

# 2023 Summary Of Benefits

January 1, 2023 – December 31, 2023



## Optima Medicare Salute (HMO)

**OptimaHealth**   
*A Service of Sentara*

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

# 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 Salute (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/salute](https://optimamedicare.com/salute).



## 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/salute](https://optimamedicare.com/salute)

## Who Can Join?

To join Optima Medicare Salute (HMO), 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:

- Accomack
- Albemarle
- Alexandria City
- Alleghany
- Amelia
- Amherst
- Appomattox
- Arlington
- Augusta
- Bath
- Bedford
- Bland
- Botetourt
- Bristol City
- Brunswick
- Buchanan
- Buckingham
- Buena Vista City
- Campbell
- Caroline
- Carroll
- Charles City
- Charlotte
- Charlottesville City
- Chesapeake City
- Chesterfield
- Clarke
- Colonial Heights City
- Covington City
- Craig
- Culpeper
- Cumberland
- Danville City
- Dickenson
- Dinwiddie
- Emporia City
- Essex
- Fairfax
- Fairfax City
- Falls Church City
- Fauquier
- Floyd
- Fluvanna
- Franklin
- Franklin City
- Frederick
- Galax City
- Giles
- Gloucester
- Goochland
- Grayson
- Greene
- Greensville
- Halifax
- Hampton City
- Hanover
- Harrisonburg City
- Henrico
- Henry
- Highland
- Hopewell City
- Isle of Wight
- James City
- King George
- King William
- King and Queen
- Lancaster
- Lee
- Lexington City
- Loudoun
- Louisa
- Lunenburg
- Lynchburg City
- Madison
- Manassas City
- Manassas Park City
- Martinsville City
- Mathews
- Mecklenburg
- Middlesex
- Montgomery
- Nelson
- New Kent
- Newport News City
- Norfolk City
- Northampton
- Northumberland
- Norton City
- Nottoway
- Orange
- Page
- Patrick
- Petersburg City
- Pittsylvania
- Poquoson City
- Portsmouth City
- Powhatan
- Prince Edward
- Prince George
- Prince William
- Pulaski
- Radford City
- Rappahannock
- Richmond
- Richmond City
- Roanoke
- Roanoke City
- Rockbridge
- Rockingham
- Russell
- Salem City
- Scott
- Shenandoah
- Smyth
- Southampton
- Stafford
- Staunton City
- Suffolk City
- Surry
- Sussex
- Tazewell
- Virginia Beach City
- Warren
- Washington
- Waynesboro City
- Westmoreland
- Williamsburg City
- Winchester City
- Wise
- Wythe
- York

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

Optima Medicare HMO 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/salute](https://www.optimamedicare.com/salute).

## 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 <b>Salute</b> (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><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. | \$3,400   |
| <b>Inpatient Hospital Coverage</b><br>Prior authorization is required.   | \$275 per day, days 1-6;<br>\$0 per day, days 7-90            |
| <b>Outpatient Hospital Coverage</b><br>Prior authorization is required.  | \$275 copay   |
| <b>Ambulatory Surgery Center</b><br>Prior authorization is required.   | \$245 copay   |
| <b>Primary Care Providers</b>  | \$0 copay   |
| <b>Specialists</b>   | \$30 copay  |
| <b>Preventive Care</b>   | \$0 copay   |
| <b>Emergency Care</b><br>If you are admitted to the hospital within 24 hours, you do not have to pay your cost share for emergency care.   | \$100 copay   |
| <b>Urgently Needed Services</b><br>If you are admitted to the hospital within 24 hours, you do not have to pay your cost share for urgent care.  | \$25 copay  |
| <b>Outpatient Diagnostic Tests and Procedures, Labs, Diagnostic Radiology, and X-rays</b>  |   |
| <b>Lab Services</b><br>Prior authorization may be required.  | \$0 copay   |
| <b>X-Rays</b><br>Prior authorization may be required.  | \$0 copay at PCP office;<br>\$85 copay at all other locations |
| <b>Diagnostic Tests and Procedures</b><br>Prior authorization may be required.   | \$0 copay at PCP office;<br>\$85 copay at all other locations |
| <b>Advanced Diagnostic Imaging Procedures</b><br>(e.g., MRI, MRA, CT, CTA, PET scans, etc.)<br>Prior authorization is required.  | \$275 copay   |

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

| Benefit Category   | Optima Medicare <b>Salute</b> (HMO)                                     |
|--|---|
| <b>Therapeutic Radiological Services</b><br>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><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. | \$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>  | \$2,000 per year  |
| <b>Basic Care</b>  |   |
| <b>Fillings (Amalgam and Resin)</b>  | \$50 copay per office visit   |
| <b>Extractions</b>   | \$50 copay per office visit   |
| <b>Crown Repair</b>  | \$50 copay per office visit   |

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

| Benefit Category   | Optima Medicare <b>Salute</b> (HMO)                               |
|--|---|
| <b>Major Restorative</b>   |   |
| <b>Full and Partial removable dentures</b>   | \$50 copay per office visit                                       |
| <b>Denture Repair</b>  | \$50 copay per office visit                                       |
| <b>Crowns</b>  | \$50 copay per office visit                                       |
| <b>Vision Services</b>   |   |
| <b>Medicare-covered Diagnostic Eye Exams</b>   | \$0 copay   |
| <b>Medicare-covered Glaucoma Screening</b><br>(for those at risk)  | \$0 copay   |
| <b>Medicare-covered Eyeglasses or Contact Lenses After Cataract Surgery</b>  | \$0 copay   |
| <b>Supplemental Vision Benefits:</b><br>Routine eye exam (1 per 12 months)<br>\$200 allowance per 12 months for eyeglasses and/or contact lenses           | \$0 copay   |
| <b>Mental Health Services</b>  |   |
| <b>Inpatient Psychiatric Hospital Coverage</b><br>Prior authorization is required.   | \$275 per day, days 1-6;<br>\$0 per day, days 7-90                |
| <b>Partial Hospitalization</b><br>Prior authorization is required.   | \$35 copay  |
| <b>Outpatient Group or Individual Therapy with a Psychiatrist</b><br>Prior authorization may be required.  | \$30 copay for group session<br>\$30 copay for individual session |
| <b>Outpatient Group or Individual Therapy with a Licensed Clinical Psychologist or Licensed Clinical Social Worker</b><br>Prior authorization is required. | \$30 copay for group session<br>\$30 copay for individual session |

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

| Benefit Category   | Optima Medicare <b>Salute</b> (HMO)                   |
|--|---|
| <b>Other Medicare Benefits</b>   |   |
| <b>Skilled Nursing Facility</b><br>Coverage for up to 100 days. No prior hospital stay is required. Prior authorization is required. | \$0 per day, days 1-20;<br>\$188 per day, days 21-100 |
| <b>Physical Therapy</b><br>Prior authorization is required.  | \$30 copay  |
| <b>Ambulance</b><br>Prior authorization is required for elective ambulance transport.  | \$265 copay   |
| <b>Routine Medical Transportation</b><br>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><br>Prior authorization is required.   | 20% coinsurance                                       |

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

| Benefit Category  | Optima Medicare <b>Salute</b> (HMO)          |
|---|--|
| <b>Additional Benefits</b>  |  |
| <b>Annual Physical Exam</b>   | \$0 copay                                    |
| <b>Bathroom Safety Supplies</b><br>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/ 18 visits every 12 months        |
| <b>Diabetic Supplies</b><br>Prior authorization is required for Insulin pump.   | 0% coinsurance (Preferred vendor)            |
| <b>Durable Medical Equipment</b><br>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><br>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 towards thousands of healthy options.<br>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><br>This is in-home, non-medical care that connect individuals to doctor appointments, transportation, and other health and social services, 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><br>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><br>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 <b>Salute</b> (HMO) |
|--|-------------------------------------|
| <b>Additional Benefits</b>   |                                     |
| <p><b>Over-the-Counter (OTC) Product</b><br/>Approved OTC products can be ordered from the NationsOTC® catalog by phone, mail or online.</p>   | \$200 allowance every 3 months      |
| <p><b>Personal Emergency Response System (PERS)</b><br/>Prior authorization is required.<br/>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><br/>Prior authorization is required for all items over \$500.</p>   | 20% coinsurance                     |
| <p><b>SilverSneakers®</b><br/>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><br/>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><br/>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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\*Members with chronic condition(s) that meet certain criteria may be eligible for this special supplemental benefit.

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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**OptimaHealth**   
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Virginia Beach, VA 23462