



2020 VIVA MEDICARE *Extra Value* (HMO SNP) Summary of Copayments & Coinsurance

| SERVICE | Amount You Pay (look at column for your level of Medicaid) | |
|--|--|--|
| | Full Medicaid, QMB/QMB+, SLMB+ | QDWI, QI-1, SLMB ONLY |
| Monthly Premium | \$0 | \$0 |
| Primary Care Physician (PCP) Visit | \$0 | \$0 |
| Specialist Visit (includes podiatry) | \$0 | \$0; referrals not required |
| Chiropractor Visit | \$0 | \$0 |
| Emergency Room Visit | \$0 | \$90, waived if you are admitted to the same hospital within 24 hours for the same condition |
| Urgently Needed Care Visit | \$0 | \$0 PCP Visit; \$0 Specialist Visit; \$40 Urgent Care Clinic Visit |
| Inpatient Hospital Admission (includes inpatient mental health care) | \$0 | Days 1-6: \$245 per day; \$0 for additional days |
| Outpatient Mental Health or Substance Abuse Visit | \$0 | \$0 for Outpatient; \$55 for Partial Hospitalization |
| Diagnostic Procedures and Tests (EEGs, sleep studies, etc.) | \$0 | \$0-\$50 |
| Lab Services | \$0 | \$0 |
| X-Rays | \$0 | \$10 per x-ray |
| Radiation Therapy and Therapeutic Radiology | \$0 | \$40 |
| Diagnostic Radiology such as an MRI, PET, or CT Scan | \$0 | \$50 (\$10 per ultrasound) |
| Annual Physical | \$0 | \$0 |
| Annual Hearing Exam | \$0 | \$0 |
| Skilled Nursing Facility (100 days per benefit period) | \$0 | Days 1-20: \$0 per day; Days 21-59: \$172 per day; Days 60-100: \$0 per day |
| Home Health Care | \$0 | \$0 |
| Outpatient Services/Surgery at an Outpatient Hospital Facility or Ambulatory Surgical Center (includes invasive diagnostic procedures such as epidurals) | \$0 | \$125 at an Ambulatory Surgical Center; \$175 at an Outpatient Hospital; \$175 per Outpatient Observation; \$0 for Colonoscopy |
| Ambulance Services | \$0 | \$245 per one-way trip |
| Physical, Speech, or Occupational Therapy | \$0 | \$0 per visit |
| Cardiac or Pulmonary Rehabilitation Visit | \$0 | \$0 per visit |
| Durable Medical Equipment/Prosthetics | \$0 | 20% (\$0 for ostomy supplies) |
| Diabetic Self-Management Training and Supplies | \$0 | \$0 for Self-Management Training; \$0 for supplies; 10% for therapeutic shoes or inserts |



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| Kidney Diseases and Conditions | \$0 | 20% for Renal Dialysis |
| Other Medicare-Covered Preventive Services | \$0 | \$0 |
| Sports Fitness | Plan pays up to \$20 per month toward dues at a participating sports fitness center. You pay any amount over \$20. | |
| Transportation | 24 free rides (12 round trips) a year to get medical or dental care. | |
| Medicare-Covered Eye Exams | \$0 | \$0 |
| Routine Annual Vision Exam | \$0 | \$0 |
| Eyewear | Plan covers up to \$100 for prescription eyewear per year. \$0 copay for one pair of glasses or contact lenses after cataract surgery (you pay any amount over the Medicare allowable amount). | |
| Dental Services | Plan covers up to \$2,250 for preventive, diagnostic, and comprehensive dental services per year. For Medicare-covered dental services, copay depends on the place of service. | |
| Over-the-Counter (OTC) Drugs and Other Health-Related Items | Plan provides a \$125 allowance per calendar quarter. | |
| Drugs covered under Medicare Part B | \$0 | 20% |
| Maximum Annual Out-of-Pocket Limit (the most you pay for copayments and coinsurance) | \$6,700 (does not apply to Part D prescription drugs) | |
| Drugs covered under Medicare Part D | | |
| Initial Coverage Phase: You will pay the following copays until your total drug costs reach 4,020. | | |
| Generic Drugs including brand drugs treated as generics: up to 90-day supply (tier 5 drugs are limited to a 30-day supply) | \$0, \$1.30, or \$3.60 depending on your income and institutional status | |
| All Other Drugs: up to 90-day supply (tier 5 drugs are limited to a 30-day supply) | \$0, \$3.90, or \$8.95 depending on your income and institutional status | |
| Catastrophic Phase: What you pay after you have spent \$6,350 out-of-pocket. | Because you get Extra Help, you pay \$0. | |

VIVA MEDICARE is an HMO plan with a Medicare contract and a contract with the Alabama Medicaid Agency. Enrollment in VIVA MEDICARE depends on contract renewal. This plan is only available to people with both Medicare and Medicaid. Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. The service area includes Autauga, Baldwin, Bullock, Calhoun, Chilton, Colbert, Crenshaw, Cullman, Dale, Elmore, Franklin, Geneva, Henry, Houston, Jefferson, Lauderdale, Lee, Lowndes, Macon, Mobile, Montgomery, Pike, Shelby, St. Clair, Talladega, Tallapoosa, and Walker Counties. This information is not a complete description of benefits.

Call 1-888-830-8482 (TTY users dial 711) for more information. Hours: Mon - Fri, 8am - 8pm; Oct 1 - Mar 31: 7 days a week, 8am - 8pm. Or, visit VivaHealth.com/Medicare.

VIVA HEALTH complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-830-8482 (TTY: 711). 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-888-830-8482 (TTY: 711).