

2024 Sentara Direct Plans | ON & OFF Exchange

ON Exchange Plan Name	Sentara Direct M Gold 1000 Ded	Sentara Direct M Gold 2200 Ded	Sentara Direct M Silver 3800 Ded	Sentara Direct M Silver 6600 Ded	Sentara Direct M Bronze 6000 Ded HSA	Sentara Direct M Bronze 7200 Ded
OFF Exchange Plan Name	Sentara Direct Gold 1000 Ded	Sentara Direct Gold 2200 Ded	Sentara Direct Silver 3800 Ded	Sentara Direct Silver 6600 Ded	Sentara Direct Bronze 6000 Ded HSA	Sentara Direct Bronze 7200 Ded
In-Network Deductible: Individual Family	\$1,000 \$2,000	\$2,200 \$4,400	\$3,800 \$7,600	\$6,600 \$13,200	\$6,000 \$12,000	\$7,200 \$14,400
In-Network Out-of-Pocket Max: Individual Family	\$8,900 \$17,800	\$6,000 \$12,000	\$9,450 \$18,900	\$9,000 \$18,000	\$7,500 \$15,000	\$9,450 \$18,900
Coinsurance	20%	20%	25%	30%	30%	40%
Preventive Care	No charge	No charge	No charge	No charge	No charge	No charge
Physician Services						
Primary Care Physician (PCP) Office Visit (Tier 1 Tier 2 physician)	\$35 \$70	\$25 \$50	\$40 \$80	\$25 \$50	30% AD 50% AD	\$45 \$90
Specialist Office Visit (Tier 1 Tier 2 physician)	\$65 \$130	\$50 \$100	\$75 \$150	\$75 \$150	30% AD 50% AD	\$90 \$180
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 Room Care (In- and Out-of-Network)	40% AD	40% AD	45% AD	50% AD	50% AD	50% AD
Inpatient Services						
Inpatient Hospital Services (Tier 1 Tier 2 facilities)	20% AD 50% AD	20% AD 50% AD	25% AD 50% AD	30% AD 50% AD	30% AD 50% AD	40% AD 50% AD
Outpatient Services						
Outpatient Diagnostic Tests: X-ray, Ultrasound, EKG, etc. (Tier 1 Tier 2 facilities)	20% AD 50% AD	20% AD 50% AD	25% AD 50% AD	30% AD 50% AD	30% AD 50% AD	40% AD 50% AD
Outpatient Advanced Diagnostic Tests: MRI, CT Scan, etc. (Tier 1 Tier 2 physician & facilities)	20% AD 50% AD	20% AD 50% AD	25% AD 50% AD	30% AD 50% AD	30% AD 50% AD	40% AD 50% AD
Outpatient Surgery (Tier 1 Tier 2 facilities)	20% AD 50% AD	20% AD 50% AD	25% AD 50% AD	30% AD 50% AD	30% AD 50% AD	40% AD 50% AD
Mental/Behavioral Health & Substance Use Disorder Services						
Outpatient Office Visits (PCP, Specialist, or Virtual Consults)	\$45	\$35	\$50	\$35	30% AD	\$50
Inpatient Services	20% AD	20% AD	25% AD	30% AD	30% AD	40% AD
Other Covered Services						
Maternity Care (Tier 1 Tier 2 physician)	20% AD 50% AD	20% AD 50% AD	25% AD 50% AD	30% AD 50% AD	30% AD 50% AD	40% AD 50% AD
Chiropractic Care (Spinal Manipulation)	20% AD	20% AD	25% AD	30% AD	30% AD	40% AD
Physical and Occupational Therapy (Tier 1 Tier 2 physician & facilities)	20% AD 50% AD	20% AD 50% AD	25% AD 50% AD	30% AD 50% AD	30% AD 50% AD	40% AD 50% AD
Pharmacy						
Retail Prescription Drug Coverage Tier 1 Tier 2 Tier 3 Tier 4	Medical deductible applies \$15 \$40 35% AD 35% AD	Medical deductible applies \$15 \$40 30% AD 30% AD	Medical deductible applies \$15 \$50 40% AD 40% AD	Medical deductible applies \$20 \$50 40% AD 40% AD	Medical deductible applies 30% AD 30% AD 35% AD 35% AD	Medical deductible applies \$20 40% AD 45% AD 45% AD
Mail-Order Prescription Drug Coverage Tier 1 Tier 2 Tier 3 Tier 4	Medical deductible applies \$45 \$120 35% AD 35% AD	Medical deductible applies \$45 \$120 30% AD 30% AD	Medical deductible applies \$45 \$150 40% AD 40% AD	Medical deductible applies \$60 \$150 40% AD 40% AD	Medical deductible applies 30% AD 30% AD 35% AD 35% AD	Medical deductible applies \$60 40% AD 45% AD 45% AD

This summary is for comparison purposes only. For complete details, please refer to the Benefit Summary at sentarahealthplans.com/brokers/benefit-summary

AD = After Deductible

Talk to a Sentara Personal Plan Advisor today at 1-855-434-3269.

Document also available in Korean, Spanish, and Vietnamese.

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2024 Sentara Direct Cost-Share Reduction (CSR) Plans

Plan Name	Core Plan	CSR 73%	CSR 87%	CSR 94%	Core Plan	CSR 73%	CSR 87%	CSR 94%
	Sentara Direct M Silver 3800 Ded	Sentara Direct Silver 3800 Ded (04)	Sentara Direct Silver 300 Ded (05)	Sentara Direct Silver 0 Ded (06)	Sentara Direct M Silver 6600 Ded	Sentara Direct Silver 4500 Ded (04)	Sentara Direct Silver 400 Ded (05)	Sentara Direct Silver 50 Ded (06)
In-Network Deductible: Individual Family	\$3,800 \$7,600	\$3,800 \$7,600	\$300 \$600	\$0 \$0	\$6,600 \$13,200	\$4,500 \$9,000	\$400 \$800	\$50 \$100
In-Network Out-of-Pocket Max: Individual Family	\$9,450 \$18,900	\$7,550 \$15,100	\$2,650 \$5,300	\$1,000 \$2,000	\$9,000 \$18,000	\$7,550 \$15,100	\$2,750 \$5,500	\$950 \$1,900
Coinsurance	25%	25%	25%	20%	30%	30%	25%	20%
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 (Tier 1 Tier 2 physician)	\$40 \$80	\$30 \$60	\$20 \$40	\$15 \$30	\$25 \$50	\$25 \$50	\$20 \$40	\$15 \$30
Specialist Office Visit (Tier 1 Tier 2 physician)	\$75 \$150	\$75 \$150	\$75 \$150	\$50 \$100	\$75 \$150	\$75 \$150	\$75 \$150	\$50 \$100
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	\$50	\$50	\$50	\$50	\$50
Emergency Room Care (In- and Out-of-Network)	45% AD	45% AD	45% AD	40%	50% AD	50% AD	45% AD	40% AD
Inpatient Services								
Inpatient Hospital Services (Tier 1 Tier 2 facilities)	25% AD 50% AD	25% AD 50% AD	25% AD 50% AD	20% 50%	30% AD 50% AD	30% AD 50% AD	25% AD 50% AD	20% AD 50% AD
Outpatient Services								
Outpatient Diagnostic Tests: X-ray, Ultrasound, EKG, etc. (Tier 1 Tier 2 facilities)	25% AD 50% AD	25% AD 50% AD	25% AD 50% AD	20% 50%	30% AD 50% AD	30% AD 50% AD	25% AD 50% AD	20% AD 50% AD
Outpatient Advanced Diagnostic Tests: MRI, CT Scan, etc. (Tier 1 Tier 2 physician & facilities)	25% AD 50% AD	25% AD 50% AD	25% AD 50% AD	20% 50%	30% AD 50% AD	30% AD 50% AD	25% AD 50% AD	20% AD 50% AD
Outpatient Surgery (Tier 1 Tier 2 facilities)	25% AD 50% AD	25% AD 50% AD	25% AD 50% AD	20% 50%	30% AD 50% AD	30% AD 50% AD	25% AD 50% AD	20% AD 50% AD
Mental/Behavioral Health & Substance Use Disorder Services								
Outpatient Office Visits (PCP, Specialist, or Virtual Consults)	\$50	\$40	\$30	\$25	\$35	\$35	\$30	\$25
Inpatient Services	25% AD	25% AD	25% AD	20%	30% AD	30% AD	25% AD	20% AD
Other Covered Services								
Maternity Care (Tier 1 Tier 2 physician)	25% AD 50% AD	25% AD 50% AD	25% AD 50% AD	20% 50%	30% AD 50% AD	30% AD 50% AD	25% AD 50% AD	20% AD 50% AD
Chiropractic Care (Spinal Manipulation)	25% AD	25% AD	25% AD	20%	30% AD	30% AD	25% AD	20% AD
Physical and Occupational Therapy (Tier 1 Tier 2 physician & facilities)	25% AD 50% AD	25% AD 50% AD	25% AD 50% AD	20% 50%	30% AD 50% AD	30% AD 50% AD	25% AD 50% AD	20% AD 50% AD
Pharmacy								
Retail Prescription Drug Coverage Tier 1 Tier 2 Tier 3 Tier 4	Medical deductible applies \$15 \$50 40% AD 40% AD	Medical deductible applies \$15 \$50 35% AD 35% AD	Medical deductible applies \$15 \$50 35% AD 35% AD	No Rx deductible \$5 \$50 35% 35%	Medical deductible applies \$20 \$50 40% AD 40% AD	Medical deductible applies \$15 \$50 40% AD 40% AD	Medical deductible applies \$10 \$40 30% AD 30% AD	Medical deductible applies \$5 \$10 30% AD 30% AD
Mail-Order Prescription Drug Coverage Tier 1 Tier 2 Tier 3 Tier 4	Medical deductible applies \$45 \$150 40% AD 40% AD	Medical deductible applies \$45 \$150 35% AD 35% AD	Medical deductible applies \$45 \$150 35% AD 35% AD	No Rx deductible \$15 \$150 35% 35%	Medical deductible applies \$60 \$150 40% AD 40% AD	Medical deductible applies \$45 \$150 40% AD 40% AD	Medical deductible applies \$30 \$120 30% AD 30% AD	Medical deductible applies \$15 \$30 30% AD 30% AD

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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.

Members Get More with Sentara Direct Unique Off-Exchange Plans

Our Sentara Direct Unique Off-Exchange plans are only offered outside the Marketplace. These unique Off Exchange plans offer lower premiums even without subsidy and includes all the comprehensive benefits, wellness programs, preventive services, and useful tools that we offer on all our plans.

2024 Sentara Direct Unique Plans | Only Available OFF Exchange

Plan Name	Sentara Direct Silver 3500 Ded	Sentara Direct Silver 3200 Ded HSA
In-Network Deductible: Individual Family	\$3,500 \$7,000	\$3,200 \$6,400
In-Network Out-of-Pocket Max: Individual Family	\$8,000 \$16,000	\$7,000 \$14,000
Coinsurance	30%	30%
Preventive Care	No charge	No charge
Physician Services		
Primary Care Physician Office Visit (Tier 1 Tier 2 physician)	\$30 \$60	30% AD 50% AD
Specialist Office Visit (Tier 1 Tier 2 physician)	\$60 \$120	30% AD 50% AD
Virtual Consults	No charge	No charge AD
Emergency & Urgent Care Services		
Urgent Care	\$50	30% AD
Emergency Room Care (In- and Out-of-Network)	50% AD	50% AD
Inpatient Services		
Inpatient Hospital Services (Tier 1 Tier 2 facilities)	30% AD 50% AD	30% AD 50% AD
Outpatient Services		
Outpatient Diagnostic Tests: X-ray, Ultrasound, EKG, etc. (Tier 1 Tier 2 facilities)	30% AD 50% AD	30% AD 50% AD
Outpatient Advanced Diagnostic Tests: MRI, CT Scan, etc. (Tier 1 Tier 2 physician & facilities)	30% AD 50% AD	30% AD 50% AD
Outpatient Surgery (Tier 1 Tier 2 facilities)	30% AD 50% AD	30% AD 50% AD
Mental/Behavioral Health & Substance Use Disorder Services		
Outpatient Office Visits (PCP, Specialist, or Virtual Consults)	\$40	30% AD
Inpatient Services	30% AD	30% AD
Other Covered Services		
Maternity Care (Tier 1 Tier 2 physician)	30% AD 50% AD	30% AD 50% AD
Chiropractic Care (Spinal Manipulation)	30% AD	30% AD
Physical and Occupational Therapy (Tier 1 Tier 2 physician & facilities)	30% AD 50% AD	30% AD 50% AD
Pharmacy		
Retail Prescription Drug Coverage Tier 1 Tier 2 Tier 3 Tier 4	Medical deductible applies \$30 \$55 AD 40% AD 40% AD	Medical deductible applies 30% AD 30% AD 40% AD 40% AD
Mail-Order Prescription Drug Coverage Tier 1 Tier 2 Tier 3 Tier 4	Medical deductible applies \$90 \$165 AD 40% AD 40% AD	Medical deductible applies 30% AD 30% AD 40% AD 40% AD

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2024 Sentara Standard Plans | ON & OFF Exchange

	CSR 73%			CSR 87%		CSR 94%
ON Exchange Plan Name	Sentara Standard M Gold 1500 Ded	Sentara Standard M Silver 5900 Ded	Sentara Standard M Bronze 7500 Ded	Sentara Standard Silver 5700 Ded (04)	Sentara Standard Silver 700 Ded (05)	Sentara Standard Silver 0 Ded (06)
OFF Exchange Plan Name	Sentara Standard Gold 1500 Ded	Sentara Standard Silver 5900 Ded	Sentara Standard Bronze 7500 Ded	Not available OFF Exchange	Not available OFF Exchange	Not available OFF Exchange
In-Network Deductible: Individual Family	\$1,500 \$3,000	\$5,900 \$11,800	\$7,500 \$15,000	\$5,700 \$11,400	\$700 \$1,400	\$0 \$0
In-Network Out-of-Pocket Max: Individual Family	\$8,700 \$17,400	\$9,100 \$18,200	\$9,400 \$18,800	\$7,200 \$14,400	\$3,000 \$6,000	\$1,800 \$3,600
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	\$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 Room Care (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

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