



2025

# Summary of Benefits

**ASTIVA HEALTH  
C-SNP DELUXE PLAN (HMO) 007**

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SERVICE AREAS

**LOS ANGELES • ORANGE • RIVERSIDE**

**SAN BERNARDINO • SAN DIEGO**

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**JANUARY 1, 2025 – DECEMBER 31, 2025**





2025



## IMPORTANT PLAN INFORMATION

**Astiva Health C-SNP Deluxe Plan (HMO) 007** is an HMO plan with a Medicare contract. Enrollment in Astiva Health depends on contract renewal. You must continue to pay your Medicare Part B premium.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the “Evidence of Coverage” by calling our Member Services Department at the phone number listed in this document or online at [www.astivahealth.com](http://www.astivahealth.com).

To join **Astiva Health C-SNP Deluxe Plan (HMO) 007**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in California: Los Angeles, Orange, Riverside, San Bernardino, and San Diego.

Except in emergency situations, if you use providers outside of our network, you may be responsible for payment in full.

For coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

This document is available in other formats such as Braille or large print.

The information listed is not a complete description of benefits. Please refer to your Evidence of Coverage for details. Some of the benefits mentioned are part of a special supplemental program for the chronically ill and not all members qualify. Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Astiva Health is an HMO with a Medicare Contract. Enrollment in Astiva Health depends on contract renewal. **ATTENTION:** If you speak Vietnamese/Spanish or other languages, language assistance services, free of charge, are available to you. Documents available in alternative formats such as large print and braille. Call 1-866-688-9021 (TTY:711). Hours of operation are 8:00 am to 8:00 pm seven days a week between October 1 – March 31. 8:00 am to 8:00 pm, Monday – Friday between April 1 – September 30.



PREMIUMS & BENEFITS	ASTIVA HEALTH C-SNP DELUXE PLAN (HMO) 007	WHAT YOU SHOULD KNOW
<b>Monthly Health Plan Premium</b>	You pay \$0 per month	You must continue to pay your Medicare Part B premium.
<b>Deductible</b>	You pay \$0	This plan does not have a deductible.
<b>Maximum Out-of-Pocket Responsibility</b>	\$1,800 annually	You pay at most \$1,800 annually for Medicare-covered services, including copays and coinsurance. Part D cost-sharing does not count towards this amount.
<b>Inpatient Hospital Coverage</b>	You pay \$0 for days 1 - 5 You pay \$180 for days 6 - 15 You pay \$0 for days 16-90	Prior authorization rules apply.
<b>Outpatient Hospital Coverage</b>  <ul style="list-style-type: none"> <li>• Hospital Services</li> <li>• Observation Services</li> </ul>	You pay \$50  You pay \$0	Prior authorization rules apply.
<b>Ambulatory Surgical Center</b>	You pay \$0	Prior authorization rules apply.
<b>Doctor Visits</b>  <ul style="list-style-type: none"> <li>• Primary Care</li> <li>• Specialist</li> </ul>	You pay \$0  You pay \$0	Prior authorization rules apply.



PREMIUMS & BENEFITS	ASTIVA HEALTH C-SNP DELUXE PLAN (HMO) 007	WHAT YOU SHOULD KNOW
<b>Preventive Care</b>	You pay \$0	There is no copay, coinsurance, or deductible for all Original Medicare preventive services. No authorization required.
<b>Emergency Room Coverage</b>	You pay \$75	If you are admitted to the hospital within 48 hours, you do not have to pay \$75.
<b>Urgently Needed Services</b>	You pay \$0	
<b>Outpatient Diagnostic Services</b> <ul style="list-style-type: none"> <li>• Lab services</li> <li>• Diagnostic tests &amp; procedures</li> <li>• Outpatient X-rays</li> <li>• Therapeutic Radiology</li> <li>• Diagnostic Radiology</li> </ul>	You pay \$0 You pay \$0 You pay \$0 You pay 20% You pay \$0 - \$35	Prior authorization rules apply.  \$0 copay for general diagnostic radiology and \$35 copay for complex radiology services.
<b>Durable Medical Equipment (DME)</b>	You pay 0% - 20%	Prior authorization rules apply. You pay 0% coinsurance for items that cost less than or equal to \$99 and pay 20% coinsurance for items that cost more than \$99.
<b>Hearing Services</b> <ul style="list-style-type: none"> <li>• Routine hearing exam</li> <li>• Hearing Aids</li> </ul>	1 visit per year. You pay \$0  \$1,000 allowance per year	Prior authorization rules apply.  Maximum allowance for Prescription Hearing Aids is \$1,000 per year with \$500 maximum per ear.



**PREMIUMS & BENEFITS****ASTIVA HEALTH  
C-SNP DELUXE PLAN (HMO) 007****WHAT YOU SHOULD KNOW****Dental Services****\$350 quarterly**  
**\$1,400 annually**Rollover is allowed.  
Prior authorization rules apply.**Preventive Dental Services**

- Oral Exam
- X-Rays
- Diagnostic
- Prophylaxia
- Fluoride Treatment

You pay \$0  
You pay \$0  
You pay \$0  
You pay \$0  
You pay \$0**Comprehensive  
Dental Services**

- Restorative Services
- Endodontics
- Periodontics
- Prosthodontics, removable
- Implant Services
- Prosthodontics, fixed
- Oral and Maxillofacial Surgery
- Adjunctive General Services

You pay \$0 - \$60  
You pay \$0 - \$50  
You pay \$0 - \$35  
You pay \$0 - \$105  
You pay \$0 - \$75  
You pay \$0 - \$50  
You pay \$0 - \$25  
You pay \$0 - \$20Copay is applied to some high-dollar  
Comprehensive services.**Vision Services**

- Routine Eye Exams
- Eyewear

1 visit per year. You pay \$0  
\$300 allowance for glasses  
or \$150 contact lenses every  
two yearsYou must use a provider in the  
VSP Vision Care network.**Mental Health Services**

- Inpatient Psychiatric Coverage
- Outpatient individual/  
group therapy visit
- Mental Health Specialty Services
- Psychiatric Services

You pay \$0 for days 1 - 5  
You pay \$180 for days 6 - 15  
You pay \$0 for days 16-90  
You pay \$0  
You pay \$25

Prior authorization rules apply.



PREMIUMS & BENEFITS	ASTIVA HEALTH C-SNP DELUXE PLAN (HMO) 007	WHAT YOU SHOULD KNOW
<b>Skilled Nursing Facility</b>	You pay \$0 for days 1 - 20 You pay \$214 for days 21 - 100	Prior authorization rules apply. No prior hospitalization is required.
<b>Physical Therapy</b>	You pay \$15	Prior authorization rules apply.
<b>Ambulance Services (Ground)</b>	You pay \$50 one-way trip	A copay is waived if admitted to hospital.
<b>Routine Transportation</b>	48 one-way trips per year to plan approved locations within a 30 miles radius.	If more than 30 miles, a combined number of trips can be used. This benefit does not provide special accommodations for wheelchairs and gurneys.
<b>Medicare Part B Drugs</b>	You pay 0% - 20%	Prior authorization rules apply.
<b>Medicare Part B Insulin Drugs</b>	You pay \$35	You pay no more than \$35 for a one-month supply of a Part B insulin.
<b>Medicare Part B Chemotherapy &amp; Radiation Drugs</b>	You pay 0% - 20%	Prior authorization rules apply.

OUTPATIENT PRESCRIPTION DRUGS	ASTIVA HEALTH C-SNP DELUXE PLAN (HMO) 007	
<b>Part D Deductible</b>	\$0	
<b>Part D Annual Out-of-Pocket cost threshold</b>	\$2,000	
<b>Initial Coverage</b>	<b>Standard Retail (30-day supply)</b>	<b>Standard Mail-Order</b>
Tier 1: Preferred Generic	You pay \$0	You pay \$0 a for 90-day supply
Tier 2: Generic	You pay \$0	You pay \$0 a for 90-day supply
Tier 3: Preferred Brand	You pay \$28	You pay \$56 a for 90-day supply
Tier 4: Non-Preferred Brand	You pay \$75	You pay \$75 a for 30-day supply
Tier 5: Specialty	You pay 33% coinsurance	You pay 33% coinsurance
Tier 6: Select Care Drugs	You pay \$0	You pay \$0 for a 90-day supply



