INFIRMARY HEALTH | VIVA MEDICARE

2027 VIVA MEDICARE *Infirmary Health Advantage* (HMO) Summary of Copays & Coinsurance

SERVICE	AMOUNT YOU PAY
Monthly Premium	$0
Part B Premium Buy-Down	Our plan provides a Part B Premium Buy-Down that lowers the cost of your monthly Part B premium by $15 a month (if you are not receiving government assistance that pays the Part B premium for you).
Primary Care Provider (PCP) Visit	$0
Specialist Visit (includes podiatry)	$25 ($0 for a Specialist Visit in a Skilled Nursing Facility)
Dental Services	Plan covers up to $1,400 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 (includes inpatient mental health care)	Days 1-6: $375 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 per Ambulatory Surgical Center Visit; $350 per Outpatient Hospital Visit; $350 per Outpatient Observation; $0 per Colonoscopy
Emergency Room Visit	$130, waived if you are admitted to the same hospital within 24 hours for the same condition
Ambulance Services	$285 per one-way trip
Lab Services	$0
X-Rays	$10 per x-ray
Diagnostic Procedures and Tests (EEGs, sleep studies, etc.)	$0-$50
Diagnostic Radiology such as an MRI, PET, or CT Scan	$175 per service ($10 per ultrasound)
Radiation Therapy and Therapeutic Radiology	$60 per service
Urgently Needed Care Visit	$0 for a PCP Visit; $25 for a Specialist Visit; $40 for an Urgent Care Clinic Visit
Outpatient Mental Health or Substance Use Visit	$25; $55 for Intensive Outpatient Program and Partial Hospitalization
Chiropractor Visit	$15
Medicare-Covered Eye Exams	$25 ($0 for diabetic retinopathy and glaucoma screening)
Routine Annual Vision Exam	$0
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 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; $25 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.
Physical or Speech Therapy Visit	$25 per visit
Occupational Therapy Visit	$25 per visit

Service	Amount You Pay
Cardiac or Pulmonary Rehabilitation Visit	$15 per visit
Skilled Nursing Facility (100 days per benefit period)	Days 1-20: $0 per day; Days 21-50: $218 per day; Days 51-100: $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)	$6,500 (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 $200 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 will pay the following cost sharing 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	20% for up to a 100-day supply
Tier 4: Non-Preferred Drugs	42% for up to a 100-day supply
Tier 5: Specialty	31% 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.	

The service area includes Baldwin and Mobile Counties. Other Physicians/Providers are available in our network. 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_mcdoc4787A_M_08/31/2026