



## 2022 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
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: \$235 per day; \$0 for additional days; waived for treatment of COVID-19
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
Skilled Nursing Facility (100 days per benefit period)	\$0	Days 1-20: \$0 per day; Days 21-55: \$172 per day; Days 56-100: \$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
Kidney Diseases and Conditions	\$0	20% for Renal Dialysis
Other Medicare-Covered Preventive Services	\$0	\$0
Fitness	The Silver&Fit® Program (No cost; includes membership at participating fitness centers and at-home, digital options)	

SERVICE	Amount You Pay (look at column for your level of Medicaid)	
	Full Medicaid, QMB/QMB+, SLMB+	QDWI, QI-1, SLMB ONLY
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 \$200 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).	
Annual Hearing Exam	\$0	\$0
Hearing Aids	\$300-\$1,775 for each hearing aid; plan covers one hearing aid per ear, per calendar year.	
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.	
Food	Plan provides a \$25 allowance per month.	
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.	
Drugs covered under Medicare Part B	\$0	20%
Maximum Annual Out-of-Pocket Limit (the most you pay for copayments and coinsurance)	\$6,600 (does not apply to Part D prescription drugs)	
<b>Drugs covered under Medicare Part D</b>		
Initial Coverage Phase: You will pay the following copays until your total drug costs reach \$4,430.		
Generic Drugs including brand drugs treated as generics: up to 90-day supply (tier 5 drugs are limited to a 30-day supply)	\$0, \$1.35, or \$3.95 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, \$4.00, or \$9.85 depending on your income and institutional status	
Catastrophic Phase: What you pay after you have spent \$7,050 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, Blount, 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. 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](http://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 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). H0154\_mcdoc3078r1A\_M\_09/26/2021