



2025 VIVA MEDICARE **Select (HMO)** Summary of Copays & Coinsurance

| SERVICE | AMOUNT YOU PAY |
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| 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 \$65 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 | \$35 (\$0 for a Specialist Visit in a Skilled Nursing Facility) |
| Dental Services | Plan covers up to \$1,000 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 \$40 allowance per calendar quarter. |
| Inpatient Hospital Admission | Days 1-6: \$390 per day; \$0 for additional days |
| Inpatient Hospital Admission at a Psychiatric Hospital | Days 1-5: \$390 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 per Ambulatory Surgical Center Visit; \$390 per Outpatient Hospital Visit; \$390 per Outpatient Observation; \$0 for Colonoscopy |
| Emergency Room Visit | \$110, waived if you are admitted to the same hospital within 24 hours for the same condition |
| Ambulance Services | \$350 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 | \$150 per service (\$10 per ultrasound) |
| Radiation Therapy and Therapeutic Radiology | \$60 per service |
| Urgently Needed Care Visit | \$0 for a PCP Visit; \$35 for a Specialist Visit; \$40 for an Urgent Care Clinic Visit |
| Outpatient Mental Health or Substance Abuse Visit | \$35; \$55 for Partial Hospitalization services |
| Chiropractor Visit | \$15 |
| Medicare-Covered Eye Exams | \$35 (\$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; \$35 if you see a Specialist |

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| Hearing Aids (must be purchased through NationsHearing) | Over-the-counter (OTC) hearing aids: Sold as a pair (member cost range is \$750-\$2,850). Prescription hearing aids: 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 Visit | \$35 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 21-63: \$214 per day; 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; 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, 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) |
| 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) | \$9,350 |
| Drugs Covered under Medicare Part D | This plan does not include Medicare Part D prescription drug benefits. |

The service area includes 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, 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. (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. VIVA HEALTH complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, color, national origin, age, disability, religion, or sex (including sex characteristics, including interstitial intersex traits; pregnancy or related conditions; sexual orientation; gender identity; and sex stereotypes). 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_mcdoc4205A_M_08/28/2024