

2023 Summary Of Benefits

January 1, 2023 – December 31, 2023



Optima Community Complete (HMO D-SNP)

OptimaHealth 
A Service of Sentara

optimahealth.com/communitycomplete

Summary of Benefits

January 1, 2023 – December 31, 2023



The booklet includes a summary of the Medicare benefits that we cover and what you pay with an Optima Community Complete (HMO D-SNP) 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 optimahealth.com/communitycomplete.



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.

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

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- Our website: optimahealth.com/communitycomplete

Who Can Join?

To join Optima Community Complete, you must be enrolled in Medicare Part A and Part B. You must also be enrolled in a Medicaid CCC Plus plan and in one of the Medicaid groups described below:

- Full Medicaid only;
- Qualified Medicare Beneficiary Plus (QMB+); or
- Specified Low-Income Medicare Beneficiary Plus (SLMB+).

You Must Also 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
- Fredericksburg City
- Galax City
- Giles
- Gloucester
- Goochland
- Grayson
- Greene
- Greenville
- 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
- Spotsylvania
- 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 Community Complete has a network of doctors, hospitals, pharmacies, and other providers. If you use 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 [optimahealth.com/communitycomplete](https://www.optimahealth.com/communitycomplete).

What Do We Cover?

Like all Medicare health plans, we cover everything that Original Medicare covers - and more. Our plan members also get more than what is covered by Original Medicare. 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	2023 Optima Community Complete (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.	\$8,300
Inpatient Hospital Coverage Prior authorization is required.	\$0 copay
Outpatient Hospital Coverage Prior authorization is required.	\$0 copay
Ambulatory Surgery Center Prior authorization is required.	\$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 Prior authorization may be required.	\$0 copay
X-Rays Prior authorization may be required.	\$0 copay
Diagnostic Tests and Procedures Prior authorization may be required.	\$0 copay
Advanced Diagnostic Imaging Procedures (e.g., MRI, MRA, CT, CTA, PET scans, etc.) Prior authorization is required.	\$0 copay

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

Benefit Category	2023 Optima Community Complete (HMO D-SNP)
Therapeutic Radiological Services Prior authorization may be required.	\$0 copay
Hearing Services	
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 Services	
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
Preventive Dental Services	
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
Comprehensive Dental Services	
Annual Maximum Benefit	\$4,000 per year
Basic Care	
Fillings (Amalgam and Resin)	\$0 copay
Extractions	\$0 copay
Major Restorative	
Full and Partial removable dentures	\$0 copay per office visit
Denture Repair	\$0 copay per office visit

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

Benefit Category	2023 Optima Community Complete (HMO D-SNP)
Vision Services	
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 Prior authorization is required.	\$0 copay
Partial Hospitalization Prior authorization is required.	\$0 copay
Outpatient Group or Individual Therapy with a Psychiatrist Prior authorization may be required.	\$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 Prior authorization is required.	\$0 copay for group session \$0 copay for individual session

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

Benefit Category	2023 Optima Community Complete (HMO D-SNP)
Other Medicare Benefits	
Skilled Nursing Facility Coverage for up to 100 days. No prior hospital stay is required. Prior authorization is required.	\$0 copay
Physical Therapy Prior authorization is required.	\$0 copay
Ambulance Prior authorization is required for elective ambulance transport.	\$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)
Medicare Part B Drugs Prior authorization is required.	\$0 copay

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

Benefit Category	2023 Optima Community Complete (HMO D-SNP)		
Part D Prescription Drugs			
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 \$7,400. 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 OptumRx. With Standard Retail Cost-Sharing (in-network), you will pay between \$0 to \$10.35, or 15% coinsurance for your Part D Prescription Drugs based on your “Extra Help” from Medicare copay level.</p>		
Prescription Drug Cost-Sharing	Standard Retail Cost-Sharing (In-Network) (up to 90-day supply)	Long-Term Care (LTC) Cost-Sharing (up to a 31-day emergency supply)	OptumRx Mail Order Pharmacy (between an 63 and 90-day supply)
Cost-Sharing (Generic Drugs)	\$0 \$1.45 \$4.15 or 15%	\$0 \$1.45 \$4.15 or 15%	\$0 \$1.45 \$4.15 or 15%
Cost-Sharing (Brand Drugs)	\$0 \$4.30 \$10.35 or 15%	\$0 \$4.30 \$10.35 or 15%	\$0 \$4.30 \$10.35 or 15%
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	<p>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 \$7,400, you pay your Catastrophic amount based on your “Extra Help” from Medicare copay level:</p> <ul style="list-style-type: none"> • Generic Drugs either \$0 or \$4.15 • Brand Drugs either \$0 or \$10.35 		

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

Benefit Category	2023 Optima Community Complete (HMO D-SNP)
Additional Benefits	
Annual Physical Exam	\$0 copay
Bathroom Safety Supplies Members may obtain up to two bathroom safety devices in a calendar year through NationsOTC®	\$0 copay
Chiropractic (Medicare-covered)	\$0 copay
Chiropractic (Routine Care)	\$0 copay/ 12 visits every 12 months
Diabetic Supplies Prior authorization is required for Insulin pump.	\$0 copay (Preferred vendor)
Durable Medical Equipment Prior authorization is required for all items over \$500.	\$0 copay
Foot Care (Medicare-covered)	\$0 copay
Foot Care (Routine Podiatry)	\$0 copay/ 8 visits every 12 months
Grocery Allowance¹ 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. 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
In-Home Support Services This is in-home, non-medical care that helps 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
Meals 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
Non-Medical Transportation¹ 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)

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

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

Benefit Category	2023 Optima Community Complete (HMO D-SNP)
Additional Benefits	
<p>Over-the-Counter (OTC) Product Approved OTC products can be ordered from the NationsOTC® catalog by phone, mail or online.</p>	\$400 allowance every 3 months
<p>Personal Emergency Response System (PERS) 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>Prosthetics and Medical Supplies Prior authorization is required for all items over \$500.</p>	\$0 copay
<p>SilverSneakers® SilverSneakers® gives you FREE access to:</p> <ul style="list-style-type: none"> SilverSneakers LIVE™ classes and workshops taught by instructors trained in senior fitness 200+ workout videos in the SilverSneakers On-Demand™ online library SilverSneakers GO™ mobile app with digital workout programs Thousands of locations and Online fitness and nutrition tips 	\$0 copay
<p>Virtual Visits 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>24-hour Nurse Line 24-hour access to a nurse helpline, 7 days a week, 365 days a year</p>	\$0 copay

Plan Eligibility

Optima Community Complete is a specialized Medicare Advantage Plan (a Medicare Dual Special Needs Plan), which means its benefits are designed specifically for people who have Medicare and certain beneficiaries entitled to Medicaid assistance. In Virginia, the Department of Medical Assistance Services (DMAS) has a program for Medicaid beneficiaries with complex health needs called Commonwealth Coordinated Care Plus (CCC Plus). Individuals in the CCC Plus program listed below that are also eligible for Medicare can enroll in Optima Community Complete for their Medicare benefits.

MEDICAID BENEFICIARIES ELIGIBLE FOR COVERAGE UNDER OPTIMA COMMUNITY COMPLETE (HMO D-SNP)

Program	Income Criteria	Resources Criteria	Medicare Part A Enrollment	Benefits
Full Medicaid (only)	Determined by State	Determined by State	Not applicable	<ul style="list-style-type: none"> • Full Medicaid coverage either categorically or through optional coverage groups based on Medically Needy status, special income levels for institutionalized individuals, or home- and community-based waivers. • Medicaid may pay for Part A (if any) and Part B premiums and cost sharing for Medicare services furnished by Medicare providers.
Qualified Medicare Beneficiary Without other Medicaid (QMB) Plus	≤100% of Federal Poverty Level (FPL)	Determined by State	Part A	<ul style="list-style-type: none"> • Full Medicaid coverage • Medicaid pays for Part A (if any) and Part B premiums, and may pay for deductibles, coinsurance, and copayments.
Specified Low-Income Medicare Beneficiary without other Medicaid (SLMB) Plus	100% of FPL but 120% of FPL	Determined by State	Part A	<ul style="list-style-type: none"> • Full Medicaid coverage • Medicaid pays for Part B premiums

Covered Benefits For Dual Eligible Beneficiaries

Virginia Commonwealth Coordinated Care Plus Medicaid Beneficiaries Optima Community Complete (HMO D-SNP) (Medicare) Beneficiaries

In the following chart, you can see the benefits covered for Commonwealth Coordinated Care Plus (CCC Plus) (Medicaid) beneficiaries. In addition, you can see if these benefits are covered for members in our Optima Medicare plan, Optima Community Complete (HMO D-SNP). CCC Plus plan members can choose to enroll in our Optima Health Community Care plan for their CCC Plus benefits.

Benefit Category	Medicaid (Virginia Department of Medical Assistance Services (DMAS))	Optima Community Complete (HMO D-SNP)
Additional Dental Services	Covered	Covered
Additional Foot Care	Not Covered	Covered
Additional Hearing Services	Not Covered	Covered
Additional Vision Services	Covered	Covered
Ambulance	Covered	Covered
Chiropractic Care	Not Covered	Covered
Dental Services	Covered	Covered
Diabetes Supplies and Services	Covered	Covered
Diagnostic Tests Lab and Radiology Services and X-rays	Covered	Covered
Doctor Office Visits	Covered	Covered
Durable Medical Equipment	Covered	Covered

Covered Benefits For Dual Eligible Beneficiaries *Continued*

Benefit Category	Medicaid (Virginia Department of Medical Assistance Services (DMAS))	Optima Community Complete (HMO D-SNP)
Emergency Care	Covered	Covered
Foot Care	Covered	Covered
Hearing Services	Covered	Covered
Home Health Care	Covered	Covered
Hospice	Covered	Covered
Inpatient Hospital Care	Covered	Covered
Inpatient Mental Health Care	Covered	Covered
Mental Health Care	Covered	Covered
Outpatient Hospital Services	Covered	Covered
Over-the-Counter Items	Covered	Covered
Prescription Drug Benefits	Covered	Covered
Preventive Care	Covered	Covered
Prosthetic Devices	Covered	Covered
Renal Dialysis	Covered	Covered
Skilled Nursing Facility (SNF)	Covered	Covered
Transportation (Routine)	Covered	Covered
Urgently Needed Services	Covered	Covered
Vision Services	Covered	Covered

Do you **qualify** for Low Income Subsidy (LIS)?

Many people are eligible for these savings and don't even know it. You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for getting Extra Help, call:

<p>1-800-MEDICARE (1-800-633-4227) TTY users should call 1-877-486-2048, 24 hours a day/ 7 days a week</p>	<p>The Social Security Office at 1-800-772-1213 7 a.m.–7 p.m., Monday through Friday. TTY user should call 1-800-325-0778</p>	<p>Your State Medicaid Office at 1-855-242-8282 8 a.m.–7 p.m. Monday through Friday, and Saturday from 9 a.m.–noon. TTY user should call 1-888-221-1590 or visit online at coverva.org/</p>
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People with limited resources and income may qualify for Extra Help to pay for their prescription drug costs. Extra Help is referred to as a low income subsidy (LIS) and helps pay for a part of your Part D monthly premium, annual deductible, and copayments. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty.

If you get Extra Help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get Extra Help from Medicare. The amount of Extra Help you get will determine your total monthly plan premium as a member of our Plan.

This table shows you what your monthly plan premium will be if you get Extra Help.

Your level of Extra Help	Monthly premium Optima Community Complete (HMO D-SNP)
100%	\$0
75%	\$0
50%	\$0
25%	\$0

Resources and Contact Information

**For complete details on Optima Community Complete,
call toll-free 1-855-547-7740.**

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Optima Community Complete (HMO D-SNP) is a Coordinated Care Plan with a Medicare contract and a contract with the Virginia Medicaid Program. Enrollment in Optima Community Complete (HMO D-SNP) depends on contract renewal. This information is not a complete description of benefits.

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