

VIVA MEDICARE

2024 Plans at a Glance

All Plans include \$0 Primary Care Physician Visits, \$0 Deductibles¹, Hearing Aid Coverage, \$0 Gym Memberships, & More!

Services	VIVA MEDICARE ^{Plus} (HMO)	VIVA MEDICARE ^{Premier} (HMO)	VIVA MEDICARE ^{Select} (HMO)	VIVA MEDICARE ^{Extra Value} ³ (HMO SNP)
Monthly Premium	\$0 – This plan also provides a Part B Premium Buy-Down that lowers the cost of your monthly Part B premium by \$20 a month (available in select counties) . ²	\$96	\$0 – This plan also provides a Part B Premium Buy-Down that lowers the cost of your monthly Part B premium by \$65 a month.	\$0
Maximum Out-of-Pocket Limit	\$5,400 (does not apply to Part D prescription drugs)	\$4,500 (does not apply to Part D prescription drugs)	\$4,500	\$6,600 (does not apply to Part D prescription drugs)
Specialist	\$20 ; referrals not required	\$15 ; referrals not required	\$20 ; referrals not required	\$0 ; referrals not required
Inpatient Hospital	Days 1-6: \$290 per day; \$0 for additional days	Days 1-6: \$195 per day; \$0 for additional days	Days 1-6: \$290 per day; \$0 for additional days	Days 1-6: \$0 or \$280 per day; \$0 for additional days
Outpatient Services	\$275 (\$0 at an ambulatory surgical center and for colonoscopies)	\$175 (\$0 at an ambulatory surgical center and for colonoscopies)	\$290 (\$0 at an ambulatory surgical center and for colonoscopies)	\$0 or \$175 (\$0 at an ambulatory surgical center and for colonoscopies)
Medicare Part D Drug Coverage	Generics starting at \$0	Generics starting at \$0	No Part D Drug Coverage	\$0 copays for drugs
Eyewear	\$150 annual eyewear allowance	\$200 annual eyewear allowance	\$150 annual eyewear allowance	\$300 annual eyewear allowance
Dental	\$1,175 annual dental allowance	\$1,600 annual dental allowance	\$2,000 annual dental allowance	\$2,000 annual dental allowance
Transportation	No transportation	No transportation	No transportation	\$0 for 24 one-way rides or 12 round trips
Over-the-Counter Items	\$50 quarterly allowance	\$95 quarterly allowance	\$100 quarterly allowance	\$75/month Flex Card to spend on groceries and over-the-counter items ⁴
Flex Card	No Flex Card	No Flex Card	No Flex Card	

¹\$0 drug deductible on all VIVA MEDICARE plans. To qualify for the \$0 drug deductible on a VIVA MEDICARE HMO D-SNP plan, you must have Medicaid. ²The Part B Premium Buy-Down benefit is available on the *Plus* plan in the following counties: Baldwin, Blount, Chambers, Dale, Geneva, Henry, Houston, Jefferson, Lee, Mobile, Montgomery, Shelby, St. Clair, Talladega, Tuscaloosa and Walker. Contact the plan for more information. ³You must have both Medicare and Medicaid to qualify for this plan and the Flex Card benefit. ⁴The Flex Card is a \$75/month benefit for HMO D-SNP members that can be used for approved over-the-counter items and/or food/produce at in-network retailers or by mail order through NationsBenefits. 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_mcdoc4030A_M_10/31/2023