VIVA MEDICARE
Plan Selection Form

Date: _____

Member Name: _____

Member Number: _____

I want to transfer from my current plan to the plan I have selected below. I understand that if this form is received by the end of any month, my new plan will generally be effective the 1st of the following month.

Please check the appropriate box below:

☐ **VIVA MEDICARE *Plus* (HMO):**

- **$0 monthly premium $9 Monthly Medicare Part B Premium Buy Down (if you are not receiving government assistance that pays the Part B premium for you)** in Baldwin, Bibb, Chambers, Dale, Dallas, Elmore, Geneva, Henry, Houston, Jefferson, Lee, Mobile, Montgomery, St. Clair, Shelby, Talladega, Tuscaloosa, and Walker Counties (based on county of residence)
- **$0 monthly premium** in Autauga, Blount, Bullock, Calhoun, Cherokee, Chilton, Colbert, Crenshaw, Cullman, Etowah, Fayette, Franklin, Lauderdale, Lowndes, Macon, Pike, and Tallapoosa Counties (based on county of residence)
- Medicare Part D prescription drug coverage
- $450 Part D deductible for Tiers 3-5
- $0 PCP copay
- $45 specialist copay ($30 for podiatry; $35 for occupational therapy; $40 for Medicare-covered and routine heating exams)
- $395 Outpatient Hospital and Outpatient Hospital Observation
- $0 Ambulatory Surgery Center
- $400 inpatient hospital copay per day, days 1-6
- $400 inpatient mental health copay per day, days 1-5
- $1,100 yearly allowance for preventive and comprehensive dental benefits in Baldwin, Bibb, Chambers, Dale, Dallas, Elmore, Geneva, Henry, Houston, Jefferson, Lee, Mobile, Montgomery, St. Clair, Shelby, Talladega, Tuscaloosa, and Walker Counties (based on county of residence)
- $725 yearly allowance for preventive and comprehensive dental benefits in Autauga, Blount, Bullock, Calhoun, Cherokee, Chilton, Colbert, Crenshaw, Cullman, Etowah, Fayette, Franklin, Lauderdale, Lowndes, Macon, Pike, and Tallapoosa Counties (based on county of residence)
- $100 yearly allowance for prescription eyewear including contact lens fitting exam
- $35 allowance per calendar quarter for over-the-counter items
- Plan covers one prescription hearing aid per ear, per calendar year ($500-$1,975 for each hearing aid) or one pair of over-the-counter hearing aids purchased through Nations Hearing per calendar year ($750-$2,850 for each pair).
- See the VIVA MEDICARE *Plus* Summary of Copayments and Coinsurance for complete information.

☐ **VIVA MEDICARE *Select* (HMO)**

- $0 premium plan without Medicare prescription drug coverage
- Available in Autauga, Baldwin, Bibb, Blount, Bullock, Calhoun, Chambers, Cherokee, Chilton, Colbert, Crenshaw, Cullman, Dale, Dallas, Elmore, Etowah, Fayette, Franklin, Geneva, Henry, Houston, Jackson, Jefferson, Lauderdale, Lee, Limestone, Lowndes, Macon, Madison, Marshall, Mobile, Montgomery, Morgan, Pike, St. Clair, Shelby, Talladega, Tallapoosa, Tuscaloosa, and Walker Counties
- $100 Monthly Medicare Part B Premium Buy Down (if you are not receiving government assistance that pays the Part B premium for you)
- $0 PCP copay
- $35 specialist copay ($30 for podiatry)
- $390 Outpatient Hospital and Outpatient Hospital Observation
- $0 Ambulatory Surgery Center
- $390 Inpatient hospital copay per day, days 1-6
- $390 Inpatient mental health copay per day, days 1-5
- $1,250 yearly allowance for preventive and comprehensive dental benefits
- $200 yearly allowance for prescription eyewear including contact lens fitting exam
- $45 allowance per calendar quarter for over-the-counter items
- Plan covers one prescription hearing aid per ear, per calendar year ($500-$1,975 for each hearing aid) or one pair of over-the-counter hearing aids purchased through Nations Hearing per calendar year ($750-$2,850 for each pair).
  See the VIVA MEDICARE *Select* Summary of Copayments & Coinsurance for complete information.

☐ **VIVA MEDICARE *Premier* (HMO)**

- $99 monthly premium plan with Medicare Part D prescription drug coverage
- Available in Autauga, Baldwin, Bibb, Blount, Bullock, Calhoun, Chambers, Cherokee, Chilton, Colbert, Crenshaw, Cullman, Dale, Dallas, Elmore, Etowah, Fayette, Franklin, Geneva, Henry, Houston, Jackson, Jefferson, Lauderdale, Lee, Limestone, Lowndes, Macon, Madison, Marshall, Mobile, Montgomery, Morgan, Pike, St. Clair, Shelby, Talladega, Tallapoosa, Tuscaloosa, and Walker Counties
- $350 Part D deductible for Tiers 3-5
- $0 PCP copay
- $25 specialist copay
- $300 Outpatient Hospital and Outpatient Hospital Observation
- $0 Ambulatory Surgery Center copay
- $325 inpatient hospital (includes inpatient mental health) copay per day, days 1-6
- $1,300 yearly allowance for preventive and comprehensive dental benefits
- $200 yearly allowance for prescription eyewear including contact lens fitting exam
- $70 allowance per calendar quarter for over-the-counter items
- Plan covers one prescription hearing aid per ear, per calendar year ($500-$1,975 for each hearing aid) or one pair of over-the-counter hearing aids purchased through Nations Hearing per calendar year ($750-$2,850 for each pair).
- See the VIVA MEDICARE *Premier* Summary of Copayments & Coinsurance for complete information.

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

- **You must currently have both Medicare and Medicaid (or a Medicare Savings Program)**
- Available in Autauga, Baldwin, Bibb, Blount, Bullock, Calhoun, Chambers, Cherokee, Chilton, Colbert, Crenshaw, Cullman, Dallas, Elmore, Etowah, Fayette, Franklin, Jefferson, Lauderdale, Lee, Lowndes, Macon, Mobile, Montgomery, Pike, St. Clair, Shelby, Talladega, Tallapoosa, Tuscaloosa, and Walker Counties (based on county of residence)
- Social Security Number: _____ (needed to verify Medicaid eligibility)
- $0 premium for members with Extra Help (Low-Income Subsidy); medical copayments and coinsurance vary based on the level of Medicaid you have
- Medicare Part D prescription drug coverage
- $0 Part D deductible for members with Extra Help (Low-Income Subsidy)
- $0 PCP copay
- $0 specialist copay or $25 for members who are limited, or partial Medicaid benefits eligible
- Outpatient Hospital and Outpatient Hospital Observation $0 per day for members who are full Medicaid benefits eligible or $400 for members who are limited, or partial Medicaid benefits eligible
- $0 Ambulatory Surgery Center
- Inpatient hospital $0 per day for members who are full Medicaid benefits eligible or $440 copay per day for days 1-6 ($0 for additional days) for members who are limited, or partial Medicaid benefits eligible
- Inpatient mental health $0 per day for members who are full Medicaid benefits eligible or $440 copay per day for days 1-5 ($0 for additional days) for members who are limited, or partial Medicaid benefits eligible
- $1,150 yearly allowance for preventive and comprehensive dental benefits
- $150 yearly allowance for prescription eyewear including contact lens fitting exam
- $60 monthly Flex Card for approved OTC products and, for chronically ill members meeting certain requirements, healthy food from NationsBenefits or at in-network retailers[1]
- 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 Nations Hearing per calendar year ($500-$2,700 for each pair).
- $0 for 24 one-way rides or 12 round trips to get your medical or dental care
  See the VIVA MEDICARE *Extra Value* Summary of Copayments & Coinsurance for complete information

[1]The healthy food benefit is available to eligible chronically ill enrollees as Special Supplemental Benefits for the Chronically Ill (SSBCI). You may qualify for SSBCI if you have a high risk for hospitalization and require intensive care coordination to manage chronic conditions such as Diabetes, Overweight/Obesity, Cardiovascular Disorders, Chronic and Disabling Mental Health Conditions, or Chronic Musculoskeletal Disorders. For a full list of chronic conditions and to learn more about other eligibility requirements needed to qualify for SSBCI benefits, please refer to Chapter 4 in the plan's Evidence of Coverage.

☐ **VIVA MEDICARE *Infirmary Health Advantage* (HMO)**

- AVAILABLE IN MOBILE or BALDWIN COUNTY ONLY (based on county of residence)
- Provider network is limited to Mobile Infirmary Provider System– ask us for the VIVA MEDICARE *Infirmary Health Advantage* provider directory
- $0 premium plan with Medicare Part D prescription drug coverage.
- $200 Part D deductible for Tiers 3-5
- $15 Monthly Medicare Part B Premium Buy Down (if you are not receiving government assistance that pays the Part B premium for you)
- $0 PCP copay
- $25 specialist copay
- $350 Outpatient Hospital and Outpatient Hospital Observation
- $0 Ambulatory Surgery Center
- $375 inpatient hospital (includes inpatient mental health) copay per day, days 1-6
- $1,400 yearly allowance for preventive and comprehensive dental benefits
- $200 yearly allowance for prescription eyewear including contact lens fitting exam
- $40 allowance per calendar quarter for over-the-counter items
- Plan covers one prescription hearing aid per ear, per calendar year ($500-$1,975 for each hearing aid) or one pair of over-the-counter hearing aids purchased through Nations Hearing per calendar year ($750-$2,850 for each pair).
- See the VIVA MEDICARE *Infirmary Health Advantage* Summary of Copayments & Coinsurance for complete information.

☐ **VIVA MEDICARE *Healthy Lifestyles* (HMO C-SNP)**

- **You must have diabetes, a qualifying chronic condition for this Chronic Condition Special Needs Plan (C-SNP). The qualifying chronic condition will be verified in accordance with Medicare requirements.**
- Available in Autauga, Baldwin, Bibb, Blount, Bullock, Chambers, Chilton, Crenshaw, Cullman, Dale, Dallas, Elmore, Fayette, Geneva, Henry, Houston, Jackson, Jefferson, Lee, Limestone, Lowndes, Macon, Madison, Marshall, Mobile, Montgomery, Morgan, Pike, St. Clair, Shelby, Talladega, Tallapoosa, Tuscaloosa, and Walker
- $0 premium plan with Medicare Part D prescription drug coverage.
- $550 Part D deductible for Tiers 3-5
- $0 PCP copay
- $40 specialist copay ($35 for podiatry; $35 for each additional routine podiatry visit up to 6 this year)
- $395 Outpatient Hospital and Outpatient Hospital Observation
- $0 Ambulatory Surgery Center
- $400 inpatient hospital copay per day, days 1-6
- $400 inpatient mental health copay per day, days 1-5
- $1,075 yearly allowance for preventive and comprehensive dental benefits
- $175 yearly allowance for prescription eyewear including contact lens fitting exam
- $40 allowance per calendar quarter for over-the-counter items
- Plan covers one prescription hearing aid per ear, per calendar year ($500-$1,975 for each hearing aid) or one pair of over-the-counter hearing aids purchased through Nations Hearing per calendar year ($750-$2,850 for each pair).
- See the VIVA MEDICARE *Healthy Lifestyles* Summary of Copayments & Coinsurance for complete information.

☐ **VIVA MEDICARE *Classic* (HMO):**

- YOU MUST LIVE IN JACKSON, LIMESTONE, MADISON, MARSHALL, or MORGAN COUNTY (based on county of residence)
- $0 monthly premium plan with Medicare Part D prescription drug coverage
- $450 Part D deductible for Tiers 3-5
- $0 PCP copay
- $45 copay for most specialist visits ($35 for vision, hearing, outpatient mental health, outpatient substance abuse, physical, speech, and occupational therapy visits; $30 for podiatry)
- $425 Outpatient Hospital
- $385 Outpatient Hospital Observation
- $0 Ambulatory Surgery Center
- $385 inpatient hospital (includes inpatient mental health) copay per day, days 1-4
- $800 yearly allowance for preventive and comprehensive dental benefits
- $125 yearly allowance for prescription eyewear including contact lens fitting exam
- $30 allowance per calendar quarter for over-the-counter items
- Plan covers one prescription hearing aid per ear, per calendar year ($500-$1,975 for each hearing aid) or one pair of over-the-counter hearing aids purchased through Nations Hearing per calendar year ($750-$2,850 for each pair).
- See the VIVA MEDICARE *Classic* Summary of Copayments & Coinsurance for complete information.

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

- YOU MUST LIVE IN JACKSON, LIMESTONE, MADISON, MARSHALL, or MORGAN COUNTY (based on county of residence)
- **You must currently have both Medicare and Medicaid (or a Medicare Savings Program)**
- Social Security Number: _____ (needed to verify Medicaid eligibility)
- $0 premium for members with Extra Help (Low-Income Subsidy); medical copayments and coinsurance vary based on the level of Medicaid you have
- $0 Part D deductible for members with Extra Help (Low-Income Subsidy)
- $0 PCP copay
- $0 specialist copay or $20 for members who are limited, or partial Medicaid benefits eligible
- Outpatient Hospital and Outpatient Hospital Observation $0 per day for members who are full Medicaid benefits eligible or $330 for members who are limited, or partial Medicaid benefits eligible
- $0 Ambulatory Surgery Center
- Inpatient hospital $0 per day for members who are full Medicaid benefits eligible or $330 copay per day for days 1-6 ($0 for additional days) for members who are limited, or partial Medicaid benefits eligible
- Inpatient mental health $0 per day for members who are full Medicaid benefits eligible or $330 copay per day for days 1-5 ($0 for additional days) for members who are limited, or partial Medicaid benefits eligible
- $1,500 yearly allowance for preventive and comprehensive dental benefits
- $200 yearly allowance for prescription eyewear including contact lens fitting exam

- $70 monthly Flex Card for approved OTC products and, for chronically ill members meeting certain requirements, healthy food from NationsBenefits or at in-network retailers[1]
- $0 for 24 one-way rides or 12 round trips to get your medical or dental care
- 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 Nations Hearing per calendar year ($500-$2,700 for each pair).
- See the VIVA MEDICARE *Extra Care* Summary of Copayments & Coinsurance for complete information**.**

[1]The healthy food benefit is available to eligible chronically ill enrollees as Special Supplemental Benefits for the Chronically Ill (SSBCI). You may qualify for SSBCI if you have a high risk for hospitalization and require intensive care coordination to manage chronic conditions such as Diabetes, Overweight/Obesity, Cardiovascular Disorders, Chronic and Disabling Mental Health Conditions, or Chronic Musculoskeletal Disorders. For a full list of chronic conditions and to learn more about other eligibility requirements needed to qualify for SSBCI benefits, please refer to Chapter 4 in the plan's Evidence of Coverage.

Your Plan Premium

VIVA MEDICARE *Plus* ($0 premium plan), VIVA MEDICARE *Classic* ($0 premium plan), VIVA MEDICARE *Infirmary Health Advantage* ($0 premium plan), and VIVA MEDICARE *Healthy Lifestyles* ($0 premium plan) only: If we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), we need to know how you would prefer to pay it. You can pay by mail or Electronic Funds Transfer (EFT) each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) check each month.

VIVA MEDICARE *Premier* ($99 premium plan) only: You can pay your monthly plan premium (including any late enrollment penalty you may have or may owe) by mail or Electronic Funds Transfer (EFT) each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) check each month.

People with limited incomes may qualify for *Extra Help* to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this *Extra Help*, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY/TDD users should call 1-877-486-2048.

If you qualify for *Extra Help* with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium for this benefit. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare does not cover.

If you don't select a payment option, you will receive a bill each month.

Please select a monthly payment option (not needed for *Select, Extra Value* or *Extra Care* plans):

☐ Receive a bill by mail.

☐ Electronic Funds Transfer (EFT) from your checking account. Please attach a VOIDED check and provide the following:

Account holder name: _____

Bank routing #: ___ ___ ___ ___ ___ ___ ___ ___ ___

Checking account #: __ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

☐ Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check. I get monthly benefits from: ____ Social Security ____ RRB
(The Social Security or RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

Please check the box if you would prefer us to send you information in another format:

___ Audio ____ Large Print

Please contact VIVA MEDICARE Member Services at (205) 918-2067 in Birmingham or 1-800-633-1542 toll free if you need information in an accessible format (audio). TTY users call 711. Our call center is open Monday through Friday, 8 a.m. to 8 p.m. (October 1 – March 31, 8 a.m. to 8 p.m., 7 days a week).

Release of Information: By joining this Medicare health plan, I acknowledge that VIVA MEDICARE will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that VIVA MEDICARE will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

Electronic Communication: I consent to be contacted by VIVA MEDICARE, or its business associates, for certain health care communications at the phone number (cellular or landline) and email address above (including voice messages made by an auto-dialer or pre-recorded voice and text messages sent to my cellular number). I understand that my phone or internet carrier may charge fees for these communications (I may contact my carrier for pricing plans and details). I understand that VIVA MEDICARE has policies and procedures in place to safeguard my personal health information; however, there are some data security and privacy risks associated with sending and receiving communications about my health care. Communications I send or receive may not be sent and stored securely and may be accessed by third parties. I understand that I may cancel this consent (revoke or opt-out) by contacting VIVA MEDICARE Member Services.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

Signature:	**Today's Date:**
If you are the member's authorized representative, you must sign above and provide the following information. **Name:** _____ **Address:** _____ **Phone Number**: **(____) _____- _____ Relationship to Member** _____ If signed by an authorized representative, this signature certifies that 1) this person is authorized under State law to complete this enrollment, and 2) documentation of this authority is available upon request by VIVA MEDICARE or by Medicare.	

Please mail this form in the enclosed postage-paid envelope to:

VIVA MEDICARE
Attn: Medicare Enrollment
417 20th St. No., Suite 1100
Birmingham, AL 35203