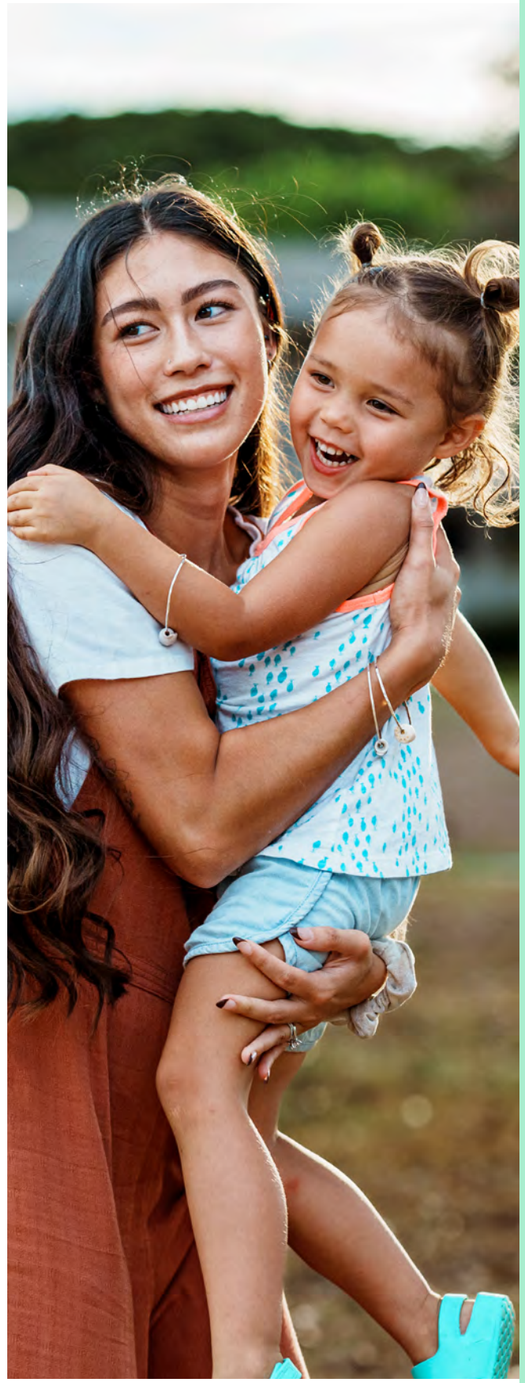
2026 Sentara Plans | **On-& Off-Exchange**

On-Exchange Plan Name	**Sentara M Gold 1000 Ded**	**Sentara M Gold 2200 Ded**	**Sentara M Gold 3500 Ded**	**Sentara M Silver 4400 Ded**	**Sentara M Silver 6500 Ded**
Off-Exchange Plan Name	**Sentara Gold 1000 Ded**	**Sentara Gold 2200 Ded**	**Sentara Gold 3500 Ded**	**Sentara Silver 4400 Ded**	**Sentara Silver 6500 Ded**
In-network deductible: individual | family	$1,000 | $2,000	$2,200 | $4,400	$3,500 | $7,000	$4,400 | $8,800	$6,500 | $13,000
In-network out-of-pocket max: individual | family	$9,950 | $19,900	$7,500 | $15,000	$6,450 | $12,900	$9,650 | $19,300	$8,950 | $17,900
Coinsurance	20%	20%	30%	25%	30%
Preventive care	No charge	No charge	No charge	No charge	No charge
Physician services					
Primary Care Physician (PCP) office visit	$35	$25	$20	$40	$35
Specialist office visit	$65	$50	$50	$75	$75
Virtual consults	No charge	No charge	No charge	No charge	No charge
Emergency & urgent care services					
Urgent care	$50	$50	$50	$50	$50
Emergency services (in- and out-of-network)	40% AD	40% AD	50% AD	45% AD	50% AD
Inpatient services					
Inpatient hospital services	20% AD	20% AD	30% AD	25% AD	30% AD
Outpatient services					
Outpatient diagnostic tests: X-ray, ultrasound, EKG, etc.	20% AD	20% AD	30% AD	25% AD	30% AD
Outpatient advanced diagnostic tests: MRI, CT scan, etc.	20% AD	20% AD	30% AD	25% AD	30% AD
Outpatient surgery	20% AD	20% AD	30% AD	25% AD	30% AD
Mental/behavioral health & substance use disorder services					
Outpatient office visits (PCP, specialist, or virtual consults)	$45	$35	$30	$50	$45
Inpatient services	20% AD	20% AD	30% AD	25% AD	30% AD
Other covered services					
Maternity care	20% AD	20% AD	30% AD	25% AD	30% AD
Chiropractic care (spinal manipulation)*	20% AD	20% AD	30% AD	25% AD	30% AD
Physical and occupational therapy*	20% AD	20% AD	30% AD	25% AD	30% AD
Pharmacy					
Retail prescription drug coverage tier 1 | tier 2 | tier 3 | tier 4	Medical deductible applies $15 | $40 | 35% AD | 40% AD	Medical deductible applies $15 | $40 | 30% AD | 35% AD	Medical deductible applies $10 | $50 | 45% AD | 50% AD	Medical deductible applies $15 | $50 | 45% AD | 50% AD	Medical deductible applies $15 | $75 | 45% AD | 50% AD
Mail-order prescription drug coverage tier 1 | tier 2 | tier 3 | tier 4	Medical deductible applies $45 | $120 | 35% AD | 40% AD	Medical deductible applies $45 | $120 | 30% AD | 35% AD	Medical deductible applies $30 | $150 | 45% AD | 50% AD	Medical deductible applies $45 | $150 | 45% AD | 50% AD	Medical deductible applies $45 | $225 | 45% AD | 50% AD



Sentara® Health Plans

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

This publication is only intended to be used for agent and broker education and must not be distributed or used with the general public.

*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.

2026 Sentara Plans | **On-& Off-Exchange** *(continued)*

On-Exchange Plan Name	**Sentara M Bronze 6250 Ded HSA**	**Sentara M Bronze 7200 Ded**	**Sentara M Bronze 8400 Ded**	**Sentara M Bronze 9800 Ded**
Off-Exchange Plan Name	**Sentara Bronze 6250 Ded HSA**	**Sentara Bronze 7200 Ded**	**Sentara Bronze 8400 Ded**	**Sentara Bronze 9800 Ded**
In-network deductible: individual | family	$6,250 | $12,500	$7,200 | $14,400	$8,400 | $16,800	$9,800 | $19,600
In-network out-of-pocket max: individual | family	$8,500 | $17,000	$10,600 | $21,200	$10,600 | $21,200	$10,600 | $21,200
Coinsurance	30%	40%	45%	50%
Preventive care	No charge	No charge	No charge	No charge
Physician services				
Primary Care Physician (PCP) office visit	30% AD	$45	$60	$75
Specialist office visit	30% AD	$90	$120	$150
Virtual consults	No charge AD	No charge	No charge	No charge
Emergency & urgent care services				
Urgent care	30% AD	$50	$75	$90
Emergency services (in- and out-of-network)	50% AD	50% AD	50% AD	50% AD
Inpatient services				
Inpatient hospital services	30% AD	40% AD	45% AD	50% AD
Outpatient services				
Outpatient diagnostic tests: X-ray, ultrasound, EKG, etc.	30% AD	40% AD	45% AD	50% AD
Outpatient advanced diagnostic tests: MRI, CT scan, etc.	30% AD	40% AD	45% AD	50% AD
Outpatient surgery	30% AD	40% AD	45% AD	50% AD
Mental/behavioral health & substance use disorder services				
Outpatient office visits (PCP, specialist, or virtual consults)	30% AD	$50	$60	$75
Inpatient services	30% AD	40% AD	45% AD	50% AD
Other covered services				
Maternity care	30% AD	40% AD	45% AD	50% AD
Chiropractic care (spinal manipulation)*	30% AD	40% AD	45% AD	50% AD
Physical and occupational therapy*	30% AD	40% AD	45% AD	50% AD
Pharmacy				
Retail prescription drug coverage tier 1 | tier 2 | tier 3 | tier 4	Medical deductible applies 30% AD | 30% AD | 35% AD | 40% AD	Medical deductible applies $20 | 40% AD | 45% AD | 50% AD	Medical deductible applies $25 | 40% AD | 45% AD | 50% AD	Medical deductible applies $30 | 40% AD | 45% AD | 50% AD
Mail-order prescription drug coverage tier 1 | tier 2 | tier 3 | tier 4	Medical deductible applies 30% AD | 30% AD | 35% AD | 40% AD	Medical deductible applies $60 | 40% AD | 45% AD | 50% AD	Medical deductible applies $75 | 40% AD | 45% AD | 50% AD	Medical deductible applies $90 | 40% AD | 45% AD | 50% AD

Sentara® Health Plans

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

This publication is only intended to be used for agent and broker education and must not be distributed or used with the general public.

*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.

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.

2026 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 6500 Ded	**Sentara Silver 3400 Ded (04)**	**Sentara Silver 400 Ded (05)**	**Sentara Silver 50 Ded (06)**	**Sentara M Silver 4400 Ded**	**Sentara Silver 3150 Ded (04)**	**Sentara Silver 300 Ded (05)**	**Sentara Silver 0 Ded (06)**
In-network deductible: individual | family	$6,500 | $13,000	$3,400 | $6,800	$400 | $800	$50 | $100	$4,400 | $8,800	$3,150 | $6,300	$300 | $600	$0 | $0
In-network out-of-pocket max: individual | family	$8,950 | $17,900	$8,000 | $16,000	$3,350 | $6,700	$1,400 | $2,800	$9,650 | $19,300	$8,200 | $16,400	$3,450 | $6,900	$1,600 | $3,200
Coinsurance	30%	30%	25%	15%	25%	25%	25%	15%
Preventive care	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Physician services								
Primary Care Physician (PCP) office visit	$35	$25	$20	$10	$40	$30	$20	$10
Specialist office visit	$75	$75	$50	$25	$75	$75	$40	$20
Virtual consults	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Emergency & urgent care services								
Urgent care	$50	$50	$50	$25	$50	$50	$40	$20
Emergency services (in- and out-of-network)	50% AD	50% AD	45% AD	35% AD	45% AD	45% AD	45% AD	35%
Inpatient services								
Inpatient hospital services	30% AD	30% AD	25% AD	15% AD	25% AD	25% AD	25% AD	15%
Outpatient services								
Outpatient diagnostic tests: X-ray, ultrasound, EKG, etc.	30% AD	30% AD	25% AD	15% AD	25% AD	25% AD	25% AD	15%
Outpatient advanced diagnostic tests: MRI, CT scan, etc.	30% AD	30% AD	25% AD	15% AD	25% AD	25% AD	25% AD	15%
Outpatient surgery	30% AD	30% AD	25% AD	15% AD	25% AD	25% AD	25% AD	15%
Mental/behavioral health & substance use disorder services								
Outpatient office visits (PCP, specialist, or virtual consults)	$45	$35	$30	$20	$50	$40	$30	$20
Inpatient services	30% AD	30% AD	25% AD	15% AD	25% AD	25% AD	25% AD	15%
Other covered services								
Maternity care	30% AD	30% AD	25% AD	15% AD	25% AD	25% AD	25% AD	15%
Chiropractic care (spinal manipulation)*	30% AD	30% AD	25% AD	15% AD	25% AD	25% AD	25% AD	15%
Physical and occupational therapy*	30% AD	30% AD	25% AD	15% AD	25% AD	25% AD	25% AD	15%
Pharmacy								
Retail prescription drug coverage tier 1 | tier 2 | tier 3 | tier 4	Medical deductible applies $15 | $75 | 45% AD | 50% AD	Medical deductible applies $15 | $50 | 45% AD | 50% AD	Medical deductible applies $10 | $40 | 45% AD | 50% AD	Medical deductible applies $5 | $25 | 40% AD | 45% AD	Medical deductible applies $15 | $50 | 45% AD | 50% AD	Medical deductible applies $15 | $40 | 45% AD | 50% AD	Medical deductible applies $15 | $40 | 45% AD | 50% AD	No Rx deductible $5 | $20 | 40% | 45%
Mail-order prescription drug coverage tier 1 | tier 2 | tier 3 | tier 4	Medical deductible applies $45 | $225 | 45% AD | 50% AD	Medical deductible applies $45 | $150 | 45% AD | 50% AD	Medical deductible applies $30 | $120 | 45% AD | 50% AD	Medical deductible applies $15 | $75 | 40% AD | 45% AD	Medical deductible applies $45 | $150 | 45% AD | 50% AD	Medical deductible applies $45 | $120 | 45% AD | 50% AD	Medical deductible applies $45 | $120 | 45% AD | 50% AD	No Rx deductible $15 | $60 | 40% | 45%

Sentara® Health Plans

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

This publication is only intended to be used for agent and broker education and must not be distributed or used with the general public.

*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.

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.

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.

2026 Sentara **Unique Plans | Only available Off-Exchange**

Our Sentara Unique Off-Exchange Plans are only offered outside the Virginia's Insurance Marketplace. Sentara Unique Off-Exchange Plans are ideal for those without subsidies to receive plan benefits with lower out-of-pocket costs. These plans include all the comprehensive benefits, wellness programs, preventive services, and useful tools we offer on all of our Sentara Individual & Family Health Plans.

Plan Name	Sentara Platinum 0 Ded	Sentara Gold 1300 Ded	Sentara Silver 5000 Ded	Sentara Silver 3200 Ded	Sentara Silver 3500 Ded HSA	Sentara Silver 5900 Ded
In-network deductible: individual | family	$0 | $0	$1,300 | $2,600	$5,000 | $10,000	$3,200 | $6,400	$3,500 | $7,000	$5,900 | $11,800
In-network out-of-pocket max: individual | family	$3,800 | $7,600	$7,500 | $15,000	$10,000 | $20,000	$8,000 I $16,000	$7,000 I $14,000	$9,900 | $19,800
Coinsurance	20%	10%	25%	30%	30%	35%
Preventive care	No charge	No charge	No charge	No charge	No charge	No charge
Physician services						
Primary Care Physician (PCP) office visit	$20	$25	$25	$30	30% AD	$35
Specialist office visit	$40	$50	$75	$60	30% AD	$75
Virtual consults	No charge	No charge	No charge	No charge	No charge AD	No charge
Emergency & urgent care services						
Urgent care	$50	$50	$50	$50	30% AD	$50
Emergency services (in- and out-of-network)	40%	30% AD	45% AD	50% AD	50% AD	50% AD
Inpatient services						
Inpatient hospital services	20%	10% AD	25% AD	30% AD	30% AD	35% AD
Outpatient services						
Outpatient diagnostic tests: X-ray, ultrasound, EKG, etc.	$40	$50	$50	30% AD	30% AD	35% AD
Outpatient advanced diagnostic tests: MRI, CT scan, etc.	$150	$250	$350	30% AD	30% AD	35% AD
Outpatient surgery	20%	10% AD	25% AD	30% AD	30% AD	35% AD
Mental/behavioral health & substance use disorder services						
Outpatient office visits (PCP, specialist, or virtual consults)	$30	$35	$35	$40	30% AD	$45
Inpatient services	20%	10% AD	25% AD	30% AD	30% AD	35% AD
Other covered services						
Maternity care	20%	10% AD	25% AD	30% AD	30% AD	35% AD
Chiropractic care (spinal manipulation)*	20%	10% AD	25% AD	30% AD	30% AD	35% AD
Physical and occupational therapy*	$20	$25	$50	30% AD	30% AD	35% AD
Pharmacy						
Retail prescription drug coverage tier 1 | tier 2 | tier 3 | tier 4	No Rx deductible $10 I $40 I $100 I $350	Medical deductible applies $15 I $40 I 30% AD | 35% AD	Medical deductible applies $20 | $60 | 40% AD | 45% AD	Medical deductible applies $30 | $60 I 40% AD | 45% AD	Medical deductible applies 30% AD I 30% AD I 40% AD | 45% AD	Medical deductible applies $25 | $75 | 45% AD | 50% AD
Mail-order prescription drug coverage tier 1 | tier 2 | tier 3 | tier 4	No Rx deductible $30 I $120 I $300 I $350	Medical deductible applies $45 I $120 I 30% AD | 35% AD	Medical deductible applies $60 | $180 | 40% AD | 45% AD	Medical deductible applies $90 I $180 I 40% AD | 45% AD	Medical deductible applies 30% AD I 30% AD I 40% AD | 45% AD	Medical deductible applies $75 | $225 | 45% AD | 50% AD

Sentara® Health Plans

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

This publication is only intended to be used for agent and broker education and must not be distributed or used with the general public.

*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.

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.

2026 Sentara **Standard Plans**

On-Exchange Plan Name	Sentara Standard M Gold 2000 Ded	Sentara Standard M Silver 6000 Ded	Sentara Standard M Bronze 7500 Ded	Sentara Standard Silver 3000 Ded (04)	Sentara Standard Silver 700 Ded (05)	Sentara Standard Silver 0 Ded (06)
Off-Exchange Plan Name	**Sentara Standard Gold 2000 Ded**	**Sentara Standard Silver 6000 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	$2,000 | $4,000	$6,000 | $12,000	$7,500 | $15,000	$3,000 | $6,000	$700 | $1,400	$0 | $0
In-network out-of-pocket max: individual | family	$8,200 | $16,400	$8,900 | $17,800	$10,000 | $20,000	$7,400 | $14,800	$3,300 | $6,600	$2,200 | $4,400
Coinsurance	25%	40%	50%	40%	30%	25%
Preventive care	No charge	No charge	No charge	No charge	No charge	No charge
Physician services						
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
Emergency & urgent care services						
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%
Inpatient services						
Inpatient hospital services	25% AD	40% AD	50% AD	40% AD	30% AD	25%
Outpatient services						
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%
Mental/behavioral health & substance use disorder services						
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%
Other covered services						
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
Pharmacy						
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

Sentara® Health Plans

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

This publication is only intended to be used for agent and broker education and must not be distributed or used with the general public.

*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.

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.