

SUMMARY OF BENEFITS 2021



VIVA MEDICARE PREFERRED (HMO)

JANUARY 1, 2021 - DECEMBER 31, 2021

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, see the "Evidence of Coverage" on our website or call us and ask for the "Evidence of Coverage."

YOU HAVE CHOICES ABOUT HOW TO GET YOUR MEDICARE BENEFITS

One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.

Another choice is to get your Medicare benefits by joining a Medicare health plan **such as VIVA MEDICARE Preferred (HMO)**.

If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

THINGS TO KNOW ABOUT VIVA MEDICARE Preferred (HMO)

VIVA MEDICARE Preferred (HMO) Call Center Hours

Monday through Friday, 8 a.m. to 8 p.m.
(From October 1 to March 31: 7 days a week, 8 a.m. to 8 p.m.)

VIVA MEDICARE Preferred (HMO) Phone Numbers and Website

If you are a member of this plan, call toll-free 1-800-633-1542.
If you are not a member of this plan, call toll-free 1-888-830-8482.
TTY users should dial 711.

Our website: www.VivaHealth.com/Medicare

WHO CAN JOIN?

To join **VIVA MEDICARE Preferred (HMO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area for **VIVA MEDICARE Preferred** includes the following counties in Alabama: Limestone, Madison and Morgan.

WHICH DOCTORS, HOSPITALS, AND PHARMACIES CAN I USE?

VIVA MEDICARE Preferred (HMO) has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for these services.

You can see our plan's provider directory at our website (www.VivaHealth.com/Medicare/MemberResources/#ProviderNetwork).

You can see our plan's pharmacy directory at our website (www.VivaHealth.com/Medicare/MemberResources/#PharmacyDirectories).

Or, call us and we will send you a copy of the provider and/or pharmacy directories.

SUMMARY OF BENEFITS

VIVA MEDICARE *Preferred* (HMO)

MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

BENEFIT	VIVA MEDICARE <i>Preferred</i> (HMO)
HOW MUCH IS THE MONTHLY PREMIUM?	\$90 per month. In addition, you must continue to pay your Medicare Part B premium.
HOW MUCH IS THE DEDUCTIBLE?	This plan does not have a deductible.
IS THERE ANY LIMIT ON HOW MUCH I WILL PAY FOR MY COVERED SERVICES?	Your yearly out-of-pocket limit(s) in this plan: <ul style="list-style-type: none"> • \$5,500 for services you receive from in-network providers. The limit does not apply to outpatient prescription drugs covered under Medicare Part D.

COVERED MEDICAL AND HOSPITAL BENEFITS

• Note: Services with a ¹ may require prior authorization (approval in advance).

INPATIENT HOSPITAL CARE¹	Our plan covers an unlimited number of days for an inpatient hospital stay. <ul style="list-style-type: none"> • \$195 copay per day for days 1 through 6; waived for treatment of COVID-19 • You pay nothing per day for days 7 and beyond. Each inpatient admission begins a new benefit period.
OUTPATIENT HOSPITAL CARE¹	Ambulatory surgical center: \$125 copay Outpatient hospital: \$175 copay Outpatient observation: \$175 copay \$0 for Medicare-covered colonoscopies
DOCTOR'S OFFICE VISITS	Primary care physician visit (PCP): \$0 copay Specialist visit (including podiatry): \$15 copay
PREVENTIVE CARE	You pay nothing. Our plan covers certain preventive services, in accordance with Medicare guidelines, at no cost to you. To get a complete list of services we cover, see the "Evidence of Coverage" on our website or call us and ask for the "Evidence of Coverage."
EMERGENCY CARE	\$90 copay per emergency room visit You do not pay this amount if you are admitted to the same hospital within 24 hours for the same condition. Worldwide emergency coverage outside the U.S. and its territories is limited to \$50,000 and does not include transportation.

VIVA MEDICARE *Preferred* (HMO)

BENEFIT	VIVA MEDICARE <i>Preferred</i> (HMO)
URGENTLY NEEDED SERVICES	<p>\$0 for each Medicare-covered urgently needed service from a PCP</p> <p>\$15 for each Medicare-covered urgently needed service from a specialist</p> <p>\$40 for each Medicare-covered urgently needed service from an urgent care clinic/facility</p>
DIAGNOSTIC TESTS, LAB AND RADIOLOGY SERVICES, AND X-RAYS ¹ <i>(Costs for these services may vary based on place of service)</i>	<p>Diagnostic radiology services (such as MRIs and CT scans): \$30 copay</p> <p>Diagnostic tests and procedures: \$0-\$25 copay, depending on the service</p> <p>Lab services: \$0</p> <p>Outpatient x-rays and ultrasounds: \$0</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): \$30 copay</p>
HEARING SERVICES	<p>Medicare-covered exams to diagnose and treat hearing and balance issues and one routine hearing exam per year.</p> <ul style="list-style-type: none"> • \$0 for each PCP visit • \$15 for each specialist visit <p>Hearing aids are not covered.</p>
DENTAL SERVICES¹	<p>Limited Medicare-covered dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): applicable office visit, outpatient, or inpatient copays apply.</p> <p>VIVA MEDICARE <i>Preferred</i> also covers up to \$1,400 for preventive, diagnostic, and comprehensive dental benefits every year. You pay anything over \$1,400.</p>
VISION SERVICES	<p>Routine vision exam (1 every year): \$0 copay</p> <p>Eyeglasses or contact lenses after cataract surgery: \$0 copay plus you pay any amount over the Medicare allowed amount.</p> <p>No copay for Medicare-covered preventive screenings. \$15 copay for each Medicare-covered eye exam.</p> <p>VIVA MEDICARE <i>Preferred</i> also covers up to \$200 for eyewear (eyeglass frames, lenses, contact lenses, and upgrades). You pay anything over \$200.</p>
MENTAL HEALTH CARE¹	<p>Inpatient visit:</p> <ul style="list-style-type: none"> • \$195 copay per day for days 1 through 6 • You pay nothing per day for days 7 through 90. <p>Outpatient group or individual therapy visit: \$15 copay</p> <p>Partial hospitalization: \$55 per day</p>

VIVA MEDICARE *Preferred* (HMO)

BENEFIT	VIVA MEDICARE <i>Preferred</i> (HMO)
SKILLED NURSING FACILITY (SNF)¹	Our plan covers up to 100 days in a SNF. <ul style="list-style-type: none"> • You pay nothing per day for days 1 through 20. • \$172 copay per day for days 21-53 • You pay nothing per day for days 54 through 100.
OUTPATIENT REHABILITATION¹	Cardiac (heart) rehab services: \$10 copay Pulmonary rehab visit: \$10 copay Occupational therapy visit: \$15 copay Physical therapy and speech and language therapy visit: \$15 copay
AMBULANCE¹	\$250 copay per one-way trip
TRANSPORTATION	Not covered
MEDICARE PART B DRUGS¹	For Part B drugs such as chemotherapy drugs: 20% of the cost Other Part B drugs: 20% of the cost For an overview of how Part B drugs are covered by the plan, please reference the “Medicare Part B Prescription Drugs” section of the Medical Benefits Chart found in chapter 4 of the Evidence of Coverage.
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.
OVER-THE-COUNTER (OTC) DRUGS AND OTHER HEALTH-RELATED ITEMS	Plan provides a \$75 allowance every calendar quarter.
FITNESS	The Silver&Fit [®] Program (no cost; includes membership at participating fitness centers and at-home, digital options)
OUTPATIENT PRESCRIPTION DRUG BENEFITS (Medicare Part D)	
Our plan groups each medication into one of five “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached.	
Deductible	No Deductible
Initial Coverage Phase: You will pay the following cost sharing until your total yearly drug costs reach \$4,130.	
Tier 1: Preferred Generic (Preferred Cost Sharing)²	\$0 for a 30-day supply; \$0 for a 90-day supply; \$0 Preferred Mail Order for a 90-day supply
Tier 1: Preferred Generic (Standard Cost Sharing)	\$4 for a 30-day supply; \$12 for a 90-day supply

VIVA MEDICARE *Preferred* (HMO)

BENEFIT	VIVA MEDICARE <i>Preferred</i> (HMO)
Tier 2: Generic	\$8 for a 30-day supply; \$24 for a 90-day supply; \$16 Preferred Mail Order for a 90-day supply
Tier 3: Preferred Brand	\$47 for a 30-day supply; \$141 for a 90-day supply; \$94 Preferred Mail Order for a 90-day supply
Tier 4: Non-Preferred Drug	\$100 for a 30-day supply; \$300 for a 90-day supply; \$200 Preferred Mail Order for a 90-day supply
Tier 5: Specialty	33% for a 30-day supply
<p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy for a one month (30-day) supply.</p> <p>You may get up to a one month (30-day) supply of drugs from an out-of-network pharmacy but may pay more than you pay at an in-network pharmacy.</p>	
COVERAGE GAP	
<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug costs (including what our plan has paid and what you have paid) reach \$4,130.</p> <p>After you enter the coverage gap, you pay 25% of the plan’s cost for all covered generic and brand name drugs and a portion of the dispensing fee, as applicable, until your costs reach \$6,550, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>	
CATASTROPHIC COVERAGE	
<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost, or • \$3.70 copay for generics (including brand drugs treated as generic) and a \$9.20 copay for all other drugs. 	

²\$0 copay applies only to preferred generics filled at pharmacies offering preferred cost sharing. Please see VIVA MEDICARE’s Pharmacy Directory for a complete list of pharmacies.

Other Physicians/Providers are available in our network.

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 information is not a complete description of benefits.
Call 1-888-830-8482 (TTY users dial 711) for more information.*

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.



NONDISCRIMINATION AND LANGUAGE ACCESSIBILITY NOTICE

Nondiscrimination Notice:

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. VIVA HEALTH does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

VIVA HEALTH:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact VIVA HEALTH'S Civil Rights Coordinator.

If you believe that VIVA HEALTH has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with VIVA HEALTH'S Civil Rights Coordinator:

Address: 417 20th Street North, Suite 1100
Birmingham, AL, 35203
Phone: 1-800-633-1542 (TTY: 711)
Fax: 205-449-7626
Email: VIVACivilRightsCoord@uabmc.edu

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, VIVA HEALTH'S Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, TDD: 1-800-537-7697

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Grievance Procedure:

It is the policy of VIVA HEALTH not to discriminate on the basis of race, color, national origin, sex, age or disability. VIVA HEALTH has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. § 18116) and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or



disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the office of VIVA HEALTH's Civil Rights Coordinator:

Address: 417 20th Street North, Suite 1100
Birmingham, AL, 35203
Phone: 1-800-633-1542 (TTY: 711)
Fax: 205-449-7626
Email: VIVACivilRightsCoord@uabmc.edu

VIVA HEALTH's Civil Rights Coordinator has been designated to coordinate the efforts of VIVA HEALTH to comply with Section 1557.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for VIVA HEALTH to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

Procedure:

- Grievances must be submitted to the Civil Rights Coordinator within 60 days of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Civil Rights Coordinator shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Civil Rights Coordinator will maintain the files and records of VIVA HEALTH relating to such grievances. To the extent possible, and in accordance with applicable law, the Civil Rights Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- The Civil Rights Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.
- The person filing the grievance may appeal the decision of the Civil Rights Coordinator by writing to the Chief Administrative Officer within 15 days of receiving the Civil Rights Coordinator's decision. The Chief Administrative Officer shall issue a written decision in response to the appeal no later than 30 days after its filing.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal and administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, TDD: 1-800-537-7697



Language Assistance Services:

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-633-1542 (TTY: 711).

Traditional Chinese

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)。

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-633-1542 (TTY: 711)번으로 전화해 주십시오

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-633-1542 (TTY: 711).

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية متوافر لك بالمجان. اتصل برقم 1-800-633-1542 (TTY) : 711.

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-633-1542 (TTY: 711).

French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-633-1542 (ATS: 711).

Gujarati

ધ્યાન: તમે ગુજરાતી બોલે છે, ભાષા સહાય સેવાઓ વિના મૂલ્યે તમારા માટે ઉપલબ્ધ છે . કોલ 1-800-633-1542 (TTY : 711) .

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-633-1542 (TTY: 711).

Hindi

ध्यान दें: आप हिंदी बोलते हैं, तो भाषा सहायता सेवाओं के प्रभार से मुक्त आप के लिए उपलब्ध हैं। कॉल 1-800-633-1542 (TTY : 711)।

Laotian

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ 1-800-633-1542 (TTY: 711).

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-633-1542 (телетайп: 711).

Portugese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-633-1542 (TTY: 711).

Turkish

DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-800-633-1542 (TTY: 711) irtibat numaralarını arayın.

Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-633-1542 (TTY: 711) まで、お電話にてご連絡ください。