

# 2025 Sentara Plans | On- & Off-Exchange

On-Exchange Plan Name	Sentara M Gold 800 Ded	Sentara M Gold 2200 Ded	Sentara M Silver 3250 Ded	Sentara M Silver 6600 Ded	Sentara M Bronze 6000 Ded HSA	Sentara M Bronze 7200 Ded
Off-Exchange Plan Name	Sentara Gold 800 Ded	Sentara Gold 2200 Ded	Sentara Silver 3250 Ded	Sentara Silver 6600 Ded	Sentara Bronze 6000 Ded HSA	Sentara Bronze 7200 Ded
In-network deductible: individual   family	\$800   \$1,600	\$2,200   \$4,400	\$3,250   \$6,500	\$6,600   \$13,200	\$6,000   \$12,000	\$7,200   \$14,400
In-network out-of-pocket max: individual   family	\$9,100   \$18,200	\$6,400   \$12,800	\$9,200   \$18,400	\$8,100   \$16,200	\$8,000   \$16,000	\$9,200   \$18,400
Coinsurance	20%	20%	25%	30%	30%	40%
Preventive care	No charge	No charge	No charge	No charge	No charge	No charge
<b>Physician services</b>						
Primary Care Physician (PCP) office visit	\$35	\$25	\$40	\$25	30% AD	\$45
Specialist office visit	\$65	\$50	\$75	\$75	30% AD	\$90
Virtual consults	No charge	No charge	No charge	No charge	No charge AD	No charge
<b>Emergency &amp; urgent care services</b>						
Urgent care	\$50	\$50	\$50	\$50	30% AD	\$50
Emergency services (in- and out-of-network)	40% AD	40% AD	45% AD	50% AD	50% AD	50% AD
<b>Inpatient services</b>						
Inpatient hospital services	20% AD	20% AD	25% AD	30% AD	30% AD	40% AD
<b>Outpatient services</b>						
Outpatient diagnostic tests: X-ray, ultrasound, EKG, etc.	20% AD	20% AD	25% AD	30% AD	30% AD	40% AD
Outpatient advanced diagnostic tests: MRI, CT scan, etc.	20% AD	20% AD	25% AD	30% AD	30% AD	40% AD
Outpatient surgery	20% AD	20% AD	25% AD	30% AD	30% AD	40% AD
<b>Mental/behavioral health &amp; substance use disorder services</b>						
Outpatient office visits (PCP, specialist, or virtual consults)	\$45	\$35	\$50	\$35	30% AD	\$50
Inpatient services	20% AD	20% AD	25% AD	30% AD	30% AD	40% AD
<b>Other covered services</b>						
Maternity care	20% AD	20% AD	25% AD	30% AD	30% AD	40% AD
Chiropractic care (spinal manipulation)*	20% AD	20% AD	25% AD	30% AD	30% AD	40% AD
Physical and occupational therapy*	20% AD	20% AD	25% AD	30% AD	30% AD	40% AD
<b>Pharmacy</b>						
Retail prescription drug coverage tier 1   tier 2   tier 3   tier 4	Medical deductible applies \$15   \$40   35% AD   35% AD	Medical deductible applies \$15   \$40   30% AD   30% AD	Medical deductible applies \$15   \$50   40% AD   40% AD	Medical deductible applies \$20   \$50   40% AD   40% AD	Medical deductible applies 30% AD   30% AD   35% AD   35% AD	Medical deductible applies \$20   40% AD   45% AD   45% AD
Mail-order prescription drug coverage tier 1   tier 2   tier 3   tier 4	Medical deductible applies \$45   \$120   35% AD   35% AD	Medical deductible applies \$45   \$120   30% AD   30% AD	Medical deductible applies \$45   \$150   40% AD   40% AD	Medical deductible applies \$60   \$150   40% AD   40% AD	Medical deductible applies 30% AD   30% AD   35% AD   35% AD	Medical deductible applies \$60   40% AD   45% AD   45% AD



**Talk to a Sentara Personal Plan Advisor today at 1-855-434-3269.**  
Document also available in Chinese, Farsi, Korean, Spanish, and Vietnamese.

\*Plan visit limits apply. | This summary is for comparison purposes only. For complete details, please refer to the Benefit Summary at [sentarahealthplans.com/brokers/benefit-summary](https://sentarahealthplans.com/brokers/benefit-summary).

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 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](https://sentarahealthplans.com).

# 2025 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 6600 Ded	Sentara Silver 3300 Ded (04)	Sentara Silver 400 Ded (05)	Sentara Silver 50 Ded (06)	Sentara M Silver 3250 Ded	Sentara Silver 3000 Ded (04)	Sentara Silver 300 Ded (05)	Sentara Silver 0 Ded (06)
In-network deductible: individual   family	\$6,600   \$13,200	\$3,300   \$6,600	\$400   \$800	\$50   \$100	\$3,250   \$6,500	\$3,000   \$6,000	\$300   \$600	\$0   \$0
In-network out-of-pocket max: individual   family	\$8,100   \$16,200	\$7,000   \$14,000	\$2,650   \$5,300	\$1,000   \$2,000	\$9,200   \$18,400	\$7,100   \$14,200	\$2,600   \$5,200	\$1,100   \$2,200
Coinsurance	30%	30%	25%	20%	25%	25%	25%	20%
Preventive care	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
<b>Physician services</b>								
Primary Care Physician (PCP) office visit	\$25	\$25	\$20	\$15	\$40	\$30	\$20	\$15
Specialist office visit	\$75	\$75	\$75	\$50	\$75	\$75	\$75	\$50
Virtual consults	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
<b>Emergency &amp; urgent care services</b>								
Urgent care	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Emergency services (in- and out-of-network)	50% AD	50% AD	45% AD	40% AD	45% AD	45% AD	45% AD	40%
<b>Inpatient services</b>								
Inpatient hospital services	30% AD	30% AD	25% AD	20% AD	25% AD	25% AD	25% AD	20%
<b>Outpatient services</b>								
Outpatient diagnostic tests: X-ray, ultrasound, EKG, etc.	30% AD	30% AD	25% AD	20% AD	25% AD	25% AD	25% AD	20%
Outpatient advanced diagnostic tests: MRI, CT scan, etc.	30% AD	30% AD	25% AD	20% AD	25% AD	25% AD	25% AD	20%
Outpatient surgery	30% AD	30% AD	25% AD	20% AD	25% AD	25% AD	25% AD	20%
<b>Mental/behavioral health &amp; substance use disorder services</b>								
Outpatient office visits (PCP, specialist, or virtual consults)	\$35	\$35	\$30	\$25	\$50	\$40	\$30	\$25
Inpatient services	30% AD	30% AD	25% AD	20% AD	25% AD	25% AD	25% AD	20%
<b>Other covered services</b>								
Maternity care	30% AD	30% AD	25% AD	20% AD	25% AD	25% AD	25% AD	20%
Chiropractic care (spinal manipulation)*	30% AD	30% AD	25% AD	20% AD	25% AD	25% AD	25% AD	20%
Physical and occupational therapy*	30% AD	30% AD	25% AD	20% AD	25% AD	25% AD	25% AD	20%
<b>Pharmacy</b>								
Retail prescription drug coverage tier 1   tier 2   tier 3   tier 4	Medical deductible applies \$20   \$50   40% AD   40% AD	Medical deductible applies \$15   \$50   40% AD   40% AD	Medical deductible applies \$10   \$40   30% AD   30% AD	Medical deductible applies \$5   \$40   30% AD   30% AD	Medical deductible applies \$15   \$50   40% AD   40% AD	Medical deductible applies \$15   \$50   35% AD   35% AD	Medical deductible applies \$15   \$50   35% AD   35% AD	No Rx deductible \$5   \$50   35%   35%
Mail-order prescription drug coverage tier 1   tier 2   tier 3   tier 4	Medical deductible applies \$60   \$150   40% AD   40% AD	Medical deductible applies \$45   \$150   40% AD   40% AD	Medical deductible applies \$30   \$120   30% AD   30% AD	Medical deductible applies \$15   \$120   30% AD   30% AD	Medical deductible applies \$45   \$150   40% AD   40% AD	Medical deductible applies \$45   \$150   35% AD   35% AD	Medical deductible applies \$45   \$150   35% AD   35% AD	No Rx deductible \$15   \$150   35%   35%



**Talk to a Sentara Personal Plan Advisor today at 1-855-434-3269.**  
Document also available in Chinese, Farsi, Korean, Spanish, and Vietnamese.

\*Plan visit limits apply. | This summary is for comparison purposes only. For complete details, please refer to the Benefit Summary at [sentarahealthplans.com/brokers/benefit-summary](https://www.sentarahealthplans.com/brokers/benefit-summary).

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 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](https://www.sentarahealthplans.com).

# 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 the Virginia's Insurance Marketplace. These plans are ideal for those without subsidies to receive plan benefits with lower out-of-pocket costs and includes all the comprehensive benefits, wellness programs, preventive services, and useful tools that we offer on all our plans.

## 2025 Sentara Unique Plans | Only available Off-Exchange

Plan Name	Sentara Platinum 0 Ded	Sentara Gold 1300 Ded	Sentara Silver 3000 Ded	Sentara Silver 3500 Ded HSA
In-network deductible: individual   family	\$ 0   \$0	\$1,300   \$2,600	\$3,000   \$6,000	\$3,500   \$7,000
In-network out-of-pocket max: individual   family	\$3,500   \$ 7,000	\$7,000   \$14,000	\$8,000   \$16,000	\$7,000   \$14,000
Coinsurance	15%	10%	30%	30%
Preventive care	No charge	No charge	No charge	No charge
<b>Physician services</b>				
Primary Care Physician (PCP) office visit	\$20	\$25	\$30	30% AD
Specialist office visit	\$40	\$50	\$60	30% AD
Virtual consults	No charge	No charge	No charge	No charge AD
<b>Emergency &amp; urgent care services</b>				
Urgent care	\$50	\$50	\$50	30% AD
Emergency services (in- and out-of-network)	35% AD	30% AD	50% AD	50% AD
<b>Inpatient services</b>				
Inpatient hospital services	15%	10% AD	30% AD	30% AD
<b>Outpatient services</b>				
Outpatient diagnostic tests: X-ray, ultrasound, EKG, etc.	\$40	\$50	30% AD	30% AD
Outpatient advanced diagnostic tests: MRI, CT scan, etc.	\$150	\$250	30% AD	30% AD
Outpatient surgery	15%	10% AD	30% AD	30% AD
<b>Mental/behavioral health &amp; substance use disorder services</b>				
Outpatient office visits (PCP, specialist, or virtual consults)	\$30	\$35	\$40	30% AD
Inpatient services	15%	10% AD	30% AD	30% AD
<b>Other covered services</b>				
Maternity care	15%	10% AD	30% AD	30% AD
Chiropractic care (spinal manipulation)*	15%	10% AD	30% AD	30% AD
Physical and occupational therapy*	\$20	\$25	30% AD	30% AD
<b>Pharmacy</b>				
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   30% AD	Medical deductible applies \$30   \$60   40% AD   40% AD	Medical deductible applies 30% AD   30% AD   40% AD   40% 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   30% AD	Medical deductible applies \$90   \$180   40% AD   40% AD	Medical deductible applies 30% AD   30% AD   40% AD   40% AD

\*Plan visit limits apply. | This summary is for comparison purposes only. For complete details, please refer to the Benefit Summary at [sentarahealthplans.com/brokers/benefit-summary](https://sentarahealthplans.com/brokers/benefit-summary).



**Talk to a Sentara Personal Plan Advisor today at 1-855-434-3269.**  
Document also available in Chinese, Farsi, Korean, Spanish, and Vietnamese.

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 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](https://sentarahealthplans.com).

# 2025 Sentara Standard Plans

On-Exchange Plan Name	Sentara Standard M Gold 1500 Ded	Sentara Standard M Silver 5000 Ded	Sentara Standard M Bronze 7500 Ded	Sentara Standard Silver 3000 Ded (04)	Sentara Standard Silver 500 Ded (05)	Sentara Standard Silver 0 Ded (06)
Off-Exchange Plan Name	Sentara Standard Gold 1500 Ded	Sentara Standard Silver 5000 Ded	Sentara Standard Bronze 7500 Ded	CSR 73%	CSR 87%	CSR 94%
				Available On-Exchange Only	Available On-Exchange Only	Available On-Exchange Only
In-network deductible: individual   family	\$1,500   \$3,000	\$5,000   \$10,000	\$7,500   \$15,000	\$3,000   \$6,000	\$500   \$1,000	\$0   \$0
In-network out-of-pocket max: individual   family	\$7,800   \$15,600	\$8,000   \$16,000	\$9,200   \$18,400	\$6,400   \$12,800	\$3,000   \$6,000	\$2,000   \$4,000
Coinsurance	25%	40%	50%	40%	30%	25%
Preventive care	No charge	No charge	No charge	No charge	No charge	No charge
<b>Physician services</b>						
Primary Care Physician (PCP) office visit	\$30	\$40	\$50	\$40	\$20	\$0
Specialist office visit	\$60	\$80	\$100	\$80	\$40	\$10
Virtual consults	No charge	No charge	No charge	No charge	No charge	No charge
<b>Emergency &amp; urgent care services</b>						
Urgent care	\$45	\$60	\$75	\$60	\$30	\$5
Emergency services (in- and out-of-network)	25% AD	40% AD	50% AD	40% AD	30% AD	25%
<b>Inpatient services</b>						
Inpatient hospital services	25% AD	40% AD	50% AD	40% AD	30% AD	25%
<b>Outpatient services</b>						
Outpatient diagnostic tests: X-ray, ultrasound, EKG, etc.	25% AD	40% AD	50% AD	40% AD	30% AD	25%
Outpatient advanced diagnostic tests: MRI, CT scan, etc.	25% AD	40% AD	50% AD	40% AD	30% AD	25%
Outpatient surgery	25% AD	40% AD	50% AD	40% AD	30% AD	25%
<b>Mental/behavioral health &amp; substance use disorder services</b>						
Outpatient office visits (PCP, specialist, or virtual consults)	\$30	\$40	\$50	\$40	\$20	\$0
Inpatient services	25% AD	40% AD	50% AD	40% AD	30% AD	25%
<b>Other covered services</b>						
Maternity care	25% AD	40% AD	50% AD	40% AD	30% AD	25%
Chiropractic care (spinal manipulation)*	25% AD	40% AD	50% AD	40% AD	30% AD	25%
Physical and occupational therapy*	\$30	\$40	\$50	\$40	\$20	\$0
<b>Pharmacy</b>						
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 \$25   \$50 AD   \$100 AD   \$500 AD	Medical deductible applies \$20   \$40   \$80 AD   \$350 AD	Medical deductible applies \$10   \$20   \$60 AD   \$250 AD	No Rx deductible \$0   \$15   \$50   \$150
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 \$75   \$150 AD   \$300 AD   \$500 AD	Medical deductible applies \$60   \$120   \$240 AD   \$350 AD	Medical deductible applies \$30   \$60   \$180 AD   \$250 AD	No Rx deductible \$0   \$45   \$150   \$150

\*Plan visit limits apply. | This summary is for comparison purposes only. For complete details, please refer to the Benefit Summary at [sentarahealthplans.com/brokers/benefit-summary](https://sentarahealthplans.com/brokers/benefit-summary).



**Talk to a Sentara Personal Plan Advisor today at 1-855-434-3269.**  
Document also available in Chinese, Farsi, Korean, Spanish, and Vietnamese.

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 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](https://sentarahealthplans.com).