

City of Chesapeake Plan Comparison January 2024

PLAN Medical Services	Sentara Equity Plus (CDHP) 3,000/0%	Sentara Vantage (HMO) 750/25/20%	Sentara POS 750/25/15%	Sentara Plus (PPO- Closed Plan) 750/25/25%
General Deductible (Ind/Fam)	\$3,200/\$6,400	\$750/\$1,500	\$750/\$1,500	\$750/\$1,500
Out of Pocket Maximum (Ind/Fam)	\$3,500/\$7,000	\$4,000/\$8,000	\$4,000/\$8,000	\$4,000/\$8,000
PCP Visit	After Deductible Covered at 100%	\$25 copay	\$25 copay	\$25 copay
Specialist Visit	After Deductible Covered at 100%	\$50 copay	\$50 copay	\$70 copay
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
MDLive	After Deductible Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Maternity	After Deductible Covered at 100%	\$450 per pregnancy	\$350 per pregnancy	After Deductible You Pay 25%
Inpatient Care	After Deductible Covered at 100%	After Deductible You Pay 20%	After Deductible You Pay 15%	After Deductible You Pay 25%
Outpatient Surgery	After Deductible Covered at 100%	After Deductible You Pay 20%	After Deductible You Pay 15%	After Deductible You Pay 25%
Emergency Room	After Deductible Covered at 100%	After Deductible You Pay 20%	After Deductible You Pay 15%	After Deductible You Pay 25%
Urgent Care Center	After Deductible Covered at 100%	\$50 copay	\$50 copay	\$70 copay
Ambulance	After Deductible Covered at 100%	After Deductible You Pay \$100 copay	After Deductible \$100 copay	After Deductible \$25 copay/25%
Skilled Nursing Facility	After Deductible Covered at 100%	After Deductible You Pay 20%	After Deductible You Pay 15%	After Deductible You Pay 25%
Preventive Vision	Covered at 100% every 12 months	Covered at 100% every 12 months	Covered at 100% every 12 months	Covered at 100% every 12 months
Diabetes Supplies	After Deductible Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
DME/ Orthopedic / Prosthetic Devices	After Deductible Covered at 100%	After Deductible You Pay 30%	After Deductible You Pay 30%	After Deductible You Pay 30%
PT, OT, ST	After Deductible Covered at 100%	After Deductible You Pay 20%	After Deductible You Pay 15%	After Deductible You Pay 25%
X ray and other Diagnostic Services	After Deductible Covered at 100%	After Deductible You Pay 20%	After Deductible You Pay 15%	After Deductible You Pay 25%
MRI, CT, PET	After Deductible Covered at 100%	After Deductible You Pay 20%	After Deductible You Pay 15%	After Deductible You Pay 25%
OON Deductible	\$3,300/\$6,600	N/A	\$1,000/\$2,000	\$1,000/\$2,000
OON OOP Maximum	\$6,000/\$12,000	N/A	\$6,500/\$13,000	\$5,000/\$10,000
OON Coinsurance	After Deductible You Pay 30%	N/A	After Deductible You Pay 40%	After Deductible You Pay 40%
Monthly Premiums for 2024 - Active Employee and Retirees with 20+ Years at Retirement				
Employee only	\$27.00	\$66.00	\$98.00	\$192.00
Employee & Spouse	\$98.00	\$244.00	\$473.00	\$834.00
Employee & Child	\$61.00	\$152.00	\$283.00	\$505.00
Employee & Children	\$93.00	\$234.00	\$435.00	\$777.00
Family	\$230.00	\$576.60	\$936.00	\$1,477.00

The above is a brief summary of the proposed plans. It does not include all of the benefits, features, exclusions & limitations.