



Contact your neighborhood
VIVA HEALTH Café for
easy-to-understand answers
 to your Medicare questions.



301 Governors Drive SW
 Huntsville, AL 35801

256-701-8666

Hours: Monday - Friday, 8am - 5pm



¹\$0 copay applies only to preferred generics filled at pharmacies offering preferred cost sharing. Please see VIVA MEDICARE's Pharmacy Directory for a complete list of pharmacies. ²Up to a 90-day supply of generic drugs for \$3.70 or less and up to a 90-day supply of brand-name drugs for \$9.20 or less for most drugs. Your costs depend on the level of Extra Help you receive. Other Physicians/Providers are available in our network.

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 1-888-830-8482 (TTY: 711).

2021 PLANS AT A GLANCE



PLAN OPTIONS TO COVER
ALL YOUR MEDICARE NEEDS

1-888-830-VIVA (8482)
(toll-free) | TTY: 711

Hours: Mon - Fri, 8am - 8pm;
 Oct 1 - Mar 31: 7 days a week, 8am - 8pm

www.VivaHealth.com/Medicare



VIVA MEDICARE
CLASSIC (HMO)

This plan offers more benefits than Original Medicare and helps you save on your Medicare costs.

SERVICE	AMOUNT YOU PAY
Premium	\$0
Primary Care Physician (PCP)	\$0
Specialist	\$25
Inpatient Hospital	\$290 per day, days 1-6
Outpatient Services/Surgery	\$200-\$275 (\$0 for colonoscopies)
Medicare Part D Drug Coverage	Generics starting at \$0 ¹ \$150 annual deductible for drugs on Tiers 3, 4 & 5
Eyewear	\$100 annual eyewear allowance
Dental	\$700 annual dental allowance
Over-the-Counter Items	\$40 allowance every calendar quarter



VIVA MEDICARE
PREFERRED (HMO)

This plan offers additional benefits designed to lower your out-of-pocket costs, but without a high monthly premium like some supplement plans.

SERVICE	AMOUNT YOU PAY
Premium	\$90
Primary Care Physician (PCP)	\$0
Specialist	\$15
Inpatient Hospital	\$195 per day, days 1-6
Outpatient Services/Surgery	\$125-\$175 (\$0 for colonoscopies)
Medicare Part D Drug Coverage	Generics starting at \$0 ¹ ; No annual deductible
Eyewear	\$200 annual eyewear allowance
Dental	\$1,400 annual dental allowance
Over-the-Counter Items	\$75 allowance every calendar quarter



VIVA MEDICARE
EXTRA CARE (HMO SNP)

This is a Special Needs Plan for people who have both Medicare and Medicaid/ Medicare Savings Program.

SERVICE	AMOUNT YOU PAY
Premium	\$0
Primary Care Physician (PCP)	\$0
Specialist	\$0
Inpatient Hospital	\$0 or \$245 per day, days 1-6
Outpatient Services/Surgery	\$0 or \$125-\$175 (\$0 for colonoscopies)
Medicare Part D Drug Coverage	\$0, \$1.30, or \$3.70 for generics ² ; No annual deductible
Eyewear	\$150 annual eyewear allowance
Dental	\$2,250 annual dental allowance
Over-the-Counter Items	\$125 allowance every calendar quarter
Transportation Benefits	24 one-way rides or 12 round trips

Premiums, copayments, coinsurance, and deductibles may vary based on the level of Medicaid and Extra Help you receive. Please contact the plan for further details.