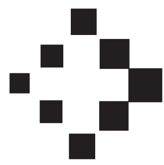
INTRODUCTION TO THE SUMMARY OF BENEFITS FOR



VIVA MEDICARE *Plus* RX Extra Care (HMO)

January 1, 2010 - December 31, 2010
Central Alabama

Thank you for your interest in VIVA MEDICARE *Plus* RX Extra Care. Our plan is offered by VIVA HEALTH, INC.®, a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan. This plan is designed for people who meet specific enrollment criteria. You may be eligible to join this plan if you receive assistance from the state and Medicare. All cost sharing in this Summary of Benefits is based on your level of Medicaid eligibility. Please call VIVA MEDICARE *Plus* RX Extra Care to find out if you are eligible to join. Our number is listed at the end of this introduction. This Summary of Benefits tells you some features of our plan. It doesn't list every service we cover or list every limitation or exclusion. To get a complete list of our benefits, please call VIVA MEDICARE *Plus* RX Extra Care and ask for the "Evidence of Coverage."

You have choices in your health care.

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like VIVA MEDICARE *Plus* RX Extra Care. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

If you are eligible for both Medicare and Medicard (dual eligible), you may join or leave a plan at any time.

Please call VIVA MEDICARE *Plus* RX Extra Care at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

How can I compare my options?

You can compare VIVA MEDICARE *Plus* RX Extra Care and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

INTRODUCTION TO THE SUMMARY OF BENEFITS FOR

VIVA MEDICARE *Plus* RX *Extra Care*

January 1, 2010 - December 31, 2010

Central Alabama

Where is VIVA MEDICARE Plus Rx Extra Care available?

The service area for this plan includes: Autauga, Blount, Bullock, Chilton, Crenshaw, Elmore, Jefferson, Lowndes, Macon, Montgomery, Pike, Shelby, and St. Clair Counties, AL. You must live in one of these areas to join the plan.

Who is eligible to join VIVA MEDICARE Plus Rx Extra Care?

You can join VIVA MEDICARE *Plus* Rx Extra Care if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End Stage Renal Disease generally are not eligible to enroll in VIVA MEDICARE *Plus* Rx Extra Care unless they are members of our organization and have been since their dialysis began. You must also receive medical assistance from the state to join this plan. Please call the plan to see if you are eligible to join.

Can I choose my doctors?

VIVA MEDICARE *Plus* Rx Extra Care has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory or for an up-to-date list visit us at www.vivamedicaremember.com. Our customer service number is listed at the end of this introduction.

What happens if I go to a doctor who's not in your network?

If you choose to go to a doctor outside our network, you must pay for these services yourself. Neither VIVA MEDICARE *Plus* Rx Extra Care nor the Original Medicare Plan will pay for these services.

Does my plan cover Medicare Part B or Part D drugs?

VIVA MEDICARE *Plus* Rx Extra Care does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

Where can I get my prescriptions if I join this plan?

VIVA MEDICARE *Plus* Rx Extra Care has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or visit us at www.vivamedicaremember.com/Resources/Pharmacy.aspx. Our customer service number is listed at the end of this introduction.

What is a prescription drug formulary?

VIVA MEDICARE *Plus* Rx Extra Care uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations

on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our web site at www.vivamedicaremember.com/Resources/Formulary.aspx.

If you are currently taking a drug that is not on our formulary or subject to additional requirement or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

How can I get extra help with prescription drug plan costs?

You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call:

* 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week
* The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778 or
* Your State Medicaid Office.

What are my protections in this plan?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 60 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of VIVA MEDICARE *Plus* Rx Extra Care, you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state, the Alabama Quality Assurance Foundation at 1-800-760-3450.

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As a member of VIVA MEDICARE *Plus* Rx Extra Care, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state, the Alabama Quality Assurance Foundation at 1-800-760-3450.

What is a medication therapy management (MTM) program?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact VIVA MEDICARE *Plus* Rx Extra Care for more details.

What types of drugs may be covered under Medicare Part B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact VIVA MEDICARE *Plus* Rx Extra Care for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin alpha or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.

- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and Infusion Drugs provided through DME.

Plan Ratings

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on *www.medicare.gov* and select “Compare Medicare Prescription Drug Plans” or “Compare Health Plans and Medigap Policies in Your Area” to compare the plan ratings for Medicare plans in your area. You can also call us directly at 1-800-633-1542 to obtain a copy of the plan ratings for this plan. TTY users call 1-800-548-2546.

Please call VIVA MEDICARE *Plus* for more information about
VIVA MEDICARE *Plus* RX Extra Care.

Visit us at www.vivamedicaremember.com or, call us:

Customer Service Hours:
Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m. Central

Current members should call toll-free (800) 633-1542. (TTY/TTD (800) 548-2546)

Prospective members should call toll-free (888) 830-8482. (TTY/TTD (800) 548-2546)

Current members should call locally (205) 918-2067. (TTY/TTD (800) 548-2546)

Prospective members should call locally (205) 933-8482. (TTY/TTD (800) 548-2546)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227).
TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.
Or visit www.medicare.gov on the web.

If you have special needs, this document may be available in other formats.

If you have any questions about this plan’s benefits or costs, please contact VIVA MEDICARE *Plus* for details.

SUMMARY OF BENEFITS
VIVA MEDICARE *Plus* RX ***Extra Care***

If you have any questions about this plan's benefits or costs, please contact VIVA MEDICARE *Plus* for details.

BENEFIT CATEGORY	ORIGINAL MEDICARE	VIVA MEDICARE *Plus* RX ***Extra Care***
Important Information		
1 - PREMIUM AND OTHER IMPORTANT INFORMATION	The Medicare cost-sharing amount may vary based on your level of Medicaid eligibility. In 2009 the monthly Part B premium was $0 or $96.40 and will change for 2010 and the yearly Part B deductible amount was $0 or $135 and will change for 2010. If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more. Most people will pay the standard monthly Part B premium. However, starting January 1, 2010, some people will pay a higher premium because of their yearly income. (For 2009, this amount was $85,000 for singles, $170,000 for married couples. This amount may change for 2010). For more information about Part B premiums based on income, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.	**General** $0 monthly plan premium in addition to your monthly Medicare Part B premium.* * All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.

SUMMARY OF BENEFITS
Viva Medicare *Plus* Rx *Extra Care*

Benefit Category	Original Medicare	Viva Medicare *Plus* Rx *Extra Care*
2 - Doctor and Hospital Choice (For more information, see Emergency - #15 and Urgently Needed Care - #16)	You may go to any doctor, specialist or hospital that accepts Medicare.	**In-Network** You must go to network doctors, specialists, and hospitals. No referral required for network doctors, specialists, and hospitals.

Inpatient Care

Benefit Category	Original Medicare	Viva Medicare *Plus* Rx *Extra Care*
3 - Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)	In 2009 the amounts for each benefit period were $0 or: Days 1 - 60: $1,068 deductible* Days 61 - 90: $267 per day* Days 91 - 150: $534 per lifetime reserve day* *These amounts will change for 2010. Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. Lifetime reserve days can only be used once. A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.	**In-Network** $0 copay. No limit to the number of days covered by the plan each benefit period. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

SUMMARY OF BENEFITS
Viva Medicare *Plus* Rx ***Extra Care***

Benefit Category	Original Medicare	Viva Medicare *Plus* Rx ***Extra Care***
4 - Inpatient Mental Health Care	Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care” above). 190 day limit in a Psychiatric Hospital.	**In-Network** $0 copay. You get up to 190 days in a Psychiatric Hospital in a lifetime. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
5 - Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)	In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay were: Days 1 - 20: $0 per day* Days 21 - 100: $0 or $133.50 per day* *These amounts will change for 2010. 100 days for each benefit period. A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.	**General** Authorization rules may apply. **In-Network** $0 copay for SNF services. Plan covers up to 100 days each benefit period. No prior hospital stay is required.

SUMMARY OF BENEFITS
Viva Medicare *Plus* Rx *Extra Care*

Benefit Category	Original Medicare	Viva Medicare *Plus* Rx *Extra Care*
6 - Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	$0 copay.	**General** Authorization rules may apply. **In-Network** $0 copay for Medicare-covered home health visits.
7 - Hospice	You pay part of the cost for outpatient drugs and you may pay part of the cost for inpatient respite care. You must get care from a Medicare-certified hospice.	**General** You must get care from a Medicare-certified hospice.

Outpatient Care

Benefit Category	Original Medicare	Viva Medicare *Plus* Rx *Extra Care*
8 - Doctor Office Visits	0% or 20% coinsurance.	**General** See "Physical Exams," for more information. **In-Network** $0 copay for each primary care doctor visit for Medicare-covered benefits. $0 copay for the cost of each in-area, network urgent care Medicare-covered visit. $0 copay for each specialist doctor visit for Medicare-covered benefits.

Benefit Category	Original Medicare	Viva Medicare *Plus* Rx **Extra Care**
9 - Chiropractic Services	Routine care not covered. 0% or 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.	**In-Network** $0 copay for Medicare-covered chiropractic visits. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.
10 - Podiatry Services	Routine care not covered. 0% or 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	**In-Network** $0 copay for Medicare-covered podiatry benefits. Medicare-covered podiatry benefits are for medically-necessary foot care.
11 - Outpatient Mental Health Care	0% or 45% coinsurance for most outpatient mental health services.	**General** Authorization rules may apply. **In-Network** $0 copay for Medicare-covered Mental Health visits.
12 - Outpatient Substance Abuse Care	0% or 20% coinsurance.	**General** Authorization rules may apply. **In-Network** $0 copay for Medicare-covered visits.

BENEFIT CATEGORY	ORIGINAL MEDICARE	VIVA MEDICARE *Plus* RX **Extra Care**
13 - OUTPATIENT SERVICES/ SURGERY	0% or 20% coinsurance for the doctor. 0% or 20% of outpatient facility charges.	**General** Authorization rules may apply. **In-Network** $0 copay for each Medicare-covered ambulatory surgical center visit. $0 copay for each Medicare-covered outpatient hospital facility visit.
14 - AMBULANCE SERVICES (medically necessary ambulance services)	0% or 20% coinsurance.	**General** Authorization rules may apply. **In-Network** $0 copay for Medicare-covered ambulance benefits.
15 - EMERGENCY CARE (You may go to any emergency room if you reasonably believe you need emergency care.)	0% or 20% coinsurance for the doctor. 0% or 20% of facility charge. You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. NOT covered outside the U.S. except under limited circumstances.	**General** $0 copay for Medicare-covered emergency room visits. $50,000 limit for emergency services outside the U.S. every year.

SUMMARY OF BENEFITS
Viva Medicare *Plus* Rx *Extra Care*

Benefit Category	Original Medicare	Viva Medicare *Plus* Rx *Extra Care*
16 - Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	0% or 20% coinsurance. NOT covered outside the U.S. except under limited circumstances.	**General** $0 copay for Medicare-covered urgent-care visits.
17 - Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	0% or 20% coinsurance.	**General** Authorization rules may apply. **In-Network** $0 copay for Medicare-covered Occupational Therapy visits. $0 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.

Outpatient Medical Services and Supplies

Benefit Category	Original Medicare	Viva Medicare *Plus* Rx *Extra Care*
18 - Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	0% or 20% coinsurance.	**General** Authorization rules may apply. **In-Network** $0 copay for Medicare-covered items.
19 - Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	0% or 20% coinsurance.	**General** Authorization rules may apply. **In-Network** $0 copay for Medicare-covered items.

SUMMARY OF BENEFITS
Viva Medicare *Plus* Rx *Extra Care*

Benefit Category	Original Medicare	Viva Medicare *Plus* Rx *Extra Care*
20 - Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	0% or 20% coinsurance. Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.	**General** Authorization rules may apply. **In-Network** $0 copay for Diabetes self-monitoring training. $0 copay for Nutrition Therapy for Diabetes. $0 copay for Diabetes supplies.
21 - Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	0% or 20% coinsurance for diagnostic tests and x-rays. $0 copay for Medicare-covered lab services. Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.	**General** Authorization rules may apply. **In-Network** $0 copay for Medicare-covered: – lab services. – diagnostic procedures and tests. – X-rays. – diagnostic radiology services (not including X-rays). – therapeutic radiology services.

SUMMARY OF BENEFITS
Viva Medicare *Plus* Rx *Extra Care*

Benefit Category	Original Medicare	Viva Medicare *Plus* Rx *Extra Care*
Preventive Services		
22 - Bone Mass Measurement (for people with Medicare who are at risk)	0% or 20% coinsurance. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.	**In-Network** $0 copay for Medicare-covered bone mass measurement.
23 - Colorectal Screening Exams (for people with Medicare age 50 and older)	0% or 20% coinsurance. Covered when you are high risk or when you are age 50 and older.	**General** Authorization rules may apply. **In-Network** $0 copay for Medicare-covered colorectal screenings.
24 - Immunizations (Flu vaccine, Hepatitis B vaccine – for people with Medicare who are at risk, Pneumonia vaccine)	$0 copay for Flu and Pneumonia vaccines. 0% or 20% coinsurance for Hepatitis B vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.	**In-Network** $0 copay for Flu and Pneumonia vaccines. $0 copay for Hepatitis B vaccine. No referral needed for Flu and pneumonia vaccines.
25 - Mammograms (Annual Screening) (for women with Medicare age 40 and older)	0% or 20% coinsurance. No referral needed. Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.	**In-Network** $0 copay for Medicare-covered screening mammograms.

SUMMARY OF BENEFITS
Viva Medicare *Plus* Rx *Extra Care*

Benefit Category	Original Medicare	Viva Medicare *Plus* Rx *Extra Care*
26 - Pap Smears and Pelvic Exams (for women with Medicare)	$0 copay for Pap smears. Covered once every 2 years. Covered once a year for women with Medicare at high risk. 0% or 20% coinsurance for Pelvic Exams.	**In-Network** $0 copay for Medicare-covered pap smears and pelvic exams. – up to 1 additional pap smear(s) and pelvic exam(s) every year.
27 - Prostate Cancer Screening Exams (for men with Medicare age 50 and older)	0% or 20% coinsurance for the digital rectal exam. $0 for the PSA test; 0% or 20% coinsurance for other related services. Covered once a year for all men with Medicare over age 50.	**In-Network** $0 copay for Medicare-covered prostate cancer screening.
28 - End-Stage Renal Disease	0% or 20% coinsurance for renal dialysis. 0% or 20% coinsurance for Nutrition Therapy for End-Stage Renal Disease. Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.	**General** Authorization rules may apply. **In-Network** $0 copay for renal dialysis. $0 copay Nutrition Therapy for End-Stage Renal Disease.

SUMMARY OF BENEFITS
Viva Medicare *Plus* Rx *Extra Care*

Benefit Category	Original Medicare	Viva Medicare *Plus* Rx *Extra Care*
29 - Prescription Drugs	Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.	**Drugs covered under Medicare Part B** **General** $0 copay for Part B-covered drugs. $0 yearly deductible for Part B-covered drugs. **Drugs covered under Medicare Part D** **General** This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www. vivamedicaremember.com/ Resources/Formulary.aspx on the web. Different out-of-pocket costs may apply for people who – have limited incomes, – live in long term care facilities, or – have access to Indian/Tribal/ Urban (Indian Health Service). The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel). Total yearly drug costs are the total drug costs paid by you, the plan, and Medicare.

SUMMARY OF BENEFITS
VIVA MEDICARE *Plus* RX **Extra Care**

BENEFIT CATEGORY	ORIGINAL MEDICARE	VIVA MEDICARE *Plus* RX **Extra Care**
29 - PRESCRIPTION DRUGS (continued)		The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits. Your provider must get prior authorization from VIVA MEDICARE *Plus* Rx Extra Care for certain drugs. You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov. If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount. **In-Network** You pay a $0 yearly deductible. **Initial Coverage** Depending on your income and institutional status, you pay the following: For generic drugs (including brand drugs treated as generic), either: – A $0 copay; or – A $1.10 copay; or – A $2.50 copay.

SUMMARY OF BENEFITS
VIVA MEDICARE *Plus* RX *Extra Care*

BENEFIT CATEGORY	ORIGINAL MEDICARE	VIVA MEDICARE *Plus* RX *Extra Care*
29 - PRESCRIPTION DRUGS (continued)		For all other drugs, either: – A $0 copay; or – A $3.30 copay; or – A $6.30 copay. **Retail Pharmacy** You can get drugs the following way(s): – one-month (31-day) supply. – three-month (90-day) supply. **Long Term Care Pharmacy** You can get drugs the following way(s): – one-month (31-day) supply. **Mail Order** You can get drugs the following way(s): – three-month (90-day) supply. **Catastrophic Coverage** After your yearly out-of-pocket drug costs reach $4,550, you pay a $0 copay. **Out-of -Network** Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the

SUMMARY OF BENEFITS
VIVA MEDICARE *Plus* RX *Extra Care*

BENEFIT CATEGORY	ORIGINAL MEDICARE	VIVA MEDICARE *Plus* RX *Extra Care*
29 - PRESCRIPTION DRUGS (continued)		pharmacy's full charge for the drug and submit documentation to receive reimbursement from VIVA MEDICARE *Plus* RX Extra Care. You can get drugs the following way: – one-month (31-day) supply. **Out-of-Network Initial Coverage** Depending on your income and institutional status, you will be reimbursed by VIVA MEDICARE *Plus* RX Extra Care up to the full cost of the drug minus the following: For generic drugs purchased out-of-network (including brand drugs treated as generic), either: – A $0 copay; or – A $1.10 copay; or – A $2.50 copay. For all other drugs purchased out-of-network, either: – A $0 copay; or – A $3.30 copay; or – A $6.30 copay. **Out-of-Network Catastrophic Coverage** After your yearly out-of-pocket drug costs reach $4,550, you will be reimbursed in full for drugs purchased out-of-network.

Benefit Category	Original Medicare	Viva Medicare *Plus* Rx **Extra Care**
30 - Dental Services	Preventive dental services (such as cleaning) not covered.	**In-Network** $0 copay for the Medicare-covered dental benefits. – $0 copay for oral exams. – $0 copay for up to 3 cleaning(s) every year. – $0 to $45 copay for up to 1 dental x-ray visit(s). Plan offers additional comprehesive dental benefits.
31 - Hearing Services	Routine hearing exams and hearing aids not covered. 0% or 20% coinsurance for diagnostic hearing exams.	**In-Network** Hearing aids not covered. $0 copay for Medicare-covered diagnostic hearing exams. – up to 1 routine hearing test(s) every year.

BENEFIT CATEGORY	ORIGINAL MEDICARE	VIVA MEDICARE *Plus* RX *Extra Care*
32 - VISION SERVICES	0% or 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye. Routine eye exams and glasses not covered. Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery. Annual glaucoma screenings covered for people at risk.	**In-Network** $0 copay for diagnosis and treatment for diseases and conditions of the eye. – and up to 1 routine eye exam(s) every year. $0 copay for – one pair of eyeglasses or contact lenses after cataract surgery. – glasses. – contacts. – lenses. – frames. $100 limit for eyewear every year.
33 - PHYSICAL EXAMS	0% or 20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage. When you get Medicare Part B, you can get a one-time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests.	**In-Network** $0 copay for routine exams. $0 copay for Medicare-covered benefits. Limited to 1 exam(s) every year.

SUMMARY OF BENEFITS
Viva Medicare *Plus* Rx *Extra Care*

Benefit Category	Original Medicare	Viva Medicare *Plus* Rx *Extra Care*
34 - Health/Wellness Education	Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.	**In-Network** This plan covers the following health/wellness education benefits. – Written health education materials, including Newsletters. – Health Club Membership/ Fitness Classes. $0 copay for each Medicare-covered smoking cessation counseling session.
35 - Transportation (Routine)	Not Covered.	**In-Network** $0 copay for up to 20 one-way trip(s) to plan-approved location every year.
36 - Acupuncture	Not Covered.	**In-Network** This plan does not cover Acupuncture.

DESCRIPTION OF ADDITIONAL MEDICAID BENEFITS

Certain Medicare recipients qualify for Medicaid to pay their Medicare Part B (supplemental medical insurance) premiums and for some services not covered by Medicare. Some of these extra benefits include eye exams and eyeglasses, Home and Community Based services (if eligible), mental health services, prescription drugs that are not covered by Medicare Part D, and non-emergency transportation. In some cases, Medicaid may pay their Part A (hospital insurance) premium.

The people in this group include:

- **QMB-Plus**
- **Full Benefit Dual Eligible or FBDE recipient**
- **SLMB-Plus**

VIVA MEDICARE *Plus* Rx Extra Care and Alabama Medicaid have agreed to work together to offer another choice for full Medicaid recipients who have Medicare Part A and Part B. If you join VIVA MEDICARE *Plus* Rx Extra Care you do not have to pay for deductibles, copayments or coinsurance for services that are covered by Medicare. You may also qualify for the benefits listed below.

Benefits Available to QMB-Plus, Full Benefit Dual Eligibles and SLMB-Plus

Benefit Category	**Alabama Medicaid**	**VIVA MEDICARE *Plus* Rx Extra Care**
Eye Care Services: Medicaid pays for eye exams and eyeglasses once every two calendar years. Contact lenses may be provided only under certain conditions and when approved ahead of time.	$1 for eye exams. NOTE: You must buy your glasses from a Medicaid-approved contract provider.	See page 21 (Vision Services)
Home and Community Based Services: Programs that allow certain disabled clients to stay in their homes rather than live in a nursing home.	You must meet certain medical criteria to qualify for this service.	See page 9 (Home Health Care)
Intermediate Care Facility for the Mentally Retarded (ICF-MR) Services: ICF-MR facilities provide a protected residential setting and services to help individuals function.	You must meet certain medical criteria to qualify for this service.	Not Covered
Non-Emergency Transportation NET helps cover the costs of rides to and from medically necessary appointments if Medicaid recipients have no other way to get to their appointments.	You must call and get prior approval for this service.	See page 22 (Transportation)
Prescription Drugs	Zero copay to $3 per prescription for Part D excluded drugs covered by Alabama Medicaid. Medicaid does not cover Part D covered drugs (defined by CMS) for dual eligibles.	See pages 16-19 (Prescription Drugs)

DESCRIPTION OF ADDITIONAL MEDICAID BENEFITS

Certain Medicare recipients qualify for Medicaid to pay their Medicare Part A (hospital insurance) OR Part B (supplemental medical insurance) premiums. These recipients do not qualify for any additional Medicaid benefits.

This group includes:

- **Qualified Disabled and Working Individual" or QDWI":** Medicaid pays Medicare Part A premiums.
- **Qualifying Individual or QI-1:** Medicaid pays Medicare Part B premiums.
- **Specific Low Income Medicare Beneficiary or SLMB Only:** Medicaid pays Medicare Part B premiums.
- **Qualified Medicare Beneficiary, sometimes known as QMB Only** Medicaid pays Medicare Part B premiums, Medicare deductibles and coinsurance. In some cases, Medicaid may also pay their Part A premium.

If you join Viva Medicare *Plus* Rx Extra Care you do not have to pay for deductibles, copayments or coinsurance for services that are covered by Medicare. You may have to pay a monthly premium or other costs to Viva Medicare *Plus* Rx Extra Care for extra benefits listed below.

Benefits Available to QDWI, QI, SLMB-Only and QMB-Only

Benefit Category	**Alabama Medicaid**	**Viva Medicare *Plus* Rx Extra Care**
Premium Assistance Medicaid pays the Part A or Part B premium	No other benefits paid **QDWI:** pays Medicare Part A premiums **QI-1:** pays Medicare Part B premiums **SLMB-Only:** pays Medicare Part B premiums. **QMB-Only:** pays Medicare Part B premiums, Medicare deductibles and coinsurance, in some cases.	See page 6 (Premium and Other Important Information
Eye Care Services: Medicaid pays for eye exams and eyeglasses once every two calendar years. Contact lenses may be provided only under certain conditions and when approved ahead of time.	Not Covered	See page 21 (Vision Services)
Home and Community Based Services: Programs that allow certain disabled clients to stay in their homes rather than live in a nursing home.	Not Covered	See page 9 (Home Health Care)

Intermediate Care Facility for the Mentally Retarded (ICF-MR): ICF-MR facilities provide a protected residential setting, and services to help individuals function at their greatest ability.	Not Covered	Not Covered
Non-Emergency Transportation NET helps cover the costs of rides to and from medically necessary appointments if Medicaid recipients have no other way to get to their appointments without obvious hardships.	Not Covered	See page 22 (Transportation)
Prescription Drugs	Not Covered	See pages 16-19 (Prescription Drugs)

Medicaid Appeals and Grievances

You may request a fair hearing from the Alabama Medicaid Agency if the Agency reduces or denies services based on medical criteria or when eligibility benefits are denied, terminated, or reduced..

Your written request must be received by Medicaid within 60 days following the notice of action that a covered service or eligibility benefit has been reduced, denied, or terminated..

Mail requests to:

Alabama Medicaid Agency
Attention: Legal Division
501 Dexter Avenue
P.O. Box 5624
Montgmery, AL 36103-5624

If you have questions, call the Alabama Medicaid Recipient Inquiry Hotline at 1-800-362-1504. The call is free. (For the hearing impaired, the TTY number is 1-800-253-0799. The call is free.)

"All Medicaid services are made available in accordance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1990. Complaints concerning these matters should be directed to the Civil Rights Coordinator, Alabama Medicaid Agency."

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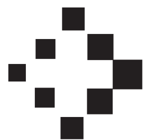

VIVA MEDICARE *Plus* RX **Extra Care**
MEMBER OF THE UAB HEALTH SYSTEM

A Medicare Advantage Managed Care plan with a Medicare contract brought to you by VIVA HEALTH, Inc.

Open to people with both Medicare and Medicaid who live in Autauga, Blount, Bullock, Chilton, Crenshaw, Elmore, Jefferson, Lowndes, Macon, Montgomery, Pike, Shelby and St. Clair Counties who are entitled to Part A and enrolled in Part B. Limitations and copayments apply. Enrolled members must use VIVA MEDICARE *Plus* network providers except for emergencies, urgently needed care, and out-of-area dialysis.

1222 14th Avenue South
Birmingham, Alabama 35205
(205) 918-2067
1-800-633-1542
TTY users should
call the Alabama Relay Service
toll-free at 1-800-548-2546.
www.vivamedicaremember.com
Our office hours are Monday through Friday
from 8:00 a.m. to 8:00 p.m. with
prescription drug assistance available seven days a week.

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