

# 2024 Summary of Benefits

January 1, 2024 – December 31, 2024  
Roanoke/Alleghany



Sentara Medicare Value (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, 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:

- Alleghany
- Augusta
- Bath
- Bedford
- Botetourt
- Buena Vista City
- Covington City
- Craig
- Franklin
- Giles
- Greene
- Harrisonburg City
- Henry
- Highland
- Lexington City
- Madison
- Martinsville City
- Montgomery
- Orange
- Pulaski
- Radford
- Roanoke
- Roanoke City
- Rockbridge
- Rockingham
- Salem
- Staunton City
- Waynesboro 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](http://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](http://medicare.gov).

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

| Benefit category  | Sentara Medicare Value  |
|---|---|
| Monthly plan premium  | \$0   |
| Deductible  | There is no medical deductible for this plan.                           |
| <p>Maximum out-of-pocket responsibility</p> <p>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.</p> | \$3,700   |
| <p>Inpatient hospital coverage</p> <p><i>Prior authorization may be required.</i></p>   | \$285 per day, days 1-6;<br>\$0 per day, days 7-90                      |
| <p>Outpatient hospital coverage</p> <p><i>Prior authorization may be required.</i></p>  | \$280 copay   |
| <p>Ambulatory surgery center</p> <p><i>Prior authorization may be required.</i></p>   | \$225 copay   |
| Primary care providers  | \$0 copay   |
| <p>Specialists</p> <p><i>Prior authorization may be required.</i></p>   | \$20 copay  |
| Preventive care   | \$0 copay   |
| <p>Emergency care</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your cost share for emergency care.</p>  | \$120 copay   |
| <p>Urgently needed services</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your cost share for urgent care.</p>   | \$10 copay  |
| <b>Outpatient diagnostic tests and procedures, labs, diagnostic radiology, and X-rays</b>   |   |
| <p>Lab services</p> <p><i>Prior authorization may be required.</i></p>  | \$0 copay   |
| <p>X-rays</p> <p><i>Prior authorization may be required.</i></p>  | \$0 copay at PCP office;<br>\$85 copay at all other locations           |
| <p>Diagnostic tests and procedures</p> <p><i>Prior authorization may be required.</i></p>   | \$0 copay at PCP office;<br>\$85 copay at all other locations           |
| <p>Therapeutic radiological services</p> <p><i>Prior authorization may be required.</i></p>   | \$30 copay at specialist office; 20% coinsurance at all other locations |

| Benefit category  | Sentara Medicare Value      |
|---|-----------------------------|
| <b>Hearing</b>  |                             |
| Medicare-covered hearing services   | \$25 copay                  |
| Routine hearing exam<br>(1 per 12 months)   | \$0 copay                   |
| Fitting/evaluation(s) for hearing aids<br>(3 per 12 months)   | \$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                   |
| <b>Dental</b>   |                             |
| Medicare-covered dental services<br><br>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                   |
| <b>Dental allowance - preventive</b>  |                             |
| Oral exam (2 every 12 months)   | \$0 copay                   |
| Semi-annual cleanings (2 every 12 months)   | \$0 copay                   |
| Bitewing X-rays (2 every 12 months)   | \$0 copay                   |
| Full mouth X-rays (1 per 36 months)   | \$0 copay                   |
| Fluoride (2 every 12 months)  | \$0 copay                   |
| <b>Dental allowance - comprehensive</b>   |                             |
| Annual maximum benefit  | \$2,500 per year            |
| <b>Basic care</b>   |                             |
| Fillings (amalgam and resin)  | \$25 copay per office visit |
| Extractions   | \$25 copay per office visit |
| <b>Major restorative</b>  |                             |
| Full and partial removable dentures   | \$25 copay per office visit |
| Denture repair  | \$25 copay per office visit |

| Benefit category   | Sentara Medicare Value  |
|--|---|
| <b>Vision</b>  |   |
| Medicare-covered diagnostic eye exams  | \$0 copay   |
| Medicare-covered glaucoma screening<br>(for those at risk)   | \$0 copay   |
| Medicare-covered eyeglasses or contact lenses after cataract surgery   | \$0 copay   |
| Supplemental vision benefits:<br>Routine eye exam (1 per 12 months)<br>\$200 allowance per 12 months for eyeglasses and/or contact lenses                      | \$0 copay   |
| <b>Mental health services</b>  |   |
| Inpatient psychiatric hospital coverage<br><i>Prior authorization is required.</i>   | \$285 per day, days 1-6;<br>\$0 per day, days 7-90  |
| Partial hospitalization<br><i>Prior authorization is required.</i>   | \$35 copay  |
| Outpatient group or individual therapy with a psychiatrist<br><i>Prior authorization may be required.</i>  | \$30 copay for group session<br>\$30 copay for individual session   |
| Outpatient group or individual therapy with a licensed clinical psychologist or licensed clinical social worker<br><i>Prior authorization may be required.</i> | \$30 copay for group session<br>\$30 copay for individual session   |
| Skilled nursing facility<br>Coverage for up to 100 days. No prior hospital stay is required.<br><i>Prior authorization is required.</i>                        | \$0 per day, days 1-20;<br>\$203 per day, days 21-100   |
| Physical therapy<br><i>Prior authorization may be required.</i>  | \$10 copay  |
| Ambulance<br><i>Prior authorization is required for elective ambulance transport.</i>  | \$265 copay   |
| Routine medical transportation<br>Transportation to plan-approved, health-related locations, such as doctor appointments.                                      | \$0 copay (36 one-way trips every 12 months)<br><i>Authorization is required for trips over 50 miles.</i> |
| Medicare Part B drugs<br><i>Prior authorization may be required.</i>   | 0%-20% coinsurance  |

| Benefit category        | Sentara Medicare Value   |
|-------------------------|--|
| 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>                               |
| 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>   |
| 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> |
| 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>   |
| 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>            |

| 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                                     |

**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.

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



| Benefit category   | Sentara Medicare Value                 |
|--|--|
| <b>Extra benefits</b>  |  |
| Annual physical exam   | \$0 copay                              |
| Bathroom safety devices<br><br>Members may obtain up to two bathroom safety devices in a calendar year through NationsBenefits®.   | \$0 copay                              |
| Chiropractic (Medicare-covered)<br><i>Prior authorization is required.</i>   | \$20 copay                             |
| Routine chiropractic care  | \$20 copay / 12 visits every 12 months |
| Diabetic supplies<br><i>Prior authorization may be required.</i>   | \$0 (Preferred vendor)                 |
| Durable medical equipment<br><i>Prior authorization is required for all items over \$500.</i>  | 20% coinsurance                        |
| Routine foot care (Medicare-covered)   | \$20 copay                             |
| Grocery allowance <sup>1</sup><br><br>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.<br><br>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. | \$100 monthly allowance                |
| In-home support services<br><br>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                              |
| Meals post-discharge<br><br>This benefit is available to eligible members after an inpatient hospital or skilled nursing facility stay.<br><br>Eligible members receive up to 56 ready-to-heat meals per discharge; 2 meals/day for 28 days including breakfast and lunch/dinner.<br><br><i>This benefit requires care coordinator's prior authorization.</i>  | \$0 copay                              |

| Benefit category   | Sentara Medicare Value                              |
|--|---|
| <b>Extra benefits</b>  |   |
| <p>Non-medical transportation<sup>1</sup></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>   | <p>\$0 copay (24 one-way trips every 12 months)</p> |
| <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>   | <p>\$100 allowance every 3 months</p>               |
| <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>   | <p>\$0 copay</p>                                    |
| <p>Prosthetics and medical supplies</p> <p><i>Prior authorization is required for all items over \$500.</i></p>  | <p>20% coinsurance</p>                              |
| <p>SilverSneakers®</p> <p>Sentara Medicare members are covered for a fitness benefit through SilverSneakers online and at participating locations.<sup>2</sup> Through this benefit, members:</p> <ul style="list-style-type: none"> <li>• Have access to a nationwide network of participating locations</li> <li>• Can take classes and use exercise equipment and other amenities</li> <li>• Can enroll in as many locations as they like, at any time</li> <li>• Are connected with a support network and online resources through: <ul style="list-style-type: none"> <li>• SilverSneakers LIVE classes</li> <li>• SilverSneakers on-demand videos</li> <li>• SilverSneakers GO mobile app</li> </ul> </li> </ul> | <p>\$0 copay</p>                                    |
| <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>   | <p>\$0 copay</p>                                    |

| Benefit category   | Sentara Medicare Value |
|--|------------------------|
| <b>Extra benefits</b>  |                        |
| <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"> <li>• Eye swelling or infection</li> <li>• Mild fever</li> <li>• Rash</li> <li>• Vomiting</li> </ul> <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> | <p>\$0 copay</p>       |

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

<sup>2</sup>Participating 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)**.

Hours vary by time of year:

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April 1–September 30 | Monday–Friday | 8 a.m.–8 p.m.

Our website: **sentaramedicare.com**



*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**<sup>®</sup>  
Health Plans

1300 Sentara Park  
Virginia Beach, VA 23464

**sentaramedicare.com**