

# Virginia - Medicare Advantage 2026

## MARKET HIGHLIGHTS



- #2 D-SNP player with largest growth in 2025
- #3 in total MA enrollment, over 115K MA members in Virginia
- Lead D-SNP plans have embedded Everyday Options Allowance for OTC, Assistive Devices, Healthy Foods and Utilities plus Rx Tiers 1 and 6 at \$0
- D-SNP expansion into Accomack
- HMO-POS plans (Medicare Advantage 3) with OTC, Dental, Vision and Hearing

## SERVICE AREA

All Counties  
(with expansion into [Accomack](#))

## SERVICE AREA REDUCTIONS AND NON-RENEWALS

Plan Type	Service Area Reduction (# of Counties)	Non-Renewal (# of Counties)
HMO	15	
PPO	3	
C-SNP	2	
Anthem Extra Help (HMO-POS) H3447-028		All



# Virginia 2026 Plan Highlights



## Anthem Full Dual Advantage (HMO D-SNP)

H4694-004

MEDICAID STATUS	Full Dual	FBDE, QMB+, SLMB+
PREMIUM		\$0
PART B GIVEBACK		\$0
MEDICAL DEDUCTIBLE		\$0
MAX OUT-OF-POCKET		\$9,250
PCP		\$0 copay
SPECIALIST		\$0 copay
INPATIENT HOSPITAL		\$0 copay
SKILLED NURSING FACILITY		\$0 copay
RX DEDUCTIBLE		\$0 – \$615 (T2 - T5)
RX COST SHARE T1/T2/T3/T4/T5/T6		\$0 copay – (T1 and T6) Members pay LIS copay* (T2 - T5)
INSULIN COST SHARE		\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA		All Counties (expansion county: <a href="#">Accomack</a> )

\*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



# Virginia 2026 Plan Highlights



## Anthem Full Dual Advantage (HMO D-SNP)

H4694-004

MEDICAID STATUS	Full Dual	FBDE, QMB+, SLMB+
ESSENTIAL EXTRAS		N/A
DENTAL		\$3,000 allowance for preventive and comprehensive services per year; \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year; and comprehensive dental services per year
VISION		\$0 copay – 1 routine eye exam per year; \$425 allowance – eyeglasses or contact lenses per year
HEARING		\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE		\$323 per month OTC, Assistive Devices, Healthy Foods and Utilities
OVER THE COUNTER		N/A
FITNESS		\$0 copay – SilverSneakers®
TRANSPORTATION		\$0 copay – 60 one-way trips to PAL per year
PERS		\$0 copay
PODIATRY		\$0 copay – 4 visits per year
HEALTHY MEALS		14 post discharge / 3 meals per day for 14 days chronic condition
ACUPUNCTURE		\$0 copay – 12 visits per year



# Virginia 2026 Plan Highlights



## Anthem Full Dual Advantage 2 (HMO D-SNP) H4694-001

MEDICAID STATUS	Full Dual	FBDE, QMB+, SLMB+
PREMIUM		\$0
PART B GIVEBACK		\$0
MEDICAL DEDUCTIBLE		\$0
MAX OUT-OF-POCKET		\$9,250
PCP		\$0 copay
SPECIALIST		\$0 copay
INPATIENT HOSPITAL		\$0 copay
SKILLED NURSING FACILITY		\$0 copay
RX DEDUCTIBLE		\$0 – \$615 (T2 - T5)
RX COST SHARE T1/T2/T3/T4/T5/T6		\$0 copay – (T1 and T6) Members pay LIS copay* (T2 - T5)
INSULIN COST SHARE		\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA		All Counties (expansion county: <a href="#">Accomack</a> )

\*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



# Virginia 2026 Plan Highlights



## Anthem Full Dual Advantage 2 (HMO D-SNP) H4694-001

MEDICAID STATUS	Full Dual	FBDE, QMB+, SLMB+
ESSENTIAL EXTRAS		(Pick 1) Utilities – \$150 per quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL		\$3,500 allowance for preventive and comprehensive services per year; \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year; and comprehensive dental services per year
VISION		\$0 copay – 1 routine eye exam per year; \$325 allowance – eyeglasses or contact lenses per year
HEARING		\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
HEALTHY FOODS		\$82 per month
EVERYDAY OPTIONS ALLOWANCE		N/A
OVER THE COUNTER		\$400 per quarter
FITNESS		\$0 copay - SilverSneakers®
TRANSPORTATION		\$0 copay – 48 one-way trips to PAL per year
PERS		\$0 copay
PODIATRY		\$0 copay – 4 visits per year
HEALTHY MEALS		14 post discharge / 3 meals per day for 14 days chronic condition
ACUPUNCTURE		\$0 copay – 12 visits per year



# Virginia 2026 Plan Highlights



## Anthem Dual Advantage (HMO D-SNP) H4694-002

MEDICAID STATUS	Partial Dual	QMB
PREMIUM		\$0
PART B GIVEBACK		\$0
MEDICAL DEDUCTIBLE		\$0
MAX OUT-OF-POCKET		\$9,250
PCP		\$0 copay
SPECIALIST		\$0 copay
INPATIENT HOSPITAL		\$0 copay
SKILLED NURSING FACILITY		\$0 copay
RX DEDUCTIBLE		\$0 – \$605 (T2 - T5)
RX COST SHARE T1/T2/T3/T4/T5/T6		\$0 copay – (T1 and T6) Members pay LIS copay* (T2 - T5)
INSULIN COST SHARE		\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA		All Counties (expansion county: <a href="#">Accomack</a> )

\*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



# Virginia 2026 Plan Highlights



## Anthem Dual Advantage (HMO D-SNP)

H4694-002

MEDICAID STATUS	Partial Dual	QMB
ESSENTIAL EXTRAS		N/A
DENTAL		\$2,000 allowance for preventive and comprehensive services per year; \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year; and comprehensive dental services per year
VISION		\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING		\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE		\$110 per month OTC, Assistive Devices, Healthy Foods and Utilities
OVER THE COUNTER		N/A
FITNESS		\$0 copay - SilverSneakers®
TRANSPORTATION		\$0 copay – 34 one-way trips per year
PERS		\$0 copay
PODIATRY		\$0 copay – 4 visits per year
HEALTHY MEALS		28 post discharge / 42 chronic condition
ACUPUNCTURE		\$0 copay – 12 visits per year



# Virginia 2026 Plan Highlights

★ **Anthem Full Dual Advantage Support  
(HMO D-SNP)**  
H4694-003

MEDICAID STATUS	Full Dual	FBDE, QMB+, SLMB+
PREMIUM		\$0
PART B GIVEBACK		\$0
MEDICAL DEDUCTIBLE		\$0
MAX OUT-OF-POCKET		\$9,250
PCP		\$0 copay
SPECIALIST		\$0 copay
INPATIENT HOSPITAL		\$0 copay
SKILLED NURSING FACILITY		\$0 copay
RX DEDUCTIBLE		\$0 – \$615 (T2 - T5)
RX COST SHARE T1/T2/T3/T4/T5/T6		\$0 copay – (T1 and T6) Members pay LIS copay* (T2 - T5)
INSULIN COST SHARE		\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA		All Counties (expansion county: <a href="#">Accomack</a> )

\*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



# Virginia 2026 Plan Highlights

★ **Anthem Full Dual Advantage Support  
(HMO D-SNP)**  
H4694-003

MEDICAID STATUS	Full Dual	FBDE, QMB+, SLMB+
ESSENTIAL EXTRAS		N/A
DENTAL		\$3,000 allowance for preventive and comprehensive services per year; \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year; and comprehensive dental services per year
VISION		\$0 copay – 1 routine eye exam per year; \$450 allowance – eyeglasses or contact lenses per year
HEARING		\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE		\$362 per month OTC, Assistive Devices, Healthy Foods and Utilities
OVER THE COUNTER		N/A
FITNESS		\$0 copay – SilverSneakers®
TRANSPORTATION		\$0 copay – 60 one-way trips to PAL per year
PERS		\$0 copay
PODIATRY		\$0 copay – 4 visits per year
HEALTHY MEALS		28 post discharge / 3 meals per day for 14 days chronic condition
ACUPUNCTURE		\$0 copay – 12 visits per year



# Virginia 2026 Plan Highlights


**Anthem Kidney Care**  
**(HMO-POS C-SNP)**  
 H3447-033

PREMIUM	\$0
PART B GIVEBACK	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$5,900
PCP	\$0 copay
SPECIALIST	\$0 copay Nephrologist \$0 – \$40 copay
INPATIENT HOSPITAL	\$325 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$325 (T3 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 25% / 25% / 29% / \$0 \$0 copay – T1 and T2 mail order 30 - 60 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	All Counties <u>EXCEPT</u> : Accomack, Alexandria City, Arlington, Falls Church City



# Virginia 2026 Plan Highlights



ESSENTIAL EXTRAS	(Pick 1) Healthy Foods – \$50 per month, Utilities – \$150 per quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$1,800 allowance for preventive and comprehensive services per year; In Network: \$0 copay for preventive and comprehensive services per year; Out of Network: 20% for preventive and 50% for comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$225 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$110 per quarter
FITNESS	\$0 copay – SilverSneakers®
TRANSPORTATION	\$0 copay – 60 one-way trips per year
PERS	N/A
PODIATRY	\$0 copay – 6 visits per year
HEALTHY MEALS	N/A



# Virginia 2026 Plan Highlights

## Anthem Dual Advantage (PPO D-SNP) H2441-001

MEDICAID STATUS	Partial Dual	QMB
PREMIUM		\$0
PART B GIVEBACK		\$0
MEDICAL DEDUCTIBLE		\$0
MAX OUT-OF-POCKET		\$9,250 (IN) / \$13,900 (IN & OON)
PCP		\$0 copay
SPECIALIST		\$0 copay
INPATIENT HOSPITAL		\$0 copay
SKILLED NURSING FACILITY		\$0 copay
RX DEDUCTIBLE		\$0 – \$520 (T2 - T5)
RX COST SHARE T1/T2/T3/T4/T5/T6		\$0 copay – (T1 and T6) Members pay LIS copay* (T2 - T5)
INSULIN COST SHARE		\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA		All Counties <u>EXCEPT</u> : Accomack, Alexandria City, Arlington, Fairfax, Fairfax City and Prince William

\*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



# Virginia 2026 Plan Highlights

## Anthem Dual Advantage (PPO D-SNP) H2441-001

MEDICAID STATUS	Partial Dual	QMB
ESSENTIAL EXTRAS		N/A
DENTAL		\$2,500 allowance for preventive and comprehensive services per year; \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year; and comprehensive dental services per year
VISION		\$0 copay – 1 routine eye exam per year; \$325 allowance – eyeglasses or contact lenses per year
HEARING		\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
HEALTHY FOODS		\$54 per month
EVERYDAY OPTIONS ALLOWANCE		N/A
OVER THE COUNTER		\$205 per quarter
FITNESS		\$0 copay – SilverSneakers®
TRANSPORTATION		\$0 copay – 24 one-way trips to PAL per year
PERS		\$0 copay
PODIATRY		\$0 copay – 4 visits per year
HEALTHY MEALS		42 post discharge



# Virginia 2026 Plan Highlights

## Anthem Chronic Care (HMO-POS C-SNP) H3447-037

PREMIUM	\$0
PART B GIVEBACK	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$5,400
PCP	\$0 copay
SPECIALIST	\$20 copay
INPATIENT HOSPITAL	\$325 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$295 (T3 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 25% / 30% / 29% / \$0 \$0 copay – T1 and T2 mail order 30 - 60 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Chesapeake City, Chesterfield, Colonial Heights City, Goochland, Hampton City, Hanover, Henrico, Hopewell City, James City, Newport News City, Norfolk City, Petersburg City, Portsmouth City, Powhatan, Prince William, Richmond City, Suffolk City, Virginia Beach City



# Virginia 2026 Plan Highlights

## Anthem Chronic Care (HMO-POS C-SNP)

H3447-037

ESSENTIAL EXTRAS	(Pick 1) Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$2,250 allowance for preventive and comprehensive services per year; In Network: \$0 copay for preventive and comprehensive services per year; Out of Network: 20% for preventive and 50% for comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$75 per quarter
FITNESS	\$0 copay – SilverSneakers®
TRANSPORTATION	\$0 copay – 48 one-way trips per year
PERS	N/A
PODIATRY	\$0 copay – 6 visits per year
HEALTHY MEALS	28 post discharge



# Virginia 2026 Plan Highlights

## Anthem Medicare Advantage 3 (HMO-POS) H3447-052

PREMIUM	\$0
PART B GIVEBACK	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$4,900
PCP	\$0 copay
SPECIALIST	\$30 copay
INPATIENT HOSPITAL	\$395 copay (days 1 – 6)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$220 (T3 - T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 25% / 30% / 30% / N/A \$0 copay – T1 and T2 mail order 30 - 60 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Bland, Bristol City, Buchanan, Carroll, Danville City, Dickenson, Galax City, Grayson, Henry, Lee, Martinsville City, Norton City, Patrick, Pittsylvania, Russell, Scott, Smyth, Tazewell, Washington, Wise, Wythe



# Virginia 2026 Plan Highlights

## Anthem Medicare Advantage 3 (HMO-POS) H3447-052

ESSENTIAL EXTRAS	N/A
DENTAL	\$1,750 allowance for preventive and comprehensive services per year; In Network: \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year; 25% comprehensive services per year; Out of Network: 20% for preventive and 50% for comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$68 per quarter
FITNESS	N/A
TRANSPORTATION	\$0 copay – 24 one-way trips per year
PERS	N/A
PODIATRY	N/A
HEALTHY MEALS	N/A



# Virginia 2026 Plan Highlights

## Anthem Medicare Advantage 3 (HMO-POS) H3447-050

PREMIUM	\$0
PART B GIVEBACK	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$4,775
PCP	\$0 copay
SPECIALIST	\$25 copay
INPATIENT HOSPITAL	\$395 copay (days 1 – 6)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$275 (T3 - T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 25% / 25% / 29% / N/A \$0 copay – T1 and T2 mail order 30 - 60 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Albemarle, Alleghany, Amherst, Appomattox, Augusta, Bath, Bedford, Botetourt, Brunswick, Buckingham, Buena Vista City, Campbell, Charlotte, Charlottesville City, Covington City, Craig, Cumberland, Emporia City, Floyd, Fluvanna, Franklin, Frederick, Giles, Greene, Greensville, Halifax, Harrisonburg City, Highland, Lexington City, Louisa, Lunenburg, Lynchburg City, Mecklenburg, Montgomery, Nelson, Nottoway, Orange, Page, Prince Edward, Pulaski, Radford City, Roanoke, Roanoke City, Rockbridge, Rockingham, Salem City, Shenandoah, Staunton City, Waynesboro City, Winchester City



# Virginia 2026 Plan Highlights

## Anthem Medicare Advantage 3 (HMO-POS) H3447-050

ESSENTIAL EXTRAS	N/A
DENTAL	\$2,000 allowance for preventive and comprehensive services per year; In Network: \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year; 25% comprehensive services per year; Out of Network: 20% for preventive and 50% for comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$75 per quarter
FITNESS	N/A
TRANSPORTATION	\$0 copay – 24 one-way trips per year
PERS	N/A
PODIATRY	N/A
HEALTHY MEALS	N/A



# Virginia 2026 Plan Highlights

## Anthem Medicare Advantage 3 (HMO-POS) H3447-049

PREMIUM	\$0
PART B GIVEBACK	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$4,250
PCP	\$0 copay
SPECIALIST	\$25 copay
INPATIENT HOSPITAL	\$375 copay (days 1 – 6)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$295 (T3 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 25% / 25% / 29% / N/A \$0 copay – T1 and T2 mail order 30 - 60 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Amelia, Caroline, Charles City, Chesapeake City, Chesterfield, Colonial Heights City, Dinwiddie, Essex, Franklin City, Gloucester, Goochland, Hampton City, Hanover, Henrico, Hopewell City, Isle Of Wight, James City, King And Queen, King George, King William, Lancaster, Mathews, Middlesex, New Kent, Newport News City, Norfolk City, Northampton, Northumberland, Petersburg City, Poquoson City, Portsmouth City, Powhatan, Prince George, Richmond, Richmond City, Southampton, Suffolk City, Surry, Sussex, Virginia each City, Westmoreland, Williamsburg City, York



# Virginia 2026 Plan Highlights

## Anthem Medicare Advantage 3 (HMO-POS) H3447-049

ESSENTIAL EXTRAS	N/A
DENTAL	\$2,500 allowance for preventive and comprehensive services per year; In Network: \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year; 25% comprehensive services per year; Out of Network: 20% for preventive and 50% for comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$125 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$32 per quarter
FITNESS	N/A
TRANSPORTATION	N/A
PERS	N/A
PODIATRY	N/A
HEALTHY MEALS	N/A



# Virginia 2026 Plan Highlights

## Anthem Medicare Advantage 3 (HMO-POS) H3447-051

PREMIUM	\$24
PART B GIVEBACK	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$6,300
PCP	\$0 copay
SPECIALIST	\$30 copay
INPATIENT HOSPITAL	\$389 copay (days 1 – 6)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$250 (T3 - T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 25% / 30% / 30% / N/A \$0 copay – T1 and T2 mail order 30 - 60 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Alexandria City, Arlington, Clarke, Culpeper, Fairfax, Fairfax City, Falls Church City, Fauquier, Fredericksburg City, Loudoun, Madison, Manassas City, Manassas Park City, Prince William, Rappahannock, Spotsylvania, Stafford, Warren



# Virginia 2026 Plan Highlights

## Anthem Medicare Advantage 3 (HMO-POS) H3447-051

ESSENTIAL EXTRAS	N/A
DENTAL	\$1,200 allowance for preventive and comprehensive services per year; In Network: \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year; 25% comprehensive services per year; Out of Network: 20% for preventive and 50% for comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$50 per quarter
FITNESS	N/A
TRANSPORTATION	\$0 copay – 24 one-way trips per year
PERS	N/A
PODIATRY	N/A
HEALTHY MEALS	N/A



# Virginia 2026 Plan Highlights

## Anthem Medicare Advantage 4 (HMO-POS) H3447-039

PREMIUM	\$0
PART B GIVEBACK	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$5,900
PCP	\$0 copay
SPECIALIST	\$35 copay
INPATIENT HOSPITAL	\$345 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$250 (T3 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 25% / 30% / 30% / \$0 \$0 copay – T1 and T2 mail order 30 - 60 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Bedford, Botetourt, Chesapeake City, Colonial Heights, Franklin, Goochland, Hampton City, Hanover, Henrico, Hopewell City, Isle Of Wight, Lynchburg City, Montgomery, Petersburg City, Portsmouth City, Powhatan, Richmond City, Roanoke, Roanoke City, Salem City, Suffolk City, Virginia Beach City



# Virginia 2026 Plan Highlights

## Anthem Medicare Advantage 4 (HMO-POS) H3447-039

ESSENTIAL EXTRAS	N/A
DENTAL	\$2,000 allowance for preventive and comprehensive services per year; In Network: \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year; 25% comprehensive services per year; Out of Network: 20% for preventive and 50% for comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
HEALTHY FOODS	N/A
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$65 per quarter
FITNESS	N/A
TRANSPORTATION	N/A
PERS	N/A
PODIATRY	N/A
HEALTHY MEALS	N/A



# Virginia 2026 Plan Highlights

## Anthem Medicare Advantage (HMO-POS) H3447-013

PREMIUM	\$0
PART B GIVEBACK	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$8,550
PCP	\$0 copay
SPECIALIST	\$35 copay
INPATIENT HOSPITAL	\$395 copay (days 1 – 6)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$250 (T3 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 25% / 30% / 30% / \$0 \$0 copay – T1 and T2 mail order 30 - 60 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Chesapeake City, Franklin City, Gloucester, Hampton City, Isle Of Wight, Middlesex, Newport News City, Norfolk City, Northampton, Portsmouth City, Suffolk City, Surry, Virginia Beach City, Williamsburg City, York



# Virginia 2026 Plan Highlights

## Anthem Medicare Advantage (HMO-POS) H3447-013

ESSENTIAL EXTRAS	N/A
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 dental X-ray, 1 fluoride treatment every year; In Network – \$0 copay per year; Out of Network – 20% per year
VISION	\$0 copay – 1 routine eye exam per year; \$125 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$35 per quarter
FITNESS	N/A
TRANSPORTATION	N/A
PERS	N/A
PODIATRY	N/A
HEALTHY MEALS	N/A



# Virginia 2026 Plan Highlights

## Anthem Medicare Advantage 2 (HMO-POS) H3447-025

PREMIUM	\$0
PART B GIVEBACK	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$8,450
PCP	\$0 copay
SPECIALIST	\$45 copay
INPATIENT HOSPITAL	\$445 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
RX DEDUCTIBLE	\$300 (T3 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 25% / 30% / 29% / \$0 \$0 copay – T1 and T2 mail order 30 - 60 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Albemarle, Alexandria City, Amelia, Amherst, Augusta, Bedford, Botetourt, Bristol City, Buena Vista City, Campbell, Charlottesville City, Danville City, Dinwiddie, Floyd, Fluvanna, Franklin, Frederick, Fredericksburg City, Giles, Greene, Halifax, Harrisonburg City, Henry, King George, Lynchburg City, Manassas City, Manassas Park City, Montgomery, Orange, Pittsylvania, Prince Edward, Prince George, Prince William, Pulaski, Radford City, Roanoke, Roanoke City, Rockbridge, Rockingham, Shenandoah, Stafford, Staunton City, Tazewell, Washington, Waynesboro City, Wise, Wythe



# Virginia 2026 Plan Highlights

## Anthem Medicare Advantage 2 (HMO-POS) H3447-025

ESSENTIAL EXTRAS	N/A
DENTAL	2 exams, 2 cleanings, 1 x-ray and 1 fluoride; In Network: \$0 copay Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$125 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$45 per quarter
FITNESS	N/A
TRANSPORTATION	N/A
PERS	N/A
PODIATRY	\$0 copay – 6 visits per year
HEALTHY MEALS	N/A



# Virginia 2026 Plan Highlights

## Anthem Veteran (PPO) H4909-020

PREMIUM	\$0
PART B GIVEBACK	\$80
MEDICAL DEDUCTIBLE	\$750 (applies only to OON)
MAX OUT-OF-POCKET	\$6,800 (IN) / \$10,000 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$45 copay
INPATIENT HOSPITAL	\$290 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	N/A
RX COST SHARE T1/T2/T3/T4/T5/T6	N/A
INSULIN COST SHARE	N/A
MARKET SERVICE AREA	All Counties <u>EXCEPT</u> : Accomack, Arlington, Buckingham, Carroll, Culpeper, Essex, Fairfax, Fluvanna, James City, Loudoun, Mecklenburg, Montgomery, Nelson, Pittsylvania, Prince William, Smyth, Southampton, Sussex, Warren, York



# Virginia 2026 Plan Highlights

## Anthem Veteran (PPO) H4909-020

ESSENTIAL EXTRAS	N/A
DENTAL	\$2,250 allowance for preventive and comprehensive services per year; In Network: \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year; 25% comprehensive services per year; Out of Network: 20% for preventive and 50% for comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$1,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$50 per quarter
FITNESS	\$0 copay – SilverSneakers®
TRANSPORTATION	\$0 copay – 24 one-way trips per year
PERS	N/A
PODIATRY	N/A
HEALTHY MEALS	N/A



# Virginia 2026 Plan Highlights

## Anthem Medicare Advantage (PPO)

H4909-014

PREMIUM	\$14
PART B GIVEBACK	\$0
MEDICAL DEDUCTIBLE	\$750 (applies only to OON)
MAX OUT-OF-POCKET	\$8,950 (IN) / \$11,300 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$45 copay
INPATIENT HOSPITAL	\$425 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$250 (T3 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 25% / 30% / 30% / \$0 \$0 copay – T1 and T2 mail order 30 - 60 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	All Counties <u>EXCEPT</u> : Accomack, Alexandria City, Arlington, Bath, Botetourt, Charles City, Colonial Heights City, Craig, Culpeper, Cumberland, Fairfax, Fairfax City, Falls Church City, Fauquier, Fredericksburg City, Gloucester, Hampton City, Hanover, Harrisonburg City, Henrico, Hopewell City, King William, Loudoun, Manassas Park City, Martinsville City, New Kent, Newport News City, Northumberland, Poquoson City, Portsmouth City, Prince George, Prince William, Richmond, Shenandoah, Smyth, Spotsylvania, Tazewell, Waynesboro City



# Virginia 2026 Plan Highlights

## Anthem Medicare Advantage (PPO)

H4909-014

ESSENTIAL EXTRAS	(Pick 1) Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$1,000 allowance for preventive and comprehensive services per year; In Network: \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year; 25% comprehensive services per year; Out of Network: 20% for preventive and 50% for comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$125 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$1,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	N/A
FITNESS	N/A
TRANSPORTATION	N/A
PERS	N/A
PODIATRY	N/A
HEALTHY MEALS	N/A



# Virginia 2026 Plan Highlights

## Anthem Medicare Advantage 2 (PPO) H4909-026

PREMIUM	\$16
PART B GIVEBACK	\$0
MEDICAL DEDUCTIBLE	\$750 (applies only to OON)
MAX OUT-OF-POCKET	\$8,950 (IN) / \$13,900 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$35 copay
INPATIENT HOSPITAL	\$395 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$215 (T3 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 25% / 30% / 30% / \$0 \$0 copay – T1 and T2 mail order 30 - 60 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Bedford, Chesapeake City, Chesterfield, Franklin, Franklin City, Hampton City, Henrico, Isle Of Wight, Lynchburg City, Poquoson City, Portsmouth City, Richmond City, Roanoke, Salem City, Suffolk City, Virginia Beach City



# Virginia 2026 Plan Highlights

## Anthem Medicare Advantage 2 (PPO) H4909-026

ESSENTIAL EXTRAS	N/A
DENTAL	<p>\$1,750 allowance for preventive and comprehensive services per year;                      In Network: \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year;                      25% comprehensive services per year;                      Out of Network: 20% for preventive and 50% for comprehensive services per year</p>
VISION	<p>\$0 copay – 1 routine eye exam per year;                      \$150 allowance – eyeglasses or contact lenses per year</p>
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$45 per quarter
FITNESS	N/A
TRANSPORTATION	N/A
PERS	N/A
PODIATRY	N/A
HEALTHY MEALS	N/A

