



# 2025 Summary of Benefits

## **Sentara Community Complete Select (HMO D-SNP)**

January 1, 2025 – December 31, 2025

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

**Contents**

**Sentara Medicare phone numbers,  
hours of operation, and website ..... 1**

**Who can join?..... 2**

**What do we cover? ..... 2**

**Monthly premium, deductible, limits,  
and how much you pay for covered  
services ..... 3**

Outpatient diagnostic tests and procedures,  
labs, diagnostic radiology, and X-rays..... 4

Hearing ..... 4

Dental ..... 4

Dental allowance - preventive..... 5

Dental allowance - comprehensive..... 5

Basic care..... 5

Major restorative..... 5

Vision ..... 6

Mental health services ..... 6

Yearly deductible stage..... 8

Initial coverage stage ..... 8

Catastrophic coverage stage ..... 8

Enhanced drug coverage ..... 8

Extra benefits..... 10

**Resources and contact information.....14**

# Summary of Benefits

**January 1, 2025 - December 31, 2025**

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/documents](https://sentaramedicare.com/documents)**.



## **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 1-888-460-8129 (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.

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



## **Who can join?**

To join Sentara Community Complete Select, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area includes all cities/counties in Virginia.

## **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/dsnp](https://www.sentaramedicare.com/dsnp)**.

## **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/medicare-and-you](https://www.medicare.gov/medicare-and-you)**.



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

Benefit category	Sentara Community Complete Select
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>	\$9,350
<p>Inpatient hospital coverage</p> <p><i>Prior authorization may be required.</i></p>	\$0 copay
<p>Outpatient hospital coverage</p> <p><i>Prior authorization may be required.</i></p>	\$0 copay
<p>Ambulatory surgery center</p> <p><i>Prior authorization may be required.</i></p>	\$0 copay
Primary care providers	\$0 copay
<p>Specialists</p> <p><i>Prior authorization may be required.</i></p>	\$0 copay
<p>Preventive care</p> <p><i>Prior authorization may be required.</i></p>	\$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>	\$0 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>	\$0 copay

Benefit category	Sentara Community Complete Select
<b>Outpatient diagnostic tests and procedures, labs, diagnostic radiology, and X-rays</b>	
Lab services <i>Prior authorization may be required.</i>	\$0 copay
X-rays <i>Prior authorization may be required.</i>	\$0 copay
Diagnostic tests and procedures <i>Prior authorization may be required.</i>	\$0 copay
Therapeutic radiological services <i>Prior authorization may be required.</i>	\$0 copay
<b>Hearing</b>	
Medicare-covered hearing services <i>Prior authorization may be required.</i>	\$0 copay
Routine hearing exam (1 per 12 months)	\$0 copay
Fitting/evaluation(s) for hearing aids (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  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. <i>Prior authorization may be required.</i>	\$0 copay

Benefit category	Sentara Community Complete Select
<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> <i>Prior authorization may be required.</i>	
Annual maximum benefit	\$4,000 per year
<b>Basic care</b>	
Fillings (amalgam and resin)	\$0 copay per office visit
Extractions	\$0 copay per office visit
Crown repair	\$0 copay per office visit
<b>Major restorative</b>	
Full and partial removable dentures	\$0 copay per office visit
Denture repair	\$0 copay per office visit
Crowns	\$0 copay per office visit
Implants	\$0 copay per office visit

Benefit category	Sentara Community Complete Select
<b>Vision</b>	
Medicare-covered diagnostic eye exams	\$0 copay
Medicare-covered glaucoma screening (for those at risk)	\$0 copay
Medicare-covered eyeglasses or contact lenses after cataract surgery	\$0 copay
Supplemental vision benefits:  Routine eye exam (1 per 12 months) \$300 allowance per 12 months for eyeglasses and/or contact lenses	\$0 copay
<b>Mental health services</b>	
Inpatient psychiatric hospital coverage <i>Prior authorization is required.</i>	\$0 copay
Partial hospitalization <i>Prior authorization is required.</i>	\$0 copay
Outpatient group or individual therapy with a psychiatrist <i>Prior authorization may be required.</i>	\$0 copay
Outpatient group or individual therapy with a licensed clinical psychologist or licensed clinical social worker <i>Prior authorization may be required.</i>	\$0 copay
Skilled nursing facility  Coverage for up to 100 days. No prior hospital stay is required. <i>Prior authorization is required.</i>	\$0 copay
Physical therapy <i>Prior authorization may be required.</i>	\$0 copay



Benefit category	Sentara Community Complete Select
Ambulance <i>Prior authorization is required for elective ambulance transport.</i>	\$0 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 (48 one-way trips every 12 months)
Medicare Part B drugs <i>Prior authorization may be required.</i>	\$0 copay

Benefit category	Sentara Community Complete Select
<b>Yearly deductible stage</b>	You pay your deductible when you fill your first prescription of the year. Because you are receiving "Extra Help" from Medicare, you may have a reduction in your plan deductible, and may pay between \$0 to \$99.
<b>Initial coverage stage</b>	<p>After you pay your yearly deductible, you (or others on your behalf, including "Extra Help" from Medicare) pay the following until the amount of your year-to-date "out-of-pocket costs" reaches \$8,000. When this happens, you will move to your catastrophic coverage. The year-to-date "out-of-pocket costs" are the total drug costs paid by you, "Extra Help" from Medicare, and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies, long-term care pharmacies, or our mail order pharmacy. With standard retail cost-sharing (in-network), you will pay between \$0 to \$12.15, or 15% coinsurance for your Part D prescription drugs based on your "Extra Help" from Medicare copay level.</p>
<b>Catastrophic coverage stage</b>	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$2,000, your plan will pay the full cost for the remainder of the year.

**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).

## Part D Prescription Drugs

Prescription drug cost-sharing	Standard retail cost-sharing (in-network) (up to a 90-day supply)	Long-term care (LTC) cost-sharing (up to a 31-day emergency supply)	Mail order pharmacy (63- to 90-day supply)
<b>Cost-sharing (Generic Drugs)</b>	\$0   \$1.60   \$4.90 or 15%	\$0   \$1.60   \$4.90 or 15%	\$0   \$1.60   \$4.90 or 15%
<b>Cost-sharing (Brand drugs)</b>	\$0   \$4.80   \$12.15 or 15%	\$0   \$4.80   \$12.15 or 15%	\$0   \$4.80   \$12.15 or 15%

Benefit category	Sentara Community Complete Select
<b>Extra benefits</b>	
Annual physical exam	\$0 copay
Bathroom safety devices  Members may obtain up to two bathroom safety devices in a calendar year through NationsBenefits®.	\$0 copay
Chiropractic (Medicare-covered) <i>Prior authorization may be required.</i>	\$0 copay
Routine chiropractic care <i>Prior authorization may be required.</i>	\$0 copay (12 visits every 12 months)
Diabetic supplies <i>Prior authorization may be required.</i>	\$0 copay (Preferred vendor)
Durable medical equipment <i>Prior authorization is required for all items over \$500.</i>	\$0 copay
Foot care (Medicare-covered) <i>Prior authorization may be required.</i>	\$0 copay
Grocery allowance <sup>1</sup>  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.	\$200 monthly allowance

Benefit category	Sentara Community Complete Select
<b>Extra benefits</b>	
<p>In-home support services</p> <p>This in-home, non-medical benefit connects members with a network of friendly helpers to help with basic daily activities, including grocery shopping, errands, gardening, meal preparation, light housework, and tech help. Helpers are available to members for a maximum of 40 hours per year.</p> <p><i>Prior authorization may be required.</i></p>	\$0 copay
<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
<p>Non-medical transportation<sup>1</sup></p> <p>Members with qualifying chronic conditions receive transportation to plan-approved, non-medical locations such as places of worship, 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)
<p>Over-the-counter (OTC) products 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>	\$150 allowance every 3 months

Benefit category	Sentara Community Complete Select
<b>Extra benefits</b>	
<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
<p>Prosthetics and medical supplies</p> <p><i>Prior authorization is required for all items over \$500.</i></p>	\$0 copay
<p>SilverSneakers®</p> <p>Sentara Medicare members are covered for a fitness benefit through SilverSneakers online and at participating locations.<sup>2</sup></p> <p>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>	\$0 copay



Benefit category	Sentara Community Complete Select
<b>Extra benefits</b>	
<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
<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>	\$0 copay

<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 **1-888-460-8129 (TTY: 711)**.

Hours vary by time of year:

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.

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



*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.*

H2563\_0824\_SHPSB\_310138\_M-P



1300 Sentara Park  
Virginia Beach, VA 23464

**[sentaramedicare.com/dsnp](https://sentaramedicare.com/dsnp)**