



Astiva Health Member Services

1-866-688-9021 TTY: 711

Hours of Operation are:

8:00 A.M. to 8:00 P.M. seven days a week between October 1st – March 31st

8:00 A.M. to 8:00 P.M. between April 1st – September 30th

Visit our website: www.astivahealth.com

Astiva Health Benefits 2022 - Orange County

| Benefits | Astiva Health Advantage (HMO) 001 Orange County | Astiva Health Value (HMO) 002 Orange County With Medicare and Full Medi-Cal Eligibility |
|------------------------------------|--|---|
| Monthly Plan Premium | \$0 | \$0 |
| Maximum Out of Pocket (MOOP) | \$845 | \$7,550 |
| Medicare Part B Premium Rebate | \$0 | \$0 |
| Primary Care Physician Visit | \$0 Copay | \$0 Copay |
| Specialist Physician Visit | \$0 Copay | \$0 Copay |
| Inpatient Hospital Care | \$0 Copay unlimited days | \$0 Copay |
| Outpatient Services / Surgery | \$0 Copay | \$0 Copay |
| Emergency Room Visit | \$90 Copay; waived if admitted to hospital | \$0 Copay |
| Worldwide Emergency Coverage | \$90 Copay; waived if admitted to hospital \$25,000 limit per year; emergency services only | \$90 Copay; waived if admitted to hospital \$25,000 limit per year; emergency services only |
| Urgent Care Visit | \$0 Copay | \$0 Copay |
| Ambulance Services | \$99 Copay | \$0 Copay |
| Skilled Nursing Facility Stay Care | Days 1 - 20: \$0 Copay per day Days 21 - 100: \$75 Copay per day | \$0 Copay |
| Durable Medical Equipment | \$0 Copay up to \$100; 20% of cost over \$101 | \$0 Copay |
| Lab Services | \$0 Copay | \$0 Copay |
| Routine X-rays | \$0 Copay | \$0 Copay |
| Eyeglasses | \$0 Copay; up to \$200 value every year | \$0 Copay; up to \$250 value every year |
| Preferred Generic Drugs T1 | \$0 Copay 30 - day supply \$0 Copay 90 - day supply | \$0 Copay 30 - day supply \$0 Copay 90 - day supply |
| Generic Drugs T2 | \$0 Copay 30 - day supply \$0 Copay 90 - day Mail Order | \$0 Copay 30 - day supply \$0 Copay 90 - day Mail Order |
| Preferred Brand Drugs T3 | \$32 Copay 30 - day supply \$64 Copay 90 - day Mail Order | Depending on your level of Extra Help, you pay Generic: \$0, \$1.35, or \$3.95 Brand: \$0, \$4.00 or \$9.85 |
| Non-Preferred Brand Drugs T4 | \$95 Copay 30 - day supply \$190 Copay 90 - day Mail Order | Depending on your level of Extra Help, you pay Generic: \$0, \$1.35, or \$3.95 Brand: \$0, \$4.00 or \$9.85 |
| Specialty Drugs T5 | 33% of the drug cost to the plan Coinsurance | Depending on your level of Extra Help, you pay Generic: \$0, \$1.35, or \$3.95 Brand: \$0, \$4.00 or \$9.85 |
| Transportation Services | \$0 Copay; 48 one - way trip(s) to plan approved locations within 25 miles. | \$0 Copay Unlimited to plan-approved locations within 25 miles |
| Fitness | \$0 Copay | \$0 Copay |
| Over The Counter (OTC) | \$0 Copay for \$75 quarterly allowance | \$0 Copay for \$150 quarterly allowance |



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Supplemental Benefits Offered by Astiva Health

| | Advantage (HMO) | Value (HMO) with Medicare and Full-Dual Medi-Cal Eligibility |
|---|--|--|
| ACUPUNCTURE/ CHIROPRACTOR/THERAPEUTIC MASSAGE Podiatry Plan | \$0 Co-Payment 48 treatments | \$0 Co-Payment 48 treatments |
| DENTAL BENEFITS Astiva Member Services | Up to \$2000 reimbursement per year for covered services. Cosmetic Dentistry is not covered. | Contact Member Services for Benefits & Providers |
| GYM MEMBERSHIP Astiva Member Services / Silver and Fit | \$40 reimbursement per month for plan-approved exercise class/fitness club, or \$0 Co-Payment for Silver & Fit | \$40 reimbursement per month for plan-approved exercise class/fitness club, or \$0 Co-Payment for Silver & Fit |
| HEARING AID Astiva Member Services | \$0 Co-Payment \$1,000 Allowance per aid per year | \$0 Co-Payment \$1,000 Allowance per aid per year |
| OVER - THE - COUNTER Astiva Member Services | \$75 Quarterly (No roll over) | \$150 Quarterly (No roll over) |
| Viagra (Sildenafil) Astiva Member Services | \$0 copay Tier 2 Generic Viagra (Sildenafil) | \$0 copay Tier 2 Generic Viagra (Sildenafil) |
| AFTER HOUR TELEHEALTH Teladoc | \$0 After-hours doctor advice 9:00 PM to 9:00 AM. | \$0 After-hours doctor advice 9:00 PM to 9:00 AM. |
| GROCERY BENEFITS Astiva Member Services | \$25 per month for qualifying SSBCI members | \$25 per month for qualifying SSBCI members |
| ROUTINE FOOT CARE Podiatry Plan | \$0 copay; one visit every three (3) months | \$0 copay; one visit every three (3) months |

Astiva Health Value (HMO) is a HMO plan with Medicare contracts. Enrollment in Astiva Health depends on contract renewal. You must continue to pay your Medicare Part B Premium. This information is not a complete description of benefits. Call 1-866-688-9021 (TTY: 711) for more information. Our Member Services hours of operation are from 8:00 A.M. to 8:00 P.M. Monday through Friday except major holidays. Between October 1st to March 31st, Monday to Sunday, 8:00 A.M. to 8:00 P.M.

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