

# 2025 Sentara Small Group Vantage 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 Vantage Platinum 0 Ded 100 Rx Ded	Sentara Vantage Platinum 0 Ded 150 Rx Ded	Sentara Vantage Platinum 0 Ded	Sentara Vantage Platinum 0 Ded 200 Rx Ded	Sentara Vantage Gold 0 Ded	Sentara Vantage Gold 500 Ded 200 Rx Ded
In-network deductible (individual/family)	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$500/\$1,000
In-network out-of-pocket maximum (individual/family)	\$2,800/\$5,600	\$3,000/\$6,000	\$2,500/\$5,000	\$2,500/\$5,000	\$7,500/\$15,000	\$7,500/\$15,000
PCP visit	\$10	\$15	\$25	\$25	\$35	\$25
Virtual consult	No charge	No charge	No charge	No charge	No charge	No charge
Specialist visit	\$20	\$35	\$50	\$50	\$70	\$50
Outpatient surgery	\$150	\$150	\$300	\$300	\$400	20% AD
Inpatient hospital services	\$400	\$600	\$300/day (\$1,200 max)	\$300/day (\$1,200 max)	\$600/day (\$2,400 max)	20% AD
Emergency services (in- and out-of-network)	\$350	\$350	30%	30%	40%	30% AD
Urgent care center services	\$20	\$35	\$50	\$50	\$70	\$50
Prescription drug coverage; deductible if applicable; tier 1/tier 2/ tier 3/ tier 4 (*\$350 max OOP/prescription)	Rx p/p deductible \$100 \$15/\$50/20% AD/20% AD*	Rx p/p deductible \$150 \$10/\$40 AD/20% AD/20% AD*	\$10/\$40/20%/20%*	Rx p/p deductible \$200 \$10/\$40 AD/20% AD/20% AD*	\$10/\$40/30%/30%*	Rx p/p deductible \$200 \$15/\$50 AD/20% AD/20% AD*

Plan Name	Sentara Vantage Gold 750 Ded	Sentara Vantage Gold 1000 Ded 250 Rx Ded	Sentara Vantage Gold 1000 Ded 200 Rx Ded	Sentara Vantage Gold 1250 Ded 200 Rx Ded	Sentara Vantage Gold 1500 Ded 200 Rx Ded	Sentara Vantage Gold 2000 Ded 200 Rx Ded
In-network deductible (individual/family)	\$750/\$1,500	\$1,000/\$2,000	\$1,000/\$2,000	\$1,250/\$2,500	\$1,500/\$3,000	\$2,000/\$4,000
In-network out-of-pocket maximum (individual/family)	\$7,700/\$15,400	\$7,000/\$14,000	\$6,200/\$12,400	\$6,500/\$13,000	\$6,500/\$13,000	\$7,400/\$14,800
PCP visit	\$30	\$20	\$25	\$20	\$25	\$15
Virtual consult	No charge	No charge	No charge	No charge	No charge	No charge
Specialist visit	\$60	\$40	\$50	\$40	\$50	\$30
Outpatient surgery	20% AD	\$250 AD	30% AD	20% AD	\$300 AD	\$350 AD
Inpatient hospital services	20% AD	\$500 AD	30% AD	20% AD	\$400 AD	\$500 AD/day (\$2,500 max)
Emergency services (in- and out-of-network)	30% AD	\$350 AD	40% AD	30% AD	\$350 AD	\$400
Urgent care center services	\$60	\$40	\$50	\$40	\$50	\$30
Prescription drug coverage; deductible if applicable; tier 1/tier 2/ tier 3/ tier 4 (*\$350 max OOP/prescription)	\$15/\$50/20%/20%*	Rx p/p deductible \$250 \$25 AD/\$50 AD/20% AD/20% AD*	Rx p/p deductible \$200 \$15/\$50 AD/30% AD/30% AD*	Rx p/p deductible \$200 \$15/\$50 AD/20% AD/20% AD*	Rx p/p deductible \$200 \$15 AD/\$50 AD/20% AD/20% AD*	Rx p/p deductible \$200 \$25 AD/\$50 AD/20% AD/20% AD*

# 2025 Sentara Small Group Vantage Plans (continued)



Plan Name	Sentara Vantage Gold 2000 Ded 100 Rx Ded	Sentara Vantage Gold 2000 Ded	Sentara Vantage Gold 2800 Ded 200 Rx Ded	Sentara Vantage Silver 3000 Ded	Sentara Vantage Silver 4000 Ded 250 Rx Ded	Sentara Vantage Silver 4850 Ded 250 Rx Ded
In-network deductible (individual/family)	\$2,000/\$4,000	\$2,000/\$4,000	\$2,800/\$5,600	\$3,000/\$6,000	\$4,000/\$8,000	\$4,850/\$9,700
In-network out-of-pocket maximum (individual/family)	\$8,000/\$16,000	\$6,500/\$13,000	\$6,500/\$13,000	\$8,800/\$17,600	\$8,650/\$17,300	\$9,200/\$18,400
PCP visit	\$30	\$25	\$35	\$35	\$40	\$45
Virtual consult	No charge	No charge	No charge	No charge	No charge	No charge
Specialist visit	\$60	\$50	\$65	\$70 AD	\$80	\$90
Outpatient surgery	\$100	30% AD	No charge AD	25% AD	20% AD	20% AD
Inpatient hospital services	20% AD	30% AD	No charge AD	25% AD	20% AD	20% AD
Emergency services (in- and out-of-network)	30% AD	40% AD	20% AD	35% AD	30% AD	30% AD
Urgent care center services	\$60	\$50	No charge AD	\$70 AD	\$80	\$90
Prescription drug coverage; deductible if applicable; tier 1/tier 2/ tier 3/ tier 4 (*\$350 max OOP/prescription)	Rx p/p deductible \$100 \$25 AD/\$50 AD/ 20% AD/20% AD*	\$15/\$50/30%/30%*	Rx p/p deductible \$200 \$15 AD/\$50 AD/ 25% AD/25% AD*	After medical deductible \$15 AD/\$50 AD/ 25% AD/25% AD*	Rx p/p deductible \$250 \$25 AD/\$50 AD/ 20% AD/20% AD*	Rx p/p deductible \$250 \$15 AD/\$50 AD/ 20% AD/20% AD*

Plan Name	Sentara Vantage Silver 5600 Ded 200 Rx Ded	Sentara Vantage Silver 6500 Ded 250 Rx Ded	Sentara Vantage Bronze 6600 Ded	Sentara Vantage Bronze 7200 Ded	Sentara Vantage Bronze 8500 Ded
In-network deductible (individual/family)	\$5,600/\$11,200	\$6,500/\$13,000	\$6,600/\$13,200	\$7,200/\$14,400	\$8,500/\$17,000
In-network out-of-pocket maximum (individual/family)	\$8,800/\$17,600	\$8,000/\$16,000	\$8,600/\$17,200	\$9,200/\$18,400	\$9,200/\$18,400
PCP visit	\$40	No charge AD	30% AD	\$45	\$50
Virtual consult	No charge	No charge AD	No charge AD	No charge	No charge
Specialist visit	\$80	No charge AD	30% AD	\$90	\$100
Outpatient surgery	20% AD	No charge AD	30% AD	40% AD	30% AD
Inpatient hospital services	20% AD	No charge AD	30% AD	40% AD	30% AD
Emergency services (in- and out-of-network)	30% AD	20% AD	40% AD	50% AD	40% AD
Urgent care center services	\$80	No charge AD	30% AD	\$90	\$100
Prescription drug coverage; deductible if applicable; tier 1/tier 2/ tier 3/ tier 4 (*\$350 max OOP/prescription)	Rx p/p deductible \$200 \$10/\$40 AD/20% AD/20% AD*	Rx p/p deductible \$250 \$15 AD/\$50 AD/25% AD/25% AD*	After medical deductible \$15/\$50 AD/30% AD/30% AD*	After medical deductible \$25 AD/\$55 AD/40% AD/40% AD*	After medical deductible \$25 AD/\$55 AD/30% AD/30% AD*

# 2025 Sentara Small Group Vantage HSA Plans



Plan Name	Sentara Vantage HSA Silver 1900 Ded	Sentara Vantage HSA Silver 3300 Ded	Sentara Vantage HSA Silver 4000 Ded
In-network deductible (individual/family)	\$1,900/\$3,800	\$3,300/\$6,600	\$4,000/\$8,000
In-network out-of-pocket maximum (individual/family)	\$7,500/\$15,000	\$7,200/\$14,400	\$6,900/\$13,800
PCP visit	\$25 AD	20% AD	\$40 AD
Virtual consult	No charge AD	No charge AD	No charge AD
Specialist visit	\$50 AD	20% AD	\$80 AD
Outpatient surgery	\$400 AD	20% AD	No charge AD
Inpatient hospital services	\$500 AD	20% AD	No charge AD
Emergency services (in- and out-of-network)	\$350 AD	30% AD	20% AD
Urgent care center services	\$50 AD	20% 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/\$55 AD/25% AD/25% AD*	After medical deductible \$25 AD/\$55 AD/20% AD/20% AD*	After medical deductible \$25 AD/\$55 AD/20% AD/20% AD*

Plan Name	Sentara Vantage HSA Bronze 6100 Ded	Sentara Vantage HSA Bronze 6500 Ded	Sentara Vantage HSA Bronze 7000 Ded
In-network deductible (individual/family)	\$6,100/\$12,200	\$6,500/\$13,000	\$7,000/\$14,000
In-network out-of-pocket maximum (individual/family)	\$7,400/\$14,800	\$7,500/\$15,000	\$7,500/\$15,000
PCP visit	\$40 AD	No charge AD	No charge AD
Virtual consult	No charge AD	No charge AD	No charge AD
Specialist visit	\$80 AD	No charge AD	No charge AD
Outpatient surgery	40% AD	No charge AD	No charge AD
Inpatient hospital services	40% AD	No charge AD	No charge AD
Emergency services (in- and out-of-network)	50% AD	20% AD	20% AD
Urgent care center services	\$80 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 \$25 AD/\$55 AD/40% AD/40% AD*	After medical deductible 25% AD/25% AD/25% AD/25% AD*	After medical deductible 25% AD/25% AD/25% AD/25% AD*

\*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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