



2016 VIVA MEDICARE *Me* (HMO)

SUMMARY OF COPAYMENTS & COINSURANCE

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. The service area for this plan includes Blount, Jefferson, Shelby, St. Clair, Talladega, and Walker counties.

SERVICE	AMOUNT YOU PAY
Monthly Premium ¹	\$0
Primary Care Physician (PCP) Visit	\$10
Specialist Visit (includes Podiatry)	\$45
Chiropractor Visit	\$20
Emergency Room Visit	\$75, waived if you are admitted to the same hospital within 24 hours for the same condition
Urgently Needed Care Visit	\$10 for a PCP visit \$45 for Specialist visit \$50 Urgent Care Clinic visit
Inpatient Hospital Admission	Days 1-5: \$350 per day (medical) or \$310 per day (mental health); \$0 for additional days
Outpatient Mental Health or Substance Abuse Visit	\$40; \$55 for partial hospitalization services
Diagnostic Procedures and Tests	\$0-\$100
Lab Services	\$0-10%
X-Rays	\$25 per x-ray
Radiation Therapy and Therapeutic Radiology	\$60
Diagnostic Radiology such as an MRI, PET, or CT Scan	\$175 per service
Annual Physical	\$0
Annual Hearing Exam	\$10 if you see a PCP, \$45 if you see a Specialist
Medicare Covered Eye Exam	\$45 (\$0 for glaucoma testing)
Routine Annual Eye Exam	\$10
Skilled Nursing Facility (100 days per benefit period)	Days 1-20: \$0 per day; Days 21-100: \$160 per day
Home Health Care	\$0
Outpatient services/surgery at an outpatient hospital facility or ambulatory surgical center (includes invasive diagnostic procedures such as epidurals and EGDs, but does not apply to colonoscopies)	\$300
Ambulance Services	\$300 per one-way trip
Physical, Speech, or Occupational Therapy Visit	\$30 per visit
Cardiac or Pulmonary Rehabilitation Visit	\$20 per visit
Durable Medical Equipment/Prosthetics	20% (0% for ostomy supplies)
Diabetic Self-Management Training and Supplies	\$0 for Self-Management Training \$7 per standard-size box for each diabetes supply item 20% for therapeutic shoes or inserts
Kidney Diseases and Conditions	20% for renal dialysis
Other Medicare-covered Preventive Services (See Summary of Benefits for more information)	\$0. If other services are provided during an office visit, office visit copay may apply.
Sports Fitness	Plan pays up to \$20 per month toward dues at a participating sports fitness club. You pay any amount over \$20.



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Eyewear	\$0 copay for one pair of eyeglasses or contact lenses after cataract surgery (you pay any amount over the Medicare allowable amount). Plan also covers up to \$95 for prescription eyewear every year.
Dental Services	Copay for Medicare covered dental services depend on place of service. Plan also covers up to \$75 for preventive and comprehensive dental benefits every year.
Drugs covered under Medicare Part B	20%
Drugs covered under Medicare Part D	
Deductible Phase:	No deductible
Initial Coverage Phase: You will pay the following cost sharing until your total drug costs meet \$3,310.	
Tier 1: Preferred Generics (Preferred Cost Sharing) ²	\$0 for a 30-day supply; \$0 for a up to a 90-day supply
Tier 1: Preferred Generics (Preferred Mail Order)	\$0 Preferred Mail Order up to a 90-day supply
Tier 1: Preferred Generics (Standard Cost Sharing)	\$4 for a 30-day supply; \$12 for up to a 90-day supply;
Tier 2: Non-Preferred Generics	\$15 for a 30-day supply; \$45 for up to a 90-day supply; \$37.50 Preferred Mail Order 90-day supply
Tier 3: Preferred Brand	\$47 for a 30-day supply; \$141 for up to a 90-day supply; \$117.50 Preferred Mail Order up to a 90-day supply
Tier 4: Non-Preferred Brand	50% for a 30-day supply; 50% for up to a 90-day supply; 50% Preferred Mail Order up to a 90-day supply
Tier 5: Specialty	33% for a 30-day supply
Gap Coverage Phase: Once your total drug costs reach \$3,310, you move into the coverage gap or “donut hole”. You pay the following amounts until your out-of-pocket costs reach \$4,850.	58% for Generics 45% (plus a portion of the dispensing fee) for Brand Name Drugs
Catastrophic Phase: What you pay after you have spent \$4,850 out-of-pocket.	The greater of \$2.95 generic (including brands treated as generic) and \$7.40 all other drugs, or 5% coinsurance
Maximum Annual Out-of-Pocket Limit (the most you pay for copayments and coinsurance. Does not apply to Part D prescription drugs.)	\$6,000

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.

¹You must continue to pay your Medicare Part B premium. To enroll, individuals must have both Medicare Part A and Part B. ²\$0 copay applies only to prescriptoins filled at pharmacies offering preferred cost sharing. Please see VIVA MEDICARE’s Pharmacy Directory for a completed list of pharmacies. 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 us at the numbers below or consult the online pharmacy directory at www.VivaMedicareMember.com. The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

**Benefits, premium, and/or copayments/coinsurance may change on January 1 of each year. For more information see the Evidence of Coverage or call 1-888-830-8482, Monday through Friday, 8 a.m. to 8 p.m. (From October 1 - February 14: Seven days a week, 8 a.m. to 8 p.m.) or visit www.makingmedicareeasy.com
TTY users call the Alabama Relay Service at 711**