



## 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 1<sup>st</sup> – March 31<sup>st</sup>

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

Visit our website: [www.astivahealth.com](http://www.astivahealth.com)

### Astiva Health Benefits 2022 - San Diego County

Benefits	Astiva Health Advantage (HMO) 003 San Diego	Astiva Health Value (HMO) 004 San Diego 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 Days 1-4; \$75 copay days 5-9; \$0 copay days 10-90	\$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 per trip	\$0 Copay per trip
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	\$0 Copay 30 - day supply \$0 Copay 90 - day supply	\$0 Copay 30 - day supply \$0 Copay 90 - day supply
Generic Drugs	\$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	\$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	\$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	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
<b>ACUPUNCTURE/ CHIROPRACTOR/THERAPEUTIC MASSAGE</b> Podiatry Plan	\$0 Co-Payment 48 treatments	\$0 Co-Payment 48 treatments
<b>DENTAL BENEFITS</b> Astiva Member Services	Up to \$2000 reimbursement per year for covered services. Cosmetic Dentistry is not covered.	Contact Member Services for Benefits & Providers
<b>GYM MEMBERSHIP</b> 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
<b>HEARING AID</b> Astiva Member Services	\$0 Co-Payment \$1,000 Allowance per aid per year	\$0 Co-Payment \$1,000 Allowance per aid per year
<b>OVER - THE - COUNTER</b> Astiva Member Services	\$75 Quarterly (No roll over)	\$150 Quarterly (No roll over)
<b>Viagra (Sildenafil)</b> Astiva Member Services	\$0 copay Tier 2 Generic Viagra (Sildenafil)	\$0 copay Tier 2 Generic Viagra (Sildenafil)
<b>AFTER HOUR TELEHEALTH Teladoc</b>	\$0 After-hours doctor advice 9:00 PM to 9:00 AM.	\$0 After-hours doctor advice 9:00 PM to 9:00 AM.
<b>GROCERY BENEFITS</b> Astiva Member Services	\$25 per month for qualifying SSBCI members	\$25 per month for qualifying SSBCI members
<b>ROUTINE FOOT CARE</b> 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 1<sup>st</sup> to March 31<sup>st</sup>, Monday to Sunday, 8:00 A.M. to 8:00 P.M.