

**VIVA MEDICARE
Plan Selection Form**

Date: _____

Member Name: _____

Member Number: _____

I want to transfer from my current plan to the plan I have selected below. I understand that if this form is received by the end of any month, my new plan will generally be effective the 1st of the following month.

Please check the appropriate box below:

- VIVA MEDICARE *Plus* (HMO):** \$0 Premium \$28 Premium
- \$0 monthly premium in Autauga, Baldwin, Blount, Calhoun, Chambers, Cherokee, Chilton, Colbert, Crenshaw, Cullman, Dale, DeKalb, Elmore, Etowah, Geneva, Henry, Houston, Jefferson, Lauderdale, Lee, Lowndes, Mobile, Montgomery, St. Clair, Shelby, Talladega, Tallapoosa, and Tuscaloosa Counties
 - \$28 monthly premium in Bullock, Franklin, Macon, Pike, and Walker Counties
 - Medicare Part D prescription drug coverage (No drug deductible)
 - \$0 PCP copay
 - \$25 specialist copay
 - \$200-\$275 Outpatient Services/Surgery (\$0 for colonoscopies)
 - \$290 inpatient hospital (includes inpatient mental health) copay per day, days 1-6
 - \$1,000 yearly allowance for preventive and comprehensive dental benefits
 - \$100 yearly allowance for prescription eyewear
 - \$50 allowance per calendar quarter for over-the-counter items
 - \$500 - \$1,975 for each hearing aid; one (1) hearing aid per ear each calendar year
 - See the VIVA MEDICARE *Plus* Summary of Copayments and Coinsurance for complete information.

- VIVA MEDICARE *Select* (HMO)**
- \$0 premium plan without Medicare prescription drug coverage
 - \$0 PCP copay
 - \$15 specialist copay
 - \$195-\$225 Outpatient Services/Surgery (\$0 for colonoscopies)
 - \$245 inpatient hospital (includes inpatient mental health) copay per day, days 1-6
 - \$2,000 yearly allowance for preventive and comprehensive dental benefits
 - \$150 yearly allowance for prescription eyewear
 - \$100 allowance per calendar quarter for over-the-counter items
 - \$500 - \$1,975 for each hearing aid; one (1) hearing aid per ear each calendar year
 - \$50 Medicare Part B Premium Buy-Down (if you are not receiving government assistance that pays the Part B premium for you)

- See the VIVA MEDICARE *Select* Summary of Copayments & Coinsurance for complete information.

VIVA MEDICARE *Premier* (HMO)

- \$105 monthly premium plan with Medicare Part D prescription drug coverage (no Part D prescription drug deductible)
- \$0 PCP copay
- \$15 specialist copay
- \$125-\$175 Outpatient Services/Surgery (\$0 for colonoscopies)
- \$195 inpatient hospital (includes inpatient mental health) copay per day, days 1-6
- \$1,600 yearly allowance for preventive and comprehensive dental benefits
- \$200 yearly allowance for prescription eyewear
- \$95 allowance per calendar quarter for over-the-counter items
- \$500 - \$1,975 for each hearing aid; one (1) hearing aid per ear each calendar year
- See the VIVA MEDICARE *Premier* Summary of Copayments & Coinsurance for complete information.

VIVA MEDICARE *Me* (HMO)

- You must live in Blount, Chambers, Chilton, Dale, Geneva, Henry, Houston, Jefferson, Lee, Shelby, St. Clair, Talladega or Walker County
- Provider network is limited to either the Brookwood Baptist Provider System, the Ascension St. Vincent's Provider System, East Alabama Health Network or the Southeast Health Provider System— ask us for the VIVA MEDICARE *Me* provider directories
- \$0 premium plan with Medicare Part D prescription drug coverage (no Part D drug deductible)
- \$0 PCP copay
- \$20 specialist copay
- \$195-\$225 Outpatient Services/Surgery (\$0 for colonoscopies)
- \$245 inpatient hospital (includes inpatient mental health) copay per day, days 1-6
- \$1,100 yearly allowance for preventive and comprehensive dental benefits
- \$150 yearly allowance for prescription eyewear
- \$65 allowance per calendar quarter for over-the-counter items
- \$500 - \$1,975 for each hearing aid; one (1) hearing aid per ear each calendar year
- See the VIVA MEDICARE *Me* Summary of Copayments & Coinsurance for complete information.

VIVA MEDICARE *Prime* (HMO)

- \$55 monthly premium plan with Medicare Part D prescription drug coverage (no Part D drug deductible)
- \$0 PCP copay
- \$20 specialist copay
- \$195-\$225 Outpatient Services/Surgery (\$0 for colonoscopies)
- \$245 inpatient hospital (includes inpatient mental health) copay per day, days 1-6
- \$1,200 yearly allowance for preventive and comprehensive dental benefits
- \$150 yearly allowance for prescription eyewear
- \$65 allowance per calendar quarter for over-the-counter items
- \$500 - \$1,975 for each hearing aid; one (1) hearing aid per ear each calendar year

- See the VIVA MEDICARE *Prime* Summary of Copayments & Coinsurance for complete information.

VIVA MEDICARE *Extra Value* (HMO SNP)

- **You must currently have both Medicare and Medicaid (or a Medicare Savings Program)**
- Social Security Number: _____ (needed to verify Medicaid eligibility)
- \$0 premium; medical copayments and coinsurance vary based on the level of Medicaid you have
- No deductible for Medicare Part D prescription drug coverage because you get Extra Help (Low Income Subsidy)
- \$0 PCP copay
- \$0 specialist copay
- Outpatient Services/Surgery \$0 per day for members who are full Medicaid benefits eligible or \$125-\$175 for members who are limited or partial Medicaid benefits eligible (\$0 for colonoscopies)
- Inpatient hospital (includes inpatient mental health) \$0 per day for members who are full Medicaid benefits eligible or \$235 copay per day for days 1-6 (\$0 for additional days) for members who are limited or partial Medicaid benefits eligible
- \$2,250 yearly allowance for preventive and comprehensive dental benefits
- \$300 yearly allowance for prescription eyewear
- \$125 allowance per calendar quarter for over-the-counter items
- \$300 - \$1,775 for each hearing aid; one (1) hearing aid per ear each calendar year
- \$30 per month food and produce allowance at mail-order for qualifying members
- \$0 for 24 one-way rides or 12 round trips to get your medical or dental care
- See the VIVA MEDICARE *Extra Value* Summary of Copayments & Coinsurance for complete information.

VIVA MEDICARE *INFIRMARY HEALTH ADVANTAGE* (HMO)

- YOU MUST LIVE IN MOBILE or BALDWIN COUNTY
- Provider network is limited to Mobile Infirmary Provider System– ask us for the VIVA MEDICARE *Infirmary Health Advantage* provider directory
- \$0 premium plan with Medicare Part D prescription drug coverage (no Part D drug deductible)
- \$0 PCP copay
- \$15 specialist copay
- \$195-\$225 Outpatient Services/Surgery (\$0 for colonoscopies)
- \$245 inpatient hospital (includes inpatient mental health) copay per day, days 1-6
- \$2,000 yearly allowance for preventive and comprehensive dental benefits
- \$300 yearly allowance for prescription eyewear
- \$80 allowance per quarter for over-the-counter items
- \$30 allowance per quarter flex card for eyewear, dental, hearing aids, and over the counter items \$500 - \$1,975 for each hearing aid; one (1) hearing aid per ear each calendar year
- See the VIVA MEDICARE *Infirmary Health Advantage* Summary of Copayments & Coinsurance for complete information.

Your Plan Premium

VIVA MEDICARE *Plus* (\$0 premium plan), VIVA MEDICARE *Me* (\$0 premium plan) and VIVA MEDICARE *Infirmiry Health Advantage* (\$0 premium plan) only: If we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), we need to know how you would prefer to pay it. You can pay by mail or Electronic Funds Transfer (EFT) each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) check each month.

VIVA MEDICARE *Plus* (\$28 premium plan), VIVA MEDICARE *Premier* (\$105 premium plan) and VIVA MEDICARE *Prime* (\$55 premium plan) only: You can pay your monthly plan premium (including any late enrollment penalty you may have or may owe) by mail or Electronic Funds Transfer (EFT) each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) check each month.

People with limited incomes may qualify for *Extra Help* to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this *Extra Help*, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY/TDD users should call 1-877-486-2048.

If you qualify for *Extra Help* with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium for this benefit. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare does not cover.

If you don't select a payment option, you will receive a bill each month.

Please select a monthly payment option (not needed for *Select*, *Extra Value* or *Extra Care* plans):

Receive a bill by mail.

Electronic Funds Transfer (EFT) from your checking account. Please attach a VOIDED check and provide the following:

Account holder name: _____

Bank routing #: _____

Checking account #: _____

Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check. I get monthly benefits from: _____ Social Security _____ RRB
(The Social Security or RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

Please check the box if you would prefer us to send you information in another format:

Audio Large Print

Please contact VIVA MEDICARE Member Services at (205) 918-2067 in Birmingham or 1-800-633-1542 toll free if you need information in an accessible format (audio). TTY users call 711. Our call center is open Monday through Friday, 8 a.m. to 8 p.m. (October 1 – March 31, 8 a.m. to 8 p.m., 7 days a week).

Release of Information: By joining this Medicare health plan, I acknowledge that VIVA MEDICARE will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that VIVA MEDICARE will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

Electronic Communication: I consent to be contacted by VIVA MEDICARE, or its business associates, for certain health care communications at the phone number (cellular or landline) and email address above (including voice messages made by an auto-dialer or pre-recorded voice and text messages sent to my cellular number). I understand that my phone or internet carrier may charge fees for these communications (I may contact my carrier for pricing plans and details). I understand that VIVA MEDICARE has policies and procedures in place to safeguard my personal health information; however, there are some data security and privacy risks associated with sending and receiving communications about my health care. Communications I send or receive may not be sent and stored securely and may be accessed by third parties. I understand that I may cancel this consent (revoke or opt-out) by contacting VIVA MEDICARE Member Services.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

Signature:	Today's Date:
If you are the member's authorized representative, you must sign above and provide the following information.	
Name: _____	
Address: _____	
Phone Number: (____) _____ - _____ Relationship to Member _____	
If signed by an authorized representative, this signature certifies that 1) this person is authorized under State law to complete this enrollment, and 2) documentation of this authority is available upon request by VIVA MEDICARE or by Medicare.	

Please mail this form in the enclosed postage-paid envelope to:

VIVA MEDICARE
Attn: Medicare Enrollment
417 20th St. No., Suite 1100
Birmingham, AL 35203

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 1-800-633-1542 (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 1-800-633-1542 (TTY: 711). H0154_mcdoc867r10A_M_05/01/2023