

2026 Sentara Mid-Market & Large Group Vantage Plans (continued)



Plan Name	Sentara Vantage 3500/30/20%	Sentara Vantage 4000/30/30%	Sentara Vantage 4500/25/20%	Sentara Vantage 5000/25/0%
In-network deductible (individual/family)	\$3,500/\$7,000	\$4,000/\$8,000	\$4,500/\$9,000	\$5,000/\$10,000
In-network out-of-pocket maximum (individual/family)	\$8,000/\$16,000	\$8,000/\$16,000	\$9,000/\$18,000	\$9,000/\$18,000
Primary care physician office visit	\$30	\$30	\$25	\$25
Virtual consult	No charge	No charge	No charge	No charge
Specialist office visit	\$60	\$50	\$50	\$50
Outpatient surgery	20% AD	30% AD	20% AD	No charge AD
Inpatient hospital services	20% AD	30% AD	20% AD	No charge AD
Emergency services (in- and out-of-network)	30% AD	40% AD	30% AD	20% AD
Urgent care center services	\$60	\$50	\$50	\$50
Prescription drug coverage option 1; tier 1/tier 2/tier 3/tier 4 (**\$300 max OOP/prescription)	Rx p/p deductible \$150 \$10/\$45 AD/\$75 AD/20% AD*	Rx p/p deductible \$150 \$10/\$45 AD/\$75 AD/20% AD*	Rx p/p deductible \$150 \$10/\$45 AD/\$75 AD/20% AD*	Rx p/p deductible \$150 \$10/\$45 AD/\$75 AD/20% AD*
Prescription drug coverage option 2; tier 1/tier 2/tier 3/tier 4 (**\$300 max OOP/prescription)	No deductible \$15/\$40/\$75/20%*	No deductible \$15/\$40/\$75/20%*	No deductible \$15/\$40/\$75/20%*	No deductible \$15/\$40/\$75/20%*

Plan Name	Sentara Vantage 5000/30/30%	Sentara Vantage 6000/30/20%	Sentara Vantage 7200/45/40%
In-network deductible (individual/family)	\$5,000/\$10,000	\$6,000/\$12,000	\$7,200/\$14,400
In-network out-of-pocket maximum (individual/family)	\$9,000/\$18,000	\$8,000/\$16,000	\$9,000/\$18,000
Primary care physician office visit	\$30	\$30	\$45
Virtual consult	No charge	No charge	No charge
Specialist office visit	\$50	\$60	\$90
Outpatient surgery	30% AD	20% AD	40% AD
Inpatient hospital services	30% AD	20% AD	40% AD
Emergency services (in- and out-of-network)	40% AD	30% AD	50% AD
Urgent care center services	\$50	\$60	\$90
Prescription drug coverage option 1; tier 1/tier 2/tier 3/tier 4 (**\$300 max OOP/prescription)	Rx p/p deductible \$150 \$10/\$45 AD/\$75 AD/20% AD*	Rx p/p deductible \$150 \$10/\$45 AD/\$75 AD/ 20%AD*	Rx p/p deductible \$150 \$10/\$45 AD/\$75 AD/20% AD*
Prescription drug coverage option 2; tier 1/tier 2/tier 3/tier 4 (**\$300 max OOP/prescription)	No deductible \$15/\$40/\$75/20%*	No deductible \$15/\$40/\$75/20%*	No deductible \$15/\$40/\$75/20%*

2026 Sentara Mid-Market & Large Group Vantage HSA Plans



Plan Name	Sentara Vantage HSA 2500/20%	Sentara Vantage HSA 3400/0%	Sentara Vantage HSA 3400/10%	Sentara Vantage HSA 3400/20%	Sentara Vantage HSA 4000/0%
In-network deductible (individual/family)	\$2,500/\$5,000	\$3,400/\$6,800	\$3,400/\$6,800	\$3,400/\$6,800	\$4,000/\$8,000
In-network out-of-pocket maximum (individual/family)	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$12,000	\$6,750/\$13,500
Primary care physician office visit	20% AD	No charge AD	10% AD	20% AD	No charge AD
Virtual consult	No charge AD	No charge AD	No charge AD	No charge AD	No charge AD
Specialist office visit	20% AD	No charge AD	10% AD	20% AD	No charge AD
Outpatient surgery	20% AD	No charge AD	10% AD	20% AD	No charge AD
Inpatient hospital services	20% AD	No charge AD	10% AD	20% AD	No charge AD
Emergency services (in- and out-of-network)	30% AD	20% AD	20% AD	30% AD	20% AD
Urgent care center services	20% AD	No charge AD	10% AD	20% AD	No charge AD
Prescription drug coverage; tier 1/tier 2/tier 3/tier 4 (\$300 max OOP/prescription)	Medical deductible applies \$10 AD/\$40 AD/\$60 AD/20% AD*	Medical deductible applies \$10 AD/\$40 AD/\$60 AD/20% AD*	Medical deductible applies \$10 AD/\$40 AD/\$60 AD/20% AD*	Medical deductible applies \$10 AD/\$40 AD/\$60 AD/20% AD*	Medical deductible applies \$10 AD/\$40 AD/\$60 AD/20% AD*

Plan Name	Sentara Vantage HSA 4000/20%	Sentara Vantage HSA 4000/25/40%	Sentara Vantage HSA 5000/0%	Sentara Vantage HSA 5000/25/30%	Sentara Vantage HSA 6000/30/30%
In-network deductible (individual/family)	\$4,000/\$8,000	\$4,000/\$8,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$12,000
In-network out-of-pocket maximum (individual/family)	\$6,750/\$13,500	\$7,500/\$15,000	\$7,000/\$14,000	\$7,000/\$14,000	\$7,500/\$15,000
Primary care physician office visit	20% AD	\$25 AD	No charge AD	\$25 AD	\$30 AD
Virtual consult	No charge AD	No charge AD	No charge AD	No charge AD	No charge AD
Specialist office visit	20% AD	\$50 AD	No charge AD	\$50 AD	\$60 AD
Outpatient surgery	20% AD	\$500 AD	No charge AD	\$500 AD	\$500 AD
Inpatient hospital services	20% AD	\$500 AD	No charge AD	\$500 AD	30% AD
Emergency services (in- and out-of-network)	30% AD	\$450 AD	20% AD	\$450 AD	40% AD
Urgent care center services	20% AD	\$50 AD	No charge AD	\$50 AD	30% AD
Prescription drug coverage; tier 1/tier 2/tier 3/tier 4 (\$300 max OOP/prescription)	Medical deductible applies \$10 AD/\$40 AD/\$60 AD/20% AD*	Medical deductible applies \$10 AD/ \$40 AD/ \$60 AD/ 20% AD*	Medical deductible applies \$10 AD/\$40 AD/\$60 AD/20% AD*	Medical deductible applies \$10 AD/\$40 AD/\$60 AD/20% AD*	Medical deductible applies \$10 AD/ \$40 AD/ \$60 AD/ 20% AD*

2026 Sentara Mid-Market & Large Group Vantage HRA Plans

Plan Name	Sentara Vantage HRA 3000/20%	Sentara Vantage HRA 4000/10%	Sentara Vantage HRA 5000/0%
In-network deductible (individual/family)	\$3,000/\$6,000	\$4,000/\$8,000	\$5,000/\$10,000
In-network out-of-pocket maximum (individual/family)	\$5,500/\$11,000	\$7,000/\$14,000	\$8,000/\$16,000
Primary care physician office visit	20% AD	10% AD	No charge AD
Virtual consult	No charge AD	No charge AD	No charge AD
Specialist office visit	20% AD	10% AD	No charge AD
Outpatient surgery	20% AD	10% AD	No charge AD
Inpatient hospital services	20% AD	10% AD	No charge AD
Emergency services (in-and out-of-network)	30% AD	20% AD	20% AD
Urgent care center services	20% AD	10% AD	No charge AD
Prescription drug coverage; tier 1/tier 2/tier 3/ tier 4 (*\$300 max OOP/prescription)	No deductible \$10/\$40/\$60/20%*	No deductible \$10/\$40/\$60/20%*	No deductible \$10/\$40/\$60/20%*

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

AD: After Deductible | p/p: per person | OOP/prescription: Out-of-pocket, per prescription

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