

2025 Sentara Mid-Market & Large Group POS 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 POS 10/20	Sentara POS 25/50	Sentara POS 500/20/20%	Sentara POS 1000/20/0%
In-network deductible (individual/family)	\$0/\$0	\$0/\$0	\$500/\$1,000	\$1,000/\$2,000
Out-of-network deductible (individual/family)	\$1,750/\$3,500	\$1,500/\$3,000	\$1,000/\$2,000	\$2,000/\$4,000
In-network out-of-pocket maximum (individual/family)	\$3,500/\$7,000	\$3,000/\$6,000	\$4,000/\$8,000	\$4,500/\$9,000
Out-of-network out-of-pocket maximum (individual/family)	\$7,000/\$14,000	\$7,500/\$15,000	\$8,000/\$16,000	\$9,000/\$18,000
Out-of-network coinsurance	40% AD/AC	40% AD/AC	40% AD/AC	30% AD/AC
PCP visit	\$10	\$25	\$20	\$20
Virtual consult (no out-of-network coverage)	No charge	No charge	No charge	No charge
Specialist visit	\$20	\$50	\$40	\$40
Outpatient surgery	\$150	\$300	20% AD	\$250 AD
Inpatient hospital services	\$200/day (\$800 max)	\$300/day (\$1,500 max)	20% AD	\$500 AD
Emergency services (in- and out-of-network)	\$350	\$350	30% AD	\$350
Urgent care center services	\$20	\$50	\$40	\$40
Prescription drug coverage option 1; tier 1/tier 2/ tier 3/tier 4 (*\$300 max OOP/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*	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 OOP/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 POS 1000/20/20%	Sentara POS 1000/30/30%	Sentara POS 1500/25/30%	Sentara POS 2000/20/0%
In-network deductible (individual/family)	\$1,000/\$2,000	\$1,000/\$2,000	\$1,500/\$3,000	\$2,000/\$4,000
Out-of-network deductible (individual/family)	\$2,000/\$4,000	\$3,000/\$6,000	\$3,000/\$6,000	\$4,000/\$8,000
In-network out-of-pocket maximum (individual/family)	\$5,500/\$11,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$12,000
Out-of-network out-of-pocket maximum (individual/family)	\$11,000/\$22,000	\$10,000/\$20,000	\$10,000/\$20,000	\$12,000/\$24,000
Out-of-network coinsurance	40% AD/AC	50% AD/AC	50% AD/AC	30% AD/AC
PCP visit	\$20	\$30	\$25	\$20
Virtual consult (no out-of-network coverage)	No charge	No charge	No charge	No charge
Specialist visit	\$40	\$50	\$50	\$40
Outpatient surgery	20% AD	30% AD	30% AD	\$250 AD
Inpatient hospital services	20% AD	30% AD	30% AD	\$500 AD
Emergency services (in- and out-of-network)	30% AD	40% AD	40% AD	20% AD
Urgent care center services	\$40	\$50	\$50	\$40
Prescription drug coverage option 1; tier 1/tier 2/ tier 3/tier 4 (*\$300 max OOP/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*	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 OOP/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%*

2025 Sentara Mid-Market & Large Group POS Plans (continued)



Plan Name	Sentara POS 2000/25/30%	Sentara POS 2500/30/20%	Sentara POS 3000/25/0%	Sentara POS 3500/30/20%
In-network deductible (individual/family)	\$2,000/\$4,500	\$2,500/\$5,000	\$3,000/\$6,000	\$3,500/\$7,000
Out-of-network deductible (individual/family)	\$4,500/\$9,000	\$5,000/\$10,000	\$6,000/\$12,000	\$7,000/\$14,000
In-network out-of-pocket maximum (individual/family)	\$6,500/\$13,000	\$6,500/\$13,000	\$7,000/\$14,000	\$8,000/\$16,000
Out-of-network out-of-pocket maximum (individual/family)	\$13,000/\$26,000	\$13,000/\$26,000	\$14,000/\$28,000	\$16,000/\$32,000
Out-of-network coinsurance	50% AD/AC	40% AD/AC	30% AD/AC	40% AD/AC
PCP visit	\$25	\$30	\$25	\$30 AD
Virtual consult (no out-of-network coverage)	No charge	No charge	No charge	No charge AD
Specialist visit	\$50	\$60	\$50	\$60 AD
Outpatient surgery	30% AD	\$250 AD	\$300 AD	20% AD
Inpatient hospital services	30% AD	\$500 AD	\$500 AD	20% AD
Emergency services (in- and out-of-network)	40% AD	\$350	\$350	30% AD
Urgent care center services	\$50	\$60	\$50	\$60 AD
Prescription drug coverage option 1; tier 1/tier 2/tier 3/tier 4 (*\$300 max OOP/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*	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 OOP/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 POS 4500/25/20%	Sentara POS 5000/25/0%	Sentara POS 5000/30/30%	Sentara POS 7200/45/40%
In-network deductible (individual/family)	\$4,500/\$9,000	\$5,000/\$10,000	\$5,000/\$10,000	\$7,200/\$14,400
Out-of-network deductible (individual/family)	\$9,000/\$18,000	\$10,000/\$20,000	\$10,000/\$20,000	\$14,000/\$28,000
In-network out-of-pocket maximum (individual/family)	\$9,000/\$18,000	\$9,000/\$18,000	\$9,000/\$18,000	\$9,100/\$18,200
Out-of-network out-of-pocket maximum (individual/family)	\$18,000/\$36,000	\$18,000/\$36,000	\$18,000/\$36,000	\$18,200/\$36,400
Out-of-network coinsurance	40% AD/AC	30% AD/AC	50% AD/AC	50% AD/AC
PCP visit	\$25 AD	\$25	\$30	\$45
Virtual consult (no out-of-network coverage)	No charge AD	No charge	No charge	No charge
Specialist visit	\$50 AD	\$50	\$50	\$90
Outpatient surgery	20% AD	No charge AD	30% AD	40% AD
Inpatient hospital services	20% AD	No charge AD	30% AD	40% AD
Emergency services (in- and out-of-network)	30% AD	20% AD	40% AD	50% AD
Urgent care center services	\$50 AD	No charge AD	\$50	\$90
Prescription drug coverage option 1; tier 1/tier 2/tier 3/tier 4 (*\$300 max OOP/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*	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 OOP/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%*

2025 Sentara Mid-Market & Large Group POS Design Plans



Plan Name	Sentara POS Design 3000/20%	Sentara POS Design 5000/0%
In-network deductible (individual/family)	\$3,000/\$6,000	\$5,000/\$10,000
Out-of-network deductible (individual/family)	\$6,000/\$12,000	\$10,000/\$20,000
In-network out-of-pocket maximum (individual/family)	\$5,500/\$11,000	\$7,350/\$14,700
Out-of-network out-of-pocket maximum (individual/family)	\$11,000/\$22,000	\$14,700/\$29,400
Out-of-network coinsurance	40% AD/AC	30% AD/AC
PCP visit	20% AD	No charge AD
Virtual consult (no out-of-network coverage)	No charge AD	No charge AD
Specialist visit	20% AD	No charge AD
Outpatient surgery	20% AD	No charge AD
Inpatient hospital services	20% AD	No charge AD
Emergency services (in- and out-of-network)	30% AD	20% AD
Urgent care center services	20% AD	No charge AD
Prescription drug coverage; tier 1/tier 2/tier 3/ tier 4 (*\$300 max OOP/prescription)	No deductible \$10/\$40/\$60/20%*	No deductible \$10/\$40/\$60/20%*

2025 Sentara Mid-Market & Large Group POS HSA Plans



Plan Name	Sentara POS HSA 1700/0%	Sentara POS HSA 2500/20%	Sentara POS HSA 3300/0%	Sentara POS HSA 4000/40%	Sentara POS HSA 5000/0%
In-network deductible (individual/family)	\$1,700/\$3,400	\$2,500/\$5,000	\$3,300/\$6,600	\$4,000/\$8,000	\$5,000/\$10,000
Out-of-network deductible (individual/family)	\$3,200/\$6,400	\$5,000/\$10,000	\$6,400/\$12,800	\$8,000/\$16,000	\$10,000/\$20,000
In-network out-of-pocket maximum (individual/family)	\$6,500/\$13,000	\$5,000/\$10,000	\$5,000/\$10,000	\$7,500/\$15,000	\$7,000/\$14,000
Out-of-network out-of-pocket maximum (individual/family)	\$13,000/\$26,000	\$10,000/\$20,000	\$10,000/\$20,000	\$15,000/\$30,000	\$14,000/\$28,000
Out-of-network coinsurance	30% AD/AC	40% AD/AC	30% AD/AC	50% AD/AC	30% AD/AC
PCP visit	\$25 AD	20% AD	No charge AD	\$25 AD	No charge AD
Virtual consult (no out-of-network coverage)	No charge AD	No charge AD	No charge AD	No charge AD	No charge AD
Specialist visit	\$50 AD	20% AD	No charge AD	\$50 AD	No charge AD
Outpatient surgery	\$300 AD	20% AD	No charge AD	\$500 AD	No charge AD
Inpatient hospital services	\$500 AD	20% AD	No charge AD	\$500 AD	No charge AD
Emergency services (in- and out-of-network)	\$350 AD	30% AD	20% AD	50% AD	20% AD
Urgent care center services	\$50 AD	20% AD	No charge AD	\$50 AD	No charge AD
Prescription drug coverage; tier 1/tier 2/ tier 3/tier 4 (\$300 max OOP/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*

*Some preventive drugs are available before the deductible for HSA plans.

AD: After Deductible | AC: Allowable Charge | Ded p/p: Per Person | OOP/prescription: Out-of-pocket, per prescription

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