



## 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 **VIVA MEDICARE Extra Value (HMO SNP)** and **VIVA MEDICARE Extra Care (HMO SNP)** plans. They give you even more money to use for prescription eyewear and may help you pay less for some Part B prescription drugs.

ORIGINAL INFORMATION	UPDATED INFORMATION <i>(What is Changing)</i>	EFFECTIVE DATE
Your 2023 plan documents show that you have a \$200 eyewear allowance each calendar year for eyeglass frames, lenses, contact lenses and upgrades.	You are getting an even higher eyewear allowance of \$300 total in 2023. That's \$100 more to use for eyeglass frames, lenses, contact lenses and upgrades you get between April 1 and December 31, 2023.	4/1/23
<p><b>If you have one of the following categories of Medicaid, the changes in the next chart apply to your VIVA MEDICARE coverage:</b> Specified Low-Income Medicare Beneficiary (SLMB Only), Qualifying Individual (QI) and Qualified Disabled and Working Individual (QDWI) Recipients.</p>		
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. <b>This change may help you pay less for some Part B prescription drugs.</b>	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. <b>This change will help you pay less for insulin furnished through insulin pumps.</b>	7/1/23



## 2023 VIVA MEDICARE *Extra Care* (HMO SNP) Summary of Copays & Coinsurance

SERVICE	Amount You Pay (look at column for your level of Medicaid)	
	Full Medicaid, QMB/QMB+, SLMB+	QDWI, QI-1, SLMB ONLY
Monthly Premium	\$0	\$0
Primary Care Physician (PCP) Visit	\$0	\$0
Specialist Visit (includes podiatry)	\$0	\$0
Dental Services	Plan covers up to \$2,250 for preventive, diagnostic, and comprehensive dental services 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 \$125 allowance per calendar quarter.	
Food	Plan provides a \$30 allowance per month.	
Transportation	24 free rides (12 round trips) a year to the doctor, dentist, or other plan-approved locations	
Inpatient Hospital Admission (includes inpatient mental health care)	\$0	Days 1-6: \$235 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	\$125 at an Ambulatory Surgical Center; \$175 at an Outpatient Hospital; \$175 per Outpatient Observation; \$0 for Colonoscopy
Emergency Room Visit	\$0	\$95, waived if you are admitted to the same hospital within 24 hours for the same condition
Ambulance Services	\$0	\$245 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
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; \$0 for a Specialist Visit; \$40 for an Urgent Care Clinic Visit
Outpatient Mental Health or Substance Abuse Visit	\$0	\$0; \$55 for Partial Hospitalization services
Chiropractor Visit	\$0	\$0
Medicare-Covered Eye Exams	\$0	\$0
Routine Annual Vision Exam	\$0	\$0
Eyewear	Plan covers up to \$300 for prescription eyewear per year. \$0 copay for one pair of glasses or contact lenses after cataract surgery (you pay any amount over the Medicare allowable amount).	

SERVICE	Amount You Pay (look at column for your level of Medicaid)	
	Full Medicaid, QMB/QMB+, SLMB+	QDWI, QI-1, SLMB ONLY
Annual Hearing Exam	\$0	\$0
Hearing Aids	\$300-\$1,775 for each hearing aid; plan covers one hearing aid per ear, per calendar year.	
Physical, Speech, or Occupational Therapy	\$0	\$0 per visit
Cardiac or Pulmonary Rehabilitation Visit	\$0	\$0 per visit
Skilled Nursing Facility (100 days per benefit period)	\$0	Days 1-20: \$0 per day; Days 21-55: \$196 per day; Days 56-100: \$0 per day
Home Health Care	\$0	\$0
Durable Medical Equipment/Prosthetics	\$0	20% (\$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
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)	\$6,600 (does not apply to Part D prescription drugs)	
<b>Drugs Covered under Medicare Part D</b>		
Initial Coverage Phase: You will pay the following copays until your total drug costs reach \$4,660.		
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 \$7,400 out-of-pocket.	Because you get Extra Help, you pay \$0.	

The service area includes Limestone, Madison, Marshall, and Morgan Counties. 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](http://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