VIVA MEDICARE

2020 VIVA MEDICARE *Plus* (HMO) Summary of Copayments & Coinsurance

SERVICE	AMOUNT YOU PAY
Monthly Premium	$0/$28[1]
Primary Care Physician (PCP) Visit	$0
Specialist Visit (includes podiatry)	$30; referrals not required
Chiropractor Visit	$20
Emergency Room Visit	$90, waived if you are admitted to the same hospital within 24 hours for same condition
Urgently Needed Care Visit	$0 for a PCP Visit; $30 for a Specialist Visit; $50 for an Urgent Care Clinic Visit
Inpatient Hospital Admission (includes inpatient mental health care)	Days 1-6: $290 per day; $0 for additional days
Outpatient Mental Health or Substance Abuse Visit	$30; $55 for Partial Hospitalization services
Diagnostic Procedures and Tests (EEGs, sleep studies, etc.)	$0-$75
Lab Services	$0-20%
X-Rays	$20 per x-ray
Radiation Therapy and Therapeutic Radiology	$60
Diagnostic Radiology such as an MRI, PET, or CT Scan	$100 per service ($20 per ultrasound)
Annual Physical	$0
Annual Hearing Exam	$0 if you see a PCP; $30 if you see a Specialist
Skilled Nursing Facility (100 days per benefit period)	Days 1-20: $0 per day; Days 21-59: $172 per day; Days 60-100: $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)	$200 at an Ambulatory Surgical Center; $290 at an Outpatient Hospital; $290 per Outpatient Observation; $0 for Colonoscopy
Ambulance Services	$325 per one-way trip
Physical, Speech, or Occupational Therapy	$30 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 fitness center. You pay any amount over $20.

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Medicare-Covered Eye Exams	$30 ($0 for glaucoma screening)
Routine Annual Vision Exam	$0
Eyewear	Plan covers up to $75 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 $700 for preventive, diagnostic, 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 $40 allowance per calendar quarter.
Drugs covered under Medicare Part B	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)
Drugs covered under Medicare Part D	
Deductible	You stay in the Deductible Phase until you have paid $150 for your Tier 3, Tier 4, and Tier 5 drugs. The deductible does not apply to Tier 1 and 2 drugs.
Initial Coverage Phase: You pay the cost sharing below until your total drug costs reach $4,020.	
Tier 1: Preferred Generics (Preferred Cost Sharing)[2]	$0 for up to a 90-day supply
Tier 1: Preferred Generics (Preferred Mail Order)[2]	$0 for up to 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	$14 for a 30-day supply; $42 for a 90-day supply; $28 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	45% for a 30-day supply; 45% for a 90-day supply; 45% Preferred Mail Order for a 90-day supply
Tier 5: Specialty	30% for a 30-day supply
Coverage Gap Phase: Once your total drug costs reach $4,020, you move into the coverage gap or "donut hole". You pay the following amounts until your out-of-pocket costs reach $6,350.	25% for Generics and Brand Name Drugs
Catastrophic Phase: What you pay after you have spent $6,350 out-of-pocket.	The greater of $3.60 generic (including brands treated as generic) and $8.95 all other drugs, or 5% coinsurance

[1]The plan premium is $0 in the following service area: Autauga, Baldwin, Blount, Calhoun, Cherokee, Chilton, Colbert, Crenshaw, Cullman, Dale, Elmore, Etowah, Geneva, Henry, Houston, Jefferson, Lauderdale, Lee, Lowndes, Mobile, Montgomery, Shelby, St. Clair, Talladega, and Tallapoosa Counties. The plan premium is $28 in the following service area: Bullock, DeKalb, Franklin, Pike, and Walker Counties. [2]$0 copay applies only to preferred generics 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. 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. 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). H0154_mcdoc2695A_M_06/21/2020