2027 Viva Medicare *Extra Care* (HMO D-SNP) Summary of Copays & Coinsurance

Benefit	What You Get
Dental Services	Plan covers up to $1,500 for preventive, diagnostic, and comprehensive dental services per year. For Medicare-covered dental services, copay depends on the place of service.
Flex Card	Plan provides $70 each month on a Flex Card that can be used for approved OTC items and, for chronically ill members meeting certain requirements, healthy food from NationsBenefits or at in-network retailers.[1]
Transportation	Plan provides 24 free rides (12 round trips) a year to the doctor, dentist, gym, or other plan-approved locations.
Eyewear (Eyeglasses or Contact Lenses)	Plan covers up to $200 for prescription eyewear and/or contact lens fittings per year. $0 copay for one pair of glasses or contact lenses after cataract surgery (you pay any amount over the Medicare allowable amount).
Hearing Aids (must be purchased through NationsHearing)	**Over-the-counter (OTC) hearing aids:** Sold as a pair (member cost range is $500-$2,700). **Prescription hearing aids:** One hearing aid per ear (member cost range is $300-$1,775). Members may purchase either OTC **or** prescription hearing aids (not both) per calendar year.
Telehealth Services	Plan covers telehealth services for PCP and certain Specialist Visits, Urgently Needed Services, and Outpatient Mental Health, Substance Use, 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)

Service	Amount You Pay Based on your level of Medicaid – Look for your level below.	
	Full Medicaid, QMB/QMB+, SLMB+	**Partial Medicaid including QDWI, QI-1, SLMB ONLY**
Monthly Premium	$0	$0
Primary Care Provider (PCP) Visit	$0	$0
Specialist Visit (includes podiatry)	$0	$20 ($0 for a Specialist Visit in a Skilled Nursing Facility)
Inpatient Hospital Admission	$0	Days 1-6: $330 per day; $0 for additional days
Inpatient Hospital Admission at a Psychiatric Hospital	$0	Days 1-5: $330 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	$0 at an Ambulatory Surgical Center; $330 at an Outpatient Hospital; $330 per Outpatient Observation; $0 for Colonoscopy
Emergency Room Visit	$0	$130, waived if you are admitted to the same hospital within 24 hours for the same condition
Ambulance Services	$0	$335 per one-way trip
Lab Services	$0	$0
X-Rays	$0	$10 per x-ray
Diagnostic Procedures and Tests (EEGs, sleep studies, etc.)	$0	$0-$50

Service	Amount You Pay Based on your level of Medicaid – Look for your level below.	
	Full Medicaid, QMB/QMB+, SLMB+	**Partial Medicaid including QDWI, QI-1, SLMB ONLY**
Diagnostic Radiology such as an MRI, PET, or CT Scan	$0	$50 ($10 per ultrasound)
Radiation Therapy and Therapeutic Radiology	$0	$40 per service
Urgently Needed Care Visit	$0	$0 for a PCP Visit; $20 for a Specialist Visit; $40 for an Urgent Care Clinic Visit
Outpatient Mental Health or Substance Use Visit	$0	$20; $55 for Intensive Outpatient Program and Partial Hospitalization
Chiropractor Visit	$0	$0
Medicare-Covered Eye Exams	$0	$20 ($0 for diabetic retinopathy and glaucoma screening)
Routine Annual Vision Exam	$0	$0
Annual Hearing Exam	$0	$0 if you see a PCP; $20 if you see a Specialist
Physical, Speech, or Occupational Therapy	$0	$20 per visit
Cardiac or Pulmonary Rehabilitation Visit	$0	$0 per visit
Skilled Nursing Facility (100 days per benefit period)	$0	Days 1-20: $10 per day; Days 21-51: $218 per day; Days 52-100: $0 per day
Home Health Care	$0	$0
Durable Medical Equipment (DME)/Prosthetics	$0	25% for DME; 20% for prosthetics; $0 for ostomy supplies
Diabetic Supplies	$0	$0 for supplies; 10% for therapeutic shoes or inserts
Kidney Diseases and Conditions	$0	20% for Renal Dialysis
Drugs Covered under Medicare Part B	$0	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)	$6,750 (does not apply to Part D prescription drugs)	$6,750 (does not apply to Part D prescription drugs)
Drugs Covered under Medicare Part D		
Deductible: Because you get Extra Help, your drug deductible is $0.		
Initial Coverage Phase: You will pay the following copays until your out-of-pocket costs reach $2,400.		
Generic Drugs including brand drugs treated as generics: up to 100-day supply	$0, $1.65, or $5.80 depending on your level of Extra Help.	
All Other Drugs: up to 100-day supply	$0, $5.00, or $14.40 depending on your level of Extra Help.	
Catastrophic Phase: What you pay after you have spent $2,400 out-of-pocket.	You pay $0.	

[1]The healthy food benefit is available only to eligible chronically ill enrollees as a Special Supplemental Benefit for the Chronically Ill (SSBCI). Not all members qualify. Eligibility is based on CMS requirements and the plan’s objective SSBCI eligibility criteria. Members may qualify if they have certain chronic health conditions and meet all applicable eligibility requirements. Examples of qualifying conditions include Diabetes, Cardiovascular Disorders, Chronic Musculoskeletal Disorders, Overweight/Obesity, or Chronic Kidney Disease. For a complete list of qualifying conditions and all eligibility requirements, please refer to Chapter 4 in the plan’s Evidence of Coverage or contact Viva Medicare for more information. The service area includes Jackson, Limestone, Madison, Marshall, and Morgan Counties. Other Physicians/Providers are available in our network. This plan is only available to people with both Medicare and Medicaid. Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. 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 - Mar 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. H0154_mcdoc4786A_M_08/31/2026