

## 2026 VIVA MEDICARE **Classic** (HMO) Summary of Copays & Coinsurance

| SERVICE   | AMOUNT YOU PAY   |
|---|--|
| Monthly Premium   | \$0  |
| Part B Premium Buy-Down   | Our plan provides a Part B Premium Buy-Down that lowers the cost of your monthly Part B premium by \$2 a month (if you are not receiving government assistance that pays the Part B premium for you).  |
| Primary Care Provider (PCP) Visit   | \$0  |
| Specialist Visit  | \$25 (\$0 for a Specialist Visit in a Skilled Nursing Facility)  |
| Dental Services   | Plan covers up to \$950 for preventive, diagnostic, and comprehensive dental services per year. For Medicare-covered dental services, copay depends on place of service.   |
| Over-the-Counter (OTC) Drugs and Other Health-Related Items   | Plan provides a \$45 allowance per calendar quarter.   |
| Inpatient Hospital Admission  | Days 1-6: \$385 per day; \$0 for additional days   |
| Inpatient Hospital Admission at a Psychiatric Hospital  | Days 1-5: \$385 per day; \$0 for additional days   |
| Outpatient Surgery at an Outpatient Hospital Facility or Ambulatory Surgical Center (includes invasive diagnostic procedures such as epidurals) | \$0 at an Ambulatory Surgical Center;<br>\$375 at an Outpatient Hospital;<br>\$375 per Outpatient Observation;<br>\$0 for Colonoscopy  |
| Emergency Room Visit  | \$115, waived if you are admitted to the same hospital within 24 hours for same condition  |
| Ambulance Services  | \$250 per one-way trip   |
| Lab Services  | \$0  |
| X-Rays  | \$10 per x-ray   |
| Diagnostic Procedures and Tests (EEGs, sleep studies, etc.)   | \$0-\$50   |
| Diagnostic Radiology such as an MRI, PET, or CT Scan  | \$200 per service (\$10 per ultrasound)  |
| Radiation Therapy and Therapeutic Radiology   | \$60 per service   |
| Urgently Needed Care Visit  | \$0 for a PCP Visit; \$25 for a Specialist Visit;<br>\$40 for an Urgent Care Clinic Visit  |
| Outpatient Mental Health or Substance Use Visit   | \$25; \$55 for Intensive Outpatient Program and Partial Hospitalization  |
| Chiropractor Visit  | \$15   |
| Medicare-Covered Eye Exams  | \$25 (\$0 for diabetic retinopathy and glaucoma screening)   |
| Routine Annual Vision Exam  | \$0  |
| Eyewear (Eyeglasses or Contact Lenses)  | Plan covers up to \$150 for prescription eyewear and/or contact lens fittings per year. \$0 copay for one pair of eyeglasses or contact lenses after cataract surgery (you pay any amount over the Medicare allowable amount).   |
| Annual Hearing Exam   | \$0 if you see a PCP; \$25 if you see a Specialist   |
| Hearing Aids (must be purchased through NationsHearing)   | <b>Over-the-counter (OTC) hearing aids:</b> Sold as a pair (member cost range is \$750-\$2,850). <b>Prescription hearing aids:</b> One hearing aid per ear (member cost range is \$500-\$1,975). Members may purchase either OTC <u>or</u> prescription hearing aids (not both) per calendar year. |
| Physical, Speech, or Occupational Therapy   | \$25 per visit   |

| SERVICE  | AMOUNT YOU PAY  |
|--|---|
| Cardiac or Pulmonary Rehabilitation Visit  | \$15 per visit  |
| Skilled Nursing Facility (100 days per benefit period)   | Days 1-20: \$0 per day; Days 21-63: \$218 per day;<br>Days 64-100: \$0 per day  |
| Home Health Care   | \$0   |
| Durable Medical Equipment/Prosthetics  | 20% (\$0 for ostomy supplies)   |
| Diabetic Supplies  | \$0 per standard-size box for each diabetes supply item;<br>20% for therapeutic shoes or inserts  |
| Kidney Diseases and Conditions   | 20% for Renal Dialysis  |
| Telehealth Services  | Plan covers telehealth services for PCP and certain Specialist Visits, Urgently Needed Services, and Outpatient Mental Health, Substance Use, 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  | 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)   | \$9,250 (does not apply to Part D prescription drugs)   |
| <b>Drugs Covered under Medicare Part D</b>   |   |
| Deductible   | You stay in the Deductible Phase until you have paid \$350 for your Tier 3, Tier 4, and Tier 5 drugs. The deductible does not apply to Tier 1 and 2 drugs.  |
| Initial Coverage Phase: You pay the cost sharing below until your out-of-pocket costs reach \$2,100.   |   |
| Tier 1: Preferred Generics   | \$0 for up to a 100-day retail supply; \$0 for up to a 100-day preferred mail order supply  |
| Tier 2: Generics   | \$12 for a 30-day retail supply; \$30 for a 100-day retail supply; \$24 for a 100-day preferred mail order supply   |
| Tier 3: Preferred Brand  | \$47 for a 30-day retail supply; \$117.50 for a 100-day retail supply; \$94 for a 100-day preferred mail order supply   |
| Tier 4: Non-Preferred Drugs  | 42% for up to a 100-day supply  |
| Tier 5: Specialty  | 29% for a 30-day supply   |
| Catastrophic Phase: What you pay after you have spent \$2,100 out-of-pocket.   | You pay \$0.  |
| <i>Note: You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on or the phase of coverage you're in.</i> |   |

The service area includes Jackson, Limestone, Madison, Marshall, and Morgan Counties. Other Physicians/Providers are available in our network. Copays and coinsurance may be lower if you are on Medicaid or receive Extra Help. 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](http://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. H0154\_mcdoc4542A\_M\_08/26/2025