

2026 Buyers Guide

Sentara Individual & Family Health Plans



Sentara®
Health Plans



Sentara Health Plans

This Buyers Guide provides health plan basics to help you determine which insurance plan best fits your health, budget, and lifestyle needs. Your health insurance choices have never been better.

Sentara Individual & Family Health Plans

Our Individual & Family Health Plans offer great coverage with a variety of deductible and copayment options. Our plans offer over a hundred preventive care services and prescription medications¹ for men, women, and children—all at no charge². This includes your annual physical, adolescent sports physicals, annual mammograms for women, statin medications for adults at risk for heart disease, and much more. Our plans are offered On- and Off- Virginia's Insurance Marketplace.

Visit sentarahealthplans.com/individual to review different types of plans available and easily compare your options. You can also learn if you are eligible for financial assistance, known as a subsidy.

Virginia Medicaid

More adults in Virginia can now get high-quality, low- or no-cost health insurance with a Medicaid plan. Virginians ages 19-64 can apply any time to get the healthcare they need. You may qualify for Virginia Medicaid if you are a:

- Childless adult with annual income at or below \$21,597
- Parent (family of 3) with annual income at or below \$36,777
- Person with disability with annual income at or below \$21,597

Visit coverva.org for more information.

Self-employed

Self-employed individuals in Virginia have the option to get a Small Group employer health plan. To learn more and find out if you are eligible, contact your broker or visit sentarahealthplans.com/group. Terms and conditions apply.

¹ Check your Plan documents to find out which medications and services are covered.

² Sentara Health Plans offers over 100 preventive services and medications that are covered at no cost to the member when administered by an in-network plan physician or pharmacy. An office visit copayment may be charged to health plan members for some services. To review a list of services that are covered, please visit sentarahealthplans.com/members/manage-plans/covered-preventive-services.

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Plans offered
statewide



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Our Quality Stars Rating

Sentara Individual & Family Health Plans received 4 out of 5 stars⁴ from The Centers for Medicare & Medicaid Services (CMS). The number of stars shows how well a plan performs based on a 5-star rating system. This rating is based on factors that include member surveys, data from doctors and hospitals, and how long members have stayed with their health plan.



Healthy actions incentive program

The Sentara Well-being Rewards program offers a flexible solution designed to empower members³ as they engage in healthy actions. From preventive care to condition management, members can choose which activities are most meaningful to them and earn up to \$250 each plan year.



Enrollee experience



Plan efficiency, affordability, and management

Overall rating:



³Eligible members are 18+ primary subscribers (*01). ⁴CMS scores qualified health plans (QHPs) offered through the Exchanges using the Quality Rating System (QRS) based on third-party validated clinical measure data and QHP Enrollee Survey responses. CMS calculates ratings yearly on a 5-star scale. Ratings may change from year to year.



The Sentara Health Plans difference

Since 1984, we've been helping Virginians get the most out of their health coverage⁵ by providing:

- **Outstanding customer service:** Sentara Health Plans combines advanced technology and experienced staff to deliver exceptional service and resolve issues quickly. Our representatives' local knowledge, holistic and empathic approach to care enables us to go above and beyond to assist employers and members.
- **Community-based access and outreach:** At Sentara, we regularly provide free health screenings to identify health risks and guide members and non-members to take steps to manage them. We also actively support a variety of local nonprofits that strengthen our community, such as food banks, youth centers, and scholarship programs.
- **Tailored case management services:** We have a team of registered nurses, health coaches, and social workers available to help members improve their health. When members work with our case management team, they feel empowered to take an active, informed role in their health.
- **Care management that reflects local trends:** Our care managers bring together local providers and high-risk patients to address complex needs. They also provide education and coaching to support self-management of new and existing diseases.

⁵Sentara Health Plans is a trade name for Sentara Health Plans, Sentara Health Insurance Company, Sentara Health Administration, Inc., and Sentara Behavioral Health Services, Inc. Sentara Health Plans, previously Optima Health Plan, has been issuing HMO plans under that license since 1984. Sentara Health Insurance Company, previously Optima Health Insurance Company, has issued PPO Accident and Sickness plans since 1991.

Value-added benefits and services

Our plans include essential health benefits⁶ to help control and manage your health. We are committed to our mission **to improve health every day**, so we're always innovating to add value to the products and services we provide.

Our value-added services include wellness programs, useful tools, and savings to help you manage your healthcare costs.



Access to fitness facilities, weight loss programs, and wellness brands at discounted pricing.



Significant savings on routine eye exams, lenses and frames, contact lenses, and laser vision surgery.



Discounts on complementary therapies that include acupuncture, chiropractic, and massage therapies.



Shop and compare out-of-pocket expenses for common procedures using our Treatment Cost Calculator.



Meet with board-certified providers with secure connections over the phone, online, or through video chat for virtual consults accessible 24/7. Visit **sentarahealthplans.com/members** or the Sentara Health Plans Mobile App to receive diagnoses or treat a variety of non-emergency medical conditions and behavioral health concerns.

⁶Essential health benefits are a set of 10 categories of services covered under the Affordable Care Act. These include inpatient and outpatient hospital care, prescription drug coverage, pregnancy and childbirth, mental health services and more.



Sentara Health Plans Mobile App

The Sentara Health Plans Mobile App helps members get the most value from their health benefits.

Our app provides secure access to many services:

- Member ID card
- Virtual consults⁷
- Contact information
- Member guide
- Communication preferences
- Doctors and facilities search tool
- Claims and authorizations
- Wellness tools
- Cost estimates for treatments and services
- Important preventive care reminders
- Health Savings Account (HSA)⁸
- Common forms and documents
- Frequently asked questions and answers

For more information, visit sentarahealthplans.com/app.

⁷When accessed through the member portal.

⁸Only applies to members with HSA or HRA plans.

Enrollment periods and effective dates

The 2025 Open Enrollment Period (OEP) for Sentara Individual & Family Health Plans is November 1, 2025 to January 30, 2026.

Your plan effective date depends on when you enroll:



If you enroll by December 31, your effective date will be January 1, 2026.



If you enroll January 1-30, your effective date will be February 1, 2026.

Special Enrollment Period (SEP)

SEP is a time outside of the annual OEP when an individual can enroll in a health insurance plan. An individual must experience a qualifying life event and provide proof of eligibility in order to qualify. You have 60 days from the qualifying life event to enroll in a health plan. You do not need a qualifying life event during OEP.

What is a qualifying life event?

- Moving to a new area where your current health plan does not provide coverage
- Turning 26 and aging off of your parent's health plan
- Losing your health insurance coverage for reasons other than non-payment of premiums or fraud
- Getting married or divorced and needing to add dependents
- Having a substantial change in income, which may qualify you for a subsidy or tax credit with a Marketplace plan



Your Open Enrollment checklist

- ☐ **To get started**, watch the following videos at sentarahealthplans.com/health-insurance-101
 - When to Enroll in a New Health Insurance Plan
 - A Guide to Health Insurance Terminology
 - Copayments, Deductibles and Coinsurance
 - Budgeting for Healthcare
- ☐ **Review these questions**
 - **Are you eligible for health insurance through your employer or a government program like Medicaid or Medicare?** If not, you may want to purchase an individual health insurance plan.
 - **Are you losing your Medicaid eligibility?** We can help transition you to an affordable Sentara Individual & Family Health Plan plan packed with comprehensive benefits.
 - **Are you turning 26?** If so, your parents can no longer cover you on their insurance policy. We can help you choose the plan that's right for you.
- ☐ **Understand** how deductibles, copayments, and coinsurance work.
- ☐ **Gather information on your household income.** You may qualify for a subsidy or cost-sharing reduction to help lower your healthcare costs.
- ☐ **Set your budget.** Monthly premiums and out-of-pocket expenses are all important considerations when selecting a health plan that best fits your needs.

Subsidy eligibility guidelines

Advanced Premium Tax Credit (APTC)

Individuals may apply for an APTC to lower their monthly insurance payment (called the “premium”) when they enroll in a plan through the Marketplace.

The tax credit is based on the individual’s income estimate and household information on their Marketplace application. Individuals can buy health insurance through other sources, but the only way to get a tax credit is through the Marketplace.

Learn more at sentarahealthplans.com/plans/individual/subsidy-eligibility.



Federal Poverty Level guidelines

Federal Poverty Level (FPL) guidelines are a measure of income issued every year by the Department of Health and Human Services. FPLs are used to determine member eligibility for certain programs and benefits, including savings on the Marketplace, Medicaid, and the Children’s Health Insurance Program coverage.

Persons in household	Poverty guideline
1	\$15,650
2	\$21,150
3	\$26,650
4	\$32,150
5	\$37,650
6	\$43,150
7	\$48,650
8	\$54,150

The 2025 poverty guidelines⁹ for the 48 contiguous states and the District of Columbia are in effect as of January 19, 2024.

For families/households with more than eight persons, add \$5,500 for each additional person.

⁹Source: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

What you will pay

Sentara Individual & Family Health Plans offer a variety of price options. Virginia’s Health Insurance Marketplace classifies plans by metallic tiers: Gold, Silver, and Bronze.

Many health insurance carriers also classify their plans sold outside of the Marketplace by metallic tiers, to make it easier for you to compare plans based on their prices and coverage.

While this chart is not comprehensive, it may help determine which metallic plan would be best for you.

	Gold	Silver	Bronze
Monthly premium	\$\$\$	\$\$	\$
Percent of healthcare costs covered	80%	70%	60%
Good for members who...	want to pay more premium costs upfront to reduce out-of-pocket expenses at time of care	need to balance monthly premium costs with out-of-pocket costs	don't plan to use a lot of healthcare services

Things to consider

If you do not anticipate needing a lot of healthcare services, you may want to consider a bronze or silver plan with a lower monthly premium; however, if you or a family member have an unexpected serious injury or illness, a Sentara Gold plan offers richer benefits and would cover more out-of-pocket costs.

Benefits of a Health Savings Account

Health Savings Accounts (HSAs), like Individual Retirement Accounts (IRAs), are tax deductible.¹⁰ HSAs are designed to help individuals save for future healthcare expenses.

You save on premiums

Many people should be able to lower their health insurance premiums by switching to a health insurance plan with an HSA, typically offered on plans with a high deductible. The money you save on monthly premiums can be invested into your HSA, with pre-tax advantages. Then, you can use that money as needed to pay for qualified medical expenses in the future. Important preventive care services, like mammograms and physicals, are always covered at 100%.

Own your healthcare dollars instead of renting them

With a conventional health plan, the premium you pay makes healthcare available to you for a lower cost than what you would pay if you didn't have health insurance. This fixed annual cost is required. You don't get your money back for unused care at the end of the year. That's a lot like renting.

However, when you put your money into an HSA, that money is yours, growing with tax-free interest. It remains yours whether you use it or not. In this way, it's similar to the equity you build when you pay for a house, rather than renting it. You own your investment, and your investment works for you. Because you own the money in your HSA, it goes with you even if you change health plans. Once the money is in your account, it's yours.



Where can you find more information?

If you have questions or need additional information, you can speak with a Sentara Health Plans Personal Plan Advisor at **1-855-556-8777**, or your broker. You can also find information by visiting: **sentarahealthplans.com/individual**.

¹⁰Consult a licensed professional for tax of qualified medical services, consult IRS publication 502, "Medical and Dental Expenses" on the IRS website at www.irs.gov. Individuals are responsible for compliance of HSA spending regulations.

Frequently asked questions

How do I know which health insurance carrier is right for me?

Many factors, such as price, network, and benefits are important when choosing an insurance carrier. Identify what's important to you and choose the carrier that best meets your lifestyle and benefit preferences.

Can I buy individual insurance with a pre-existing condition?

Yes. Insurers must offer insurance plans to individuals with pre-existing conditions at no additional cost. This is called guaranteed availability under the Affordable Care Act.

What is the advantage of using generic drugs?

Generic drugs are a more affordable version of a standard prescription drug. Most health plans offer discounts to members for using generics. Remember to discuss generic drug options with your primary care physician.

Does Sentara Health Plans include additional benefits?

Sentara Health Plans offer members additional discounts, value-added services, and other wellness and prevention programs that are not part of the health plan benefits package, but are available at no additional cost. Talk to a Sentara Health Plans Personal Plan Advisor if you have questions about additional benefits. These can help you save money and reduce your medical costs by helping you stay healthier.

How can I learn about healthcare terms and their impact on me?

There are numerous terms associated with health insurance. Understanding them and how they may affect you and the coverage you choose is important.

To learn more about health insurance terms and what they mean, visit **healthcare.gov/glossary**.

Understanding healthcare terms and what it means

Term	What it means
Authorization: The process by which a covered service is approved by a health plan's medical care management department.	When your doctor requests a procedure or diagnostic testing, medication, etc., many plans require prior authorization. This is approval given by your insurance company for this aspect of your medical care. If this approval is not received, you will be responsible for all costs associated with your unauthorized treatment as if you had no insurance.
Coinsurance: Shared cost of covered services paid by the Plan and the member. Depending on the service, a coinsurance amount may apply before you meet your deductible, or after you meet your deductible, if applicable.	Anytime you use your health plan, you're using your benefits. For example, if you get a procedure that costs \$5,000, your deductible is \$1,500, and your coverage is 20% after the deductible, you'll pay the \$1,500 first (if you haven't already met your deductible), then 20% of the remaining \$3,500, which is \$700. That would be a total of \$2,200 for your cost share amount.
Copayment (or copay): A fixed amount, paid at the time services are rendered that a member of a health plan pays when seeing a participating provider for services.	A fixed amount, like \$25, that you'll spend each time you visit the doctor or fill a prescription at the time of your visit.
Deductible: The dollar amount that a covered person is responsible to pay before benefits are payable under a health plan for covered services.	The part you pay before your insurance coverage begins. Usually, the higher your deductible, the lower your monthly premium or payment.
Dependent: A family member who can be covered by your health plan. A dependent could be a spouse or unmarried child (natural, step, or adopted).	Adding dependents to your plan may increase the cost of your premium.
Enrollee: An individual who is enrolled in a benefit plan. Enrollees are also referred to as members.	You or your family who is signed up for an insurance plan.
Explanation of Benefits (EOB): A printed explanation sent to health plan members that describes the benefits received and services for which a healthcare provider has requested payment.	This is not a bill but an itemized statement that shows what action your insurance company has taken on your claims. An EOB is for your information and files.

Term	What it means
Family deductible: A deductible which is met by the combined expenses of all covered family members.	A sum the covered family must pay towards the cost of treatment before the benefits of the program go into effect.
In-network: The use of providers who participate with the health plan's network. Many plans require members to use a participating (in-network) provider to receive benefits or the highest level of benefits.	Doctors, hospitals, and other healthcare providers or facilities who have agreed to provide services at a reduced rate for an insurance carrier. If you do not use an in-network provider, you will pay more.
Member: Each individual enrolled and eligible for services in the health plan.	Each member is given an ID number on the health plan.
Member services: Health plan employees who are trained to help members understand and use the benefits in a member's specific plan.	Insurance companies have representatives available to answer your questions, offer assistance, and give you the information you need to get the best value for your money.
Out-of-pocket maximum: The maximum amount that a health plan member will have to pay for covered expenses under the plan each year.	The higher the out-of-pocket maximum, the lower your premium or monthly payment.
Out-of-network: The use of non-network providers.	Those providers who are not contracted with the health plan are considered out-of-network. You will pay more to use them.
Participating provider: Any physician, hospital, pharmacy, laboratory, and healthcare providers or facilities under contract with the health plan to provide services to members at a specified cost.	These are the individual physicians, hospitals, and other healthcare providers who are part of the health plan's network.
Preventive care: Preventive health screenings help fight communicable diseases and diagnose cancer in the earliest, most treatable stages. Your health plan may pay for all or some of these services, so it is smart to take advantage of them.	Preventive health screenings help fight communicable diseases and diagnose cancer in the earliest, most treatable stages. Your health plan may pay for all or some of these services, so it is smart to take advantage of them.
Service area: Coverage area or the geographic locations that a health plan serves.	A service area is defined by its boundaries. Ensure that the plan and the carrier you select have a broad network where you live and work so you are not driving an hour to see a doctor.
Schedule of benefits: A document that outlines the benefits an individual may receive.	These summaries explain how your plan covers a medical occurrence. It is helpful to review and understand these documents to maximize your health coverage.



Need help finding the right plan?

Help is close by. Contact Sentara Individual & Family Health Plans through:

- Your broker
- A Sentara Personal Plan Advisor
 - Phone: **1-855-556-8777**
 - Email: **IFPenrollments@sentara.com**
- Online: **sentarahealthplans.com/individual**

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 Health 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.