

2024 Summary of Benefits

January 1, 2024 – December 31, 2024

sentaramedicare.com/dsnp



Sentara Community Complete Select (HMO D-SNP)

Summary of Benefits

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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/dsnp.

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.
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 (TTY: 711).**

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Our website: sentaramedicare.com/dsnp





Who can join?

Members who join Sentara Community Complete Select (HMO D-SNP) are Qualified Medicare Beneficiaries (QMBs) and are not eligible for full-benefit Medicaid coverage.

You must also live 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://www.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](https://www.medicare.gov).

Monthly premium, deductible, limits, and how much you pay for covered services

Benefit category	Sentara Community Complete Select (HMO D-SNP)
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.	\$8,850
Inpatient hospital coverage <i>Prior authorization may be required.</i>	\$0 per day
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	\$0 copay
Specialists	\$0 copay
Preventive care	\$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
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

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Hearing	
Medicare-covered hearing services	\$0 copay
Routine hearing exam (1 per 12 months)	\$0 copay
Fitting/evaluation(s) for hearing aids (3 per 12 months)	\$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.	\$0 copay
Dental allowance - preventive	
Oral exam (2 every 12 months)	\$0 copay
Semi-annual cleanings (2 every 12 months)	\$0 copay
Bitewing X-rays (2 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	
Annual maximum benefit	\$4,000 per year
Basic care	
Fillings (amalgam and resin)	\$0 copay per office visit
Extractions	\$0 copay per office visit
Major restorative	
Full and partial removable dentures	\$0 copay per office visit
Denture repair	\$0 copay per office visit

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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 per day
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 for group session \$0 copay for individual session
Outpatient group or individual therapy with a licensed clinical psychologist or licensed clinical social worker <i>Prior authorization may be required.</i>	\$0 copay for group session \$0 copay for individual session
Skilled nursing facility Coverage for up to 100 days. No prior hospital stay is required. <i>Prior authorization is required.</i>	\$0 per day
Physical therapy	\$0 copay
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.	\$0 copay (48 one-way trips every 12 months) <i>Authorization is required for trips over 50 miles.</i>
Medicare Part B drugs <i>Prior authorization may be required.</i>	0% coinsurance

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Yearly deductible stage	You pay your deductible when you fill your first prescription of the year. Because you are receiving "Extra Help" from Medicare, you may have a reduction in your plan deductible, and may pay between \$0 to \$99.
Initial coverage limit	<p>After you pay your yearly deductible, you (or others on your behalf, including "Extra Help" from Medicare) pay the following until the amount of your year-to-date "out-of-pocket costs" reaches \$8,000. When this happens, you will move to your catastrophic coverage. The year-to-date "out-of-pocket costs" are the total drug costs paid by you, "Extra Help" from Medicare, and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies, long-term care pharmacies, or our mail order pharmacy. With standard retail cost-sharing (in-network), you will pay between \$0 to \$11.20, or 15% coinsurance for your Part D prescription drugs based on your "Extra Help" from Medicare copay level.</p>
Coverage gap	<p>Most Medicare drug plans have a coverage gap, also called the "donut hole."</p> <p>Because you are receiving "Extra Help" from Medicare, this payment stage does not apply to you.</p>
Catastrophic coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy, long-term care pharmacy, or through mail order pharmacy) reaches \$8,000, your plan will pay the full cost for the remainder of the year.

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).

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 \$1.55 \$4.50 or 15%	\$0 \$1.55 \$4.50 or 15%	\$0 \$1.55 \$4.50 or 15%
Cost-sharing (Brand drugs)	\$0 \$4.60 \$11.20 or 15%	\$0 \$4.60 \$11.20 or 15%	\$0 \$4.60 \$11.20 or 15%

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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 is required.</i>	\$0 copay
Routine chiropractic care	\$0 copay / 12 visits every 12 months
Diabetic supplies <i>Prior authorization may be required.</i>	\$0 (Preferred vendor)
Durable medical equipment <i>Prior authorization is required for all items over \$500.</i>	\$0 copay
Routine foot care (Medicare-covered)	\$0 copay
Grocery allowance ¹ Members with a qualifying chronic condition may receive a grocery allowance through NationsBenefits® after completing the health condition questionnaire. Funds loaded on the prepaid flex card can be used toward thousands of healthy options. Members can use their allowance at retail locations that operate as grocery stores including Food Lion, Kroger, Harris Teeter, and Walmart, order online through a member portal, or by phone. Home delivery through NationsBenefits has no additional cost.	\$100 monthly allowance
In-home support services This is in-home, non-medical care that helps connect members with a network of friendly Pals to help with basic daily activities, including grocery shopping, errands, board games, gardening, meal preparation, light housework, tech help, and pet help. Maximum of 90 hours per year for in-home support services.	\$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

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Extra benefits	
<p>Non-medical transportation¹</p> <p>Members with qualifying chronic conditions receive transportation to plan-approved, non-medical locations such as churches, grocery stores, community events, senior centers, etc.</p> <p><i>Authorization is required for trips over 50 miles.</i></p>	<p>\$0 copay (24 one-way trips every 12 months)</p>
<p>Over-the-counter (OTC) product allowance</p> <p>This benefit gives members access to hundreds of health and wellness items and first-aid supplies through the NationsBenefits catalog online, by phone, or by mail.</p>	<p>\$400 allowance every 3 months</p>
<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>	<p>\$0 copay</p>
<p>Prosthetics and medical supplies</p> <p><i>Prior authorization is required for all items over \$500.</i></p>	<p>\$0 copay</p>
<p>SilverSneakers®</p> <p>Sentara Medicare members are covered for a fitness benefit through SilverSneakers online and at participating locations.² Through this benefit, members:</p> <ul style="list-style-type: none"> • Have access to a nationwide network of participating locations • Can take classes and use exercise equipment and other amenities • Can enroll in as many locations as they like, at any time • Are connected with a support network and online resources through: <ul style="list-style-type: none"> • SilverSneakers LIVE classes • SilverSneakers on-demand videos • SilverSneakers GO mobile app 	<p>\$0 copay</p>

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Extra benefits	
<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
<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"> • Eye swelling or infection • Mild fever • Rash • Vomiting <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>	\$0 copay

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

² Participating locations (PL) are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities is limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL. Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.

Resources and contact information



For complete details on Sentara Medicare, call toll-free **1-855-547-7740 (TTY: 711)**.

Hours vary by time of year:

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Sentara Medicare is an HMO D-SNP with a Medicare contract and a contract with the Virginia Medicaid Program. Enrollment in Sentara Medicare depends on contract renewal. This information is not a complete description of benefits.

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 **Sentara**[®]
Health Plans

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[sentaramedicare.com/dsnp](https://www.sentaramedicare.com/dsnp)