



2026

SUMMARY OF BENEFITS

**ASTIVA HEALTH
C-SNP WOW PLAN (HMO) 008**

SERVICING

**LOS ANGELES – ORANGE – RIVERSIDE
SAN BERNARDINO – SAN DIEGO**

JANUARY 1, 2026 – DECEMBER 31, 2026
astivahealth.com

2026

IMPORTANT PLAN INFORMATION

Astiva Health C-SNP WOW PLAN (HMO) 008 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) 008**, 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 or get a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

The information listed is not a complete description of benefits. Please refer to the Evidence of Coverage for details. Astiva Health is an HMO with Medicare contract. Enrollment in Astiva Health depends on contract renewal. Some benefits mentioned are part of Special Supplemental Benefits for the Chronically Ill (SSBCI). To be eligible, you must have cardiovascular disease, diabetes, or chronic heart failure. Having a listed condition does not guarantee benefits. Coverage depends on being a chronically ill enrollee and meeting plan coverage criteria. Out-of-Network/Non-Contracted Providers are under no obligation to treat plan members, except in emergency situations. Attention: If you speak Vietnamese/Spanish/Korean or other languages, language assistance services, free of charge, are available to you. Documents are available in alternative formats such as large prints and Braille. Call 1-866-688-9021 (TTY: 711) to speak to our Member Services. The hours of operation are 8:00AM to 8:00PM, Monday to Sunday, between October 1 to March 31, and 8:00AM to 8:00PM, Monday to Friday, between April 1 to September 30.



PREMIUMS & BENEFITS		C-SNP WOW PLAN (HMO) 008	WHAT YOU SHOULD KNOW
Those with Full Medicaid Pay \$0.			
Maximum Out-of-Pocket (MOOP)		\$9,250 per year	You pay at most \$9,250 per year for Medicare-covered services, including copays and coinsurance. Part D cost-sharing does not count towards this amount.
Monthly Plan Premium		You pay \$4.40 per month	Your premium may be paid by Extra Help.
Annual Plan Deductible		You pay \$0	This plan does not have an In-Network deductible.
♥ BENEFITS DETAILS			
Primary Care Physician Office Visit		You pay \$0 copay	
Specialist Office Visit		You pay \$0 copay	Prior authorization rules apply.
Urgently Needed Services		You pay \$0 copay	
Preventive Services		You pay \$0 copay	There is no coinsurance, copayment or deductible for all Original Medicare preventive services. No authorization required.
Skilled Nursing Facility (SNF)		You pay \$0 copay for days 1-20 You pay \$218 copay for days 21-100	Prior authorization rules apply.
Home Health Services		You pay \$0 copay	Prior authorization rules apply.
Physical Therapy		You pay 20% coinsurance	Prior authorization rules apply.
Podiatry Services		You pay 20% coinsurance	Prior authorization rules apply.
Ambulatory Surgery Center (ASC)		You pay 20% coinsurance	Prior authorization rules apply.
Outpatient Diagnostic Services - Lab services - Diagnostic tests & procedures - Outpatient X-rays - Therapeutic Radiology - Diagnostic Radiology		You pay \$0 copay You pay 20% coinsurance You pay 20% coinsurance You pay 20% coinsurance You pay 20% coinsurance	Prior authorization rules apply.
Durable Medical Equipment (DME)		You pay 0% - 20% coinsurance	Prior authorization rules apply. You pay 0% coinsurance for items that cost less than or equal to \$99 and 20% coinsurance for items that costs more than \$99.

PREMIUMS & BENEFITS		C-SNP WOW PLAN (HMO) 008	WHAT YOU SHOULD KNOW
Those with Full Medicaid Pay \$0.			
Mental Health Specialty Services - Individual Sessions - Group Sessions		You pay \$25 copay You pay \$25 copay	Prior authorization rules apply.
Psychiatric Services - Individual Sessions - Group Sessions		You pay \$25 copay You pay \$25 copay	Prior authorization rules apply.
Medicare Part B Drugs		You pay 0% - 20% coinsurance	Prior authorization rules apply.
Medicare Part B Insulin Drugs		You pay 0% - 20% coinsurance	You pay a maximum of \$35 per month.
Medicare Part B Chemotherapy & Radiation Drugs		You pay 0% - 20% coinsurance	Prior authorization rules apply.
HOSPITAL & EMERGENCY CARE			
Inpatient Hospital Coverage – Acute		You pay \$0 copay for days 1-60 You pay \$419 copay for days 61-90 You pay \$0 copay for days 90+	Prior authorization rules apply.
Inpatient Hospital Coverage – Psychiatric		You will pay the 2026 Original Medicare Rate	Prior authorization rules apply.
Outpatient Hospital Services		You pay 20% coinsurance	Prior authorization rules apply.
Hospital Observation Services		You pay 20% coinsurance	Prior authorization rules apply.
Emergency Room (ER)		You pay \$115 copay	Copay is waived if you are admitted to the hospital within 48 hours.
Ambulance Services – Ground		You pay \$200 copay	Copay is waived if you are admitted to the hospital.

SUPPLEMENTAL BENEFITS BEYOND ORIGINAL MEDICARE		C-SNP WOW PLAN (HMO) 008	WHAT YOU SHOULD KNOW
Those with Full Medicaid Pay \$0.			
Vision Services - Routine Eye Exams - Eyewear		You pay \$0 copay . One visit each year \$300 for glasses or \$150 contact lenses every two years	You must use a provider in the VSP Vision Care network.
Hearing Services - Routine Hearing Exams - Hearing Aids		You pay \$0 copay . One visit each year \$1,500 per year (\$750 per ear, per year maximum)	Prior authorization rules apply.
Dental Services		\$550 per quarter (Rollover) Equivalent to \$2,200 per year	Most comprehensive procedures require prior authorization.
Worldwide Emergency Coverage		\$100,000 per year	You pay \$0 copay

SUPPLEMENTAL BENEFITS BEYOND ORIGINAL MEDICARE		C-SNP WOW PLAN (HMO) 008	WHAT YOU SHOULD KNOW
Those with Full Medicaid Pay \$0.			
Transportation Services (Non-Emergency)	36 one-way trips per year for medical purposes	Transportation distance must be within a 30-mile radius from member’s primary residence. If it exceeds 30-miles, a combined number of trips can be used.	
FLEX Benefit Allowance This benefit can be used for: - Over-the-Counter (OTC), Fitness, Dental, Eyewear - Healthy Food and Produce	\$240 per month (Rollover) Equivalent to \$2,880 per year \$75 per month (Rollover) / Equivalent to \$900 per year \$165 per month (Rollover) / Equivalent to \$1,980 per year	This benefit allowance will be loaded into the Astiva Health Flex Benefit Card.	
Acupuncture, Massage, and Other Eastern Therapies	72 sessions per year (18 sessions per quarter) Includes cupping, moxa, tuina, gua sha, med-x, and reflexology	- Unused sessions rollover to the next quarter. - Up to 2 sessions per day. (15 minutes each, maximum 30 minutes per day).	
Personal Emergency Response System (PERS)	You pay \$0 copay One device per year	Prior authorization rules apply.	
Post-discharge Meals Benefits	\$600 per year Allowance per meal is \$20	- The meal benefit covers 2 meals per day for up to 5 consecutive days for each hospital admission. - Covers up to 30 meals per year.	
Telehealth	You pay \$0 copay		

PART D PRESCRIPTION DRUG COVERAGE			
Part D Deductible	\$615+		
Part D Annual Out-of-Pocket cost threshold	\$2,100		
Initial Coverage Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand Name Tier 4: Non-Preferred Brand Name Tier 5: Specialty Tier 6: Select Care	Standard Retail (30-day supply) You pay \$0 copay You pay \$15 copay + You pay \$35 copay + You pay \$95 copay + You pay 25% coinsurance + You pay \$0 copay	Standard Mail Order (90-day supply) You pay \$0 copay You pay \$0 copay You pay \$70 copay + N/A N/A You pay \$0 copay	

+ Those with full Medicaid may pay reduced payment