

Sentara Individual & Family Health Plans

2027 Plan Guide

This publication is only intended to be used for agent and broker education and must not be distributed or used with the general public.



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More rewarding healthcare

At Sentara Health Plans, we’re passionate about helping our members live healthier and happier lives.

As part of our mission **to improve health every day**, we’re committed to going above and beyond for our members by building strong relationships and supporting them on their journey to better health. Backed by a dedicated member services team and an outstanding network of providers, our members know we’ve got them covered.

This guide features Sentara Individual & Family Health Plans effective January 1, 2027.

We are proud to offer:

- Several plan options with a wide range of cost-share amounts and network choices
- Health and wellness programs that focus on the mind as well as the body
- Multiple ways to pay premiums, plan for healthcare costs, and connect with a Sentara Health Plans representative
- Robust provider network including specialists, primary care physicians, and hospitals
- Virtual consults are available 24/7 to diagnose and treat a variety of non-emergency medical conditions and behavioral health concerns
- Additional help with Emergency Travel Assistance, 24/7 Nurse Advice, and 24/7 Behavioral Health Crisis Lines
- Excellent customer service from Sentara Health Plans member services team



To learn more about our robust coverage and value-added services scan this **QR code** or contact us at **individualsales@sentara.com**.



Wellness and disease management programs

Sentara Health Plans offers wellness and disease management programs designed to help members improve their health and well-being. Members may be eligible to earn rewards for completing certain activities, or by participating in programs offered.

2027 Sentara Plans | On-& Off-Exchange

On-Exchange Plan Name	Sentara M Gold 1000 Ded	Sentara M Gold 2200 Ded	Sentara M Gold 3500 Ded	Sentara M Silver 5500 Ded	Sentara M Silver 6500 Ded	Sentara M Bronze 5900 Ded HSA	Sentara M Bronze 7200 Ded
Off-Exchange Plan Name	Sentara Gold 1000 Ded	Sentara Gold 2200 Ded	Sentara Gold 3500 Ded	Sentara Silver 5500 Ded	Sentara Silver 6500 Ded	Sentara Bronze 5900 Ded HSA	Sentara Bronze 7200 Ded
In-network deductible: individual family	\$1,000 \$2,000	\$2,200 \$4,400	\$3,500 \$7,000	\$5,500 \$11,000	\$6,500 \$13,000	\$5,900 \$11,800	\$7,200 \$14,400
In-network out-of-pocket max: individual family	\$10,950 \$21,900	\$8,650 \$17,300	\$7,100 \$14,200	\$11,350 \$22,700	\$10,500 \$21,000	\$9,900 \$19,800	\$12,000 \$24,000
Coinsurance	20%	20%	30%	25%	30%	30%	40%
Preventive care	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Physician services							
Primary Care Physician (PCP) office visit	\$35	\$25	\$20	\$40	\$35	30% AD	\$45
Specialist office visit	\$65	\$50	\$50	\$60	\$65	30% AD	\$90
Virtual consults	No charge	No charge	No charge	No charge	No charge	No charge AD	No charge
Emergency & urgent care services							
Urgent care	\$50	\$50	\$50	\$50	\$50	30% AD	\$50
Emergency services (in- and out-of-network)	40% AD	40% AD	50% AD	45% AD	50% AD	50% AD	50% AD
Inpatient services							
Inpatient hospital services	20% AD	20% AD	30% AD	25% AD	30% AD	30% AD	40% AD
Outpatient services							
Outpatient diagnostic tests: X-ray, ultrasound, EKG, etc.	20% AD	20% AD	30% AD	25% AD	30% AD	30% AD	40% AD
Outpatient advanced diagnostic tests: MRI, CT scan, etc.	20% AD	20% AD	30% AD	25% AD	30% AD	30% AD	40% AD
Outpatient surgery	20% AD	20% AD	30% AD	25% AD	30% AD	30% AD	40% AD
Mental/behavioral health & substance use disorder services							
Outpatient office visits (PCP, specialist, or virtual consults)	\$50	\$35	\$35	\$50	\$50	30% AD	\$65
Inpatient services	20% AD	20% AD	30% AD	25% AD	30% AD	30% AD	40% AD
Other covered services							
Maternity care	20% AD	20% AD	30% AD	25% AD	30% AD	30% AD	40% AD
Chiropractic care (spinal manipulation)*	20% AD	20% AD	30% AD	25% AD	30% AD	30% AD	40% AD
Physical and occupational therapy*	20% AD	20% AD	30% AD	25% AD	30% AD	30% AD	40% AD
Pharmacy							
Retail prescription drug coverage tier 1 tier 2 tier 3 tier 4	Medical deductible applies \$15 \$45 45% AD 50% AD	Medical deductible applies \$15 \$40 45% AD 50% AD	Medical deductible applies \$10 \$50 45% AD 50% AD	Medical deductible applies \$15 \$50 45% AD 50% AD	Medical deductible applies \$15 \$75 45% AD 50% AD	Medical deductible applies 30% AD 40% AD 45% AD 50% AD	Medical deductible applies \$20 40% AD 45% AD 50% AD
Mail-order prescription drug coverage tier 1 tier 2 tier 3 tier 4	Medical deductible applies \$45 \$135 45% AD 50% AD	Medical deductible applies \$45 \$120 45% AD 50% AD	Medical deductible applies \$30 \$150 45% AD 50% AD	Medical deductible applies \$45 \$150 45% AD 50% AD	Medical deductible applies \$45 \$225 45% AD 50% AD	Medical deductible applies 30% AD 40% AD 45% AD 50% AD	Medical deductible applies \$60 40% AD 45% AD 50% AD

*Plan visit limits apply.



2027 Sentara Plans | **On- & Off-Exchange** *(continued)*

On-Exchange Plan Name	Sentara M Bronze 8400 Ded	Sentara M Bronze 9800 Ded
Off-Exchange Plan Name	Sentara Bronze 8400 Ded	Sentara Bronze 9800 Ded
In-network deductible: individual family	\$8,400 \$16,800	\$9,800 \$19,600
In-network out-of-pocket max: individual family	\$12,000 \$24,000	\$12,000 \$24,000
Coinsurance	45%	50%
Preventive care	No charge	No charge
Physician services		
Primary Care Physician (PCP) office visit	\$60	\$75
Specialist office visit	\$120	\$150
Virtual consults	No charge	No charge
Emergency & urgent care services		
Urgent care	\$75	\$90
Emergency services (in- and out-of-network)	50% AD	50% AD
Inpatient services		
Inpatient hospital services	45% AD	50% AD
Outpatient services		
Outpatient diagnostic tests: X-ray, ultrasound, EKG, etc.	45% AD	50% AD
Outpatient advanced diagnostic tests: MRI, CT scan, etc.	45% AD	50% AD
Outpatient surgery	45% AD	50% AD
Mental/behavioral health & substance use disorder services		
Outpatient office visits (PCP, specialist, or virtual consults)	\$90	\$90
Inpatient services	45% AD	50% AD
Other covered services		
Maternity care	45% AD	50% AD
Chiropractic care (spinal manipulation)*	45% AD	50% AD
Physical and occupational therapy*	45% AD	50% AD
Pharmacy		
Retail prescription drug coverage tier 1 tier 2 tier 3 tier 4	Medical deductible applies \$25 40% AD 45% AD 50% AD	Medical deductible applies \$30 40% AD 45% AD 50% AD
Mail-order prescription drug coverage tier 1 tier 2 tier 3 tier 4	Medical deductible applies \$75 40% AD 45% AD 50% AD	Medical deductible applies \$90 40% AD 45% AD 50% AD

*Plan visit limits apply.

2027 Sentara **Cost-Share Reduction (CSR) Plans**

Plan Name	Core Plan	CSR 73%	CSR 87%	CSR 94%	Core Plan	CSR 73%	CSR 87%	CSR 94%
	Sentara M Silver 5500 Ded	Sentara Silver 3450 Ded (04)	Sentara Silver 450 Ded (05)	Sentara Silver 0 Ded (06)	Sentara M Silver 6500 Ded	Sentara Silver 3800 Ded (04)	Sentara Silver 500 Ded (05)	Sentara Silver 50 Ded (06)
In-network deductible: individual family	\$5,500 \$11,000	\$3,450 \$6,900	\$450 \$900	\$0 \$0	\$6,500 \$13,000	\$3,800 \$7,600	\$500 \$1,000	\$50 \$100
In-network out-of-pocket max: individual family	\$11,350 \$22,700	\$9,600 \$19,200	\$3,800 \$7,600	\$2,800 \$5,600	\$10,500 \$21,000	\$8,850 \$17,700	\$3,350 \$6,700	\$2,350 \$4,700
Coinsurance	25%	25%	25%	15%	30%	30%	30%	20%
Preventive care	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Physician services								
Primary Care Physician (PCP) office visit	\$40	\$40	\$20	\$10	\$35	\$35	\$20	\$10
Specialist office visit	\$60	\$60	\$40	\$20	\$65	\$65	\$50	\$25
Virtual consults	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Emergency & urgent care services								
Urgent care	\$50	\$50	\$40	\$20	\$50	\$50	\$50	\$25
Emergency services (in- and out-of-network)	45% AD	45% AD	45% AD	35%	50% AD	50% AD	50% AD	40% AD
Inpatient services								
Inpatient hospital services	25% AD	25% AD	25% AD	15%	30% AD	30% AD	30% AD	20% AD
Outpatient services								
Outpatient diagnostic tests: X-ray, ultrasound, EKG, etc.	25% AD	25% AD	25% AD	15%	30% AD	30% AD	30% AD	20% AD
Outpatient advanced diagnostic tests: MRI, CT scan, etc.	25% AD	25% AD	25% AD	15%	30% AD	30% AD	30% AD	20% AD
Outpatient surgery	25% AD	25% AD	25% AD	15%	30% AD	30% AD	30% AD	20% AD
Mental/behavioral health & substance use disorder services								
Outpatient office visits (PCP, specialist, or virtual consults)	\$50	\$50	\$30	\$15	\$50	\$50	\$35	\$15
Inpatient services	25% AD	25% AD	25% AD	15%	30% AD	30% AD	30% AD	20% AD
Other covered services								
Maternity care	25% AD	25% AD	25% AD	15%	30% AD	30% AD	30% AD	20% AD
Chiropractic care (spinal manipulation)*	25% AD	25% AD	25% AD	15%	30% AD	30% AD	30% AD	20% AD
Physical and occupational therapy*	25% AD	25% AD	25% AD	15%	30% AD	30% AD	30% AD	20% AD
Pharmacy								
Retail prescription drug coverage tier 1 tier 2 tier 3 tier 4	Medical deductible applies \$15 \$50 45% AD 50% AD	Medical deductible applies \$15 \$50 45% AD 50% AD	Medical deductible applies \$10 \$40 45% AD 50% AD	No Rx Deductible \$5 \$20 40% 45%	Medical deductible applies \$15 \$75 45% AD 50% AD	Medical deductible applies \$15 \$75 45% AD 50% AD	Medical deductible applies \$10 \$45 45% AD 50% AD	Medical deductible applies \$5 \$25 40% AD 45% AD
Mail-order prescription drug coverage tier 1 tier 2 tier 3 tier 4	Medical deductible applies \$45 \$150 45% AD 50% AD	Medical deductible applies \$45 \$150 45% AD 50% AD	Medical deductible applies \$30 \$120 45% AD 50% AD	No Rx Deductible \$15 \$60 40% 45%	Medical deductible applies \$45 \$225 45% AD 50% AD	Medical deductible applies \$45 \$225 45% AD 50% AD	Medical deductible applies \$30 \$135 45% AD 50% AD	Medical deductible applies \$15 \$75 40% AD 45% AD

*Plan visit limits apply.

Members get more with Sentara Unique Off-Exchange Plans

2027 Sentara Unique Plans | Only available Off-Exchange

There’s more than one way to buy healthcare coverage. That’s especially true for members who may not be eligible for a health insurance subsidy. Our Sentara Unique Off-Exchange Plans are only offered outside of Virginia’s Insurance Marketplace. Sentara Unique Off-Exchange Plans are ideal for those without subsidies to receive plan benefits with lower out-of-pocket costs. These plans include all the benefits, wellness programs, preventive services, and useful tools we offer on all of our Sentara Individual & Family Health Plans.

Plan Name	Sentara Platinum 0 Ded	Sentara Gold 1300 Ded	Sentara Gold 3750 Ded HSA	Sentara Silver 3300 Ded	Sentara Silver 3850 Ded HSA	Sentara Silver 5000 Ded	Sentara Silver 5600 Ded
In-network deductible: individual family	\$0 \$0	\$1,300 \$2,600	\$3,750 \$7,500	\$3,300 \$6,600	\$3,850 \$7,700	\$5,000 \$10,000	\$5,600 \$11,200
In-network out-of-pocket max: individual family	\$4,500 \$9,000	\$7,500 \$15,000	\$3,750 \$7,500	\$9,300 \$18,600	\$7,500 \$15,000	\$10,000 \$20,000	\$11,450 \$22,900
Coinsurance	20%	10%	0%	30%	30%	25%	35%
Preventive care	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Physician services							
Primary Care Physician (PCP) office visit	\$20	\$25	No charge AD	\$30	30% AD	\$25	\$35
Specialist office visit	\$40	\$50	No charge AD	\$60	30% AD	\$75	\$75
Virtual consults	No charge	No charge	No charge AD	No charge	No charge AD	No charge	No charge
Emergency & urgent care services							
Urgent care	\$50	\$50	No charge AD	\$50	30% AD	\$50	\$50
Emergency services (in- and out-of-network)	40%	30% AD	No charge AD	50% AD	50% AD	45% AD	50% AD
Inpatient services							
Inpatient hospital services	20%	10% AD	No charge AD	30% AD	30% AD	25% AD	35% AD
Outpatient services							
Outpatient diagnostic tests: X-ray, ultrasound, EKG, etc.	\$40	\$50	No charge AD	30% AD	30% AD	\$50	35% AD
Outpatient advanced diagnostic tests: MRI, CT scan, etc.	\$150	\$250	No charge AD	30% AD	30% AD	\$350	35% AD
Outpatient surgery	20%	10% AD	No charge AD	30% AD	30% AD	25% AD	35% AD
Mental/behavioral health & substance use disorder services							
Outpatient office visits (PCP, specialist, or virtual consults)	\$30	\$35	No charge AD	\$45	30% AD	\$50	\$55
Inpatient services	20%	10% AD	No charge AD	30% AD	30% AD	25% AD	35% AD
Other covered services							
Maternity care	20%	10% AD	No charge AD	30% AD	30% AD	25% AD	35% AD
Chiropractic care (spinal manipulation)*	20%	10% AD	No charge AD	30% AD	30% AD	25% AD	35% AD
Physical and occupational therapy*	\$20	\$25	No charge AD	30% AD	30% AD	\$50	35% AD
Pharmacy							
Retail prescription drug coverage tier 1 tier 2 tier 3 tier 4	No Rx deductible \$10 \$40 \$100 \$350	Medical deductible applies \$15 \$40 30% AD 35% AD	Medical deductible applies No charge AD/ No charge AD No charge AD/ No charge AD	Medical deductible applies \$30 \$60 40% AD 45% AD	Medical deductible applies 30% AD 30% AD 40% AD 45% AD	Medical deductible applies \$20 \$60 40% AD 45% AD	Medical deductible applies \$25 \$75 45% AD 50% AD
Mail-order prescription drug coverage tier 1 tier 2 tier 3 tier 4	No Rx deductible \$30 \$120 \$300 \$350	Medical deductible applies \$45 \$120 30% AD 35% AD	Medical deductible applies No charge AD/ No charge AD No charge AD/ No charge AD	Medical deductible applies \$90 \$180 40% AD 45% AD	Medical deductible applies 30% AD 30% AD 40% AD 45% AD	Medical deductible applies \$60 \$180 40% AD 45% AD	Medical deductible applies \$75 \$225 45% AD 50% AD

*Plan visit limits apply.

2027 Sentara **Standard Plans**

On-Exchange Plan Name	Sentara Standard M Gold 2000 Ded	Sentara Standard M Silver 6000 Ded	Sentara Standard Silver 3000 Ded (04)	Sentara Standard Silver 700 Ded (05)	Sentara Standard Silver 0 Ded (06)	Sentara Standard M Bronze 7500 Ded
Off-Exchange Plan Name	Sentara Standard Gold 2000 Ded	Sentara Standard Silver 6000 Ded	CSR 73%	CSR 87%	CSR 94%	Sentara Standard Bronze 7500 Ded
			Available On-Exchange Only	Available On-Exchange Only	Available On-Exchange Only	
In-network deductible: individual family	\$2,000 \$4,000	\$6,000 \$12,000	\$3,000 \$6,000	\$700 \$1,400	\$0 \$0	\$7,500 \$15,000
In-network out-of-pocket max: individual family	\$8,200 \$16,400	\$8,900 \$17,800	\$8,000 \$16,000	\$3,300 \$6,600	\$2,600 \$5,200	\$10,500 \$21,000
Coinsurance	25%	40%	40%	30%	25%	50%
Preventive care	No charge	No charge	No charge	No charge	No charge	No charge
Physician services						
Primary Care Physician (PCP) office visit	\$30	\$40	\$40	\$20	No charge	\$50
Specialist office visit	\$60	\$80	\$80	\$40	\$10	\$100
Virtual consults	No charge	No charge	No charge	No charge	No charge	No charge
Emergency & urgent care services						
Urgent care	\$45	\$60	\$60	\$30	\$5	\$75
Emergency services (in- and out-of-network)	25% AD	40% AD	40% AD	30% AD	25%	50% AD
Inpatient services						
Inpatient hospital services	25% AD	40% AD	40% AD	30% AD	25%	50% AD
Outpatient services						
Outpatient diagnostic tests: X-ray, ultrasound, EKG, etc.	25% AD	40% AD	40% AD	30% AD	25%	50% AD
Outpatient advanced diagnostic tests: MRI, CT scan, etc.	25% AD	40% AD	40% AD	30% AD	25%	50% AD
Outpatient surgery	25% AD	40% AD	40% AD	30% AD	25%	50% AD
Mental/behavioral health & substance use disorder services						
Outpatient office visits (PCP, specialist, or virtual consults)	\$30	\$40	\$40	\$20	No charge	\$50
Inpatient services	25% AD	40% AD	40% AD	30% AD	25%	50% AD
Other covered services						
Maternity care	25% AD	40% AD	40% AD	30% AD	25%	50% AD
Chiropractic care (spinal manipulation)*	25% AD	40% AD	40% AD	30% AD	25%	50% AD
Physical and occupational therapy*	\$30	\$40	\$40	\$20	No charge	\$50
Pharmacy						
Retail prescription drug coverage tier 1 tier 2 tier 3 tier 4	No Rx deductible \$15 \$30 \$60 \$250	Medical deductible applies \$20 \$40 \$80 AD \$350 AD	Medical deductible applies \$20 \$40 \$80 AD \$350 AD	Medical deductible applies \$10 \$20 \$60 AD \$250 AD	No Rx deductible No charge \$15 \$50 \$150	Medical deductible applies \$25 \$50 AD \$100 AD \$500 AD
Mail-order prescription drug coverage tier 1 tier 2 tier 3 tier 4	No Rx deductible \$45 \$90 \$180 \$250	Medical deductible applies \$60 \$120 \$240 AD \$350 AD	Medical deductible applies \$60 \$120 \$240 AD \$350 AD	Medical deductible applies \$30 \$60 \$180 AD \$250 AD	No Rx deductible No charge \$45 \$150 \$150	Medical deductible applies \$75 \$150 AD \$300 AD \$500 AD

*Plan visit limits apply.

Service descriptions

Emergency services

Emergency services include physician services; advanced diagnostic imaging such as MRIs and CT scans; other facility charges like diagnostic X-ray and lab services; and medical supplies provided in an emergency department in- and out-of-network. Also applicable to those with medical and mental health and substance use disorder diagnoses.

Emergency care

Emergency services are covered whether members use an in-network or an out-of-network provider or emergency room. Members will pay in-network cost sharing (copayments, coinsurance, deductibles) for covered emergency services.

Inpatient hospital

Includes physician services and facility charges such as X-ray and lab services, and medical supplies.

Maternity care

Includes prenatal, delivery, postpartum services, and home health visits. The inpatient hospital copayment or coinsurance is also applied for delivery.

Mental/behavioral health and substance use disorder services

Includes inpatient and outpatient services for the treatment of mental health and substance use disorders.

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. Diagnostic tests include X-rays, ultrasounds, and Doppler studies.

Outpatient services advanced imaging and testing procedures

Services include MRI, MRA, PET, CT, CTA, MRS, SPECT, nuclear cardiology, and sleep studies. Copayment or coinsurance applies to procedures done in a physician’s office, a free-standing outpatient facility, or a hospital outpatient facility.

Outpatient surgery

Copayment or coinsurance applies to services provided in a free-standing ambulatory surgery center or hospital outpatient surgical facility.

Physician services, primary care physician (PCP) office visit

Copayment or coinsurance applies to covered services done during an office visit. There is an additional copayment or coinsurance for outpatient habilitative and rehabilitative therapy and services, injectable and infused medications, allergy care, testing and serum, outpatient advanced imaging procedures, and sleep studies done during an office visit.

Spinal manipulation/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.

Chiropractic visit limits apply: 30 for rehabilitative and 30 for habilitative chiropractic services.

Subsidy eligibility guidelines

Advanced Premium Tax Credit

Individuals may apply for Advanced Premium Tax Credit (APTC) to lower their monthly insurance payment (called the “premium”) when they enroll in a plan through the Marketplace. The tax credit is based on the individual’s income estimate and household information on their Marketplace application. Individuals can buy health insurance through other sources, but the only way to get a tax credit is through the Marketplace.

Individual & Family Health Plans have a variety of price options. The Marketplace classifies plans by metallic tiers: Gold, Silver, and Bronze. Many health insurance carriers also classify their plans sold outside of the Marketplace by metallic tier to make it easier for you to compare plans based on their prices and coverage. While this chart is not comprehensive, it may help determine which metallic plan would work best for you.

Learn more at sentarahealthplans.com/plans/individual/subsidy-eligibility.

	Gold	Silver	Bronze
Monthly premium	\$\$\$	\$\$	\$
Percent of healthcare cost covered	80%	70%	60%
Good for members who...	want to pay more premium costs upfront to reduce out-of-pocket expenses at the time of care.	need to balance monthly premium costs with out-of-pocket costs.	don't plan to use a lot of healthcare services.

Federal Poverty Level guidelines

The Federal Poverty Level (FPL) is a measure of income issued every year by the Department of Health and Human Services. FPLs are used to determine member eligibility for certain programs and benefits, including savings on the Marketplace, Medicaid, and Children’s Health Insurance Program (CHIP) coverage.

Persons in family/household	1	2	3	4	5	6	7	8
Poverty guideline	\$15,960	\$21,640	\$27,320	\$33,000	\$38,680	\$44,360	\$50,040	\$55,720

Source: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>. The 2026 poverty guidelines for the 48 contiguous states and the District of Columbia are in effect as of January 19, 2026. For families/households with more than eight persons, add \$5,680 for each additional person.

Resources

For easy access to important documents and resources, visit **sentarahealthplans.com/brokers**

Broker Services: 1-866-927-4785

For questions about broker
checks and payments:

brokerinquirymailbox@sentara.com

Sales: individualsales@sentara.com

Enrollment email: IFPenrollments@sentara.com

Note: Electronic enrollment will be required during the open enrollment season; paper applications will be returned to the designated agent for assistance with electronic submission process.

Member Services: 1-866-514-5916

Sentara Health Plans is the trade name for Sentara Health Plans, Sentara Health Insurance Company, Sentara Behavioral Health Services, Inc., and Sentara Health Administration, Inc. Sentara Individual & Family Health Plans are issued by Sentara Health Plans. All plans have benefit exclusions and limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of coverage, please call your broker or Sentara Health Plans at 1-800-741-4825 or visit sentarahealthplans.com.