

	Sentara Health Plans Equity 3500/0%		Sentara Health Plans Vantage 35/50	Sentara Health Plans POS 1000/40/30%	
Benefits Coverage	In-Network Benefits	Out-of- Network Benefits	In-Network Only	In-Network Benefits	Out-of- Network Benefits
Annual Deductible					
Individual	\$3,500	\$3,500	\$0	\$1,000	\$3,000
Family	\$7,000	\$7,000	\$0	\$2,000	\$6,000
Coinsurance	0%	30%	10% (complex radiology)	30%	40%
Maximum Out-of-Pocket*					
Individual	\$4,500	\$6,500	\$4,750	\$4,750	\$6,000
Family	\$9,000	\$13,000	\$9,000	\$9,000	\$12,000
Physician Office Visit					
Primary Care	0% after deductible	30% after deductible	\$35 copay	\$40 copay	40% after deductible
Specialty Care	0% after deductible	30% after deductible	\$50 copay	\$60 copay	40% after deductible
Preventive Care					
Adult Periodic Exams	Covered at 100%	30% after deductible	Covered at 100%	Covered at 100%	40% after deductible
Well-Child Care	Covered at 100%	30% after deductible	Covered at 100%	Covered at 100%	40% after deductible
Diagnostic Services					
X-ray and Lab Tests	0% after deductible	30% after deductible	\$50 copay	30% after deductible	40% after deductible
Complex Radiology	0% after deductible	30% after deductible	10% after deductible	30% after deductible	40% after deductible
Urgent Care Facility	0% after deductible	30% after deductible	\$50 copay	\$60 copay	40% after deductible
Emergency Room Facility Charges*	0% after deductible	0% after deductible	\$500 copay	30% after deductible	30% after deductible
Facility Charges					
Inpatient Facility Charges	0% after deductible	30% after deductible	\$350 copay per day	30% after deductible	40% after deductible
Outpatient Facility and Surgical Charges	0% after deductible	30% after deductible	\$500 copay	30% after deductible	40% after deductible
Skilled Nursing	0% after deductible, limit 100 days	30% after deductible	20% coinsurance, limited to 100 days per year	30% after deductible, limited to 100 days per yr.	40% after deductible
Maternity Care					
Pre/Post Natal Care	0% after deductible	30% after deductible	\$400 copay global	\$500 copay global	40% after deductible
Inpatient Hospital Delivery Charges	0% after deductible	30% after deductible	\$350 copay per day	30% after deductible	50% after deductible

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Mental Health & Substance Abuse					
Inpatient	0% after deductible	30% after deductible	\$350 copay per day	30% after deductible	50% after deductible
Outpatient	0% after deductible	30% after deductible	\$35 copay	\$40 copay	50% after deductible
Other Services					
Ambulance	0% after deductible	30% after deductible	\$100 per transport	30% after deductible	40% after deductible
Vision Benefits (exam only) every 12 months through VSP	No charge	Reimbursed up to \$30	No charge	No charge	Reimbursed up to \$30
Durable Medical Equipment	30% after deductible	30% after deductible	No charge	30% after deductible	40% after deductible
Chiropractic	0% after deductible; 30 visits per year	30% after deductible; 30 visits per year	\$35 copay	30% after deductible; 30 visits per year	40% after deductible; 30 visits per year
Retail Pharmacy (30 Day Supply)					
Generic (Tier 1)	\$10 copay	\$10 copay	\$15 copay	\$15 copay	\$15 copay
Preferred (Tier 2)	\$30 copay	\$30 copay	\$40 copay	\$40 copay	\$40 copay
Non-Preferred (Tier 3)	\$50 copay	\$50 copay	\$75 copay	\$75 copay	\$75 copay
Mail Order Pharmacy (90 Day Supply)					
Generic (Tier 1)	\$20 copay	Not covered	\$30 copay	\$30 copay	Not covered
Preferred (Tier 2)	\$60 copay	Not covered	\$80 copay	\$80 copay	Not covered
Non-Preferred (Tier 3)	\$100 copay	Not covered	\$150 copay	\$150 copay	Not covered