



2021 VIVA MEDICARE *Select* (HMO) Summary of Copayments & Coinsurance

| SERVICE | AMOUNT YOU PAY |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Monthly Premium | \$0 |
| Primary Care Physician (PCP) Visit | \$0 |
| Specialist Visit (includes podiatry) | \$15 |
| Chiropractor Visit | \$20 |
| Emergency Room Visit | \$90, waived if you are admitted to the same hospital within 24 hours for the same condition |
| Urgently Needed Care Visit | \$0 for a PCP Visit; \$15 for a Specialist Visit; \$40 Urgent Care Clinic Visit |
| Inpatient Hospital Admission (includes inpatient mental health care) | Days 1-6: \$245 per day; \$0 for additional days; waived for treatment of COVID-19 |
| Outpatient Mental Health or Substance Abuse Visit | \$15; \$55 for Partial Hospitalization services |
| Diagnostic Procedures and Testing (EEGs, sleep studies, etc.) | \$0-\$50 |
| Lab Services | 0-10% |
| X-Rays | \$10 per x-ray |
| Radiation Therapy and Therapeutic Radiology | \$60 |
| Diagnostic Radiology such as an MRI, PET, or CT Scan | \$75 per service (\$10 per ultrasound) |
| Annual Physical | \$0 |
| Annual Hearing Exam | \$0 if you see a PCP; \$15 if you see a Specialist |
| Skilled Nursing Facility (100 days per benefit period) | Days 1-20: \$0 per day; Days 21-55: \$172 per day; Days 56-100: \$0 per day |
| Home Health Care | \$0 |
| Outpatient Services/Surgery at an Outpatient Hospital Facility or Ambulatory Surgical Center (includes invasive diagnostic procedures such as epidurals) | \$195 per Ambulatory Surgical Center Visit; \$225 per Outpatient Hospital Visit; \$225 per Outpatient Observation; \$0 for Colonoscopy |
| Ambulance Services | \$275 per one-way trip |
| Physical, Speech, or Occupational Therapy Visit | \$15 per visit |
| Cardiac and Pulmonary Rehabilitation Visit | \$20 per visit |
| Durable Medical Equipment/Prosthetics | 20% (\$0 for ostomy supplies) |
| Diabetic Self-Management Training and Supplies | \$0 for Self-Management Training; \$0 per standard-size box for each diabetes supply item; 20% for therapeutic shoes or inserts |
| Kidney Diseases and Conditions | 20% for Renal Dialysis |
| Other Medicare-Covered Preventive Services | \$0 |

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|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Fitness | The Silver&Fit® Program (No cost; includes membership at participating fitness centers and at-home, digital options) |
| Medicare-Covered Eye Exams | \$15 (\$0 for diabetic retinopathy and glaucoma screening) |
| Routine Annual Vision Exam | \$0 |
| Eyewear | Plan covers up to \$150 for prescription eyewear per year. \$0 copay for one pair of eyeglasses or contact lenses after cataract surgery (you pay any amount over the Medicare allowable amount). |
| Dental Services | Plan covers up to \$2,000 for preventive, diagnostic, and comprehensive dental benefits per year. For Medicare-covered dental services, copay depends on the place of service. |
| Drugs covered under Medicare Part B | 20% |
| Over-the-Counter (OTC) Drugs and Other Health-Related Items | Plan provides a \$100 allowance per calendar quarter. |
| Telehealth Services | Plan covers telehealth services for PCP and Specialist Visits, Individual and Group Mental Health, Outpatient Substance Abuse, and Physical and Speech Therapy; standard office visit copays apply, when applicable. |
| 24-Hour Nurse Line | Plan includes access to a 24-hour nurse line for general health education and tips for at-home, non-emergency treatments for minor illnesses or injuries. |
| Maximum Annual Out-of-Pocket Limit (the most you pay for copayments and coinsurance) | \$5,900 |
| Drugs covered under Medicare Part D | This plan does not include a Medicare Part D prescription drug benefit. |

The service area includes Autauga, Baldwin, Blount, Bullock, Calhoun, Cherokee, Chilton, Colbert, Crenshaw, Cullman, Dale, DeKalb, Elmore, Etowah, Franklin, Geneva, Henry, Houston, Jefferson, Lauderdale, Lee, Lowndes, Macon, Mobile, Montgomery, Pike, Shelby, St. Clair, Talladega, Tallapoosa, and Walker Counties. Copays and coinsurance may be lower if you are on Medicaid or receive Extra Help. This information is not a complete description of benefits. Refer to the Evidence of Coverage or 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. The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH).

Silver&Fit is a federally registered trademark of ASH and used with permission herein. 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 1-888-830-8482 (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).