

2025 Mid-Market Plan Changes

Effective January 1, 2025 at the group's renewal	
Plan name changes	Sentara Equity plans will now be Sentara HSA plans (e.g., Vantage Equity will be Vantage HSA).
Medical benefit changes	Habilitative physical, occupational, and speech therapy services will be a separate benefit for all plans.
	Outpatient services : physical therapy and occupational therapy will now cover 30 combined visits for rehabilitative services visits and 30 combined visits for habilitative services. Speech therapy will now cover 30 visits for rehabilitative services visits and 30 visits for habilitative services. For PPO/POS visit limits are combined in- and out-of-network.
	Pre-authorization for the maternity care benefit is no longer required.
	Private duty nursing will be a core benefit for all plans. Benefits will be limited to a maximum of 16 hours.
	Employee assistance visits are increasing and will now cover up to five visits per topic, per household member, for the core benefit. Previously, core plans provided three visits.
	Health Savings Account (HSA) limits have been updated for 2025. Minimum deductible:
	 \$1,650 for self-only coverage (\$50 increase from 2024) \$3,300 for family coverage (\$100 increase from 2024)
	Out-of-pocket maximum:
	 \$8,300 for self-only coverage (\$250 increase from 2024) \$16,600 for family coverage (\$400 increase from 2024)
	HSA contribution limits:
	\$4,300 for self-only coverage\$8,550 for family coverage
Sunset benefits and plans	Chiropractic care is now a core benefit for all plan types. Previously, it was only core for PPO Plus plans, therefore, the optional rider will be sunset.
	Plus PPO Out-of-Area plans have been sunset. Plus PPO plans will be utilized in place of OOA plans.



Document Key				
AD = after deductible MH = mental health MOOP = maximum out-of-pocket MDA = medical deductible applies T1 = tier 1 Reinstat Plus 3000/30/30%		Ded = deductible DME = durable medical equipment Dollar amounts = copayments Percentages = coinsurances OON = out-of-network IN = in-network PCP = primary care physician UCC = urgent care centers ted Plans Vantage 3000/30/30%		
	New Pl	ans		
 Plus 1000/20/0% Plus 2500/30/20% Plus 3000/25/0% Plus 3500/30/20% Plus 4500/25/20% Plus HSA 2500/20% POS 25/50 POS 1000/20/0% POS 1500/25/30% POS 2500/30/20% POS 3000/25/0% 	 POS 3500/3 POS 4500/2 POS 5000/2 POS HSA 25 Vantage 100 Vantage 250 Vantage 350 Vantage 450 Vantage 500 Vantage HSA Vantage PO 	5/20% 5/0% 500/20% 00/20/0% 00/30/20% 00/25/0% 00/30/20% 00/25/20% 00/25/0% A 2500/20%	 1000/20/0% Vantage POSA 2500/30/20% Vantage POSA 3000/25/0% Vantage POSA 3500/30/20% Vantage POSA 4500/25/20% Vantage POSA 5000/25/0% Vantage POSA 5000/25/0% Vantage POSA HSA 2500/20% 	
	Pharmacy C			
For all traditional plans (Plus, POS, Vantage, and Vantage POSA): Pharmacy Option #1, T1 mail order , deductible no longer applies				
	Plus Plan C	hanges		
Sentara Plus 10/20		 IN MOOP – \$ OON MOOP OON coinsur Outpatient the Pre-auth inject Pump infusio no charge Chiro IN – \$2 	– \$7,000/\$14,000 cance – 30% AD erapies, facility – \$20 ctables – \$20 n sets & prosthetic devices & DME	
Sentara Plus 20/20%		Outpatient suInpatient hos nursing & M	ble – \$1,500/\$3,000 urgery – 20% AD pital & transplant services & skilled H inpatient hospital & MH reatment – \$550	



	Prosthetic devices & DME – 20% AD
2	• Chiro OON – 40% AD
Sentara Plus 500/20/20%	• IN deductible – \$500/\$ 1,000
	 OON deductible – \$1,000/\$2,000
	• IN MOOP – \$4,000/\$8,000
	• OON MOOP – \$8,000/\$16,000
	 Emergency services/ambulance – 30% AD
	 Outpatient therapies, facility – \$20 (Ded does
	not apply)
	 Prosthetic devices & DME – 20% AD
	Chiro OON – 40% AD
Sentara Plus 1000/30/30%	 Emergency services/ambulance – 40% AD
	 Chiro IN – 30% AD; OON – 40% AD
Sentara Plus 2000/20/0%	• IN MOOP – \$6,000/\$12,000
	• OON MOOP – \$12,000/\$24,000
	 Pre-auth injectables – no charge AD
	• Chiro IN – \$40 AD
Sentara Plus 2000/25/30%	• IN MOOP – \$6,500/\$13,000
	• OON MOOP – \$13,000/\$26,000
	 Emergency services/ambulance – 40% AD
	 Chiro IN – 30% AD; OON – 50% AD
Sentara Plus 3000/30/30%	Outpatient therapies and services – 30%
	Maternity – 30% AD
	 Emergency services/ambulance – 40% AD
	Home health – 30% AD
	Hospice – 30% AD
	 Chiro IN – \$30 (Ded does not apply)
Sentara Plus 4000/30/20%	• IN MOOP – \$9,000/\$18,000
	• OON MOOP – \$18,000/\$36,000
	Emergency services/ambulance – 30% AD
	Prosthetic devices & DME – 20% AD
	Chiro OON – 40% AD
Sentara Plus 5000/30/30%	• IN MOOP – \$9,000/\$18,000
	• OON MOOP – \$18,000/\$36,000
	Emergency services/ambulance – 40% AD
	• Chiro IN – 30% AD; OON – 50% AD
Sentara Plus Design 3000/20%	Emergency services/ambulance – 30% AD
3	• Chiro OON – 40% AD
Sentara Plus Design 5000/0%	Emergency services/ambulance – 20% AD
3 • • • • • • • • • • • • • • • • • • •	Chiro IN – no charge AD
Sentara Plus HSA 1700/0% (previously 1600)	• IN deductible – \$1,700/\$3,400
(p. 0.1.00.)	• IN MOOP – \$6,500/\$13,000
	• OON MOOP – \$13,000/\$26,000
	• Skilled nursing – \$500 AD
	- Onlined Harsing — 4000 AD



	 UCC – \$50 AD MH outpatient office visits/virtual care – \$35 AD Chiro IN – \$50 AD
Sentara Plus HSA 3300/0% (previously 3200)	 IN deductible – \$3,300/\$6,600 Emergency services/ambulance – 20% AD Chiro IN – no charge AD
Sentara Plus HSA 3300/10% (previously 3200)	 IN deductible – \$3,300/\$6,600 Emergency services/ambulance – 20% AD Chiro IN – 10% AD
Sentara Plus HSA 4000/0%Sentara Plus HSA 5000/0%	 Emergency services/ambulance – 20% AD Chiro IN – no charge AD
Sentara POS 10/20	 Changes OON deductible - \$1,750/\$3,500 IN MOOP - \$3,500/\$7,000 OON MOOP - \$7,000/\$14,000 OON coinsurance - 40% AD Outpatient therapies, facility - \$20 Pre-auth injectables - \$20 Pump infusion sets & prosthetic devices & DME - no charge
Sentara POS 500/20/20%	 IN deductible – \$500/\$1,000 OON deductible – \$1,000/\$2,000 IN MOOP – \$4,000/\$8,000 OON MOOP – \$8,000/\$16,000 Emergency services/ambulance – 30% AD Outpatient therapies, facility – \$20 (Ded does not apply) Prosthetic devices & DME – 20% AD
Sentara POS 1000/30/30%	Emergency services/ambulance – 40% AD
Sentara POS 2000/20/0%	 IN MOOP – \$6,000/\$12,000 OON MOOP – \$12,000/\$24,000
Sentara POS 2000/25/30%	 IN MOOP – \$6,500/\$13,000 OON MOOP – \$13,000/\$26,000 Emergency services/ambulance – 40% AD
Sentara POS 5000/30/30%	 IN MOOP – \$9,000/\$18,000 OON MOOP – \$18,000/\$36,000 Emergency services/ambulance – 40% AD
Sentara POS 7200/45/40%	Skilled nursing – \$500 ADcaret care – \$90 AD
Sentara POS HSA 1700/0% (previously 1600)	 IN deductible – \$1,700/\$3,400 IN MOOP – \$6,500/\$13,000 OON MOOP – \$13,000/\$26,000



Sentara Vantage HSA 1700/0% (prev 1600)

	Skilled nursing – \$500 AD
	• UCC – \$50 AD
	MH outpatient office visits/virtual care – \$35 AD
 Sentara POS HSA 3300/0% (previously 3200) 	 IN deductible – \$3,300/\$6,600
	Emergency services/ambulance – 20% AD
 Sentara POS HSA 4000/0% 	 Emergency services/ambulance – 20% AD
 Sentara POS HSA 5000/0% 	
Sentara POS HSA 4000/40%	 Emergency services/ambulance – 50% AD
	MH outpatient office visits/virtual care – \$25 AD
Sentara POS Design 3000/20%	Emergency services/ambulance – 30% AD
Sentara POS Design 5000/0%	 Emergency services/ambulance – 20% AD
Vantage P	lan Changes
Sentara Vantage 10/20	• IN MOOP – \$3,500/\$7,000
	 Outpatient therapies, facility – \$20
	 Pre-auth injectables – \$20
	 Pump infusion sets & prosthetic devices & DME
	– no charge
Sentara Vantage 500/20/20%	 IN deductible – \$500/\$1,000
	• IN MOOP – \$4,000/\$8,000
	 Emergency services/ambulance – 30% AD
	 Prosthetic devices & DME – 20% AD
Sentara Vantage 1000/20/20%	 Emergency services/ambulance – 30% AD
	 Prosthetic devices & DME – 20% AD
Sentara Vantage 1000/30/30%	 Emergency services/ambulance – 40% AD
Sentara Vantage 1500/25/30%	
Sentara Vantage 2000/20/0%	• IN MOOP – \$6,000/\$12,000
Sentara Vantage 2000/25/30%	• IN MOOP – \$6,500/\$13,000
	 Emergency services/ambulance – 40% AD
Sentara Vantage 3000/30/30%	 Outpatient therapies and services – 30%
	 Maternity – 30% AD
	 Emergency services/ambulance – 40% AD
	 Home health – 30% AD
	Hospice – 30% AD
Sentara Vantage 4000/30/30%	• IN MOOP – \$8,000/\$16,000
	 Emergency services/ambulance – 40% AD
Sentara Vantage 5000/30/30%	• IN MOOP – \$9,000/\$18,000
	Emergency services/ambulance – 40% AD
Sentara Vantage 7200/45/40%	Skilled nursing – \$500 AD
	Emergency services/ambulance – 50% AD
	• UCC - \$90 AD
t .	

• IN deductible - \$1,700/\$3,400



	• IN MOOP – \$6,500/\$13,000
	Skilled nursing – \$500 AD
	• UCC – \$50 AD
	MH outpatient office visits/virtual care – \$35 AD
Sentara Vantage HSA 3300/0% (prev 3200)	• IN deductible – \$3,300/\$6,600
Sentara Vantage HSA 3300/10% (prev 3200)	Emergency services/ambulance – 20% AD
Sentara Vantage HSA 3300/20% (prev 3200)	• IN deductible – \$3,300/\$6,600
	Emergency services/ambulance – 30% AD
Sentara Vantage HSA 4000/0%	Emergency services/ambulance – 20% AD
Sentara Vantage HSA 5000/0%	
Sentara Vantage HSA 4000/20%	Emergency services/ambulance – 30% AD
Sentara Vantage Design 3000/20%	Emergency services/ambulance – 30% AD
Sentara Vantage Design 5000/0%	Emergency services/ambulance – 20% AD
Sentara Vantage Design 5000/30%	Emergency services/ambulance – 40% AD
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	MH office visits/virtual care & MH partial
	hospitalization & MH other outpatient
	services – \$35 AD
Vantage POSA	Plan Changes
Sentara POSA 10/20	• IN MOOP – \$3,500/\$7,000
	Outpatient therapies, facility – \$20
	Pre-auth injectables – \$20
	 Pump infusion sets & prosthetic devices & DME no charge
Sentara POSA 500/20/20%	• IN deductible – \$500/\$ 1,000
	• IN MOOP – \$4,000/\$8,000
	Emergency services/ambulance – 30% AD
	Prosthetic devices & DME – 20% AD
Sentara POSA 1000/20/20%	Emergency services/ambulance – 30% AD
	Prosthetic devices & DME – 20% AD
 Sentara POSA 1000/30/30% 	Emergency services/ambulance – 40% AD
Sentara POSA 1500/25/30%	
Sentara POSA 2000/20/0%	• IN MOOP – \$6,000/\$12,000
Sentara POSA 2000/25/30%	• IN MOOP – \$6,500/\$13,000
	Emergency services/ambulance – 40% AD
Sentara POSA 3000/30/30%	Outpatient therapies and services – 30%
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Maternity – 30% AD
	Emergency services/ambulance – 40% AD
	 Emergency services/ambulance – 40% AD Home health – 30% AD
Sentara POSA 4000/30/30%	Emergency services/ambulance – 40% AD



	Emergency services/ambulance – 40% AD
Sentara POSA 5000/30/30%	• IN MOOP – \$9,000/\$18,000
	Emergency services/ambulance – 40% AD
Sentara POSA 7200/45/40%	Skilled nursing – \$500 AD
	Emergency services/ambulance – 50% AD
	• UCC – \$90 AD
Sentara POSA HSA 1700/0% (prev 1600)	 IN deductible – \$1,700/\$3,400
	• IN MOOP – \$6,500/\$13,000
	 Skilled nursing – \$500 AD
	• UCC – \$50 AD
	 MH outpatient office visits/virtual care – \$35 AD
 Sentara POSA HSA 3300/0% (prev 3200) 	 IN deductible – \$3,300/\$6,600
 Sentara POSA HSA 3300/10% (prev 3200) 	 Emergency services/ambulance – 20% AD
Sentara POSA HSA 3300/20% (prev 3200)	 IN deductible – \$3,300/\$6,600
	 Emergency services/ambulance – 30% AD
 Sentara POSA HSA 4000/0% 	 Emergency services/ambulance – 20% AD
 Sentara POSA HSA 5000/0% 	
Sentara POSA HSA 4000/20%	Emergency services/ambulance – 30% AD
Sentara POSA Design 3000/20%	Emergency services/ambulance – 30% AD
Sentara POSA Design 5000/0%	Emergency services/ambulance – 20% AD
Sentara POSA Design 5000/30%	Emergency services/ambulance – 40% AD Mul office visits/situal core. Mul portion
	MH office visits/virtual care; MH partial
	hospitalization & MH other outpatient
	services – \$35 AD