## 2026 Sentara Mid-Market & Large Group Vantage Plans



Mid-Market Groups with more than 50 total employees with 150 or fewer eligible; Large Groups with more than 151 eligible employees.

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

Plan Name	Sentara Vantage 10/20	Sentara Vantage 25/50	Sentara Vantage 500/20/20%	Sentara Vantage 1000/20	Sentara Vantage 1000/20/20%	Sentara Vantage 1000/30/30%
In-network deductible (individual/family)	\$0/\$0	\$0/\$0	\$500/\$1,000	\$1,000/\$2,000	\$1,000/\$2,000	\$1,000/\$2,000
In-network out-of-pocket maximum (individual/family)	\$3,500/\$7,000	\$3,000/\$6,000	\$4,000/\$8,000	\$4,500/\$9,000	\$5,000/\$10,000	\$5,000/\$10,000
Primary care physician office visit	\$10	\$25	\$20	\$20	\$20	\$30
Virtual consult	No charge					
Specialist office visit	\$20	\$50	\$50	\$40	\$50	\$50
Outpatient surgery	\$250	\$350	20% AD	\$300 AD	20% AD	30% AD
Inpatient hospital services	\$200/day (\$800 max)	\$300/day (\$1,500 max)	20% AD	\$500 AD	20% AD	30% AD
Emergency services (in- and out-of-network)	\$350	\$350	30% AD	\$350 AD	30% AD	40% AD
Urgent care center services	\$20	\$50	\$50	\$40	\$50	\$50
Prescription drug coverage option 1; tier 1/tier 2/tier 3/tier 4 (*\$300 max 00P/prescription)	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 00P/prescription)	No deductible \$15/\$40/\$75/20%*					

Plan Name	Sentara Vantage 1500/25/30%	Sentara Vantage 2000/20	Sentara Vantage 2000/25/30%	Sentara Vantage 2500/30/20%	Sentara Vantage 3000/25	Sentara Vantage 3000/30/30%
In-network deductible (individual/family)	\$1,500/\$3,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,500/\$5,000	\$3,000/\$6,000	\$3,000/\$6,000
In-network out-of-pocket maximum (individual/family)	\$5,500/\$11,000	\$6,000/\$12,000	\$6,500/\$13,000	\$6,500/\$13,000	\$7,000/\$14,000	\$6,500/\$13,000
Primary care physician office visit	\$25	\$20	\$25	\$30	\$25	\$30
Virtual consult	No charge					
Specialist office visit	\$50	\$40	\$50	\$60	\$50	\$50
Outpatient surgery	30% AD	\$300 AD	30% AD	\$300 AD	\$350 AD	30% AD
Inpatient hospital services	30% AD	\$500 AD	30% AD	\$500 AD	\$500 AD	30% AD
Emergency services (in- and out-of-network)	40% AD	\$350 AD	40% AD	\$350 AD	\$350 AD	40% AD
Urgent care center services	\$50	\$40	\$50	\$60	\$50	\$50
Prescription drug coverage option 1; tier 1/tier 2/tier 3/tier 4 (*\$300 max 00P/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*				
Prescription drug coverage option 2; tier 1/tier 2/tier 3/tier 4 (*\$300 max 00P/prescription)	No deductible \$15/\$40/\$75/20%*					

## 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 00P/prescription)	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 00P/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 00P/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 00P/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				
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 00P/prescription)	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 00P/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 00P/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 | 00P/prescription: Out-of-pocket, per prescription

Sentara Health Plans is the trade name of Sentara Health Plans, Sentara Health Insurance Company, Sentara Behavioral Health Services, Inc., and Sentara Health Administration, Inc. Sentara Vantage Health Maintenance organization (HMO), Point of Service (POS), and Tiered plans are issued and underwritten by Sentara Health Plans. Sentara Plus Preferred Provider Organization (PPO) products are issued and underwritten by Sentara Health Insurance Company. Self-funded employer group health are administered, but not underwritten, by Sentara Health Administration, Inc. Stop-loss products are issued and underwritten by Sentara Health Insurance Company. All plans have benefit exclusions and limitations, and terms under which the policy may be continued in force or discontinued. Wellness and rewards programs are administered by Sentara Health Administration, Inc. and are not covered benefits under any plans through Sentara Health Plans. Value-added services are not covered benefits under any of our health plans. For costs and complete details of coverage, please call your broker or Sentara Health Plans at 1-800-745-1271 or visit sentarahealthplans.com.