



2025

Summary of Benefits

**ASTIVA HEALTH
C-SNP WOW PLAN (HMO) 013**

SERVICE AREA

SANTA CLARA

JANUARY 1, 2025 – DECEMBER 31, 2025



2025



IMPORTANT PLAN INFORMATION

Astiva Health C-SNP WOW Plan (HMO) 013 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 C-SNP WOW Plan (HMO) 013**, 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 C-SNP WOW PLAN (HMO) 013	WHAT YOU SHOULD KNOW
Monthly Health Plan Premium	You pay \$29.70 per month	Your premium may be paid by Extra Help.
Deductible	You pay \$0	This plan does not have a deductible.
Maximum Out-of-Pocket Responsibility	\$9,350 annually	You pay at most \$9,350 annually for Medicare-covered services, including copays and coinsurance. Part D cost-sharing does not count towards this amount. Those With Full Medicaid Pay \$0.
Inpatient Hospital Coverage	You will pay the 2025 Original Medicare rate	Prior authorization rules apply. Those With Full Medicaid Pay \$0.
Outpatient Hospital Coverage <ul style="list-style-type: none"> • Hospital Services • Observation Services 	You pay 20% You pay 20%	Prior authorization rules apply. Those With Full Medicaid Pay \$0.
Ambulatory Surgical Center	You pay 20%	Prior authorization rules apply. Those With Full Medicaid Pay \$0.
Doctor Visits <ul style="list-style-type: none"> • Primary Care • Specialist 	You pay \$0 You pay \$0	Prior authorization rules apply.

PREMIUMS & BENEFITS	ASTIVA HEALTH C-SNP WOW PLAN (HMO) 013	WHAT YOU SHOULD KNOW
<p>Preventive Care</p>	<p>You pay \$0</p>	<p>There is no copay, coinsurance, or deductible for all Original Medicare preventive services. No authorization required.</p>
<p>Emergency Room Coverage</p>	<p>You pay \$70</p>	<p>If you are admitted to the hospital within 48 hours, you do not have to pay \$70. Those With Full Medicaid Pay \$0.</p>
<p>Urgently Needed Services</p>	<p>You pay \$0</p>	
<p>Outpatient Diagnostic Services</p> <ul style="list-style-type: none"> • Lab services • Diagnostic tests & procedures • Outpatient X-rays • Therapeutic Radiology • Diagnostic Radiology 	<p>You pay \$0</p> <p>You pay 20%</p> <p>You pay 20%</p> <p>You pay 20%</p> <p>You pay 20%</p>	<p>Prior authorization rules apply. Those With Full Medicaid Pay \$0.</p>
<p>Durable Medical Equipment (DME)</p>	<p>You pay 0% - 20%</p>	<p>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. Those With Full Medicaid Pay \$0.</p>
<p>Hearing Services</p> <ul style="list-style-type: none"> • Routine hearing exam • Hearing Aids 	<p>You pay \$0</p> <p>\$500 allowance per year</p>	<p>Prior authorization rules apply.</p>

PREMIUMS & BENEFITS	ASTIVA HEALTH C-SNP WOW PLAN (HMO) 013	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>\$350 quarterly \$1,400 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>\$300 allowance for glasses or \$150 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 will pay the 2025 Original Medicare rate.</p> <p>You pay \$50</p> <p>You pay \$45</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. Those With Full Medicaid Pay \$0
Physical Therapy	You pay 20%	Prior authorization rules apply. Those With Full Medicaid Pay \$0.
Ambulance Services (Ground)	You pay \$200 one-way trip	A copay is waived if admitted to hospital. Those With Full Medicaid Pay \$0.
Routine Transportation	24 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.
Medicare Part B Drugs	You pay 0% - 20%	Prior authorization rules apply. Those With Full Medicaid Pay \$0.
Medicare Part B Insulin Drugs	You pay \$35	You pay no more than \$35 for a one-month supply of a Part B insulin. Those With Full Medicaid Pay \$0.
Medicare Part B Chemotherapy & Radiation Drugs	You pay 0% - 20%	Prior authorization rules apply. Those With Full Medicaid Pay \$0.

OUTPATIENT PRESCRIPTION DRUGS	ASTIVA HEALTH C-SNP WOW PLAN (HMO) 013	
Part D Deductible	\$590	
Part D Annual Out-of-Pocket cost threshold	\$2,000	
Initial Coverage	Standard Retail (30-day supply)	Standard Mail-Order
Tier 1: Preferred Generic	You pay \$0	You pay \$0 for a 90-day supply
Tier 2: Generic	You pay \$15	You pay \$30 for a 90-day supply
Tier 3: Preferred Brand	You pay \$45	You pay \$90 for a 90-day supply
Tier 4: Non-Preferred Brand	You pay \$100	You pay \$95 for a 30-day supply
Tier 5: Specialty	You pay 25% coinsurance	You pay 25% coinsurance
Tier 6: Select Care Drugs	You pay \$0	You pay \$0 for a 90-day supply

