



Pharmacy Benefit Guide

INFORMATION ABOUT YOUR VIVA MEDICARE
PHARMACY BENEFITS



QUESTIONS ABOUT YOUR PHARMACY BENEFITS?

Contact VIVA MEDICARE Member Services:

1-800-633-1542 (TOLL-FREE) | TTY: 711

Hours: Monday – Friday, 8am – 8pm; October 1 – March 31: 7 days a week, 8am – 8pm

WWW.VIVAHEALTH.COM/MEDICARE

*Information about
Your Pharmacy
Benefits with
VIVA MEDICARE*

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Great News for VIVA MEDICARE members with prescription drug coverage:

\$0 cost share for Part D vaccines covered by Medicare in 2024

In addition to flu and pneumonia vaccines already covered with \$0 cost share, several Part D vaccines will have \$0 cost share in 2024. The Inflation Reduction Act (IRA) allows VIVA MEDICARE members with prescription drug coverage to get these common vaccines at no cost:

- Hepatitis A
- Hepatitis A and hepatitis B
- Hepatitis B¹
- Human papillomavirus (HPV)²
- Measles, mumps, and rubella (MMR)
- Meningococcal
- Tetanus and diphtheria toxoids¹
- Tetanus and diphtheria toxoids and acellular pertussis
- Varicella (chickenpox)
- Zoster (shingles)
- Respiratory Syncytial Virus Infection (RSV)³

More good news for members with diabetes

In 2024, your cost for covered insulin will be no more than \$35 for a one-month supply, \$70 for a two-month supply, or \$105 for a three-month supply. If you have any questions about which insulin is covered, please call Medicare Member Services and ask to have a pharmacist call you back.

¹May require a Part B vs Part D payment determination.

²IRA \$0 cost share is applicable for adults 19 years of age through age 45.

³This vaccine is only covered for patients 60 years of age or older.

The list of vaccines available for \$0 cost share is subject to change based on the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) guidelines. Talk to your Primary Care Physician to see if you need any of the vaccines listed above.

The 4 Phases of Medicare Prescription Coverage

The standard Medicare Prescription Drug Plan has four phases of drug coverage. The Centers for Medicare & Medicaid Services (CMS) sets the dollar amounts for each phase.



The amounts listed below are for 2024. These amounts change from year to year.

The phases of coverage reset on January 1st of each year. Note: If you get a Low Income Subsidy (also called Extra Help), you will not have a coverage gap. See your plan materials or call Member Services for more information.

1 DEDUCTIBLE

- During the deductible phase, you pay the full cost of your medications until you reach the deductible amount.
- Each Medicare drug plan will have a different deductible amount. Some plans have a \$0 deductible.
- For 2024, all VIVA MEDICARE plans have a \$0 deductible.

2 INITIAL COVERAGE

- You enter this phase once your deductible is met. If your deductible is \$0, you start in this phase.
- This is the phase where you pay a set copay or coinsurance for each medication.
- The amount you pay depends on what formulary tier the medication is on, what day supply you get from the pharmacy, and if you use a retail pharmacy or a mail order pharmacy.

3 COVERAGE GAP

- You enter the coverage gap phase (also known as the "donut hole") when your total drug costs (including what the plan paid) reach \$5,030.
- During the coverage gap phase, you pay 25% of the cost for generic and brand name medications.

4 CATASTROPHIC COVERAGE

- Once your total out-of-pocket costs (not including what the plan paid) reach \$8,000, you will enter the catastrophic coverage phase.
- When in the catastrophic phase, you have no more copays.

Understanding the Part D “Donut Hole”

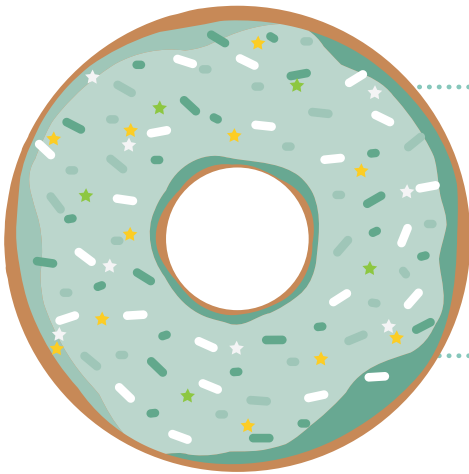
Note: If you get a Low Income Subsidy (also called *Extra Help*), you will not have a coverage gap. See your plan materials or call Member Services for more information.



¹Total of member paid, Extra Help amounts, and Coverage Gap discount amounts are applied toward the \$8,000. The dollar amounts listed are the defined standard Part D benefit amounts for the 2024 benefit year. These amounts are subject to change each year and are used by most, but not all, Part D plans.

Understanding the Part D Coverage Gap

also known as the “Donut Hole”



VIVA MEDICARE wants you to understand how the coverage gap works and how it may affect you. Understanding your prescription drug costs is important, and it can help you plan for the financial impact that your medications may have on your budget. Below are some common questions we hear about the coverage gap.

What is the Coverage Gap?

- The coverage gap is the phase of prescription drug coverage that generally occurs once your total drug costs reach \$5,030.
- Your total drug cost is the total amount of money that both you AND your plan pay for your covered Part D drugs.
- If you are prescribed drugs with a high cost, you will move into the coverage gap faster.
- During the coverage gap, you pay 25% of the cost for generic and brand name medications.

Will everyone be affected by the coverage gap?

- No. If your total drug costs do not reach \$5,030 during the year, you will not enter the coverage gap.
- If you receive a Low Income Subsidy (also called Extra Help), you will not be affected by the coverage gap.
- If you join a Part D plan that fills in all or part of the gap, you may be able to reduce your cost in the coverage gap.

Will switching Medicare plans help me avoid the coverage gap?

- Your total drug costs will add up and count toward the coverage gap no matter what Medicare plan you have. They follow you from plan to plan. For example, if you enroll in VIVA MEDICARE in the middle of the year, your total drug costs from your previous Medicare plan will follow you to VIVA MEDICARE and count toward the coverage gap. Unless you join a plan that offers additional coverage in the gap, you won't avoid it by changing plans.



How do I get out of the coverage gap?

- To get out of the coverage gap, your out-of-pocket costs generally must reach \$8,000 (unless your Part D plan offers additional coverage on the gap).
 - If you take generic medications:
 - You pay 25% of the cost of the generic medication at the pharmacy during the coverage gap.
 - Only what you pay will count toward your out-of-pocket cost and help you get out of the coverage gap.
 - If you take brand medications:
 - You pay 25% of the cost of the brand name medication at the pharmacy during the coverage gap.
 - In addition to the 25% that you pay, the drug manufacturer will pay 70% of the total cost. Both the amount you pay and the amount the drug manufacturer pays, or 95% of the cost of the medication, will count toward your out-of-pocket cost and help you get out of the coverage gap.

How do I track my total drug costs and out-of-pocket spending?

- Every month, VIVA MEDICARE sends you a document called an “Explanation of Benefits” (EOB) for your prescription drugs. It has information about the prescription drugs you took in the previous month and the cost of those drugs. See page 8 to learn more.

Are there any resources to help me pay for medications when I am in the coverage gap?

- You can contact your local Area Agency on Aging (AAA) and Aging & Disability Resource Center (ADRC) at 1-800-AGE-LINE (1-800-243-5463) for assistance with different programs such as:
 - Alabama SenioRx Prescription Assistance Program
 - State Health Insurance Assistance Program (SHIP)
 - Low Income Subsidy (LIS)
- VIVA MEDICARE also has resources that can help:
 - A VIVA MEDICARE pharmacist can review your medications to look for cost-saving options.
 - A nurse or social worker from VCare, VIVA HEALTH’s wellness program, can call you or visit with you in your home to help you solve any social or health-related problems.

Will I go into the coverage gap at the same time every year?

- No. The costs of your medications may change every year or even from month to month, so you may enter the coverage gap at different times each year. The amount you have to spend before you enter the coverage gap also changes each year.
- If the costs of your medications go up, you may go into the coverage gap earlier in the year.
- Talk to your doctor and a VIVA MEDICARE pharmacist about your medications to make sure you are on the lowest-cost options. This can help delay the coverage gap phase.

Remember!

If you get a Low Income Subsidy (also called Extra Help), you will not have a coverage gap. See your plan materials or call Member Services for more information.

READING YOUR MONTHLY Explanation of Benefits

Every month, VIVA MEDICARE sends you a document called an “Explanation of Benefits” (EOB) for your prescription drugs. This is different from the EOBs you get for medical claims.

It has information about the prescription drugs you took in the previous month and the cost of those drugs. **If we discover a similar medication that is available at a lower cost, we will provide the medication name to you on your Pharmacy Explanation of Benefits (EOB).** The less expensive medication will be listed as a “Lower Cost Therapeutic Alternative.” If you notice a lower cost alternative on your EOB, take some time to discuss this medication with your doctor.

BELOW IS WHAT THE FIRST PAGE OF YOUR EOB LOOKS LIKE.

You can find very useful information in each section of the EOB. Included are some common questions that you might have and where you can find the answers.

We recommend checking your EOBs monthly to keep track of your prescription drug spending. Your EOB may look slightly different depending on what Viva Medicare plan you have.

Your Monthly Prescription Drug Summary

This summary is your “Explanation of Benefits” (EOB) for your Medicare prescription drug coverage (Part D). Please review this summary and keep it for your records. (This is *not* a bill.)

Here are the sections in this summary:

SECTION 1. Your prescriptions during the past month

SECTION 2. Which “drug payment stage” are you in?

SECTION 3. Your “out-of-pocket costs” and “total drug costs” (amounts and definitions)

SECTION 4. Updates to the plan’s Drug List that affect drugs you take

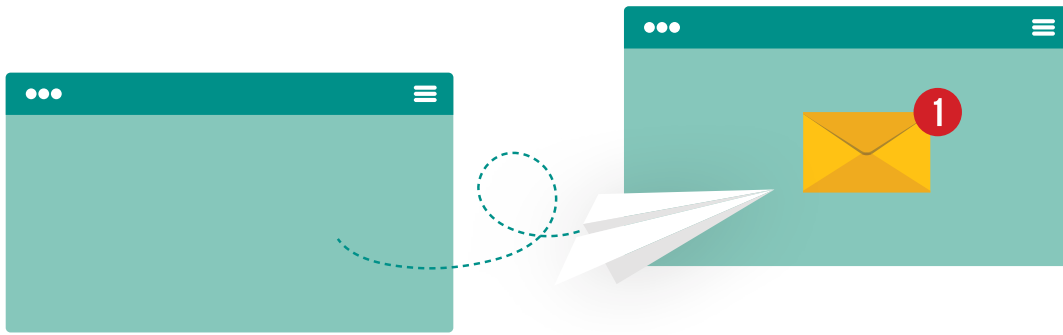
SECTION 5. If you see mistakes on this summary or have questions, what should you do?

SECTION 6. Important things to know about your drug coverage and your rights

LOOK IN SECTION 1:
What medications did I fill last month?

LOOK IN SECTION 2:
What phase of coverage am I in?
How close am I to the Coverage Gap?
Am I in the Coverage Gap?

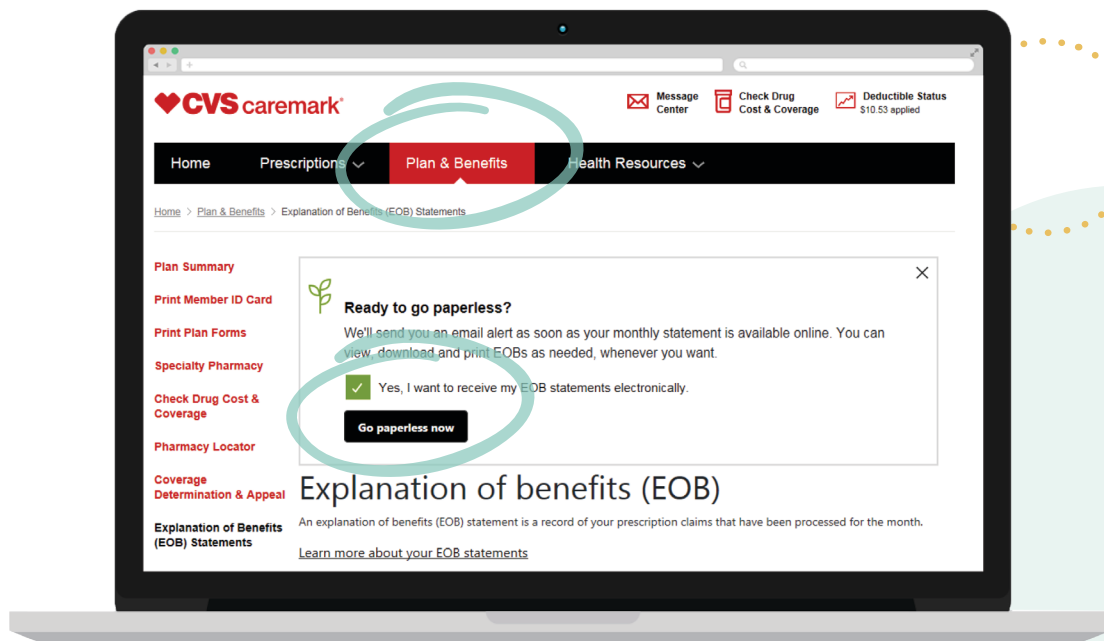
LOOK IN SECTION 3:
How much money have I spent on medications this month/year?



You can also get your EOBs *electronically* instead of in the mail.

TO SIGN UP FOR ELECTRONIC PHARMACY EOBs THROUGH CVS CAREMARK:

1. Visit **caremark.com**. If you're new to CVS Caremark, you will need to register.
2. Click on "Plans & Benefits" in the top bar
3. Check the box to go paperless



Note: You must sign up for electronic pharmacy EOBs through CVS Caremark. To sign up for medical EOBs, visit vivamembers.com and register for the Viva Health member portal.

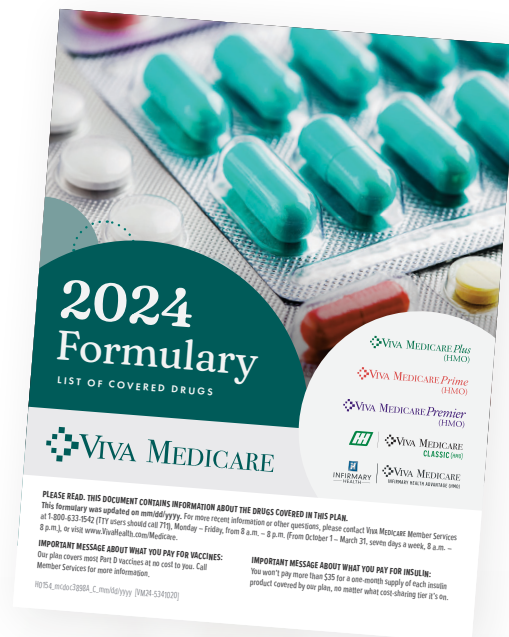
USING YOUR VIVA MEDICARE Formulary

What is a formulary?

- A formulary is the list of medications that is covered by your plan.
- This list includes a large variety of medications that will fit most of your treatment needs.
- VIVA MEDICARE will generally cover every medication on the formulary as long as the medication is being used appropriately and is filled at a network pharmacy.
 - More details about restrictions to the formulary are listed on the next page.

How do I access my formulary?

- The VIVA MEDICARE formulary is updated each year. If you have a paper copy, make sure it is for the current year. A formulary was given to you when you enrolled in the plan.
- The current year's formulary can be found online on our Member Resources page:
[www.vivahealth.com/member-resources/](http://www.vivahealth.com/medicare/member-resources/)
 - Click on your VIVA MEDICARE plan and select the link to the comprehensive formulary. Additionally, you can call Member Services and request that a copy be mailed to you.



What is a coverage determination?

- A coverage determination is a review and decision made by a Part D plan about whether to pay for a medication.
- Coverage determinations can be requested for drugs on the formulary and for drugs not on the formulary.
- All coverage determinations will be either approved or denied by VIVA MEDICARE based on the information provided by your doctor.
- Coverage determinations can be requested by you, your doctor, or an “authorized representative” like a family member or a caregiver.
- In order for an authorized representative to request a coverage determination for you, you must have an Appointment of Representative 1696 form or a Power of Attorney form on file with VIVA MEDICARE. For more information on this, please contact Member Services.



Are there restrictions to my formulary?

- Some medications on your formulary will require a coverage determination before VIVA MEDICARE will cover the medication. These include prior authorizations, quantity limits, step therapy, and Part B vs. Part D reviews.
 - A **prior authorization** (approval in advance) may be required before VIVA MEDICARE will cover a medication on your formulary in order to verify that the medication is being used appropriately.
 - A **quantity limit restriction** sets a limit on the amount of certain medications that VIVA MEDICARE will cover. The specific quantity limit will be different for each drug.
 - A **step therapy restriction** means that you must try certain medications before VIVA MEDICARE will cover another medication to treat the same condition.
 - A **Part B vs. Part D review** will determine if your medication will be covered by your Part B medical insurance or your Part D drug insurance.
 - Certain medications such as nebulizer solutions or certain cancer medications will be covered under your Part B medical insurance. The medications covered under Part B medical insurance will have a 20% coinsurance or a \$0 copay depending on your plan. Look in your plan materials for more information.

What if my medication is not on my formulary?

- If you cannot find your drug on your formulary, call Member Services for help.
- Talk to your doctor about an alternate drug that is on the formulary.
- If a drug is not on the formulary, the VIVA HEALTH pharmacy department can give you a list of similar medications that are covered by VIVA MEDICARE.
- Member Services can help you start a coverage determination to request an exception to your formulary.

PRESCRIPTION DRUG Cost Saving Opportunities

TIER 1 MEDICATIONS

No matter what pharmacy you use, all tier 1 medications will be \$0 during the initial coverage phase.

90 DAY SUPPLIES

Filling a 90-day supply will save you money when filling a tier 2 through tier 4 drug while in the initial coverage phase.

PRESCRIPTION HOME-DELIVERY *(also known as Prescription Mail Order)*

If you have trouble getting to the local pharmacy, or if you just want to save gas money, prescription home-delivery is a great option. You may even save money on your prescriptions by switching to home-delivery. To sign up, call the CVS Customer Care Team at 1-866-788-5146 or go online at caremark.com/manage-prescriptions/rx-delivery-by-mail.

HOUSEHOLD CHANGES OR CHANGES IN INCOME

If you have recently lost a spouse or loved one, or if your income has gone down a lot, you may be eligible for extra assistance or a Low Income Subsidy. This may give better benefits at no additional cost to you. Call Member Services for assistance.

IMPROVING SAFETY & COMMUNICATION

When a medication change is made such as changing prescription directions or amounts, ask your doctor to write a new prescription for you. This opens the line of communication between you, your doctor, your pharmacist, and VIVA MEDICARE. When everyone is informed, you have better treatment and safety outcomes.

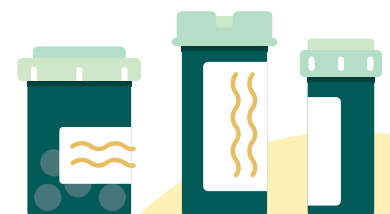
To promote safety, VIVA MEDICARE recommends that you use only one pharmacy as much as possible. This allows one pharmacy to see all your medications and look for drug interactions.

It can be difficult to remember to take your medicine. If you would like a pharmacy to package your medications into daily packets, talk to your pharmacy or ask VIVA MEDICARE for help. Call Member Services and let them know you'd like to speak with someone on the pharmacy team. They will get your phone number and a pharmacy team member will call you back.

The Medication List at the back of this booklet allows you to record all your medications in one place. This will help you remember what your medications are for and why they are important.

We know that prescription drugs that your doctor prescribes can be expensive, especially when you are in the coverage gap or the "donut hole."

At VIVA MEDICARE, we have pharmacists, nurses, and social workers ready to help you find ways to pay for your medications. Listed above are a few of the ways our team can help you save money on your prescription medications.



2024 Copayments (the amount you pay) for Prescription Drugs

The amount you pay per prescription depends on what tier your drugs are on, where you purchase your drugs, and whether you get a 30-day, 60-day, or 90-day supply. If you receive extra help paying for your medications, please see your low income subsidy rider for your copayment amounts. If you do not receive extra help, please see the copayments chart below for the amounts you will pay.

Note: Please see Chapter 6 of your VIVA MEDICARE Plus or VIVA MEDICARE Classic Evidence of Coverage for more information on getting prescription drugs at a long-term care pharmacy. Also, please reference the definition section of your Evidence of Coverage for the meaning of preferred and standard cost sharing.

VIVA MEDICARE Plus & VIVA MEDICARE Classic Drug Benefits Summary

I. Deductible: \$0 The amount you pay before the coverage starts.

II. Copayments/Coinsurance: The amounts you pay before the Coverage Gap.

	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	90-DAY MAIL ORDER SUPPLY	
	Preferred and Standard Cost Sharing	Preferred and Standard Cost Sharing	Preferred Cost Sharing	Standard Cost Sharing
Tier 1 (Preferred Generics)	\$0	\$0	\$0	\$12
Tier 2 (Generics)	\$12	\$30	\$24	\$36
Tier 3 (Preferred Brands)	\$47	\$117.50	\$94	\$141
Tier 4 (Non-Preferred Drugs)	\$100	\$250	\$200	\$300
Tier 5 (Specialty Drugs)	33%	Not Available	Not Available	Not Available

III. Coverage Gap: The amount you pay when your total yearly drug costs (paid by you and the plan) reach \$5,030.

	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	90-DAY MAIL ORDER SUPPLY
	Preferred and Standard Cost Sharing	Preferred and Standard Cost Sharing	Preferred and Standard Cost Sharing
Tier 1 (Preferred Generics)	25%	25%	25%
Tier 2 (Generics)	25%	25%	25%
Tiers 3 & 4 (Preferred Brands & Non-Preferred Drugs)	25%	25%	25%
Tier 5 (Specialty Drugs)	25%	Not Available	Not Available

IV. Catastrophic Coverage: The amounts you pay after your total yearly out-of-pocket drug costs reach \$8,000.

	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	90-DAY MAIL ORDER SUPPLY
	Preferred & Standard Cost Sharing	Preferred & Standard Cost Sharing	Preferred & Standard Cost Sharing
Tiers 1 & 2 (Preferred Generics & Generics)	\$0	\$0	\$0
Tier 3 & 4 (Preferred Brands & Non-Preferred Drugs)	\$0	\$0	\$0
Tier 5 (Specialty Drugs)	\$0	Not Available	Not Available

2024 Copayments (the amount you pay) for Prescription Drugs

The amount you pay per prescription depends on what tier your drugs are on, where you purchase your drugs, and whether you get a 30-day, 60-day, or 90-day supply. If you receive extra help paying for your medications, please see your low income subsidy rider for your copayment amounts. If you do not receive extra help, please see the copayments chart below for the amounts you will pay.

Note: Please see Chapter 6 of your VIVA MEDICARE Premier Evidence of Coverage for more information on getting prescription drugs at a long-term care pharmacy. Also, please reference the definition section of your Evidence of Coverage for the meaning of preferred and standard cost sharing.

VIVA MEDICARE Premier Drug Benefits Summary

I. Deductible: \$0 The amount you pay before the coverage starts.

II. Copayments/Coinsurance: The amounts you pay before the Coverage Gap.

	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	90-DAY MAIL ORDER SUPPLY	
	Preferred and Standard Cost Sharing	Preferred and Standard Cost Sharing	Preferred Cost Sharing	Standard Cost Sharing
Tier 1 (Preferred Generics)	\$0	\$0	\$0	\$12
Tier 2 (Generics)	\$8	\$20	\$16	\$24
Tier 3 (Preferred Brands)	\$47	\$117.50	\$94	\$141
Tier 4 (Non-Preferred Drugs)	\$100	\$250	\$200	\$300
Tier 5 (Specialty Drugs)	33%	Not Available	Not Available	Not Available

III. Coverage Gap: The amount you pay when your total yearly drug costs (paid by you and the plan) reach \$5,030.

	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	90-DAY MAIL ORDER SUPPLY
	Preferred and Standard Cost Sharing	Preferred and Standard Cost Sharing	Preferred and Standard Cost Sharing
Tier 1 (Preferred Generics)	25%	25%	25%
Tier 2 (Generics)	25%	25%	25%
Tiers 3 & 4 (Preferred Brands & Non-Preferred Drugs)	25%	25%	25%
Tier 5 (Specialty Drugs)	25%	Not Available	Not Available

IV. Catastrophic Coverage: The amounts you pay after your total yearly out-of-pocket drug costs reach \$8,000.

	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	90-DAY MAIL ORDER SUPPLY
	Preferred & Standard Cost Sharing	Preferred & Standard Cost Sharing	Preferred & Standard Cost Sharing
Tiers 1 & 2 (Preferred Generics & Generics)	\$0	\$0	\$0
Tier 3 & 4 (Preferred Brands & Non-Preferred Drugs)	\$0	\$0	\$0
Tier 5 (Specialty Drugs)	\$0	Not Available	Not Available

2024 Copayments (the amount you pay) for Prescription Drugs

The amount you pay per prescription depends on what tier your drugs are on, where you purchase your drugs, and whether you get a 30-day, 60-day, or 90-day supply. If you receive extra help paying for your medications, please see your low income subsidy rider for your copayment amounts. If you do not receive extra help, please see the copayments chart below for the amounts you will pay.

Note: Please see Chapter 6 of your Evidence of Coverage for more information on getting prescription drugs at a long-term care pharmacy. Also, please reference the definition section of your Evidence of Coverage for the meaning of preferred and standard cost sharing.

VIVA MEDICARE *Infirmary Health Advantage* Drug Benefits Summary

I. Deductible: \$0 *The amount you pay before the coverage starts.*

II. Copayments/Coinsurance: *The amounts you pay before the Coverage Gap.*

	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	90-DAY MAIL ORDER SUPPLY	
	Preferred and Standard Cost Sharing	Preferred and Standard Cost Sharing	Preferred Cost Sharing	Standard Cost Sharing
Tier 1 (Preferred Generics)	\$0	\$0	\$0	\$12
Tier 2 (Generics)	\$12	\$30	\$24	\$36
Tier 3 (Preferred Brands)	\$47	\$117.50	\$94	\$141
Tier 4 (Non-Preferred Drugs)	\$100	\$250	\$200	\$300
Tier 5 (Specialty Drugs)	33%	Not Available	Not Available	Not Available

III. Coverage Gap: *The amount you pay when your total yearly drug costs (paid by you and the plan) reach \$5,030.*

	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	90-DAY MAIL ORDER SUPPLY
	Preferred and Standard Cost Sharing	Preferred and Standard Cost Sharing	Preferred and Standard Cost Sharing
Tier 1 (Preferred Generics)	25%	25%	25%
Tier 2 (Generics)	25%	25%	25%
Tiers 3 & 4 (Preferred Brands & Non-Preferred Drugs)	25%	25%	25%
Tier 5 (Specialty Drugs)	25%	Not Available	Not Available

IV. Catastrophic Coverage: *The amounts you pay after your total yearly out-of-pocket drug costs reach \$8,000.*

	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	90-DAY MAIL ORDER SUPPLY
	Preferred & Standard Cost Sharing	Preferred & Standard Cost Sharing	Preferred & Standard Cost Sharing
Tiers 1 & 2 (Preferred Generics & Generics)	\$0	\$0	\$0
Tier 3 & 4 (Preferred Brands & Non-Preferred Drugs)	\$0	\$0	\$0
Tier 5 (Specialty Drugs)	\$0	Not Available	Not Available

2024 Copayments (the amount you pay) for Prescription Drugs

The amount you pay per prescription depends on what tier your drugs are on, where you purchase your drugs, and whether you get a 30-day, 60-day, or 90-day supply. If you receive extra help paying for your medications, please see your low income subsidy rider for your copayment amounts. If you do not receive extra help, please see the copayments chart below for the amounts you will pay.

Note: Please see Chapter 6 of your VIVA MEDICARE Prime Evidence of Coverage for more information on getting prescription drugs at a long-term care pharmacy. Also, please reference the definition section of your Evidence of Coverage for the meaning of preferred and standard cost sharing.

VIVA MEDICARE Prime Drug Benefits Summary

I. Deductible: \$0 The amount you pay before the coverage starts.

II. Copayments/Coinsurance: The amounts you pay before the Coverage Gap.

	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	90-DAY MAIL ORDER SUPPLY	
	Preferred and Standard Cost Sharing	Preferred and Standard Cost Sharing	Preferred Cost Sharing	Standard Cost Sharing
Tier 1 (Preferred Generics)	\$0	\$0	\$0	\$12
Tier 2 (Generics)	\$12	\$30	\$24	\$36
Tier 3 (Preferred Brands)	\$47	\$117.50	\$94	\$141
Tier 4 (Non-Preferred Drugs)	\$100	\$250	\$200	\$300
Tier 5 (Specialty Drugs)	33%	Not Available	Not Available	Not Available

III. Coverage Gap: The amount you pay when your total yearly drug costs (paid by you and the plan) reach \$5,000.

	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	90-DAY MAIL ORDER SUPPLY
	Preferred and Standard Cost Sharing	Preferred and Standard Cost Sharing	Preferred and Standard Cost Sharing
Tier 1 (Preferred Generics)	25%	25%	25%
Tier 2 (Generics)	25%	25%	25%
Tiers 3 & 4 (Preferred Brands & Non-Preferred Drugs)	25%	25%	25%
Tier 5 (Specialty Drugs)	25%	Not Available	Not Available

IV. Catastrophic Coverage: The amounts you pay after your total yearly out-of-pocket drug costs reach \$8,000.

	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	90-DAY MAIL ORDER SUPPLY
	Preferred & Standard Cost Sharing	Preferred & Standard Cost Sharing	Preferred & Standard Cost Sharing
Tiers 1 & 2 (Preferred Generics & Generics)	\$0	\$0	\$0
Tier 3 & 4 (Preferred Brands & Non-Preferred Drugs)	\$0	\$0	\$0
Tier 5 (Specialty Drugs)	\$0	Not Available	Not Available

2024 Copayments (the amount you pay) for Prescription Drugs

The amount you pay per prescription depends on the level of Extra Help you receive. When you enroll in our plan, you will receive an Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs (also called a Low Income Subsidy Rider or LIS Rider). It will tell you how much you will pay for prescription drugs. Depending on your income and institutional status, you pay the following:

VIVA MEDICARE *Extra Value* & VIVA MEDICARE *Extra Care* Drug Benefits Summary

I. Deductible: \$0 *The amount you pay before the coverage starts.*

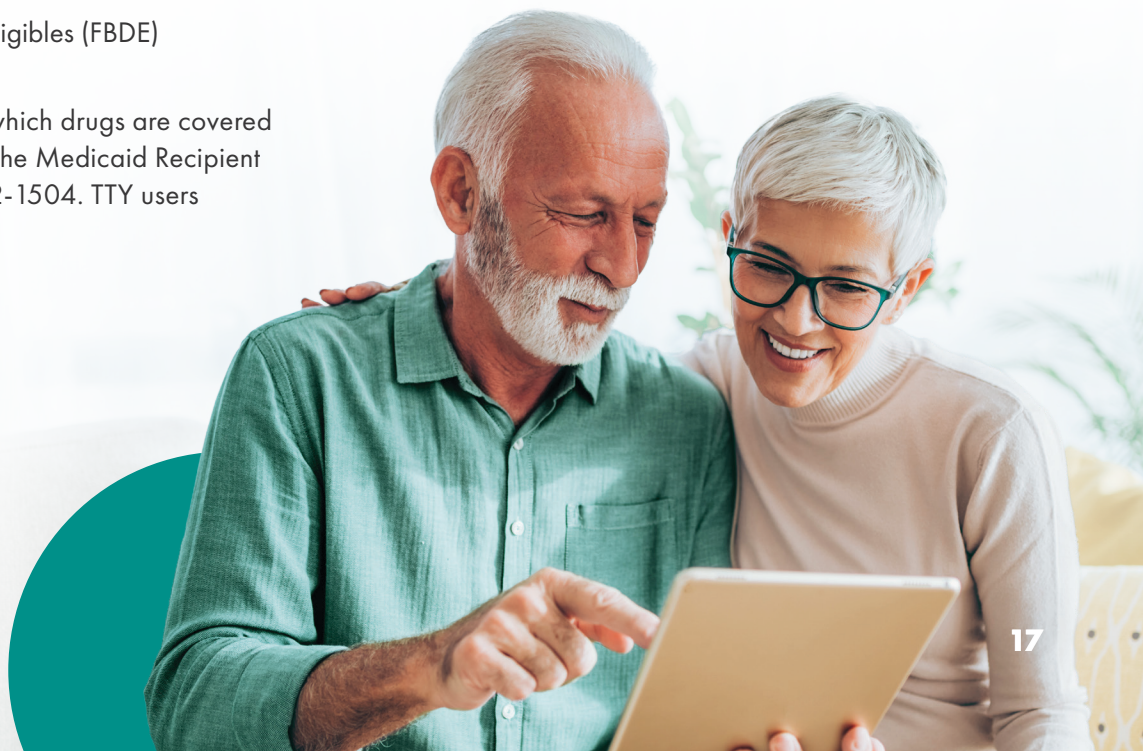
II. Copayments/Coinsurance: *The amount you pay after the deductible (if applicable).*

	2024 COSTS
Deductible	\$0
Copays	\$0 <i>Since you get extra help, you do not have a copay for any Part D medications and phases of Part D coverage in 2024.</i>

Note: Please see Chapter 6 of your VIVA MEDICARE *Extra Value* or HH VIVA MEDICARE *Extra Care* Evidence of Coverage for more information on getting prescription drugs at a long-term care pharmacy.

- There is an index in the back to help you find the drug you are looking for.
- If you lose Extra Help, your costs will be different. Contact Member Services for more information.
- In addition to the drugs covered by Part D, certain Medicare recipients who also qualify for Medicaid may have some prescription drugs covered under their Medicaid benefits. These groups include:
 - QMB+
 - Full Benefit Dual Eligibles (FBDE)
 - SLMB+

If you have questions about which drugs are covered under Medicaid, please call the Medicaid Recipient Inquiry Hotline at 1-800-362-1504. TTY users call 1-800-253-0799.



Glossary of Terms

BRAND NAME MEDICATION – a prescription drug made by one manufacturer and sold under a single brand name. These drugs are patented and can be very expensive. When the patent runs out, other companies can make and sell the drug under the generic name.

COINSURANCE – a percentage of the total cost of a medication that the member pays. When you pay a coinsurance, your out-of-pocket cost for a medication will change if the price of your medication changes.

COPAY – a set amount of money that the member pays for a medication. Copay amounts are determined by the plan that you have, what formulary tier the medication is on, the day supply you get at the pharmacy, and whether you use a retail or mail order pharmacy.

COVERAGE DETERMINATION – any determination made by your Part D plan about whether to pay for a drug.

DEDUCTIBLE – the amount of money the member pays before the plan begins to pay. Plans have different deductible amounts, and some plans do not have a deductible at all. For 2024, all VIVA MEDICARE plans have a \$0 deductible.

EVIDENCE OF COVERAGE (EOC) – a document provided each year by your plan that gives you the details about what the plan covers, how much you pay, and more.

EXPLANATION OF BENEFITS (EOB) – a document you receive in the mail each month that explains the prescription drugs you took in the previous month and the cost of those drugs.

FORMULARY – the list of drugs that your plan covers.

GENERIC MEDICATION – a prescription drug that is made by many manufacturers once the brand name patent on the drug has expired. A generic medication contains the exact same active ingredients as its brand name counterpart. Generic medications are generally less expensive than brand name medications.

MEDICARE PART D – the part of Medicare that provides coverage for prescription drugs.

OUT-OF-POCKET COST – the amount that YOU pay for a prescription from the pharmacy for your covered Part D drugs.

TIER – drugs are organized into groups or “tiers” on the formulary. In general, low-cost medications will be on lower tiers (tiers 1 and 2) and high-cost medications will be on higher tiers (tiers 3, 4, and 5).

TOTAL DRUG COSTS – the total amount of money that both you AND your plan pay for your covered Part D drugs.





VIVA MEDICARE Member Services:

1-800-633-1542 (TOLL-FREE) | TTY: 711

Hours: Monday – Friday, 8am – 8pm; October 1 – March 31: 7 days a week, 8am – 8pm

WWW.VIVAHEALTH.COM/MEDICARE

\$0 drug deductible on all VIVA MEDICARE plans. To qualify for the \$0 drug deductible on a VIVA MEDICARE HMO D-SNP plan, you must have Medicaid. 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_mcdoc3988A_C_01/04/2024