



## 2024 VIVA MEDICARE *Extra Value* (HMO SNP) Summary of Copays & Coinsurance

SERVICE	Amount You Pay (look at column for your level of Medicaid)	
	Full Medicaid, QMB/QMB+, SLMB+	QDWI, QI-1, SLMB ONLY
Monthly Premium	\$0	\$0
Primary Care Physician (PCP) Visit	\$0	\$0
Specialist Visit	\$0	\$0
Dental Services	Plan covers up to \$2,000 for preventive, diagnostic, and comprehensive dental services per year. For Medicare-covered dental services, copay depends on the place of service.	
Flex Card	Plan provides \$75 each month on a Flex Card that can be used for approved OTC items and/or food/produce from NationsBenefits or at in-network retailers.	
Transportation	24 free rides (12 round trips) a year to the doctor, dentist, gym, or other plan-approved locations	
Inpatient Hospital Admission (includes inpatient mental health care)	\$0	Days 1-6: \$280 per day; \$0 for additional days
Outpatient Services/Surgery at an Outpatient Hospital Facility or Ambulatory Surgical Center (includes invasive diagnostic procedures such as epidurals)	\$0	\$0 at an Ambulatory Surgical Center; \$175 at an Outpatient Hospital; \$175 per Outpatient Observation; \$0 for Colonoscopy
Emergency Room Visit	\$0	\$100, waived if you are admitted to the same hospital within 24 hours for the same condition
Ambulance Services	\$0	\$245 per one-way trip
Lab Services	\$0	\$0
X-Rays	\$0	\$10 per x-ray
Diagnostic Procedures and Tests (EEGs, sleep studies, etc.)	\$0	\$0-\$50
Diagnostic Radiology such as an MRI, PET, or CT Scan	\$0	\$50 (\$10 per ultrasound)
Radiation Therapy and Therapeutic Radiology	\$0	\$40 per service
Urgently Needed Care Visit	\$0	\$0 for a PCP Visit; \$0 for a Specialist Visit; \$40 for an Urgent Care Clinic Visit
Outpatient Mental Health or Substance Abuse Visit	\$0	\$0; \$55 for Partial Hospitalization services
Chiropractor Visit	\$0	\$0
Medicare-Covered Eye Exams	\$0	\$0
Routine Annual Vision Exam	\$0	\$0
Eyewear (Eyeglasses or Contact Lenses)	Plan covers up to \$300 for prescription eyewear and/or contact lens fittings per year. \$0 copay for one pair of glasses or contact lenses after cataract surgery (you pay any amount over the Medicare allowable amount).	
Annual Hearing Exam	\$0	\$0

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	Full Medicaid, QMB/QMB+, SLMB+	QDWI, QI-1, SLMB ONLY
Hearing Aids	Plan covers one prescription hearing aid per ear, per calendar year (\$300-\$1,775 for each hearing aid) or one pair of over-the-counter hearing aids purchased through NationsHearing per calendar year (\$500-\$2,700 for each pair).	
Physical, Speech, or Occupational Therapy	\$0	\$0 per visit
Cardiac or Pulmonary Rehabilitation Visit	\$0	\$0 per visit
Skilled Nursing Facility (100 days per benefit period)	\$0	Days 1-20: \$0 per day; Days 21-55: \$196 per day; Days 56-100: \$0 per day
Home Health Care	\$0	\$0
Durable Medical Equipment/Prosthetics	\$0	20% (\$0 for ostomy supplies)
Diabetic Supplies	\$0	\$0 for supplies; 10% for therapeutic shoes or inserts
Kidney Diseases and Conditions	\$0	20% for Renal Dialysis
Telehealth Services	Plan covers telehealth services for PCP and Specialist Visits, Mental Health, Outpatient Substance Abuse, and Physical and Speech Therapy; standard office visit copays apply, when applicable.	
24-Hour Nurse Line	Plan includes access to a 24-hour nurse line for general health education and tips for at-home, non-emergency treatments for minor illnesses or injuries.	
Fitness	The Silver&Fit® program (No cost; includes membership at participating fitness centers and at-home, digital options)	
Drugs Covered under Medicare Part B	\$0	20%. You may pay less (\$0-20%) for certain drugs deemed "rebateable" by Medicare and no more than \$35 for a one-month supply of Medicare-covered insulin furnished through durable medical equipment (ex: insulin pump).
Maximum Annual Out-of-Pocket Limit (the most you pay for copays and coinsurance)	\$6,600 (does not apply to Part D prescription drugs)	
<b>Drugs Covered under Medicare Part D</b>		
Deductible: Because you get Extra Help, your drug deductible is \$0.		
Initial Coverage Phase: You will pay the following copays until your total drug costs reach \$5,030.		
Generic and Brand-Name Drugs: up to 90-day supply (tier 5 drugs are limited to a 30-day supply)	Because you get Extra Help, you pay \$0.	
Catastrophic Phase: What you pay after you have spent \$8,000 out-of-pocket.	Because you get Extra Help, you pay \$0.	

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. This plan is only available to people with both Medicare and Medicaid. Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. The service area includes Autauga, Baldwin, Blount, Bullock, Calhoun, Chambers, Cherokee, Chilton, Colbert, Crenshaw, Cullman, Dale, DeKalb, Elmore, Etowah, Fayette, Franklin, Geneva, Henry, Houston, Jefferson, Lauderdale, Lee, Lowndes, Macon, Mobile, Montgomery, Pike, Shelby, St. Clair, Talladega, Tallapoosa, Tuscaloosa, and Walker Counties. This information is not a complete description of benefits. Refer to the Evidence of Coverage or call 1-888-830-8482 (TTY users dial 711) for more information. Hours: Mon - Fri, 8am - 8pm; Oct 1 - Dec 31: 7 days a week, 8am - 8pm. Or, visit VivaHealth.com/Medicare. The Silver&Fit program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a federally registered trademark of ASH and used with permission herein. 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\_mcdoc3886A\_M\_09/06/2023