



## 2019 VIVA MEDICARE *Premier* (HMO) SUMMARY OF COPAYMENTS & COINSURANCE

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. The service area for this plan includes: Autauga, Baldwin, Blount, Bullock, Calhoun, Cherokee, Chilton, Colbert, Crenshaw, Cullman, Dale, DeKalb, Elmore, Etowah, Franklin, Geneva, Henry, Houston, Jefferson, Lauderdale, Lee, Lowndes, Macon, Mobile, Montgomery, Pike, Shelby, St. Clair, Talladega, Tallapoosa, and Walker Counties.

SERVICE	AMOUNT YOU PAY
Monthly Premium	\$99
Primary Care Physician (PCP) Visit	\$0
Specialist Visit (includes podiatry)	\$15
Chiropractor Visit	\$15
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; \$15 for Specialist Visit; \$40 for Urgent Care Clinic Visit
Inpatient Hospital Admission (includes inpatient mental health care)	Days 1-5: \$195 per day; \$0 for additional days
Outpatient Mental Health or Substance Abuse Visit	\$15; \$55 for Partial Hospitalization services
Diagnostic Procedures and Tests (EEGs, sleep studies, etc.)	\$0-\$25
Lab Services	\$0
X-Rays	\$0 per x-ray
Radiation Therapy and Therapeutic Radiology	\$30
Diagnostic Radiology such as an MRI, PET, or CT Scan	\$30 per service (\$0 per ultrasound)
Annual Physical	\$0
Annual Hearing Exam	\$0 if you see a PCP; \$15 if you see a Specialist
Skilled Nursing Facility (100 days per benefit period)	Days 1-20: \$0 per day; Days 21-53: \$172 per day; Days 54-100: \$0 per day
Home Health Care	\$0
Outpatient Services/Surgery at an Outpatient Hospital Facility or Ambulatory Surgical Center (includes invasive diagnostic procedures such as epidurals)	\$125 per Ambulatory Surgical Center Visit; \$155 per Outpatient Hospital Visit; \$155 per Outpatient Observation; \$0 for Colonoscopy
Ambulance Services	\$200 per one-way trip
Physical, Speech, or Occupational Therapy Visit	\$15 per visit
Cardiac or Pulmonary Rehabilitation Visit	\$10 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; \$0 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 fitness center.

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SERVICE	AMOUNT YOU PAY
Medicare-Covered Eye Exams	\$15 (\$0 for glaucoma screening)
Routine Annual Vision Exam	\$0
Eyewear	Plan also covers up to \$200 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 also covers up to \$800 for preventive and comprehensive dental services per year. For Medicare-covered dental services, copay depends on place of service.
Over-the-Counter (OTC) Drugs and Other Health-Related Items	Plan provides a \$75 allowance per calendar quarter.
Drugs covered under Medicare Part B	20%
Maximum Annual Out-of-Pocket Limit (the most you pay for copayments & coinsurance)	\$5,500 (does not apply to Part D prescription drugs)
<b>Drugs covered under Medicare Part D</b>	
Deductible	No deductible
Initial Coverage Phase: You will pay the following cost sharing until your total drug costs reach \$3,820.	
Tier 1: Preferred Generics (Preferred Cost Sharing) <sup>1</sup>	\$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	\$8 for a 30-day supply; \$24 for a 90-day supply; \$16 Preferred Mail Order for a 90-day supply
Tier 3: Preferred Brands	\$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 Tiers 1 and 2 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

<sup>1</sup>\$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, 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).