

2025 Sentara BusinessEDGE® POS Plans



Groups with 5-250 total enrolled employees

These charts summarize standard covered expenses. Exclusions and limitations apply. Additional benefits may be available.

Plan Name	Sentara POS 0/25/20%	Sentara POS 500/25/20%	Sentara POS 1000/20/0%	Sentara POS 1000/25/20%	Sentara POS 1000/25/30%	Sentara POS 1500/25/20%
In-network deductible (individual/family)	\$0/\$0	\$500/\$1,000	\$1,000/\$2,000	\$1,000/\$2,000	\$1,000/\$2,000	\$1,500/\$3,000
Out-of-network deductible (individual/family)	\$2,500/\$5,000	\$1,000/\$2,000	\$2,000/\$4,000	\$1,250/\$2,500	\$2,000/\$4,000	\$3,250/\$6,500
In-network out-of-pocket maximum (individual/family)	\$2,500/\$5,000	\$7,500/\$15,000	\$7,000/\$14,000	\$5,000/\$10,000	\$6,200/\$12,400	\$6,500/\$13,000
Out-of-network out-of-pocket maximum (individual/family)	\$5,000/\$10,000	\$15,000/\$30,000	\$14,000/\$28,000	\$10,000/\$20,000	\$12,400/\$24,800	\$13,000/\$26,000
Out-of-network coinsurance	40% AD/AC	40% AD/AC	30% AD/AC	40% AD/AC	50% AD/AC	40% AD/AC
PCP visit	\$25	\$25	\$20	\$25	\$25	\$25
Virtual consult (no out-of-network coverage)	No charge	No charge	No charge	No charge	No charge	No charge
Specialist visit	\$50	\$50	\$40	\$50	\$50	\$50
Outpatient surgery	\$300	20% AD	\$250 AD	20% AD	30% AD	\$300 AD
Inpatient hospital services	\$300/day (\$1,200 max)	20% AD	\$500 AD	20% AD	30% AD	\$400 AD
Emergency services (in- and out-of-network)	30%	30% AD	\$350 AD	30% AD	40% AD	\$350 AD
Urgent care center services	\$50	\$50	\$40	\$50	\$50	\$50
Prescription drug coverage option 1; deductible if applicable; tier 1/tier 2/tier 3 (*\$250 max OOP/prescription)/ tier 4 (**\$400 max OOP/prescription)	Rx p/p deductible \$150 \$10 AD/\$40 AD/ 25% AD*/25% AD**	Rx p/p deductible \$150 \$10 AD/\$40 AD/ 25% AD*/25% AD**	Rx p/p deductible \$150 \$10 AD/\$40 AD/ 25% AD*/25% AD**	Rx p/p deductible \$150 \$10 AD/\$40 AD/ 25% AD*/25% AD**	Rx p/p deductible \$150 \$10 AD/\$40 AD/ 25% AD*/25% AD**	Rx p/p deductible \$150 \$10 AD/\$40 AD/ 25% AD*/25% AD**
Prescription drug coverage - option 2; deductible if applicable; tier 1/tier 2/tier 3 (*\$250 max OOP/prescription)/ tier 4 (**\$400 max OOP/prescription)	\$10/\$30/25%/25%**	\$10/\$30/25%/25%**	\$10/\$30/25%/25%**	\$10/\$30/25%/25%**	\$10/\$30/25%/25%**	\$10/\$30/25%/25%**

Plan Name	Sentara POS 2000/25/30%	Sentara POS 3000/35/25%	Sentara POS 4000/40/20%	Sentara POS 5000/25/0%	Sentara POS 6600/30%
In-network deductible (individual/family)	\$2,000/\$4,000	\$3,000/\$6,000	\$4,000/\$8,000	\$5,000/\$10,000	\$6,600/\$13,200
Out-of-network deductible (individual/family)	\$4,000/\$8,000	\$6,000/\$12,000	\$8,000/\$16,000	\$10,000/\$20,000	\$13,200/\$26,400
In-network out-of-pocket maximum (individual/family)	\$6,500/\$13,000	\$8,800/\$17,600	\$8,650/\$17,300	\$9,000/\$18,000	\$8,600/\$17,200
Out-of-network out-of-pocket maximum (individual/family)	\$13,000/\$27,000	\$17,600/\$35,200	\$17,300/\$34,600	\$18,000/\$36,000	\$17,200/\$34,400
Out-of-network coinsurance	50% AD/AC	45% AD/AC	40% AD/AC	30% AD/AC	50% AD/AC
PCP visit	\$25	\$35	\$40	\$25	30% AD
Virtual consult (no out-of-network coverage)	No charge	No charge	No charge	No charge	No charge AD
Specialist visit	\$50	\$70 AD	\$80	\$50	30% AD
Outpatient surgery	30% AD	25% AD	20% AD	No charge AD	30% AD
Inpatient hospital services	30% AD	25% AD	20% AD	No charge AD	30% AD
Emergency services (in- and out-of-network)	40% AD	35% AD	30% AD	20% AD	40% AD
Urgent care center services	\$50	\$70 AD	\$80	No charge AD	30% AD
Prescription drug coverage option 1; deductible if applicable; tier 1/tier 2/tier 3 (*\$250 max OOP/prescription)/tier 4 (**\$400 max OOP/prescription)	Rx p/p deductible \$150 \$10 AD/\$40 AD/ 25% AD*/25% AD**	Rx p/p deductible \$150 \$10 AD/\$40 AD/ 25% AD*/25% AD**	Rx p/p deductible \$150 \$10 AD/\$40 AD/ 25% AD*/25% AD**	Rx p/p deductible \$150 \$10 AD/\$40 AD/ 25% AD*/25% AD**	Rx p/p deductible \$150 \$10 AD/\$40 AD/ 25% AD*/25% AD**
Prescription drug coverage - option 2; deductible if applicable; tier 1/tier 2/tier 3 (*\$250 max OOP/prescription)/ tier 4 (**\$400 max OOP/prescription)	\$10/\$30/25%/25%**	\$10/\$30/25%/25%**	\$10/\$30/25%/25%**	\$10/\$30/25%/25%**	\$10/\$30/25%/25%**

2025 Sentara BusinessEDGE® POS HSA Plans



Plan Name	Sentara POS HSA 3300/10%	Sentara POS HSA 3300/20%	Sentara POS HSA 4000/0%	Sentara POS HSA 4000/20%	Sentara POS HSA 5000/0%	Sentara POS HSA 6500/0%
In-network deductible (individual/family)	\$3,300/\$6,600	\$3,300/\$6,600	\$4,000/\$8,000	\$4,000/\$8,000	\$5,000/\$10,000	\$6,500/\$13,000
Out-of-network deductible (individual/family)	\$6,400/\$12,800	\$6,400/\$12,800	\$8,000/\$16,000	\$5,500/\$10,500	\$10,000/\$20,000	\$13,000/\$26,000
In-network out-of-pocket maximum (individual/family)	\$5,000/\$10,000	\$7,200/\$14,400	\$6,900/\$13,800	\$6,750/\$13,500	\$7,000/\$14,000	\$7,500/\$15,000
Out-of-network out-of-pocket maximum (individual/family)	\$10,000/\$20,000	\$14,400/\$28,800	\$13,800/\$27,600	\$14,000/\$28,000	\$14,000/\$28,000	\$15,000/\$30,000
Out-of-network coinsurance	30% AD/AC	40% AD/AC	30% AD/AC	40% AD/AC	30% AD/AC	30% AD/AC
PCP visit	10% AD	20% AD	\$40 AD	20% AD	No charge AD	No charge AD
Virtual consult (no out-of-network coverage)	No charge AD	No charge AD	No charge AD	No charge AD	No charge AD	No charge AD
Specialist visit	10% AD	20% AD	\$80 AD	20% AD	No charge AD	No charge AD
Outpatient surgery	10% AD	20% AD	No charge AD	20% AD	No charge AD	No charge AD
Inpatient hospital services	10% AD	20% AD	No charge AD	20% AD	No charge AD	No charge AD
Emergency services (in- and out-of-network)	20% AD	30% AD	20% AD	30% AD	20% AD	20% AD
Urgent care center services	10% AD	20% AD	\$80 AD	20% AD	No charge AD	No charge AD
Prescription drug coverage option 1; deductible if applicable; tier 1/tier 2/ tier 3 (*\$250 max OOP/prescription)/ tier 4 (**\$400 max OOP/prescription)	After medical deductible \$10 AD/\$40 AD/ 25% AD*/25% AD**	After medical deductible \$10 AD/\$40 AD/ 25% AD*/25% AD**	After medical deductible \$10 AD/\$40 AD/ 25% AD*/25% AD**	After medical deductible \$10 AD/\$40 AD/ 25% AD*/25% AD**	After medical deductible \$10 AD/\$40 AD/ 25% AD*/25% AD**	After medical deductible \$10 AD/\$40 AD/ 25% AD*/25% AD**
Prescription drug coverage option2; deductible if applicable; tier 1/tier 2/ tier 3 (\$250 max OOP/prescription)/ tier 4 (**\$400 max OOP/prescription)	Prev BD, after medical deductible \$10 AD/\$40 AD/ 25% AD*/25% AD**	Prev BD, after medical deductible \$10 AD/\$40 AD/ 25% AD*/25% AD**	Prev BD, after medical deductible \$10 AD/\$40 AD/ 25% AD*/25% AD**	Prev BD, after medical deductible \$10 AD/\$40 AD/ 25% AD*/25% AD**	Prev BD, after medical deductible \$10 AD/\$40 AD/ 25% AD*/25% AD**	Prev BD, after medical deductible \$10 AD/\$40 AD/ 25% AD*/25% AD**

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

AD: After Deductible | p/p: per person | AC: Allowable Charge | Prev BD: Preventive drugs before deductible | OOP/prescription: Out-of-pocket per prescription

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