

# 2023 Summary Of Benefits

January 1, 2023 – December 31, 2023

**Northern Virginia**



## Optima Medicare

**Optima Medicare Value (HMO)**

**OptimaHealth**   
A Service of Sentara

[optimamedicare.com](https://www.optimamedicare.com)

# Summary of Benefits

January 1, 2023 – December 31, 2023

This booklet includes a summary of what we cover and what you pay for benefits with an Optima Medicare Value (HMO) 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 [optimamedicare.com](https://www.optimamedicare.com).



## Optima Medicare phone numbers, hours of operation and website

**If you are a member of this plan, call toll-free 1-800-927-6048.**

**TTY users call the Virginia Relay Service at 1-800-828-1140 or 711.**

- October—March 31 | 7 days a week | 8 a.m.—8 p.m.
- April 1—September 30 | Monday—Friday | 8 a.m.—8 p.m.

**If you are not a member of this plan, call toll-free 1-855-547-7740.**

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- October —March 31 | 7 days a week | 8 a.m.—8 p.m.
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- Our website: [optimamedicare.com](https://www.optimamedicare.com)

## Who Can Join?

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

Our service area includes the following cities/counties in Virginia:

- Alexandria City
- Arlington
- Clarke
- Culpeper
- Fairfax
- Fairfax City
- Falls Church City
- Fauquier
- Frederick
- Loudoun
- Manassas City
- Manassas Park City
- Page
- Prince William
- Rappahannock
- Shenandoah
- Warren
- Winchester City

## Which Doctors, Hospitals, and Pharmacies Can I Use?

Optima Medicare has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You can review our Formulary and Provider/Pharmacy Directory at [optimamedicare.com](https://www.optimamedicare.com).

## 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](https://www.medicare.gov).

# Monthly Premium, Deductible, Limits & How Much You Pay For Covered Services

Benefit Category	Optima Medicare Value (HMO)
<b>Monthly Plan Premium</b>	\$0
<b>Deductible</b>	There is no medical deductible for this plan.
<b>Maximum Out-of-Pocket Responsibility</b> 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.	\$4,500
<b>Inpatient Hospital Coverage</b> Prior authorization is required.	\$250 per day, days 1-5; \$0 per day, days 6-90
<b>Outpatient Hospital Coverage</b> Prior authorization is required.	\$280 copay
<b>Ambulatory Surgery Center</b> Prior authorization is required.	\$255 copay
<b>Primary Care Providers</b>	\$0 copay
<b>Specialists</b>	\$25 copay
<b>Preventive Care</b>	\$0 copay
<b>Emergency Care</b> If you are admitted to the hospital within 24 hours, you do not have to pay your cost share for emergency care.	\$90 copay
<b>Urgently Needed Services</b> If you are admitted to the hospital within 24 hours, you do not have to pay your cost share for urgent care.	\$45 copay
<b>Outpatient Diagnostic Tests and Procedures, Labs, Diagnostic Radiology, and X-rays</b>	
<b>Lab Services</b> Prior authorization may be required.	\$0 copay
<b>X-Rays</b> Prior authorization may be required.	\$0 copay at PCP office; \$85 copay at all other locations
<b>Diagnostic Tests and Procedures</b> Prior authorization may be required.	\$0 copay at PCP office; \$85 copay at all other locations
<b>Advanced Diagnostic Imaging Procedures</b> (e.g., MRI, MRA, CT, CTA, PET scans, etc.) Prior authorization is required.	\$275 copay

# Monthly Premium, Deductible, Limits & How Much You Pay For Covered Services *Continued*

Benefit Category	Optima Medicare <b>Value</b> (HMO)
<b>Therapeutic Radiological Services</b> Prior authorization may be required.	\$30 copay at Specialist office; 20% coinsurance at all other locations
<b>Hearing Services</b>	
<b>Medicare-covered Hearing Services</b>	\$25 copay
<b>Routine Hearing Exam (1 per 12 months)</b>	\$0 copay
<b>Fitting/Evaluation(s) for Hearing Aids (3 per 12 months)</b>	\$0 copay
<b>1 set of select hearing aids every 12 months. Benefit is limited to \$2,000 max per set, per 12 months</b>	\$0 copay
<b>Dental Services</b>	
<b>Medicare-covered Dental Services</b> 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.	\$0 copay
<b>Preventive Dental Services</b>	
<b>Oral Exam (2 every 12 months)</b>	\$0 copay
<b>Semi-annual Cleanings (2 every 12 months)</b>	\$0 copay
<b>Bitewing X-rays (2 every 12 months)</b>	\$0 copay
<b>Full Mouth X-rays (1 per 36 months)</b>	\$0 copay
<b>Fluoride (2 every 12 months)</b>	\$0 copay
<b>Comprehensive Dental Services</b>	
<b>Annual Maximum Benefit</b>	\$2,500 per year
<b>Basic Care</b>	
<b>Fillings (Amalgam and Resin)</b>	\$25 copay per office visit
<b>Extractions</b>	\$25 copay per office visit
<b>Crown Repair</b>	Not Covered

## Monthly Premium, Deductible, Limits & How Much You Pay For Covered Services *Continued*

Benefit Category	Optima Medicare <b>Value</b> (HMO)
<b>Major Restorative</b>	
<b>Full and Partial removable dentures</b>	\$25 copay per office visit
<b>Denture Repair</b>	\$25 copay per office visit
<b>Crowns</b>	Not Covered
<b>Implants</b>	Not Covered
<b>Vision Services</b>	
<b>Medicare-covered Diagnostic Eye Exams</b>	\$0 copay
<b>Medicare-covered Glaucoma Screening</b> (for those at risk)	\$0 copay
<b>Medicare-covered Eyeglasses or Contact Lenses After Cataract Surgery</b>	\$0 copay
<b>Supplemental Vision Benefits: Routine eye exam (1 per 12 months) \$200 allowance per 12 months for eyeglasses and/or contact lenses</b>	\$0 copay
<b>Mental Health Services</b>	
<b>Inpatient Psychiatric Hospital Coverage</b> Prior authorization is required.	\$250 per day, days 1-5; \$0 per day, days 6-90
<b>Partial Hospitalization</b> Prior authorization is required.	\$35 copay
<b>Outpatient Group or Individual Therapy with a Psychiatrist</b> Prior authorization may be required.	\$30 copay for group session \$30 copay for individual session
<b>Outpatient Group or Individual Therapy with a Licensed Clinical Psychologist or Licensed Clinical Social Worker</b> Prior authorization is required.	\$30 copay for group session \$30 copay for individual session

# Monthly Premium, Deductible, Limits & How Much You Pay For Covered Services *Continued*

Benefit Category	Optima Medicare <b>Value</b> (HMO)
<b>Other Medicare Benefits</b>	
<b>Skilled Nursing Facility</b> Coverage for up to 100 days. No prior hospital stay is required. Prior authorization is required.	\$0 per day, days 1-20; \$188 per day, days 21-100
<b>Physical Therapy</b> Prior authorization is required.	\$30 copay
<b>Ambulance</b> Prior authorization is required for elective ambulance transport.	\$265 copay
<b>Routine Medical Transportation</b> Transportation to plan-approved, health-related locations, such as doctor appointments.	\$0 copay (36 one-way trips every 12 months)
<b>Medicare Part B Drugs</b> Prior authorization is required.	20% coinsurance

# Monthly Premium, Deductible, Limits & How Much You Pay For Covered Services *Continued*

Benefit Category	Optima Medicare <b>Value</b> (HMO) <sup>1</sup>
<b>Medicare Part D Prescription Drugs</b>	
<b>Yearly Deductible Stage</b>	<p>During this stage, Optima Medicare pays its share of the cost of your Tiers 1 (Preferred Generic), 2 (Non-Preferred Generic) and 3 (Preferred Brand) drugs and you (or others on your behalf) pay your share of the cost.</p> <p>You pay the full cost of your Tiers 4 (Non-Preferred Brand) and 5 (Specialty) drugs. You stay in this stage for your Tiers 4 and 5 drugs until you have paid the \$150 yearly deductible for these drugs.</p>
<b>Initial Coverage Limit</b>	<p>During this stage, Optima Medicare pays its share of the cost of your Tiers 1- 5 drugs and you (or others on your behalf) pay your share of the cost.</p> <p>You pay the costs outlined in the charts on the next page until your year-to-date “total drug costs” (your payments plus any Part D plan’s payments) reach \$4,660.</p>
<b>Coverage Gap<sup>1</sup></b>	<p>After the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,660, you enter the coverage gap (also called the “donut hole”). During this stage you (or others on your behalf) pay 25% of the price of generic and brand name drugs (plus a portion of the dispensing fee).</p> <p>You stay in this stage until the amount of your year-to-date “out-of-pocket costs” reaches \$7,400. Not everyone will enter the coverage gap.</p>
<b>Catastrophic Coverage</b>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,400, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• 5% of the cost, or</li> <li>• \$4.15 copay for generic (including brand drugs treated as generic) and an \$10.35 copay for all other drugs.</li> </ul>

<sup>1</sup> As part of the Insulin Savings Program, you will pay no more than \$35 for a one-month supply for select insulins in the coverage gap. See the Additional Drug Coverage section of this document for specific details. Not everyone will enter the coverage gap.

# Monthly Premium, Deductible, Limits & How Much You Pay For Covered Services *Continued*

Benefit Category	Optima Medicare Value (HMO)
<b>Initial Coverage Limit Copay Tiers</b>	
<b>In-Network Preferred Pharmacy - 30 day supply</b>	
1 - Preferred Generic	\$0
2 - Non-Preferred Generic	\$10
3 - Preferred Brand	\$42
4 - Non-Preferred Brand	\$95
5 - Specialty	30% coinsurance
<b>In-Network Standard Pharmacy - 30 day supply</b>	
1 - Preferred Generic	\$5
2 - Non-Preferred Generic	\$15
3 - Preferred Brand	\$47
4 - Non-Preferred Brand	\$100
5 - Specialty	30% coinsurance
<b>In-Network Preferred Pharmacy - 90 day supply</b>	
1 - Preferred Generic	\$0
2 - Non-Preferred Generic	\$25
3 - Preferred Brand	\$105
4 - Non-Preferred Brand	\$285
5 - Specialty	N/A
<b>In-Network Standard Pharmacy - 90 day supply</b>	
1 - Preferred Generic	\$12.50
2 - Non-Preferred Generic	\$37.50
3 - Preferred Brand	\$117.50
4 - Non-Preferred Brand	\$300
5 - Specialty	N/A
<b>Out-of-Network Pharmacy - 30 day supply</b>	
1 - Preferred Generic	\$5
2 - Non-Preferred Generic	\$15
3 - Preferred Brand	\$47
4 - Non-Preferred Brand	\$100
5 - Specialty	30% coinsurance
<b>Mail Order - 90 day supply</b>	
1 - Preferred Generic	\$0
2 - Non-Preferred Generic	\$0
3 - Preferred Brand	\$84
4 - Non-Preferred Brand	\$285
5 - Specialty	N/A
<b>Long-Term Care Pharmacy - 31 day supply</b>	
1 - Preferred Generic	\$0
2 - Non-Preferred Generic	\$10
3 - Preferred Brand	\$42
4 - Non-Preferred Brand	\$95
5 - Specialty	30% coinsurance

# Monthly Premium, Deductible, Limits & How Much You Pay For Covered Services *Continued*



## Additional Drug Coverage

This plan participates in the Insulin Savings Program which provides affordable, predictable copayments on select insulins through the first three drug payment stages (Deductible (if applicable), Initial Coverage and Coverage Gap) of the Part D benefit. The Insulin Savings Program does not apply to the Catastrophic Coverage stage. To find out which drugs are select insulins, please check this plan's Drug Guide. You are not eligible for this program if you receive Extra Help.

Your share of the cost for select insulins through the Deductible Stage (if applicable), Initial Coverage Stage and Coverage Gap Stage as part of the Insulin Savings Program.

Please note: The Insulin Savings Program is available on the Value plan only.

Benefit Category	Optima Medicare Value (HMO)
<b>In-Network Preferred Pharmacy - 30 day supply</b>	
Select Insulin Drugs	\$35
<b>In-Network Standard Pharmacy - 30 day supply</b>	
Select Insulin Drugs	\$35
<b>In-Network Preferred Pharmacy - 90 day supply</b>	
Select Insulin Drugs	\$87.50
<b>In-Network Standard Pharmacy - 90 day supply</b>	
Select Insulin Drugs	\$87.50
<b>Out-of-Network Pharmacy - 30 day supply</b>	
Select Insulin Drugs	\$35
<b>Mail Order - 90 day supply</b>	
Select Insulin Drugs	\$70
<b>Long-Term Care Pharmacy - 31 day supply</b>	
Select Insulin Drugs	\$35

## Monthly Premium, Deductible, Limits & How Much You Pay For Covered Services *Continued*

Benefit Category	Optima Medicare Value (HMO)
<b>Additional Benefits</b>	
<b>Annual Physical Exam</b>	\$0 copay
<b>Bathroom Safety Supplies</b> Members may obtain up to two bathroom safety devices in a calendar year through NationsOTC®	\$0 copay
<b>Chiropractic (Medicare-covered)</b>	\$20 copay
<b>Chiropractic (Routine Care)</b>	\$20 copay/ 12 visits every 12 months
<b>Diabetic Supplies</b> Prior authorization is required for Insulin pump.	0% coinsurance (Preferred vendor)
<b>Durable Medical Equipment</b> Prior authorization is required for all items over \$500.	20% coinsurance
<b>Foot Care (Medicare-covered)</b>	\$30 copay
<b>Foot Care (Routine Podiatry)</b>	\$30 copay/ 8 visits every 12 months
<b>Grocery Allowance<sup>1</sup></b> Members with a qualifying chronic condition may receive a grocery allowance through NationsBenefits® to use towards thousands of healthy options using a prepaid flex card. Members can use their allowance at retail locations that operate as grocery stores including Food Lion, Kroger, Rite Aid, Walgreens, and Walmart, or order online through their NationsBenefits member portal, by phone, or by mail. Home delivery through NationsBenefits has no additional cost.	\$100 monthly allowance
<b>In-Home Support Services</b> This is in-home, non-medical care that helps individuals with activities of daily living and basic care needs including grocery shopping, errands, board games, gardening, meal preparation, and light housework. Maximum of 90 hours per year for in-home support services. Prior authorization is required.	\$0 copay
<b>Meals</b> Prior authorization is required. Post-discharge meal benefit available to eligible members after an inpatient hospital or skilled nursing facility stay; up to 56 meals covered.	\$0 copay
<b>Non-Medical Transportation<sup>1</sup></b> Members with qualifying chronic conditions receive transportation to plan-approved, non-medical locations, such as the grocery store.	\$0 copay (24 one-way trips every 12 months)

## Monthly Premium, Deductible, Limits & How Much You Pay For Covered Services *Continued*

Benefit Category	Optima Medicare Value(HMO)
<b>Additional Benefits</b>	
<p><b>Over-the-Counter (OTC) Product</b> Approved OTC products can be ordered from the NationsOTC® catalog by phone, mail or online.</p>	\$110 allowance every 3 months
<p><b>Personal Emergency Response System (PERS)</b> Prior authorization is required. Connects eligible members to help with just a push of a button. Eligible members receive a PERS in-home monitoring device that can get them help quickly, 24 hours a day. Eligible members must have a working landline and/or cellular phone coverage to take part in this benefit.</p>	\$0 copay
<p><b>Prosthetics and Medical Supplies</b> Prior authorization is required for all items over \$500.</p>	20% coinsurance
<p><b>SilverSneakers®</b> SilverSneakers® gives you FREE access to:</p> <ul style="list-style-type: none"> <li>• SilverSneakers LIVE™ classes and workshops taught by instructors trained in senior fitness</li> <li>• 200+ workout videos in the SilverSneakers On-Demand™ online library</li> <li>• SilverSneakers GO™ mobile app with digital workout programs</li> <li>• Thousands of locations and Online fitness and nutrition tips</li> </ul>	\$0 copay
<p><b>Virtual Visits</b> Appointments via secure phone or video using your computer or smart phone with a local doctor board certified in internal medicine, family practice, emergency medicine, pediatrics, 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.</p>	\$0 copay
<p><b>24-hour Nurse Line</b> 24-hour access to a nurse helpline, 7 days a week, 365 days a year</p>	\$0 copay

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



# Resources and Contact Information

For complete details on Optima Medicare,  
call toll-free 1-855-547-7740.

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Optima Medicare is an HMO with a Medicare contract.  
Enrollment in Optima Medicare depends on contract renewal.  
This information is not a complete description of benefits.

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4417 Corporation Lane  
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