



2026 Summary of Benefits

Sentara Community Complete Select (HMO D-SNP)

January 1, 2026 – December 31, 2026

sentaramedicare.com/DSNP

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Summary of Benefits

January 1, 2026 - December 31, 2026

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**.

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.
or 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.
or April 1-September 30, Monday-Friday, 8 a.m.-6 p.m.

Our website: **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**.

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**.

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.
Maximum out-of-pocket responsibility This is the most you pay for copays, coinsurance, and other costs for Medicare-covered medical services for the year. Once you reach this limit, you will not have to pay any out-of-pocket costs for the rest of the year. This does not include Part D prescription drugs.	\$9,250
Inpatient hospital coverage <i>Prior authorization may be required.</i>	\$0 copay
Outpatient hospital coverage <i>Prior authorization may be required.</i>	\$0 copay
Ambulatory surgery center <i>Prior authorization may be required.</i>	\$0 copay
Primary care providers (PCPs)	\$0 copay
Specialists <i>Prior authorization may be required.</i>	\$0 copay
Preventive care <i>Prior authorization may be required.</i>	\$0 copay
Emergency care If you are admitted to the hospital within 24 hours, you do not have to pay your cost share for emergency care.	\$0 copay
Urgently needed services If you are admitted to the hospital within 24 hours, you do not have to pay your cost share for urgent care.	\$0 copay

Benefit category	Sentara Community Complete Select
Outpatient diagnostic tests and procedures, labs, diagnostic radiology, and X-rays	
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
Hearing	
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	\$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
Dental	
Medicare-covered dental services Routinely non-covered dental procedures or services (e.g. tooth removal or exam) performed by a dentist that is medically required to treat an accident, injury, or disease is covered by Medicare. <i>Prior authorization may be required.</i>	\$0 copay

Benefit category	Sentara Community Complete Select
Dental allowance - preventive	
Oral exam (2 every 12 months)	\$0 copay
Semi-annual cleanings (2 every 12 months)	\$0 copay
Bitewing X-rays (1-4 every 12 months)	\$0 copay
Full mouth X-rays (1 per 36 months)	\$0 copay
Fluoride (2 every 12 months)	\$0 copay
Dental allowance - comprehensive <i>Prior authorization may be required.</i>	
Annual maximum benefit	\$4,000 per year
Basic care	
Fillings (amalgam and resin)	\$0 copay per office visit
Extractions	\$0 copay per office visit
Crown repair	\$0 copay per office visit
Major restorative	
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
Vision	
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
Mental health services	
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 (40 one-way trips every 12 months)
Medicare Part B drugs <i>Prior authorization may be required.</i>	\$0 copay

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)
Cost-sharing (Generic Drugs)	\$0 \$1.60 \$5.10 or 25%	\$0 \$1.60 \$5.10 or 25%	\$0 \$1.60 \$5.10 or 25%
Cost-sharing (Brand drugs)	\$0 \$4.90 \$12.65 or 25%	\$0 \$4.90 \$12.65 or 25%	\$0 \$4.90 \$12.65 or 25%

There may be limitations on the types of drugs covered. Please refer to Sentara Community Complete's List of Covered Drugs (Drug List) for more information.

Once you or others on your behalf pay \$2,100 you've reached the catastrophic coverage stage and you pay \$0 for all your Medicare drugs. Read the Evidence of Coverage for more information on this stage.

Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.

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).

Benefit category	Sentara Community Complete Select
Extra benefits	
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
Essential Benefits Allowance <i>This benefit provides a combined spending allowance each month on a prepaid flex card for groceries, over-the-counter (OTC) products, and qualified utilities.</i> <i>For groceries and OTC, you can use the benefit by:</i> ▪ Shopping in-store at participating retailers ▪ Shopping online on the approved vendor website ▪ Calling to place an order <i>For utilities, you can use the benefit by:</i> ▪ Going through your utility provider <i>Unused amounts expire at the end of each month.</i>	\$135 monthly allowance
Foot care (Medicare-covered) <i>Prior authorization may be required.</i>	\$0 copay

Benefit category	Sentara Community Complete Select
Extra benefits	
In-home support services 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. <i>Prior authorization may be required.</i>	\$0 copay
Meals post-discharge 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. <i>This benefit requires care coordinator's prior authorization.</i>	\$0 copay
Non-medical transportation¹ 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. <i>Authorization is required for trips over 50 miles.</i>	\$0 copay (20 one-way trips every 12 months)

Benefit category	Sentara Community Complete Select
Extra benefits	
Personal emergency response system (PERS) PERS lets eligible members call for help in an emergency by pushing a button. The service is available 24/7. <i>This benefit requires care coordinator's prior authorization.</i>	\$0 copay
Prosthetics and medical supplies <i>Prior authorization is required for all items over \$500.</i>	\$0 copay
SilverSneakers® Sentara Medicare members are covered for a fitness benefit through SilverSneakers online and at participating locations². Through this benefit, members have access to: • A nationwide network of participating gym and community locations with group fitness classes at select locations - enroll in as many as you'd like • SilverSneakers LIVE online classes and workshops led by specially trained instructors, offered 7 days a week, morning, afternoon and evening • SilverSneakers On-Demand 200+ online workout videos available 24/7 • SilverSneakers GO mobile app with adjustable workout plans and more	\$0 copay

Benefit category	Sentara Community Complete Select
Extra benefits	
Virtual visits 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.	\$0 copay
24/7 Nurse Advice Line 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: • Eye swelling or infection • Mild fever • Rash • Vomiting 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.	\$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. Inclusion of specific PLs is not guaranteed and PL participation may differ by health plan. Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.



Sentara®

Health Plans

1300 Sentara Park

Virginia Beach, VA 23464

sentaramedicare.com/DSNP



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:

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or April 1-September 30, Monday-Friday, 8 a.m.-6 p.m.

Our website: **sentaramedicare.com/DSNP**

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.

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