

2026 - 2027 Benefits At A Glance

Medical	Sentara Vantage 25/50		Sentara Plus 25/50	
In-Network Overview				
Deductible Individual / Family	(Embedded) \$0 / \$0		(Embedded) \$0 / \$0	
Coinsurance Plan Pays / You Pay	100% / 0%		100% / 0%	
Out-of-Pocket Max Individual / Family	\$3,000 / \$6,000		\$3,000 / \$6,000	
Preventive Services	Covered at 100%		Covered at 100%	
Primary Care	\$25 copay		\$25 copay	
Specialist Visit	\$50 copay		\$50 copay	
Sentara Telemedicine	No cost		No cost	
Urgent Care	\$50 copay		\$50 copay	
Emergency Room	\$350 copay		\$350 copay	
Out-of-Network Overview				
Deductible Individual / Family	Not covered – Emergencies Only		(Embedded) \$1,750 / \$3,500	
Out-of-Pocket Maximum Individual / Family			\$7,500 / \$15,000	
Coinsurance Plan Pays / You Pay			60% / 40%	

Pharmacy	Sentara Vantage 25/50		Sentara Plus 25/50	
	30 Day Retail	90 Day Mail Order	30 Day Retail	90 Day Mail Order
Deductible	\$150 ded. then:	\$150 ded. then:	\$150 ded. then:	\$150 ded. then:
Tier 1	\$10	\$25	\$10	\$25
Tier 2	\$45	\$113	\$45	\$113
Tier 3	\$75	\$188	\$75	\$188
Tier 4	20% to \$300 max.	N/A	20% to \$300 max.	N/A

This guide is meant to provide a convenient summary of company offered benefit plans. If there are any inconsistencies between the information in this guide and the plan documents or contracts, the plan documents and contracts will prevail. Certificates and/or plan documents, which provide more details about each benefit plan, can be located on your enrollment site.

Dental

MetLife
In-Network

Benefits

Annual Deductible	\$25 per person \$75 per family
Annual Benefit Maximum	\$2,000
Preventive Services	Covered at 100%
Basic Services	80% after deductible
Major Services	50% after deductible
Orthodontia <i>Adults & Children</i>	50% after deductible
Orthodontia Lifetime Maximum	\$1,500

Vision

VSP
In-Network

Benefits

Exam	\$20 copay
Frames/Lenses	\$25 copay up to a \$130 allowance or \$150 for featured brands
Elective Contacts	Up to a \$60 copay for fitting/eval.; up to a \$130 allowance

Frequency of Services

Exam	Once every 12 months
Frames	Once every 24 months
Lenses or Contacts	Once every 12 months

Additional Voluntary Benefits

Voluntary Life - Employees who want to supplement their group life and AD&D insurance benefits may purchase additional coverage.

Group Critical Illness - The elected lump sum benefit is paid directly to you at the first diagnosis of a covered condition.

Legal Resources - Full suite of legal protection for you and your family members.

Benefits Provided at no Cost to Employees

Basic Life Insurance - Full-time employees receive life insurance coverage equal to 2x annual earnings to a maximum of \$300,000.

Long Term Disability (LTD) - For longer periods of disability, the LTD Plan can provide protection up to 60% of your salary.

Employee Assistance Program (EAP) - Employees and family members have access to licensed professional counselors to assist with work, personal or financial related issues.