



VIVA HEALTH Prescription Drug Benefits for UAB Blue Cross and Blue Shield of Alabama Plan

Effective Dates: January 1, 2023 – December 31, 2023

Attachment A to Certificate of Coverage

The Plan's services and benefits, with their copayments, coinsurance, and some of the limitations, are listed below. Please remember that this is only a brief listing. For further information, plan guidelines, and exclusions, please see the Certificate of Coverage.

Please keep this Attachment A for your records.

BENEFITS	COVERAGE VIVA HEALTH Network
PHARMACY DEDUCTIBLE: Applies to all drugs except for generic oral contraceptives and other preventive drugs required by the Affordable Care Act.	\$100 per individual; \$200 aggregate amount per family
COVERED PRESCRIPTION DRUGS¹: <ul style="list-style-type: none"> • Generic Drugs <ul style="list-style-type: none"> ○ From a Participating Pharmacy \$15 Copayment per 30-day supply ○ Mail-order \$30 Copayment per 90-day supply ○ Participating Pharmacy \$45 Copayment per 90-day supply • Preferred Brand Drugs <ul style="list-style-type: none"> ○ From a Participating Pharmacy \$35 Copayment per 30-day supply ○ Mail-order \$88 Copayment per 90-day supply ○ Participating Pharmacy \$105 Copayment per 90-day supply • Non-Preferred Brand Drugs <ul style="list-style-type: none"> ○ From a Participating Pharmacy \$60 Copayment per 30-day supply ○ Mail-order \$150 Copayment per 90-day supply ○ Participating Pharmacy \$180 Copayment per 90-day supply • Oral Contraceptives \$0 Copayment for generic drugs; Applicable Copayment for brand drugs • Biological Drugs, Biotechnical Drugs, and Specialty Pharmaceuticals² 80% Coverage • Diabetic Testing Supplies 100% Coverage • Drugs to Treat Infertility Cost varies by drug. \$5,000 lifetime coverage maximum per family. Eligibility limited to subscriber and/or subscriber's spouse. <p>¹Some medications may require prior authorization from VIVA HEALTH. For further information, please contact Customer Service at the phone number listed below. ²May be administered in the home, physician's office or on an outpatient basis. When these medications are received from Express Scripts, they must be ordered by calling 1-800-803-2523. For a list of medications in this category, please refer to https://www.vivahealth.com/Group/Login/.</p> <p style="text-align: center;">When generic is available, Member pays difference between generic and Brand price, plus Copayment. Check with your participating pharmacy to learn if it is eligible to offer a 90-day supply at retail.</p>	
SMOKING CESSATION PRODUCTS: Two, 12-week treatment courses total per Calendar Year. Prescription required. [Generic nicotine replacement products (including the patch, lozenge, gum, inhaler, or nasal spray), or Nicotrol (inhaler), or Nicotrol NS (nasal spray), or Generic Zyban, or Varenicline tartrate (Chantix).]	\$0 Copayment

VIVA HEALTH Customer Service: (205) 558-7474 or 1-800-294-7780

Visit our Website at www.vivahealth.com

Pre-Existing Condition Policy:

No pre-existing condition exclusions or waiting period.

Nondiscrimination Notice:

VIVA HEALTH complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Language Assistance Services:

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-294-7780 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-294-7780 (TTY：711)。