

SUMMARY OF *BENEFITS* 2022

January 1, 2022 – December 31, 2022



VIVA MEDICARE EXTRA CARE (HMO SNP)

If you are a member of this plan, call 1-800-633-1542 (toll-free). TTY users, dial 711.

If you are not a member of this plan, call 1-888-830-8482 (toll-free). TTY users, dial 711.

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.)

Our website: www.VivaHealth.com/Medicare

SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the “**Evidence of Coverage**.” You can also see the Evidence of Coverage on our website, www.VivaHealth.com/Medicare/MemberResources.

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 Extra Care**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **VIVA MEDICARE Extra Care** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <https://www.medicare.gov>.
- 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 <https://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.

Sections in this booklet

- Things to Know About **VIVA MEDICARE Extra Care**.
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services.
- Covered Medical and Hospital Benefits.
- Prescription Drug Benefits.

This document is available in other formats such as audio and large print.

This document can be made available in a non-English language. For additional information, call us at 1-800-633-1542 (TTY: 711).

Things to Know About VIVA MEDICARE Extra Care

Hours of Operation & Contact Information

- From October 1 to March 31, we’re open 8 a.m. – 8 p.m. 7 days a week.
- From April 1 to September 30, we’re open 8 a.m. – 8 p.m. Monday through Friday.
- If you are a member of this plan, call us at 1-800-633-1542, TTY: 711.
- If you are not a member of this plan, call us at 1-888-830-8482, TTY: 711.
- Our website: www.VivaHealth.com/Medicare/MemberResources.

SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

Who can join?

To join **VIVA MEDICARE *Extra Care***, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and have Medicaid or a Medicare Savings Program through the Alabama Medicaid Agency, and live in our service area. Our service area includes these counties in Alabama: Limestone, Madison, Marshall and Morgan.

VIVA MEDICARE *Extra Care* may enroll dual-eligibles who are SLMB, SLMB Plus, QMB, QMB Plus, FBDE, QI-1 and QDWI.

Which doctors, hospitals, and pharmacies can I use?

VIVA MEDICARE *Extra Care* 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 must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

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

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

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and *more*. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs including chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, www.VivaHealth.com/Medicare/MemberResources.
- Or, call us and we will send you a copy of the formulary.

**If you have any questions about this plan's benefits or costs, please contact
VIVA MEDICARE.**

SECTION II - SUMMARY OF BENEFITS

VIVA MEDICARE *Extra Care*

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

Monthly Plan Premium	Because you get Extra Help, you pay \$0 per month. In addition, you must keep paying your Medicare Part B premium unless the State pays it for you.
Deductible	Medical Deductible: Not Applicable. Prescription Drug Deductible: Not Applicable.
Maximum Out-of-Pocket Responsibility	Your yearly limit(s) in this plan: <ul style="list-style-type: none">• \$6,600 for services you receive from in-network providers. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.

COVERED MEDICAL AND HOSPITAL BENEFITS

Inpatient Hospital	<u>In-Network:</u> Days 1-6: \$0 or \$235 Copay per day for each admission. Days 7-90: \$0 Copay per day. Our plan covers an unlimited number of days for an inpatient hospital stay. Your cost sharing depends on your level of Medicaid eligibility. May require prior authorization.
Ambulatory Surgical Center	<u>In-Network:</u> Ambulatory Surgical Center: \$0 or \$125 Copay. Your cost sharing depends on your level of Medicaid eligibility. May require prior authorization.
Outpatient Hospital	<u>In-Network:</u> Outpatient hospital: \$0 or \$175 Copay. Outpatient observation: \$0 or \$175 Copay. Medicare-covered colonoscopies: \$0 Copay. Your cost sharing depends on your level of Medicaid eligibility. May require prior authorization.

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Doctor's Office Visits	<u>In-Network:</u> Primary care physician visit: \$0 Copay. Specialist visit: \$0 Copay.
Preventive Care (e.g., flu vaccine, diabetic screenings)	<u>In-Network:</u> You pay nothing for all preventive services covered under Original Medicare at zero cost sharing. Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	<u>In-Network:</u> \$0 or \$90 Copay per visit. If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for emergency care. Worldwide Emergency Coverage: \$0 or \$90 Copay. Worldwide emergency coverage outside the U.S. and its territories is limited to \$50,000 and does not include transportation. Your cost sharing depends on your level of Medicaid eligibility.
Urgently Needed Services	<u>In-Network:</u> Medicare-covered urgently needed service from a PCP: \$0 Copay. Medicare-covered urgently needed service from a specialist: \$0 Copay. Medicare-covered urgently needed service from an urgent care clinic/facility: \$0 or \$40 Copay per visit. Your cost sharing depends on your level of Medicaid eligibility.
Diagnostic Services/ Labs/Imaging	<u>In-Network:</u> Diagnostic tests and procedures: \$0 or \$0 - \$50 Copay. Lab services: \$0 Copay. Diagnostic radiology services (such as ultrasound, MRI, CAT Scan): \$0 or \$10 - \$50 Copay. X-rays: \$0 or \$10 Copay. Therapeutic radiology services (such as radiation treatment for cancer): \$0 or \$40 Copay. Costs for these services may vary based on place of service.

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	<p>Your cost sharing depends on your level of Medicaid eligibility.</p> <p>May require prior authorization.</p>
Hearing Services	<p><u>In-Network:</u></p> <p>Exam to diagnose and treat hearing and balance issues: You Pay Nothing.</p> <p>Routine hearing exam (up to 1 visit every year): You Pay Nothing.</p> <p>Hearing Aid (up to 2 hearing aids every year): \$300 - \$1,775 Copay for each hearing aid.</p>
Dental Services	<p><u>In-Network:</u></p> <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. VIVA MEDICARE <i>Extra Care</i> also covers up to \$2,250 for preventive, diagnostic, and comprehensive dental benefits every year. You pay anything over \$2,250.</p>
Vision Services	<p><u>In-Network:</u></p> <p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0 Copay.</p> <p>Routine eye exam (up to 1 visit 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>Our plan pays up to \$200 for additional eyewear (eyeglass frames, lenses, contact lenses, and upgrades).</p>
Mental Health Care	<p><u>In-Network:</u></p> <p>Outpatient group therapy visit: \$0 Copay.</p> <p>Individual therapy visit: \$0 Copay.</p> <p>Inpatient Mental Health Care:</p> <p>Days 1-6: \$0 or \$235 Copay per day for each admission.</p> <p>Days 7-90: \$0 Copay per day.</p> <p>Your cost sharing depends on your level of Medicaid eligibility.</p> <p>May require prior authorization.</p>
Skilled Nursing Facility (SNF)	<p><u>In-Network:</u></p> <p>Days 1-20: \$0 Copay per day.</p> <p>Days 21-55: \$0 or \$172 Copay per day.</p>

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	<p>Days 56-100: \$0 Copay per day.</p> <p>Your cost sharing depends on your level of Medicaid eligibility.</p> <p>May require prior authorization.</p>
Outpatient Rehabilitation	<p><u>In-Network:</u></p> <p>Occupational therapy visit: \$0 Copay.</p> <p>Physical therapy and speech and language therapy visit: \$0 Copay.</p> <p>May require prior authorization.</p>
Ambulance	<p><u>In-Network:</u></p> <p>Ground Ambulance: \$0 or \$245 Copay.</p> <p>Air Ambulance: \$0 or \$245 Copay.</p> <p>Your cost sharing depends on your level of Medicaid eligibility.</p> <p>May require prior authorization.</p>
Transportation	<p><u>In-Network:</u></p> <p>You Pay Nothing.</p> <p>24 One-way trips every year to Plan-approved Locations.</p>
Medicare Part B Drugs	<p><u>In-Network:</u></p> <p>For Part B drugs such as chemotherapy drugs: \$0 or 20% Coinsurance.</p> <p>Other Part B drugs: \$0 or 20% Coinsurance.</p> <p>Your cost sharing depends on your level of Medicaid eligibility.</p> <p>May require prior authorization.</p>
Telehealth Services	<p>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.</p>
24-Hour Nurse Line	<p>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.</p>
Over-the-Counter (OTC) Drugs and Other Health-Related Items	<p>Plan provides a \$125 allowance every calendar quarter.</p>

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Fitness	The Silver&Fit® Program (no cost; includes membership at participating fitness centers and at-home, digital options).		
Food	Plan provides a \$25 allowance every month to eligible members for food and produce. See the Evidence of Coverage (EOC) for more information, including eligibility requirements.		
PRESCRIPTION DRUG BENEFITS			
Deductible	Prescription Drug Deductible: Not Applicable.		
Initial Coverage	You pay the following until your total yearly drug costs reach \$4,430. Total yearly drug costs are the drug costs paid by both you and our plan.		
	Tier	In-network cost-sharing One-month supply up to <u>30 days</u>	In-network cost-sharing Long-term supply up to <u>90 days</u>
	Tier 1 (Preferred Generic)	\$0, \$1.35, or \$3.95 per prescription for drugs treated as generic and \$0, \$4, or \$9.85 per prescription for all other drugs (your cost depends on your level of Extra Help).	\$0, \$1.35, or \$3.95 per prescription for drugs treated as generic and \$0, \$4, or \$9.85 for all other drugs (your cost depends on your level of Extra Help).
	Tier 2 (Generic)		
	Tier 3 (Preferred Brand)		
	Tier 4 (Non-Preferred Drug)		
	Tier 5 (Specialty Tier)	A long-term supply is not available for drugs in Cost Sharing Tier 5.	
Please call us or see the plan’s “Evidence of Coverage” on our website (http://www.vivahealth.com/medicare) for complete information about your costs for covered drugs.			
Catastrophic Coverage	What you pay after your yearly out-of-pocket drug costs reach \$7,050. <ul style="list-style-type: none">Because you get Extra Help, you pay \$0.		

DISCLAIMERS

Other Physicians/Providers are available in our network. 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. 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).

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-888-830-8482 (TTY: 711).

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit www.VivaHealth.com/Medicare/MemberResources or call 1-888-830-8482 (TTY: 711) to receive a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2023.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ This plan is a dual-eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

DESCRIPTION OF ADDITIONAL MEDICAID BENEFITS

Certain Medicare beneficiaries qualify for Medicaid to pay their Medicare Part B (supplemental medical insurance) premiums and for some services not covered by Medicare. Some of these extra benefits include eye exams and eyeglasses, home and community based services (if eligible), mental health services, prescription drugs that are not covered by Medicare Part D, and non-emergency transportation. In some cases, Medicaid may pay their Part A (hospital insurance) premium.

The people in this group include:

- QMB-Plus
- Full Benefit Dual Eligible or FBDE recipient
- SLMB-Plus

VIVA MEDICARE *Extra Care* (HMO SNP) and the Alabama Medicaid Agency have agreed to work together to offer another choice for full Medicaid recipients who have Medicare Part A and Part B. If you join VIVA MEDICARE *Extra Care*, you do not have to pay deductibles, copayments, or coinsurance for medical care that is covered by Medicare. You may also qualify for the benefits listed below.

Benefits Available to QMB-Plus, Full Benefit Dual Eligibles, and SLMB-Plus

Benefit Category	Alabama Medicaid	VIVA MEDICARE <i>Extra Care</i> (HMO SNP)
Eye Care Services: Medicaid pays for eye exams and eyeglasses once every three calendar years. Contact lenses may be provided only under certain conditions and when approved ahead of time.	\$1.30 to \$3.90 for eye exams. NOTE: You must buy your glasses from a Medicaid-approved contract provider.	See page 6 (Vision Services)
Home and Community Based Services: Programs that allow certain disabled recipients to stay in their homes rather than live in a nursing home.	You must meet certain medical criteria to qualify for this service.	You pay nothing for Medicare-covered Home Health Care.
Intermediate Care Facility for Intellectual Disabilities (ICF-ID) Services: ICF-ID facilities provide a protected residential setting and services to help individuals function.	You must meet certain medical criteria to qualify for this service.	Not Covered
Non-Emergency Transportation NET helps cover the costs of rides to and from medically necessary appointments <u>if</u> Medicaid recipients	You must call and get prior approval for this service.	See page 7 (Transportation)

Benefit Category	Alabama Medicaid	VIVA MEDICARE <i>Extra Care</i> (HMO SNP)
have no other way to get to their appointments.		
Prescription Drugs	\$.65 to \$3.90 per prescription for Part D excluded drugs covered by Alabama Medicaid. Medicaid does not cover Part D covered drugs (defined by CMS) for dual eligibles.	See pages 7-8 (Medicare Part B Drugs and Prescription Drug Benefits)

DESCRIPTION OF ADDITIONAL MEDICAID BENEFITS

Certain Medicare beneficiaries qualify for Medicaid to pay their Medicare Part A (hospital insurance) OR Part B (supplemental medical insurance) premiums. These beneficiaries do not qualify for any additional Medicaid benefits.

This group includes:

- Qualified Disabled and Working Individual or QDWI: Medicaid pays Medicare Part A premiums.
- Qualifying Individual or QI-1: Medicaid pays Medicare Part B premiums.
- Specified Low Income Medicare Beneficiary or SLMB Only: Medicaid pays Medicare Part B premiums.
- Qualified Medicare Beneficiary, sometimes known as QMB Only: Medicaid pays Medicare Part B premiums, Medicare deductibles, and coinsurance. In some cases, Medicaid may also pay their Part A premium.

If you join VIVA MEDICARE *Extra Care*, you may have to pay for deductibles, copayments, or coinsurance for services that are covered by Medicare. You may have to pay a monthly premium or other costs to VIVA MEDICARE *Extra Care* for extra benefits listed below.

Benefits Available to QDWI, QI-1, SLMB-Only, and QMB-Only

Benefit Category	Alabama Medicaid	VIVA MEDICARE <i>Extra Care</i> (HMO SNP)
Premium Assistance Medicaid pays the Part A and/or Part B premium	No other benefits paid QDWI: pays Medicare Part A premiums QI-1: pays Medicare Part B premiums SLMB-Only: pays Medicare Part B premiums QMB-Only: pays Medicare Part B premiums, Medicare deductibles, and coinsurance. In some cases, Medicaid may also pay the Part A premium.	See page 4 (Monthly Plan Premium)
Eye Care Services: Medicaid pays for eye exams and eyeglasses once every three calendar years. Contact lenses may be provided only under certain conditions and when approved ahead of time.	Not Covered	See page 6 (Vision Services)
Home and Community Based Services: Programs that allow certain disabled clients to stay in their homes rather than live in a nursing home.	Not Covered	You pay nothing for Medicare-covered Home Health Care.

Benefit Category	Alabama Medicaid	VIVA MEDICARE <i>Extra Care</i> (HMO SNP)
Intermediate Care Facility for Intellectual Disabilities (ICF-ID): ICF-ID facilities provide a protected residential setting and services to help individuals function at their greatest ability.	Not Covered	Not Covered
Non-Emergency Transportation: NET helps cover the costs of rides to and from medically necessary appointments if Medicaid recipients have no other way to get to their appointments without obvious hardships.	Not Covered	See page 7 (Transportation)
Prescription Drugs	Not Covered	See pages 7-8 (Medicare Part B Drugs & Prescription Drug Benefits)

Medicaid Appeals and Grievances

You may request a fair hearing from the Alabama Medicaid Agency if the Agency reduces or denies services based on medical criteria or when eligibility benefits are denied, terminated, or reduced.

Your written request must be received by Medicaid within 60 days from the date the notice of action is mailed that a covered service or eligibility benefit has been reduced, denied, or terminated.

Mail requests to:

Alabama Medicaid Agency
 Attention: Hearings Coordinator
 501 Dexter Avenue
 P.O. Box 5624
 Montgomery, AL 36103-5624

If you have questions, call the Alabama Medicaid Recipient Inquiry Hotline at 1-800-362-1504. The call is free. (For the hearing impaired, the TTY number is 1-800-253-0799. The call is free.)

“All Medicaid services are made available in accordance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1990. Complaints concerning these matters should be directed to the Civil Rights Coordinator, Alabama Medicaid Agency.”

