

Sentara Community Complete Select (HMO D-SNP) offered by Sentara Health Plans

Annual Notice of Change for 2026

You're enrolled as a member of Sentara Community Complete Select.

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in Sentara Community Complete Select.
- To change to a **different plan**, visit www.Medicare.gov or review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at sentaramedicare.com/documents or call Member Services at 1-800-927-6048 (TTY users call the Virginia Relay Service at 1-800-828-1120 or 711) to get a copy by mail.

More Resources

- Call Member Services at 1-800-927-6048 (TTY users call 711) for more information. Hours are from October 1 – March 31, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. ET. From April 1 – September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. ET. Outside of these times, our interactive voice response system allows you to obtain information on many topics related to your plan. This call is free.
- This information is available in other formats such as large print, braille, and audio.

About Sentara Community Complete Select

- 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. Our plan also has a written agreement with the Virginia Medicaid program to coordinate your Medicaid benefits.
- When this material says "we," "us," or "our," it means Sentara Health Plans. When it says "plan" or "our plan," it means Sentara Community Complete Select.
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Sentara Community Complete Select.** Starting January 1, 2026, you'll get your

medical and drug coverage through Sentara Community Complete Select. Go to Section 3 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1.1 for details.	\$0	\$0
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	\$9,350 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	\$9,250 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.
Primary care office visits	\$0 per visit	\$0 per visit
Specialist office visits	\$0 per visit	\$0 per visit
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	\$0 copay	\$0 copay

	2025 (this year)	2026 (next year)
Part D drug coverage deductible (Go to Section 1.7 for details.)	\$0	\$0
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Copayment during the Initial Coverage Stage: If you receive Extra Help, you pay the following amounts Drug Tier 1: You pay \$0-\$4.80 copay per prescription You pay \$35 per month supply of each covered insulin product Drug Tier 2: You pay \$0-\$12.15 copay per prescription You pay \$35 per month supply of each covered insulin product on this tier If you do not qualify for Extra Help from Medicare, you will pay the following amounts: 25% of the total drug costs You pay \$35 per month supply of each covered insulin product	Copayment during the Initial Coverage Stage: If you receive Extra Help, you pay the following amounts Drug Tier 1: You pay \$0-\$5.10 copay per prescription You pay \$35 per month supply of each covered insulin product Drug Tier 2: You pay \$0-\$12.65 copay per prescription You pay \$35 per month supply of each covered insulin product If you do not qualify for Extra Help from Medicare, you will pay the following amounts: 25% of the total drug costs You pay \$35 per month supply of each covered insulin product

	2025 (this year)	2026 (next year)
	Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.	Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium unless it's paid for you by Medicaid.)	\$0	\$0

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services and other health services not covered by Medicare for the rest of the calendar year.

	2025 (this year)	2026 (next year)
Maximum out-of-pocket amount Because our members also get help from Medicaid, very few members ever reach this out-of-pocket maximum. You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copayments) count toward your maximum out-of-pocket amount. Your costs for prescription drugs don't count	\$9,350	\$9,250 Once you've paid \$9,250 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.

	2025 (this year)	2026 (next year)
toward your maximum out-of-pocket amount.		

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider and Pharmacy Directory* sentarahealthplans.com/members/medicare/provider-and-pharmacy-directories to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider and Pharmacy Directory*.

- Visit our website at sentarahealthplans.com/members/medicare/provider-and-pharmacy-directories.
- Call Member Services at 1-800-927-6048 (TTYusers call 711) to get current provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at 1-800-927-6048 (TTYusers call 711) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2026 *Provider and Pharmacy Directory* sentarahealthplans.com/members/medicare/provider-and-pharmacy-directories to see which pharmacies are in our network. Here's how to get an updated *Provider and Pharmacy Directory*.

- Visit our website at sentarahealthplans.com/members/medicare/provider-and-pharmacy-directories.
- Call Member Services at 1-800-927-6048 (TTYusers call 711) to get current pharmacy information or to ask us to mail you a *Provider and Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at 1-800-927-6048 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

The Annual Notice of Change tells you about changes to your Medicare benefits and costs.

	2025 (this year)	2026 (next year)
Diabetic Supplies	Diabetic test strips limited to 90/month.	If you do not use insulin, we may cover up to 4 test strips per day (up to 120 strips each month). If you do use insulin, we may cover up to 7 test strips per day (up to 210 strips each month). Coverage is based on your recent prescription history and insulin use.
Essential Benefits Allowance	Essential Benefits Allowance is <u>not</u> covered.	\$135/month allowance The Essential Benefits Allowance is a combined \$135/month allowance on a prepaid flex card for eligible members to use toward groceries, over-the-counter items, and qualified utilities
General Supports for Living	General supports for living is <u>not</u> covered.	General supports for living covers qualified utilities and is part of a combined \$135/month allowance on a prepaid flex card along with

		groceries and over-the-counter items for eligible members
Grocery Allowance	\$200 monthly allowance	The grocery allowance is part of a combined \$135/month allowance on a prepaid flex card along with over-the-counter items and qualified utilities for eligible members
In-home Support Services	Members are eligible for 40 hours per year of In-home Support Services.	Members are eligible for 40 hours per year of In-home Support Services. These services are limited to 2 hours per visit and 10 hours per quarter.
Over-the-counter (OTC) Products Allowance	\$150 quarterly allowance	The OTC allowance is part of a combined \$135/month allowance on a prepaid flex card along with groceries and qualified utilities for eligible members
Transportation Services – Non-medical Locations	24 one-way trips to plan approved non-primarily health-related locations.	20 one-way trips to plan approved non-primarily health-related locations.
Transportation Services – Plan Approved Health-related Locations	48 one-way trips to plan approved health-related locations.	40 one-way trips to plan approved health-related locations.

**Worldwide Emergency/Urgent/
Transportation Coverage**\$50,000 combined max
for emergency/urgent/
transportation coverage**\$100,000 combined max
for emergency/urgent/
transportation coverage****Section 1.6 Changes to Part D Drug Coverage****Changes to Our Drug List**

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at 1-800-927-6048 (TTY users call 711) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs**Do you get Extra Help to pay for your drug coverage costs?**

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells about your drug costs. If you get Extra Help and you don't get this material by September 30, 2025, call Member Services at 1-800-927-6048 (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are 3 **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- **Stage 1: Yearly Deductible**

We have no deductible, so this payment stage doesn't apply to you.

- **Stage 2: Initial Coverage**

In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs reach \$2,100.

- **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

The table shows your cost per prescription during this stage.

	2025 (this year)	2026 (next year)
Yearly Deductible	Because we have no deductible, this payment stage doesn't apply to you.	Because we have no deductible, this payment stage doesn't apply to you.

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month supply filled at a network pharmacy with standard cost sharing.

Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid \$2,100 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2025 (this year)	2026 (next year)
Tier 1:	You pay \$0-\$4.80 copay per prescription	You pay \$0-\$5.10 copay per prescription
Tier 2:	You pay \$0-\$12.15 copay per prescription	You pay \$0-\$12.65 copay per prescription

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.

Changes to the Catastrophic Coverage Stage

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6, in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
Dental Providers	The Preventive and Comprehensive non-Medicare covered Dental Benefits are administered through Delta Dental	The Preventive and Comprehensive non-Medicare covered Dental Benefits are administered through DentaQuest
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option.	If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026. To learn more about this payment option, call us at 1-866-845-1803 (TTY users call 1-800-716-3231) or visit www.Medicare.gov.

SECTION 3 How to Change Plans

To stay in Sentara Community Complete Select, you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our Sentara Community Complete Select.

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from Sentara Community Complete Select.
- **To change to Original Medicare with Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from Sentara Community Complete Select.
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Member Services at 1-800-927-6048 (TTYusers call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTYusers can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 4).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit www.Medicare.gov, check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227).

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

Because you have Medicaid, you can end your membership in our plan by choosing one of the following Medicare options in any month of the year:

- Original Medicare *with* a separate Medicare prescription drug plan,
- Original Medicare *without* a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs, including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
 - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call, 1-800-325-0778.
 - Your State Medicaid office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Virginia Medication Assistance Program (VAMAP). For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call 1-855-362-

0658 (TTY: 711). Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate the Medicare Prescription Payment Plan, regardless of income level. To learn more about this payment option, call us at 1-866-845-1803 (TTY users call 1-800-716-3231) or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from Sentara Community Complete Select

- **Call Member Services at 1-800-927-6048. (TTY users call 711.)**

We're available for phone calls 7 days a week from 8:00 a.m. to 8:00 p.m. ET from October 1 – March 31. From April 1 – September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. ET. Outside of these times, our interactive voice response system allows you to obtain information on many topics related to your plan. Calls to these numbers are free.

- **Read your 2026 *Evidence of Coverage***

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for Sentara Community Complete Select. The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at sentaramedicare.com/documents or call Member Services at 1-800-927-6048 (TTY users call 711) to ask us to mail you a copy.

- **Visit sentarahealthplans.com/members/medicare**

Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Virginia, the SHIP is called Virginia Insurance Counseling and Assistance Program (VICAP).

Call VICAP to get free personalized health insurance counseling. They can help you understand your Medicare and Medicaid plan choices and answer questions about switching plans. Call VICAP at 1-800-552-3402 (TTY: 711). Learn more about VICAP by visiting vda.virginia.gov/vicap.htm.

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with www.Medicare.gov**

You can chat live at www.Medicare.gov/talk-to-someone.

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit www.Medicare.gov**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2026***

The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at www.Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Get Help from Medicaid

For help with Medicaid enrollment or benefit questions, call the Virginia Department of Medical Assistance (DMAS) at 1-855-242-8282 (TTY: 1-888-221-1590).