

2024 Summary of Benefits

January 1, 2024 – December 31, 2024
Hampton Roads - Southside



Sentara Medicare Value (HMO)
Sentara Medicare Prime (HMO)

[sentaramedicare.com](https://www.sentaramedicare.com)

Summary of Benefits

January 1, 2024 – December 31, 2024

This booklet includes a summary of what we cover and what you pay for benefits with a Sentara Medicare plan. It doesn't list every service that we cover or list every limitation or exclusion. For a complete list of covered services, view your "Evidence of Coverage" by visiting our website at [sentaramedicare.com](https://www.sentaramedicare.com).

Sentara Medicare phone numbers, hours of operation, and website



**If you are a member of this plan,
call toll-free 1-800-927-6048 (TTY: 711).**

October 1–March 31 | 7 days a week | 8 a.m.–8 p.m.
April 1–September 30 | Monday–Friday | 8 a.m.–8 p.m.

**If you are not a member of this plan,
call toll-free 1-855-547-7740 (TTY: 711).**

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Our website: [sentaramedicare.com](https://www.sentaramedicare.com)





Who can join?

To join Sentara Medicare Value or Sentara Medicare Prime, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area includes the following cities/counties in Virginia:

- Accomack
- Chesapeake City
- Franklin City
- Isle of Wight
- Norfolk City
- Northampton
- Portsmouth City
- Suffolk City
- Surry
- Sussex
- Virginia Beach City



Which doctors, hospitals, and pharmacies can I use?

Sentara Medicare has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers not in our network, the plan may not pay for these services.

You can review our formulary and provider/pharmacy directory at **sentaramedicare.com**.



What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers—and more. Some of the extra benefits are outlined in this booklet.

To learn more about Medicare, you can access and/or order the current version of the publication, “Medicare and You” at **medicare.gov**.

Monthly premium, deductible, limits, and how much you pay for covered services

Benefit category	Sentara Medicare Value	Sentara Medicare Prime
Monthly plan premium	\$0	\$63
Deductible	There is no medical deductible for this plan.	There is no medical deductible for this plan.
Maximum out-of-pocket responsibility This is the most you pay for copays, coinsurance, and other costs for Medicare-covered medical services for the year. Once you reach this limit, you will not have to pay any out-of-pocket costs for the rest of the year. This does not include Part D prescription drugs.	\$3,000	\$5,500
Inpatient hospital coverage <i>Prior authorization may be required.</i>	\$240 per day, days 1-6; \$0 per day, days 7-90	\$210 per day, days 1-6; \$0 per day, days 7-90
Outpatient hospital coverage <i>Prior authorization may be required.</i>	\$255 copay	\$235 copay
Ambulatory surgery center <i>Prior authorization may be required.</i>	\$200 copay	\$220 copay
Primary care providers	\$0 copay	\$0 copay
Specialists <i>Prior authorization may be required.</i>	\$0 copay	\$10 copay
Preventive care	\$0 copay	\$0 copay
Emergency care If you are admitted to the hospital within 24 hours, you do not have to pay your cost share for emergency care.	\$120 copay	\$90 copay
Urgently needed services If you are admitted to the hospital within 24 hours, you do not have to pay your cost share for urgent care.	\$10 copay	\$25 copay
Outpatient diagnostic tests and procedures, labs, diagnostic radiology, and X-rays		
Lab services <i>Prior authorization may be required.</i>	\$0 copay	\$0 copay
X-rays <i>Prior authorization may be required.</i>	\$0 copay at PCP office; \$85 copay at all other locations	\$0 copay at PCP office; \$80 copay at all other locations
Diagnostic tests and procedures <i>Prior authorization may be required.</i>	\$0 copay at PCP office; \$85 copay at all other locations	\$0 copay at PCP office; \$80 copay at all other locations
Therapeutic radiological services <i>Prior authorization may be required.</i>	\$15 copay at specialist office; 20% coinsurance at all other locations	\$10 copay at specialist office; 20% coinsurance at all other locations

Benefit category	Sentara Medicare Value	Sentara Medicare Prime
Hearing		
Medicare-covered hearing services	\$15 copay	\$10 copay
Routine hearing exam (1 per 12 months)	\$0 copay	\$0 copay
Fitting/evaluation(s) for hearing aids (3 per 12 months)	\$0 copay	\$0 copay
1 set of select hearing aids every 12 months. Benefit is limited to \$2,000 max per set, per 12 months	\$0 copay	\$0 copay
Dental		
Medicare-covered dental services Routinely non-covered dental procedures or services (e.g. tooth removal or exam) performed by a dentist that is medically required to treat an accident, injury, or disease is covered by Medicare.	\$0 copay	\$0 copay
Dental allowance - preventive		
Oral exam (2 every 12 months)	\$0 copay	\$0 copay
Semi-annual cleanings (2 every 12 months)	\$0 copay	\$0 copay
Bitewing X-rays (2 every 12 months)	\$0 copay	\$0 copay
Full mouth X-rays (1 per 36 months)	\$0 copay	\$0 copay
Fluoride (2 every 12 months)	\$0 copay	\$0 copay
Dental allowance - comprehensive		
Annual maximum benefit	\$3,000 per year	\$3,500 per year
Basic care		
Fillings (amalgam and resin)	\$25 copay per office visit	\$75 copay per office visit
Extractions	\$25 copay per office visit	\$75 copay per office visit
Crown repair	Not covered	\$75 copay per office visit
Major restorative		
Full and partial removable dentures	\$25 copay per office visit	\$75 copay per office visit
Denture repair	\$25 copay per office visit	\$75 copay per office visit
Crowns	Not covered	\$75 copay per office visit
Implants	Not covered	\$75 copay per office visit

Benefit category	Sentara Medicare Value	Sentara Medicare Prime
Vision		
Medicare-covered diagnostic eye exams	\$0 copay	\$0 copay
Medicare-covered glaucoma screening (for those at risk)	\$0 copay	\$0 copay
Medicare-covered eyeglasses or contact lenses after cataract surgery	\$0 copay	\$0 copay
Supplemental vision benefits: Routine eye exam (1 per 12 months) \$200 allowance per 12 months for eyeglasses and/or contact lenses	\$0 copay	\$0 copay
Mental health services		
Inpatient psychiatric hospital coverage <i>Prior authorization is required.</i>	\$240 per day, days 1-6; \$0 per day, days 7-90	\$210 per day, days 1-6; \$0 per day, days 7-90
Partial hospitalization <i>Prior authorization is required.</i>	\$35 copay	\$35 copay
Outpatient group or individual therapy with a psychiatrist <i>Prior authorization may be required.</i>	\$15 copay for group session \$15 copay for individual session	\$10 copay for group session \$10 copay for individual session
Outpatient group or individual therapy with a licensed clinical psychologist or licensed clinical social worker <i>Prior authorization may be required.</i>	\$15 copay for group session \$15 copay for individual session	\$10 copay for group session \$10 copay for individual session
Skilled nursing facility Coverage for up to 100 days. No prior hospital stay is required. <i>Prior authorization is required.</i>	\$0 per day, days 1-20; \$203 per day, days 21-100	\$0 per day, days 1-20; \$203 per day, days 21-100
Physical therapy <i>Prior authorization may be required.</i>	\$10 copay	\$10 copay
Ambulance <i>Prior authorization is required for elective ambulance transport.</i>	\$285 copay	\$255 copay
Routine medical transportation Transportation to plan-approved, health-related locations, such as doctor appointments. <i>Authorization is required for trips over 50 miles.</i>	\$0 copay (36 one-way trips every 12 months)	\$0 copay (48 one-way trips every 12 months)
Medicare Part B drugs <i>Prior authorization may be required.</i>	0%-20% coinsurance	0%-20% coinsurance

Benefit category	Sentara Medicare Value	Sentara Medicare Prime
Yearly deductible stage	<p>During this stage, Sentara Medicare pays its share of the cost of your Tiers 1 (Preferred Generic), 2 (Non-Preferred Generic) and 3 (Preferred Brand) drugs and you (or others on your behalf) pay your share of the cost.</p> <p>You pay the full cost of your Tiers 4 (Non-Preferred Brand) and 5 (Specialty) drugs. You stay in this stage for your Tiers 4 and 5 drugs until you have paid the \$150 yearly deductible for these drugs.</p>	<p>During this stage, Sentara Medicare pays its share of the cost of your Tiers 1 (Preferred Generic), 2 (Non-Preferred Generic) and 3 (Preferred Brand) drugs and you (or others on your behalf) pay your share of the cost.</p> <p>You pay the full cost of your Tiers 4 (Non-Preferred Brand) and 5 (Specialty) drugs. You stay in this stage for your Tiers 4 and 5 drugs until you have paid the \$130 yearly deductible for these drugs.</p>
Initial coverage limit	<p>During this stage, Sentara Medicare pays its share of the cost of your Tiers 1- 5 drugs and you (or others on your behalf) pay your share of the cost.</p> <p>You pay the costs outlined in the charts on the next page until your year-to-date "total drug costs" (your payments plus any Part D plan's payments) reach \$5,030.</p>	<p>During this stage, Sentara Medicare pays its share of the cost of your Tiers 1- 5 drugs and you (or others on your behalf) pay your share of the cost.</p> <p>You pay the costs outlined in the charts on the next page until your year-to-date "total drug costs" (your payments plus any Part D plan's payments) reach \$5,030.</p>
Coverage gap	<p>After the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$5,030, you enter the coverage gap (also called the "donut hole"). During this stage you (or others on your behalf) pay 25% of the price of generic and brand name drugs (plus a portion of the dispensing fee).</p> <p>You stay in this stage until the amount of your year-to-date "out-of-pocket costs" reaches \$8,000. Not everyone will enter the coverage gap.</p>	<p>After the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$5,030, you enter the coverage gap (also called the "donut hole"). During this stage you (or others on your behalf) pay 25% of the price of generic and brand name drugs (plus a portion of the dispensing fee).</p> <p>You stay in this stage until the amount of your year-to-date "out-of-pocket costs" reaches \$8,000. Not everyone will enter the coverage gap.</p>
Catastrophic coverage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$8,000, your plan will pay the full cost for the remainder of the year.</p>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$8,000, your plan will pay the full cost for the remainder of the year.</p>

Benefit category	Sentara Medicare Value	Sentara Medicare Prime
Enhanced drug coverage	<p>We offer additional coverage of some prescription drugs not normally covered in a Medicare prescription drug plan (enhanced drug coverage).</p> <p>The amount you pay when you fill a prescription for these drugs does not count toward qualifying you for the catastrophic coverage phase. In addition, if you are receiving Extra Help from Medicare to pay for your prescriptions, the Extra Help program will not pay for the drugs not normally covered.</p>	<p>We offer additional coverage of some prescription drugs not normally covered in a Medicare prescription drug plan (enhanced drug coverage).</p> <p>The amount you pay when you fill a prescription for these drugs does not count toward qualifying you for the catastrophic coverage phase. In addition, if you are receiving Extra Help from Medicare to pay for your prescriptions, the Extra Help program will not pay for the drugs not normally covered.</p>

Important Message About What You Pay for Insulin:

You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible (if your plan has a deductible).

Important message about what you pay for vaccines:

Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

Drug name	Limits (QL = quantity limit)	Tier Level (in network 30-day supply)
sildenafil (25mg, 50mg, 100mg)	QL (6 per 30 days)	2
vitamin D2 capsules (50,000 IU)	QL (8 per 28 days)	1
folic acid tablets (1mg)	QL (30 per 30 days)	1
benzonatate capsules (100mg, 200mg)	QL (90 per 30 days)	1
guaifenesin w/codeine syrup (100/10mg)	QL (120 ML per 30 days)	1
cyanocobalamin (vitamin b-12) 1000mcg/mL	No QL	2

Benefit category	Sentara Medicare Value	Sentara Medicare Prime
Initial coverage limit copay tiers		
In-network preferred pharmacy - 30 day supply		
1 - Preferred generic	\$0	\$0
2 - Non-preferred generic	\$10	\$8
3 - Preferred brand	\$42	\$40
4 - Non-preferred brand	\$95	\$90
5 - Specialty	30% coinsurance	30% coinsurance
In-network standard pharmacy - 30 day supply		
1 - Preferred generic	\$5	\$5
2 - Non-preferred generic	\$15	\$15
3 - Preferred brand	\$47	\$45
4 - Non-preferred brand	\$100	\$95
5 - Specialty	30% coinsurance	30% coinsurance
In-network preferred pharmacy - 90-100 day supply		
1 - Preferred generic	\$0	\$0
2 - Non-preferred generic	\$25	\$20
3 - Preferred brand	\$105	\$100
4 - Non-preferred brand	\$285	\$270
5 - Specialty	N/A	N/A
In-network standard pharmacy - 90-100 day supply		
1 - Preferred generic	\$12.50	\$12.50
2 - Non-preferred generic	\$37.50	\$37.50
3 - Preferred brand	\$117.50	\$112.50
4 - Non-preferred brand	\$300	\$285
5 - Specialty	N/A	N/A
Out-of-network pharmacy - 30 day supply		
1 - Preferred generic	\$5	\$5
2 - Non-preferred generic	\$15	\$15
3 - Preferred brand	\$47	\$45
4 - Non-preferred brand	\$100	\$95
5 - Specialty	30% coinsurance	30% coinsurance
Mail order - 90 day supply		
1 - Preferred generic	\$0	\$0
2 - Non-preferred generic	\$0	\$0
3 - Preferred brand	\$84	\$80
4 - Non-preferred brand	\$285	\$270
5 - Specialty	N/A	N/A
Long-term care pharmacy - 31 day supply		
1 - Preferred generic	\$0	\$0
2 - Non-preferred generic	\$10	\$8
3 - Preferred brand	\$42	\$40
4 - Non-preferred brand	\$95	\$90
5 - Specialty	30% coinsurance	30% coinsurance

Benefit category	Sentara Medicare Value	Sentara Medicare Prime
Extra benefits		
Annual physical exam	\$0 copay	\$0 copay
Bathroom safety devices Members may obtain up to two bathroom safety devices in a calendar year through NationsBenefits®.	\$0 copay	\$0 copay
Chiropractic (Medicare-covered) <i>Prior authorization is required.</i>	\$0 copay	\$10 copay
Routine chiropractic care	\$0 copay / 12 visits every 12 months	\$10 copay/ 18 visits every 12 months
Diabetic supplies <i>Prior authorization may be required.</i>	\$0 (Preferred vendor)	20% coinsurance (Preferred vendor)
Durable medical equipment <i>Prior authorization is required for all items over \$500.</i>	20% coinsurance	20% coinsurance
Routine foot care (Medicare-covered)	\$0 copay	\$10 copay
Grocery allowance ¹ Members with a qualifying chronic condition may receive a grocery allowance through NationsBenefits® after completing the health condition questionnaire. Funds loaded on the prepaid flex card can be used toward thousands of healthy options. Members can use their allowance at retail locations that operate as grocery stores including Food Lion, Kroger, Harris Teeter, and Walmart, order online through a member portal, or by phone. Home delivery through NationsBenefits has no additional cost.	\$90 monthly allowance	Not covered
In-home support services This is in-home, non-medical care that helps connect members with a network of friendly Pals to help with basic daily activities, including grocery shopping, errands, board games, gardening, meal preparation, light housework, tech help, and pet help. Maximum of 90 hours per year for in-home support services.	\$0 copay	\$0 copay

Benefit category	Sentara Medicare Value	Sentara Medicare Prime
Extra benefits		
<p>Meals post-discharge</p> <p>This benefit is available to eligible members after an inpatient hospital or skilled nursing facility stay.</p> <p>Eligible members receive up to 56 ready-to-heat meals per discharge; 2 meals/day for 28 days including breakfast and lunch/dinner.</p> <p><i>This benefit requires care coordinator's prior authorization.</i></p>	\$0 copay	\$0 copay
<p>Non-medical transportation¹</p> <p>Members with qualifying chronic conditions receive transportation to plan-approved, non-medical locations such as churches, grocery stores, community events, senior centers, etc.</p> <p><i>Authorization is required for trips over 50 miles.</i></p>	\$0 copay (24 one-way trips every 12 months)	Not covered
<p>Over-the-counter (OTC) product allowance</p> <p>This benefit gives members access to hundreds of health and wellness items and first-aid supplies through the NationsBenefits catalog online, by phone, or by mail.</p>	\$100 allowance every 3 months	\$100 allowance every 3 months
<p>Personal emergency response system (PERS)</p> <p>PERS lets eligible members call for help in an emergency by pushing a button. The service is available 24/7.</p> <p><i>This benefit requires care coordinator's prior authorization.</i></p>	\$0 copay	\$0 copay
<p>Prosthetics and medical supplies</p> <p><i>Prior authorization is required for all items over \$500.</i></p>	20% coinsurance	20% coinsurance

Benefit category	Sentara Medicare Value	Sentara Medicare Prime
Extra benefits		
<p>SilverSneakers®</p> <p>Sentara Medicare members are covered for a fitness benefit through SilverSneakers online and at participating locations.² Through this benefit, members:</p> <ul style="list-style-type: none"> • Have access to a nationwide network of participating locations • Can take classes and use exercise equipment and other amenities • Can enroll in as many locations as they like, at any time • Are connected with a support network and online resources through: <ul style="list-style-type: none"> • SilverSneakers LIVE classes • SilverSneakers on-demand videos • SilverSneakers GO mobile app 	\$0 copay	\$0 copay
<p>Virtual visits</p> <p>Appointments held over the phone or via video using your computer or smartphone with a local doctor board certified in internal medicine, family practice, emergency medicine, or a counselor or psychiatrist.</p> <p>These doctors can diagnose, treat, and write prescriptions for routine medical conditions.</p> <p>Appointments are available 24 hours a day/7 days a week/365 days a year with \$0 copay.</p>	\$0 copay	\$0 copay
<p>24/7 Nurse Advice Line</p> <p>Members have access to a 24/7 Nurse Advice Line when minor illnesses and injuries occur after their doctor's office has closed. We can help with things like:</p> <ul style="list-style-type: none"> • Eye swelling or infection • Mild fever • Rash • Vomiting <p>A professional nurse will answer the call, assess your medical situation, advise you where to seek care, and, if possible, suggest self-care options until you can see your PCP in person.</p>	\$0 copay	\$0 copay

¹ Members with chronic condition(s) that meet certain criteria may be eligible for this special supplemental benefit.

²Participating locations (PL) are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities is limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL. Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.

Resources and contact information



For complete details on Sentara Medicare, call toll-free **1-855-547-7740 (TTY: 711)**.

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Sentara Medicare is an HMO with a Medicare contract. Enrollment in Sentara Medicare depends on contract renewal. This information is not a complete description of benefits.

 **Sentara**[®]
Health Plans

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[sentaramedicare.com](https://www.sentaramedicare.com)