



2025 Summary of Benefits

Sentara Community Complete (HMO D-SNP)

January 1, 2025 - December 31, 2025

sentaramedicare.com/dsnp

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Introduction

This document is a brief summary of the benefits and services covered by Sentara Medicare. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Sentara Medicare. Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

Table of Contents

A. Disclaimers1
B. Frequently asked questions (FAQ) 5
C. List of covered services11
D. Benefits covered outside of Sentara Community Complete25
E. Services that Sentara Community Complete, Medicare, and Medicaid do not cover25
F. Your rights as a member of the plan26
G. How to file a complaint or appeal a denied service29
H What to do if you suspect fraud 29

A. Disclaimers



This is a summary of health services covered by Sentara Medicare for 2025. This is only a summary. Please read the Evidence of Coverage for the full list of benefits. You can call Member Services at **1-866-650-1274 (TTY: 711)**, October 1 through March 31, 7 days a week, from 8 a.m. to 8 p.m., or April 1 through September 30, Monday through Friday, from 8 a.m. to 8 p.m. or visit our website at **sentaramedicare.com/documents**.

- Sentara Medicare is an HMO Dual Eligible Special Needs Plan (HMO D-SNP) that has contracts with Medicare and the Virginia Department of Medical Assistance Services' Medicaid program. "Cardinal Care" is the brand name of Virginia Medicaid.
- For more information about Medicare, you can read the Medicare & You handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can access it online at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
- You can call the Virginia Office of the State Long Term Care Ombudsman, which advocates for people who have both Medicare and Medicaid, at 1-800-552-5019 (or 711 for Virginia Relay).
- We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at **1-866-650-1274**. Someone that speaks Spanish, Chinese, Tagalog, French, Vietnamese, German, Korean, Russian, Arabic, Italian, Portuguese, French Creole, Polish, Hindi, Japanese, Farsi, Bengali, Telegu, or Nepali can help you. This is a free service.
- You can get this document for free in other formats, such as large print, braille, or audio. Call 1-866-650-1274 (TTY: 711), October 1-March 31, 7 days a week, 8 a.m.-8 p.m. and April 1-September 30, Monday-Friday, 8 a.m.-8 p.m. The call is free.
- Preferred language and/or alternate formats
 - You can call Sentara Medicare Member Services at the number in the footer of this document to request that documents are sent to you in your preferred language and/or alternate format.
 - For future mailings and communications, we will notate in our system your preferred language and/or alternate format so you do not need to submit a separate request each time.





Medicare and Medicaid Working Together

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-650-1274 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-650-1274 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务,帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务,请致电 1-866-650-1274 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問,為此我們提供免費的翻譯 服務。如需翻譯服務,請致電 1-866-650-1274 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-650-1274 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-650-1274 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-866-650-1274 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-650-1274 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-650-1274 (TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-650-1274 (ТТҮ: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (TTY: 711) 450-650-650. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-650-1274 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-650-1274 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-650-1274 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-650-1274 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-650-1274 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、1-866-650-1274 (TTY: 711)にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサービスです。

Bengali: আপনার স্বাস্থ্য বা ওমুধের প্ল্যান সংক্রান্ত কোনো প্রশ্নের জন্য আমাদের বিনামূল্যে অনুবাদক পরিষেবা উপলভ্য রয়েছে। অনুবাদকের পরিষেবা পেতে, অনুগ্রহ করে আমাদের 1-866-650-1274 (TTY: 711) নম্বরে কল করুন। বাংলা জানে এমন কেউ আপনাকে সাহায্য করবে। এই পরিষেবা বিনামূল্যে পাওয়া যায়।

Farsi: ما خدمات مترجم شفاهی رایگان داریم تا به هر سؤالی که ممکن است در مورد طرح سلامت یا داروی خود داشته باشید پاسخ دهیم. برای دریافت خدمات مترجم شفاهی، فقط با شماره 1-866-650-1274 (TTY: 711) با ما تماس بگیرید. فردی که فارسی صحبت میکند می تواند به شما کمک کند. این خدمات رایگان است.

Nepali: तपाईंसँग हाम्रा स्वास्थ्य वा औषधिको योजनाका बारेमा तपाईंसँग भएका कुनै पनि प्रश्नका जवाफ दिनका लागि हामीसँग नि:शुल्क दोभासेे हुनुहुन्छ। दोभासेे प्राप्त गर्नका लाग, हामीलाई 1-866-650-1274 (TTY: 711) मा फोन गर्नुहोस्। नेपाली बोल्ने कोही व्यक्तिले तपाईंलाईी मद्दत गर्न सक्नुहुन्छ। यो नि:शुल्क सेवा हो।

Urdu: ہماری صحت یا دواؤں کے پلان کے متعلق آپ کے کسی بھی سوال کا جواب دینے کے لیے مفت ترجمان کی خدمات دستیاب ہیں۔ ترجمان کی خدمت حاصل کرنے کے لیے، ہمیں اس نمبر پر کال کریں 1-656-650-1274 (TTY: 711). کوئی ایسا شخص جو اردو بولتا ہو، آپ کی مدد کر سکتا ہے۔ یہ ایک مفت سروس ہے۔

Telegu: మా హెల్త్ మరియు డ్రగ్ గురించి మీకున్న ఏవైనా ప్రశ్నలకు సమాధానాలను అందించడానికి మా వద్ద ఉచిత ఇంటర్్మ్ టీటర్ సేవలు అందుబాటులో ఉన్నాయి. ఇంటర్్మ్ టీటర్ ను పొందడానికి 1-866-650-1274 (TTY: 711) పై మాకు కాల్ చేయండి. తెలుగు మాట్లాడే ఎవరైనా మీకు సహాయపడగలరు. ఇది ఉచిత సేవ.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What is a Sentara Medicare D-SNP?	A Sentara Medicare Dual Eligible Special Needs Plan (D-SNP) is a type of Medicare Advantage health plan. A D-SNP is for individuals who are dually eligible for both Medicare and Medicaid. A D-SNP covers all of your Medicare and prescription drug benefits (Medicare Part D) and provides all of your Medicaid services and drugs under the Cardinal Care program. Generally, you have a \$0 copay for medical services. You will have access to a care coordinator and Long Term Services and Supports (LTSS).
Will I get the same Medicare and Cardinal Care Medicaid benefits in Sentara Medicare that I get now?	You will get most of your covered Medicare and Cardinal Care benefits directly from Sentara Medicare. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor care manager's or care coordinator's assessment.
	When you enroll in Sentara Medicare, you and your care team will work together to develop an Individualized Care Plan (ICP) that addresses your health and support needs and reflects your personal preferences and goals.
	If you are taking any Medicare Part D prescription drugs that Sentara Medicare does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for Sentara Medicare to cover your drug if medically necessary. Medicaid may cover drugs through Cardinal Care that are not covered by Medicare. For more information, call Member Services at the number in the footer of this document.

Frequently Asked Questions

Answers

Can I use the same health care providers I use now?

That is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Sentara Medicare and have a contract with us, you can keep using them.

- Providers with an agreement with us are "in-network."
 Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. You must use the providers in Sentara Community Complete's network. If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs.
- If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Sentara Community Complete's plan network.
- If you are currently under treatment with a provider that is out of Sentara Community Complete's network or have an established relationship with a provider that is out of Sentara Community Complete's network, you can stay connected with your existing provider for a period of time. Call Member Services to check about staying connected.

To find out if your providers are in the plan's network, call Member Services at the number in the footer of this document or read Sentara Community Complete's Provider and Pharmacy Directory on the plan's website at **sentarahealthplans.com/findadoc**.

• If Sentara Medicare is new for you, we will work with you to develop Individualized Care Plan to address your needs.

Frequently Asked Questions	Answers			
What is a Sentara Medicare care coordinator or care manager?	A Sentara Medicare care coordinator or care manager is your main contact person at our plan. This person helps to manage all of your providers and services and make sure you get what you need.			
What are Long-term Services and Supports (LTSS)?	Long-Term Services and Supports (LTSS) provide help to people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Sentara Medicare provides LTSS if you are found to be eligible through the LTSS screening process. Often these services are provided at your home or in your community, but they could also be provided in a nursing home or hospital when necessary. In some cases, a county or other agency may provide these services, and your care team will work with that agency.			
What happens if I need a service but no one in Sentara Medicare's network can provide it?	Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Sentara Medicare will cover services provided by an out-of-network provider.			

Frequently Asked Questions

Answers

Where is Sentara Community Complete available?

The service area for this plan includes: Accomack, Albemarle, Alexandria City, Alleghany, Amelia, Amherst, Appomattox, Arlington, Augusta, Bath, Bedford, Bland, Botetourt, Bristol City, Brunswick, Buchanan, Buckingham, Buena Vista City, Campbell, Caroline, Carroll, Charles City, Charlotte, Charlottesville City, Chesapeake City, Chesterfield, Clarke, Colonial Heights City, Covington City, Craig, Culpeper, Cumberland, Danville City, Dickenson, Dinwiddie, Emporia City, Essex, Fairfax, Fairfax City, Falls Church City, Fauguier, Floyd, Fluvanna, Franklin, Franklin City, Frederick, Fredericksburg City, Galax City, Giles, Gloucester, Goochland, Grayson, Greene, Greensville, Halifax, Hampton City, Hanover, Harrisonburg City, Henrico, Henry, Highland, Hopewell City, Isle of Wight, James City, King and Queen, King George, King William, Lancaster, Lee, Lexington City, Loudoun, Louisa, Lunenburg, Lynchburg City, Madison, Manassas City, Manassas Park City, Martinsville City, Mathews, Mecklenburg, Middlesex, Montgomery, Nelson, New Kent, Newport News City, Norfolk City, Northampton, Northumberland, Norton City, Nottoway, Orange, Page, Patrick, Petersburg City, Pittsylvania, Poguoson City, Portsmouth City, Powhatan, Prince Edward, Prince George, Prince William, Pulaski, Radford City, Rappahannock, Richmond, Richmond City, Roanoke, Roanoke City, Rockbridge, Rockingham, Russell, Salem City, Scott, Shenandoah, Smyth, Southampton, Spotsylvania, Stafford, Staunton City, Suffolk City, Surry, Sussex, Tazewell, Virginia Beach City, Warren, Washington, Waynesboro City, Westmoreland, Williamsburg City, Winchester City, Wise, Wythe and York. Counties, Virginia. You must live in one of these areas to join the plan.

Call Member Services at the number in the footer of this document for more information about whether the plan is available where you live.

If you have questions, please call Sentara Community Complete at **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.. The call is free.

For more information, visit sentaramedicare.com/dsnp.

Frequently Asked Questions Answers What is prior authorization? Prior authorization means that you must get an approval from Sentara Medicare to seek services outside of our network or to get services not routinely covered by our network before you get the services. Sentara Medicare may not cover the service, procedure, item, or drug if you don't get prior authorization. If you need urgent or emergency care or out-ofarea dialysis services, you don't need to get prior authorization first. Sentara Medicare can provide you or your provider with a list of services or procedures that require you to get prior authorization from Sentara Medicare before the service is provided. Refer to **Chapter 3**, of the *Evidence of Coverage* to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the Evidence of Coverage to learn which services require a prior authorization. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the number in the footer of this document for help. Do I pay a monthly No. Because you have Cardinal Care, you will not pay amount (also called a any monthly premiums, including your Medicare Part B premium) under Sentara premium, for your health coverage. **Community Complete?**

Frequently Asked Questions	Answers
Do I pay a deductible as a member of Sentara Community Complete?	No. You do not pay deductibles in Sentara Community Complete.
What is the maximum out- of-pocket amount that I will pay for medical services as a member of Sentara Community Complete?	There is no cost sharing for medical services in Sentara Community Complete, so your annual out-of-pocket costs will be \$0. Members who get LTSS, including skilled and custodial nursing facility placement and CCC Plus Waiver Services, may have a monthly patient pay amount as determined by the Virginia Department of Social Services.

C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in- network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital care	\$0	Except in an emergency, your health care provider must tell the plan of your hospital admission. Prior authorization may be required.
	Outpatient hospital services, including observation	\$0	Prior authorization may be required.
	Ambulatory surgical center (ASC) services	\$0	Prior authorization may be required.
	Doctor or surgeon care	\$0	Prior authorization may be required.

Health need or concern	Services you may need	Your costs for in- network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want to use a health	Visits to treat an injury or illness	\$0	Prior authorization may be required.
care provider	Preventive care (care to keep you from getting sick, such as flu shots and screenings to check for cancer)	\$0	
	Wellness visits, such as a physical	\$0	
	Doctor visits (including visits to PCPs and specialists)	\$0	Prior authorization may be required.
You need emergency care	Emergency room services	\$0	You may use any emergency room if you reasonably believe you need emergency care. You do not need prior authorization, and the hospital does not have to be in-network.
			Worldwide coverage is available for the same copay.
	Urgent care	\$0	Urgently needed services are not emergency care. You do not need prior authorization and the urgent care center does not have to be in-network.
			Worldwide coverage is available for the same copay.

Health need or concern	Services you may need	Your costs for in- network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need medical tests	Lab tests and diagnostic procedures, such as blood work	\$0	Prior authorization may be required.
	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	Prior authorization may be required.
You need hearing/	Medicare covered hearing exams	\$0	Prior authorization may be required.
auditory services	Hearing screening and hearing aids (as well as fittings and associated accessories and supplies)	\$0	 Sentara Community Complete 1 routine hearing exam per year \$2,000 hearing aid allowance 3 fitting visits/year

Health need or concern	Services you may need	Your costs for in- network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care	Dental check-ups and preventive care	\$0	Cardinal Care provides a full range of dental care for both children and adults through DentaQuest, its Medicaid Dental Benefits Administrator. Contact 1-888-912-3456 for information or visit www.dentaquest.com/en/members/virginia-medicaid-dental-coverage#accordion-82f12f4b30-item-117cdd34ad.
			Sentara Community Complete preventive dental coverage Oral exams – 2 per 12 months Cleanings – 2 per 12 months Fluoride treatments – 2 per 12 months Dental X-rays – 2 per 12 months Prior authorization may be required.
	Comprehensive dental	\$0	Sentara Community Complete comprehensive dental coverage • \$4,000 allowance per year Diagnostic services, restorations, extractions, prosthodontics, endodontics, periodontics, oral/maxillofacial surgery Prior authorization may be required.

14

Health need or concern	Services you may need	Your costs for in- network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued)	Restorative and emergency dental care	\$0	Cardinal Care provides coverage for restorative and emergency dental care. Braces for adults over age 21 are not covered. Contact DentaQuest for coverage information. www.dentaquest.com/en/members/virginia-medicaid-dental-coverage/cardinal-care-smiles Prior authorization may be required.
You need eye care	Eye exams	\$0	Sentara Community Complete covers diagnostic examinations and optometric treatment procedures provided by ophthalmologists, optometrists, and opticians.
	Glasses or contact lenses	\$0	Cardinal Care – Coverage for eyeglasses is limited to members under age 21 except as a supplemental benefits.
			Supplemental benefit – 1 exam per year; \$100 towards glasses or contacts
			Sentara Community Complete allows \$400 per year to be used toward contact lenses and/or glasses (lenses and frames)
	Other vision care (including diagnosis and treatment for diseases and conditions of the eye)	\$0	

Health need or concern	Services you may need	Your costs for in- network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a mental health condition	Mental Health Services	\$0	Sentara Community Complete provides coverage for a full range of inpatient and outpatient mental health services, including substance use disorder services. <i>Prior authorization may be required.</i>
	Inpatient and outpatient care and community-based services for people who need Mental Health Services	\$0	Sentara Community Complete provides coverage for inpatient and outpatient mental health services including, but not limited to, crisis intervention and psychiatric hospitalization, case management, therapeutic and rehabilitative services, and residential treatment. Prior authorization may be required.
You need a substance use disorder service	Substance use disorder services	\$0	Through the Cardinal Care Addiction and Recovery Treatment Services (ARTS) program, Sentara Community Complete provides coverage for a full range of addiction treatment services, including outpatient and intensive outpatient services, case management, residential and opioid treatment services. Prior authorization may be required.

Health need or concern	Services you may need	Your costs for in- network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to	Skilled nursing care	\$0	Sentara Community Complete provides coverage for skilled and intermediate nursing facility care. Prior authorization may be required.
help you	Nursing home care	\$0	
	Adult Foster Care and Group Adult Foster Care	\$0	
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	
You need help getting to health services	Ambulance services	\$0	Ambulance services for other cases (non- emergent) must be approved by us. In cases that are not emergencies, we may pay for an ambulance. Your condition must be serious enough that other ways of getting to a place of care could risk your life or health. Prior authorization may be required.
	Emergency transportation	\$0	In emergency situations includes ground (ambulance) and air (airplane and helicopter) transportation. The transportation will take you to the nearest place that can give you care.
	Transportation to medical appointments and services	\$0	Includes transportation to services covered by Medicare and Medicaid. Prior authorization may be required.

Health need or concern	Services you may need	Your costs for in- network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition	Medicare Part B prescription drugs	\$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Evidence of Coverage</i> for more information on these drugs.
	Medicare Part D prescription drugs		Copays for prescription drugs may vary based on the level of Extra Help you get.
	Cost Share Tier 1	\$0-\$4.60 There may be limitations on to drugs covered. Please refer to	There may be limitations on the types of drugs covered. Please refer to Sentara Community Complete's <i>List of Covered</i>
	Cost Share Tier 2	You pay \$0-\$11.20 for a 30 day supply.	Drugs (Drug List) for more information. Once you or others on your behalf pay \$2,000 you have reached the catastrophic coverage stage and you pay \$0 for all your
	Over-the-counter (OTC) drugs	\$0	Medicare drugs. Read the <i>Evidence of Coverage</i> for more information on this stage.
You need help getting	Rehabilitation services	\$0	
better or have special health needs	Medical equipment for home care	\$0	
	Dialysis services	\$0	
You need foot care	Podiatry services	\$0	Routine foot care: \$0 copay; 8 visits/year Prior authorization may be required.
	Orthotic services	\$0	

Health need or concern	Services you may need	Your costs for in- network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need durable medical equipment (DME) Note: This is not a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the Evidence of Coverage.	Wheelchairs, crutches, walkers, nebulizers, oxygen equipment and supplies	\$0	Sentara Community Complete provides coverage for wheelchairs, crutches and walkers, as well as a wide range of other DME items. DME coverage is based on medical necessity and has no maximum benefit limits. Prior authorization may be required.
You need help living at home	Home health services	\$0	Sentara Community Complete covers home health services, including nursing care, rehabilitation therapies and home aide services. Additionally, the Commonwealth Coordinated Care Plus (CCC Plus) Waiver provides coverage for other long-term services and supports such as private-duty nursing services. Consult with your Sentara Community Complete care team to request a LTSS screening for the CCC Plus Waiver.

If you have questions, please call Sentara Community Complete at **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.. The call is free.

For more information, visit sentaramedicare.com/dsnp.

Health need or concern	Services you may need	Your costs for in- network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	\$0	Home modifications may be covered by Cardinal Care through the CCC Plus Waiver. Modifications may be made to your primary residence or primary vehicle and must enable you to function with greater independence. Speak with your care team to learn more. <i>Prior authorization may be required.</i>
	Adult Day Health Services	\$0	Sentara Community Complete provides these services if you are found to be eligible through the LTSS screening process.
	Day habilitation services	\$0	
	Services to help you live on your own (home health care services or personal care attendant services)	\$0	Provides care in your home and community instead of a nursing facility. You can choose to receive agency-directed or consumer-directed services, or both. Prior authorization may be required.

Health need or concern	Services you may need	Your costs for in- network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional Services	Bathroom safety devices	\$0	Two safety devices per year.
	Chiropractic services	\$0	Prior authorization may be required.
	Diabetes supplies and services	\$0	Prior authorization may be required.
	Grocery allowance ¹	\$0	\$350 allowance per month 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.

Health need or concern	Services you may need	Your costs for in- network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional Services (continued)	In-home support services	\$0	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. Prior authorization may be required.
	Meals post- discharge	\$0	This benefit is available to eligible members after an inpatient hospital or skilled nursing facility stay. Eligible members receive up to 56 ready-to-heat meals per discharge; 2 meals/day for 28 days including breakfast and lunch/dinner.
			This benefit requires care coordinator's prior authorization.
	Over-the-counter (OTC) products allowance	\$0	\$200 allowance/quarter 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.
	Personal emergency response system (PERS)	\$0	PERS lets eligible members call for help in an emergency by pushing a button. The service is available 24/7. Prior authorization may be required.

Health need or concern	Services you may need	Your costs for in- network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional Services (continued)	Prosthetic services	\$0	Sentara Community Complete provides coverage for medically necessary prosthetics for children under age 21 and for adults and children when recommended as part of an approved intensive rehabilitation program. Prior authorization may be required.
	Radiation therapy	\$0	Prior authorization may be required.
	Services to help manage your disease	\$0	Care management or care coordination services are provided to all Sentara Community Complete enrollees. Care management provides a more intensive level of service if your health requires it.
	SilverSneakers®	\$0	Sentara Community Complete members are covered for a fitness benefit through SilverSneakers online and at participating locations. ² Through this benefit, members: 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: SilverSneakers LIVE classes SilverSneakers on-demand videos SilverSneakers GO mobile app

Health need or concern	Services you may need	Your costs for in- network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional Services (continued)	Virtual visits	\$0	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.
			These doctors can diagnose, treat, and write prescriptions for routine medical conditions.
			Appointments are available 24 hours a day/7 days a week/365 days a year with \$0 copay.

¹Members 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.

The above summary of benefits is provided for informational purposes only and is not a complete list of benefits. For a complete list and more information about your benefits, you can read the Sentara Community Complete *Evidence of Coverage*. If you don't have an *Evidence of Coverage*, call Sentara Medicare Member Services to get one. If you have questions, you can also call Member Services or visit **sentaramedicare.com/dsnp**.

D. Benefits covered outside of Sentara Community Complete

There are some services that you can get that are not covered by Sentara Community Complete but are covered by Medicare, Medicaid, or a State or county agency. This is not a complete list. Call Member Services to find out about these services.

Other services covered directly by Medicare or Medicaid	Your costs
Developmental disability support coordination	\$0
Hospice care	\$0
Transportation to Building Independence (BI), Community Living (CL), and Family and Individual Supports (FIS)	\$0

E. Services that Sentara Community Complete, Medicare, and Medicaid do not cover

This is not a complete list. Call Member Services to find out about other excluded services.

Services Sentara Community Complete, Medicare, and Medicaid do not cover
Full-time nursing care in your home
Naturopath services (uses natural or alternative treatments)
Nursing services provided in a Christian Science Sanatorium



F. Your rights as a member of the plan

This is not a complete list. Call Member Services to find out about other excluded services.

As a member of Sentara Medicare, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Evidence of Coverage*. Your rights include, but are not limited to, the following:

- You have a right to respect, fairness, and dignity. This includes the right to:
 - Get covered services without concern about medical condition, health status, receipt
 of health services, claims experience, medical history, disability (including mental
 impairment), marital status, age, sex (including sex stereotypes and gender identity)
 sexual orientation, national origin, race, color, religion, creed, or public assistance
 - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
 - Be free from any form of physical restraint or seclusion

If you have questions, please call Sentara Community Complete at **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.. The call is free.

For more information, visit sentaramedicare.com/dsnp.

26

- You have the right to get information about your health care. This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
 - · Description of the services we cover
 - · How to get services
 - · How much services will cost you
 - · Names of health care providers and care coordinator
- You have the right to make decisions about your care, including refusing treatment.
 This includes the right to:
 - · Choose a primary care provider (PCP) and change your PCP at any time during the year
 - Use a women's health care provider without a referral
 - Get your covered services and drugs quickly
 - · Know about all treatment options, no matter what they cost or whether they are covered
 - · Refuse treatment, even if your health care provider advises against it
 - · Stop taking medicine, even if your health care provider advises against it
 - Ask for a second opinion. Sentara Medicare will pay for the cost of your second opinion visit
 - · Make your health care wishes known in an advance directive
- You have the right to timely access to care that does not have any communication or physical access barriers. This includes the right to:
 - · Get timely medical care
 - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
 - Have interpreters to help with communication with your health care providers and your health plan

- You have the right to seek emergency and urgent care when you need it. This means
 you have the right to:
 - Get emergency and care services, 24 hours a day, 7 days a week, without prior authorization
 - · Use an out-of-network urgent or emergency care provider, when necessary
- You have a right to confidentiality and privacy. This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
 - Have your personal health information kept private. No personal health information will be released to anyone without your consent, unless required by law.
 - · Have privacy during treatment
- You have the right to make complaints about your covered services or care. This
 includes the right to:
 - File a complaint or grievance against us or our providers. You also have the right to appeal certain decisions made by us or our providers.
 - File a complaint with the Virginia Department of Medical Assistance Services Member Helpline at 1-804-786-6145 (hearing impaired members contact Virginia Relay at 711).
 The Sentara Medicare website https://www.sentarahealthplans.com/members/medicaid/member-appeals-and-grievances has complaint forms and instructions available online.
 - · Ask for a State Fair Hearing
 - · Get a detailed reason for why services were denied

For more information about your rights, you can read the *Evidence of Coverage*. If you have questions, you can call Sentara Medicare Member Services at the number listed in the footer of this document.

You can also call the Virginia Office of the State Long Term Care Ombudsman for assistance. An "ombudsman" is an advocate who can assist you to resolve problems with plan coverage, plan benefits, health care, behavioral health care and long-term care services and supports. You can contact the Ombudsman at **1-800-552-5019** (TTY users call Virginia Relay at 711).

If you have questions, please call Sentara Community Complete at **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.. The call is free.

28 For more information, visit sentaramedicare.com/dsnp.

G. How to file a complaint or appeal a denied service

If you have a complaint or think Sentara Medicare should cover something we denied, call Member Services at the number in the footer of this document. You can file a complaint or appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the *Evidence of Coverage*. You can also call Sentara Medicare Member Services at the number in the footer of this document.

File a complaint with the Virginia Department of Medical Assistance Services Member Helpline at **1-804-786-6145** (hearing impaired members contact Virginia Relay at 711). The Sentara Medicare website **https://www.sentarahealthplans.com/members/medicaid/member-appeals-and-grievances** has complaint forms and instructions available online.

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, contact us.

- Call us at Sentara Medicare Member Services. The phone number is listed at the bottom of this page.
- Or, call Virginia Medicaid Managed Care Helpline at 1-800-643-2273. TTY users may call 1-800-817-6608.
- Call Virginia's Medicaid Fraud Control Unit at 1-800-371-0824 or 1-804-371-0779 (TTY users dial 711 for Virginia Relay) or by email at MFCU_mail@oag.state.va.us.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, call Sentara Medicare Member Services:

1-888-460-8129

Calls to this number are free. October 1 through March 31, 7 days a week, from 8 a.m. to 8 p.m., or April 1 through September 30, Monday through Friday, from 8 a.m. to 8 p.m.

Member Services also has free language interpreter services available for non-English speakers.

TTY: 711

Calls to this number are free. October 1 through March 31, 7 days a week, from 8 a.m. to 8 p.m., or April 1 through September 30, Monday through Friday, from 8 a.m. to 8 p.m.

If you have questions about your health:

Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.

If your PCP's office is closed, you can also call Nurse Advice Line. A nurse will listen to your problem and tell you how to get care. (Example: urgent care, emergency room). The numbers for the Nurse Advice Line are:

· 1-800-394-2237

Calls to this number are free. 24 hours a day, 7 days a week, 365 days a year.

 Sentara Medicare also has free language interpreter services available for non-English speakers.

TTY: 711

Calls to this number are free. 24 hours a day, 7 days a week, 365 days a year.

If you need immediate behavioral health care, please call the Behavioral Health Crisis Line:

1-833-686-1595 (TTY: 711)

Calls to this number are free. 24 hours a day, 7 days a week, 365 days a year. Sentara Medicare also has free language interpreter services available for non-English speakers.



1300 Sentara Park
Virginia Beach, VA 23464
sentaramedicare.com/dsnp