

2026 Sentara Small Group POS Plans



Small Groups with 1-50 total employees

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

Plan Name	Sentara POS Platinum 0 Ded 100 Rx Ded	Sentara POS Platinum 0 Ded 3500 MOOP	Sentara POS Platinum 0 Ded	Sentara POS Platinum 0 Ded 200 Rx Ded	Sentara POS Gold 0 Ded
In-network deductible (individual/family)	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0
Out-of-network deductible (individual/family)	\$1,750/\$3,500	\$2,000/\$4,000	\$2,500/\$5,000	\$2,500/\$5,000	\$3,500/\$7,000
In-network out-of-pocket maximum (individual/family)	\$2,900/\$5,800	\$3,500/\$7,000	\$2,900/\$5,800	\$2,900/\$5,800	\$7,500/\$15,000
Out-of-network out-of-pocket maximum (individual/family)	\$5,800/\$11,600	\$7,000/\$14,000	\$5,800/\$11,600	\$5,800/\$11,600	\$15,000/\$30,000
Out-of-network coinsurance	40% AD/AC	40% AD/AC	40% AD/AC	40% AD/AC	40% AD/AC
Primary care physician office visit	\$10	\$15	\$25	\$25	\$35
Virtual consult (no out-of-network coverage)	No charge	No charge	No charge	No charge	No charge
Specialist office visit	\$30	\$35	\$50	\$50	\$70
Outpatient surgery	\$150	\$150	\$300	\$300	\$400
Inpatient hospital services	\$400	\$600	\$300/day (\$1,200 max)	\$300/day (\$1,200 max)	\$600/day (\$2,400 max)
Emergency services (in- and out-of-network)	\$350	\$350	30%	30%	40%
Urgent care center services	\$30	\$35	\$50	\$50	\$70
Prescription drug coverage; deductible if applicable; tier 1/tier 2/tier 3/tier 4 (*\$350 max OOP/prescription)	Rx p/p deductible \$100 \$15/\$50/\$250 AD/\$350 AD	No deductible \$10/\$40/20%/25%*	No deductible \$10/\$40/20%/25%*	Rx p/p deductible \$200 \$10/\$40 AD/20% AD/25% AD*	No deductible \$10/\$40/30%/35%*

Plan Name	Sentara POS Gold 500 Ded 200 Rx Ded	Sentara POS Gold 750 Ded	Sentara POS Gold 1000 Ded 250 Rx Ded	Sentara POS Gold 1000 Ded 200 Rx Ded	Sentara POS Gold 1250 Ded 200 Rx Ded
In-network deductible (individual/family)	\$500/\$1,000	\$750/\$1,500	\$1,000/\$2,000	\$1,000/\$2,000	\$1,250/\$2,500
Out-of-network deductible (individual/family)	\$1,000/\$2,000	\$1,500/\$3,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,500/\$5,000
In-network out-of-pocket maximum (individual/family)	\$7,500/\$15,000	\$7,700/\$15,400	\$7,500/\$15,000	\$6,500/\$13,000	\$6,500/\$13,000
Out-of-network out-of-pocket maximum (individual/family)	\$15,000/\$30,000	\$15,400/\$30,800	\$15,000/\$30,000	\$13,000/\$26,000	\$13,000/\$26,000
Out-of-network coinsurance	40% AD/AC	40% AD/AC	30% AD/AC	50% AD/AC	40% AD/AC
Primary care physician office visit	\$25	\$30	\$20	\$25	\$20
Virtual consult (no out-of-network coverage)	No charge	No charge	No charge	No charge	No charge
Specialist office visit	\$50	\$60	\$40	\$50	\$40
Outpatient surgery	20% AD	20% AD	\$250 AD	30% AD	20% AD
Inpatient hospital services	20% AD	20% AD	\$500 AD	30% AD	20% AD
Emergency services (in- and out-of-network)	30% AD	30% AD	\$350 AD	40% AD	30% AD
Urgent care center services	\$50	\$60	\$40	\$50	\$40
Prescription drug coverage; deductible if applicable; tier 1/tier 2/tier 3/tier 4 (*\$350 max OOP/prescription)	Rx p/p deductible \$200 \$15/\$50 AD/20% AD/25% AD*	No deductible \$15/\$50/20%/25%*	Rx p/p deductible \$250 \$25/\$75 AD/\$250 AD/\$350 AD	Rx p/p deductible \$200 \$15/\$50 AD/30% AD/35% AD*	Rx p/p deductible \$200 \$15/\$50 AD/20% AD/25% AD*

2026 Sentara Small Group POS Plans (continued)

Plan Name	Sentara POS Gold 1500 Ded 200 Rx Ded	Sentara POS Gold 2000 Ded	Sentara POS Gold 2500 Ded 100 Rx Ded	Sentara POS Silver 3000 Ded	Sentara POS Silver 3500 Ded
In-network deductible (individual/family)	\$1,500/\$3,000	\$2,000/\$4,000	\$2,500/\$5,000	\$3,000/\$6,000	\$3,500/\$7,000
Out-of-network deductible (individual/family)	\$3,250/\$6,500	\$4,000/\$8,000	\$5,000/\$10,000	\$6,000/\$12,000	\$7,000/\$14,000
In-network out-of-pocket maximum (individual/family)	\$6,400/\$12,800	\$6,500/\$13,000	\$6,500/\$13,000	\$8,800/\$17,600	\$9,000/\$18,000
Out-of-network out-of-pocket maximum (individual/family)	\$12,800/\$25,600	\$13,000/\$26,000	\$13,000/\$26,000	\$17,600/\$35,200	\$18,000/\$36,000
Out-of-network coinsurance	40% AD/AC	50% AD/AC	40% AD/AC	45% AD/AC	40% AD/AC
Primary care physician office visit	\$25	\$25	\$30	\$35	\$35
Virtual consult (no out-of-network coverage)	No charge	No charge	No charge	No charge	No charge
Specialist office visit	\$50	\$50	\$60	\$70 AD	\$70
Outpatient surgery	\$300 AD	30% AD	\$350 AD	25% AD	20% AD
Inpatient hospital services	\$400 AD	30% AD	20% AD	25% AD	20% AD
Emergency services (in- and out-of-network)	\$350 AD	40% AD	30% AD	35% AD	30% AD
Urgent care center services	\$50	\$50	\$60	\$70 AD	\$70
Prescription drug coverage; deductible if applicable; tier 1/tier 2/tier 3/tier 4 (*\$350 max OOP/prescription)	Rx p/p deductible \$200 \$15/\$50 AD/20% AD/25% AD*	No deductible \$15/\$50/30%/35%*	Rx p/p deductible \$100 \$25/\$65 AD/20% AD/25% AD*	After medical deductible \$15 AD/\$50 AD/25% AD/30% AD*	After medical deductible \$15 AD/\$50 AD/20% AD/25% AD*

Plan Name	Sentara POS Silver 4000 Ded 250 Rx Ded	Sentara POS Silver 4850 Ded 250 Rx Ded	Sentara POS Silver 5600 Ded 200 Rx Ded	Sentara POS Silver 6500 Ded 250 Rx Ded	Sentara POS Silver 7000 Ded
In-network deductible (individual/family)	\$4,000/\$8,000	\$4,850/\$9,700	\$5,600/\$11,200	\$6,500/\$13,000	\$7,000/\$14,000
Out-of-network deductible (individual/family)	\$8,000/\$16,000	\$9,700/\$19,400	\$11,200/\$22,400	\$13,000/\$26,000	\$14,000/\$28,000
In-network out-of-pocket maximum (individual/family)	\$9,100/\$18,200	\$9,200/\$18,400	\$8,800/\$17,600	\$8,000/\$16,000	\$9,500/\$19,000
Out-of-network out-of-pocket maximum (individual/family)	\$18,200/\$36,400	\$18,400/\$36,800	\$17,600/\$35,200	\$16,000/\$32,000	\$19,000/\$38,000
Out-of-network coinsurance	40% AD/AC	40% AD/AC	40% AD/AC	30% AD/AC	50% AD/AC
Primary care physician office visit	\$40	\$45	\$40	No charge AD	\$50
Virtual consult (no out-of-network coverage)	No charge	No charge	No charge	No charge AD	No charge
Specialist office visit	\$80	\$90	\$80	No charge AD	\$100
Outpatient surgery	20% AD	\$300 AD	20% AD	No charge AD	40% AD
Inpatient hospital services	20% AD	\$500 AD	20% AD	No charge AD	40% AD
Emergency services (in- and out-of-network)	30% AD	\$350 AD	30% AD	20% AD	50% AD
Urgent care center services	\$80	\$90	\$80	No charge AD	\$100
Prescription drug coverage; deductible if applicable; tier 1/tier 2/tier 3/tier 4 (*\$350 max OOP/prescription)	Rx p/p deductible \$250 \$25 AD/\$65 AD/20% AD/25% AD*	Rx p/p deductible \$250 \$15/\$65/\$250 AD/\$350 AD	Rx p/p deductible \$200 \$10/\$40 AD/20% AD/25% AD*	Rx p/p deductible \$250 \$15 AD/\$50 AD/ 25% AD/30% AD*	No deductible \$25/\$50/\$250/\$400

2026 Sentara Small Group POS Plans (continued)

Plan Name	Sentara POS Bronze 6600 Ded	Sentara POS Bronze 7200 Ded	Sentara POS Bronze 8500 Ded
In-network deductible (individual/family)	\$6,600/\$13,200	\$7,200/\$14,400	\$8,500/\$17,000
Out-of-network deductible (individual/family)	\$13,200/\$26,400	\$14,400/\$28,800	\$17,000/\$34,000
In-network out-of-pocket maximum (individual/family)	\$8,600/\$17,200	\$9,400/\$18,800	\$9,200/\$18,400
Out-of-network out-of-pocket maximum (individual/family)	\$17,200/\$34,400	\$18,800/\$37,600	\$18,400/\$36,800
Out-of-network coinsurance	50% AD/AC	50% AD/AC	50% AD/AC
Primary care physician office visit	30% AD	\$45	\$50
Virtual consult (no out-of-network coverage)	No charge AD	No charge	No charge
Specialist office visit	30% AD	\$90	\$100
Outpatient surgery	30% AD	40% AD	30% AD
Inpatient hospital services	30% AD	40% AD	30% AD
Emergency services (in- and out-of-network)	40% AD	50% AD	40% AD
Urgent care center services	30% AD	\$90	\$100
Prescription drug coverage; deductible if applicable; tier 1/tier 2/tier 3/tier 4 (*\$350 max OOP/prescription)	After medical deductible \$15/\$50 AD/30% AD/35% AD*	After medical deductible \$25 AD/\$65 AD/40% AD/45% AD*	After medical deductible \$25 AD/\$65 AD/30% AD/35% AD*

2026 Sentara Small Group POS HSA Plans



Plan Name	Sentara POS HSA Silver 1950 Ded	Sentara POS HSA Silver 3400 Ded	Sentara POS HSA Silver 4000 Ded	Sentara POS HSA Bronze 6100 Ded
In-network deductible (individual/family)	\$1,950/\$3,900	\$3,400/\$6,800	\$4,000/\$8,000	\$6,100/\$12,200
Out-of-network deductible (individual/family)	\$3,800/\$7,600	\$6,800/\$13,600	\$8,000/\$16,000	\$12,200/\$24,400
In-network out-of-pocket maximum (individual/family)	\$8,300/\$16,600	\$7,200/\$14,400	\$6,900/\$13,800	\$7,400/\$14,800
Out-of-network out-of-pocket maximum (individual/family)	\$16,600/\$33,200	\$14,400/\$28,800	\$13,800/\$27,600	\$14,800/\$29,600
Out-of-network coinsurance	30% AD/AC	40% AD/AC	30% AD/AC	50% AD/AC
Primary care physician office visit	\$25 AD	20% AD	\$40 AD	\$40 AD
Virtual consult (no out-of-network coverage)	No charge AD	No charge AD	No charge AD	No charge AD
Specialist office visit	\$50 AD	20% AD	\$80 AD	\$80 AD
Outpatient surgery	\$400 AD	20% AD	No charge AD	40% AD
Inpatient hospital services	\$500 AD	20% AD	No charge AD	40% AD
Emergency services (in- and out-of-network)	\$400 AD	30% AD	20% AD	50% AD
Urgent care center services	\$50 AD	20% AD	\$80 AD	\$80 AD
Prescription drug coverage; deductible if applicable; tier 1/tier 2/tier 3/tier 4 (\$350 max OOP/prescription)	After medical deductible \$25 AD/\$65 AD/25% AD/30% AD*	After medical deductible \$25 AD/\$65 AD/20% AD/25% AD*	After medical deductible \$25 AD/\$65 AD/20% AD/25% AD*	After medical deductible \$25 AD/\$65 AD/40% AD/45% AD*

Plan Name	Sentara POS HSA Bronze 6200 Ded	Sentara POS HSA Bronze 6500 Ded	Sentara POS HSA Bronze 7000 Ded
In-network deductible (individual/family)	\$6,200/\$12,400	\$6,500/\$13,000	\$7,000/\$14,000
Out-of-network deductible (individual/family)	\$12,400/\$24,800	\$13,000/\$26,000	\$14,000/\$28,000
In-network out-of-pocket maximum (individual/family)	\$8,500/\$17,000	\$7,500/\$15,000	\$7,500/\$15,000
Out-of-network out-of-pocket maximum (individual/family)	\$17,000/\$34,000	\$15,000/\$30,000	\$15,000/\$30,000
Out-of-network coinsurance	50% AD/AC	30% AD/AC	30% AD/AC
Primary care physician office visit	\$40 AD	No charge AD	No charge AD
Virtual consult (no out-of-network coverage)	No charge AD	No charge AD	No charge AD
Specialist office visit	\$80 AD	No charge AD	No charge AD
Outpatient surgery	30% AD	No charge AD	No charge AD
Inpatient hospital services	30% AD	No charge AD	No charge AD
Emergency services (in- and out-of-network)	40% AD	20% AD	20% AD
Urgent care center services	30% AD	No charge AD	No charge AD
Prescription drug coverage; deductible if applicable; tier 1/tier 2/tier 3/tier 4 (\$350 max OOP/prescription)	After medical deductible 30% AD/30% AD/30% AD/35% AD*	After medical deductible 25% AD/25% AD/25% AD/30% AD*	After medical deductible 25% AD/25% AD/25% AD/30% AD*

2026 Sentara Small Group POS HRA Plans



Plan Name	Sentara POS HRA Silver 3000 Ded 250 Rx Ded
In-network deductible (individual/family)	\$3,000/\$6,000
Out-of-network deductible (individual/family)	\$6,000/\$12,000
In-network out-of-pocket maximum (individual/family)	\$9,200/\$18,400
Out-of-network out-of-pocket maximum (individual/family)	\$18,400/\$36,800
Out-of-network coinsurance	40% AD/AC
Primary care physician office visit	\$30 AD
Virtual consult (no out-of-network coverage)	No charge AD
Specialist office visit	\$60 AD
Outpatient surgery	20% AD
Inpatient hospital services	20% AD
Emergency services (in- and out-of-network)	30% AD
Urgent care center services	\$60 AD
Prescription drug coverage; deductible if applicable; tier 1/tier 2/tier 3/tier 4 (*\$350 max OOP/prescription)	Rx p/p deductible \$250 \$25 AD/\$65 AD/20% AD/25% AD*

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

AD: After Deductible | AC: Allowable Charge | p/p: Per Person | OOP/prescription: Out-of-pocket, per prescription

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