

# 2027 Summary of Benefits

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

January 1, 2027 – December 31, 2027

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



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# Summary of Benefits

**January 1, 2027 - December 31, 2027**

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)**.

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## **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](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://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://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<br><br>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. | \$9,850                                       |
| Inpatient hospital coverage<br><i>Prior authorization may be required.</i>                                                                                                                                                                                                                                               | \$0 copay                                     |
| Outpatient hospital coverage<br><i>Prior authorization may be required.</i>                                                                                                                                                                                                                                              | \$0 copay                                     |
| Ambulatory surgery center<br><i>Prior authorization may be required.</i>                                                                                                                                                                                                                                                 | \$0 copay                                     |
| Primary care providers (PCPs)                                                                                                                                                                                                                                                                                            | \$0 copay                                     |
| Specialists<br><i>Prior authorization may be required.</i>                                                                                                                                                                                                                                                               | \$0 copay                                     |
| Preventive care<br><i>Prior authorization may be required.</i>                                                                                                                                                                                                                                                           | \$0 copay                                     |
| Emergency care<br><br>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<br><br>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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>Outpatient diagnostic tests and procedures, labs, diagnostic radiology, and X-rays</b>                                                                                                                                                                                                  |                                   |
| Lab services<br><i>Prior authorization may be required.</i>                                                                                                                                                                                                                                | \$0 copay                         |
| X-rays<br><i>Prior authorization may be required.</i>                                                                                                                                                                                                                                      | \$0 copay                         |
| Diagnostic tests and procedures<br><i>Prior authorization may be required.</i>                                                                                                                                                                                                             | \$0 copay                         |
| Therapeutic radiological services<br><i>Prior authorization may be required.</i>                                                                                                                                                                                                           | \$0 copay                         |
| <b>Hearing</b>                                                                                                                                                                                                                                                                             |                                   |
| Medicare-covered hearing services<br><i>Prior authorization may be required.</i>                                                                                                                                                                                                           | \$0 copay                         |
| Routine hearing exam<br>(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                         |
| <b>Dental</b>                                                                                                                                                                                                                                                                              |                                   |
| Medicare-covered dental services<br><br>Routinely non-covered dental procedures or services (e.g. tooth removal or exam) performed by a dentist that is medically required to treat an accident, injury, or disease is covered by Medicare.<br><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<br>(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                         |
| <b>Dental allowance - comprehensive</b><br><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<br><br>Routine eye exam (1 per 12 months)<br>\$300 allowance per 12 months for eyeglasses and/or contact lenses                   | \$0 copay                         |
| <b>Mental health services</b>                                                                                                                                  |                                   |
| Inpatient psychiatric hospital coverage<br><i>Prior authorization is required.</i>                                                                             | \$0 copay                         |
| Partial hospitalization<br><i>Prior authorization is required.</i>                                                                                             | \$0 copay                         |
| Outpatient group or individual therapy with a psychiatrist<br><i>Prior authorization may be required.</i>                                                      | \$0 copay                         |
| Outpatient group or individual therapy with a licensed clinical psychologist or licensed clinical social worker<br><i>Prior authorization may be required.</i> | \$0 copay                         |
| Skilled nursing facility<br><br>Coverage for up to 100 days<br><i>No prior hospital stay is required.</i><br><i>Prior authorization is required.</i>           | \$0 copay                         |
| Physical therapy<br><i>Prior authorization may be required.</i>                                                                                                | \$0 copay                         |

| Benefit category                                                                                                                                                                          | Sentara Community Complete Select            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Ambulance<br><i>Prior authorization is required for elective ambulance transport.</i>                                                                                                     | \$0 copay                                    |
| Routine medical transportation<br><br>Transportation to plan-approved, health-related locations, such as doctor appointments<br><i>Authorization is required for trips over 50 miles.</i> | \$0 copay (32 one-way trips every 12 months) |
| Medicare Part B drugs<br><i>Prior authorization may be required.</i>                                                                                                                      | \$0 copay                                    |

| Part D Prescription Drugs                        |                                                                      |                                                                        |                                               |
|--------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------|
| Prescription drug cost-sharing                   | Standard retail cost-sharing (in-network)<br>(up to a 90-day supply) | Long-term care (LTC) cost-sharing<br>(up to a 31-day emergency supply) | Mail order pharmacy<br>(63- to 90-day supply) |
| <b>Tier 1 Cost-sharing (Preferred Generic)</b>   | \$0                                                                  | \$0                                                                    | \$0                                           |
| <b>Tier 2 Cost-sharing (Generic)</b>             | \$0   \$1.65   \$5.80<br>or 25%                                      | \$0   \$1.65   \$5.80<br>or 25%                                        | \$0   \$1.65   \$5.80<br>or 25%               |
| <b>Tier 3 Cost-sharing (Preferred Brand)</b>     | \$0   \$5.00   \$14.40<br>or 25%                                     | \$0   \$5.00   \$14.40<br>or 25%                                       | \$0   \$5.00   \$14.40<br>or 25%              |
| <b>Tier 4 Cost-sharing (Non-Preferred Drugs)</b> | \$0   \$5.00   \$14.40<br>or 25%                                     | \$0   \$5.00   \$14.40<br>or 25%                                       | \$0   \$5.00   \$14.40<br>or 25%              |

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

Once you or others on your behalf pay \$2,400 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     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>Extra benefits</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |
| Annual physical exam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$0 copay                             |
| Bathroom safety devices<br>Members may obtain up to two bathroom safety devices in a calendar year through NationsBenefits®.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$0 copay                             |
| Chiropractic (Medicare-covered)<br><i>Prior authorization may be required.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$0 copay                             |
| Routine chiropractic care<br><i>Prior authorization may be required.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$0 copay (12 visits every 12 months) |
| Diabetic supplies<br><i>Prior authorization may be required.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$0 copay (Preferred vendor)          |
| Durable medical equipment<br><i>Prior authorization is required for all items over \$500.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$0 copay                             |
| Essential Benefits Allowance <sup>1,2</sup><br><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><br><i>For groceries and OTC, you can use the benefit by:</i> <ul style="list-style-type: none"> <li>▪ Shopping in-store at participating retailers</li> <li>▪ Shopping online on the approved vendor website</li> <li>▪ Calling to place an order</li> </ul> <i>For utilities, you can use the benefit by:</i> <ul style="list-style-type: none"> <li>▪ Going through your utility provider</li> </ul> <i>Unused amounts expire at the end of each month.</i> | \$105 monthly allowance               |

| Benefit category                                                                                                                                                                                                                                                                                                                                                                 | Sentara Community Complete Select                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| Extra benefits                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                    |
| Fitness Benefit                                                                                                                                                                                                                                                                                                                                                                  | \$50 per month will be added to flex card to spend at fitness facilities for membership or classes |
| Foot care (Medicare-covered)<br><i>Prior authorization may be required.</i>                                                                                                                                                                                                                                                                                                      | \$0 copay                                                                                          |
| In-home support services<br><br>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 60 hours per year.<br><i>Prior authorization may be required.</i> | \$0 copay                                                                                          |
| Meals post-discharge<br><br>This benefit is available to eligible members after an inpatient hospital or skilled nursing facility stay.<br><br>Eligible members receive up to 56 ready-to-heat meals per discharge; 2 meals/day for 28 days including breakfast and lunch/dinner.<br><i>This benefit requires care coordinator's prior authorization.</i>                        | \$0 copay                                                                                          |
| Non-medical transportation <sup>1,3</sup><br><br>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.<br><i>Authorization is required for trips over 50 miles.</i>                                                                        | \$0 copay<br>(12 one-way trips every 12 months)                                                    |

| Benefit category                                                                                                                                                                                                                                                                                                                                                                                                                             | Sentara Community Complete Select |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Extra benefits                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |
| <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>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                         |

| Benefit category                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Sentara Community Complete Select |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Extra benefits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |
| <p>24/7 Nurse Advice Line</p> <p>Members have access to a 24/7 Nurse Advice Line when minor illnesses and injuries occur after their doctor's office has closed. We can help with things like:</p> <ul style="list-style-type: none"> <li>• Eye swelling or infection</li> <li>• Mild fever</li> <li>• Rash</li> <li>• Vomiting</li> </ul> <p>A professional nurse will answer the call, assess your medical situation, advise you where to seek care, and, if possible, suggest self-care options until you can see your PCP in person.</p> | <p>\$0 copay</p>                  |

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

<sup>2</sup>The card cannot be used to set up automated recurring transactions. You may not convert the card to cash or use the card to purchase items such as gift cards, tobacco, firearms, or alcohol. Some utility providers/merchants may charge processing fees for online or credit card payments.

<sup>3</sup>Pick-up and drop-off locations must be within the service area.

## 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.

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

**[sentaramedicare.com/DSNP](https://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.