

2025 Sentara BusinessEDGE® Plus Plans



Groups with 5-250 enrolled employees

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

Plan Name	Sentara Plus 0/25/20%	Sentara Plus 500/25/20%	Sentara Plus 1000/20/0%	Sentara Plus 1000/25/30%
In-network deductible (individual/family)	\$0/\$0	\$500/\$1,000	\$1,000/\$2,000	\$1,000/\$2,000
Out-of-network deductible (individual/family)	\$2,500/\$5,000	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000
In-network out-of-pocket maximum (individual/family)	\$2,500/\$5,000	\$7,500/\$15,000	\$7,000/\$14,000	\$6,200/\$12,400
Out-of-network out-of-pocket maximum (individual/family)	\$5,000/\$10,000	\$15,000/\$30,000	\$14,000/\$28,000	\$12,400/\$24,800
Out-of-network coinsurance	40% AD/AC	40% AD/AC	30% AD/AC	50% AD/AC
PCP visit	\$25	\$25	\$20	\$25
Virtual consult (no out-of-network coverage)	No charge	No charge	No charge	No charge
Specialist visit	\$50	\$50	\$40	\$50
Outpatient surgery	\$300	20% AD	\$250 AD	30% AD
Inpatient hospital services	\$300/day (\$1,200 max)	20% AD	\$500 AD	30% AD
Emergency services (in- and out-of-network)	30%	30% AD	\$350 AD	40% AD
Urgent care center services	\$50	\$50	\$40	\$50
Prescription drug coverage option 1; deductible if applicable; tier 1/tier 2/ tier 3 (**\$250 max OOP/prescription)/tier 4 (**\$400 max OOP/prescription)	Rx p/p deductible \$150 \$10 AD/\$40 AD/25% AD*/25% AD**	Rx p/p deductible \$150 \$10 AD/\$40 AD/25% AD*/25% AD**	Rx p/p deductible \$150 \$10 AD/\$40 AD/25% AD*/25% AD**	Rx p/p deductible \$150 \$10 AD/\$40 AD/25% AD*/25% AD**
Prescription drug coverage option 2; deductible if applicable; tier 1/tier 2/ tier 3 (**\$250 max OOP/prescription)/ tier 4 (**\$400 max OOP/prescription)	\$10/\$30/25%*/25%**	\$10/\$30/25%*/25%**	\$10/\$30/25%*/25%**	\$10/\$30/25%*/25%**

Plan Name	Sentara Plus 2000/25/30%	Sentara Plus 3000/35/25%	Sentara Plus 4000/40/20%
In-network deductible (individual/family)	\$2,000/\$4,000	\$3,000/\$6,000	\$4,000/\$8,000
Out-of-network deductible (individual/family)	\$4,000/\$8,000	\$6,000/\$12,000	\$8,000/\$16,000
In-network out-of-pocket maximum (individual/family)	\$6,500/\$13,000	\$8,800/\$17,600	\$8,650/\$17,300
Out-of-network out-of-pocket maximum (individual/family)	\$13,000/\$27,000	\$17,600/\$35,200	\$17,300/\$34,600
Out-of-network coinsurance	50% AD/AC	45% AD/AC	40% AD/AC
PCP visit	\$25	\$35	\$40
Virtual consult (no out-of-network coverage)	No charge	No charge	No charge
Specialist visit	\$50	\$70 AD	\$80
Outpatient surgery	30% AD	25% AD	20% AD
Inpatient hospital services	30% AD	25% AD	20% AD
Emergency services (in- and out-of-network)	40% AD	35% AD	30% AD
Urgent care center services	\$50	\$70 AD	\$80
Prescription drug coverage option 1; deductible if applicable; tier 1/tier 2/ tier 3 (**\$250 max OOP/prescription)/tier 4 (**\$400 max OOP/prescription)	Rx p/p deductible \$150 \$10 AD/\$40 AD/25% AD*/25% AD**	Rx p/p deductible \$150 \$10 AD/\$40 AD/25% AD*/ 25% AD**	Rx p/p deductible \$150 \$10 AD/\$40 AD/25% AD*/ 25% AD**
Prescription drug coverage option 2; deductible if applicable; tier 1/tier 2/ tier 3 (**\$250 max OOP/prescription)/ tier 4 (**\$400 max OOP/prescription)	\$10/\$30/25%*/25%**	\$10/\$30/25%*/25%**	\$10/\$30/25%*/25%**

2025 Sentara BusinessEDGE® Plus HSA Plans



Plan Name	Sentara Plus HSA 3300/20%	Sentara Plus HSA 4000/0%	Sentara Plus HSA 5000/0%	Sentara Plus HSA 6500/0%
In-network deductible (individual/family)	\$3,300/\$6,600	\$4,000/\$8,000	\$5,000/\$10,000	\$6,500/\$13,000
Out-of-network deductible (individual/family)	\$6,400/\$12,800	\$8,000/\$16,000	\$10,000/\$20,000	\$13,000 /\$26,000
In-network out-of-pocket maximum (individual/family)	\$7,200/\$14,400	\$6,900/\$13,800	\$7,000/\$14,000	\$7,500/\$15,000
Out-of-network out-of-pocket maximum (individual/family)	\$14,400/\$28,800	\$13,800/\$27,600	\$14,000/\$28,000	\$15,000/\$30,000
Out-of-network coinsurance	40% AD/AC	30% AD/AC	30% AD/AC	30% AD/AC
PCP visit	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
Specialist visit	20% AD	\$80 AD	No charge AD	No charge AD
Outpatient surgery	20% AD	No charge AD	No charge AD	No charge AD
Inpatient hospital services	20% AD	No charge AD	No charge AD	No charge AD
Emergency services (in- and out-of-network)	30% AD	20% AD	20% AD	20% AD
Urgent care center services	20% AD	\$80 AD	No charge AD	No charge AD
Prescription drug coverage option 1; deductible if applicable; tier 1/tier 2/tier 3 (*\$250 max OOP/prescription)/ tier 4 (**\$400 max OOP/prescription)	After medical deductible \$10 AD/\$40 AD/25% AD*/25% AD**			
Prescription drug coverage option 2; deductible if applicable; tier 1/tier 2/tier 3 (\$250 max OOP/prescription)/ tier 4 (**\$400 max OOP/prescription)	Prev BD, after medical deductible \$10 AD/\$40 AD/25% AD*/25% AD**	Prev BD, after medical deductible \$10 AD/\$40 AD/25% AD*/25% AD**	Prev BD, after medical deductible \$10 AD/\$40 AD/25% AD*/25% AD**	Prev BD, after medical deductible \$10 AD/\$40 AD/25% AD*/25% AD**

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

AD: After Deductible | AC: Allowable Charge | p/p: Per Person | Prev BD: Preventive drugs before deductible | OOP/prescription: Out-of-pocket, per prescription

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 Vantage (HMO), and Point of Service (POS) plans are issued and underwritten by Sentara Health Plans. Sentara Plus (PPO) products are issued and underwritten by Sentara Health Insurance Company. Self-funded employer group health plans and BusinessEDGE® level-funded plans 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 Sentara plan. 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.