2024 Sentara Business*EDGE*® POS Plans

Groups with 5-250 enrolled employees

This chart only summarizes standard covered expenses. Exclusions and limitations apply. Additional benefits may be available.

Sentara® Health Plans

Plan Name	DED (In Net) Individual Family	DED (OON) Individual Family	MOOP (In Net) Individual Family	MOOP (OON) Individual Family	COINSURANCE (OON)	PCP	VIRTUAL CONSULT	SPECIALIST	OUTPATIENT	INPATIENT	ED (In or OON)	UCC	PRESCRIPTION DRUG COVERAGE OPTION 1	PRESCRIPTION DRUG COVERAGE OPTION 2
Sentara POS 500/25/20%	$500 $1,000	$1,000 $2,000	$7,500 $15,000	$15,000 $30,000	40% AD/AC	$25	No charge	$50	20% AD	20% AD	30% AD	$50	**$150 Ded p/p** Tier 1: $10 AD Tier 2: $40 AD Tier 3: 25% AD ($250 max) Tier 4: 25% AD ($400 max)	Tier 1: $10 Tier 2: $30 Tier 3: 25% ($250 max) Tier 4: 25% ($400 max)
Sentara POS 1000/20/0%	$1,000 $2,000	$2,000 $4,000	$7,000 $14,000	$14,000 $28,000	30% AD/AC	$20	No charge	$40	$250 AD	$500 AD	$350 AD	$40	**$150 Ded p/p** Tier 1: $10 AD Tier 2: $40 AD Tier 3: 25% AD ($250 max) Tier 4: 25% AD ($400 max)	Tier 1: $10 Tier 2: $30 Tier 3: 25% ($250 max) Tier 4: 25% ($400 max
Sentara POS 1000/25/20%	$1,000 $2,000	$1,250 $2,500	$5,000 $10,000	$10,000 $20,000	40% AD/AC	$25	No charge	$40	20% AD	20% AD	30% AD	$40	**$150 Ded p/p** Tier 1: $10 AD Tier 2: $40 AD Tier 3: 25% AD ($250 max) Tier 4: 25% AD ($400 max)	Tier 1: $10 Tier 2: $30 Tier 3: 25% ($250 max) Tier 4: 25% ($400 max)
Sentara POS 2000/25/30%	$2,000 $4,000	$4,000 $8,000	$6,500 $13,000	$13,000 $27,000	50% AD/AC	$25	No charge	$50	30% AD	30% AD	40% AD	$50	**$150 Ded p/p** Tier 1: $10 AD Tier 2: $40 AD Tier 3: 25% AD ($250 max) Tier 4: 25% AD ($400 max)	Tier 1: $10 Tier 2: $30 Tier 3: 25% ($250 max) Tier 4: 25% ($400 max)
Sentara POS 4000/40/20%	$4,000 $8,000	$8,000 $16,000	$8,650 $17,300	$17,000 $34,000	40% AD/AC	$40	No charge	$80	20% AD	20% AD	30% AD	20% AD	**MDA** Tier 1: $10 AD Tier 2: $40 AD Tier 3: 25% AD ($250 max) Tier 4: 25% AD ($400 max)	Tier 1: $10 Tier 2: $30 Tier 3: 25% ($250 max) Tier 4: 25% ($400 max)
Sentara POS 5000/40/0%	$5,000 $10,000	$10,000 $20,000	$7,500 $15,000	$15,000 $30,000	40% AD/AC	$40	No charge	$80	No charge AD	No charge AD	20% AD	$80	**$150 Ded p/p** Tier 1: $10 AD Tier 2: $40 AD Tier 3: 25% AD ($250 max) Tier 4: 25% AD ($400 max)	Tier 1: $10 Tier 2: $30 Tier 3: 25% ($250 max) Tier 4: 25% ($400 max)

2024 Sentara Business*EDGE*® POS HSA Plans

Groups with 5-250 enrolled employees

This chart only summarizes standard covered expenses. Exclusions and limitations apply. Additional benefits may be available.

Plan Name	DED (In Net) Individual Family	DED (OON) Individual Family	MOOP (In Net) Individual Family	MOOP (OON) Individual Family	COINSURANCE (OON)	PCP	VIRTUAL CONSULT (No OON coverage)	SPECIALIST	OUTPATIENT	INPATIENT	ED (In or OON)	UCC	PRESCRIPTION DRUG COVERAGE OPTION 1	PRESCRIPTION DRUG COVERAGE OPTION 2 Deductible, if applicable
Sentara POS HSA 3200/0%	$3,200 $6,400	$6,400 $12,800	$7,200 $14,400	$14,400 $28,800	30 AD/AC%	No charge AD	No charge AD	No charge AD	No charge AD	No charge AD	20% AD	No charge AD	**MDA** Tier 1: $10 AD Tier 2: $40 AD Tier 3: 25% AD ($250 max) Tier 4: 25% AD ($400 max)	**Prev BD, MDA** Tier 1: $10 AD Tier 2: $40 AD Tier 3: 25% AD ($250 max) Tier 4: 25% AD ($400 max)
Sentara POS HSA 3200/10%	$3,200 $6,400	$6,400 $12,800	$7,200 $14,400	$14,400 $28,800	30 AD/AC%	10% AD	No charge AD	10% AD	10% AD	10% AD	20% AD	10% AD	**MDA** Tier 1: $10 AD Tier 2: $40 AD Tier 3: 25% AD ($250 max) Tier 4: 25% AD ($400 max)	**Prev BD, MDA** Tier 1: $10 AD Tier 2: $40 AD Tier 3: 25% AD ($250 max) Tier 4: 25% AD ($400 max)
Sentara POS HSA 4000/20%	$4,000 $8,000	$12,500 $25,000	$7,000 $14,000	$14,000 $28,000	40 AD/AC%	20% AD	No charge AD	20% AD	20% AD	20% AD	30% AD	20% AD	**MDA** Tier 1: $10 AD Tier 2: $40 AD Tier 3: 25% AD ($250 max) Tier 4: 25% AD ($400 max)	**Prev BD, MDA** Tier 1: $10 AD Tier 2: $40 AD Tier 3: 25% AD ($250 max) Tier 4: 25% AD ($400 max)
Sentara POS HSA 5000/0%	$5,000 $10,000	$10,000 $20,000	$6,900 $13,800	$13,800 $27,600	30 AD/AC%	$30 AD	No charge AD	$60 AD	No charge AD	No charge AD	20% AD	20% AD	**MDA** Tier 1: $10 AD Tier 2: $40 AD Tier 3: 25% AD ($250 max) Tier 4: 25% AD ($400 max)	**Prev BD, MDA** Tier 1: $10 AD Tier 2: $40 AD Tier 3: 25% AD ($250 max) Tier 4: 25% AD ($400 max)
Sentara POS HSA 6000/30%	$6,000 $12,000	$12,000 $24,000	$7,000 $14,000	$14,000 $28,000	50 AD/AC%	30% AD	No charge AD	30% AD	30% AD	30% AD	40% AD	30% AD	**MDA** Tier 1: $10 AD Tier 2: $40 AD Tier 3: 25% AD ($250 max) Tier 4: 25% AD ($400 max)	**Prev BD, MDA** Tier 1: $10 AD Tier 2: $40 AD Tier 3: 25% AD ($250 max) Tier 4: 25% AD ($400 max)

AD: After Deductible | **AC:** Allowable Charges | **Ded p/p:** Deductible per person | **MDA:** Medical Deductible Applies | **Prev BD:** Preventive Drugs Before Deductible