

## VIVA MEDICARE *Extra Care* (HMO SNP) offered by VIVA HEALTH, Inc.

### Annual Notice of Changes for 2024

You are currently enrolled as a member of VIVA MEDICARE *Extra Care*. Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [www.VivaHealth.com/Medicare/Member-Resources](http://www.VivaHealth.com/Medicare/Member-Resources). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

#### What to do now

##### 1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
  - Review the changes to Medical care costs (doctor, hospital).
  - Review the changes to our drug coverage, including authorization requirements and costs.
  - Think about how much you will spend on premiums, deductibles, and cost-sharing.
- Check the changes in the 2024 “*Drug List*” to make sure the drugs you currently take are still covered.
- Check to see if your doctors, specialists, hospitals, and other providers, including pharmacies will be in our network next year.
- Think about whether you are happy with our plan.

##### 2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2024* handbook.

- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

**3. CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2023, you will stay in VIVA MEDICARE *Extra Care*.
- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with VIVA MEDICARE *Extra Care*.
- Look in Section 3.2, page 16 to learn more about your choices.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

**Additional Resources**

- Please contact Member Services at 1-800-633-1542 for additional information (TTY users should call 711). Hours are 8 a.m. to 8 p.m., Monday through Friday (from October 1 to March 31, 8 a.m. to 8 p.m., 7 days a week). This call is free.
- If you need this information in another format, such as audio or large print, please contact Member Services (phone numbers are in Section 7.1 of this document).
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

**About VIVA MEDICARE *Extra Care***

- 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.
- When this document says "we," "us," or "our," it means VIVA HEALTH, Inc. When it says "plan" or "our plan," it means VIVA MEDICARE *Extra Care*.

## ***Annual Notice of Changes for 2024***

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**Summary of Important Costs for 2024**

The table below compares the 2023 costs and 2024 costs for VIVA MEDICARE *Extra Care* in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
<b>Monthly plan premium*</b>	\$0 or \$35.20 (you pay \$0 because of the level of “Extra Help” you receive)	\$0 or 41.40 (you pay \$0 because of the level of “Extra Help” you receive)
<b>Doctor office visits</b>	Primary care visits: \$0 per visit  Specialist visits: \$0 per visit	Primary care visits: \$0 per visit  Specialist visits: \$0 per visit
<b>Inpatient hospital stays</b>	\$235 copay for each Medicare-covered day for days 1-6 for each inpatient hospitalization.  \$0 for additional days.	\$235 copay for each Medicare-covered day for days 1-6 for each inpatient hospitalization.  \$0 for additional days.

**Part D prescription drug coverage**

(See Section 1.5 for details.)

For 2024, if you receive "Extra Help" to help pay for your Part D prescription drugs, you will pay \$0 for drugs on Tiers 1-5. If you do not qualify for "Extra Help," your cost for Part D prescription drugs will be 25% for drugs on Tiers 1-5. Please refer to your "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" ("Low-Income Subsidy Rider" or "LIS Rider") for more information.

Deductible: \$0 or \$490 except for covered insulin products and most adult Part D vaccines (you pay \$0 because of the level of "Extra Help" you receive).

Copayment/Coinsurance during the Initial Coverage Stage:

- Drug Tier 1, Tier 2, Tier 3, Tier 4 and Tier 5: \$0 (if you receive "Extra Help") or 25% (if you do not qualify for "Extra Help"). You pay \$0 per month supply of each covered insulin product on this tier (if you receive "Extra Help") or no more than \$35 (if you do not qualify for "Extra Help").

Catastrophic Coverage:

- During this payment stage, the plan pays most of the cost for your covered drugs.
- For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called **coinsurance**), or a copayment (\$4.15 for a generic drug or a drug that is treated like a

Deductible: \$0 or \$530 except for covered insulin products and most adult Part D vaccines (you pay \$0 because of the level of "Extra Help" you receive).

Copayment/Coinsurance during the Initial Coverage Stage:

- Drug Tier 1, Tier 2, Tier 3, Tier 4 and Tier 5: \$0 (if you receive "Extra Help") or 25% (if you do not qualify for "Extra Help"). You pay \$0 per month supply of each covered insulin product on this tier (if you receive "Extra Help") or no more than \$35 (if you do not qualify for "Extra Help").

Catastrophic Coverage:

- During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

Cost	2023 (this year)	2024 (next year)
	generic, and \$10.35 for all other drugs).	
<b>Maximum out-of-pocket amount</b>	\$6,600	\$6,600
This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 1.2 for details.)		

**SECTION 1 Changes to Benefits and Costs for Next Year**

**Section 1.1 – Changes to the Monthly Premium**

Cost	2023 (this year)	2024 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	\$0 or \$35.20 (you pay \$0 because of the level of “Extra Help” you receive).	\$0 or \$41.40 (you pay \$0 because of the level of “Extra Help” you receive).

**Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount**

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered services for the rest of the year.

Cost	2023 (this year)	2024 (next year)
<b>Maximum out-of-pocket amount</b> <b>Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.</b>  Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount.  Your plan premium (if any), Medicare Part A and Part B premiums, non-Medicare covered eyewear (glasses, contacts, lenses and frames), non-Medicare covered dental services, non-Medicare covered hearing aids, costs for prescription drugs, and any amount you pay over the \$50,000 annual	\$6,600	\$6,600  Once you have paid \$6,600 out-of-pocket for covered services, you will pay nothing for your covered services for the rest of the calendar year.

Cost	2023 (this year)	2024 (next year)
coverage limit for emergency care received outside the United States and its territories do not count toward your maximum out-of-pocket amount.  <b>There is no change to your maximum out-of-pocket amount for 2024.</b>		

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### Section 1.3 – Changes to the Provider and Pharmacy Networks

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Updated directories are located on our website at [www.VivaHealth.com/Medicare/Member-Resources](http://www.VivaHealth.com/Medicare/Member-Resources). You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 Provider Directory to see if your providers (primary care physician, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2024 Pharmacy Directory to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are a part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

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### Section 1.4 – Changes to Benefits and Costs for Medical Services

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Please note that the *Annual Notice of Changes* tells you about changes to your Medicare benefits and costs.

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.



Cost	2023 (this year)	2024 (next year)
<b>Ambulatory surgical center</b>	You pay a \$125 copay for each Medicare-covered surgery, procedure or service at an ambulatory surgical center.	You pay \$0 for each Medicare-covered surgery, procedure or service at an ambulatory surgical center.
<b>Dental services</b>	You have a \$2,250 allowance for preventive, diagnostic and comprehensive dental services per calendar year.	You have a \$2,350 allowance for preventive, diagnostic and comprehensive dental services per calendar year.
<b>Emergency care (including worldwide emergency coverage)</b>	You pay a \$95 copay for each Medicare-covered emergency room visit (you do not have to pay this amount if you are admitted to the same hospital as an inpatient or for outpatient observation within 24 hours for the same condition).	You pay a \$100 copay for each Medicare-covered emergency room visit (you do not have to pay this amount if you are admitted to the same hospital as an inpatient or for outpatient observation within 24 hours for the same condition).
<b>Flex card</b>	The Flex Card was <u>not</u> offered in 2023.	You will receive a NationsBenefits Prepaid Mastercard® referred to as a “Flex Card”) with a \$130 combined monthly allowance that you can use to buy plan-approve food/produce and plan-approved over-the-counter (OTC) items. You can use your Flex Card at in-network retailers such as CVS, Kroger, Rite Aid, Walgreens and Walmart. The most up-to-date list of in-network retailers is located on our website at <a href="http://www.VivaHealth.com/Medicare/Member-Resources">www.VivaHealth.com/Medicare/Member-Resources</a> . Any unused amount left on the Flex Card at the end of the month will

Cost	2023 (this year)	2024 (next year)
		<p>not roll over to the next month.</p> <p>You can also use your Flex Card combined monthly allowance to order food/produce, prepared meals and OTC items from VIVA MEDICARE’s Over-the-Counter (OTC) and Grocery Catalog that are delivered to your home by NationsBenefits.</p> <p>You will receive your Flex Card in the mail before January 1, 2024. The Flex Card will include instructions on how to activate your card.</p> <p>For more details, see Chapter 4, <i>Medical Benefits Chart (what is covered and what you pay)</i>, in your 2024 <i>Evidence of Coverage</i> available on our website at <a href="http://www.VivaHealth.com/Medicare/Member-Resources">www.VivaHealth.com/Medicare/Member-Resources</a> or contact Member Services to request a copy (contact information is in Section 7.1 of this document).</p>
<p><b>Food and produce</b></p>	<p>All members in this plan that receive assistance called "Extra Help" or “Low-Income Subsidy (LIS)” can get \$30 a month in food/produce (for a total benefit of \$90 per calendar quarter), by ordering</p>	<p>For 2024, all members in this plan that receive assistance called "Extra Help" or “Low-Income Subsidy (LIS)” will get a monthly food/produce allowance combined with your monthly over-the-counter (OTC) allowance. The monthly combined</p>

Cost	2023 (this year)	2024 (next year)
	<p>from VIVA Medicare's Grocery Catalog.</p> <p>This benefit is offered under a program called “Value-Based Insurance Design (VBID) Model.”</p>	<p>allowance will be loaded on a Flex Card that can be used to purchase plan-approved items at an in-network retailer or by ordering plan-approved items to be delivered to your home through the mail from NationsBenefits (see the “Flex Card” section above for more information).</p> <p>This benefit is offered under a program called “Value-Based Insurance Design (VBID) Model.”</p>
<p><b>Hearing aids</b></p>	<p>Over-the counter (OTC) hearing aids are <u>not</u> covered under your hearing aid benefit.</p>	<p>Over-the-counter (OTC) hearing aids have been added to your hearing aid benefit.</p> <p>You are covered for one pair of OTC hearing aids per calendar year or one prescription hearing aid per ear per calendar year.</p> <p>The cost for OTC hearing aids is as follows (see your <i>Evidence of Coverage</i> for prescription hearing aid costs):</p> <p>Entry technology level: \$250 per hearing aid (sold as a pair for \$500)</p> <p>Basic technology level: \$425 per hearing aid (sold as a pair for \$850)</p> <p>Prime technology level: \$750 per hearing aid (sold as a pair for \$1,500)</p>

Cost	2023 (this year)	2024 (next year)
		<p>Preferred technology level: \$1,050 per hearing aid (sold as a pair for \$2,100)</p> <p>Advanced technology level: \$1,350 per hearing aid (sold as a pair for \$2,700)</p>
<b>Outpatient dialysis</b>	<p>You pay 20% of the cost for Medicare-covered outpatient dialysis.</p> <p>Outpatient dialysis requires prior authorization (approval in advance) to be covered.</p>	<p>You pay 20% of the cost for Medicare-covered outpatient dialysis.</p> <p>Outpatient dialysis <i>does not</i> require prior authorization (approval in advance) to be covered.</p>
<b>Outpatient substance abuse services</b>	<p>You pay \$0 for each Medicare-covered outpatient substance abuse service.</p> <p>Outpatient substance abuse services require prior authorization (approval in advance) to be covered.</p>	<p>You pay \$0 for each Medicare-covered outpatient substance abuse service.</p> <p>Outpatient substance abuse services <i>do not</i> require prior authorization (approval in advance) to be covered.</p>
<b>Outpatient x-ray services</b>	<p>You pay \$0 for each Medicare-covered x-ray.</p> <p>Outpatient x-rays require prior authorization (approval in advance) to be covered.</p>	<p>You pay \$0 for each Medicare-covered x-ray.</p> <p>Outpatient x-rays <i>do not</i> require prior authorization (approval in advance) to be covered.</p>
<b>Over-the-counter (OTC) drugs and supplies</b>	<p>You are covered for up to \$125 each calendar quarter for over-the-counter drugs and other health-related items listed in the VIVA MEDICARE over-the-counter Item Catalog.</p>	<p>For 2024, all members in this plan will get a monthly over-the-counter (OTC) allowance combined with your monthly food/produce allowance (see the “Food/produce” information above for more information). The monthly combined allowance will be loaded on a Flex Card that</p>

Cost	2023 (this year)	2024 (next year)
		can be used to purchase plan-approved items at an in-network retailer or by ordering plan-approved items delivered to your home through the mail from NationsBenefits (see the “Flex Card” information above for more information).
<b>Supervised exercise therapy (SET) for symptomatic peripheral artery disease (PAD)</b>	<p>You pay \$0 for each Medicare-covered SET session.</p> <p>SET sessions require prior authorization (approval in advance) to be covered.</p>	<p>You pay \$0 for each Medicare-covered SET session.</p> <p>SET sessions <i>do not</i> require prior authorization (approval in advance) to be covered.</p>

## Section 1.5 – Changes to Part D Prescription Drug Coverage

### Changes to Our “Drug List”

Our list of covered drugs is called a *Formulary* or “Drug List.” A copy of our “Drug List” is provided electronically on our website at [www.VivaHealth.com/Medicare/Member-Resources](http://www.VivaHealth.com/Medicare/Member-Resources).

We made changes to our “Drug List,” which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the “Drug List” to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the “Drug List” are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online “Drug List” to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your *Evidence of Coverage* and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

**Changes to Prescription Drug Costs**

There are four **drug payment stages**. The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

**Changes to the Deductible Stage**

Stage	2023 (this year)	2024 (next year)
<p><b>Stage 1: Yearly Deductible Stage</b>                      During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost.</b>                      The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.</p> <p>For 2024, Medicare approved for VIVA MEDICARE <i>Extra Care</i> to lower Part D prescription drug copays to \$0 for members receiving "Extra Help" as part of the Value-Based Insurance Design (VBID) Model. Members who do not qualify for "Extra Help" will pay 25% for Part D prescription drugs.</p>	<p>The deductible is \$0 or \$490 (you pay \$0 because of the level of "Extra Help" you receive).</p> <p>Copayment during the Yearly Deductible Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1, Drug Tier 2, Drug Tier 3, Drug Tier 4 and Drug Tier 5: \$0 (if you receive "Extra Help") or 25% (if you do not qualify for "Extra Help"). You pay \$0 per month supply of each covered insulin product on this tier (if you receive "Extra Help") or no more than \$35 (if you do not qualify for "Extra Help").</li> </ul>	<p>The deductible is \$0 or \$530 (you pay \$0 because of the level of "Extra Help" you receive).</p> <p>Copayment during the Yearly Deductible Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1, Drug Tier 2, Drug Tier 3, Drug Tier 4 and Drug Tier 5: \$0 (if you receive "Extra Help") or 25% (if you do not qualify for "Extra Help"). You pay \$0 per month supply of each covered insulin product on this tier (if you receive "Extra Help") or no more than \$35 (if you do not qualify for "Extra Help").</li> </ul>

## Changes to Your Cost-Sharing in the Initial Coverage Stage

Please see the following chart for the changes from 2023 to 2024.

Stage	2023 (this year)	2024 (next year)
<p><b>Stage 2: Initial Coverage Stage</b>                      During this stage, the plan pays its share of the cost of your drugs, and <b>you pay your share of the cost.</b></p> <p>Most adult Part D vaccines are covered at no cost to you. The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost-sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our “<i>Drug List</i>.” To see if your drugs will be in a different tier, look them up on the “<i>Drug List</i>.”</p>	<p>Your cost for a one-month supply filled at a network pharmacy:</p> <p><b>Tier 1 (Preferred Generic), Tier 2 (Generic), Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug) and Tier 5 (Specialty Tier):</b></p> <p>You pay \$0 (if you receive “Extra Help”) or 25% (if you do not qualify for “Extra Help”). You pay \$0 per month supply of each covered insulin product on this tier (if you receive “Extra Help”) or not more than \$35 (if you do not qualify for “Extra Help”).</p> <hr/> <p>Once you have paid \$7,400 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>	<p>Your cost for a one-month supply filled at a network pharmacy:</p> <p><b>Tier 1 (Preferred Generic), Tier 2 (Generic), Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug) and Tier 5 (Specialty Tier):</b></p> <p>You pay \$0 (if you receive “Extra Help”) or 25% (if you do not qualify for “Extra Help”). You pay \$0 per month supply of each covered insulin product on this tier (if you receive “Extra Help”) or not more than \$35 (if you do not qualify for “Extra Help”).</p> <hr/> <p>Once you have paid \$8,000 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>

## Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – The Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

**Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.**

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

## SECTION 2 Administrative Changes

Description	2023 (this year)	2024 (next year)
Geographic/Service Area	Service area includes: Limestone, Madison, Marshall and Morgan.	Service area includes: Jackson, Limestone, Madison, Marshall and Morgan.

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in VIVA MEDICARE *Extra Care*

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in VIVA MEDICARE *Extra Care*.

### Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

#### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 7.2).

As a reminder, VIVA HEALTH, Inc. offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

#### Step 2: Change your coverage

- To change to a different Medicare health plan, enroll in the new plan. You will automatically be disenrolled from VIVA MEDICARE *Extra Care*.



- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from VIVA MEDICARE *Extra Care*.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
  - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

## SECTION 4 Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

### Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

Because you have Alabama Medicaid, you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March
- April to June
- July to September

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

## SECTION 5 Programs That Offer Free Counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Alabama, the SHIP is called Alabama Department of Senior Services.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Alabama Department of Senior Services' counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Alabama Department of Senior Services at 1-877-425-2243 or 1-800-AGELINE (1-800-243-5463). TTY users should call 711. You can learn more about Alabama Department of Senior Services by visiting their website ([www.alabamaageline.gov](http://www.alabamaageline.gov)).

For questions about your Medicaid benefits, contact the Alabama Medicaid Agency at 1-800-362-1504 (toll-free) from 8 a.m. to 4:30 p.m., Monday through Friday. TTY users should call 1-800-253-0799. Ask how joining another plan or returning to Original Medicare affects how you get your Medicaid coverage.

## SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** Because you have Medicaid, you are already enrolled in “Extra Help,” also called the Low-Income Subsidy. “Extra Help” pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about “Extra Help,” call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
  - Your State Medicaid Office (applications).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the

Alabama AIDS Drug Assistance Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call Alabama AIDS Drug Assistance Program at 1-866-574-9964.

## SECTION 7 Questions?

### Section 7.1 – Getting Help from VIVA MEDICARE *Extra Care*

Questions? We're here to help. Please call Member Services at 1-800-633-1542. (TTY only, call 711). We are available for phone calls from 8 a.m. to 8 p.m., Monday through Friday (from October 1 to March 31, 8 a.m. to 8 p.m., 7 days a week). Calls to these numbers are free.

#### **Read your 2024 Evidence of Coverage (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the *2024 Evidence of Coverage* for VIVA MEDICARE *Extra Care*. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [www.VivaHealth.com/Medicare/Member-Resources](http://www.VivaHealth.com/Medicare/Member-Resources). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

#### **Visit our Website**

You can also visit our website at [www.VivaHealth.com/Medicare/Member-Resources](http://www.VivaHealth.com/Medicare/Member-Resources). As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs (Formulary/ "Drug List")*.

### Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

#### **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

#### **Visit the Medicare Website**

Visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

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**Read *Medicare & You 2024***

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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**Section 7.3 – Getting Help from Medicaid**

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To get information from Medicaid, you can call the Alabama Medicaid Agency at 1-800-362-1504 toll-free or 1-334-242-5000. TTY users should call 1-800-253-0799.



## Multi-Language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-633-1542 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-633-1542 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-633-1542 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-633-1542 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-633-1542 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-633-1542 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-633-1542 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-633-1542 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-633-1542 (TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-633-1542 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول

على مترجم فوري، ليس عليك سوى الاتصال بنا على بمساعدتك. 1-800-633-1542 (TTY: 711). سيقوم شخص ما يتحدث العربية هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-633-1542 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-633-1542 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguése:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-633-1542 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-633-1542 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-633-1542 (TTY: 711). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-633-1542 (TTY: 711)にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。