% AD	No charge AD	No charge AD
Inpatient Services					
Inpatient Hospital Services	\$500 AD	No charge AD	10% AD	No charge AD	No charge AD
Emergency and Urgent Services					
Emergency Department (In- and Out-of-Network)	\$350 AD	No charge AD	10% AD	No charge AD	No charge AD
Urgent Care Center Services	\$100 AD	No charge AD	10% AD	No charge AD	No charge AD
Mental/Behavioral Health and Substance Use Disorder Services					
Inpatient Services	\$500 AD	No charge AD	10% AD	No charge AD	No charge AD
Outpatient Office Visits (PCP, Specialist or Virtual Consult ^Δ)	\$25 AD	No charge AD	10% AD	No charge AD	No charge AD
Other Outpatient Services	\$50 AD	No charge AD	10% AD	No charge AD	No charge AD
Employee Assistance Visits	3 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	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required
Diabetes Treatment					
Pump Infusion Sets and Supplies	No charge AD	No charge AD	10% AD	No charge AD	No charge AD
Other Covered Services					
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
Outpatient Prescription Drug Coverage					
Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 45			Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 45		

*Some preventive drugs are available before the deductible for Equity plans. ^ΔBehavioral health virtual consults no out-of-network coverage

AD: After Deductible | AC: Allowable Charge

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. All values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.

2024 Mid-Market and Large Group Outpatient Prescription Drug Coverage Options

Outpatient prescription drug coverage is included with each health plan. Each health plan may be paired with one of the following package options.

POS/POSA/Plus/Vantage Outpatient Prescription Drug Coverage

Open or Standard Formulary	Retail (30-day supply)	Mail Order (90-day supply)
Option 1		
Deductible	Rx p/p deductible \$150	
Tier 1	\$10	\$25 AD
Tier 2	\$45 AD	\$113 AD
Tier 3	\$75 AD	\$225 AD
Tier 4 (\$300 max out-of-pocket, per prescription)	20% AD	20% AD
Option 2		
Deductible	No Deductible	
Tier 1	\$15	\$38
Tier 2	\$40	\$100
Tier 3	\$75	\$225
Tier 4 (\$300 max out-of-pocket, per prescription)	20%	20%

AD: After Deductible | p/p: Per Person

Design POS/POSA/Plus/Vantage Outpatient Prescription Drug Coverage

Open or Standard Formulary	Retail (30-day supply)	Mail Order (90-day supply)
Deductible	No Deductible	
Tier 1	\$10	\$25
Tier 2	\$40	\$100
Tier 3	\$60	\$180
Tier 4 (\$300 max out-of-pocket, per prescription)	20%	20%

Equity POS/POSA/Plus/Vantage Outpatient Prescription Drug Coverage

Open or Standard Formulary	Retail (30-day supply)	Mail Order (90-day supply)
Deductible	Medical deductible applies	
Tier 1	\$10 AD	\$25 AD
Tier 2	\$40 AD	\$100 AD
Tier 3	\$60 AD	\$180 AD
Tier 4 (\$300 max out-of-pocket, per prescription)	20% AD	20% AD

AD: After Deductible



Service Descriptions

Physician Services

There is an additional copayment or coinsurance for outpatient 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 Med/Surg 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

Applicable when primary diagnosis is medical. Must be provided by a Sentara Health Plans 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 & 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 Med/Surg diagnosis.)

For treatment of mental health conditions or substance use disorder, cost sharing will follow the Other Outpatient Services cost sharing listed under Mental Health and Substance Use Disorder Services.

Emergency Services

Includes emergency services, physician services, advanced diagnostic imaging, such as MRI's, 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.

Mental/Behavioral Health & Substance Use Disorder Services

Includes inpatient and outpatient services for the treatment of mental health and substance use disorder. 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 a 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, and control solution.
- **Insulin needles and syringes**

Maternity Care

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

Vision Services Through VSP Vision Care (VSP)

Examinations, 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.

Hearing Aid Services

Available for dependent children up to age 18. Includes hearing aids and related services such as ear-molds, initial batteries, maintenance and adaption training. Pre-authorization is required.

Choose Sentara Health Plans

- ✓ More Options
- ✓ More Innovation
- ✓ Exceptional Service

We Improve Health Every Day