



2025

Summary of Benefits

**ASTIVA HEALTH
SAVINGS PLAN (HMO) 011**

SERVICE AREA

SANTA CLARA

JANUARY 1, 2025 – DECEMBER 31, 2025

2025

IMPORTANT PLAN INFORMATION

Astiva Health Savings Plan (HMO) 011 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.

To join **Astiva Health Savings Plan (HMO) 011**, 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 county in California: Santa Clara.

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 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 SAVINGS PLAN (HMO) 011	WHAT YOU SHOULD KNOW
Monthly Health Plan Premium	You pay \$0 per month	You must continue to pay your Medicare Part B premium.
Medicare Part B Premium Rebate	\$174.70 per month	You will still need to pay the difference between the \$174.70 paid by Astiva Health and the Part B premium amount.
Deductible	You pay \$0	This plan does not have a deductible.
Maximum Out-of-Pocket Responsibility	\$3,000 annually	You pay at most \$3,000 annually for Medicare-covered services, including copays and coinsurance. Part D cost-sharing does not count towards this amount.
Inpatient Hospital Coverage	You pay \$0 for days 1 - 4 You pay \$200 for days 5 - 15 You pay \$0 for days 16-90	Prior authorization rules apply.
Outpatient Hospital Coverage <ul style="list-style-type: none"> • Hospital Services • Observation Services 	You pay \$200 You pay \$0	Prior authorization rules apply.
Ambulatory Surgical Center	You pay \$100	Prior authorization rules apply.
Doctor Visits <ul style="list-style-type: none"> • Primary Care • Specialist 	You pay \$0 You pay \$0	Prior authorization rules apply.

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Preventive Care	You pay \$0	There is no copay, coinsurance, or deductible for all Original Medicare preventive services. No authorization required.
Emergency Room Coverage	You pay \$90	If you are admitted to the hospital within 48 hours, you do not have to pay \$90.
Urgently Needed Services	You pay \$25	
Outpatient Diagnostic Services <ul style="list-style-type: none"> • Lab services • Diagnostic tests & procedures • Outpatient X-rays • Therapeutic Radiology • Diagnostic Radiology 	You pay \$0 You pay \$0 You pay \$0 You pay 20% You pay \$0 - \$75	Prior authorization rules apply. You pay \$0 copay for general diagnostic radiology and \$75 copay for complex radiology services.
Durable Medical Equipment (DME)	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.
Hearing Services <ul style="list-style-type: none"> • Routine hearing exam • Hearing Aids 	You pay \$0 Not covered	

PREMIUMS & BENEFITS	ASTIVA HEALTH SAVINGS PLAN (HMO) 011	WHAT YOU SHOULD KNOW
<p>Dental Services</p> <p>Preventive Dental Services</p> <ul style="list-style-type: none"> • Oral Exam • X-Rays • Diagnostic • Prophylaxia • Fluoride Treatment <p>Comprehensive Dental Services</p> <ul style="list-style-type: none"> • Restorative Services • Endodontics • Periodontics • Prosthodontics, removable • Implant Services • Prosthodontics, fixed • Oral and Maxillofacial Surgery • Adjunctive General Services 	<p>\$250 quarterly \$1,000 annually</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p>	<p>Rollover is allowed. Prior authorization rules apply.</p>
<p>Vision Services</p> <ul style="list-style-type: none"> • Routine Eye Exams • Eyewear 	<p>1 visit per year. You pay \$0</p> <p>\$125 allowance for glasses or contact lenses every two years</p>	<p>You must use a provider in the VSP Vision Care network.</p>
<p>Mental Health Services</p> <ul style="list-style-type: none"> • Inpatient Psychiatric Coverage • Outpatient individual/group therapy visit - Mental Health Specialty Services - Psychiatric Services 	<p>You pay \$125 for days 1 - 4 You pay \$200 for days 5 - 15 You pay \$0 for days 16 - 90</p> <p>You pay \$25</p> <p>You pay \$25</p>	<p>Prior authorization rules apply.</p>

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Skilled Nursing Facility	You pay \$0 for days 1 - 20 You pay \$214 for days 21 - 100	Prior authorization rules apply. No prior hospitalization is required.
Physical Therapy	You pay \$25	Prior authorization rules apply.
Ambulance Services (Ground)	You pay \$160 one-way trip	A copay is waived if admitted to hospital.
Medicare Part B Drugs	You pay 0% - 20%	Prior authorization rules apply.
Medicare Part B Insulin Drugs	You pay \$35	You pay no more than \$35 for a one-month supply of a Part B insulin.
Medicare Part B Chemotherapy & Radiation Drugs	You pay 0% - 20%	Prior authorization rules apply.

OUTPATIENT PRESCRIPTION DRUGS	ASTIVA HEALTH SAVINGS PLAN (HMO) 011	
Part D Deductible	\$0	
Part D Annual Out-of-Pocket cost threshold	\$2,000	
Initial Coverage Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-Preferred Brand Tier 5: Specialty Tier 6: Select Care Drugs	Standard Retail (30-day supply) You pay \$0 You pay \$0 You pay \$40 You pay \$95 You pay 33% coinsurance You pay \$0	Standard Mail-Order You pay \$0 for a 90-day supply You pay \$0 for a 90-day supply You pay \$80 for a 90-day supply You pay \$95 for a 30-day supply You pay 33% coinsurance You pay \$0 for a 90-day supply

PREMIUMS & BENEFITS	ASTIVA HEALTH SAVINGS PLAN (HMO) 011	WHAT YOU SHOULD KNOW
<p>FLEX Benefits</p> <p>This benefit will be used for:</p> <ul style="list-style-type: none"> • Over-the-Counter (OTC) • Fitness & Golf • Eyewear • Dental 	<p>\$72 per month \$864 per year</p>	<p>This benefit is monthly allowance and can rollover to the next month if unused.</p> <p>This benefit allowance will be loaded into the Astiva Health WEX Card.</p>
<p>Worldwide Emergency Coverage</p>	<p>\$12,000 per year</p>	<p>You pay \$0 for copay</p>
<p>Telehealth</p> <p>A telehealth visit can be done online using your computer, tablet, or smartphone.</p>	<p>You pay \$0</p>	<p>Teledoc providers can diagnose and treat non-emergent conditions and prescribe medications when necessary.</p>

