



# 2019 VIVA MEDICARE *Extra Value* (HMO SNP)

## SUMMARY OF COPAYMENTS & COINSURANCE

VIVA MEDICARE is an HMO SNP 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. This is shown in the chart below.

SERVICE	AMOUNT YOU PAY (LOOK AT COLUMN FOR YOUR LEVEL OF MEDICAID)	
	FULL MEDICAID, QMB/QMB+, SLMB+	QDWI, QI-1, SLMB ONLY
Monthly Premium <sup>1</sup>	\$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: \$245 per day; \$0 for additional days
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	\$0 per x-ray
Radiation Therapy and Therapeutic Radiology	\$0	\$40
Diagnostic Radiology such as an MRI, PET, or CT Scan	\$0	\$50 (\$0 for ultrasounds)
Annual Physical	\$0	\$0
Annual Hearing Exam	\$0	\$0
Skilled Nursing Facility (100 days per benefit period)	\$0	Days 1-20: \$0 per day; Days 21-59: \$172 per day; Days 60-100: \$0 per day
Home Health Care	\$0	\$0
Outpatient Services/Surgery at an Outpatient Hospital Facility or Ambulatory Surgical Center (includes invasive diagnostic procedures)	\$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

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Kidney Diseases and Conditions	\$0	20% for Renal Dialysis
Other Medicare-Covered Preventive Services	\$0	\$0
Sports Fitness	Plan pays up to \$20 per month toward dues at a participating sports fitness center.	
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 \$100 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).	
Dental Services	Plan covers up to \$1,000 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.	
Drugs covered under Medicare Part B	\$0	20%
Maximum Annual Out-of-Pocket Limit (the most you pay for copayments and coinsurance)	\$6,700 (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 \$5,100.		
Generic Drugs including brand drugs treated as generics: up to 90-day supply	Tier 6 drugs: \$0; All other tiers: \$0, \$1.25, or \$3.40 depending on your income and institutional status	
All Other Drugs: up to 90-day supply	\$0, \$3.80, or \$8.50 depending on your income and institutional status	
Catastrophic Phase: What you pay after you have spent \$5,100 out-of-pocket.	\$0	

<sup>1</sup>You must continue to pay your Medicare Part B Premium unless the state pays it for you.

The service area includes Autauga, Baldwin, 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. For more information, call the plan toll-free at 1-888-830-8482, 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.), or visit [VivaHealth.com/Medicare](http://VivaHealth.com/Medicare). TTY users call 711.

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).