



INTRODUCTION TO THE SUMMARY OF BENEFITS FOR

VIVA MEDICARE *Me* (HMO)

JANUARY 1, 2016 - DECEMBER 31, 2016
BLOUNT, JEFFERSON, SHELBY, ST. CLAIR, TALLADEGA,
AND WALKER COUNTIES

SECTION I – INTRODUCTION TO THE SUMMARY OF BENEFITS

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

YOU HAVE CHOICES ABOUT HOW TO GET YOUR MEDICARE BENEFITS

One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.

Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **VIVA MEDICARE Me (HMO)**).

TIPS FOR COMPARING YOUR MEDICARE CHOICES

This Summary of Benefits booklet gives you a summary of what **VIVA MEDICARE Me (HMO)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

SUMMARY
OF BENEFITS
2016

INTRODUCTION TO THE SUMMARY OF BENEFITS FOR



JANUARY 1, 2016 - DECEMBER 31, 2016
BLOUNT, JEFFERSON, SHELBY, ST. CLAIR, TALLADEGA, AND WALKER
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SECTIONS IN THIS BOOKLET

- Things to Know About **VIVA MEDICARE Me (HMO)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at 1-800-633-1542.

THINGS TO KNOW ABOUT **VIVA MEDICARE Me (HMO)**

Hours of Operation

From October 1 to February 14, you can call us 7 days a week
from 8:00 a.m. to 8:00 p.m. Central time.

From February 15 to September 30, you can call us Monday through Friday
from 8:00 a.m. to 8:00 p.m. Central time.

VIVA MEDICARE Me (HMO) Phone Numbers and Website

If you are a member of this plan, call toll-free 1-800-633-1542.

If you are not a member of this plan, call toll-free 1-888-830-8482.

Our website: <http://www.vivamedicaremember.com/>

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BLOUNT, JEFFERSON, SHELBY, ST. CLAIR, TALLADEGA, AND
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WHO CAN JOIN?

To join **VIVA MEDICARE Me (HMO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area includes the following counties in Alabama: Blount, Jefferson, Shelby, St. Clair, Talladega, and Walker.

WHICH DOCTORS, HOSPITALS, AND PHARMACIES CAN I USE?

VIVA MEDICARE Me (HMO) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

You can see our plan's provider directory at our website (www.vivamedicaremember.com/MemberResources/).

You can see our plan's pharmacy directory at our website (www.vivamedicaremember.com/Resource/Current/Pharmacy.aspx).

Or, call us and we will send you a copy of the provider and pharmacy directories.

WHAT DO WE COVER?

Like all Medicare health plans, we cover everything that Original Medicare covers - and *more*.

- **Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare.** For others, you may pay less.

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- **Our plan members also get more than what is covered by Original Medicare.**
Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, <http://www.vivamedicaremember.com/Resource/Current/Formulary.aspx>.
- Or, call us and we will send you a copy of the formulary.

HOW WILL I DETERMINE MY DRUG COSTS?

Our plan groups each medication into one of five “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

SECTION II – SUMMARY OF BENEFITS

VIVA MEDICARE *Me* (HMO)

MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

BENEFIT	VIVA MEDICARE <i>Me</i> (HMO)
HOW MUCH IS THE MONTHLY PREMIUM?	\$0 per month. In addition, you must keep paying your Medicare Part B premium.
HOW MUCH IS THE DEDUCTIBLE?	This plan does not have a deductible.
IS THERE ANY LIMIT ON HOW MUCH I WILL PAY FOR MY COVERED SERVICES?	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$6,000 for services you receive from in-network providers. <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>
IS THERE A LIMIT ON HOW MUCH THE PLAN WILL PAY?	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.

COVERED MEDICAL AND HOSPITAL BENEFITS

- *Note: Services with a ¹ may require prior authorization.*
- *Services with a ² may require a referral from your doctor.*

OUTPATIENT CARE AND SERVICES

ACUPUNCTURE	Not covered
AMBULANCE¹	<p>\$300 copay</p> <p>Copay is per one-way trip for Medicare-covered ambulance services.</p>
CHIROPRACTIC CARE	<p>Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$20 copay</p> <p>Other services such as x-rays or hot and cold packs are not covered.</p>

SUMMARY OF BENEFITS

VIVA MEDICARE *Me* (HMO)

BENEFIT	VIVA MEDICARE <i>Me</i> (HMO)
<p>DENTAL SERVICES¹</p>	<p>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): \$0 copay</p> <p>Preventive dental services:</p> <ul style="list-style-type: none"> • Cleaning: \$0 copay • Dental x-ray(s): \$0 copay • Fluoride treatment: \$0 copay • Oral exam: \$0 copay <p>Our plan pays up to \$75 every year for most dental services.</p> <p>If Medicare-covered dental services are provided in the course of a physician office visit or outpatient or inpatient admission, applicable office visit or outpatient or inpatient copayments will apply.</p> <p>VIVA MEDICARE <i>Me</i> covers up to \$75 for the preventive dental services listed above and comprehensive dental benefits every year. You are responsible for any dental costs over \$75.</p>
<p>DIABETES SUPPLIES AND SERVICES¹</p>	<p>Diabetes monitoring supplies: \$7 copay</p> <p>Diabetes self-management training: You pay nothing</p> <p>Therapeutic shoes or inserts: 20% of the cost</p> <p>\$7 per standard-size box (as determined by the plan) for each Medicare-covered diabetes monitoring supply item offered by network providers.</p>

SUMMARY OF BENEFITS

VIVA MEDICARE *Me* (HMO)

BENEFIT	VIVA MEDICARE <i>Me</i> (HMO)
<p>DIAGNOSTIC TESTS, LAB AND RADIOLOGY SERVICES, AND X-RAYS <i>(Costs for these services may vary based on place of service)¹</i></p>	<p>Diagnostic radiology services (such as MRIs, CT scans): \$175 copay Diagnostic tests and procedures: \$0-\$100 copay, depending on the service Lab services: \$0-10% of the cost, depending on the service Outpatient x-rays: \$25 copay Therapeutic radiology services (such as radiation treatment for cancer): \$60 copay</p> <p>Copays apply for each diagnostic radiology service, each outpatient x-ray, and each therapeutic radiology service you receive.</p> <p>Labs with coinsurance include non-standard labs such as genetic testing and drug screens. Coinsurance does not apply to routine labs such as those associated with an annual physical including standard bloodwork.</p> <p>Diagnostic tests and procedures copay applies to echocardiography and other diagnostic non-invasive cardiovascular services, non-invasive vascular studies, diagnostic ultrasounds (excluding ultrasounds related to maternity), EEG's, and neurotransmission studies and other nervous system evaluations or tests.</p>
<p>DOCTOR'S OFFICE VISITS²</p>	<p>Primary care physician visit: \$10 copay Specialist visit: \$45 copay</p> <p>Your PCP must get approval in advance from the plan before you can see a network provider listed as a pain management specialist or a provider in the supplemental network in your Provider Directory. This is called giving you a referral. All other specialty care from network providers in your selected Provider System do not require a referral.</p>
<p>DURABLE MEDICAL EQUIPMENT (<i>wheelchairs, oxygen, etc.</i>)¹</p>	<p>20% of the cost</p>
<p>EMERGENCY CARE</p>	<p>\$75 copay</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.</p> <p>For the emergency care copay to be waived, the inpatient admission must be to the same hospital as the emergency visit.</p>
<p>FOOT CARE <i>(podiatry services)</i></p>	<p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$45 copay</p>

SUMMARY OF BENEFITS

VIVA MEDICARE *Me* (HMO)

BENEFIT	VIVA MEDICARE <i>Me</i> (HMO)
HEARING SERVICES	<p>Exam to diagnose and treat hearing and balance issues: \$10-\$45 copay, depending on the service</p> <p>Routine hearing exam (for up to 1 every year): \$10-\$45 copay, depending on the service</p> <p>The copay range is as follows:</p> <p>\$10 for each Medicare-covered hearing service by a PCP</p> <p>\$45 for each Medicare-covered hearing service by a plan specialist</p> <p>Hearing aids are not covered</p>
HOME HEALTH CARE¹	You pay nothing
MENTAL HEALTH CARE¹	<p>Inpatient visit:</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental health services provided in a general hospital.</p> <p>Our plan covers up to 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <ul style="list-style-type: none"> • \$310 copay per day for days 1 through 5 • You pay nothing per day for days 6 through 90 <p>Outpatient group therapy visit: \$40 copay</p> <p>Outpatient individual therapy visit: \$40 copay</p>
OUTPATIENT REHABILITATION¹	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): \$20 copay</p> <p>Occupational therapy visit: \$30 copay</p> <p>Physical therapy and speech and language therapy visit: \$30 copay</p>
OUTPATIENT SUBSTANCE ABUSE¹	<p>Group therapy visit: \$40 copay</p> <p>Individual therapy visit: \$40 copay</p>

SUMMARY OF BENEFITS

VIVA MEDICARE *Me* (HMO)

BENEFIT	VIVA MEDICARE <i>Me</i> (HMO)
OUTPATIENT SURGERY¹	<p>Ambulatory surgical center: \$0-\$300 copay, depending on the service</p> <p>Outpatient hospital: \$0-\$300 copay, depending on the service</p> <p>You pay \$0 for Medicare-covered colonoscopies and \$300 for other Medicare-covered outpatient services including surgeries as well as wound care, hyperbaric oxygen therapy, blood transfusions, sleep studies, and invasive diagnostic procedures such as epidurals and EGDs</p>
OVER-THE-COUNTER ITEMS	Not Covered
PROSTHETIC DEVICES (braces, artificial limbs, etc.)¹	<p>Prosthetic devices: 20% of the cost</p> <p>Related medical supplies: 0-20% of the cost, depending on the supply</p> <p>You pay \$0 for ostomy supplies and 20% of the cost for other related Medicare-covered medical supplies.</p>
RENAL DIALYSIS¹	<p>20% of the cost</p> <p>There is no copay for Medicare-covered kidney disease education services</p>
TRANSPORTATION	Not covered
URGENTLY NEEDED CARE	<p>\$10-\$50 copay, depending on the service</p> <p>The copay range is as follows:</p> <p>\$10 for each Medicare-covered urgently needed service from a PCP</p> <p>\$45 for each Medicare-covered urgently needed service from a specialist</p> <p>\$50 for each Medicare-covered urgently needed service from an urgent care facility/clinic</p>

SUMMARY OF BENEFITS

VIVA MEDICARE *Me* (HMO)

BENEFIT	VIVA MEDICARE <i>Me</i> (HMO)
VISION SERVICES	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0-\$45 copay, depending on the service</p> <p>Routine eye exam (for up to 1 every year): \$10 copay</p> <p>Contact lenses: \$0 copay</p> <p>Eyeglasses (frames and lenses): \$0 copay</p> <p>Eyeglass frames: \$0 copay</p> <p>Eyeglass lenses: \$0 copay</p> <p>Eyeglasses or contact lenses after cataract surgery: \$0 copay</p> <p>Our plan pays up to \$95 every year for eyewear.</p> <p>No copay for Medicare-covered glaucoma screenings. \$45 copay for each Medicare-covered eye exam. Plan covers up to the Medicare allowed amount for eyewear after each cataract surgery. You pay the rest. You pay anything over \$100 for the eyewear items listed above that are not related to cataract surgery.</p>

SUMMARY OF BENEFITS

VIVA MEDICARE *Me* (HMO)

BENEFIT	VIVA MEDICARE <i>Me</i> (HMO)
PREVENTIVE CARE	<p>You pay nothing</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) • Depression screening • Diabetes screenings • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • “Welcome to Medicare” preventive visit (one-time) • Yearly “Wellness” visit <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> <p>Annual physical exam: You pay nothing.</p>
HOSPICE	<p>You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.</p>

SUMMARY OF BENEFITS

VIVA MEDICARE *Me* (HMO)

BENEFIT	VIVA MEDICARE <i>Me</i> (HMO)
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INPATIENT CARE

INPATIENT HOSPITAL CARE¹	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none">• \$350 copay per day for days 1 through 5• You pay nothing per day for days 6 through 90• You pay nothing per day for days 91 and beyond <p>Each inpatient admission begins a new benefit period.</p>
INPATIENT MENTAL HEALTH CARE	<p>For inpatient mental health care, see the “Mental Health Care” section of this booklet.</p>
SKILLED NURSING FACILITY (SNF)¹	<p>Our plan covers up to 100 days in a SNF.</p> <ul style="list-style-type: none">• You pay nothing per day for days 1 through 20• \$160 copay per day for days 21 through 100 <p>Custodial care is not covered by the Plan or by Medicare. Custodial care is personal care provided in a nursing home, hospice, or other facility setting when you do not need skilled medical care or skilled nursing care. For a more complete definition, please see your Evidence of Coverage.</p>

SUMMARY OF BENEFITS

VIVA MEDICARE *Me* (HMO)

PRESCRIPTION DRUG BENEFITS

BENEFIT	VIVA MEDICARE <i>Me</i> (HMO)
HOW MUCH DO I PAY?	<p>For Part B drugs such as chemotherapy drugs¹: 20% of the cost</p> <p>Other Part B drugs¹: 20% of the cost</p> <p>For an overview of how Part B drugs are covered by the Plan, please reference the “Medicare Part B prescription drugs” section of the Medical Benefits Chart found in Chapter 4 of the Evidence of Coverage.</p>
INITIAL COVERAGE	<p>You pay the following until your total yearly drug costs reach \$3,310. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies</p> <p>Standard Retail Cost-Sharing</p> <p>Tier 1 (Preferred Generic)</p> <ul style="list-style-type: none"> – \$4 for a one-month (30-day) supply – \$12 for a three-month (90-day) supply <p>Tier 2 (Generic)</p> <ul style="list-style-type: none"> – \$15 for a one-month (30-day) supply – \$45 for a three-month (90-day) supply <p>Tier 3 (Preferred Brand)</p> <ul style="list-style-type: none"> – \$47 for a one-month (30-day) supply – \$141 for a three-month (90-day) supply <p>Tier 4 (Non-Preferred Brand)</p> <ul style="list-style-type: none"> – 50% of the cost for a one-month (30-day) supply – 50% of the cost for a three-month (90-day) supply <p>Tier 5 (Specialty Tier)</p> <ul style="list-style-type: none"> – 33% of the cost for a one-month (30-day) supply – Not offered for a three-month (90-day) supply

SUMMARY OF BENEFITS

VIVA MEDICARE *Me* (HMO)

BENEFIT	VIVA MEDICARE <i>Me</i> (HMO)
INITIAL COVERAGE (CONTINUED)	<p>Preferred Retail Cost-Sharing</p> <p>Tier 1 (Preferred Generic)</p> <ul style="list-style-type: none">– \$0 for a one-month (30-day) supply– \$0 for a three-month (90-day) supply <p>Tier 2 (Generic)</p> <ul style="list-style-type: none">– \$15 for a one-month (30-day) supply– \$45 for a three-month (90-day) supply <p>Tier 3 (Preferred Brand)</p> <ul style="list-style-type: none">– \$47 for a one-month (30-day) supply– \$141 for a three-month (90-day) supply <p>Tier 4 (Non-Preferred Brand)</p> <ul style="list-style-type: none">– 50% of the cost for a one-month (30-day) supply– 50% of the cost for a three-month (90-day) supply <p>Tier 5 (Specialty Tier)</p> <ul style="list-style-type: none">– 33% of the cost for a one-month (30-day) supply– Not offered for a three-month (90-day) supply <p>Standard Mail Order Cost-Sharing</p> <p>Tier 1 (Preferred Generic)</p> <ul style="list-style-type: none">– \$12 for a three-month (90-day) supply <p>Tier 2 (Generic)</p> <ul style="list-style-type: none">– \$45 for a three-month (90-day) supply <p>Tier 3 (Preferred Brand)</p> <ul style="list-style-type: none">– \$141 for a three-month (90-day) supply <p>Tier 4 (Non-Preferred Brand)</p> <ul style="list-style-type: none">– 50% of the cost for a three-month (90-day) supply

SUMMARY OF BENEFITS

VIVA MEDICARE *Me* (HMO)

BENEFIT	VIVA MEDICARE <i>Me</i> (HMO)
<p>INITIAL COVERAGE (CONTINUED)</p>	<p>Preferred Mail Order Cost-Sharing</p> <p>Tier 1 (Preferred Generic) – \$0 for a three-month (90-day) supply</p> <p>Tier 2 (Generic) – \$37.50 for a three-month (90-day) supply</p> <p>Tier 3 (Preferred Brand) – \$117.50 for a three-month (90-day) supply</p> <p>Tier 4 (Non-Preferred Brand) – 50% of the cost for a three-month (90-day) supply</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy but may pay more than you pay at an in-network pharmacy.</p>
<p>COVERAGE GAP</p>	<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,310.</p> <p>After you enter the coverage gap, you pay 45% of the plan’s cost for covered brand name drugs and 58% of the plan’s cost for covered generic drugs until your costs total \$4,850, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>
<p>CATASTROPHIC COVERAGE</p>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,850, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost, or • \$2.95 copay for generics (including brand drugs treated as generic) and a \$7.40 copayment for all other drugs.



VIVA MEDICARE *Me* (HMO)

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.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments, and restrictions may apply. Benefits, premium, and/or co-payments/co-insurance may change on January 1 of each year. The Formulary, pharmacy or provider network may change at any time. You will receive notice when necessary. VIVA MEDICARE *Me*'s pharmacy network offers limited access to pharmacies with preferred cost sharing in certain counties in Alabama. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including pharmacies with preferred cost sharing, please call 1-800-633-1542 (TTY users should call the Alabama Relay Service toll-free at 711) or consult the online pharmacy directory at <http://www.vivamedicaremember.com/MemberResources/>.

417 20th Street North, Suite 1100 • Birmingham, Alabama 35203
(205) 918-2067 • 1-800-633-1542

TTY users should call the Alabama Relay Service toll-free at 711.
www.vivamedicaremember.com

October 1 through February 14: Sunday, Monday, Tuesday, Wednesday,
Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m. Central
February 15 through September 30: Monday, Tuesday, Wednesday, Thursday,
Friday, 8:00 a.m. - 8:00 p.m. Central
Prescription drug assistance available seven days a week.

Me SUMMARY
OF BENEFITS