



**VIVA ACCESS**  
For **UAB** Employees

*Coverage you deserve.  
Value you demand.*

**UAB**

**VIVA Access Guidebook 2024**

Access to all participating VIVA HEALTH Providers  
No referrals required to see specialists



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.

VIVA Access 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 Access will cover certain smoking cessation drugs and products at 100% to support the UAB Wellness smoking cessation initiative.

If you are a current member of a UAB health plan sponsored by VIVA HEALTH, we hope we have earned your trust and you remain a valued member. VIVA Access provides you access to VIVA HEALTH's entire network of doctors and hospitals.

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](mailto:VivaMemberHelp@uabmc.edu). You will also find valuable information on our website at [vivahealth.com/uab](http://vivahealth.com/uab). You can also download the VIVA HEALTH Mobile App to view your claims status, view a digital ID card, and request electronic EOBs.

We look forward to caring for you in 2024.

Sincerely,

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

Brad Rollow  
CEO/President

**VIVA Access** provides UAB employees with outstanding benefits at an exceptional value. For the 28th consecutive year, we are pleased to offer a plan designed with UAB Employees and their families in mind. As a VIVA Access member, you have access to the world-renowned UAB Health System plus VIVA HEALTH's full network of providers.

## 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 [vivahealth.com/uab](http://vivahealth.com/uab), you can access all of the following information:

- [VIVA Access 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.](#)

## VIVA HEALTH Mobile App

Download the free VIVA HEALTH Mobile App and have 24/7 access to:

- [View your claims status](#)
- [View a digital ID card](#)
- [Request electronic EOBs](#)
- [Provide secure feedback](#)

The member app is available for download on the Apple App Store and Google Play.



## How the UAB Access Plan Works

Members on the UAB Access plan may see any VIVA HEALTH participating provider for their health care. However, if you see a provider within the UAB network, you may enjoy cost savings through lower copays and coinsurance.

The UAB network includes all pediatric care for dependents under age 18 regardless of whether those dependents receive their pediatric care in the VIVA HEALTH network or the UAB network. The VIVA HEALTH network includes hospitals and health centers contracted with VIVA HEALTH but outside of UAB. "UAB" means University Hospital, UAB Women and Infants Center, UAB Highlands, The Kirklin Clinic, Medical West, UAB Callahan Eye Hospital, Spain Rehabilitation Center, and all UAB satellite clinics.

## 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.

## 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.

Effective Dates: January 1, 2024 – December 31, 2024

## 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.

MEDICAL BENEFITS	COVERAGE UAB Network	COVERAGE Viva Network (outside UAB)
<b>CALENDAR YEAR OUT-OF-POCKET MAXIMUM:</b> The most a Member will pay per Calendar Year for qualified medical, mental, and substance use disorder 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.	\$6,600 per individual; \$13,200 per family	
<b>PREVENTIVE CARE:</b> <ul style="list-style-type: none"> <li>Well Baby Care (Children under age 3)</li> <li>Routine Physicals (One per Calendar Year for ages 3+)</li> <li>Covered Immunizations</li> <li>Preventive Prenatal Care</li> <li>OB/GYN Preventive Visit (One per Calendar Year)</li> <li>Nutritionist Preventive Visits (Up to 3 per Calendar Year with a Registered Dietitian or Nutritionist)</li> <li>Other preventive items and services (See Certificate of Coverage for details)</li> </ul>	100% Coverage	100% Coverage
<b>OTHER PRIMARY CARE SERVICES:</b> <ul style="list-style-type: none"> <li>Medical Physician Services</li> <li>Illness and Injury</li> <li>Hearing Exams</li> <li>X-Ray and Laboratory Procedures <ul style="list-style-type: none"> <li>Covered Genetic Testing</li> </ul> </li> </ul>	\$25 Copay/visit  80% Coverage	\$30 Copay/visit  80% Coverage
<b>SPECIALTY CARE:</b> (No PCP Referral Required) <ul style="list-style-type: none"> <li>Medical Physician Services</li> <li>Illness and Injury</li> <li>OB/GYN Services</li> <li>X-Ray and Laboratory Procedures <ul style="list-style-type: none"> <li>Covered Genetic Testing</li> </ul> </li> </ul>	\$40 Copay/visit  80% Coverage	\$50 Copay/visit  80% Coverage
<b>URGENT CARE CENTER SERVICES:</b> <ul style="list-style-type: none"> <li>Medical Physician Services</li> <li>Illness and Injury</li> </ul>	\$25 Copay/visit at UAB Urgent Care; \$40 Copay/visit at all other urgent care centers	\$50 Copay/visit
<b>VISION CARE:</b> (No PCP Referral Required) <ul style="list-style-type: none"> <li>One routine vision exam per Calendar Year</li> <li>Other eye care office visits</li> </ul>	\$40 Copay/visit \$40 Copay/visit	\$40 Copay/visit \$40 Copay/visit
<b>ALLERGY SERVICES:</b> (No PCP Referral Required) <ul style="list-style-type: none"> <li>Physician Services</li> <li>Testing</li> </ul>	\$40 Copay/visit 80% Coverage	\$50 Copay/visit 80% Coverage
<b>DIAGNOSTIC SERVICES:</b> (Including but not limited to CT Scan, MRI, PET/SPECT, ERCP)	\$100 Copay/service	\$200 Copay/service
<b>OUTPATIENT SERVICES:</b> <ul style="list-style-type: none"> <li>Surgery and Other Outpatient Services</li> </ul>	\$150 Copay/visit	\$250 Copay/visit
<b>HOSPITAL INPATIENT SERVICES:</b> <ul style="list-style-type: none"> <li>Physician and Facility Services</li> </ul>	\$250 Copay/admission	\$250 Copay/day (Days 1-5)
<b>INFERTILITY SERVICES:</b> (Subject to a \$5,000 maximum family medical lifetime benefit and a separate \$5,000 maximum family prescription drug lifetime benefit. Eligibility limited to subscriber and/or subscriber's spouse.) <ul style="list-style-type: none"> <li>Initial consultation and counseling session</li> <li>Semen analysis, HSG test, and endometrial biopsy</li> <li>Medically Necessary office visits and tests (ultrasound, laboratory tests)</li> <li>Prescription drugs</li> <li>Medical services to treat infertility [assisted reproductive technology (ART), including intrauterine insemination (IUI) and in vitro fertilization (IVF)]</li> </ul>	\$40 Copay/visit; One/Lifetime \$0 Copay; One/Lifetime \$40 Copay/visit Cost varies by tier \$150 Copay/visit	\$50 Copay/visit; One/lifetime \$0 Copay; One/Lifetime \$50 Copay/visit Cost varies by tier \$250 Copay/visit
<b>MATERNITY SERVICES<sup>1</sup>:</b> <ul style="list-style-type: none"> <li>Physician Services (Prenatal, delivery, and postnatal care)</li> <li>Maternity Hospitalization</li> </ul>	\$40 Copay/delivery \$250 Copay/admission	\$50 Copay/delivery \$250 Copay/day (Days 1-5)
<sup>1</sup> 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.		
<b>EMERGENCY ROOM SERVICES:</b> (Copay waived if admitted within 24 hours)	\$100 Copay/visit	\$200 Copay/visit
<b>EMERGENCY AMBULANCE SERVICES:</b> (Must be Medically Necessary)	80% Coverage	80% Coverage
<b>DURABLE MEDICAL EQUIPMENT AND PROSTHETIC DEVICES:</b>	80% Coverage	80% Coverage
<b>SKILLED NURSING FACILITY SERVICES:</b> (Limited to 60 days per Calendar Year)	80% Coverage	80% Coverage
<b>HOME HEALTH CARE SERVICES:</b> (Limited to 60 visits per Calendar Year)	80% Coverage	80% Coverage
<b>DIABETES SELF-MANAGEMENT EDUCATION:</b>	\$40 Copay/visit	\$50 Copay/visit
<b>DIABETIC SUPPLIES:</b> Insulin covered under prescription drug rider. For Diabetic Supplies call Viva HEALTH.	100% Coverage	100% Coverage

## Attachment A to Certificate of Coverage

MEDICAL BENEFITS	COVERAGE UAB Network	COVERAGE Viva Network (outside UAB)
<b>MEDICAL NUTRITION SERVICES:</b> (Limited to 6 visits per Calendar Year with a Registered Dietitian or Nutritionist)	\$40 Copay/visit	\$50 Copay/visit
<b>REHABILITATION AND HABILITATION SERVICES:</b> Physical, Speech, and Occupational Therapy and Applied Behavior Analysis	\$40 Copay/visit; \$250 Copay/admission	\$50 Copay/visit; \$250 Copay/day (Days 1-5)
<b>CHIROPRACTIC SERVICES:</b> (No PCP Referral Required)	\$40 Copay/visit	\$50 Copay/visit
<b>TEMPOROMANDIBULAR JOINT DISORDER:</b>	\$40 Copay/visit	\$50 Copay/visit
<b>SLEEP DISORDERS:</b>	\$40 Copay/visit;	\$50 Copay/visit;
• Sleep Study	\$150 Copay/sleep study	\$250 Copay/sleep study
<b>TRANSPLANT SERVICES:</b>	100% Coverage after \$250 Hospital Copayment	100% Coverage after \$250 Copay/day (Days 1-5)
<b>MENTAL HEALTH &amp; SUBSTANCE USE DISORDER SERVICES:</b>	100% Coverage after \$250 Copay/admission	100% Coverage after \$250 Copay/day (Days 1-5)
• Inpatient Services	\$40 Copay/visit	\$50 Copay/visit
• Outpatient Services		
PHARMACEUTICAL BENEFITS	COVERAGE	
<b>PHARMACY DEDUCTIBLE:</b> Applies to all drugs except for generic oral contraceptives and other preventive drugs required by the Affordable Care Act.	\$150 per individual; \$300 aggregate amount per family	
<b>COVERED PRESCRIPTION DRUGS<sup>2</sup>:</b>		
• <b>Generic Drugs</b>		\$15 Copayment per 30-day supply \$30 Copayment per 90-day supply \$45 Copayment per 90-day supply
○ From a Participating Pharmacy		
○ Mail-order		
○ Participating Pharmacy		
• <b>Preferred Brand Drugs</b>		\$45 Copayment per 30-day supply \$113 Copayment per 90-day supply \$135 Copayment per 90-day supply
○ From a Participating Pharmacy		
○ Mail-order		
○ Participating Pharmacy		
• <b>Non-Preferred Brand Drugs</b>		\$70 Copayment per 30-day supply \$175 Copayment per 90-day supply \$210 Copayment per 90-day supply
○ From a Participating Pharmacy		
○ Mail-order		
○ Participating Pharmacy		
• <b>Biological Drugs, Biotechnical Drugs, and Specialty Pharmaceuticals<sup>3,4</sup></b>		80% Coverage
• <b>Oral Contraceptives</b>		\$0 Copayment for generic drugs; Applicable Copayment for brand drugs
• <b>Weight Loss Drugs (Contrave, Qsymia, Saxenda, and Wegovy)<sup>5</sup></b>		80% Coverage
• <b>Diabetic Testing Supplies</b>		100% Coverage
<p><sup>2</sup>Some medications may require prior authorization from VIVA HEALTH. For further information, please contact Customer Service at the phone number listed below. <sup>3</sup>May 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 <a href="https://www.vivahealth.com/Group/Login/">https://www.vivahealth.com/Group/Login/</a>. <sup>4</sup>Cost Sharing for certain specialty drugs may vary and be set to the maximum of any available manufacturer-funded copay assistance programs and is not applied to the deductible or out-of-pocket maximum. <sup>5</sup>Cost Sharing for weight loss drugs (Contrave, Qsymia, Saxenda, and Wegovy) does not apply to drugs prescribed for diabetes. Cost Sharing for drugs prescribed for diabetes follows standard formulary tiering.</p> <p style="text-align: center;"><b>When generic is available, Member pays difference between generic and Brand price, plus Copayment.</b>  <b>Check with your participating pharmacy to learn if it is eligible to offer a 90-day supply at retail.</b></p>		
<b>SMOKING CESSATION PRODUCTS:</b> 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
<b>DEPENDENT STUDENT BENEFITS:</b> (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.	
<b>SABBATICAL:</b> (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](http://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).

The UAB network includes all pediatric care for dependents under age 18 regardless of whether those dependents receive their pediatric care in the VIVA HEALTH (VIVA) network or the UAB network. The VIVA HEALTH (VIVA) network includes hospitals and health centers contracted with VIVA HEALTH but outside of UAB. UAB means University Hospital, UAB Women and Infants Center, UAB Highlands, The Kirkin Clinic, Medical West, UAB Callahan Eye Hospital, Spain Rehabilitation Center, and all UAB satellite clinics.



# 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 guidelines<sup>1</sup>

- Routine Screenings, tests, & immunizations

As recommended per guidelines

#### Well Child Visits (Age 3-17)

#### One per year at PCP<sup>3</sup>

- Routine screenings, tests, & immunizations
- HIV screening & Counseling
- Obesity Screening
- Hepatitis B virus screening
- Sexually transmitted infection counseling
- Anxiety and depression 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

Ages 8 and above; Up to three each per calendar year

As recommended per guidelines

#### Routine Physical<sup>2</sup> (Age 18+)

#### One per year at PCP<sup>3</sup>

- Alcohol misuse screening & counseling
- Anxiety and depression screening
- Blood pressure screening
- Cholesterol 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

Up to 3 each per calendar year (incl. screenings at physical & well woman visit)

Annually

As recommended per guidelines

Annually

As recommended per guidelines

As recommended per guidelines

#### Well Woman Visit<sup>2</sup> (Adolescents & Adults)

#### One per year at PCP or OB/GYN

- Pap smear/cervical cancer screening
- Chlamydia screening
- Contraception counseling
- Domestic violence screening & counseling
- Gonorrhea screening
- HPV DNA testing
- Anxiety and depression screening

Annually

As recommended per guidelines

As recommended per guidelines

Annually

As recommended per guidelines

Females 30+, every three years

Up to 3 each per calendar year (incl. screenings at physical & well woman visit)

#### Maternity Care (Pregnant Individuals) Prenatal & Postpartum Services (Up to 6 visits per pregnancy for the following services):

#### As recommended per guidelines

- Anemia screening
- Bacteriuria screening
- Chlamydia screening
- Anxiety and depression screening
- Gestational diabetes mellitus screening
- Gonorrhea screening
- Hepatitis B screening
- HIV screening
- Rh incompatibility screening

As recommended per guidelines

One at 12-16 weeks' gestation

One per pregnancy for at-risk females

One each per pregnancy and after delivery

First prenatal visit if high-risk; after 24 weeks of gestation for all females

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

One per pregnancy

Five per pregnancy

Three per pregnancy for females who smoke

One electric pump selected by VIVA HEALTH every four years

- Syphilis screening
- Breast feeding counseling
- Tobacco counseling
- Breast pump purchase<sup>4</sup>



### PREVENTIVE SERVICE

### FREQUENCY/LIMITATIONS

#### Contraception (Females)

• Oral Contraceptives <sup>5</sup>	Generics and select brands; Prescription required
• Implant (Implanon)	As recommended per guidelines; Performed in physician's office
• Injection (Depo-Provera shot)	One every three months
• I.U.D.	As recommended per guidelines; Performed in physician's office
• Diaphragm or cervical cap	One per year
• Over the counter contraceptives (Females) <sup>5</sup>	Generic only; Prescription required; Quantity limits apply based on method
• Sterilization	One procedure per lifetime
• Contraceptive Patch	Three per month
• Contraceptive Vaginal Ring	One per month

### OTHER PREVENTIVE SERVICES

### FREQUENCY/LIMITATIONS

• <b>Osteoporosis screening</b> (All females age 65+ and at-risk of all ages)	As recommended per guidelines
• <b>Screening mammography</b> (Females age 40+)	One per year
• <b>BRCA risk assessment and genetic counseling/testing</b> (At-risk females)	Per medical/family history
• <b>Lung cancer screening</b> (Very heavy smokers, ages 50-80)	One per year, as recommended per guidelines
• <b>Colorectal cancer screening</b> (Age 45+)	One per year
○ Fecal occult blood testing and Fecal Immunochemical Test (FIT)	One every three years
○ Fecal-DNA	One every five years
○ Sigmoidoscopy	One every 10 years
○ Screening colonoscopy	One per lifetime
• <b>Abdominal aortic aneurysm screening</b> (Males age 65-75 w/ smoking history)	One per year, as recommended per guidelines
• <b>Tuberculosis screening</b> (Asymptomatic, at-risk adults age 18+)	Four per year at physician's office
• <b>Dental caries prevention</b> (Infants and children from birth through age 5)	As recommended by CDC
• <b>Routine immunizations<sup>6</sup></b> (not travel related)	
Includes, but not limited to:	
○ 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
○ RSV	Infants <8 months, children 8 months – 19 months at increased risk of severe RSV, pregnant individuals 32-36 weeks gestational age of pregnancy, and adults age 60+
○ COVID	As recommended by CDC
○ Zoster (Shingles) (Age 60+)	One per lifetime
○ RZV/Shingrix (Shingles) (Age 50+)	Two doses per lifetime
• <b>Diet/nutrition counseling</b>	Three visits per year
• <b>Obesity counseling</b> (Clinically obese children and adults: BMI ≥ 30)	Six visits per lifetime
• <b>Tobacco use counseling and interventions</b>	Two visits per year with PCP or specialist
• <b>HIV Preventive Services</b> (HIV-uninfected people at high risk, when testing for or undergoing pre-exposure preventive therapy (PrEP). Services include HIV testing, Hepatitis B and C testing, creatine testing, pregnancy testing, STI screening and counseling, and PrEP adherence counseling.)	HIV testing every three months; Other services as recommended per guidelines

### PHARMACY BENEFITS<sup>5</sup>

### FREQUENCY/LIMITATIONS

• <b>Aspirin to prevent heart disease</b> (Males ages 45-79; Females ages 55-79)	Generic only
• <b>Low-dose (81 mg) aspirin to prevent preeclampsia</b> (High-risk pregnant females after 12 weeks of gestation)	Generic only
• <b>Folic acid supplements</b> (Females 55 & younger)	Generic only
• <b>Iron supplements</b> (12 months & younger)	For babies at risk for anemia
• <b>Oral contraceptives</b> (Females)	Generics and select brands
• <b>Over the counter contraceptives</b> (Females)	Generic only
• <b>Oral fluoride supplements</b> (6 years & younger)	For children whose water source is fluoride deficient
• <b>HIV pre-exposure preventive (PrEP) therapy</b>	HIV PrEP for high-risk, HIV-uninfected individuals (select drugs)
• <b>Breast Cancer Preventive Drugs</b> (Females) <sup>8</sup>	Tamoxifen and raloxifene (generic only)



# Wellness Benefits

## VIVA UAB, VIVA Access, & VIVA Choice



- **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
- **Tobacco cessation products<sup>7</sup>** 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 (generic only when available)

### 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. You or your provider may request an exception from VIVA HEALTH to receive statins not included in the list below covered at 100%<sup>7</sup>.

ATORVASTATIN 10 – 20MG

FLUVASTATIN IR AND XL 20 – 80MG

LOVASTATIN 10 – 40 MG

PRAVASTATIN 10 – 80 MG

SIMVASTATIN 5 – 40MG

ROSUVASTATIN 5 – 10MG

<sup>1</sup>“As recommended per guidelines” means as recommended by your physician and in accordance with guidelines issued under the Affordable Care Act. <sup>2</sup>Must be part of your annual physical or OB/GYN visit for coverage at 100% <sup>3</sup>PCP means personal care provider or primary care physician and is generally an internist, family practitioner, general practitioner, pediatrician, and sometimes an obstetrician/ gynecologist. <sup>4</sup>To 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. <sup>5</sup>Must 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. <sup>6</sup> For a full list of covered immunizations, please visit [www.vivahealth.com](http://www.vivahealth.com) or call VIVA HEALTH Customer Service at 1-800-294-7780 and ask a representative to mail you a copy. <sup>7</sup>Prior Authorization must be obtained in order to access additional courses of treatment covered at 100%. <sup>8</sup>Must complete and return to VIVA HEALTH an exception form to be eligible to receive at \$0 copayment. Visit [www.vivahealth.com/provider/Resources](http://www.vivahealth.com/provider/Resources) to download the form, or call Customer Service.

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).

# GO DIGITAL

For fast, simple and secure access to your prescription benefits

Create an Express Scripts® Pharmacy digital account by registering online or through our mobile app. Then use **BOTH** to manage your medications – anytime, anywhere, any way you like.



### Save on medications

Compare prices from competing retail pharmacies.



### Find a pharmacy

Locate the most convenient network pharmacy for your needs.



### Enroll in home delivery

Refill and renew prescriptions, check order status and track shipments.



### Help us keep you safe

Fill out your health questionnaire so we can watch out for medications you are allergic to or that don't go together.

## Get started now

Use our website or mobile app to register. It's easy!



### Visit [express-scripts.com](https://www.express-scripts.com)

- 1 Click the register button at the top of the page.



- 2 Fill out a few simple data fields.



- 3 Click through to create your account.



### Download our mobile app

Use this QR code or search Express Scripts® in your app store.



Download the app for free, then tap Register Now to get started.

# Getting Started with Home Delivery from Express Scripts Pharmacy®

Online access to savings and convenience

Whether you are viewing the member website or using the Express Scripts® mobile app,<sup>1</sup> you can easily manage your home delivery prescriptions:

- Check order status
- Refill and renew prescriptions
- Check prices and coverage
- Find convenient pharmacies
- View your prescription 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 at [express-scripts.com](https://www.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 e-prescribe directly to Express Scripts Home Delivery

**Or** print a form by selecting **Forms** (or **Forms & Cards**) from the menu under **Benefits**, then print a mail order form and follow the mailing instructions.

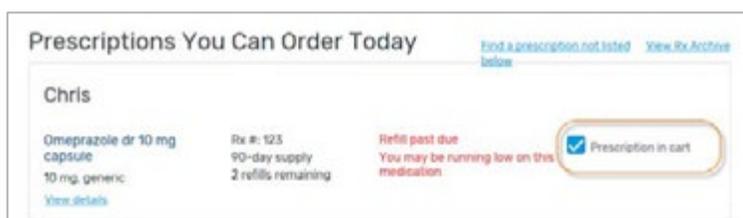
**Or** call us and we'll contact your doctor for you.

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

## If you already have a prescription ...

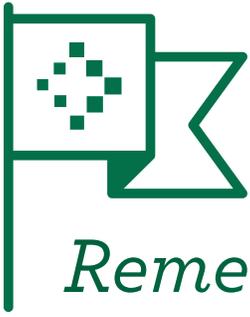
**Check order status** online or using our app to view details and track shipping.

**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.



**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.





## 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 [vivahealth.com/uab/member-resources](http://vivahealth.com/uab/member-resources) 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](mailto:vivamemberhelp@uabmc.edu). You can also download the VIVA HEALTH Mobile App to view your claims status, view a digital ID card, and request electronic EOBs.



A Product of VIVA HEALTH  
A Member of the **UAB** Health System

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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)。