2019 Viva Medicare *Me* (HMO)
Summary of Copayments & Coinsurance

The service area for this plan includes Blount, Chilton, Jefferson, Shelby, St. Clair, Talladega, and Walker Counties. 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. Other providers are available in our network.

Service	Amount You Pay
Monthly Premium[1]	$0
Primary Care Physician (PCP) Visit	$0
Specialist Visit (includes podiatry)	$25
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; $25 for Specialist Visit; $50 Urgent Care Clinic Visit
Inpatient Hospital Admission (includes inpatient mental health care)	Days 1-5: $225 per day; $0 for additional days
Outpatient Mental Health or Substance Abuse Visit	$25; $55 for Partial Hospitalization services
Diagnostic Procedures and Tests (EEGs, sleep studies, etc.)	$0-$50
Lab Services	$0-10%
X-Rays	$5 per x-ray
Radiation Therapy and Therapeutic Radiology	$60
Diagnostic Radiology such as an MRI, PET, or CT Scan	$75 per service ($5 per ultrasound)
Annual Physical	$0
Annual Hearing Exam	$0 if you see a PCP; $25 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 Surgery at an Outpatient Hospital Facility or Ambulatory Surgical Center (includes invasive diagnostic procedures such as epidurals)	$195 per Ambulatory Surgical Center Visit; $200 per Outpatient Hospital Visit; $200 per Outpatient Observation; $0 per Colonoscopy
Ambulance Services	$275 per one-way trip
Physical, Speech, or Occupational Therapy Visit	$25 per visit
Cardiac or 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
Sports Fitness	Plan pays up to $20 per month toward dues at a participating sports fitness center.

2019 Viva Medicare *Me* (HMO)
Summary of Copayments & Coinsurance

Service	Amount You Pay
Medicare-Covered Eye Exams	$25 ($0 for 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 $600 for preventive and comprehensive dental services per year. For Medicare-covered dental services, copay depends on place of service.
Drugs covered under Medicare Part B	20%
Over-the-Counter (OTC) Drugs and Other Health-Related Items	Plan provides a $50 allowance per calendar quarter.
Maximum Annual Out-of-Pocket Limit (the most you pay for copayments and coinsurance)	$5,900 (does not apply to Part D prescription drugs)
Drugs covered under Medicare Part D	
Deductible	No Deductible
Initial Coverage Phase: You will pay the following cost sharing until your total drug costs meet $3,820.	
Tier 1: Preferred Generics (Preferred Cost Sharing)[2]	$0 for a 30-day supply; $0 for a 90-day supply
Tier 1: Preferred Generics (Preferred Mail Order)	$0 for a 90-day supply
Tier 1: Preferred Generics (Standard Cost Sharing)	$4 for a 30-day supply; $12 for a 90-day supply
Tier 2: Generics	$10 for a 30-day supply; $30 for a 90-day supply; $20 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 Drugs	50% for a 30-day supply; 50% for a 90-day supply; 50% Preferred Mail Order for a 90-day supply
Tier 5: Specialty	33% for a 30-day supply
Coverage Gap Phase: Once your total drug costs reach $3,820, you move into the coverage gap or "donut hole." You pay the following amounts until your out-of-pocket costs reach $5,100.	Same copays as above for Tier 1 drugs. For all other tiers, 37% for Generics and 25% (plus a portion of the dispensing fee) for Brand Name Drugs.
Catastrophic Phase: What you pay after you have spent $5,100 out-of-pocket.	The greater of $3.40 generic (including brands treated as generic) and $8.50 all other drugs, or 5% coinsurance

[1]If you have Medicaid or Extra Help to pay prescription drug costs, your premiums, copays, coinsurance, and deductibles may vary based on the level of Medicaid and Extra Help you receive. [2]$0 copay applies only to prescriptions filled at pharmacies offering preferred cost sharing. Please see Viva Medicare's Pharmacy Directory for a complete list of pharmacies. This information is not a complete description of benefits. For more information, contact 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. 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).

H0154_mcdoc2058_2A_M_08/26/2018