



We'd like to tell you about some great changes to your 2023 benefits!

Anytime a change is made, we send you a notice, also called an Addendum, to let you know what the changes are and when they will start.

This Addendum explains important changes to your Evidence of Coverage, Annual Notice of Change, and Summary of Benefits.

These changes shown in the chart below impact the following plans and may help you pay less for some Part B prescription drugs: VIVA MEDICARE Select (HMO), VIVA MEDICARE Premier (HMO), VIVA MEDICARE Me (HMO), VIVA MEDICARE Plus (HMO), VIVA MEDICARE Prime (HMO), VIVA MEDICARE Classic (HMO), and VIVA MEDICARE Preferred (HMO).

| ORIGINAL INFORMATION | UPDATED INFORMATION <i>(What is Changing)</i> | EFFECTIVE DATE |
|---|--|----------------|
| Your 2023 plan documents show that you pay 20% of the cost for Medicare-covered Part B prescription drugs (including chemotherapy drugs). | Each calendar quarter, starting in April, Medicare will review Part B drugs to see which ones have prices that are rising faster than the rate of inflation. These drugs are called "rebatable" Part B drugs. Your cost for these Part B "rebatable" drugs will be limited to the cost set by Original Medicare. This will make your cost between \$0 and 20% of the Medicare-approved payment amount. The list of Part B "rebatable" drugs and the cost for these drugs can change each calendar quarter. Medicare will let VIVA MEDICARE know which drugs are "rebatable" each quarter. This change may help you pay less for some Part B prescription drugs. | 4/1/23 |
| Your 2023 plan documents show that you pay 20% of the cost for Medicare-covered Part B prescription drugs, including insulin furnished through durable medical equipment. | You will pay no more than \$35 for a one-month supply of Medicare-covered insulin furnished through durable medical equipment. This change will help you pay less for insulin furnished through insulin pumps. | 7/1/23 |



2023 VIVA MEDICARE *Select* (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 \$50 a month (if you are not receiving government assistance that pays the Part B premium for you). |
| Primary Care Physician (PCP) Visit | \$0 |
| Specialist Visit (includes podiatry) | \$15 |
| Dental Services | Plan covers up to \$2,000 for preventive, diagnostic, and comprehensive dental benefits per year. For Medicare-covered dental services, copay depends on the place of service. |
| Over-the-Counter (OTC) Drugs and Other Health-Related Items | Plan provides a \$100 allowance per calendar quarter. |
| Inpatient Hospital Admission (includes inpatient mental health care) | Days 1-6: \$245 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) | \$195 per Ambulatory Surgical Center Visit; \$225 per Outpatient Hospital Visit; \$225 per Outpatient Observation; \$0 for Colonoscopy |
| Emergency Room Visit | \$95, waived if you are admitted to the same hospital within 24 hours for the same condition |
| Ambulance Services | \$275 per one-way trip |
| Lab Services | \$0 |
| X-Rays | \$10 per x-ray |
| Diagnostic Procedures and Testing (EEGs, sleep studies, etc.) | \$0-\$50 |
| Diagnostic Radiology such as an MRI, PET, or CT Scan | \$75 per service (\$10 per ultrasound) |
| Radiation Therapy and Therapeutic Radiology | \$60 per service |
| Urgently Needed Care Visit | \$0 for a PCP Visit; \$15 for a Specialist Visit; \$40 for an Urgent Care Clinic Visit |
| Outpatient Mental Health or Substance Abuse Visit | \$15; \$55 for Partial Hospitalization services |
| Chiropractor Visit | \$15 |
| Medicare-Covered Eye Exams | \$15 (\$0 for diabetic retinopathy and glaucoma screening) |
| Routine Annual Vision Exam | \$0 |
| Eyewear | Plan covers up to \$150 for prescription eyewear 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; \$15 if you see a Specialist |
| Hearing Aids | \$500-\$1,975 for each hearing aid; plan covers one hearing aid per ear, per calendar year. |

| SERVICE | AMOUNT YOU PAY |
|--|--|
| Physical, Speech, or Occupational Therapy Visit | \$15 per visit |
| Cardiac and Pulmonary Rehabilitation Visit | \$15 per visit |
| Skilled Nursing Facility (100 days per benefit period) | Days 1-20: \$0 per day; Days 21-44: \$196 per day; Days 45-100: \$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; 20% for therapeutic shoes or inserts |
| Kidney Diseases and Conditions | 20% for Renal Dialysis |
| Telehealth Services | Plan covers telehealth services for PCP and Specialist Visits, Individual and Group 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) |
| Maximum Annual Out-of-Pocket Limit (the most you pay for copays and coinsurance) | \$4,500 |
| Drugs Covered under Medicare Part D | This plan does not include Medicare Part D prescription drug benefits. |

The service area includes Autauga, Baldwin, Blount, Bullock, Calhoun, Chambers, Cherokee, Chilton, Colbert, Crenshaw, Cullman, Dale, DeKalb, Elmore, Etowah, Franklin, Geneva, Henry, Houston, Jefferson, Lauderdale, Lee, Limestone, Lowndes, Macon, Madison, Marshall, Mobile, Montgomery, Morgan, Pike, Shelby, St. Clair, Talladega, Tallapoosa, Tuscaloosa, and Walker Counties. 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. The Silver&Fit program is provided by American Specialty Health Fitness, Inc., 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, 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_mcdoc3470r1A_M_03/19/2023