



## Plans Offered by VIVA MEDICARE in 2025

Below is a brief overview of the 8 Medicare Advantage plans offered by VIVA MEDICARE in 2025. To be eligible for VIVA MEDICARE, members must still pay their Part B premium to Medicare (unless it is paid by the State).

### VIVA MEDICARE *Plus* (HMO)\*

Includes both medical and Part D prescription drug coverage with a \$0 monthly premium.

VIVA MEDICARE*Plus* (HMO)

"A Medicare Advantage Plan - Medicare limiting charges apply"

Member: Jane H. Doe

Member ID:

Plan (80840):

Provider System:

PCP:

PCP Phone:

PCP:

Specialist:

ER:

Issue Date: 00/00/0000

Group:

RxBIN: 004336

RxPCN: MEDADV

RxGRP: RX7816

RxID:

MedicareRx  
Prescription Drug Coverage X  
CMS H0154 000

VIVA MEDICARE*Plus* (HMO)

"A Medicare Advantage Plan - Medicare limiting charges apply"

Member: Jane H. Doe

Member ID:

Plan (80840):

Provider System:

PCP:

PCP Phone:

PCP:

Specialist:

ER:

Issue Date: 00/00/0000

Group:

RxBIN: 004336

RxPCN: MEDADV

RxGRP: RX7816

RxID:

MedicareRx  
Prescription Drug Coverage X  
CMS H0154 000

### VIVA MEDICARE *Premier* (HMO)\*

For a monthly plan premium of \$103, this plan includes both medical and Part D prescription drug coverage along with lower out-of-pocket costs and richer benefits than the VIVA MEDICARE *Plus* plan.

VIVA MEDICARE*Premier* (HMO)

"A Medicare Advantage Plan - Medicare limiting charges apply"

Member: Jane H. Doe

Member ID:

Plan (80840):

Provider System:

PCP:

PCP Phone:

PCP:

Specialist:

ER:

Issue Date: 00/00/0000

Group:

RxBIN: 004336

RxPCN: MEDADV

RxGRP: RX7816

RxID:

MedicareRx  
Prescription Drug Coverage X  
CMS H0154 000

VIVA MEDICARE*Premier* (HMO)

"A Medicare Advantage Plan - Medicare limiting charges apply"

Member: Jane H. Doe

Member ID:

Plan (80840):

Provider System:

PCP:

PCP Phone:

PCP:

Specialist:

ER:

Issue Date: 00/00/0000

Group:

RxBIN: 004336

RxPCN: MEDADV

RxGRP: RX7816

RxID:

MedicareRx  
Prescription Drug Coverage X  
CMS H0154 000

### VIVA MEDICARE *Prime* (HMO)\*

For a monthly premium of \$53, the plan includes both medical and Part D prescription drug coverage along with lower out-of-pocket costs and richer benefits than the VIVA MEDICARE *Plus* plan.

VIVA MEDICARE*Prime* (HMO)

"A Medicare Advantage Plan - Medicare limiting charges apply"

Member: Jane H. Doe

Member ID:

Plan (80840):

Provider System:

PCP:

PCP Phone:

PCP:

Specialist:

ER:

Issue Date: 00/00/0000

Group:

RxBIN: 004336

RxPCN: MEDADV

RxGRP: RX7816

RxID:

MedicareRx  
Prescription Drug Coverage X  
CMS H0154 000

VIVA MEDICARE*Prime* (HMO)

"A Medicare Advantage Plan - Medicare limiting charges apply"

Member: Jane H. Doe

Member ID:

Plan (80840):

Provider System:

PCP:

PCP Phone:

PCP:

Specialist:

ER:

Issue Date: 00/00/0000

Group:

RxBIN: 004336

RxPCN: MEDADV

RxGRP: RX7816

RxID:

MedicareRx  
Prescription Drug Coverage X  
CMS H0154 000

### VIVA MEDICARE *Select* (HMO)\*

A Medicare Advantage plan with medical coverage, no prescription drug coverage, and no monthly premium. Designed for individuals who have prescription drug coverage through another source.

VIVA MEDICARE*Select* (HMO)

"A Medicare Advantage Plan - Medicare limiting charges apply"

Member: Jane H. Doe

Member ID:

Plan (80840):

Provider System:

PCP:

PCP Phone:

PCP:

Specialist:

ER:

Issue Date: 00/00/0000

Group:

RxBIN: 004336

RxPCN: MEDADV

RxGRP: RX7816

RxID:

MedicareRx  
Prescription Drug Coverage X  
CMS H0154 000

VIVA MEDICARE*Select* (HMO)

"A Medicare Advantage Plan - Medicare limiting charges apply"

Member: Jane H. Doe

Member ID:

Plan (80840):

Provider System:

PCP:

PCP Phone:

PCP:

Specialist:

ER:

Issue Date: 00/00/0000

Group:

RxBIN: 004336

RxPCN: MEDADV

RxGRP: RX7816

RxID:

MedicareRx  
Prescription Drug Coverage X  
CMS H0154 000

\*The color of the stripe at the top of the card represents the provider system a member joins. **Green stripe:** UAB Hospital System/ Medical West/ Ascension St. Vincent's (All Facilities). **Grey stripe:** Infirmary Health Hospital System. **No stripe:** Open provider system, meaning the member may use any VIVA MEDICARE specialist or hospital.

Plans Offered by VIVA MEDICARE in 2025

VIVA MEDICARE *Extra Value* (HMO SNP)\*

A Medicare Advantage Special Needs Plan for individuals that have both Medicare and Medicaid. This plan has a \$0 monthly premium and includes Part D prescription drug coverage with \$0 copays for drugs. Individuals with Full Medicaid have no out-of-pocket costs for their medical expenses.

VIVA MEDICARE*Extra Value* (HMO SNP)

"A Medicare Advantage Plan - Medicare limiting charges apply"

Member: Jane H. Doe  
Member ID:  
Plan (80840):  
Provider System:  
PCP:  
PCP Phone:  
PCP:  
Specialist:  
ER:

Issue Date: 00/00/0000  
Group:  
  
RxBIN: 004336  
RxPCN: MEDADV  
RxGRP: RX7816  
RxID:  
  
MedicareRx  
Prescription Drug Coverage  
CMS H0154 000

VIVA MEDICARE*Extra Value* (HMO SNP)

"A Medicare Advantage Plan - Medicare limiting charges apply"

Member: Jane H. Doe  
Member ID:  
Plan (80840):  
Provider System:  
PCP:  
PCP Phone:  
PCP:  
Specialist:  
ER:

Issue Date: 00/00/0000  
Group:  
  
RxBIN: 004336  
RxPCN: MEDADV  
RxGRP: RX7816  
RxID:  
  
MedicareRx  
Prescription Drug Coverage  
CMS H0154 000

VIVA MEDICARE *Classic* (HMO)\*

Includes both medical and Part D prescription drug coverage with a \$0 monthly premium. Only available in Jackson, Madison, Marshall, Morgan, and Limestone Counties.

VIVA MEDICARE CLASSIC (HMO)

"A Medicare Advantage Plan - Medicare limiting charges apply"

Member: Jane H. Doe  
Member ID:  
Plan (80840):  
Provider System:  
PCP:  
PCP Phone:  
PCP:  
Specialist:  
ER:

Issue Date: 00/00/0000  
Group:  
  
RxBIN: 004336  
RxPCN: MEDADV  
RxGRP: RX7816  
RxID:  
  
MedicareRx  
Prescription Drug Coverage  
CMS H0154 000

VIVA MEDICARE *Extra Care* (HMO SNP)\*

A Medicare Advantage Special Needs Plan for individuals that have both Medicare and Medicaid. This plan has a \$0 monthly premium and includes Part D prescription drug coverage with \$0 copays for drugs. Individuals with Full Medicaid have no out-of-pocket costs for their medical expenses. Only available in Jackson, Madison, Marshall, Morgan, and Limestone Counties.

VIVA MEDICARE EXTRA CARE (HMO SNP)

"A Medicare Advantage Plan - Medicare limiting charges apply"

Member: Jane H. Doe  
Member ID:  
Plan (80840):  
Provider System:  
PCP:  
PCP Phone:  
PCP:  
Specialist:  
ER:

Issue Date: 00/00/0000  
Group:  
  
RxBIN: 004336  
RxPCN: MEDADV  
RxGRP: RX7816  
RxID:  
  
MedicareRx  
Prescription Drug Coverage  
CMS H0154 000

VIVA MEDICARE *Infirmiry Health Advantage* (HMO)\*

Includes both medical and Part D prescription drug coverage with a \$0 monthly premium. Only available in Mobile and Baldwin Counties. The provider network is limited to the Infirmiry Health system.

VIVA MEDICARE  
INFIRMIRY HEALTH ADVANTAGE (HMO)

"A Medicare Advantage Plan - Medicare limiting charges apply"

Member: Jane H. Doe  
Member ID:  
Plan (80840):  
Provider System: Infirmiry Health  
PCP:  
PCP Phone:  
PCP:  
Specialist:  
ER:

Issue Date: 00/00/0000  
Group:  
  
RxBIN:  
RxPCN:  
RxGRP:  
RxID:  
  
MedicareRx  
Prescription Drug Coverage  
CMS H0154 000

\*The color of the stripe at the top of the card represents the provider system a member joins. **Green stripe:** UAB Hospital System/ Medical West/ Ascension St. Vincent's (All Facilities). **Grey stripe:** Infirmiry Health Hospital System. **No stripe:** Open provider system, meaning the member may use any VIVA MEDICARE specialist or hospital. VIVA HEALTH complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, color, national origin, age, disability, religion, or sex (including sex characteristics, including interstitial intersex traits; pregnancy or related conditions; sexual orientation; gender identity; and sex stereotypes). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-830-8482 (TTY: 711). H0154\_mcdoc2231r4A\_C\_08/08/2024