



Dear Valued Member:

We value you as a member of VIVA MEDICARE and know you have choices for your health insurance. This letter is to let you know about all of the Medicare Advantage plans we offer for 2021.

To make a change in the Medicare Advantage plan you have with VIVA MEDICARE, fill out the enclosed plan selection form to make your choice. Check off the plan you want, and sign the form. Then mail the completed form back to us in the enclosed postage-paid envelope.

You can change health plans only at certain times during the year. From October 15 - December 7, you can join, switch or drop a Medicare health or drug plan for the following year. In addition, from January 1 - March 31, anyone enrolled in a Medicare Advantage Plan (except an MSA plan) can switch plans or return to Original Medicare (and join a stand-alone Medicare Prescription Drug Plan). Generally, you can't make changes at other times except in certain situations, such as if you move out of your plan's service area, want to join a plan in your area with a 5-star rating, or qualify for (or lose) Extra Help paying for prescription drug coverage.

If you join our plan when you first enroll in Medicare, you can switch to another plan or get Original Medicare (and join a stand-alone Medicare Prescription Drug Plan). If you're not happy with your choice in our plan, you can make a change during the first 3 months you have Medicare.

If you select another plan and we receive your completed selection form, your new benefit plan will begin based on the election used to make the change. Your monthly plan premium will be \$0 or \$28 for VIVA MEDICARE PLUS, \$54 for VIVA MEDICARE Prime, \$104 for VIVA MEDICARE Premier, \$90 for VIVA MEDICARE Preferred, or \$0 VIVA MEDICARE CLASSIC, VIVA MEDICARE ME, VIVA MEDICARE Extra Value, VIVA MEDICARE Extra Care and VIVA MEDICARE Select, and you may continue to see any VIVA MEDICARE primary care doctors and specialists in your provider system.

Complete the attached form only if you wish to change plans.

To help you with your decision, we have also included a 2021 Summary of Copayments and Coinsurance for the available options.

If you have any questions, please call VIVA MEDICARE Member Services at (205) 918-2067 in Birmingham or 1-800-633-1542 toll free. TTY users should call 711. We are open 8 a.m. to 8 p.m., Monday through Friday (from October 1st – March 31st, 8 a.m. to 8 p.m., 7 days a week). Thank you.

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**VIVA MEDICARE
Plan Selection Form**

Date: _____

Member Name: _____

Member Number: _____

I want to transfer from my current plan to the plan I have selected below. I understand that if this form is received by the end of any month, my new plan will generally be effective the 1st of the following month.

Please check the appropriate box below:

- VIVA MEDICARE *Plus* (HMO)):** \$0 Premium \$28 Premium
- \$0 monthly premium in Autauga, Baldwin, Blount, Calhoun, Cherokee, Chilton, Colbert, Crenshaw, Cullman, Dale, Elmore, Etowah, Geneva, Henry, Houston, Jefferson, Lauderdale, Lee, Lowndes, Mobile, Montgomery, St. Clair, Shelby, Talladega, and Tallapoosa Counties
 - \$28 monthly premium in Bullock, DeKalb, Franklin, Pike, and Walker Counties
 - Medicare Part D prescription drug coverage (\$150 drug deductible – deductible doesn't apply to Tier 1 and Tier 2 generics drugs)
 - \$0 PCP copay; \$30 specialist copay (includes podiatry), \$20 chiropractic copay
 - \$90 emergency room copay
 - 20% durable medical equipment coinsurance
 - \$290 inpatient hospital (includes inpatient mental health care) copay per day, days 1-6 (\$0 for additional days)
 - \$700 yearly allowance for preventive and comprehensive dental benefits
 - \$100 yearly allowance for prescription eyewear
 - \$40 allowance per quarter for over-the-counter items
 - \$6,700 annual out of pocket maximum for medical services
 - See the enclosed VIVA MEDICARE *Plus* Summary of Copayments and Coinsurance for complete information.

- VIVA MEDICARE *Select* (HMO)**
- a \$0 premium plan without Medicare prescription drug coverage
 - \$0 PCP copay; \$15 specialist copay (includes podiatry), \$20 chiropractic copay
 - \$90 emergency room copay
 - 20% durable medical equipment coinsurance
 - \$245 inpatient hospital (includes inpatient mental health care) copay per day, days 1-6 (\$0 for additional days)
 - \$2,000 yearly allowance for preventive and comprehensive dental benefits
 - \$150 yearly allowance for prescription eyewear
 - \$100 allowance per quarter for over-the-counter items

- \$5,900 annual out of pocket maximum for medical services
- See the enclosed VIVA MEDICARE *Select* Summary of Copayments and Coinsurance for complete information.

VIVA MEDICARE *Premier* (HMO)

- a \$104 monthly premium plan with Medicare Part D prescription drug coverage (no Part D prescription drug deductible)
- \$0 PCP copay; \$15 specialist copay (includes chiropractic and podiatry)
- \$90 emergency room copay
- 20% durable medical equipment coinsurance
- \$195 inpatient hospital (includes inpatient mental health care) copay per day, days 1-6 (\$0 for additional days)
- \$1400 yearly allowance for preventive and comprehensive dental benefits
- \$200 yearly allowance for prescription eyewear
- \$75 allowance per quarter for over-the-counter items
- \$5,500 annual out of pocket maximum for medical services
- See the enclosed VIVA MEDICARE *Premier* Summary of Copayments and Coinsurance for complete information.

VIVA MEDICARE *Me* (HMO)

- You must live in Blount, Chilton, Dale, Geneva, Henry, Houston, Jefferson, Shelby, St. Clair, Talladega or Walker Counties
- Provider network is limited to either the Brookwood Baptist Provider System, the St. Vincent's Provider System or the Southeast Health Provider System– ask us for the VIVA MEDICARE *ME* provider directories
- \$0 premium plan with Medicare Part D prescription drug coverage (no Part D drug deductible)
- \$0 PCP copay; \$25 specialist copay (includes podiatry), \$20 chiropractic copay
- \$90 emergency room copay
- 20% durable medical equipment coinsurance
- \$245 inpatient hospital (includes inpatient mental health care) copay per day, days 1-6 (\$0 for additional days)
- \$1000 yearly allowance for preventive and comprehensive dental benefits
- \$150 yearly allowance for prescription eyewear
- \$50 allowance per quarter for over-the-counter items
- \$6,400 annual out of pocket maximum for medical services
- See the enclosed VIVA MEDICARE *Me* Summary of Copayments and Coinsurance for complete information

VIVA MEDICARE *Prime* (HMO)

- a \$54 monthly premium plan with Medicare Part D prescription drug coverage (no Part D drug deductible)
- \$0 PCP copay; \$25 specialist copay (includes podiatry), \$20 chiropractic copay
- \$90 emergency room copay
- 20% durable medical equipment coinsurance
- \$245 inpatient hospital (includes inpatient mental health care) copay per day, days 1-6 (\$0 for additional days)

- \$700 yearly allowance for preventive and comprehensive dental benefits
- \$150 yearly allowance for prescription eyewear
- \$50 allowance per quarter for over-the-counter items
- \$5,900 annual out of pocket maximum for medical services
- See the enclosed VIVA MEDICARE *Prime* Summary of Copayments and Coinsurance for complete information

VIVA MEDICARE *Extra Value* (HMO SNP)

- **You must currently have both Medicare and Medicaid (or a Medicare Savings Program)**
- Social Security Number: _____ (needed to verify Medicaid eligibility)
- \$0 premium; medical copayments and coinsurance vary based on the level of Medicaid you have
- No deductible for Medicare Part D prescription drug coverage because you get Extra Help (Low Income Subsidy)
- \$0 PCP and \$0 specialist copay (includes chiropractic and podiatry)
- Emergency Room copay \$0 for members who are full Medicaid benefits eligible or \$90 for members who are limited or partial Medicaid benefits eligible
- Durable Medical Equipment coinsurance \$0 for members who are full Medicaid benefits eligible or 20% for members who are limited or partial Medicaid benefits eligible
- Inpatient hospital (includes inpatient mental health care) \$0 per day for members who are full Medicaid benefits eligible or \$245 copay per day for days 1-6 (\$0 for additional days) for members who are limited or partial Medicaid benefits eligible
- \$2,250 yearly allowance for preventive and comprehensive dental benefits
- \$150 yearly allowance for prescription eyewear
- \$125 allowance per quarter for over-the-counter items
- \$7,550 annual out of pocket maximum for medical services
- See the enclosed VIVA MEDICARE *Extra Value* Summary of Copayments and Coinsurance for complete information

VIVA MEDICARE *Classic* (HMO):

- **YOU MUST LIVE IN LIMESTONE, MADISON, AND MORGAN COUNTIES**
- \$0 monthly premium
- Medicare Part D prescription drug coverage (\$150 drug deductible – deductible doesn't apply to Tier 1 and Tier 2 generics drugs)
- \$0 PCP copay; \$25 specialist copay (includes podiatry), \$20 chiropractic copay
- \$90 emergency room copay
- 20% durable medical equipment coinsurance
- \$290 inpatient hospital (includes inpatient mental health care) copay per day, days 1-6 (\$0 for additional days)
- \$700 yearly allowance for preventive and comprehensive dental benefits
- \$100 yearly allowance for prescription eyewear
- \$40 allowance per quarter for over-the-counter items
- \$6,700 annual out of pocket maximum for medical services
- See the enclosed VIVA MEDICARE *Classic* Summary of Copayments and Coinsurance for complete information

VIVA MEDICARE *Preferred* (HMO)

- YOU MUST LIVE IN LIMESTONE, MADISON, AND MORGAN COUNTIES
- a \$90 monthly premium plan with Medicare Part D prescription drug coverage (no Part D prescription drug deductible)
- \$0 PCP copay; \$15 specialist copay (includes chiropractic and podiatry)
- \$90 emergency room copay
- 20% durable medical equipment coinsurance
- \$195 inpatient hospital (includes inpatient mental health care) copay per day, days 1-6 (\$0 for additional days)
- \$1400 yearly allowance for preventive and comprehensive dental benefits
- \$200 yearly allowance for prescription eyewear
- \$75 allowance per quarter for over-the-counter items
- \$5,500 annual out of pocket maximum for medical services
- See the enclosed VIVA MEDICARE *Preferred* Summary of Copayments and Coinsurance for complete information

VIVA MEDICARE *Extra Care* (HMO SNP)

- YOU MUST LIVE IN LIMESTONE, MADISON, AND MORGAN COUNTIES
- **You must currently have both Medicare and Medicaid (or a Medicare Savings Program)**
- Social Security Number: _____ (needed to verify Medicaid eligibility)
- \$0 premium; medical copayments and coinsurance vary based on the level of Medicaid you have
- No deductible for Medicare Part D prescription drug coverage because you get Extra Help (Low Income Subsidy)
- \$0 PCP and \$0 specialist copay (includes chiropractic and podiatry)
- Emergency Room copay \$0 for members who are full Medicaid benefits eligible or \$90 for members who are limited or partial Medicaid benefits eligible
- Durable Medical Equipment coinsurance \$0 for members who are full Medicaid benefits eligible or 20% for members who are limited or partial Medicaid benefits eligible
- Inpatient hospital (includes inpatient mental health care) \$0 per day for members who are full Medicaid benefits eligible or \$245 copay per day for days 1-6 (\$0 for additional days) for members who are limited or partial Medicaid benefits eligible
- \$2,250 yearly allowance for preventive and comprehensive dental benefits
- \$150 yearly allowance for prescription eyewear
- \$125 allowance per quarter for over-the-counter items
- \$7,550 annual out of pocket maximum for medical services
- See the enclosed VIVA MEDICARE *Extra Care* Summary of Copayments and Coinsurance for complete information

Your Plan Premium

VIVA MEDICARE *Plus* (\$0 premium plan), VIVA MEDICARE *Classic* (\$0 premium plan) and VIVA MEDICARE *Me* (\$0 premium plan) only: If we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), we need to know how you would prefer to pay it. You can pay by mail or Electronic Funds Transfer (EFT) each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) check each month.

VIVA MEDICARE *Plus* (\$28 premium plan), VIVA MEDICARE *Premier* (\$104 premium plan), VIVA MEDICARE *Preferred* (\$90 premium plan) and VIVA MEDICARE *Prime* (\$54 premium plan) only: You can pay your monthly plan premium (including any late enrollment penalty you may have or may owe) by mail or Electronic Funds Transfer (EFT) each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) check each month.

People with limited incomes may qualify for *Extra Help* to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this *Extra Help*, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY/TDD users should call 1-877-486-2048.

If you qualify for *Extra Help* with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium for this benefit. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare does not cover.

If you don't select a payment option, you will receive a bill each month.

Please select a monthly payment option (not needed for *Select*, *Extra Value* or *Extra Care* plans):

Receive a bill by mail.

Electronic Funds Transfer (EFT) from your checking account. Please attach a VOIDED check and provide the following:

Account holder name: _____

Bank routing #: _____

Checking account #: _____

Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check. I get monthly benefits from: _____ Social Security _____ RRB
(The Social Security or RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

Please check the box if you would prefer us to send you information in another format:

Audio Large Print

Please contact VIVA MEDICARE Member Services at (205) 918-2067 in Birmingham or 1-800-633-1542 toll free if you need information in an accessible format (audio). TTY users call 711. Our call center is open Monday through Friday, 8 a.m. to 8 p.m. (October 1 – March 31, 8 a.m. to 8 p.m., 7 days a week).

Release of Information: By joining this Medicare health plan, I acknowledge that VIVA MEDICARE will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that VIVA MEDICARE will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

Electronic Communication: I consent to be contacted by VIVA MEDICARE, or its business associates, for certain health care communications at the phone number (cellular or landline) and email address above (including voice messages made by an auto-dialer or pre-recorded voice and text messages sent to my cellular number). I understand that my phone or internet carrier may charge fees for these communications (I may contact my carrier for pricing plans and details). I understand that VIVA MEDICARE has policies and procedures in place to safeguard my personal health information; however, there are some data security and privacy risks associated with sending and receiving communications about my health care. Communications I send or receive may not be sent and stored securely and may be accessed by third parties. I understand that I may cancel this consent (revoke or opt-out) by contacting VIVA MEDICARE Member Services.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

| | |
|--|----------------------|
| Signature: | Today's Date: |
| If you are the member's authorized representative, you must sign above and provide the following information. | |
| Name: _____ | |
| Address: _____ | |
| Phone Number: (____) _____ - _____ | |
| Relationship to Member _____ | |
| If signed by an authorized representative, this signature certifies that 1) this person is authorized under State law to complete this enrollment, and 2) documentation of this authority is available upon request by VIVA MEDICARE or by Medicare. | |

**Please sign this form and return all pages to: VIVA MEDICARE
Attn: Medicare Enrollment
417 20th St. No., Suite 1100
Birmingham, AL 35203**

Form completion assisted by: ___ Agent ___ Member Services

Name of Agent/MSR Assisting Member

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.

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 1-800-633-1542 (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 1-800-633-1542 (TTY: 711)。