



For **UAB** Employees

*Coverage you deserve.
Value you demand.*



VIVA UAB Guidebook 2021



Dear UAB Employee,

At VIVA HEALTH, we are proud to provide UAB employees and their families with comprehensive health insurance benefits, outstanding value, and knowledgeable providers. Since 1995, we have grown to be one of the largest health plans in the state of Alabama, and the largest health plan for UAB employees. We believe this is a direct result of listening to our members and ensuring we deliver high quality, convenient care when it is needed most.

Although 2020 presented unprecedented challenges, VIVA HEALTH and UAB prioritized the health, safety, and well-being of our members by enhancing telehealth services and access to care. In 2021, we will remain steadfast in putting the needs of our members first.

VIVA UAB will continue to cover preventive services at 100%. For a detailed list of the preventive services covered at no charge, please refer to the supplemental wellness benefits bulletin included in this guidebook. In addition, VIVA UAB will cover certain smoking cessation drugs and products at 100% to support the UAB Wellness smoking cessation initiative.

If you are a current VIVA UAB member, we hope you decide to continue with our plan. If you will be enrolling with VIVA UAB for the first time, please remember to choose a Primary Care Physician (PCP). You can view PCPs that participate with the plan by going to www.vivauab.com. Simply click doctor search on the left, choose the VIVA UAB plan on the drop down, and then search for family practice, general medicine, or internal medicine providers.

As a member of VIVA UAB, you have access to the world-renowned UAB Health System, including Medical West, for primary care, OB/GYN, and other health care services. You have access to our entire network for podiatry, pain management, optometry, ophthalmology, chiropractic, or allergy & immunology providers. VIVA UAB members under the age of 18 have access to VIVA HEALTH's entire pediatric network. Please keep in mind that VIVA UAB members are not required to obtain a PCP referral to see participating OB/GYNs at UAB or Medical West or vision, podiatry, pain management, or allergy & immunology providers.

If you have any questions, we invite you to contact our customer service department Monday through Friday from 8 AM to 5 PM at (205) 558-7474, toll-free at (800) 294-7780 (TTY 711), or by email at vivamemberhelp@uabmc.edu. You will also find valuable information on our website at www.vivauab.com.

We look forward to caring for you in 2021.

Sincerely,

A handwritten signature in black ink that reads "Brad Rollow".

Brad Rollow
CEO/President



VIVA UAB

provides UAB employees with outstanding benefits at an exceptional value. For the 26th consecutive year, we are pleased to offer a plan designed with UAB Employees and their families in mind. As a VIVA UAB member, you have access to the world-renowned UAB Health System.

Excellent Customer Service

We encourage you to put us to the test: When you dial the VIVA HEALTH Customer Service department during business hours (8am - 5pm, Monday through Friday), you'll get a real person with real answers. You can also have your questions answered at the click of the mouse! By visiting our website at www.vivauab.com, you can access all of the following information:

- [VIVA UAB Summary of Benefits](#)
- [Preferred Drug Listing](#)
- [Certificate of Coverage](#)
- [Updates/News](#)
- [Access our Member Portal or send an email to \[vivamemberhelp@uabmc.edu\]\(mailto:vivamemberhelp@uabmc.edu\) to request a new ID card, change your PCP, update your mailing address, or inquire about a claim.](#)

Worldwide Emergency and Urgent Care Coverage

If you are outside the service area and have an urgent and unforeseen need for care that can't wait until you return home, you are covered. This includes care in a physician's office for an unexpected illness or injury that would not be classified as an emergency, but does require immediate attention. Care in an emergency room is only covered for treatment of emergency medical conditions. Of course, this does not include routine or elective medical services, and you must return to the service area for any follow-up care. Still, if you're on a weekend trip or an extended vacation, you can relax knowing that you are covered.

OB/GYN Network

VIVA UAB members must see providers at UAB Hospital or Medical West for OB/GYN related services. OB/GYN services outside of the UAB Health System network will not be covered. No referrals are required for OB/GYN services. Please refer to the website www.vivauab.com for a listing of OB/GYN providers for VIVA UAB members.

Dependent Student Rider

Services to treat an illness or injury for Covered Dependents will be covered while they are full-time students at an accredited educational institution located out of the Service Area. These services are subject to the Copayments described herein and are available at a \$1,500 maximum benefit per calendar year. Emergencies and in-area care are covered under the appropriate sections set forth in the Certificate of Coverage.

Sabbatical Leave Rider

Sabbatical Leave is a period of paid leave granted to faculty members by the Employer to pursue professional development, a program of investigation, creative writing, artistry and the like. Services to treat an illness or injury for Subscribers and Covered Dependents on Sabbatical Leave will be covered while they are out of the Service Area, are subject to the Copayments described herein, and are available at a \$1,500 maximum benefit per calendar year.

Don't Forget...

- Adult members (age 18 and over) must select a UAB doctor as their Primary Care Physician (PCP). When you need specialty care, your PCP will refer you to UAB Health System providers (no referral required for OB/GYN, vision, podiatry, pain management, chiropractic, or allergy & immunology providers). When you need hospital care, you will be admitted to UAB.
- All children (under age 18) enrolled in VIVA UAB must select a pediatric doctor in the VIVA HEALTH network as their PCP.
- Female members enrolled in VIVA UAB must choose an OB/GYN provider at UAB or Medical West.



Effective Dates: January 1, 2021 – December 31, 2021

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. As a member of VIVA UAB, you have access to UAB Health System, including Medical West for primary care, OB/GYN, and other health care services. You have access to our entire network of podiatry, optometry, ophthalmology, pain management, allergy and immunology, and chiropractic providers. VIVA UAB members under the age of 18 have access to VIVA HEALTH's entire pediatric network with no referral required. Please keep this Attachment A for your records.

MEDICAL BENEFITS	COVERAGE
CALENDAR YEAR OUT-OF-POCKET MAXIMUM: The most a Member will pay per Calendar Year for qualified medical, mental, and substance abuse services, prescription drugs, and specialty drugs. The maximum includes deductibles, copayments, and coinsurance paid by the Member for qualified services but does not include premiums or out-of-network charges over the maximum payment allowance. See the Certificate of Coverage for details.	\$5,000 per individual; \$10,000 per family
PREVENTIVE CARE:	
<ul style="list-style-type: none"> Well Baby Care (Children under age 3) Routine Physicals (One per Calendar Year for ages 3+) Covered Immunizations OB/GYN Preventive Visit (One per Calendar Year) Preventive Prenatal Care (As defined in the Certificate of Coverage) Other preventive items and services (See Certificate of Coverage for more information) 	100% Coverage
OTHER PRIMARY CARE SERVICES:	
<ul style="list-style-type: none"> Medical Physician Services Illness and Injury Hearing Exams X-Ray and Laboratory Procedures <ul style="list-style-type: none"> Covered Genetic Testing 	\$15 Copayment per visit 80% Coverage
SPECIALTY CARE: (PCP Referral Required)	
<ul style="list-style-type: none"> Medical Physician Services Illness and Injury OB/GYN Services (No PCP Referral Required) X-Ray and Laboratory Procedures <ul style="list-style-type: none"> Covered Genetic Testing 	\$30 Copayment per visit 80% Coverage
URGENT CARE CENTER SERVICES:	
<ul style="list-style-type: none"> Medical Physician Services Illness and Injury 	\$15 Copayment per visit at UAB Urgent Care; \$30 Copayment per visit at all other urgent care centers
VISION CARE: (No PCP Referral Required)	
<ul style="list-style-type: none"> One routine vision exam per Calendar Year Other eye care office visits 	\$30 Copayment per visit
ALLERGY SERVICES: (No PCP Referral Required)	
<ul style="list-style-type: none"> Physician Services Testing 	\$30 Copayment per visit 80% Coverage
DIAGNOSTIC SERVICES: (Including but not limited to CT Scan, MRI, PET/SPECT, ERCP)	\$100 Copayment per service
OUTPATIENT SERVICES:	
<ul style="list-style-type: none"> Surgery and Other Outpatient Services 	\$150 Copayment per visit
HOSPITAL INPATIENT SERVICES:	
<ul style="list-style-type: none"> Physician Services Semi-Private Room 	100% Coverage \$250 Copayment per admission
MATERNITY SERVICES:	
<ul style="list-style-type: none"> Physician Services (Prenatal, delivery, and postnatal care) Maternity Hospitalization 	\$30 Copayment per delivery \$250 Copayment per admission
Newborn care and other services covered <u>only</u> for enrolled child of employee or employee's spouse. Eligible baby must be enrolled in plan within 30 days of birth or adoption for baby's care to be covered. No coverage for children of employee's dependent child.	
EMERGENCY ROOM SERVICES: Members can use participating urgent care facilities in urgent but non-emergency situations	\$100 Copayment per visit (waived if admitted within 24 hours)
EMERGENCY AMBULANCE SERVICES: (Must be Medically Necessary)	80% Coverage
DURABLE MEDICAL EQUIPMENT AND PROSTHETIC DEVICES:	80% Coverage
SKILLED NURSING FACILITY SERVICES: (Limited to 60 days per Calendar Year)	80% Coverage
DIABETES SELF-MANAGEMENT EDUCATION:	\$30 Copayment per visit
DIABETIC SUPPLIES: Insulin covered under prescription drug rider. For Diabetic Supplies call VIVA HEALTH.	100% Coverage
REHABILITATION SERVICES: Physical, Speech, and Occupational Therapy	\$30 Copayment per visit; \$250 Copayment per admission
HABILITATION SERVICES: Physical, Speech, and Occupational Therapy and Applied Behavior Analysis (limited to a diagnosis of Autism, Autism Spectrum Disorder, or Pervasive Developmental Delay)	\$30 Copayment per visit
HOME HEALTH CARE SERVICES: (Limited to 60 visits per Calendar Year)	80% Coverage



Effective Dates: January 1, 2021 – December 31, 2021

Attachment A to Certificate of Coverage

MEDICAL BENEFITS	COVERAGE
SLEEP DISORDERS:	\$30 Copayment per visit;
• Sleep Study	\$150 Copayment per sleep study
CHIROPRACTIC SERVICES: (PCP Referral Required)	\$30 copayment per visit
TEMPOROMANDIBULAR JOINT DISORDER:	\$30 Copayment per visit
TRANSPLANT SERVICES:	100% Coverage after \$250 Hospital Copayment
MENTAL HEALTH & SUBSTANCE ABUSE SERVICES¹:	
• Inpatient Services	\$250 Copayment per admission
• Outpatient Services	\$30 Copayment per visit

¹Residential treatment and certain diagnoses are excluded. See your Certificate of Coverage for details.

PHARMACEUTICAL BENEFITS	COVERAGE
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 DRUGS²:	
• Generic Drugs	
○ 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	
○ 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	
○ 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
• Biological Drugs, Biotechnical Drugs, and Specialty Pharmaceuticals³	80% Coverage
• Oral Contraceptives	\$0 Copayment for generic drugs; Applicable Copayment for brand drugs
• Diabetic Testing Supplies	100% Coverage

²Some medications may require prior authorization from VIVA HEALTH. For further information, please contact Customer Service at the phone number listed below. ³May 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 <http://www.vivaemployer.com/Members/Default.aspx>

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.

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
DEPENDENT STUDENT BENEFITS: (Emergencies and in-area care are covered under the appropriate sections set forth in the Certificate of Coverage.)	Services to treat an illness or injury for Covered Dependents will be covered while they are full-time students at an accredited educational institution out of the Service Area, subject to the Copayments described herein and a \$1,500 maximum benefit per Calendar Year.
SABBATICAL: (Sabbatical leave is a period of paid leave granted to faculty members by the Employer to pursue professional development, a program of investigation, creative writing, or artistry, and the like.)	Services to treat an illness or injury for Subscribers and Covered Dependents on Sabbatical Leave will be covered while they are out of the Service Area, subject to the Copayments described herein and a \$1,500 maximum benefit per Calendar Year.

VIVA HEALTH Customer Service: (205) 558-7474 or 1-800-294-7780 | Visit our Website at www.vivahealth.com/uab

Eligible Dependent:	To be eligible to enroll as a Covered Dependent, a person must be listed on the enrollment application completed by the Subscriber, reside in the Service Area or with the Subscriber (exceptions apply), and meet additional qualifying criteria. For exceptions and additional qualifying criteria, please refer to the Certificate of Coverage.
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)。



Wellness Benefits

VIVA UAB, VIVA Access, & VIVA Choice



This schedule outlines preventive services and items that VIVA HEALTH will pay at 100% for the non-grandfathered VIVA UAB, VIVA Access, and VIVA Choice plans. Many of the services are provided as part of an annual physical, which is covered at 100%. In some cases, an office visit or facility copayment or coinsurance may apply if the preventive service or item is billed separately from the visit. A copayment or coinsurance may also apply if the primary purpose of your visit is not routine, preventive care. All services must be performed by a provider in your network. This list does not apply to all VIVA HEALTH plans. Please refer to your Certificate of Coverage to determine the terms of your health plan.

PREVENTIVE SERVICE	FREQUENCY/LIMITATIONS
Well Baby Visits (Age 0-2)	As recommended per guidelines¹
<ul style="list-style-type: none"> Routine Screenings, tests, & immunizations 	As recommended per guidelines
Well Child Visits (Age 3-17)	One per year at PCP³
<ul style="list-style-type: none"> Routine screenings, tests, & immunizations HIV screening & Counseling Obesity Screening Hepatitis B virus screening Sexually transmitted infection counseling Anxiety screening Skin cancer behavioral counseling (Beginning at age 10) 	As recommended per guidelines As recommended per guidelines As recommended per guidelines As recommended per guidelines Annually Adolescent females – as recommended per guidelines As recommended per guidelines
Routine Physical² (Age 18+)	One per year at PCP³
<ul style="list-style-type: none"> Alcohol misuse screening & counseling Anxiety screening Blood pressure screening Cholesterol screening Depression screening Diabetes screening Hepatitis B and C Virus Screening HIV screening & counseling Obesity screening Sexually transmitted infection counseling Syphilis screening Skin cancer behavioral counseling (Up to age 24) 	Annually Females- as recommended per guidelines Annually As recommended per guidelines Annually As recommended per guidelines As recommended per guidelines As recommended per guidelines As recommended per guidelines Annually As recommended per guidelines As recommended per guidelines
Well Woman Visit² (Adolescents & Adults)	One per year at PCP or OB/GYN
<ul style="list-style-type: none"> Pap smear/cervical cancer screening Chlamydia screening Contraception counseling Domestic violence screening & counseling Gonorrhea screening HPV DNA testing Anxiety screening Depression Screening 	Annually As recommended per guidelines As recommended per guidelines Annually As recommended per guidelines Females 30+, every three years As recommended per guidelines Annually
Maternity Care (Pregnant Females)	As recommended per guidelines
Prenatal and Postpartum Services (<i>Up to 6 visits per pregnancy for the following services</i>):	
<ul style="list-style-type: none"> Anemia screening Bacteriuria screening Chlamydia screening Anxiety screening Depression Screening Gestational diabetes mellitus screening 	As recommended per guidelines One at 12-16 weeks' gestation One per pregnancy for at-risk females As recommended per guidelines One per pregnancy and postpartum First prenatal visit if high-risk; after 24 weeks of gestation for all females
<ul style="list-style-type: none"> Gonorrhea screening Hepatitis B screening HIV screening Rh incompatibility screening 	One per pregnancy for at-risk females First Prenatal visit One per pregnancy First prenatal visit for all females; repeated testing at 24-28 weeks' gestation if at-risk
<ul style="list-style-type: none"> Syphilis screening Breast feeding counseling Tobacco counseling 	One per pregnancy Two per pregnancy Three per pregnancy for females who smoke
Breast pump purchase ⁴	One electric pump selected by VIVA HEALTH every four years



Wellness Benefits

VIVA UAB, VIVA Access, & VIVA Choice



PREVENTIVE SERVICE

FREQUENCY/LIMITATIONS

Contraception (Females)

- Oral Contraceptives⁵
- Implant (Implanon)
- Injection (Depo-Provera shot)
- I.U.D.

Generics only; Prescription required
As recommended per guidelines; Performed in physician's office
One every three months
As recommended per guidelines; Performed in physician's office

Contraception (Females), *continued*

- Diaphragm or cervical cap
- Over the counter contraceptives (Females)⁵
- Sterilization
- Contraceptive Patch
- Contraceptive Vaginal Ring

One per year
Generic only; Prescription required; Quantity limits apply based on method
One procedure per lifetime
Three per month
One per month

Other Preventive Services

- **Osteoporosis screening** (All females age 65+ and at-risk of all ages) As recommended per guidelines
- **Screening mammography** (Females age 40+) One per year
- **BRCA risk assessment and genetic counseling/testing** (At-risk females) Per medical/family history
- **Lung cancer screening** (Very heavy smokers, ages 55-80) One per year, as recommended per guidelines
- **Colorectal cancer screening** (Age 50-75)
 - Fecal occult blood testing and Fecal Immunochemical Test (FIT) One per year
 - Fecal-DNA One every three years
 - Sigmoidoscopy One every five years
 - Screening colonoscopy One every 10 years
- **Abdominal aortic aneurysm screening** (Males age 65-75 w/ smoking history) One per lifetime
- **Tuberculosis screening** (Asymptomatic, at-risk adults age 18+) One per year, as recommended per guidelines
- **Dental caries prevention** (Infants and children from birth through age 5) Four per year at physician's office
- **Routine immunizations⁶** (Not travel related); Includes, but not limited to: As recommended by CDC
 - Influenza (Age 6 months-adult) Two per calendar year
 - HPV (Starting age 11-12 or catch-up ages 27-45) Three doses per lifetime
 - Pneumococcal As recommended by PCP
 - Zoster (Shingles) (Age 60+) One per lifetime
 - RZV/Shingrix (Shingles) (Age 50+) Two doses per lifetime
- **Diet counseling** (Adults with high cholesterol or other risks for heart or diet-related chronic disease) Three visits per year
- **Obesity counseling** (Clinically obese children and adults: BMI ≥ 30) Six visits per lifetime
- **Tobacco use counseling and interventions** Two visits per year with PCP or specialist

PHARMACY BENEFITS⁵

FREQUENCY/LIMITATIONS

- **Aspirin to prevent heart disease** (Males ages 45-79; Females ages 55-79) Generic only
- **Low-dose (81 mg) aspirin to prevent preeclampsia** (High-risk pregnant females after 12 weeks of gestation) Generic only
- **Folic acid supplements** (Females 55 & younger) Generic only
- **Iron supplements** (12 months & younger) For babies at risk for anemia
- **Oral contraceptives** (Females) Generic only
- **Over the counter contraceptives** (Females) Generic only
- **Oral fluoride supplements** (6 years & younger) For children whose water source is fluoride deficient
- **HIV pre-exposure preventive (PrEP) therapy** HIV PrEP for high-risk, HIV-negative individuals (generic only when available)
- **Breast Cancer Preventive Drugs** (Females)⁸ Tamoxifen and raloxifene (generic only)
- **Statins to prevent cardiovascular disease (CVD)** (at-risk adults ages 40-75 with no history of CVD and one or more CVD risk factors) Low-to-moderate dose select generics only



Wellness Benefits

VIVA UAB, VIVA Access, & VIVA Choice



PHARMACY BENEFITS⁵

- **Tobacco cessation products⁷**

FREQUENCY/LIMITATIONS

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 nasal spray), or
- Generic Zyban, or
- Varenicline tartrate (Chantix)

¹“As recommended per guidelines” means as recommended by your physician and in accordance with guidelines issued under the Affordable Care Act. ²Must be part of your annual physical or OB/GYN visit for coverage at 100% ³PCP means personal care provider or primary care physician and is generally an internist, family practitioner, general practitioner, pediatrician, and sometimes an obstetrician/ gynecologist. ⁴To order a breast pump, member must be within 30 days of due date or actively breastfeeding. Call MedSouth Medical Supplies at 1-800-423-8677. ⁵Must have prescription coverage through VIVA HEALTH to access this benefit. Prescription required for coverage, even for over-the-counter products. Quantity limits may apply. Exceptions to limits may apply based on medical necessity. ⁶ For a full list of covered immunizations, please visit www.vivahealth.com or call VIVA HEALTH Customer Service at 1-800-294-7780 and ask a representative to mail you a copy. ⁷Prior Authorization must be obtained in order to access additional courses of treatment covered at 100%. ⁸Must complete and return to VIVA HEALTH an exception form to be eligible to receive at \$0 copayment. Visit www.vivaprovider.com/Resources/Forms.aspx to download the form, or call Customer Service.

VIVA HEALTH Low-to-Moderate Dose Generic Statins Covered at 100%

The list below contains low-to-moderate dose select generic statins that VIVA HEALTH will pay at 100% for members ages 40-75 with no history of cardiovascular disease (CVD) but one or more risk factors for CVD on its non-grandfathered “Wellness” plans with prescription drug coverage through VIVA HEALTH. Coverage is still available for other statins on VIVA HEALTH’s formulary that are not included on this list but with the applicable copayment or coinsurance.

ATORVASTATIN 10 – 20MG

FLUVASTATIN IR AND XL 20 – 80MG

LOVASTATIN 10 – 40 MG

PRAVASTATIN 10 – 80 MG

SIMVASTATIN 5 – 40MG

ROSUVASTATIN 5 – 10MG

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.

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).



Primary Care Physicians

For a complete list of providers, including specialists, please visit www.vivauab.com.

HOSPITALS

UAB Medical Center
Eye Foundation Hospital
UAB Highlands Hospital
Medical West

HEALTH CENTERS

UAB Medicine - Hoover
UAB Neurology South - Hoover
UAB Medicine - Gardendale

UAB Medicine - Inverness
UAB Medicine - Leeds
UAB Medicine - Highlands
The Kirklin Clinic

PRIMARY CARE PHYSICIANS

UAB Family Medicine Center

Irfan Asif, M.D.	Z54600
Ksenia Blinnikova, M.D.	Z54639
Sameera Davuluri, M.D.	Z90087
Erin W. Delaney, M.D.	Z43062
Raymond Hunt, M.D.	Z53115
Jill Marsh, M.D.	Z90969
B. Earl Salser, Jr., M.D.	H23505

Internal Medicine - Kirklin Clinic / UAB Medicine

Mary Balkovetz, M.D.	E90756
Stephen G. Bell, M.D.	Z43100
Sarah Bragg, M.D.	Z84873
Sarah Bagwell, M.D.	Z54634
Marina E. Brainin, M.D.	G34508
William 'Mack' Brown, M.D.	Z84092
Andrienne N. Carter, M.D.	I26753
Hernando Carter, M.D.	Z01861
Stuart J. Cohen, M.D.	G85855

Bart R. Combs M.D.	C78829
Erin C. Contratto, M.D.	Z30197
Sarah P. Cribbs M.D.	Z44401
James V. Davis, M.D.+	C73242
Sarah French, M.D.+	Z55019
Joseph Tyler Fuqua M.D.+	Z55526
Patricia L. Garver, M.D.+	C73369
Michael J. Geer, M.D.+	F95554
David Gettinger, M.D.+	C73376
Patricia S. Goode, M.D.+	C73393
Alan L. Gruman, M.D.+	E44327
Laurie T. Hall, M.D.+	E20867
Fred J. Herndon, Jr., M.D.+	G77840
Larry S. Hunt, M.D.+	C73499
Gorman R. Jones III, M.D.+	F66734
Ryan R. Kraemer, M.D.+	Z10624
Andrew M. Land M.D.+	Z44486
Amy S. LeJeune, M.D.+	G83283
Francis Stan Massie Jr., M.D.+	G45060
Katherine G. Romp, M.D.+	G72094
Stephen Russell, M.D.+	I05557

Monita Singh, M.D.+	I68955
Erin Snyder, M.D.+	I53275
Anisa Ssengoba-Ubogou, M.D.+	I09790
Mark A. Stafford, M.D.+	C74144
Stephen W. Stair, M.D.+	F62103
Carla Stefanescu, M.D.+	Z55020
Carlie Stein, M.D.	Z82073
Lisha R. Thornton, M.D.+	G40763
Mukta Tripathi, M.D.+	Z40141
Thomas Tyner, M.D.	Z85099
Jennifer R. Vigil, M.D.+	Z10633
James B. Whatley, M.D.+	Z16013
Allison Wilkin, M.D.+	Z93077
Hennessy H. Williams, M.D.+	Z43098
James E. Williams, M.D.+	C74354

+ Admits to hospital through a hospital based physician

Registering with Express Scripts

Online access to savings and convenience

Manage your medicines anywhere, any time with [express-scripts.com](https://www.express-scripts.com) and the Express Scripts™ mobile app

Register now so you can experience:

- **More savings.**
Compare prices of medicines at multiple pharmacies. Get free standard shipping¹ from the Express Scripts PharmacySM.
- **More convenience.**
Get up to 90-day supplies of your long-term medicine sent to your home. Order refills, check order status, and track shipments. Print forms and ID cards, if needed.
- **More confidence.**
Talk with a pharmacist from the privacy of your home any time, from anywhere. Find the latest information on your medicine, including possible side effects and interactions.
- **More flexibility.**
Download the Express Scripts mobile app to manage your medicines, find nearby pharmacies and get directions, and use your virtual ID card while on the go.

Get Started Today!

Registering is safe and simple. Your information is secure and confidential. Please have your member ID number or SSN available.

- Go to [express-scripts.com](https://www.express-scripts.com), select **Register** or download the **Express Scripts mobile app** for free from your mobile device's app store and select **Register**
- Complete the information requested, including personal information and member ID number or Social Security Number (SSN), create your username and password, along with security information in case you ever forget your password
- Click **Register now** and you're registered
- To set preferences², select **Communication Preferences** from the menu under **Account**, scroll to **Communication** and **Viewing Preferences**. Click **Edit preferences**. Preferences can only be selected via the member website.

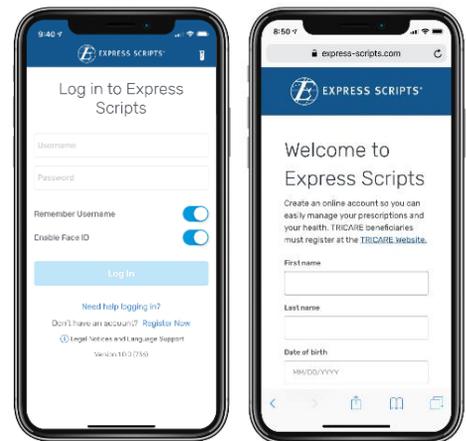
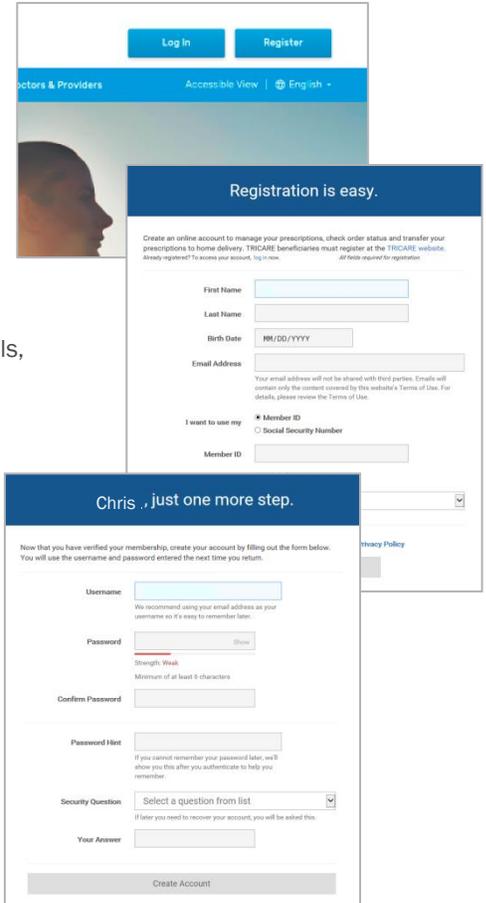
Members who have **touch or facial ID authentication** on their mobile devices can enable it to log in to their Express Scripts account on the mobile app, if desired.

¹ Standard shipping costs are included as part of your prescription plan benefit.

² Preferences include the option to share your prescription information with other adult members of your household (aged 18+) covered under your prescription drug plan.

- All covered adults (aged 18+) in the household need to register separately.
- When you grant permission to share your prescription information with other registered household members, they can view your information, place orders on your behalf and more.

The Express Scripts mobile app is available for iPhone®, iPad®, and Android™ mobile devices.



Getting Started with Home Delivery from the Express Scripts PharmacySM

Online access to savings and convenience

Whether you are viewing the member website or using the Express ScriptsTM mobile app¹, you can easily manage your home delivery prescriptions:

- Check order status
- Refill and renew prescriptions
- Check prices and coverage
- Find convenient pharmacies
- View your Rx claims and balances
- Pay your balance using a variety of payment options
- View our therapeutic resource centers for information
- And much more



To access the member website ...

Log in to **express-scripts.com** (Register if it is your first visit. Just have your member ID or SSN handy.)

If you have a NEW prescription ...

Get started by contacting your doctor to request a 90-day prescription that he or she can ePrescribe directly to Express Scripts

Or print a form by selecting “Forms” or “Forms & Cards” from the menu under “Benefits,” print a mail order form and follow the mailing instructions.

Or call us and we’ll contact your doctor for you.

Please allow 10 to 14 days for your first prescription order to be shipped.

If you already have a prescription ...

Check Order Status online or using our app to view details and track shipping.

Transfer retail prescriptions to home delivery. Just click **Add to Cart** for eligible prescriptions and check out. We’ll contact your provider on your behalf and take care of the rest. Check **Order Status** to track your order.

Forms & cards

To mail in a prescription your doctor has already written:

- 1 Print a mail order form by [clicking here](#).
- 2 Mail your prescription(s) along with completed form to the address provided on the mail order form.

Recent Order Status [Go to full order status](#)

Toprol XL 200 mg tablet 200 mg, brand View details	Rx #: 123- Chris	Address Verification Required
Harvoni 90-400 mg tablet 90 mg - 400 mg, brand View details	Accredo Rx #: 297-44	Shipped on XX/XX/XXXX Tracking #: 9374820164600649231480

Prescriptions You Can Order Today [Find a prescription not listed below](#) [View Rx Archive](#)

Chris

Omeprazole dr 10 mg capsule 10 mg, generic View details	Rx #: 123 90-day supply 2 refills remaining	Refill past due You may be running low on this medication	<input checked="" type="checkbox"/> Prescription in cart
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Refill and Renew Prescriptions for yourself and your family while online or while using our app. Just click **Add to Cart** for eligible prescriptions and check out. We’ll contact your provider on your behalf, if renewals are included, and take care of the rest.

¹ You can search for “Express Scripts” in your app store and download it for free. Then register, if first visit, or log in.
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Remember:

emergency and urgent care coverage is available worldwide.

If you are outside the service area and have an urgent and unforeseen need for care that can't wait until you return home, you are covered. This includes care in a physician's office for an unexpected illness or injury that would not be classified as an emergency, but does require immediate attention. Care in an emergency room is only covered for treatment of emergency medical conditions. Of course, this does not include routine or elective medical services, and you must return to the service area for any follow-up care. Still, if you're on a weekend trip or extended vacation, you can relax knowing that you are covered.

Need to access our formulary?

Visit VivaUAB.com/MemberResources for our drug list.

Do you have any questions?

Local customer service representatives are available to help you Monday through Friday from 8AM to 5PM at (205) 558-7474, toll-free at (800) 294-7780 (TTY 711), and by email at vivamemberhelp@uabmc.edu.



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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)。