

Sentara M Gold 2200 Ded - HMO



Plan costs

Click the down arrow to learn more about each of these.

Monthly premium	\$223.08 per month <small>was \$1,222.08</small>	▼
Deductible (Health + Rx)	\$2,200 per person	\$4,400 per family \$4,400 per family
Out-of-pocket max	\$6,400 per person	\$12,800 per family \$12,800 per family
Network type	HMO	▼
Metal tier	Gold	▼
Overall rating	4	▼
Official documents	Summary of benefits and coverages (PDF)	



Doctor visits

This applies to doctor visits when you have a condition or symptom. For preventive care visits, such as annual checkups, visits are free.

Tier Selector

In network

▼

Before deductible is met

After deductible is met

Primary care visit

\$25

\$25

Specialist visit

\$50

\$50

Preventive care visit

No charge

No
charge

Prescription drugs



Prescription coverage is based on which category a drug falls into. Note that prior authorization may be required for some prescriptions. Some plans may have a separate Rx deductible. Please confirm details in the [Summary of Benefits and Coverages](#).

Tier Selector

In network



	Before deductible is met	After deductible is met
Generic	\$15	\$15
Brand	\$40	\$40
Non-preferred Brand	Full price	30%
Specialty	Full price	30%



Labs & imaging

These are tests your doctor may run when diagnosing a condition.

Tier Selector

In network



	Before deductible is met	After deductible is met
X-rays	Full price	20%
Imaging (CT/PET/MRI)	Full price	20%
Blood work	Full price	20%



Hospital & emergency

Tier Selector

In network



	Before deductible is met	After deductible is met
Urgent care	\$50	\$50
Emergency room	Full price	40%

Ambulance	Full price	40%
Hospital stay (facility)	Full price	20%
Hospital stay (physician)	Full price	20%
Outpatient procedure (facility)	Full price	20%
Outpatient procedure (physician)	Full price	20%
Physical rehabilitation	Full price	20%



Mental health & substance abuse

All plans cover behavioral health treatment (such as psychotherapy or counseling), mental and behavioral health inpatient services, and substance use treatment.

Tier Selector

In network



	Before deductible is met	After deductible is met
Outpatient services	Full price	20%
Psychiatric hospital stay	Full price	20%



Pregnancy & birth

Every plan covers services provided before and after your child is born.

Tier Selector

In network



	Before deductible is met	After deductible is met
Well baby care		
Labor, delivery, hospital stay	Full price	20%



Free preventive care

Every plan includes over 74 preventive care services that are completely free on day one. These services keep you healthy before you become sick, including routine check-ups, counseling, screenings, and immunizations.

Adults

Women

Children

Abdominal aortic aneurysm one-time screening ▼

Alcohol misuse screening and counseling ▼

Aspirin use ▼

Blood pressure screening ▼

Cholesterol screening ▼

Colorectal cancer screening ▼

Depression screening ▼

Diabetes screening ▼

Diet counseling ▼

Falls prevention ▼

Hepatitis B screening ▼

Hepatitis C screening ▼

HIV screening ▼

Immunization vaccines ▼

Lung cancer screening ▼

Obesity screening and counseling ▼

Sexually transmitted infection (STI) prevention counseling ▼

Statin preventive medication ▼

Syphilis screening ▼

Tobacco Use counseling ▼

Tuberculosis screening ▼

Estimated all-in costs

We estimate that your total annual out-of-pocket costs will be \$6,209, based on:

- This plan's monthly premium costs x 12 months
- Your healthcare usage estimate of **Medium** applied to this plan's deductible and copayments.



This plan has the **11th lowest** annual out-of-pocket estimate of all 64 plans available to you.

Estimate breakdown

This does not limit what you can use — it's just an estimate of what you might use.

12	Monthly premiums	\$2,677
6	Doctor visits	\$175
3	Labs or tests	\$3,052
17	Prescriptions	\$305
Annual estimate		\$6,209
Monthly estimate (on average)		\$517 per month