2023 Summary Of Benefits

January 1, 2023 – December 31, 2023

Hampton Roads - Peninsula

Optima Medicare

Optima Medicare Value (HMO)

Optima Medicare Prime (HMO)

OptimaHealth®

A Service of Sentara

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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 and Prime (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**.

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: **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:

- Charles City
- Gloucester
- Hampton City
- James City
- Mathews
- Newport News City
- Poquoson City
- Williamsburg City
- York

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**.

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.**

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

Benefit Category	Optima Medicare Value (HMO)	Optima Medicare Prime (HMO)
Monthly Plan Premium	$0	$63
Deductible	There is no medical deductible for this plan.	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.	$3,200	$5,500
Inpatient Hospital Coverage Prior authorization is required.	$230 per day, days 1-6; $0 per day, days 7-90	$210 per day, days 1-6; $0 per day, days 7-90
Outpatient Hospital Coverage Prior authorization is required.	$255 copay	$235 copay
Ambulatory Surgery Center Prior authorization is required.	$240 copay	$220 copay
Primary Care Providers	$0 copay	$0 copay
Specialists	$15 copay	$10 copay
Preventive Care	$0 copay	$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.	$120 copay	$90 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.	$25 copay	$25 copay
Outpatient Diagnostic Tests and Procedures, Labs, Diagnostic Radiology, and X-rays		
Lab Services Prior authorization may be required.	$0 copay	$0 copay
X-Rays Prior authorization may be required.	$0 copay at PCP office; $85 copay at all other locations	$0 copay at PCP office; $80 copay at all other locations
Diagnostic Tests and Procedures Prior authorization may be required.	$0 copay at PCP office; $85 copay at all other locations	$0 copay at PCP office; $80 copay at all other locations
Advanced Diagnostic Imaging Procedures (e.g., MRI, MRA, CT, CTA, PET scans, etc.) Prior authorization is required.	$285 copay	$270 copay

Benefit Category	Optima Medicare Value (HMO)	Optima Medicare Prime (HMO)
Therapeutic Radiological Services Prior authorization may be required.	$15 copay at Specialist office; 20% coinsurance at all other locations	$10 copay at Specialist office; 20% coinsurance at all other locations
Hearing Services		
Medicare-covered Hearing Services	$15 copay	$10 copay
Routine Hearing Exam (1 per 12 months)	$0 copay	$0 copay
Fitting/Evaluation(s) for Hearing Aids (3 per 12 months)	$0 copay	$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	$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	$0 copay
Preventive Dental Services		
Oral Exam (2 every 12 months)	$0 copay	$0 copay
Semi-annual Cleanings (2 every 12 months)	$0 copay	$0 copay
Bitewing X-rays (2 every 12 months)	$0 copay	$0 copay
Full Mouth X-rays (1 per 36 months)	$0 copay	$0 copay
Fluoride (2 every 12 months)	$0 copay	$0 copay
Comprehensive Dental Services		
Annual Maximum Benefit	$3,000 per year	$3,500 per year
Basic Care		
Fillings (Amalgam and Resin)	$25 copay per office visit	$75 copay per office visit
Extractions	$25 copay per office visit	$75 copay per office visit
Crown Repair	Not Covered	$75 copay per office visit

Benefit Category	Optima Medicare Value (HMO)	Optima Medicare Prime (HMO)
Major Restorative		
Full and Partial removable dentures	$25 copay per office visit	$75 copay per office visit
Denture Repair	$25 copay per office visit	$75 copay per office visit
Crowns	Not Covered	$75 copay per office visit
Implants	Not Covered	$75 copay per office visit
Vision Services		
Medicare-covered Diagnostic Eye Exams	$0 copay	$0 copay
Medicare-covered Glaucoma Screening (for those at risk)	$0 copay	$0 copay
Medicare-covered Eyeglasses or Contact Lenses After Cataract Surgery	$0 copay	$0 copay
Supplemental Vision Benefits: Routine eye exam (1 per 12 months) $200 allowance per 12 months for eyeglasses and/or contact lenses	$0 copay	$0 copay
Mental Health Services		
Inpatient Psychiatric Hospital Coverage Prior authorization is required.	$230 per day, days 1-6; $0 per day, days 7-90	$210 per day, days 1-6; $0 per day, days 7-90
Partial Hospitalization Prior authorization is required.	$35 copay	$35 copay
Outpatient Group or Individual Therapy with a Psychiatrist Prior authorization may be required.	$15 copay for group session $15 copay for individual session	$10 copay for group session $10 copay for individual session
Outpatient Group or Individual Therapy with a Licensed Clinical Psychologist or Licensed Clinical Social Worker Prior authorization is required.	$15 copay for group session $15 copay for individual session	$10 copay for group session $10 copay for individual session

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

Benefit Category	Optima Medicare Value (HMO)	Optima Medicare Prime (HMO)
Other Medicare Benefits		
Skilled Nursing Facility Coverage for up to 100 days. No prior hospital stay is required. Prior authorization is required.	$0 per day, days 1-20; $196 per day, days 21-100	$0 per day, days 1-20; $196 per day, days 21-100
Physical Therapy Prior authorization is required.	$15 copay	$10 copay
Ambulance Prior authorization is required for elective ambulance transport.	$285 copay	$255 copay
Routine Medical Transportation Transportation to plan-approved, health-related locations, such as doctor appointments.	$0 copay (36 one-way trips every 12 months)	$0 copay (48 one-way trips every 12 months)
Medicare Part B Drugs Prior authorization is required.	20% coinsurance	20% coinsurance

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

Benefit Category	Optima Medicare Value (HMO)[1]	Optima Medicare Prime (HMO)
Medicare Part D Prescription Drugs		
Yearly Deductible Stage	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. 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.	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. 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 $130 yearly deductible for these drugs.
Initial Coverage Limit	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. 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.	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. 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.
Coverage Gap[1]	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). 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.	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). 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.
Catastrophic Coverage	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: • 5% of the cost, or • $4.15 copay for generic (including brand drugs treated as generic) and an $10.35 copay for all other drugs.	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: • 5% of the cost, or • $4.15 copay for generic (including brand drugs treated as generic) and an $10.35 copay for all other drugs.

[1] 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)	Optima Medicare Prime (HMO)
Initial Coverage Limit Copay Tiers		
In-Network Preferred Pharmacy - 30 day supply		
1 - Preferred Generic	$0	$0
2 - Non-Preferred Generic	$10	$8
3 - Preferred Brand	$42	$40
4 - Non-Preferred Brand	$95	$90
5 - Specialty	30% coinsurance	30% coinsurance
In-Network Standard Pharmacy - 30 day supply		
1 - Preferred Generic	$5	$5
2 - Non-Preferred Generic	$15	$15
3 - Preferred Brand	$47	$45
4 - Non-Preferred Brand	$100	$95
5 - Specialty	30% coinsurance	30% coinsurance
In-Network Preferred Pharmacy - 90 day supply		
1 - Preferred Generic	$0	$0
2 - Non-Preferred Generic	$25	$20
3 - Preferred Brand	$105	$100
4 - Non-Preferred Brand	$285	$270
5 - Specialty	N/A	N/A
In-Network Standard Pharmacy - 90 day supply		
1 - Preferred Generic	$12.50	$12.50
2 - Non-Preferred Generic	$37.50	$37.50
3 - Preferred Brand	$117.50	$112.50
4 - Non-Preferred Brand	$300	$285
5 - Specialty	N/A	N/A
Out-of-Network Pharmacy - 30 day supply		
1 - Preferred Generic	$5	$5
2 - Non-Preferred Generic	$15	$15
3 - Preferred Brand	$47	$45
4 - Non-Preferred Brand	$100	$95
5 - Specialty	30% coinsurance	30% coinsurance
Mail Order - 90 day supply		
1 - Preferred Generic	$0	$0
2 - Non-Preferred Generic	$0	$0
3 - Preferred Brand	$84	$80
4 - Non-Preferred Brand	$285	$270
5 - Specialty	N/A	N/A
Long-Term Care Pharmacy - 31 day supply		
1 - Preferred Generic	$0	$0
2 - Non-Preferred Generic	$10	$8
3 - Preferred Brand	$42	$40
4 - Non-Preferred Brand	$95	$90
5 - Specialty	30% coinsurance	30% coinsurance

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)
In-Network Preferred Pharmacy - 30 day supply	
Select Insulin Drugs	$35
In-Network Standard Pharmacy - 30 day supply	
Select Insulin Drugs	$35
In-Network Preferred Pharmacy - 90 day supply	
Select Insulin Drugs	$87.50
In-Network Standard Pharmacy - 90 day supply	
Select Insulin Drugs	$87.50
Out-of-Network Pharmacy - 30 day supply	
Select Insulin Drugs	$35
Mail Order - 90 day supply	
Select Insulin Drugs	$70
Long-Term Care Pharmacy - 31 day supply	
Select Insulin Drugs	$35

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

Benefit Category	Optima Medicare Value (HMO)	Optima Medicare Prime (HMO)
Additional Benefits		
Annual Physical Exam	$0 copay	$0 copay
Bathroom Safety Supplies Members may obtain up to two bathroom safety devices in a calendar year through NationsOTC®	$0 copay	$0 copay
Chiropractic (Medicare-covered)	$15 copay	$10 copay
Chiropractic (Routine Care)	$15 copay/ 12 visits every 12 months	$10 copay/ 18 visits every 12 months
Diabetic Supplies Prior authorization is required for Insulin pump.	0% coinsurance (Preferred vendor)	20% coinsurance (Preferred vendor)
Durable Medical Equipment Prior authorization is required for all items over $500.	20% coinsurance	20% coinsurance
Foot Care (Medicare-covered)	$15 copay	$10 copay
Foot Care (Routine Podiatry)	$15 copay/ 8 visits every 12 months	Not Covered
Grocery Allowance[1] 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	Not Covered
In Home Support Services 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	$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	$0 copay

Benefit Category	Optima Medicare Value (HMO)	Optima Medicare Prime (HMO)
Additional Benefits		
Non-Medical Transportation[1] 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)	Not Covered
Over-the-Counter (OTC) Product Approved OTC products can be ordered from the NationsOTC® catalog by phone, mail or online.	$125 allowance every 3 months	$100 allowance every 3 months
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.	$0 copay	$0 copay
Prosthetics and Medical Supplies Prior authorization is required for all items over $500.	20% coinsurance	20% coinsurance
SilverSneakers® SilverSneakers® gives you FREE access to: • 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	$0 copay
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.	$0 copay	$0 copay
24-hour Nurse Line 24-hour access to a nurse helpline, 7 days a week, 365 days a year	$0 copay	$0 copay

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

Notes:

Resources and Contact Information

For complete details on Optima Medicare, 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: **optimamedicare.com**

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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Virginia Beach, VA 23462

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