

	Amount You Pay				
	2010 VIVA MEDICARE PLUS RX	2010 VIVA MEDICARE PLUS SELECT	2010 VIVA MEDICARE PLUS RX EXTRA CARE/EXTRA VALUE**	2010 VIVA MEDICARE PLUS RX PREMIER	2010 VIVA MEDICARE PLUS RX GOLD
Premium	\$0 (Must still pay Part B premium)	\$0 (Must still pay Part B premium)	\$0 in addition to Part B monthly premium (Cost sharing based on Medicaid eligibility)	\$71 (Must still pay Part B premium)	\$127 (Must still pay Part B premium)
Inpatient Copay	\$500 per stay (Not per day) \$2,500 Max OOP	\$450 per stay (Not per day) \$2,250 Max OOP	\$0	\$150 per stay (Not per day) \$750 Max OOP	\$0
SNF Copay	\$85/day for days 1-30; \$0/day for days 31-100. \$2,550 Max OOP	\$85/day for days 1-30; \$0/day for days 31-100. \$2,550 Max OOP	\$0	\$50/day for days 1-30; \$0/day for days 31-100. \$1,500 Max OOP	\$0
PCP Copay	\$20	\$15	\$0	\$10	\$0
Specialist Copay	\$30	\$25	\$0	\$10	\$0
Outpatient mental health/sub abuse	\$30	\$30	\$0	\$10	\$0
Outpatient Surgery Copay	\$335 per procedure \$2,010 Max OOP	\$250 per procedure \$1,500 Max OOP	\$0	\$150 per procedure \$900 Max OOP	\$0
Ambulance Services	\$175 per one-way trip	\$150 per one-way trip	\$0	\$100 per one-way trip	\$0
ER Visit	\$50 (Waived if admitted to hospital within 24 hours)	\$50 (Waived if admitted to hospital within 24 hours)	\$0	\$50 (Waived if admitted to hospital within 24 hours)	\$0
Urgent care	\$20-\$50	\$15-\$50	\$0	\$10-\$50	\$0
Outpatient Rehab	\$30	\$30	\$0	\$10	\$0
DME/prosthetics	20%	20%	\$0	20%	\$0
Lab Copay	\$0	\$0	\$0	\$0	\$0
Diagnostic procedures/tests	\$0	\$0	\$0	\$0	\$0
X-Ray Copay	\$0	\$0	\$0	\$0	\$0
Diagnostic radiology	\$40	\$40	\$0	\$0	\$0
Radiation Therapy	\$40	\$40	\$0	\$0	\$0
Part B drugs	20% \$2,500 Max OOP for all Part B drugs	20% \$2,500 Max OOP for all Part B drugs	\$0	20% \$2,500 Max OOP for all Part B drugs	\$0
Prescription Coverage	Yes	No	Yes. Cost sharing depends on income and institutional status	Yes	Yes
Part D Deductible	\$265	N/A	\$0	\$0	\$0
1. Generics	\$5	N/A	\$0, \$1.10, \$2.50	\$5	\$5
2. Preferred Brand	\$30	N/A	\$0, \$3.30, \$6.30	\$30	\$30
3. Non-Preferred Brand	\$55	N/A	\$0, \$3.30, \$6.30	\$55	\$55
4. Specialty	26%	N/A	\$0, \$1.10, \$2.50 (Generics) \$0, \$3.30, \$6.30 (Brands)	33%	33%
Prescription Gap Coverage	You pay 100%	N/A	All drugs covered in the gap	Many Formulary Generics	Many Formulary Generics
Health/Wellness Education	\$20 per month at a participating health club	\$20 per month at a participating health club	\$20 per month at a participating health club	\$20 per month at a participating health club	\$20 per month at a participating health club

This table is a brief comparison of copays for frequently used benefits among the plans offered by VIVA MEDICARE Plus. This is a summary only. For complete details on plan benefits and limitations, please see the Evidence of Coverage.

**These plans ONLY available if you have Medicare & Medicaid (Full Medicaid, QMB/QMB+, SLMB/SLMB+, QDWI, QI-1).