

2024 Sentara BusinessEDGE® Plus Plans



Groups with 5-250 enrolled employees

This chart only summarizes standard covered expenses. Exclusions and limitations apply. Additional benefits may be available.

Plan Name	DED (In Net) Individual Family	DED (OON) Individual Family	MOOP (In Net) Individual Family	MOOP (OON) Individual Family	COINSURANCE (OON)	PCP	VIRTUAL CONSULT (No OON coverage)	SPECIALIST	OUTPATIENT	INPATIENT	ED (In or OON)	UCC	PRESCRIPTION DRUG COVERAGE OPTION 1	PRESCRIPTION DRUG COVERAGE OPTION 2
Sentara Plus 500/25/20%	\$500 \$1,000	\$1,000 \$2,000	\$7,500 \$15,000	\$15,000 \$30,000	40% AD/AC	\$25	No charge	\$50	20% AD	20% AD	30% AD	\$50	\$150 Ded p/p Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: 25% AD (\$250 max) Tier 4: 25% AD (\$400 max)	Tier 1: \$10 Tier 2: \$30 Tier 3: 25% (\$250 max) Tier 4: 25% (\$400 max)
Sentara Plus 1500/25/20%	\$1,500 \$3,000	\$3,250 \$6,500	\$6,500 \$13,000	\$13,000 \$26,000	40% AD/AC	\$25	No charge	\$40	20% AD	20% AD	30% AD	\$40	\$150 Ded p/p Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: 25% AD (\$250 max) Tier 4: 25% AD (\$400 max)	Tier 1: \$10 Tier 2: \$30 Tier 3: 25% (\$250 max) Tier 4: 25% (\$400 max)
Sentara Plus 2000/25/30%	\$2,000 \$4,000	\$4,000 \$8,000	\$6,500 \$13,000	\$13,000 \$27,000	50% AD/AC	\$25	No charge	\$50	30% AD	30% AD	40% AD	\$50	\$150 Ded p/p Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: 25% AD (\$250 max) Tier 4: 25% AD (\$400 max)	Tier 1: \$10 Tier 2: \$30 Tier 3: 25% (\$250 max) Tier 4: 25% (\$400 max)
Sentara Plus 3000/30/0%	\$3,000 \$6,000	\$6,000 \$12,000	\$6,500 \$13,000	\$13,000 \$26,000	40% AD/AC	\$30	No charge	\$60	No charge AD	No charge AD	\$350	\$75	\$150 Ded p/p Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: 25% AD (\$250 max) Tier 4: 25% AD (\$400 max)	Tier 1: \$10 Tier 2: \$30 Tier 3: 25% (\$250 max) Tier 4: 25% (\$400 max)
Sentara Plus 4000/40/20%	\$4,000 \$8,000	\$8,000 \$16,000	\$8,650 \$17,300	\$17,000 \$34,000	40% AD/AC	\$40	No charge	\$80	20% AD	20% AD	30% AD	20% AD	MDA Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: 25% AD (\$250 max) Tier 4: 25% AD (\$400 max)	Tier 1: \$10 Tier 2: \$30 Tier 3: 25% (\$250 max) Tier 4: 25% (\$400 max)
Sentara Plus 5000/40/0%	\$5,000 \$10,000	\$10,000 \$20,000	\$7,500 \$15,000	\$15,000 \$30,000	40% AD/AC	\$40	No charge	\$80	No charge AD	No charge AD	20% AD	\$80	\$150 Ded p/p Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: 25% AD (\$250 max) Tier 4: 25% AD (\$400 max)	Tier 1: \$10 Tier 2: \$30 Tier 3: 25% (\$250 max) Tier 4: 25% (\$400 max)

2024 Sentara Business **EDGE**® Plus HSA Plans



Plan Name	DED (In Net) Individual Family	DED (OON) Individual Family	MOOP (In Net) Individual Family	MOOP (OON) Individual Family	COINSURANCE (OON)	PCP	VIRTUAL CONSULT (No OON coverage)	SPECIALIST	OUTPATIENT	INPATIENT	ED (In or OON)	UCC	PRESCRIPTION DRUG COVERAGE OPTION 1	PRESCRIPTION DRUG COVERAGE OPTION 2 Deductible, if applicable
Sentara Plus HSA 3200/0%	\$3,200 \$6,400	\$6,400 \$12,800	\$7,200 \$14,400	\$14,400 \$28,800	30% AD/AC	No charge AD	No charge AD	No charge AD	No charge AD	No charge AD	20% AD	No charge AD	MDA Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: 25% AD (\$250 max) Tier 4: 25% AD (\$400 max)	Prev BD, MDA Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: 25% AD (\$250 max) Tier 4: 25% AD (\$400 max)
Sentara Plus HSA 3200/10%	\$3,200 \$6,400	\$6,400 \$12,800	\$7,200 \$14,400	\$14,400 \$28,800	30% AD/AC	10% AD	No charge AD	10% AD	10% AD	10% AD	20% AD	10% AD	MDA Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: 25% AD (\$250 max) Tier 4: 25% AD (\$400 max)	Prev BD, MDA Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: 25% AD (\$250 max) Tier 4: 25% AD (\$400 max)
Sentara Plus HSA 4000/20%	\$4,000 \$8,000	\$5,500 \$10,500	\$7,000 \$14,000	\$14,000 \$28,000	40% AD/AC	20% AD	No charge AD	20% AD	20% AD	20% AD	30% AD	20% AD	MDA Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: 25% AD (\$250 max) Tier 4: 25% AD (\$400 max)	Prev BD, MDA Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: 25% AD (\$250 max) Tier 4: 25% AD (\$400 max)
Sentara Plus HSA 5000/0%	\$5,000 \$10,000	\$10,000 \$20,000	\$6,900 \$13,800	\$13,800 \$27,600	30% AD/AC	\$30 AD	No charge AD	\$60 AD	No charge AD	No charge AD	20% AD	20% AD	MDA Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: 25% AD (\$250 max) Tier 4: 25% AD (\$400 max)	Prev BD, MDA Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: 25% AD (\$250 max) Tier 4: 25% AD (\$400 max)
Sentara Plus HSA 6000/30%	\$6,000 \$12,000	\$12,000 \$24,000	\$7,000 \$14,000	\$14,000 \$28,000	50% AD/AC	30% AD	No charge AD	30% AD	30% AD	30% AD	40% AD	30% AD	MDA Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: 25% AD (\$250 max) Tier 4: 25% AD (\$400 max)	Prev BD, MDA Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: 25% AD (\$250 max) Tier 4: 25% AD (\$400 max)

AD: After Deductible | **AC:** Allowable Charges | **Ded p/p:** Deductible per person | **MDA:** Medical Deductible Applies | **Prev BD:** Preventive Drugs Before Deductible

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 Business **EDGE**® 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](https://www.sentarahealthplans.com).