Health System | Viva Medicare

2025 Viva Medicare *Extra Care* (HMO SNP) Summary of Copays & Coinsurance

Benefit	What You Get
Dental Services	Plan covers up to $1,500 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 $65 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	Plan provides 24 free rides (12 round trips) a year to the doctor, dentist, gym, or other plan-approved locations.
Eyewear (Eyeglasses or Contact Lenses)	Plan covers up to $200 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).
Hearing Aids (must be purchased through NationsHearing)	**Over-the-counter (OTC) hearing aids:** Sold as a pair (member cost range is $500-$2,700). **Prescription hearing aids:** One hearing aid per ear (member cost range is $300-$1,775). Members may purchase either OTC **or** prescription hearing aids (not both) per calendar year.
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)

Service	Amount You Pay Based on your level of Medicaid – Look for your level below.	
	Full Medicaid, QMB/QMB+, SLMB+	**Partial Medicaid including QDWI, QI-1, SLMB ONLY**
Monthly Premium	$0	$0
Primary Care Provider (PCP) Visit	$0	$0
Specialist Visit	$0	$10 ($0 for a Specialist Visit in a Skilled Nursing Facility)
Inpatient Hospital Admission	$0	Days 1-6: $395 per day; $0 for additional days
Inpatient Hospital Admission at a Psychiatric Hospital	$0	Days 1-5: $395 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; $395 at an Outpatient Hospital; $395 per Outpatient Observation; $0 for Colonoscopy
Emergency Room Visit	$0	$125, waived if you are admitted to the same hospital within 24 hours for the same condition
Ambulance Services	$0	$350 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

Service	Amount You Pay Based on your level of Medicaid – Look for your level below.	
	Full Medicaid, QMB/QMB+, SLMB+	**Partial Medicaid including QDWI, QI-1, SLMB ONLY**
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; $10 for a Specialist Visit; $40 for an Urgent Care Clinic Visit
Outpatient Mental Health or Substance Abuse Visit	$0	$10; $55 for Partial Hospitalization services
Chiropractor Visit	$0	$0
Medicare-Covered Eye Exams	$0	$10 ($0 for diabetic retinopathy and glaucoma screening)
Routine Annual Vision Exam	$0	$0
Annual Hearing Exam	$0	$0 if you see a PCP; $10 if you see a Specialist
Physical, Speech, or Occupational Therapy	$0	$10 per visit
Cardiac or Pulmonary Rehabilitation Visit	$0	$0 per visit
Skilled Nursing Facility (100 days per benefit period)	$0	Days 1-20: $10 per day; Days 21-55: $196 per day; Days 56-100: $0 per day
Home Health Care	$0	$0
Durable Medical Equipment (DME)/Prosthetics	$0	25% for DME; 20% for prosthetics; $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
Drugs Covered under Medicare Part B	$0	20%. You may pay less ($0-20%) for certain drugs deemed "rebatable" 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)	$6,750 (does not apply to Part D prescription drugs)	$6,750 (does not apply to Part D prescription drugs)
Drugs Covered under Medicare Part D		
Deductible: Because you get Extra Help, your drug deductible is $0.		
Initial Coverage Phase: You will pay the following copays until your out-of-pocket costs reach $2,000.		
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 $2,000 out-of-pocket.	Because you get Extra Help, you pay $0.	

The service area includes Jackson, Limestone, Madison, Marshall, and Morgan Counties. Other Physicians/Providers are available in our network. 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. 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 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, 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).

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_mcdoc4208A_M_08/28/2024