Sentara® Health Plans

2026 Medicare Decision Guide

An educational guide presented by Sentara Medicare

Contents

Create your own successful Medicare journey using our Decision Guide

Do you have questions?

You can speak with one of our Licensed Plan Advisors toll-free at **1-888-460-8143 (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.–6 p.m.

Visit **sentaramedicare.com/DSNP**

Are you eligible for Medicare?

To be eligible for Medicare, you must be a U.S. citizen or have been a permanent legal resident for five continuous years. You also must answer "yes" to at least one of the following questions:

- **Are you 65 years or older and eligible to receive Social Security benefits?**
- **Are you under 65, permanently disabled, and have been receiving Social Security disability insurance payments for at least two years?**
- **Do you receive continuing dialysis for permanent kidney failure, or need a kidney transplant?**
- **Do you have amyotrophic lateral sclerosis (ALS–Lou Gehrig's disease)?**

Important deadlines and enrollment periods

Initial Enrollment Period: You can join a plan when you first become eligible for Medicare. You have three months before you turn 65, your birth month, and the three months after you turn 65. The initial enrollment period also qualifies as a special enrollment period. To avoid the Part B late enrollment penalty, you may want to complete your enrollment application during this time.

Annual Enrollment Period: You can join, switch, or drop a plan from October 15 through December 7 each year. Your coverage will begin January 1.

Special Enrollment Period: You can make changes to your Medicare Advantage and Medicare prescription drug coverage when certain events happen in your life, like if you retire, move, turn 65, or lose other insurance coverage.

What are the parts of Medicare?

Medicare has four parts—Part A, Part B, Part C, and Part D.

Together, Parts A and B are known as Original Medicare. They cover some, but not all, healthcare expenses. For example, they do not pay for long-term personal care services at home or in a nursing home, but they do cover short-term skilled nursing care. Original Medicare also does not cover routine eye exams, eyeglasses/contact lenses (unless needed after cataract surgery), hearing aids, dental care, or nonemergency care provided outside of the U.S. It also does not cover deductibles and coinsurance.

Part A: Hospital insurance

Covers some:

- Hospital inpatient care
- Skilled nursing facility care
- Home healthcare
- Hospice care

If you are entitled to Part A, there is no monthly or annual premium, but there is a charge for inpatient hospital stays and related healthcare services, like doctor visits associated with hospitalization. There are also specific medical requirements you must meet before you can receive coverage for some services.

Part B: Medical insurance

Covers some:

- Provider services
- Outpatient hospital care
- Home health visits
- Laboratory tests, such as X-rays and blood work
- Medical equipment, such as wheelchairs and walkers
- Preventive services, such as screenings, vaccines, and wellness visits
- Outpatient physical therapy
- Mental healthcare
- Ambulance services

Medicare Part B covers one initial annual wellness exam within 12 months of when a person first enrolls in Medicare.

If enrolled in Part B, you must pay a monthly premium, which is typically deducted from your Social Security check. Depending on your annual income, your Part B premium may vary. Medicare Part B also has an annual deductible.

If you are over 65, you may already have been enrolled in Medicare Part B. Look on your last Social Security check or statement. If you see a deduction for Medicare, then you have Parts A and B. If not, you can enroll by calling 1-800-MEDICARE (**1-800-633-4227**) (TTY: **1-877-486-2048**), 24/7 or visiting **medicare.gov**.

Maximum out-of-pocket (MOOP)

The Centers for Medicare and Medicaid Services regulate MOOP costs for medical services under Parts A and B, as well as prescription drugs under Part D. Medicare Advantage plans are required to set a limit on beneficiary cost-sharing for Medicare Parts A and B services, after which the plan pays 100% of the service costs.

Part C: Medicare Advantage

Medicare Part C is the name for Medicare Advantage plans that include Parts A and B benefits and may offer prescription drug coverage. Medicare Advantage and Medicare Supplemental (Medigap) plans often provide extra benefits beyond what Original Medicare offers.

All include:

- Parts A and B

Many include:

- Prescription drug coverage (Part D)
- Extra benefits, such as grocery, over-the-counter (OTC) products, dental, vision, and hearing allowances

Part D: Prescription drug insurance

Medicare Part D has a separate monthly premium, which may vary among plans. Medicare drug coverage is offered through Medicare-approved private plans. Medicare Part D can be purchased through standalone drug plans (called PDPs) or through a Medicare Advantage plan (called MAPD).

For those with limited income, support may be available to reduce or eliminate premiums, deductibles, and copays. If you think you might qualify for help, see page 10 for contacts in your state.

How Medicare drug coverage works

Part D monthly premiums

Your premium is the cost you pay each month for your plan coverage.

IMPORTANT

Medicare drug coverage is optional, and is available to everyone with Medicare. If you do not receive prescription drug coverage when you first become Medicare eligible, receive coverage through an employer, or receive Extra Help (also known as low income subsidy or LIS), you may have to pay a late enrollment penalty if you decide to join a Part D plan later. This penalty will apply as long as you have Medicare drug coverage.

You can get Medicare drug coverage (Part D) either through a Medicare drug plan, which adds Part D to Original Medicare, or through a Medicare Advantage plan or other Medicare health plan that offers drug coverage.

If you are in a Medicare Advantage plan with Part D drug coverage, the monthly premium you pay is for your medical and prescription drug coverage. The premium amount varies from plan to plan. Your coverage may follow stages.

Understanding formularies

A formulary is a list of medications approved for coverage, and will likely vary across individual health plans. You will find all formularies have basic similarities, because the federal government has established guidelines for them.

All formularies are not identical, so it is important to pay close attention as you are comparing them. The differences may be very important based on your individual medications.

Stage 1: Yearly Deductible

During this stage, you pay the full cost of your drugs until you've reached the yearly deductible. Deductibles may apply only to certain types of drugs. Different plans have different deductibles, and some plans have no deductible so you get coverage immediately.

Once you pay the yearly deductible, if your plan has one, you move to the next stage.

Stage 2: Initial Coverage

During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost.

Once you have paid $2,100 out of pocket for Part D drugs, you will move to the next stage.

Stage 3: Catastrophic Coverage

If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs. You may have cost sharing for excluded drugs that are covered under our enhanced benefit.

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $2,100, your plan will pay the full cost for the remainder of the year.

If you have a Medicare Advantage plan you can pay for prescriptions using the Medicare Prescription Payment Plan.

This option spreads the cost of your prescriptions across capped monthly payments over a single calendar year. Instead of paying at the pharmacy, you receive a bill each month from your health or drug plan. This option can help you manage expenses but DOES NOT save you money or lower your drug costs.

If your drug costs are high or seem too high during certain times of the year, this could be a great option for you.

Discover Medicare options

Review these Medicare plan types and select the ones that best meet your needs and budget.

Medicare plan	What is it?	Consider this plan if...
Original Medicare (Part A and Part B)	Covers some medical services and hospitalization, leaving you to pay deductibles and coinsurance. Does not cover most prescription drugs, vision, or hearing.	You can afford the deductibles and coinsurance, and you only want the basic medical and hospital benefits, without coverage for prescription drugs, routine vision, or hearing services.
Medicare supplement plan (Medigap)	Helps you pay for most out-of-pocket costs Medicare Parts A and B do not cover. In most instances, there are no network restrictions. There is no coverage for Part D prescription drugs.	You need to cover your out-of-pocket expenses left by your Medicare Parts A and B plans, such as deductibles and coinsurance. Also, you want to go to the doctors and hospitals of your choice.
Medicare prescription drug plan (Part D)	Adds prescription drug coverage to your existing Part A and/or B coverage. Note: You cannot add a Medicare prescription drug plan to most Medicare Advantage plans, but you can add this coverage to a supplement plan.	You already have Part A and/or B, and you just want to add Part D prescription drug coverage without any other extra benefits. You are not concerned about having your medical and prescription drug benefits under one plan.
Medicare Advantage health maintenance organization (HMO)	Covers you through a network of locally contracted doctors and hospitals. You choose a primary care provider (PCP) from the plan's network of providers to coordinate all of your care. Urgent and emergent services are payable from non-network providers. In most cases, Medicare Advantage HMOs/PPOs include Medicare Part D prescription drug coverage as a plan benefit.	You agree to receive your healthcare from a network of providers. Typically, HMOs offer lower premiums than wider provider network options.
Medicare Advantage preferred provider organization (PPO)	Covers Original Medicare services and benefits such as vision and/or hearing coverage, and out-of-network or out-of-area coverage. Medicare PPO plans give you the option to get comprehensive coverage with a Part D offering, allowing you to receive coordinated coverage through a single plan. In most cases, Medicare Advantage HMOs/PPOs include Medicare Part D prescription drug coverage as a plan benefit.	You want comprehensive coverage that includes more than just Parts A and B, with extras like vision, hearing, and prescription drug coverage. You want better coordination of coverage through a single plan, and you also want the freedom to see any doctor you choose.

Discover Medicare options (continued)

Medicare plan	What is it?	Consider this plan if...
Medicare Advantage Dual Eligible Special Needs Plan (D-SNP)	Covers beneficiaries who are entitled to both Medicare and Medicaid with medical assistance from a state plan, offering enhanced benefits by using benefits through both Medicare and Medicaid.	You qualify for both Medicare and Medicaid at the same time. D-SNPs include all Medicare Part A and Part B benefits, and Part D prescription drug coverage. Your Medicaid and Medicare plan will be aligned to a single health plan carrier, which you can either choose or be automatically assigned to. When you have one health plan carrier for both your Medicare and Medicaid, your benefits and services are better coordinated.
Medicare Advantage Chronic Condition Special Needs Plan (C-SNP)	Supports beneficiaries living with diabetes, congestive heart failure, or cardiovascular disease.	You or someone you care for is living with a chronic condition. Beneficiaries must have Medicare Part A and Part B eligibility and a diagnosis of an eligible chronic condition.

Explore, compare, and decide

Now it's time to begin exploring your heathcare options. Follow these four steps to identify which plan will support your healthcare journey best.

1. **Explore Medicare plans in your area.**
2. **Consider your priorities.**
3. **Compare costs, benefits, and networks.**
4. **Decide which plan is best for you and enroll.**

Explore, compare, and decide (continued)

STEP 1: Explore Medicare plans in your area.

Your first step is to find out what is available to you. Original Medicare is available to everyone, but different plans are available, too. If you have internet access, you can see all your options by visiting **medicare.gov/plan-compare** or by calling 1-800-MEDICARE (**1-800-633-4227**) (TTY: **1-877-486-2048**), 24/7. See page 10 for additional resources.

List your choices below. Then, note the Medicare and Part D coverage costs of each. That way, you can compare everything at once.

Plans available to me

Plan name	Monthly premium	Deductible amount	Coinsurance (%)	Copays	Doctors in network

Are you enrolled in an employer or group plan?

If you are still working and have employer coverage or other healthcare coverage, such as Medicaid or retiree health insurance from an employer or a union, ask your employer how your plan will work with each Medicare plan.

If you are enrolled in a plan through the Marketplace and receive a government subsidy, such as an advanced premium tax credit to help pay for your plan, you may be responsible for paying back that subsidy if you are enrolled in both Medicare and your individual plan. Visit **healthcare.gov** for more information on how to avoid penalties.

Explore, compare, and decide (continued)

STEP 2: Consider your priorities.

Once you have determined which plans are available in your area, you will want to compare benefits. Make a list of priorities so you can compare your options. Cost may be your overriding concern, or the ability to choose any doctor or specialist you prefer.

To help you, here are several key differences among Medicare plans to consider:

- How much you pay for monthly premiums
- Your deductibles and copays if you go to the doctor or hospital
- Selection of your own doctors
- No referrals to see specialists
- Prescription drug coverage
- Travel plans within or outside the U.S.
- Programs to help you stay healthy and maintain your ability to live independently

You can add your personal priorities to this list. They will be important in making your choice.

My priorities:

Consider travel coverage

One of the greatest parts of retirement is the opportunity to visit all the places you have always wanted to see. All Medicare plans cover healthcare costs away from home if you have an emergency or need urgent care (within the U.S.). You can double-check the out-of-network benefits for routine services with any plans you are considering.

STEP 3: Compare costs, benefits, and networks.

Whatever you selected as your priorities, you'll want to pay the right amount for the right coverage. The amount you pay for Medicare depends on a number of items, including:

- The type of Medicare plan you choose
- How often you use medical services, like doctor or hospital visits
- Other insurance you may have
- Prescription drugs you take

Comparing costs can be challenging. Plans with lower premiums often have high copays for medical services. Plans with higher premiums often have lower copays.

Cost alone does not indicate the quality of care. Consider the reputation of a plan in your community.

STEP 4: Decide which plan is best for you and enroll.

Now that you have the information you need, and have considered your priorities, it is time to choose a Medicare plan and enroll.

- Take a look at your priorities.
- Compare them with the plans you listed on page 8.
- If you are choosing a stand-alone Medicare Part D plan, or a Medicare Advantage plan with Part D coverage, make sure its formulary matches your needs.
- Contact the carrier to have enrollment materials sent to you.
- Find more help by calling any of the agencies we have provided on this page or Sentara Medicare at **1-888-460-8143 (TTY: 711)**.

Find more details

Medicare
Call toll-free: **1-800-MEDICARE (1-800-633-4227) (TTY: 1-877-486-2048)**, 24/7
Visit: **medicare.gov**

Social Security Administration (SSA)
Call toll-free: **1-800-772-1213 (TTY: 1-800-325-0778)**, M–F, 8 a.m–7 p.m.
Visit: **ssa.gov**

Virginia Insurance Counseling and Assistance Program (VICAP)
Call toll-free: **1-800-552-3402 (TTY: 711)**, M–F, 8 a.m.–4:30 p.m.
Visit: **vda.virginia.gov**

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Scan this code with your smartphone camera or QR code reader app.

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. Enrollment in Sentara Medicare depends on contract renewal.

Sources: Medicare and You Handbook 2026,
***medicare.gov; healthcare.gov**.*