



# Small Group Guide 2024

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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](https://sentarahealthplans.com).

Revised August 2023

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.<sup>1</sup> With more than three decades of experience, we understand the needs of small 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 hospitals<sup>2</sup>
- 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 Small 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](https://sentarahealthplans.com).

<sup>1</sup>Sentara 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.

<sup>2</sup>Sentara Health Administration, Inc., Provider Status Report, 2023, available at [sentarahealthplans.com/find-doctors-drugs-and-facilities](https://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.<sup>3</sup>

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.

<sup>3</sup>To 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; font-size: 2em;">1-50</p>      | <p><b>Self-Employed Individuals<sup>4</sup> and Small Group (1-50 total employees)</b></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; font-size: 2em;">51-150</p>  | <p><b>Mid-Market Group (more than 50 total employees with 150 or fewer eligible)</b></p> <p>We help employers and their employees get more value for their healthcare dollars.</p>   |
| <p style="text-align: center; font-size: 2em;">150+</p>    | <p><b>Large Group (151+ eligible employees)</b></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 the Small Group market segment. If you are looking for information about other plans, such as BusinessEDGE® plans, or information about group sizes, such as Mid-Market and Large Group employers, contact your local Sentara Health Plans representative. Learn more at [sentarahealthplans.com/brokers](https://sentarahealthplans.com/brokers).

<sup>4</sup>Terms 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](https://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 or Plus PPO plans have access to PHCS/MultiPlan, the nation's largest independent primary PPO network.<sup>5</sup> 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 Program®

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.

<sup>5</sup>MultiPlan press release, July 16, 2019

<sup>6</sup>The member will be required to submit documentation to enroll.

<sup>7</sup>This 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.

### Pediatric Vision Care

Our pediatric vision benefit covers dependent children up to age 19 and includes examinations; glasses, lenses, and frames or contact lenses; as well as low-vision exams.



### Around-The-World Assistance 24/7

Members have access to emergency travel assistance for medical and travel emergencies at no additional cost.<sup>7</sup> 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). 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](https://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.<sup>8</sup> 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.

<sup>8</sup>This is not a covered benefit but a value-added service.

# Health and Wellness Services: MyLife MyPlan

## MyLife MyPlan includes<sup>9</sup>

### 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.<sup>10</sup> 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

<sup>9</sup>This is not a covered benefit but a value-added service.

<sup>10</sup>[sentarahealthplans.com/members/health-and-wellness/prevention-and-wellness/](https://sentarahealthplans.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](https://sentarahealthplans.com/mylifemyplan) for more information.

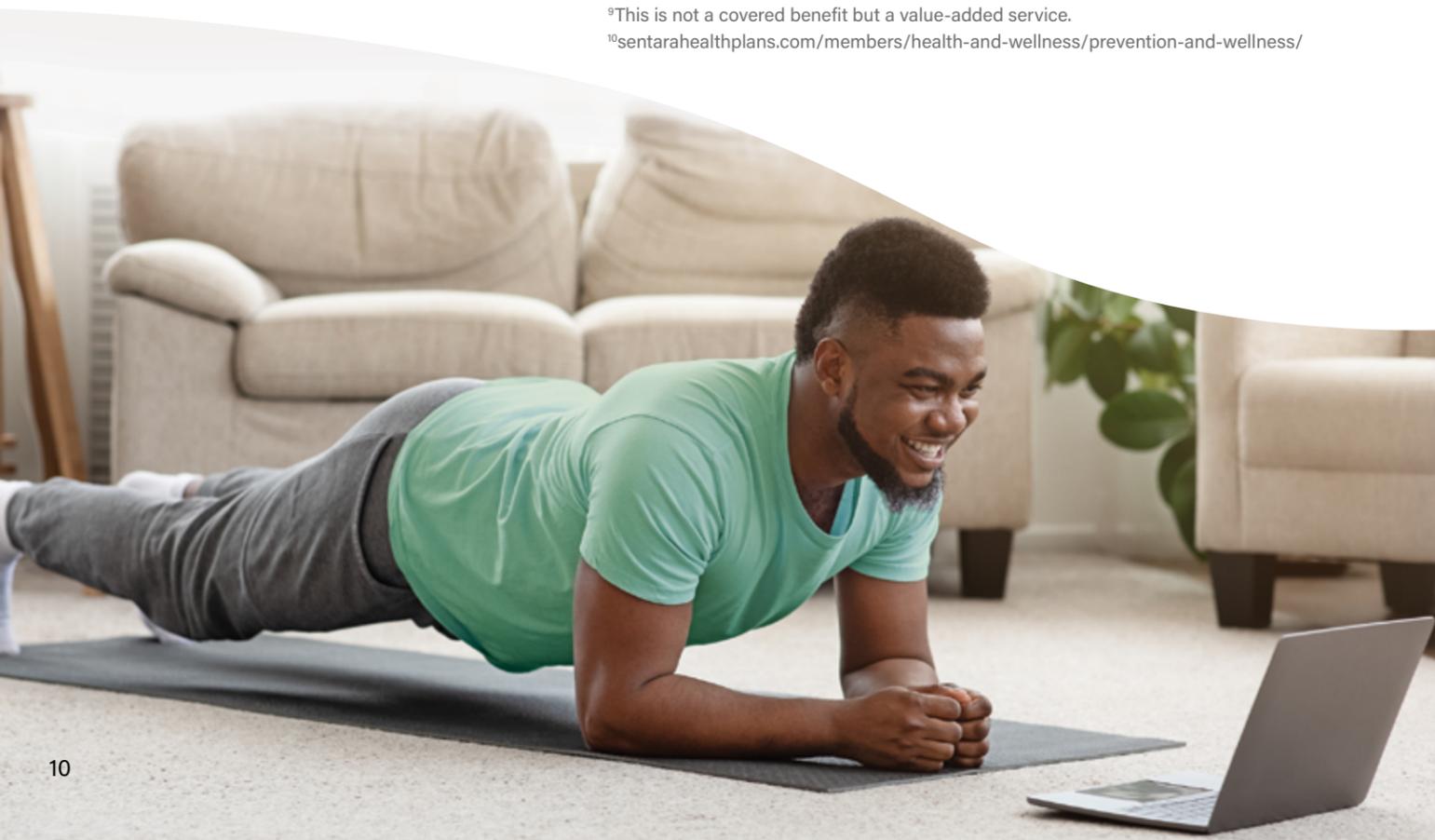
### More Ways We Support Members on Their Wellness Journey

Sentara Health Plans offers special services that help members stay healthy, even when life gets busy.<sup>11</sup> Our services meet members where they are and empower them to take the next step to improve their health.

- **Worksite wellness programs (minimum of 20 employees whether through a single employer or combined):** 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.

<sup>11</sup>There may be an additional fee for these services.

- **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](https://sentarahealthplans.com/mylifemyplan). Previous topics include:
  - healthy eating
  - increasing movement
  - cultivating financial well-being
  - supporting social wellness



# 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.



### Mail-Order Drugs<sup>12</sup>

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](https://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

<sup>12</sup>Not all drugs are available from mail order.

# 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.

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](https://sentarahealthplans.com/members/manage-plans/covered-preventive-services).

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

# 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.



# Sentara EAP

**The Sentara Employee Assistance Program** (Sentara EAP)<sup>13</sup> 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](https://sentarahealthplans.com/eap) for online resources.

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

<sup>13</sup>Sentara 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](https://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](https://sentarahealthplans.com/members), using the mobile app, or by visiting [sentarahealthplans.com/find-doctors-drugs-and-facilities](https://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, or Plus/PPO). Members can search for a doctor or facility by name or specialty, or use the advanced search tools.

<sup>14</sup>Mental health and substance abuse disorder virtual consults may carry an additional charge.

<sup>15</sup>Members 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](https://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.<sup>14</sup> 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 at 1-800-394-2237.

## 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. Members who need help should call 1-833-717-2310.<sup>15</sup>

## 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)<sup>16</sup> account access

For more information, visit [sentarahealthplans.com/app](https://sentarahealthplans.com/app).

<sup>16</sup>Only 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



### 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](https://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.<sup>17</sup>

### 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](https://sentarahealthplans.com/brokers)
- [brokerservices@sentara.com](mailto: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](mailto:sales@sentara.com)

<sup>17</sup>2023 Broker Satisfaction Survey "Easy to do Business With"



### 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 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. Our offerings include<sup>18</sup>:

- **Sentara Direct 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 (PCP) from our robust proprietary network. As an open access HMO, members do not need referrals for specialty care.
- **Sentara Direct POS and Sentara Direct 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.

## Added Benefits Available on All Plans

We help employers and members get the most from their health coverage with special services that come standard on all plans. These services include:

- **Health and wellness services** that maximize well-being for people of all ages regardless of their health history.
- **Comprehensive provider networks** that include quality providers in convenient locations.
- **Certain preventive services at no additional cost**, including vaccines, colorectal cancer screenings, and breast cancer screenings, when received from an in-network provider.



<sup>18</sup>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<sup>®</sup> 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://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

### 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. There are no account management or HSA administration fees.

### 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 Direct Vantage Plans

| Plan Name   | Sentara Direct Vantage Platinum 0 Ded 100 Rx Ded                                  | Sentara Direct Vantage Platinum 0 Ded 150 Rx Ded                                  | Sentara Direct Vantage Platinum 0 Ded   | Sentara Direct Vantage Platinum 0 Ded 200 Rx Ded                                  | Sentara Direct Vantage Gold 0 Ded   | Sentara Direct Vantage Gold 500 Ded 200 Rx Ded                                    | Sentara Direct Vantage Gold 750 Ded   |
|---|---|---|---|---|---|---|---|
| Embedded/Non-Embedded   | Embedded  |
| Deductible Individual/Family  | N/A   | N/A   | N/A   | N/A   | N/A   | \$500/\$1,000   | \$750/\$1,500   |
| Max Out-of-Pocket Individual/Family   | \$2,800/\$5,600   | \$3,000/\$6,000   | \$2,500/\$5,000   | \$2,500/\$5,000   | \$7,500/\$15,000  | \$7,500/\$15,000  | \$7,700/\$15,400  |
| <b>Physician Services</b>   |   |   |   |   |   |   |   |
| PCP Office Visit (Tier 1/Tier 2 physicians)   | \$10/\$20   | \$15/\$30   | \$25/\$50   | \$25/\$50   | \$35/\$70   | \$25/\$50   | \$30/\$60   |
| Virtual Consult   | No charge   |
| Specialist Office Visit (Tier 1/Tier 2 physicians)  | \$20/\$40   | \$35/\$70   | \$50/\$100  | \$50/\$100  | \$70/\$140  | \$50/\$100  | \$60/\$120  |
| <b>Outpatient Surgery</b>   |   |   |   |   |   |   |   |
| Outpatient Surgery (Tier 1/Tier 2 facilities)   | \$150/\$250   | \$150/\$250   | \$300/\$600   | \$300/\$600   | \$400/\$800   | 20% AD/40% AD   | 20% AD/40% AD   |
| <b>Outpatient Services</b>  |   |   |   |   |   |   |   |
| Outpatient Diagnostic Procedures & Tests (Tier 1/Tier 2 facilities)   | \$20/\$40   | 20%/40%   | 20%/40%   | 20%/40%   | \$35/\$70   | \$50/\$100  | \$60/\$120  |
| Outpatient Lab Work (Tier 1/Tier 2 facilities)  | \$10/\$20   | 20%/40%   | 20%/40%   | 20%/40%   | \$35/\$70   | \$50/\$100  | \$60/\$120  |
| Advanced Imaging & Testing Procedures (Tier 1/Tier 2 facilities and physicians)   | \$200/\$400   | \$150/\$300   | \$150/\$300   | \$150/\$300   | \$300/\$600   | 20% AD/40% AD   | 20% AD/40% AD   |
| <b>Inpatient Services</b>   |   |   |   |   |   |   |   |
| Inpatient Hospital Services (Tier 1/Tier 2 facilities)  | \$200/day (\$800 max)<br>\$400/day(\$1,600 max)                                   | \$300/day (\$1,200 max)<br>\$600/day (\$2,400 max)                                | \$300/day (\$1,200 max)<br>\$600/day (\$2,400 max)                                | \$300/day (\$1,200 max)<br>\$600/day (\$2,400 max)                                | \$600/day (\$2,400 max)<br>\$1,200/day (\$4,800 max)                              | 20% AD/40% AD   | 20% AD/40% AD   |
| <b>Emergency &amp; Urgent Care Services</b>   |   |   |   |   |   |   |   |
| Emergency Services (In or Out-of-Network)   | \$350   | \$350   | 30%   | 30%   | 40%   | 30% AD  | 30% AD  |
| Urgent Care Center Services   | \$20  | \$35  | \$50  | \$50  | \$70  | \$50  | \$60  |
| <b>Mental/Behavioral Health &amp; Substance Use Disorder Services</b>   |   |   |   |   |   |   |   |
| Inpatient Services  | \$200/day (\$800 max)   | \$300/day (\$1,200 max)   | \$300/day (\$1,200 max)   | \$300/day (\$1,200 max)   | \$600/day (\$2,400 max)   | 20% AD  | 20% AD  |
| Outpatient Office Visits (PCP, Specialist or Virtual Consults)  | \$20  | \$25  | \$35  | \$35  | \$45  | \$35  | \$40  |
| Other Outpatient Services   | \$20  | \$25  | \$35  | \$35  | \$45  | 20% AD  | 20% 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    |
| <b>Diabetes Treatment</b>   |   |   |   |   |   |   |   |
| Insulin Pumps   | No charge   |
| Pump Infusion Sets & Supplies   | No charge   | 20%   | 20%   | 20%   | 30%   | 20% AD  | 20% AD  |
| Testing Supplies  | No charge under the Plan's Prescription Drug Benefit                              | No charge under the Plan's Prescription Drug Benefit                              | No charge under the Plan's Prescription Drug Benefit                              | No charge under the Plan's Prescription Drug Benefit                              | No charge under the Plan's Prescription Drug Benefit                              | No charge under the Plan's Prescription Drug Benefit                              | No charge under the Plan's Prescription Drug Benefit                              |
| <b>Other Covered Services</b>   |   |   |   |   |   |   |   |
| Adult Preventive Vision Exams   | No charge for 1 in-network visit every 12 months                                  | No charge for 1 in-network visit every 12 months                                  | No charge for 1 in-network visit every 12 months                                  | No charge for 1 in-network visit every 12 months                                  | No charge for 1 in-network visit every 12 months                                  | No charge for 1 in-network visit every 12 months                                  | No charge for 1 in-network visit every 12 months                                  |
| Chiropractic Care (Spinal Manipulation)   | \$20  | 20%   | 20%   | 20%   | 30%   | 20% AD  | 20% AD  |
| Maternity Care (Tier 1/Tier 2 physicians)   | \$350/\$450   | \$350/\$450   | \$500/\$650   | \$500/\$650   | \$500/\$650   | \$450/\$600   | \$450/\$600   |
| 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 |
| <b>Pharmacy</b>   |   |   |   |   |   |   |   |
| Prescription Drug Coverage Deductible, if applicable Tier 1/Tier 2/Tier 3/Tier 4 (*\$350 max out-of-pocket, per prescription) | Rx p/p Deductible \$100<br>\$15/\$50/20% AD/20% AD*                               | Rx p/p Deductible \$150<br>\$10/\$40 AD/20% AD/20% AD*                            | \$10/\$40/20%/20%*  | Rx p/p Deductible \$200<br>\$10/\$40 AD/20% AD/20% AD*                            | \$10/\$40/30%/30%*  | Rx p/p Deductible \$200<br>\$15/\$50 AD/20% AD/20% AD*                            | \$15/\$50/20%/20%*  |

AC: Allowable Charge | AD: After Deductible | p/p: Per Person | Tier 1: All Sentara Health Plans participating providers except those listed as Tier 2 | Tier 2: Refer to [sentarahealthplans.com](https://www.sentarahealthplans.com). 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. Most values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.

# 2024 Sentara Direct Vantage Plans (continued)

| Plan Name   | Sentara Direct Vantage Gold 1000 Ded 250 Rx Ded                                   | Sentara Direct Vantage Gold 1000 Ded 200 Rx Ded                                   | Sentara Direct Vantage Gold 1250 Ded 200 Rx Ded                                   | Sentara Direct Vantage Gold 1500 Ded 200 Rx Ded                                   | Sentara Direct Vantage Gold 2000 Ded 100 Rx Ded                                   | Sentara Direct Vantage Gold 2000 Ded  | Sentara Direct Vantage Gold 2800 Ded 200 Rx Ded                                   |
|---|---|---|---|---|---|---|---|
| Embedded/Non-Embedded   | Embedded  |
| Deductible Individual/Family  | \$1,000/\$2,000   | \$1,000/\$2,000   | \$1,250/\$2,500   | \$1,500/\$3,000   | \$2,000/\$4,000   | \$2,000/\$4,000   | \$2,800/\$5,600   |
| Max Out-of-Pocket Individual/Family   | \$7,000/\$14,000  | \$6,200/\$12,400  | \$6,500/\$13,000  | \$6,500/\$13,000  | \$8,000/\$16,000  | \$6,500/\$13,000  | \$8,400/\$16,800  |
| <b>Physician Services</b>   |   |   |   |   |   |   |   |
| PCP Office Visit (Tier 1/Tier 2 physicians)   | \$20/\$40   | \$25/\$50   | \$20/\$40   | \$25/\$50   | \$30/\$60   | \$25/\$50   | \$35/\$70   |
| Virtual Consult   | No charge   |
| Specialist Office Visit (Tier 1/Tier 2 physicians)  | \$40/\$80   | \$50/\$100  | \$40/\$80   | \$50/\$100  | \$60/\$120  | \$50/\$100  | \$65/\$130  |
| <b>Outpatient Surgery</b>   |   |   |   |   |   |   |   |
| Outpatient Surgery (Tier 1/Tier 2 facilities)   | \$250 AD/\$500 AD   | 30% AD/50% AD   | 20% AD/40% AD   | 20% AD/40% AD   | \$100/\$200   | 30% AD/50% AD   | No charge AD/20% AD   |
| <b>Outpatient Services</b>  |   |   |   |   |   |   |   |
| Outpatient Diagnostic Procedures & Tests (Tier 1/Tier 2 facilities)   | \$50/\$100  | 30% AD/50% AD   | 20% AD/40% AD   | 20% AD/40% AD   | \$60/\$120  | 30% AD/50% AD   | No charge AD/20% AD   |
| Outpatient Lab Work (Tier 1/Tier 2 facilities)  | \$50/\$100  | 30% AD/50% AD   | 20% AD/40% AD   | 20% AD/40% AD   | \$30/\$60   | 30% AD/50% AD   | No charge AD/20% AD   |
| Advanced Imaging & Testing Procedures (Tier 1/Tier 2 facilities and physicians)   | \$300 AD/\$600 AD   | 30% AD/50% AD   | 20% AD/40% AD   | 20% AD/40% AD   | \$300/\$600   | 30% AD/50% AD   | No charge AD/20% AD   |
| <b>Inpatient Services</b>   |   |   |   |   |   |   |   |
| Inpatient Hospital Services (Tier 1/Tier 2 facilities)  | \$500 AD/\$1,000 AD   | 30% AD/50% AD   | 20% AD/40% AD   | 20% AD/40% AD   | 20% AD/40% AD   | 30% AD/50% AD   | No charge AD/20% AD   |
| <b>Emergency &amp; Urgent Care Services</b>   |   |   |   |   |   |   |   |
| Emergency Services (In or Out-of-Network)   | \$350 AD  | 40% AD  | 30% AD  | 30% AD  | 30% AD  | 40% AD  | 20% AD  |
| Urgent Care Center Services   | \$40  | \$50  | \$40  | \$40  | \$60  | \$50  | No charge AD  |
| <b>Mental/Behavioral Health &amp; Substance Use Disorder Services</b>   |   |   |   |   |   |   |   |
| Inpatient Services  | \$500 AD  | 30% AD  | 20% AD  | 20% AD  | 20% AD  | 30% AD  | No charge AD  |
| Outpatient Office Visits (PCP, Specialist or Virtual Consults)  | \$30  | \$35  | \$30  | \$35  | \$40  | \$35  | \$45  |
| Other Outpatient Services   | \$30  | 30% AD  | 20% AD  | 20% AD  | \$40  | 30% 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    | 3 sessions per presenting issue for each individual covered; no copay required    | 3 sessions per presenting issue for each individual covered; no copay required    |
| <b>Diabetes Treatment</b>   |   |   |   |   |   |   |   |
| Insulin Pumps   | No charge   |
| Pump Infusion Sets & Supplies   | No charge AD  | 30% AD  | 20% AD  | 20% AD  | 20% AD  | 30% AD  | No charge AD  |
| Testing Supplies  | No charge under the Plan's Prescription Drug Benefit                              | No charge under the Plan's Prescription Drug Benefit                              | No charge under the Plan's Prescription Drug Benefit                              | No charge under the Plan's Prescription Drug Benefit                              | No charge under the Plan's Prescription Drug Benefit                              | No charge under the Plan's Prescription Drug Benefit                              | No charge under the Plan's Prescription Drug Benefit                              |
| <b>Other Covered Services</b>   |   |   |   |   |   |   |   |
| Adult Preventive Vision Exams   | No charge for 1 in-network visit every 12 months                                  | No charge for 1 in-network visit every 12 months                                  | No charge for 1 in-network visit every 12 months                                  | No charge for 1 in-network visit every 12 months                                  | No charge for 1 in-network visit every 12 months                                  | No charge for 1 in-network visit every 12 months                                  | No charge for 1 in-network visit every 12 months                                  |
| Chiropractic Care (Spinal Manipulation)   | \$20 AD   | 30% AD  | 20% AD  | 20% AD  | 20% AD  | 30% AD  | No charge AD  |
| Maternity Care (Tier 1/Tier 2 physicians)   | \$500 AD/\$650 AD   | \$500/\$650   | \$450/\$600   | \$450/\$600   | 20% AD/40% AD   | \$500/\$650   | \$500/\$650   |
| 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 |
| <b>Pharmacy</b>   |   |   |   |   |   |   |   |
| Prescription Drug Coverage Deductible, if applicable Tier 1/Tier 2/Tier 3/Tier 4 (*\$350 max out-of-pocket, per prescription) | Rx p/p Deductible \$250 \$25 AD/\$50 AD/20% AD/20% AD*                            | Rx p/p Deductible \$200 \$15/\$50 AD/30% AD/30% AD*                               | Rx p/p Deductible \$200 \$15/\$50 AD/20% AD/20% AD*                               | Rx p/p Deductible \$200 \$15/\$50 AD/20% AD/20% AD*                               | Rx p/p Deductible \$100 \$25 AD/\$50 AD/20% AD/20% AD*                            | \$15/\$50/30%/30%*  | Rx p/p Deductible \$200 \$15 AD/\$50 AD/25% AD/25% AD*                            |

AC: Allowable Charge | AD: After Deductible | p/p: Per Person | Tier 1: All Sentara Health Plans participating providers except those listed as Tier 2 | Tier 2: Refer to [sentarahealthplans.com](https://www.sentarahealthplans.com). 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. Most values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.

# 2024 Sentara Direct Vantage Plans (continued)

| Plan Name   | Sentara Direct Vantage Silver 3000 Ded  | Sentara Direct Vantage Silver 4000 Ded 250 Rx Ded                                 | Sentara Direct Vantage Silver 4850 Ded 250 Rx Ded                                 | Sentara Direct Vantage Silver 5600 Ded 200 Rx Ded                                 | Sentara Direct Vantage Silver 6500 Ded 250 Rx Ded                                 | Sentara Direct Vantage Bronze 6600 Ded  | Sentara Direct Vantage Bronze 7200 Ded  | Sentara Direct Vantage Bronze 8500 Ded  |
|---|---|---|---|---|---|---|---|---|
| Embedded/Non-Embedded   | Embedded  |
| Deductible Individual/Family  | \$3,000/\$6,000   | \$4,000/\$8,000   | \$4,850/\$9,700   | \$5,600/\$11,200  | \$6,500/\$13,000  | \$6,600/\$13,200  | \$7,200/\$14,400  | \$8,500/\$17,000  |
| Max Out-of-Pocket Individual/Family   | \$8,800/\$17,600  | \$8,650/\$17,300  | \$9,400/\$18,800  | \$8,800/\$17,600  | \$8,000/\$16,000  | \$8,600/\$17,200  | \$9,400/\$18,800  | \$9,450/\$18,900  |
| <b>Physician Services</b>   |   |   |   |   |   |   |   |   |
| PCP Office Visit (Tier 1/Tier 2 physicians)   | \$35/\$70   | \$40/\$80   | \$45/\$90   | \$40/\$80   | No charge AD/20% AD   | 30% AD/50% AD   | \$45/\$90   | \$50/\$100  |
| Virtual Consult   | No charge   | No charge   | No charge   | No charge   | No charge AD  | No charge AD  | No charge   | No charge   |
| Specialist Office Visit (Tier 1/Tier 2 physicians)  | \$70 AD/\$140 AD  | \$80/\$160  | \$90/\$180  | \$80/\$160  | No charge AD/20% AD   | 30% AD/50% AD   | \$90/\$180  | \$100/\$200   |
| <b>Outpatient Surgery</b>   |   |   |   |   |   |   |   |   |
| Outpatient Surgery (Tier 1/Tier 2 facilities)   | 25% AD/45% AD   | 20% AD/40% AD   | 20% AD/40% AD   | 20% AD/40% AD   | No charge AD/20% AD   | 30% AD/50% AD   | 40% AD/50% AD   | 30% AD/50% AD   |
| <b>Outpatient Services</b>  |   |   |   |   |   |   |   |   |
| Outpatient Diagnostic Procedures & Tests (Tier 1/Tier 2 facilities)   | 25% AD/45% AD   | \$80 AD/\$160 AD  | \$90 AD/\$180 AD  | 20% AD/40% AD   | No charge AD/20% AD   | 30% AD/50% AD   | 40% AD/50% AD   | 30% AD/50% AD   |
| Outpatient Lab Work (Tier 1/Tier 2 facilities)  | 25% AD/45% AD   | \$80 AD/\$160 AD  | \$90 AD/\$180 AD  | 20% AD/40% AD   | No charge AD/20% AD   | 30% AD/50% AD   | 40% AD/50% AD   | 30% AD/50% AD   |
| Advanced Imaging & Testing Procedures (Tier 1/Tier 2 facilities and physicians)   | 25% AD/45% AD   | 20% AD/40% AD   | \$300 AD/\$600 AD   | 20% AD/40% AD   | No charge AD/20% AD   | 30% AD/50% AD   | 40% AD/50% AD   | 30% AD/50% AD   |
| <b>Inpatient Services</b>   |   |   |   |   |   |   |   |   |
| Inpatient Hospital Services (Tier 1/Tier 2 facilities)  | 25% AD/45% AD   | 20% AD/40% AD   | 20% AD/40% AD   | 20% AD/40% AD   | No charge AD/20% AD   | 30% AD/50% AD   | 40% AD/50% AD   | 30% AD/50% AD   |
| <b>Emergency &amp; Urgent Care Services</b>   |   |   |   |   |   |   |   |   |
| Emergency Services (In or Out-of-Network)   | 35% AD  | 30% AD  | 30% AD  | 30% AD  | 20% AD  | 40% AD  | 50% AD  | 40% AD  |
| Urgent Care Center Services   | \$70 AD   | \$80  | \$90  | \$80  | No charge AD  | 30% AD  | \$90  | \$100   |
| <b>Mental/Behavioral Health &amp; Substance Use Disorder Services</b>   |   |   |   |   |   |   |   |   |
| Inpatient Services  | 25% AD  | 20% AD  | 20% AD  | 20% AD  | No charge AD  | 30% AD  | 40% AD  | 30% AD  |
| Outpatient Office Visits (PCP, Specialist or Virtual Consults)  | \$45  | \$50  | \$55  | \$50  | No charge AD  | 30% AD  | \$45  | \$50  |
| Other Outpatient Services   | 25% AD  | 20% AD  | 20% AD  | 20% AD  | No charge AD  | 30% AD  | 40% 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    |
| <b>Diabetes Treatment</b>   |   |   |   |   |   |   |   |   |
| Insulin Pumps   | No charge   |
| Pump Infusion Sets & Supplies   | 25% AD  | 20% AD  | 20% AD  | 20% AD  | No charge AD  | 30% AD  | 40% AD  | 30% AD  |
| Testing Supplies  | No charge under the Plan's Prescription Drug Benefit                              | No charge under the Plan's Prescription Drug Benefit                              | No charge under the Plan's Prescription Drug Benefit                              | No charge under the Plan's Prescription Drug Benefit                              | No charge under the Plan's Prescription Drug Benefit                              | No charge under the Plan's Prescription Drug Benefit                              | No charge under the Plan's Prescription Drug Benefit                              | No charge under the Plan's Prescription Drug Benefit                              |
| <b>Other Covered Services</b>   |   |   |   |   |   |   |   |   |
| Adult Preventive Vision Exams   | No charge for 1 in-network visit every 12 months                                  | No charge for 1 in-network visit every 12 months                                  | No charge for 1 in-network visit every 12 months                                  | No charge for 1 in-network visit every 12 months                                  | No charge for 1 in-network visit every 12 months                                  | No charge for 1 in-network visit every 12 months                                  | No charge for 1 in-network visit every 12 months                                  | No charge for 1 in-network visit every 12 months                                  |
| Chiropractic Care (Spinal Manipulation)   | 25% AD  | 20% AD  | 20% AD  | 20% AD  | No charge AD  | 30% AD  | 40% AD  | 30% AD  |
| Maternity Care (Tier 1/Tier 2 physicians)   | 25% AD/45% AD   | 20% AD/40% AD   | 20% AD/40% AD   | 20% AD/40% AD   | No charge AD/20% AD   | 30% AD/50% AD   | 40% AD/50% AD   | 30% AD/50% AD   |
| 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 |
| <b>Pharmacy</b>   |   |   |   |   |   |   |   |   |
| Prescription Drug Coverage Deductible, if applicable Tier 1/Tier 2/Tier 3/Tier 4 (*\$350 max out-of-pocket, per prescription) | After Medical Deductible \$15 AD/\$50 AD/25% AD/25% AD*                           | Rx p/p Deductible \$250 \$25 AD/\$50 AD/20% AD/20% AD*                            | Rx p/p Deductible \$250 \$15 AD/\$50 AD/20% AD/20% AD*                            | Rx p/p Deductible \$200 \$10/\$40 AD/20% AD/20% AD*                               | Rx p/p Deductible \$250 \$15 AD/\$50 AD/25% AD/25% AD*                            | After Medical Deductible \$15/\$50 AD/30% AD/30% AD*                              | After Medical Deductible \$25 AD/\$55 AD/40% AD/40% AD*                           | After Medical Deductible \$25 AD/\$55 AD/30% AD/30% AD*                           |

AC: Allowable Charge | AD: After Deductible | p/p: Per Person | Tier 1: All Sentara Health Plans participating providers except those listed as Tier 2 | Tier 2: Refer to [sentarahealthplans.com](https://www.sentarahealthplans.com). 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. Most values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.

# 2024 Sentara Direct Vantage HSA Plans\*

| Plan Name  | Sentara Direct Vantage HSA Silver 1900 Ded   | Sentara Direct Vantage HSA Silver 3200 Ded   | Sentara Direct Vantage HSA Silver 4000 Ded   | Sentara Direct Vantage HSA Bronze 6100 Ded   | Sentara Direct Vantage HSA Bronze 6500 Ded   | Sentara Direct Vantage HSA Bronze 7000 Ded   |
|--|--|--|--|--|--|--|
| Embedded/Non-Embedded  | Non-Embedded   | Embedded   | Embedded   | Embedded   | Embedded   | Embedded   |
| Deductible Individual/Family (No 4th Quarter Deductible Carryover on HSA plans)  | \$1,900/\$3,800  | \$3,200/\$6,400  | \$4,000/\$8,000  | \$6,100/\$12,200   | \$6,500/\$13,000   | \$7,000/\$14,000   |
| Max Out-of-Pocket Individual/Family  | \$7,500/\$15,000   | \$7,200/\$14,400   | \$6,900/\$13,800   | \$7,400/\$14,800   | \$7,500/\$15,000   | \$7,500/\$15,000   |
| <b>Physician Services</b>  |  |  |  |  |  |  |
| PCP Office Visit (Tier 1/Tier 2 physicians)  | \$25 AD/\$50 AD  | 20% AD/40% AD  | \$40 AD/\$80 AD  | 40% AD/60% AD  | No charge AD/20% AD  | No charge AD/20% AD  |
| Virtual Consult  | No charge AD   |
| Specialist Office Visit (Tier 1/Tier 2 physicians)   | \$50 AD/\$100 AD   | 20% AD/40% AD  | \$80 AD/\$160 AD   | 40% AD/60% AD  | No charge AD/20% AD  | No charge AD/20% AD  |
| <b>Outpatient Surgery</b>  |  |  |  |  |  |  |
| Outpatient Surgery (Tier 1/Tier 2 facilities)  | \$400 AD/ \$800 AD   | 20% AD/40% AD  | No charge AD/20% AD  | 40% AD/60% AD  | No charge AD/20% AD  | No charge AD/20% AD  |
| <b>Outpatient Services</b>   |  |  |  |  |  |  |
| Outpatient Diagnostic Procedures & Tests (Tier 1/Tier 2 facilities)  | \$100 AD/\$200 AD  | 20% AD/40% AD  | No charge AD/20% AD  | 40% AD/60% AD  | No charge AD/20% AD  | No charge AD/20% AD  |
| Outpatient Lab Work (Tier 1/Tier 2 facilities)   | \$100 AD/\$200 AD  | 20% AD/40% AD  | No charge AD/20% AD  | 40% AD/60% AD  | No charge AD/20% AD  | No charge AD/20% AD  |
| Advanced Imaging & Testing Procedures (Tier 1/Tier 2 facilities & physicians)  | \$400 AD/\$800 AD  | 20% AD/40% AD  | No charge AD/20% AD  | 40% AD/60% AD  | No charge AD/20% AD  | No charge AD/20% AD  |
| <b>Inpatient Services</b>  |  |  |  |  |  |  |
| Inpatient Hospital Services (Tier 1/Tier 2 facilities)   | \$500 AD/ \$1,000 AD   | 20% AD/40% AD  | No charge AD/20% AD  | 40% AD/60% AD  | No charge AD/20% AD  | No charge AD/20% AD  |
| <b>Emergency &amp; Urgent Care Services</b>  |  |  |  |  |  |  |
| Emergency Services (In or Out-of-Network)  | \$350 AD   | 30% AD   | 20% AD   | 50% AD   | 20% AD   | 20% AD   |
| Urgent Care Center Services  | \$50 AD  | 20% AD   | \$80 AD  | 40% AD   | No charge AD   | No charge AD   |
| <b>Mental/Behavioral Health &amp; Substance Use Disorder Services</b>  |  |  |  |  |  |  |
| Inpatient Services   | \$500 AD   | 20% AD   | No charge AD   | 40% AD   | No charge AD   | No charge AD   |
| Outpatient Office Visits (PCP, Specialist or Virtual Consults)   | \$25 AD  | 20% AD   | \$40 AD  | 40% AD   | No charge AD   | No charge AD   |
| Other Outpatient Services  | \$50 AD  | 20% AD   | No charge AD   | 40% 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       | 3 sessions per presenting issue for each individual covered; no copay required       |
| <b>Diabetes Treatment</b>  |  |  |  |  |  |  |
| Insulin Pumps  | No charge AD   | 20% AD   | No charge AD   | 40% AD   | No charge AD   | No charge AD   |
| Pump Infusion Sets and Supplies  | No charge AD   | 20% AD   | No charge AD   | 40% AD   | No charge AD   | No charge AD   |
| Testing Supplies   | Covered under the Plan's Prescription Drug Benefits on associated tier               | Covered under the Plan's Prescription Drug Benefits on associated tier               | Covered under the Plan's Prescription Drug Benefits on associated tier               | Covered under the Plan's Prescription Drug Benefits on associated tier               | Covered under the Plan's Prescription Drug Benefits on associated tier               | Covered under the Plan's Prescription Drug Benefits on associated tier               |
| <b>Other Covered Services</b>  |  |  |  |  |  |  |
| Adult Preventive Vision Exams  | No charge for 1 in-network visit every 12 months                                     | No charge for 1 in-network visit every 12 months                                     | No charge for 1 in-network visit every 12 months                                     | No charge for 1 in-network visit every 12 months                                     | No charge for 1 in-network visit every 12 months                                     | No charge for 1 in-network visit every 12 months                                     |
| Chiropractic Care (Spinal Manipulation)  | \$50 AD  | 20% AD   | No charge AD   | 40% AD   | No charge AD   | No charge AD   |
| Maternity Care (Tier 1/Tier 2 physicians)  | \$500 AD/ \$650 AD   | 20% AD/40% AD  | No charge AD/20% AD  | 40% AD/60% AD  | No charge AD/20% AD  | No charge AD/20% AD  |
| 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 |
| <b>Pharmacy</b>  |  |  |  |  |  |  |
| Prescription Drug Coverage Deductible, if applicable Tier 1/Tier 2/Tier 3/Tier 4 (**\$350 max out-of-pocket, per prescription) | After Medical Deductible \$25 AD/\$55 AD/25% AD/25% AD*                              | After Medical Deductible \$25 AD/\$55 AD/20% AD/20% AD*                              | After Medical Deductible \$25 AD/\$55 AD/20% AD/20% AD*                              | After Medical Deductible \$25 AD/\$55 AD/40% AD/40% AD*                              | After Medical Deductible 25% AD/25% AD/25% AD/25% AD*                                | After Medical Deductible 25% AD/25% AD/25% AD/25% AD*                                |

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

AC: Allowable Charge | AD: After Deductible | p/p: Per Person | Tier 1: All Sentara Health Plans participating providers except those listed as Tier 2 | Tier 2: Refer to [sentarahealthplans.com](https://www.sentarahealthplans.com). 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. Most values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.

# 2024 Sentara Direct POS Plans

| Plan Name   | Sentara Direct POS Platinum 0 Ded 100 Rx Ded                                      | Sentara Direct POS Platinum 0 Ded 150 Rx Ded                                      | Sentara Direct POS Gold 500 Ded 200 Rx Ded  | Sentara Direct POS Gold 750 Ded   | Sentara Direct POS Gold 1000 Ded 250 Rx Ded                                       | Sentara Direct POS Gold 1000 Ded  | Sentara Direct POS Gold 2000 Ded 100 Rx Ded                                       |
|---|---|---|---|---|---|---|---|
| Embedded/Non-Embedded   | Embedded  |
| Deductible Individual/Family (In-Network)   | None  | None  | \$500/\$1,000   | \$750/\$1,500   | \$1,000/\$2,000   | \$1,000/\$2,000   | \$2,000/\$4,000   |
| Deductible Individual/Family (Out-of-Network)   | \$1,750/\$3,500   | \$2,000/\$4,000   | \$1,000/\$2,000   | \$1,500/\$3,000   | \$2,000/\$4,000   | \$2,000/\$4,000   | \$4,000/\$8,000   |
| Max Out-of-Pocket Individual/Family (In-Network)  | \$2,800/\$5,600   | \$3,000/\$6,000   | \$7,500/\$15,000  | \$7,700/\$15,400  | \$7,000/\$14,000  | \$6,200/\$12,400  | \$8,000/\$16,000  |
| Max Out-of-Pocket Individual/Family (Out-of-Network)  | \$5,000/\$10,000  | \$6,000/\$12,000  | \$15,000/\$30,000   | \$15,400/\$30,800   | \$14,000/\$28,000   | \$12,400/\$24,800   | \$16,800/\$33,600   |
| Out-of-Network Coinsurance  | 40% AD/AC   | 40% AD/AC   | 40% AD/AC   | 40% AD/AC   | 30% AD/AC   | 50% AD/AC   | 40% AD/AC   |
| <b>Physician Services</b>   |   |   |   |   |   |   |   |
| PCP Office Visit (Tier 1/Tier 2 physicians)   | \$10/\$20   | \$15/\$30   | \$25/\$50   | \$30/\$60   | \$20/\$40   | \$25/\$50   | \$30/\$60   |
| Virtual Consult (No Out-of-Network Coverage)  | No charge   |
| Specialist Office Visit (Tier 1/Tier 2 physicians)  | \$20/\$40   | \$35/\$70   | \$50/\$100  | \$60/\$120  | \$40/\$80   | \$50/\$100  | \$60/\$120  |
| <b>Outpatient Surgery</b>   |   |   |   |   |   |   |   |
| Outpatient Surgery (Tier 1/Tier 2 facilities)   | \$150/\$250   | \$150/\$250   | 20% AD/40% AD   | 20% AD/40% AD   | \$250 AD/\$500 AD   | 30% AD/50% AD   | \$100/\$200   |
| <b>Outpatient Services</b>  |   |   |   |   |   |   |   |
| Outpatient Diagnostic Procedures & Tests (Tier 1/Tier 2 facilities)   | \$20/\$40   | 20%/40%   | \$50/\$100  | \$60/\$120  | \$50/\$100  | 30% AD/50% AD   | \$60/\$120  |
| Outpatient Lab Work (Tier 1/Tier 2 facilities)  | \$10/\$20   | 20%/40%   | \$50/\$100  | \$60/\$120  | \$50/\$100  | 30% AD/50% AD   | \$30/\$60   |
| Advanced Imaging & Testing Procedures (Tier 1/Tier 2 facilities & physicians)   | \$200/\$400   | \$150/\$300   | 20% AD/40% AD   | 20% AD/40% AD   | \$300 AD/\$600 AD   | 30% AD/50% AD   | \$300/\$600   |
| <b>Inpatient Services</b>   |   |   |   |   |   |   |   |
| Inpatient Hospital Services (Tier 1/Tier 2 facilities)  | \$200/day (\$800 max)<br>\$400/day (\$1,600 max)                                  | \$300/day (\$1,200 max)<br>\$600/day (\$2,400 max)                                | 20% AD/40% AD   | 20% AD/40% AD   | \$500 AD/ \$1,000 AD  | 30% AD/50% AD   | 20% AD/40% AD   |
| <b>Emergency &amp; Urgent Care Services</b>   |   |   |   |   |   |   |   |
| Emergency Services (In or Out-of-Network)   | \$350   | \$350   | 30% AD  | 30% AD  | \$350 AD  | 40% AD  | 30% AD  |
| Urgent Care Center Services   | \$20  | \$35  | \$50  | \$60  | \$40  | \$50  | \$60  |
| <b>Mental/Behavioral Health &amp; Substance Use Disorder Services</b>   |   |   |   |   |   |   |   |
| Inpatient Services  | \$200/day (\$800 max)   | \$300/day (\$1,200 max)   | 20% AD  | 20% AD  | \$500 AD  | 30% AD  | 20% AD  |
| Outpatient Office Visits (PCP, Specialist or Virtual Consult <sup>Δ</sup> )   | \$20  | \$25  | \$35  | \$40  | \$30  | \$35  | \$40  |
| Other Outpatient Services   | \$20  | \$25  | 20% AD  | 20% AD  | \$30  | 30% AD  | \$40  |
| 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    |
| <b>Diabetes Treatment</b>   |   |   |   |   |   |   |   |
| Insulin Pumps   | No charge   |
| Pump Infusion Sets and Supplies   | No charge   | 20%   | 20% AD  | 20% AD  | No charge AD  | 30% AD  | 20% AD  |
| Testing Supplies  | No charge under the Plan's Prescription Drug Benefit                              | No charge under the Plan's Prescription Drug Benefit                              | No charge under the Plan's Prescription Drug Benefit                              | No charge under the Plan's Prescription Drug Benefit                              | No charge under the Plan's Prescription Drug Benefit                              | No charge under the Plan's Prescription Drug Benefit                              | No charge under the Plan's Prescription Drug Benefit                              |
| <b>Other Covered Services</b>   |   |   |   |   |   |   |   |
| Adult Preventive Vision Exams   | No charge for 1 in-network visit every 12 months                                  | No charge for 1 in-network visit every 12 months                                  | No charge for 1 in-network visit every 12 months                                  | No charge for 1 in-network visit every 12 months                                  | No charge for 1 in-network visit every 12 months                                  | No charge for 1 in-network visit every 12 months                                  | No charge for 1 in-network visit every 12 months                                  |
| Chiropractic Care (Spinal Manipulation)   | \$20  | 20%   | 20% AD  | 20% AD  | \$20 AD   | 30% AD  | 20% AD  |
| Maternity Care (Tier 1/Tier 2 physicians)   | \$350/\$450   | \$350/\$450   | \$450/\$600   | \$450/\$600   | \$500 AD/\$650 AD   | \$500/\$650   | 20% AD/40% AD   |
| 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 |
| <b>Pharmacy</b>   |   |   |   |   |   |   |   |
| Prescription Drug Coverage Deductible, if applicable Tier 1/Tier 2/Tier 3/Tier 4 (*\$350 max out-of-pocket, per prescription) | Rx p/p Deductible \$100<br>\$15/\$50/20% AD/20% AD*                               | Rx p/p Deductible \$150<br>\$10/\$40 AD/20% AD/20% AD*                            | Rx p/p Deductible \$200<br>\$15/\$50 AD/20% AD/20% AD*                            | \$15/\$50/20%/20%*  | Rx p/p Deductible \$250<br>\$25 AD/\$50 AD/20% AD/20% AD*                         | \$15/\$50/30%/30%*  | Rx p/p Deductible \$100<br>\$25 AD/\$50 AD/20% AD/20% AD*                         |

<sup>Δ</sup>No out-of-network coverage for behavioral health virtual consults

AC: Allowable Charge | AD: After Deductible | p/p: Per Person | Tier 1: All Sentara Health Plans participating providers except those listed as Tier 2 | Tier 2: Refer to [sentarahealthplans.com](https://sentarahealthplans.com). 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. Most values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.

# 2024 Sentara Direct POS Plans (continued)

| Plan Name   | Sentara Direct POS Gold 2000 Ded  | Sentara Direct POS Gold 2800 Ded 200 Rx Ded                                       | Sentara Direct POS Silver 3000 Ded  | Sentara Direct POS Silver 3500 Ded  | Sentara Direct POS Silver 6500 Ded 250 Rx Ded                                     | Sentara Direct POS Bronze 7200 Ded  | Sentara Direct POS Bronze 8500 Ded  |
|---|---|---|---|---|---|---|---|
| Embedded/Non-Embedded   | Embedded  |
| Deductible Individual/Family (In-Network)   | \$2,000/\$4,000   | \$2,800/\$5,600   | \$3,000/\$6,000   | \$3,500/\$7,000   | \$6,500/\$13,000  | \$7,200/\$14,400  | \$8,500/\$17,000  |
| Deductible Individual/Family (Out-of-Network)   | \$4,000/\$8,000   | \$5,600/\$11,200  | \$6,000/\$12,000  | \$7,000/\$14,000  | \$13,000/\$26,000   | \$14,400/\$28,800   | \$17,000/\$34,000   |
| Max Out-of-Pocket Individual/Family (In-Network)  | \$6,500/\$13,000  | \$8,400/\$16,800  | \$8,800/\$17,600  | \$8,000/\$16,000  | \$8,000/\$16,000  | \$9,400/\$18,800  | \$9,450/\$18,900  |
| Max Out-of-Pocket Individual/Family (Out-of-Network)  | \$13,000/\$26,000   | \$16,800/\$33,600   | \$17,600/\$35,200   | \$16,000/\$32,000   | \$16,000/\$32,000   | \$18,800/\$37,600   | \$18,900/\$37,800   |
| Out-of-Network Coinsurance  | 50% AD/AC   | 30% AD/AC   | 45% AD/AC   | 40% AD/AC   | 30% AD/AC   | 50% AD/AC   | 50% AD/AC   |
| <b>Physician Services</b>   |   |   |   |   |   |   |   |
| PCP Office Visit (Tier 1/Tier 2 physicians)   | \$25/\$50   | \$35/\$70   | \$35/\$70   | \$35/\$70   | No charge AD/20% AD   | \$45/\$90   | \$50/\$100  |
| Virtual Consult (No Out-of-Network Coverage)  | No charge   | No charge   | No charge   | No charge   | No charge AD  | No charge   | No charge   |
| Specialist Office Visit (Tier 1/Tier 2 physicians)  | \$50/\$100  | \$65/\$130  | \$70 AD/\$140 AD  | \$70/\$140  | No charge AD/20% AD   | \$90/\$180  | \$100/\$200   |
| <b>Outpatient Surgery</b>   |   |   |   |   |   |   |   |
| Outpatient Surgery (Tier 1/Tier 2 facilities)   | 30% AD/50% AD   | No charge AD/20% AD   | 25% AD/45% AD   | 20% AD/40% AD   | No charge AD/20% AD   | 40% AD/50% AD   | 30% AD/50% AD   |
| <b>Outpatient Services</b>  |   |   |   |   |   |   |   |
| Outpatient Diagnostic Procedures & Tests (Tier 1/Tier 2 facilities)   | 30% AD/50% AD   | No charge AD/20% AD   | 25% AD/45% AD   | \$70 AD/\$140 AD  | No charge AD/20% AD   | 40% AD/50% AD   | 30% AD/50% AD   |
| Outpatient Lab Work (Tier 1/Tier 2 facilities)  | 30% AD/50% AD   | No charge AD/20% AD   | 25% AD/45% AD   | \$70 AD/\$140 AD  | No charge AD/20% AD   | 40% AD/50% AD   | 30% AD/50% AD   |
| Advanced Imaging & Testing Procedures (Tier 1/Tier 2 facilities & physicians)   | 30% AD/50% AD   | No charge AD/20% AD   | 25% AD/45% AD   | \$300 AD/\$600 AD   | No charge AD/20% AD   | 40% AD/50% AD   | 30% AD/50% AD   |
| <b>Inpatient Services</b>   |   |   |   |   |   |   |   |
| Inpatient Hospital Services (Tier 1/Tier 2 facilities)  | 30% AD/50% AD   | No charge AD/20% AD   | 25% AD/45% AD   | 20% AD/40% AD   | No charge AD/20% AD   | 40% AD/50% AD   | 30% AD/50% AD   |
| <b>Emergency &amp; Urgent Care Services</b>   |   |   |   |   |   |   |   |
| Emergency Services (In or Out-of-Network)   | 40% AD  | 20% AD  | 35% AD  | 30% AD  | 20% AD  | 50% AD  | 40% AD  |
| Urgent Care Center Services   | \$50  | No charge AD  | \$70 AD   | \$70  | No charge AD  | \$90  | \$100   |
| <b>Mental/Behavioral Health &amp; Substance Use Disorder Services</b>   |   |   |   |   |   |   |   |
| Inpatient Services  | 30% AD  | No charge AD  | 25% AD  | 20% AD  | No charge AD  | 40% AD  | 30% AD  |
| Outpatient Office Visits (PCP, Specialist or Virtual Consult <sup>Δ</sup> )   | \$35  | \$45  | \$45  | \$45  | No charge AD  | \$45  | \$50  |
| Other Outpatient Services   | 30% AD  | No charge AD  | 25% AD  | 20% AD  | No charge AD  | 40% 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    |
| <b>Diabetes Treatment</b>   |   |   |   |   |   |   |   |
| Insulin Pumps   | No charge   |
| Pump Infusion Sets and Supplies   | 30% AD  | No charge AD  | 25% AD  | 20% AD  | No charge AD  | 40% AD  | 30% AD  |
| Testing Supplies  | No charge under the Plan's Prescription Drug Benefit                              | No charge under the Plan's Prescription Drug Benefit                              | No charge under the Plan's Prescription Drug Benefit                              | No charge under the Plan's Prescription Drug Benefit                              | No charge under the Plan's Prescription Drug Benefit                              | No charge under the Plan's Prescription Drug Benefit                              | No charge under the Plan's Prescription Drug Benefit                              |
| <b>Other Covered Services</b>   |   |   |   |   |   |   |   |
| Adult Preventive Vision Exams   | No charge for 1 in-network visit every 12 months                                  | No charge for 1 in-network visit every 12 months                                  | No charge for 1 in-network visit every 12 months                                  | No charge for 1 in-network visit every 12 months                                  | No charge for 1 in-network visit every 12 months                                  | No charge for 1 in-network visit every 12 months                                  | No charge for 1 in-network visit every 12 months                                  |
| Chiropractic Care (Spinal Manipulation)   | 30% AD  | No charge AD  | 25% AD  | 20% AD  | No charge AD  | 40% AD  | 30% AD  |
| Maternity Care (Tier 1/Tier 2 physicians)   | \$500/\$650   | \$500/\$650   | 25% AD/45% AD   | 20% AD/40% AD   | No charge AD/20% AD   | 40% AD/50% AD   | 30% AD/50% AD   |
| 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 |
| <b>Pharmacy</b>   |   |   |   |   |   |   |   |
| Prescription Drug Coverage Deductible, if applicable Tier 1/Tier 2/Tier 3/Tier 4 (*\$350 max out-of-pocket, per prescription) | \$15/\$50/30%/30%*  | Rx p/p Deductible \$200 \$15 AD/\$50 AD/25% AD/25% AD*                            | After Medical Deductible \$15 AD/\$50 AD/25% AD/25% AD*                           | After Medical Deductible \$15 AD/\$50 AD/20% AD/20% AD*                           | Rx p/p Deductible \$250 \$15 AD/\$50 AD/25% AD/25% AD*                            | After Medical Deductible \$25 AD/\$55 AD/40% AD/40% AD*                           | After Medical Deductible \$25 AD/\$55 AD/30% AD/30% AD*                           |

<sup>Δ</sup>No out-of-network coverage for behavioral health virtual consults

AC: Allowable Charge | AD: After Deductible | p/p: Per Person | Tier 1: All Sentara Health Plans participating providers except those listed as Tier 2 | Tier 2: Refer to [sentarahealthplans.com](http://sentarahealthplans.com). 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. Most values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.

# 2024 Sentara Direct POS HSA Plans\*

| Plan Name  | Sentara Direct POS HSA Silver 1900 Ded   | Sentara Direct POS HSA Silver 3200 Ded   | Sentara Direct POS HSA Silver 4000 Ded   | Sentara Direct POS HSA Bronze 6200 Ded   | Sentara Direct POS HSA Bronze 6500 Ded   | Sentara Direct POS HSA Bronze 7000 Ded   |
|--|--|--|--|--|--|--|
| Embedded/Non-Embedded  | Non-Embedded   | Embedded   | Embedded   | Embedded   | Embedded   | Embedded   |
| Deductible Individual/Family (In-Network; No 4th Quarter Deductible Carryover on HSA Plans)                                    | \$1,900/\$3,800  | \$3,200/\$6,400  | \$4,000/\$8,000  | \$6,200/\$12,400   | \$6,500/\$13,000   | \$7,000/\$14,000   |
| Deductible Individual/Family (Out-of-Network; No 4th Quarter Deductible Carryover on HSA Plans)                                | \$3,800/\$7,600  | \$6,400/\$12,800   | \$8,000/\$16,000   | \$12,400/\$24,800  | \$13,000/\$26,000  | \$14,000/\$28,000  |
| Max Out-of-Pocket Individual/Family (In-Network)   | \$7,500/\$15,000   | \$7,200/\$14,400   | \$6,900/\$13,800   | \$7,200/\$14,400   | \$7,500/\$15,000   | \$7,500/\$15,000   |
| Max Out-of-Pocket Individual/Family (Out-of-Network)   | \$15,000/\$30,000  | \$14,000/\$28,000  | \$13,800/\$27,600  | \$14,400/\$28,800  | \$15,000/\$30,000  | \$15,000/\$30,000  |
| Out-of-Network Coinsurance   | 30% AD/AC  | 40% AD/AC  | 30% AD/AC  | 50% AD/AC  | 30% AD/AC  | 30% AD/AC  |
| <b>Physician Services</b>  |  |  |  |  |  |  |
| PCP Office Visit (Tier 1/Tier 2 physicians)  | \$25 AD/\$50 AD  | 20% AD/40% AD  | \$40 AD/\$80 AD  | \$40 AD/\$80 AD  | No charge AD/20% AD  | No charge AD/20% AD  |
| Virtual Consult (No Out-of-Network Coverage)   | No charge AD   |
| Specialist Office Visit (Tier 1/Tier 2 physicians)   | \$50 AD/\$100 AD   | 20% AD/40% AD  | \$80 AD/ \$160 AD  | \$80 AD/\$160 AD   | No charge AD/20% AD  | No charge AD/20% AD  |
| <b>Outpatient Surgery</b>  |  |  |  |  |  |  |
| Outpatient Surgery (Tier 1/Tier 2 facilities)  | \$400 AD/ \$800 AD   | 20% AD/40% AD  | No charge AD/20% AD  | 30% AD/50% AD  | No charge AD/20% AD  | No charge AD/20% AD  |
| <b>Outpatient Services</b>   |  |  |  |  |  |  |
| Outpatient Diagnostic Procedures & Tests (Tier 1/Tier 2 facilities)  | \$100 AD/\$200 AD  | 20% AD/40% AD  | No charge AD/20% AD  | 30% AD/50% AD  | No charge AD/20% AD  | No charge AD/20% AD  |
| Outpatient Lab Work (Tier 1/Tier 2 facilities)   | \$100 AD/\$200 AD  | 20% AD/40% AD  | No charge AD/20% AD  | 30% AD/50% AD  | No charge AD/20% AD  | No charge AD/20% AD  |
| Advanced Imaging & Testing Procedures (Tier 1/Tier 2 facilities and physicians)  | \$400 AD/\$800 AD  | 20% AD/40% AD  | No charge AD/20% AD  | 30% AD/50% AD  | No charge AD/20% AD  | No charge AD/20% AD  |
| <b>Inpatient Services</b>  |  |  |  |  |  |  |
| Inpatient Hospital Services (Tier 1/Tier 2 facilities)   | \$500 AD/\$1,000 AD  | 20% AD/40% AD  | No charge AD/20% AD  | 30% AD/50% AD  | No charge AD/20% AD  | No charge AD/20% AD  |
| <b>Emergency &amp; Urgent Care Services</b>  |  |  |  |  |  |  |
| Emergency Services (In or Out-of-Network)  | \$350 AD   | 30% AD   | 20% AD   | 40% AD   | 20% AD   | 20% AD   |
| Urgent Care Center Services  | \$50 AD  | 20% AD   | \$80 AD  | 30% AD   | No charge AD   | No charge AD   |
| <b>Mental/Behavioral Health &amp; Substance Use Disorder Services</b>  |  |  |  |  |  |  |
| Inpatient Services   | \$500 AD   | 20% AD   | No charge AD   | 30% AD   | No charge AD   | No charge AD   |
| Outpatient Office Visits (PCP, Specialist or Virtual Consult <sup>Δ</sup> )  | \$25 AD  | 20% AD   | \$40 AD  | \$50 AD  | No charge AD   | No charge AD   |
| Other Outpatient Services  | \$50 AD  | 20% AD   | No charge AD   | 30% 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       | 3 sessions per presenting issue for each individual covered; no copay required       |
| <b>Diabetes Treatment</b>  |  |  |  |  |  |  |
| Insulin Pumps  | No charge AD   | 20% AD   | No charge AD   | 30% AD   | No charge AD   | No charge AD   |
| Pump Infusion Sets and Supplies  | No charge AD   | 20% AD   | No charge AD   | 30% AD   | No charge AD   | No charge AD   |
| Testing Supplies   | Covered under the Plan's Prescription Drug Benefits on associated tier               | Covered under the Plan's Prescription Drug Benefits on associated tier               | Covered under the Plan's Prescription Drug Benefits on associated tier               | Covered under the Plan's Prescription Drug Benefits on associated tier               | Covered under the Plan's Prescription Drug Benefits on associated tier               | Covered under the Plan's Prescription Drug Benefits on associated tier               |
| <b>Other Covered Services</b>  |  |  |  |  |  |  |
| Adult Preventive Vision Exams  | No charge for 1 in-network visit every 12 months                                     | No charge for 1 in-network visit every 12 months                                     | No charge for 1 in-network visit every 12 months                                     | No charge for 1 in-network visit every 12 months                                     | No charge for 1 in-network visit every 12 months                                     | No charge for 1 in-network visit every 12 months                                     |
| Chiropractic Care (Spinal Manipulation)  | \$50 AD  | 20% AD   | No charge AD   | 30% AD   | No charge AD   | No charge AD   |
| Maternity Care (Tier 1/Tier 2 physicians)  | \$500 AD/\$650 AD  | 20% AD/40% AD  | No charge AD/20% AD  | 30% AD/50% AD  | No charge AD/20% AD  | No charge AD/20% AD  |
| 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 |
| <b>Pharmacy</b>  |  |  |  |  |  |  |
| Prescription Drug Coverage Deductible, if applicable Tier 1/Tier 2/Tier 3/Tier 4 (**\$350 max out-of-pocket, per prescription) | After Medical Deductible \$25 AD/\$55 AD/25% AD/25% AD*                              | After Medical Deductible \$25 AD/\$55 AD/20% AD/20% AD*                              | After Medical Deductible \$25 AD/\$55 AD/20% AD/20% AD*                              | After Medical Deductible 30% AD/30% AD/30% AD/30% AD*                                | After Medical Deductible 25% AD/25% AD/25% AD/25% AD*                                | After Medical Deductible 25% AD/25% AD/25% AD/25% AD*                                |

\*Some preventive drugs are available before the deductible for HSA plans. <sup>Δ</sup>No out-of-network coverage for behavioral health virtual consults

AC: Allowable Charge | AD: After Deductible | p/p: Per Person | Tier 1: All Sentara Health Plans participating providers except those listed as Tier 2 | Tier 2: Refer to [sentarahealthplans.com](https://www.sentarahealthplans.com). 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. Most values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.

## 2024 Sentara Direct POS Design Plans



| Plan Name   | Sentara Direct POS Design Silver<br>3000 Ded 250 Rx Ded                           |
|---|---|
| Embedded/Non-Embedded   | Embedded  |
| Deductible Individual/Family (In-network; No 4th Quarter Deductible Carryover on Design Plans)                                      | \$3,000/\$6,000   |
| Deductible Individual/Family (Out-of-network; No 4th Quarter Deductible Carryover on Design Plans)                                  | \$6,000/\$12,000  |
| Max Out-of-Pocket Individual/Family (In-network)  | \$7,900/\$15,800  |
| Max Out-of-Pocket Individual/Family (Out-of-network)  | \$15,800/\$31,600   |
| Out-of-Network Coinsurance  | 40% AD/AC   |
| <b>Physician Services</b>   |   |
| PCP Office Visit (Tier 1/Tier 2 physicians)   | \$30 AD/\$60 AD   |
| Virtual Consult (No Out-of-Network Coverage)  | No charge AD  |
| Specialist Office Visit (Tier 1/Tier 2 physicians)  | \$60 AD/\$120 AD  |
| <b>Outpatient Surgery</b>   |   |
| Outpatient Surgery (Tier 1/Tier 2 facilities)   | 20% AD/40% AD   |
| <b>Outpatient Services</b>  |   |
| Outpatient Diagnostic Procedures & Tests (Tier 1/Tier 2 facilities)   | 20% AD/40% AD   |
| Outpatient Lab Work (Tier 1/Tier 2 facilities)  | 20% AD/40% AD   |
| Advanced Imaging & Testing Procedures (Tier 1/Tier 2 facilities & physicians)   | 20% AD/40% AD   |
| <b>Inpatient Services</b>   |   |
| Inpatient Hospital Services (Tier 1/Tier 2 facilities)  | 20% AD/40% AD   |
| <b>Emergency &amp; Urgent Care Services</b>   |   |
| Emergency Services (In or Out-of-Network)   | 30% AD  |
| Urgent Care Center Services   | \$60 AD   |
| <b>Mental/Behavioral Health &amp; Substance Use Disorder Services</b>   |   |
| Inpatient Services  | 20% AD  |
| Outpatient Office Visits (PCP, Specialist or Virtual Consult <sup>Δ</sup> )   | \$30 AD   |
| Other Outpatient Services   | 20% AD  |
| Employee Assistance Visits  | 3 sessions per presenting issue for each individual covered; no copay required    |
| <b>Diabetes Treatment</b>   |   |
| Insulin Pumps   | No charge   |
| Pump Infusion Sets and Supplies   | 20% AD  |
| Testing Supplies  | No charge under the Plan's Prescription Drug Benefit                              |
| <b>Other Covered Services</b>   |   |
| Adult Preventive Vision Exams   | No charge for 1 in-network visit every 12 months                                  |
| Chiropractic Care (Spinal Manipulation)   | 20% AD  |
| Maternity Care (Tier 1/Tier 2 physicians)   | 20% AD/40% AD   |
| 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 |
| <b>Pharmacy</b>   |   |
| Prescription Drug Coverage<br>Deductible, if applicable<br>Tier 1/Tier 2/Tier 3/Tier 4 (*\$350 max out-of-pocket, per prescription) | Rx p/p Deductible \$250<br>\$25 AD/\$55 AD/20% AD/20% AD*                         |

<sup>Δ</sup>No out-of-network coverage for behavioral health virtual consults

AC: Allowable Charge | AD: After Deductible | p/p: Per Person | Tier 1: All Sentara Health Plans participating providers except those listed as Tier 2 | Tier 2: Refer to [sentarahealthplans.com](https://www.sentarahealthplans.com). 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. Most values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.

# 2024 Sentara Direct Plus Plans

| Plan Name  | Sentara Direct Plus Platinum 0 Ded 100 Rx Ded                                     | Sentara Direct Plus Platinum 0 Ded 150 Rx Ded                                     | Sentara Direct Plus Gold 500 Ded 200 Rx Ded                                       | Sentara Direct Plus Gold 750 Ded  | Sentara Direct Plus Gold 1000 Ded 250 Rx Ded                                      | Sentara Direct Plus Gold 1250 Ded 200 Rx Ded                                      | Sentara Direct Plus Gold 1500 Ded 200 Rx Ded                                      |
|--|---|---|---|---|---|---|---|
| Embedded/Non-Embedded  | Embedded  |
| Deductible Individual/Family (In-Network)  | None  | None  | \$500/\$1,000   | \$750/\$1,500   | \$1,000/\$2,000   | \$1,250/\$2,500   | \$1,500/\$3,000   |
| Deductible Individual/Family (Out-of-Network)  | \$1,750/\$3,500   | \$2,000/\$4,000   | \$1,000/\$2,000   | \$1,500/\$3,000   | \$2,000/\$4,000   | \$2,500/\$5,000   | \$3,250/\$6,500   |
| Max Out-of-Pocket Individual/Family (In-Network)   | \$2,800/\$5,600   | \$3,000/\$6,000   | \$7,500/\$15,000  | \$7,700/\$15,400  | \$7,000/\$14,000  | \$6,500/\$13,000  | \$6,500/\$13,000  |
| Max Out-of-Pocket Individual/Family (Out-of-Network)   | \$5,000/\$10,000  | \$6,000/\$12,000  | \$15,000/\$30,000   | \$15,400/\$30,800   | \$14,000/\$28,000   | \$13,000/\$26,000   | \$13,000/\$26,000   |
| Out-of-Network Coinsurance   | 40% AD/AC   | 40% AD/AC   | 40% AD/AC   | 40% AD/AC   | 30% AD/AC   | 40% AD/AC   | 40% AD/AC   |
| <b>Physician Services</b>  |   |   |   |   |   |   |   |
| PCP Office Visit (Tier 1/Tier 2 physicians)  | \$10/\$20   | \$15/\$30   | \$25/\$50   | \$30/\$60   | \$20/\$40   | \$20/\$40   | \$25/\$50   |
| Virtual Consult (No Out-of-Network Coverage)   | No charge   |
| Specialist Office Visit (Tier 1/Tier 2 physicians)   | \$20/\$40   | \$35/\$70   | \$50/\$100  | \$60/\$120  | \$40/\$80   | \$40/\$80   | \$50/\$100  |
| <b>Outpatient Surgery</b>  |   |   |   |   |   |   |   |
| Outpatient Surgery (Tier 1/Tier 2 facilities)  | \$150/\$250   | \$150/\$250   | 20% AD/40% AD   | 20% AD/40% AD   | \$250 AD/\$500 AD   | 20% AD/40% AD   | 20% AD/40% AD   |
| <b>Outpatient Services</b>   |   |   |   |   |   |   |   |
| Outpatient Diagnostic Procedures & Tests (Tier 1/Tier 2 facilities)  | \$20/\$40   | 20%/40%   | \$50/\$100  | \$60/\$120  | \$50/\$100  | 20% AD/40% AD   | 20% AD/40% AD   |
| Outpatient Lab Work (Tier 1/Tier 2 facilities)   | \$10/\$20   | 20%/40%   | \$50/\$100  | \$60/\$120  | \$50/\$100  | 20% AD/40% AD   | 20% AD/40% AD   |
| Advanced Imaging & Testing Procedures (Tier 1/Tier 2 facilities & physicians)  | \$200/\$400   | \$150/\$300   | 20% AD/40% AD   | 20% AD/40% AD   | \$300 AD/\$600 AD   | 20% AD/40% AD   | 20% AD/40% AD   |
| <b>Inpatient Services</b>  |   |   |   |   |   |   |   |
| Inpatient Hospital Services (Tier 1/Tier 2 facilities)   | \$200/day (\$800 max)<br>\$400/day (\$1,600 max)                                  | \$300/day (\$1,200 max)<br>\$600/day (\$2,400 max)                                | 20% AD/40% AD   | 20% AD/40% AD   | \$500 AD/\$1,000 AD   | 20% AD/40% AD   | 20% AD/40% AD   |
| <b>Emergency &amp; Urgent Care Services</b>  |   |   |   |   |   |   |   |
| Emergency Services (In or Out-of-Network)  | \$350   | \$350   | 30% AD  | 30% AD  | \$350 AD  | 30% AD  | 30% AD  |
| Urgent Care Center Services  | \$20  | \$35  | \$50  | \$60  | \$40  | \$40  | \$40  |
| <b>Mental/Behavioral Health &amp; Substance Use Disorder Services</b>  |   |   |   |   |   |   |   |
| Inpatient Services   | \$200/day (\$800 max)   | \$300/day (\$1,200 max)   | 20% AD  | 20% AD  | \$500 AD  | 20% AD  | 20% AD  |
| Outpatient Office Visits (PCP, Specialist or Virtual Consult <sup>Δ</sup> )  | \$20  | \$25  | \$35  | \$40  | \$30  | \$30  | \$35  |
| Other Outpatient Services  | \$20  | \$25  | 20% AD  | 20% AD  | \$30  | 20% AD  | 20% 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    |
| <b>Diabetes Treatment</b>  |   |   |   |   |   |   |   |
| Insulin Pumps  | No charge   |
| Pump Infusion Sets and Supplies  | No charge   | 20%   | 20% AD  | 20% AD  | No charge AD  | 20% AD  | 20% AD  |
| Testing Supplies   | No charge under the Plan's Prescription Drug Benefit                              | No charge under the Plan's Prescription Drug Benefit                              | No charge under the Plan's Prescription Drug Benefit                              | No charge under the Plan's Prescription Drug Benefit                              | No charge under the Plan's Prescription Drug Benefit                              | No charge under the Plan's Prescription Drug Benefit                              | No charge under the Plan's Prescription Drug Benefit                              |
| <b>Other Covered Services</b>  |   |   |   |   |   |   |   |
| Adult Preventive Vision Exams  | No charge for 1 in-network visit every 12 months                                  | No charge for 1 in-network visit every 12 months                                  | No charge for 1 in-network visit every 12 months                                  | No charge for 1 in-network visit every 12 months                                  | No charge for 1 in-network visit every 12 months                                  | No charge for 1 in-network visit every 12 months                                  | No charge for 1 in-network visit every 12 months                                  |
| Chiropractic Care (Spinal Manipulation)  | \$20  | 20%   | 20% AD  | 20% AD  | \$20 AD   | 20% AD  | 20% AD  |
| Maternity Care (Tier 1/Tier 2 physicians)  | \$350/\$450   | \$350/\$450   | \$450/\$600   | \$450/\$600   | \$500 AD/\$650 AD   | \$450/\$600   | \$450/\$600   |
| 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 |
| <b>Pharmacy</b>  |   |   |   |   |   |   |   |
| Prescription Drug Coverage Deductible, if applicable Tier 1/Tier 2/Tier 3/Tier 4 (* \$350 max out-of-pocket, per prescription) | Rx p/p Deductible \$100<br>\$15/\$50/20% AD/20% AD*                               | Rx p/p Deductible \$150<br>\$10/\$40 AD/20% AD/20% AD*                            | Rx p/p Deductible \$200<br>\$15/\$50 AD/20% AD/20% AD*                            | \$15/\$50/20%/20%*  | Rx p/p Deductible \$250<br>\$25 AD/\$50 AD/20% AD/20% AD*                         | Rx p/p Deductible \$200<br>\$15/\$50 AD/20% AD/20% AD*                            | Rx p/p Deductible \$200<br>\$15/\$50 AD/20% AD/20% AD*                            |

<sup>Δ</sup>No out-of-network coverage for behavioral health virtual consults

AC: Allowable Charge | AD: After Deductible | p/p: Per Person | Tier 1: All Sentara Health Plans participating providers except those listed as Tier 2 | Tier 2: Refer to [sentarahealthplans.com](https://www.sentarahealthplans.com). 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. Most values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.

# 2024 Sentara Direct Plus Plans (continued)

| Plan Name  | Sentara Direct Plus Gold 2000 Ded 100 Rx Ded                                      | Sentara Direct Plus Gold 2000 Ded   | Sentara Direct Plus Gold 2800 Ded 200 Rx Ded                                      | Sentara Direct Plus Silver 3000 Ded   | Sentara Direct Plus Silver 4000 Ded 250 Rx Ded                                    | Sentara Direct Plus Silver 6500 Ded 250 Rx Ded                                    | Sentara Direct Plus Bronze 7200 Ded   | Sentara Direct Plus Bronze 8500 Ded   |
|--|---|---|---|---|---|---|---|---|
| Embedded/Non-Embedded  | Embedded  |
| Deductible Individual/Family (In-Network)  | \$2,000/\$4,000   | \$2,000/\$4,000   | \$2,800/\$5,600   | \$3,000/\$6,000   | \$4,000/\$8,000   | \$6,500/\$13,000  | \$7,200/\$14,400  | \$8,500/\$17,000  |
| Deductible Individual/Family (Out-of-Network)  | \$4,000/\$8,000   | \$4,000/\$8,000   | \$5,600/\$11,200  | \$6,000/\$12,000  | \$8,000/\$16,000  | \$13,000/\$26,000   | \$14,400/\$28,800   | \$17,000/\$34,000   |
| Max Out-of-Pocket Individual/Family (In-Network)   | \$8,000/\$16,000  | \$6,500/\$13,000  | \$8,400/\$16,800  | \$8,800/\$17,600  | \$8,650/\$17,300  | \$8,000/\$16,000  | \$9,400/\$18,800  | \$9,450/\$18,900  |
| Max Out-of-Pocket Individual/Family (Out-of-Network)   | \$16,800/\$33,600   | \$13,000/\$26,000   | \$16,800/\$33,600   | \$17,600/\$35,200   | \$17,000/\$34,000   | \$16,000/\$32,000   | \$18,800/\$37,600   | \$18,900/\$37,800   |
| Out-of-Network Benefits Coinsurance  | 40% AD/AC   | 50% AD/AC   | 30% AD/AC   | 45% AD/AC   | 40% AD/AC   | 30% AD/AC   | 50% AD/AC   | 50% AD/AC   |
| <b>Physician Services</b>  |   |   |   |   |   |   |   |   |
| PCP Office Visit (Tier 1/Tier 2 physicians)  | \$30/\$60   | \$25/\$50   | \$35/\$70   | \$35/\$70   | \$40/\$80   | No charge AD/20% AD   | \$45/\$90   | \$50/\$100  |
| Virtual Consult (No Out-of-Network Coverage)   | No charge   | No charge AD  | No charge   | No charge   |
| Specialist Office Visit (Tier 1/Tier 2 physicians)   | \$60/\$120  | \$50/\$100  | \$65/\$130  | \$70 AD/\$140 AD  | \$80/\$160  | No charge AD/20% AD   | \$90/\$180  | \$100/\$200   |
| <b>Outpatient Surgery</b>  |   |   |   |   |   |   |   |   |
| Outpatient Surgery (Tier 1/Tier 2 facilities)  | \$100/\$200   | 30% AD/50% AD   | No charge AD/20% AD   | 25% AD/45% AD   | 20% AD/40% AD   | No charge AD/20% AD   | 40% AD/50% AD   | 30% AD/50% AD   |
| <b>Outpatient Services</b>   |   |   |   |   |   |   |   |   |
| Outpatient Diagnostic Procedures & Tests (Tier 1/Tier 2 facilities)  | \$60/\$120  | 30% AD/50% AD   | No charge AD/20% AD   | 25% AD/45% AD   | \$80 AD/\$160 AD  | No charge AD/20% AD   | 40% AD/50% AD   | 30% AD/50% AD   |
| Outpatient Lab Work (Tier 1/Tier 2 facilities)   | \$30/\$60   | 30% AD/50% AD   | No charge AD/20% AD   | 25% AD/45% AD   | \$80 AD/\$160 AD  | No charge AD/20% AD   | 40% AD/50% AD   | 30% AD/50% AD   |
| Advanced Imaging & Testing Procedures (Tier 1/Tier 2 facilities & physicians)  | \$300/\$600   | 30% AD/50% AD   | No charge AD/20% AD   | 25% AD/45% AD   | 20% AD/40% AD   | No charge AD/20% AD   | 40% AD/50% AD   | 30% AD/50% AD   |
| <b>Inpatient Services</b>  |   |   |   |   |   |   |   |   |
| Inpatient Hospital Services (Tier 1/Tier 2 facilities)   | 20% AD/40% AD   | 30% AD/50% AD   | No charge AD/20% AD   | 25% AD/45% AD   | 20% AD/40% AD   | No charge AD/20% AD   | 40% AD/50% AD   | 30% AD/50% AD   |
| <b>Emergency &amp; Urgent Care Services</b>  |   |   |   |   |   |   |   |   |
| Emergency Services (In or Out-of-Network)  | 30% AD  | 40% AD  | 20% AD  | 35% AD  | 30% AD  | 20% AD  | 50% AD  | 40% AD  |
| Urgent Care Center Services  | \$60  | \$50  | No charge AD  | \$70 AD   | \$80  | No charge AD  | \$90  | \$100   |
| <b>Mental/Behavioral Health &amp; Substance Use Disorder Services</b>  |   |   |   |   |   |   |   |   |
| Inpatient Services   | 20% AD  | 30% AD  | No charge AD  | 25% AD  | 20% AD  | No charge AD  | 40% AD  | 30% AD  |
| Outpatient Office Visits (PCP, Specialist or Virtual Consult <sup>Δ</sup> )  | \$40  | \$35  | \$45  | \$45  | \$50  | No charge AD  | \$45  | \$50  |
| Other Outpatient Services  | \$40  | 30% AD  | No charge AD  | 25% AD  | 20% AD  | No charge AD  | 40% 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    |
| <b>Diabetes Treatment</b>  |   |   |   |   |   |   |   |   |
| Insulin Pumps  | No charge   |
| Pump Infusion Sets and Supplies  | 20% AD  | 30% AD  | No charge AD  | 25% AD  | 20% AD  | No charge AD  | 40% AD  | 30% AD  |
| Testing Supplies   | No charge under the Plan's Prescription Drug Benefit                              | No charge under the Plan's Prescription Drug Benefit                              | No charge under the Plan's Prescription Drug Benefit                              | No charge under the Plan's Prescription Drug Benefit                              | No charge under the Plan's Prescription Drug Benefit                              | No charge under the Plan's Prescription Drug Benefit                              | No charge under the Plan's Prescription Drug Benefit                              | No charge under the Plan's Prescription Drug Benefit                              |
| <b>Other Covered Services</b>  |   |   |   |   |   |   |   |   |
| Adult Preventive Vision Exams  | No charge for 1 in-network visit every 12 months                                  | No charge for 1 in-network visit every 12 months                                  | No charge for 1 in-network visit every 12 months                                  | No charge for 1 in-network visit every 12 months                                  | No charge for 1 in-network visit every 12 months                                  | No charge for 1 in-network visit every 12 months                                  | No charge for 1 in-network visit every 12 months                                  | No charge for 1 in-network visit every 12 months                                  |
| Chiropractic Care (Spinal Manipulation)  | 20% AD  | 30% AD  | No charge AD  | 25% AD  | 20% AD  | No charge AD  | 40% AD  | 30% AD  |
| Maternity Care (Tier 1/Tier 2 physicians)  | 20% AD/40% AD   | \$500/\$650   | \$500/\$650   | 25% AD/45% AD   | 20% AD/40% AD   | No charge AD/20% AD   | 40% AD/50% AD   | 30% AD/50% AD   |
| 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 |
| <b>Pharmacy</b>  |   |   |   |   |   |   |   |   |
| Prescription Drug Coverage Deductible, if applicable Tier 1/Tier 2/Tier 3/Tier 4 (**\$350 max out-of-pocket, per prescription) | Rx p/p Deductible \$100 \$25 AD/\$50 AD/20% AD/20% AD*                            | \$15/\$50/30%/30%*  | Rx p/p Deductible \$200 \$15 AD/\$50 AD/25% AD/25% AD*                            | After Medical Deductible \$15 AD/\$50 AD/25% AD/25% AD*                           | Rx p/p Deductible \$250 \$25 AD/\$50 AD/20% AD/20% AD*                            | Rx p/p Deductible \$250 \$15 AD/\$50 AD/25% AD/25% AD*                            | After Medical Deductible \$25 AD/\$55AD/40% AD/40% AD*                            | After Medical Deductible \$25 AD/\$55 AD/30% AD/30% AD*                           |

<sup>Δ</sup>No out-of-network coverage for behavioral health virtual consults

AC: Allowable Charge | AD: After Deductible | p/p: Per Person | Tier 1: All Sentara Health Plans participating providers except those listed as Tier 2 | Tier 2: Refer to [sentarahealthplans.com](http://sentarahealthplans.com). 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. Most values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.

# 2024 Sentara Direct Plus HSA Plans\*

| Plan Name   | Sentara Direct Plus HSA Silver 1900 Ded  | Sentara Direct Plus HSA Silver 3200 Ded  | Sentara Direct Plus HSA Silver 4000 Ded  | Sentara Direct Plus HSA Bronze 6500 Ded  | Sentara Direct Plus HSA Bronze 7000 Ded  |
|---|--|--|--|--|--|
| Embedded/Non-Embedded   | Non-Embedded   | Embedded   | Embedded   | Embedded   | Embedded   |
| Deductible Individual/Family (In-Network; No 4th Quarter Deductible Carryover on HSA Plans)                                   | \$1,900/\$3,800  | \$3,200/\$6,400  | \$4,000/\$8,000  | \$6,500/\$13,000   | \$7,000/\$14,000   |
| Deductible Individual/Family (Out-of-network; No 4th Quarter Deductible Carryover on HSA Plans)                               | \$3,800/\$7,600  | \$6,400/\$12,800   | \$8,000/\$16,000   | \$13,000/\$26,000  | \$14,000/\$28,000  |
| Max Out-of-Pocket Individual/Family (In-network)  | \$7,500/\$15,000   | \$7,200/\$14,400   | \$6,900/\$13,800   | \$7,500/\$15,000   | \$7,500/\$15,000   |
| Max Out-of-Pocket Individual/Family (Out-of-network)  | \$15,000/\$30,000  | \$14,400/\$28,800  | \$13,800/\$27,600  | \$15,000/\$30,000  | \$15,000/\$30,000  |
| Out-of-Network Coinsurance  | 30% AD/AC  | 40% AD/AC  | 30% AD/AC  | 30% AD/AC  | 30% AD/AC  |
| <b>Physician Services</b>   |  |  |  |  |  |
| PCP Office Visit (Tier 1/Tier 2 physicians)   | \$25 AD/\$50 AD  | 20% AD/40% AD  | \$40 AD/\$80 AD  | No charge AD/20% AD  | No charge AD/20% AD  |
| Virtual Consult (No Out-of-Network Coverage)  | No charge AD   |
| Specialist Office Visit (Tier 1/Tier 2 physicians)  | \$50 AD/ \$100 AD  | 20% AD/40% AD  | \$80 AD/\$160 AD   | No charge AD/20% AD  | No charge AD/20% AD  |
| <b>Outpatient Surgery</b>   |  |  |  |  |  |
| Outpatient Surgery (Tier 1/Tier 2 facilities)   | \$400 AD/\$800 AD  | 20% AD/40% AD  | No charge AD/20% AD  | No charge AD/20% AD  | No charge AD/20% AD  |
| <b>Outpatient Services</b>  |  |  |  |  |  |
| Outpatient Diagnostic Procedures & Tests (Tier 1/Tier 2 facilities)   | \$100 AD/\$200 AD  | 20% AD/40% AD  | No charge AD/20% AD  | No charge AD/20% AD  | No charge AD/20% AD  |
| Outpatient Lab Work (Tier 1/Tier 2 facilities)  | \$100 AD/\$200 AD  | 20% AD/40% AD  | No charge AD/20% AD  | No charge AD/20% AD  | No charge AD/20% AD  |
| Advanced Imaging & Testing Procedures (Tier 1/Tier 2 facilities and physicians)   | \$400 AD/\$800 AD  | 20% AD/40% AD  | No charge AD/20% AD  | No charge AD/20% AD  | No charge AD/20% AD  |
| <b>Inpatient Services</b>   |  |  |  |  |  |
| Inpatient Hospital Services (Tier 1/Tier 2 facilities)  | \$500 AD/\$1,000 AD  | 20% AD/40% AD  | No charge AD/20% AD  | No charge AD/20% AD  | No charge AD/20% AD  |
| <b>Emergency &amp; Urgent Care Services</b>   |  |  |  |  |  |
| Emergency Services (In or Out-of-Network)   | \$350 AD   | 30% AD   | 20% AD   | 20% AD   | 20% AD   |
| Urgent Care Center Services   | \$50 AD  | 20% AD   | \$80 AD  | No charge AD   | No charge AD   |
| <b>Mental/Behavioral Health &amp; Substance Use Disorder Services</b>   |  |  |  |  |  |
| Inpatient Services  | \$500 AD   | 20% AD   | No charge AD   | No charge AD   | No charge AD   |
| Outpatient Office Visits (PCP, Specialist or Virtual Consult <sup>Δ</sup> )   | \$25 AD  | 20% AD   | \$40 AD  | No charge AD   | No charge AD   |
| Other Outpatient Services   | \$50 AD  | 20% AD   | No charge 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       |
| <b>Diabetes Treatment</b>   |  |  |  |  |  |
| Insulin Pumps   | No charge AD   | 20% AD   | No charge AD   | No charge AD   | No charge AD   |
| Pump Infusion Sets and Supplies   | No charge AD   | 20% AD   | No charge AD   | No charge AD   | No charge AD   |
| Testing Supplies  | Covered under the Plan's Prescription Drug Benefits on associated tier               | Covered under the Plan's Prescription Drug Benefits on associated tier               | Covered under the Plan's Prescription Drug Benefits on associated tier               | Covered under the Plan's Prescription Drug Benefits on associated tier               | Covered under the Plan's Prescription Drug Benefits on associated tier               |
| <b>Other Covered Services</b>   |  |  |  |  |  |
| Adult Preventive Vision Exams   | No charge for 1 in-network visit every 12 months                                     | No charge for 1 in-network visit every 12 months                                     | No charge for 1 in-network visit every 12 months                                     | No charge for 1 in-network visit every 12 months                                     | No charge for 1 in-network visit every 12 months                                     |
| Chiropractic Care (Spinal Manipulation)   | \$50 AD  | 20% AD   | No charge AD   | No charge AD   | No charge AD   |
| Maternity Care (Tier 1/Tier 2 physicians)   | \$500 AD/\$650 AD  | 20% AD/40% AD  | No charge AD/20% AD  | No charge AD/20% AD  | No charge AD/20% AD  |
| 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 |
| <b>Pharmacy</b>   |  |  |  |  |  |
| Prescription Drug Coverage Deductible, if applicable Tier 1/Tier 2/Tier 3/Tier 4 (*\$350 max out-of-pocket, per prescription) | After Medical Deductible \$25 AD/\$55 AD/25% AD/25%AD*                               | After Medical Deductible \$25 AD/\$55 AD/20% AD/20% AD*                              | After Medical Deductible \$25 AD/\$55 AD/20% AD/20% AD*                              | After Medical Deductible 25% AD/25% AD/25% AD/25% AD*                                | After Medical Deductible 25% AD/25% AD/25% AD/25% AD*                                |

\*Some preventive drugs are available before the deductible for HSA plans. <sup>Δ</sup>No out-of-network coverage for behavioral health virtual consults

AC: Allowable Charge | AD: After Deductible | p/p: Per Person | Tier 1: All Sentara Health Plans participating providers except those listed as Tier 2 | Tier 2: Refer to [sentarahealthplans.com](http://sentarahealthplans.com). 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. Most values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.

# 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.

## Chiropractic Care

Sentara Health Plans contracts with American Specialty Health Group (ASH) to administer this benefit. Services include therapy to treat problems of the bones, joints, and back. Benefits are limited to a maximum of 30 visits per contract year for Rehabilitation, and 30 visits per contract year for Habilitation services.

## 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 adaptation training. Pre-authorization is required.

## Choose Sentara Health Plans

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

***We Improve Health Every Day***