VIVA MEDICARE

2027 VIVA MEDICARE *Healthy Lifestyles* (HMO C-SNP) Summary of Copays & Coinsurance

SERVICE	AMOUNT YOU PAY
Monthly Premium	$0
Primary Care Provider (PCP) Visit	$0
Specialist Visit	$40 ($0 for a Specialist Visit in a Skilled Nursing Facility)
Podiatrist Visit	$35 per visit
Routine Foot Care from Podiatrist	$35 per visit; limited to 6 visits per year
Dental Services	Plan covers up to $1,075 for preventive, diagnostic, and comprehensive dental services per year. For Medicare-covered dental services, copay depends on 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: $400 per day; $0 for additional days
Inpatient Hospital Admission at a Psychiatric Hospital	Days 1-5: $400 per day; $0 for additional days
Outpatient Surgery at an Outpatient Hospital Facility or Ambulatory Surgical Center (includes invasive diagnostic procedures such as epidurals)	$0 at an Ambulatory Surgical Center; $395 at an Outpatient Hospital; $395 per Outpatient Observation; $0 for Colonoscopy
Emergency Room Visit	$115, waived if you are admitted to the same hospital within 24 hours for same condition
Ambulance Services	$310 per one-way trip
Lab Services	$0
X-Rays	$15 per x-ray
Diagnostic Procedures and Tests (EEGs, sleep studies, etc.)	$0-$75
Diagnostic Radiology such as an MRI, PET, or CT Scan	$250 per service ($15 per ultrasound)
Radiation Therapy and Therapeutic Radiology	$75 per service
Urgently Needed Care Visit	$0 for a PCP Visit; $40 for a Specialist Visit; $40 for an Urgent Care Clinic Visit
Outpatient Mental Health or Substance Use Visit	$40; $55 for Intensive Outpatient Program and Partial Hospitalization
Chiropractor Visit	$15
Medicare-Covered Eye Exams	$40 ($0 for diabetic retinopathy and glaucoma screening)
Routine Annual Vision Exam	$0
Eyewear (Eyeglasses or Contact Lenses)	Plan covers up to $175 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; $40 if you see a Specialist
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 **or** prescription hearing aids (not both) per calendar year.

Service	Amount You Pay
Physical or Speech Therapy Visit	$40 per visit
Occupational Therapy Visit	$35 per visit
Cardiac or Pulmonary Rehabilitation Visit	$15 per visit
Skilled Nursing Facility (100 days per benefit period)	Days 1-20: $0 per day; Days 21-63: $218 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 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)
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)	$7,900 (does not apply to Part D prescription drugs)
Drugs Covered under Medicare Part D	
Deductible	You stay in the Deductible Phase until you have paid $550 for your Tier 3, Tier 4, and Tier 5 drugs. The deductible does not apply to Tier 1 and 2 drugs or covered insulin.
Initial Coverage Phase: You pay the cost sharing below until your out-of-pocket costs reach $2,400.	
Tier 1: Preferred Generics	$0 for up to a 100-day retail supply; $0 for up to a 100-day preferred mail order supply
Tier 2: Generics	$12 for a 30-day retail supply; $30 for a 100-day retail supply; $24 for a 100-day preferred mail order supply
Tier 3: Preferred Brand	19% for up to a 100-day supply
Tier 4: Non-Preferred Drugs	42% for up to a 100-day supply
Tier 5: Specialty	27% for a 30-day supply
Catastrophic Phase: What you pay after you have spent $2,400 out-of-pocket.	You pay $0.
Note: You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on or the phase of coverage you're in.	

You must have diabetes mellitus to qualify for this plan. The service area includes Autauga, Baldwin, Bibb, Blount, Bullock, Chambers, Chilton, Crenshaw, Cullman, Dale, Dallas, Elmore, Fayette, Geneva, Henry, Houston, Jackson, Jefferson, Lee, Limestone, Lowndes, Macon, Madison, Marshall, Mobile, Montgomery, Morgan, Pike, Shelby, St. Clair, Talladega, Tallapoosa, Tuscaloosa, and Walker Counties. Premiums, 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 - 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_mcdoc4869A_M_08/31/2026