

#### Visit a VIVA HEALTH Café in your neighborhood!

Hours: Monday - Friday, 8am - 5pm

 Birmingham
 Dothan
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 205-558-7466
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 256-787-8482
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 Hoover
 Huntsville
 Mobile
 Montgomery

256-701-8666 251-380-2222 334-272-8882

#### VIVA MEDICARE'S Service Area Counties in Alabama

VIVA MEDICARE Infirmary Health Advantage: Baldwin and Mobile Counties

VIVA MEDICARE Plus \$0 Premium: 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

VIVA MEDICARE Plus \$28 Premium: Bullock, DeKalb, Franklin, Macon, Pike, and Walker Counties

VIVA MEDICARE Prime and Premier: 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

VIVA MEDICARE Extra Value: Autauga, Baldwin, Blount, 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

VIVA MEDICARE Select: Autauga, Baldwin, Blount, Bullock, Calhoun, Cherokee, Chilton, Colbert, Crenshaw, Cullman, Dale, DeKalb, Elmore, Etowah, Franklin, Geneva, Henry, Houston, Jefferson, Lauderdale, Lee, Limestone, Lowndes, Macon, Madison, Marshall, Mobile, Montgomery, Morgan, Pike, Shelby, St. Clair, Talladega, Tallapoosa, and Walker Counties

¹For most plans, \$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. 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 (ITY: 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 (ITY: 711).

## • VIVA MEDICARE

2022 PLANS AT A GLANCE



### PLAN OPTIONS TO COVER ALL YOUR MEDICARE NEEDS

Call us today! 1-888-830-VIVA (8482) (toll-free) | TTY: 711 or visit us online at www.VivaHealth.com/Medicare

Hours: Mon - Fri, 8am - 8pm; Oct 1 - Mar 31: 7 days a week, 8am - 8pm

205-978-4911

### All Plans include Hearing Aid Coverage, Telehealth Services, Fitness Benefits, No Deductibles & More!





VIVA MEDICARE

This plan is available just to residents of Mobile and Baldwin Counties. The provider network is limited to the Infirmary Health system.

SERVICE	AMOUNT YOU PAY
Premium	\$0
Primary Care Physician (PCP)	\$0
Specialist	\$15
Inpatient Hospital	\$245 per day, days 1-6
Outpatient Services/Surgery	\$195-\$225 (\$0 for colonoscopies)
Part D Drug Coverage	Generics starting at \$01; No annual deductible
Eyewear	\$150 annual eyewear allowance
Dental	\$1,400 annual dental allowance
Over-the-Counter Items	\$80 allowance every calendar quarter

Other Physicians/Providers are available in our network

<b>VIVA</b>	MEDICARE
Plus (	(HMO)

This plan offers more benefits than Original Medicare and helps you save on your Medicare costs.

SERVICE	AMOUNT YOU PAY
Premium	\$0 or \$28 (\$28 in Bullock, DeKalb, Franklin, Macon, Pike, and Walker Counties, only)
Primary Care Physician (PCP)	\$0
Specialist	\$25
Inpatient Hospital	\$290 per day, days 1-6
Outpatient Services/Surgery	\$200-\$275 (\$0 for colonoscopies)
Part D Drug Coverage	Generics starting at \$01; No annual deductible
Eyewear	\$100 annual eyewear allowance
Dental	\$700 annual dental allowance
Over-the-Counter Items	\$40 allowance every calendar quarter

### VIVA MEDICARE Prime (HMO)

This plan offers a combination of benefits designed to lower your out-of-pocket costs for a low monthly premium.

SERVICE	AMOUNT YOU PAY
Premium	\$55
Primary Care Physician (PCP)	\$0
Specialist	\$20
Inpatient Hospital	\$245 per day, days 1-6
Outpatient Services/Surgery	\$195-\$225 (\$0 for colonoscopies)
Part D Drug Coverage	Generics starting at \$01; No annual deductible
Eyewear	\$150 annual eyewear allowance
Dental	\$1,200 annual dental allowance
Over-the-Counter Items	\$60 allowance every calendar quarter

Please see the back of this brochure for a list of counties in the VIVA MEDICARE service area.

SERVICE	AMOUNT YOU PAY
Premium	\$0
Primary Care Physician (PCP)	\$0
Specialist	\$0
Inpatient Hospital	\$0 or \$235 per day, days 1-6
Outpatient Services/Surgery	\$0 or \$125-\$175 (\$0 for colonoscopies)
Part D Drug Coverage	\$0, \$1.35, or \$3.95 for generics*; No annual deductible
Eyewear	\$200 annual eyewear allowance
Dental	\$2,250 annual dental allowance
Over-the-Counter Items	\$125 allowance every calendar quarter
Transportation Benefits	24 one-way rides or 12 round trips
Food Allowance	\$25 food allowance per month

# VIVA MEDICARE Extra Value (HMO SNP)

This is a Special Needs Plan for people who have both Medicare and Medicaid/ Medicare Savings Program.

Premiums, copayments, coinsurance, and deductibles may vary based on the level of Medicaid and Extra Help you receive. Please contact the plan for further details. \*Up to a 90-day supply of generic drugs for \$3.95 or less and up to a 90-day supply of brand-name drugs for \$9.85 or less for most drugs. Your costs depend on the level of Extra Help you receive.

SERVICE	AMOUNT YOU PAY
Premium	\$105
Primary Care Physician (PCP)	\$0
Specialist	\$15
Inpatient Hospital	\$195 per day, days 1-6
Outpatient Services/Surgery	\$125-\$175 (\$0 for colonoscopies)
Part D Drug Coverage	Generics starting at \$01; No annual deductible
Eyewear	\$200 annual eyewear allowance
Dental	\$1,600 annual dental allowance
Over-the-Counter Items	\$90 allowance every calendar quarter
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### VIVA MEDICARE Premier (HMO)

This plan offers additional benefits designed to lower your out-of-pocket costs, but without a high monthly premium like some supplement plans.

SERVICE	AMOUNT YOU PAY
Premium	\$0
Part B Premium Buy-Down	Up to \$50
Primary Care Physician (PCP)	\$0
Specialist	\$15
Inpatient Hospital	\$245 per day, days 1-6
Outpatient Services/Surgery	\$195-\$225 (\$0 for colonoscopies)
Part D Drug Coverage	No Part D Drug Coverage
Eyewear	\$150 annual eyewear allowance
Dental	\$2,000 annual dental allowance
Over-the-Counter Items	\$100 allowance every calendar quarter

### VIVA MEDICARE Select (HMO)

This plan is ideal for people with prescription drug coverage through an employer group, a retiree plan, or the VA.