2026 **Sentara Small Group Plus Plans**

Sentara Health Plans

Groups with 1-50 total employees

These charts summarize standard covered expenses. Exclusions and limitations apply. Additional benefits may be available.

Plan Name	Sentara Plus Platinum 0 Ded 100 Rx Ded	Sentara Plus Platinum 0 Ded 3500 MOOP	Sentara Plus Gold 500 Ded 200 Rx Ded	Sentara Plus Gold 750 Ded	Sentara Plus Gold 1000 Ded 250 Rx Ded
In-network deductible (individual/family)	$0/$0	$0/$0	$500/$1,000	$750/$1,500	$1,000/$2,000
Out-of-network deductible (individual/family)	$1,750/$3,500	$2,000/$4,000	$1,000/$2,000	$1,500/$3,000	$2,000/$4,000
In-network out-of-pocket maximum (individual/family)	$2,900/$5,800	$3,500/$7,000	$7,500/$15,000	$7,700/$15,400	$7,500/$15,000
Out-of-network out-of-pocket maximum (individual/family)	$5,800/$11,600	$7,000/$14,000	$15,000/$30,000	$15,400/$30,800	$15,000/$30,000
Out-of-network coinsurance	40% AD/AC	40% AD/AC	40% AD/AC	40% AD/AC	30% AD/AC
Primary care physician office visit	$10	$15	$25	$30	$20
Virtual consult (no out-of-network coverage)	No charge	No charge	No charge	No charge	No charge
Specialist office visit	$30	$35	$50	$60	$40
Outpatient surgery	$150	$150	20% AD	20% AD	$250 AD
Inpatient hospital services	$400	$600	20% AD	20% AD	$500 AD
Emergency services (in- and out-of-network)	$350	$350	30% AD	30% AD	$350 AD
Urgent care center services	$30	$35	$50	$60	$40
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/$250 AD/$350 AD	No deductible $10/$40/20%/25%*	Rx p/p deductible $200 $15/$50 AD/20% AD/25% AD*	No deductible $15/$50/20%/25%*	Rx p/p deductible $250 $25/$75 AD/$250 AD/$350 AD

Plan Name	Sentara Plus Gold 1250 Ded 200 Rx Ded	Sentara Plus Gold 1500 Ded 200 Rx Ded	Sentara Plus Gold 2000 Ded	Sentara Plus Gold 2500 Ded 100 Rx Ded	Sentara Plus Silver 3000 Ded
In-network deductible (individual/family)	$1,250/$2,500	$1,500/$3,000	$2,000/$4,000	$2,500/$5,000	$3,000/$6,000
Out-of-network deductible (individual/family)	$2,500/$5,000	$3,250/$6,500	$4,000/$8,000	$5,000/$10,000	$6,000/$12,000
In-network out-of-pocket maximum (individual/family)	$6,500/$13,000	$6,400/$12,800	$6,500/$13,000	$6,500/$13,000	$8,800/$17,600
Out-of-network out-of-pocket maximum (individual/family)	$13,000/$26,000	$12,800/$25,600	$13,000/$26,000	$13,000/$26,000	$17,600/$35,200
Out-of-network coinsurance	40% AD/AC	40% AD/AC	50% AD/AC	40% AD/AC	45% AD/AC
Primary care physician office visit	$20	$25	$25	$30	$35
Virtual consult (no out-of-network coverage)	No charge	No charge	No charge	No charge	No charge
Specialist office visit	$40	$50	$50	$60	$70 AD
Outpatient surgery	20% AD	$300 AD	30% AD	$350 AD	25% AD
Inpatient hospital services	20% AD	$400 AD	30% AD	20% AD	25% AD
Emergency services (in- and out-of-network)	30% AD	$350 AD	40% AD	30% AD	35% AD
Urgent care center services	$40	$50	$50	$60	$70 AD
Prescription drug coverage; deductible if applicable; tier 1/tier 2/tier 3/tier 4 (*$350 max OOP/prescription)	Rx p/p deductible $200 $15/$50 AD/20% AD/25% AD*	Rx p/p deductible $200 $15/$50 AD/20% AD/25% AD*	No deductible $15/$50/30%/35%*	Rx p/p deductible $100 $25/$65 AD/20% AD/25% AD*	After medical deductible $15 AD/$50 AD/25% AD/30% AD*

2026 **Sentara Small Group Plus Plans (continued)**

Sentara® Health Plans

Plan Name	Sentara Plus Silver 4000 Ded 250 Rx Ded	Sentara Plus Silver 6500 Ded 250 Rx Ded	Sentara Plus Silver 7000 Ded	Sentara Plus Bronze 7200 Ded	Sentara Plus Bronze 8500 Ded
In-network deductible (individual/family)	$4,000/$8,000	$6,500/$13,000	$7,000/$14,000	$7,200/$14,400	$8,500/$17,000
Out-of-network deductible (individual/family)	$8,000/$16,000	$13,000/$26,000	$14,000/$28,000	$14,400/$28,800	$17,000/$34,000
In-network out-of-pocket maximum (individual/family)	$9,100/$18,200	$8,000/$16,000	$9,500/$19,000	$9,400/$18,800	$9,200/$18,400
Out-of-network out-of-pocket maximum (individual/family)	$18,200/$36,400	$16,000/$32,000	$19,000/$38,000	$18,800/$37,600	$18,400/$36,800
Out-of-network coinsurance	40% AD/AC	30% AD/AC	50% AD/AC	50% AD/AC	50% AD/AC
Primary care physician office visit	$40	No charge AD	$50	$45	$50
Virtual consult (no out-of-network coverage)	No charge	No charge AD	No charge	No charge	No charge
Specialist office visit	$80	No charge AD	$100	$90	$100
Outpatient surgery	20% AD	No charge AD	40% AD	40% AD	30% AD
Inpatient hospital services	20% AD	No charge AD	40% AD	40% AD	30% AD
Emergency services (in- and out-of-network)	30% AD	20% AD	50% AD	50% AD	40% AD
Urgent care center services	$80	No charge AD	$100	$90	$100
Prescription drug coverage; deductible if applicable; tier 1/tier 2/tier 3/tier 4 (*$350 max OOP/prescription)	Rx p/p deductible $250 $25 AD/$65 AD/20% AD/25% AD*	Rx p/p deductible $250 $15 AD/$50 AD/25% AD/30% AD*	No deductible $25/$50/$250/$400	After medical deductible $25 AD/$65 AD/40% AD/45% AD*	After medical deductible $25 AD/$65 AD/30% AD/35% AD*

2026 **Sentara Small Group Plus HSA Plans**

Sentara Health Plans

Plan Name	Sentara Plus HSA Silver 1950 Ded	Sentara Plus HSA Silver 3400 Ded	Sentara Plus HSA Silver 4000 Ded	Sentara Plus HSA Bronze 6500 Ded	Sentara Plus HSA Bronze 7000 Ded
In-network deductible (individual/family)	$1,950/$3,900	$3,400/$6,800	$4,000/$8,000	$6,500/$13,000	$7,000/$14,000
Out-of-network deductible (individual/family)	$3,800/$7,600	$6,800/$13,600	$8,000/$16,000	$13,000/$26,000	$14,000/$28,000
In-network out-of-pocket maximum (individual/family)	$8,300/$16,600	$7,200/$14,400	$6,900/$13,800	$7,500/$15,000	$7,500/$15,000
Out-of-network out-of-pocket maximum (individual/family)	$16,600/$33,200	$14,400/$28,800	$13,800/$27,600	$15,000/$30,000	$15,000/$30,000
Out-of-network coinsurance	30% AD/AC	40% AD/AC	30% AD/AC	30% AD/AC	30% AD/AC
Primary care physician office visit	$25 AD	20% AD	$40 AD	No charge 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 office visit	$50 AD	20% AD	$80 AD	No charge AD	No charge AD
Outpatient surgery	$400 AD	20% AD	No charge AD	No charge AD	No charge AD
Inpatient hospital services	$500 AD	20% AD	No charge AD	No charge AD	No charge AD
Emergency services (in- and out-of-network)	$400 AD	30% AD	20% AD	20% AD	20% AD
Urgent care center services	$50 AD	20% AD	$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/$65 AD/25% AD/30% AD*	After medical deductible $25 AD/$65 AD/20% AD/25% AD*	After medical deductible $25 AD/$65 AD/20% AD/25% AD*	After medical deductible 25% AD/25% AD/25% AD/30% AD*	After medical deductible 25% AD/25% AD/25% AD/30% AD*

‡Some preventive drugs are available before the deductible for HSA plans.
AD: After Deductible | AC: Allowable Charge | p/p: Per Person | OOP/prescription: Out-of-pocket per prescription

Sentara Health Plans is the trade name of Sentara Health Plans, Sentara Health Insurance Company, Sentara Behavioral Health Services, Inc., and Sentara Health Administration, Inc. Sentara Vantage Health Maintenance organization (HMO), Point of Service (POS), and Tiered plans are issued and underwritten by Sentara Health Plans. Sentara Plus Preferred Provider Organization (PPO) products are issued and underwritten by Sentara Health Insurance Company. Self-funded employer group health are administered, but not underwritten, by Sentara Health Administration, Inc. Stop-loss products are issued and underwritten by Sentara Health Insurance Company. All plans have benefit exclusions and limitations, and terms under which the policy may be continued in force or discontinued. Wellness and rewards programs are administered by Sentara Health Administration, Inc. and are not covered benefits under any plans through Sentara Health Plans. Value-added services are not covered benefits under any of our health plans. For costs and complete details of coverage, please call your broker or Sentara Health Plans at 1-800-745-1271 or visit sentarahealthplans.com.