



VIVA CHOICE[®]
For **UAB** Employees

VIVA Choice Guidebook 2024

*Coverage you deserve.
Value you demand.*

UAB

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 Choice 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 Choice 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 Choice provides you access to VIVA HEALTH's entire network of doctors and hospitals. Your cost-sharing percentage is the same, regardless of where you receive care.

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 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". The signature is written in a cursive, flowing style.

Brad Rollow
CEO/President

Your Consumer-Driven Health Plan (CDHP)

Your enrollment in the VIVA Choice Consumer-Driven Health Plan (CDHP) gives you control over how you choose to spend your money on your health care. The difference between a traditional health plan and the VIVA Choice CDHP is that in exchange for meeting a higher combined medical and Rx deductible, you will have lower monthly premiums. The money you save from having low monthly premiums can start to add up quickly. The CDHP, VIVA Choice, is paired with a Health Savings Account (HSA) that enables you to set aside pre-tax dollars via payroll or after-tax dollars to pay for qualified, out-of-pocket expenses.

What is a health savings account (HSA) and how does it work?

An HSA is a savings account that is available when you enroll in a CDHP. HSAs give you control and oversight on how you choose to spend your health care dollars. Funds distributed into an HSA for use with this health plan, up to the annual contribution limit, are tax-deductible and funds in an HSA grow tax-free. You can withdraw funds from your HSA to pay for qualified medical expenses, like deductibles and coinsurance, without penalty. Much like a regular checking or savings account, your HSA comes with a debit card you can use to help pay for eligible health care expenses. PayFlex is the administrator for your HSA account. You can contact them at 1-844-PAYFLEX (1-844-729-3539).

When can I use my HSA card?

You can use your HSA card to pay for a variety of health care expenses like prescriptions and doctors' visits. See below for a list of common eligible expenses payable by your HSA card.

Common eligible health care expenses:

- Hearing aids
- Orthopedic goods
- Dentist visits
- Orthodontia
- Osteopathic fees
- Medical, Vision, Dental, and Prescription copayments and coinsurance
- Prescription eyeglasses
- Reading glasses
- Oxygen
- Contact Lenses
- Breastfeeding Supplies
- Vasectomy
- Vision Correction surgery

Who can use my HSA account?

Anyone that is covered under your CDHP can also have access to your HSA account. That means if you have a spouse or dependent(s) on the plan, they can use the HSA to pay for their eligible health care expenses as well.

How does the deductible apply?

You must meet the calendar year deductible before coinsurance coverage applies. Until the deductible is met, you will pay 100% of the costs, except for certain preventive services covered at no cost to you. After the deductible is met, you will pay 10% of the cost of covered services until the out-of-pocket maximum is met.

If you are on an individual plan, you only need to meet the individual deductible before coinsurance coverage applies.

However, under IRS rules, **if you are on a family plan,** the overall family deductible must be met before coinsurance coverage applies for any covered family member. This is regardless of whether any individual family member on the plan has met the individual deductible amount. Once the family deductible has been met, calculated aggregately from eligible expenses paid by all family members, coinsurance coverage applies to all members of the family covered under the plan. Note: Coinsurance coverage will apply to all family members covered under the plan even if one of more covered members paid nothing toward the deductible, as long as what has collectively been paid by all members of the family amounts to the family deductible.

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

Attachment A to Certificate of Coverage

The Plan's services and benefits, with their 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. This health plan is part of a consumer-driven health plan that pairs the health plan benefits with a health savings account (HSA). Funds distributed into an HSA for use with this health plan, up to the annual contribution limit, are tax-deductible and funds in an HSA grow tax-free. You can withdraw funds from your HSA to pay for qualified medical expenses, like deductibles and coinsurance, without penalty. To be eligible for an HSA you must be covered under a high deductible health plan, among other requirements set forth by the IRS.

Please keep this Attachment A for your records.

MEDICAL BENEFITS	COVERAGE
CALENDAR YEAR DEDUCTIBLE: Applies to all benefits except preventive care services covered at no charge. If your coverage tier is anything other than single coverage, you must meet the aggregate family deductible.	Individual plan deductible: \$1,600; Family plan deductible \$3,200 (aggregate amount per family)
CALENDAR YEAR OUT-OF-POCKET MAXIMUM: 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 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.	\$3,500 per individual; \$7,000 aggregate amount 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 Nutritionist Preventive Visits (Up to 3 per Calendar Year with a Registered Dietitian or Nutritionist) 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 (Including covered genetic testing) 	90% Coverage
SPECIALTY CARE: (No PCP Referral Required)	
<ul style="list-style-type: none"> Medical Physician Services Illness and Injury OB/GYN Services X-Ray and Laboratory Procedures (Including covered genetic testing) 	90% Coverage
URGENT CARE CENTER SERVICES:	
<ul style="list-style-type: none"> Medical Physician Services Illness and Injury 	90% Coverage
VISION CARE: (No PCP Referral Required)	
<ul style="list-style-type: none"> One routine vision exam per Calendar Year Other eye care office visits 	90% Coverage
ALLERGY SERVICES: (No PCP Referral Required)	
<ul style="list-style-type: none"> Physician Services and Testing 	90% Coverage
DIAGNOSTIC SERVICES: (Including but not limited to CT Scan, MRI, PET/SPECT, ERCP)	
OUTPATIENT SERVICES:	
<ul style="list-style-type: none"> Surgery and Other Outpatient Services 	90% Coverage
HOSPITAL INPATIENT SERVICES:	
<ul style="list-style-type: none"> Physician and Facility Services 	90% Coverage
INFERTILITY SERVICES: (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"> Initial consultation and counseling session Semen analysis, HSG test, and endometrial biopsy Medically Necessary office visits and tests (ultrasound, laboratory tests) Prescription drugs Medical services to treat infertility [assisted reproductive technology (ART), including intrauterine insemination (IUI) and in vitro fertilization (IVF)] 	90% Coverage; One per Lifetime 90% Coverage; One per Lifetime 90% Coverage 90% Coverage 90% Coverage
MATERNITY SERVICES:	
<ul style="list-style-type: none"> Physician Services (Prenatal, delivery, and postnatal care) Maternity Hospitalization 	90% Coverage
<p>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.</p>	
EMERGENCY ROOM SERVICES: Members can use participating urgent care facilities in urgent but non-emergency situations	90% Coverage
EMERGENCY AMBULANCE SERVICES: (Must be Medically Necessary)	90% Coverage
DURABLE MEDICAL EQUIPMENT AND PROSTHETIC DEVICES:	90% Coverage
SKILLED NURSING FACILITY SERVICES: (Limited to 60 days per Calendar Year)	90% Coverage

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

Attachment A to Certificate of Coverage

MEDICAL BENEFITS	COVERAGE
DIABETES SELF-MANAGEMENT EDUCATION:	90% Coverage
DIABETIC SUPPLIES: Insulin covered under prescription drug rider. For Diabetic Supplies call VIVA HEALTH.	90% Coverage
MEDICAL NUTRITION SERVICES: (Limited to 6 visits per Calendar Year with a Registered Dietitian or Nutritionist)	90% Coverage
REHABILITATION AND HABILITATION SERVICES: Physical, Speech, and Occupational Therapy and Applied Behavior Analysis	90% Coverage
HOME HEALTH CARE SERVICES: (Limited to 60 visits per Calendar Year)	90% Coverage
CHIROPRACTIC SERVICES: (No PCP Referral Required)	90% Coverage
TEMPOROMANDIBULAR JOINT DISORDER:	90% Coverage
SLEEP DISORDERS:	90% Coverage
TRANSPLANT SERVICES:	90% Coverage
MENTAL HEALTH & SUBSTANCE USE DISORDER SERVICES:	
<ul style="list-style-type: none"> Inpatient Services Outpatient Services 	90% Coverage

PHARMACEUTICAL BENEFITS	COVERAGE
COVERED PRESCRIPTION DRUGS¹:	
<ul style="list-style-type: none"> Generic Drugs <ul style="list-style-type: none"> From a Participating Pharmacy Mail-order Participating Pharmacy Preferred Brand and Non-Preferred Generic Drugs <ul style="list-style-type: none"> From a Participating Pharmacy Mail-order Participating Pharmacy Non-Preferred Brand and Non-Preferred Generic Drugs <ul style="list-style-type: none"> From a Participating Pharmacy Mail-order Participating Pharmacy Biological Drugs, Biotechnical Drugs, and Specialty Pharmaceuticals² Weight Loss Drugs (Contrave, Qsymia, Saxenda, and Wegovy)³ Oral Contraceptives Diabetic Testing Supplies 	90% Coverage 90% Coverage 90% Coverage 90% Coverage 90% Coverage 90% Coverage 90% Coverage 90% Coverage 90% Coverage 90% Coverage 80% Coverage \$0 Copayment for generic drugs; Applicable Coinsurance for brand drugs 100% Coverage

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/> ³Cost 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.

**When generic is available, Member pays difference between generic and Brand price.
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 Coinsurance and Deductible 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 artisty, 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 Coinsurance and Deductible 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

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 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 Physical² (Age 18+)	One per year at PCP³
<ul style="list-style-type: none"> 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 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 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 (<i>Up to 6 visits per pregnancy for the following services</i>):	As recommended per guidelines
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> Syphilis screening Breast feeding counseling Tobacco counseling Breast pump purchase⁴ 	One per pregnancy Five per pregnancy Three per pregnancy for females who smoke One electric pump selected by VIVA HEALTH every four years



PREVENTIVE SERVICE

FREQUENCY/LIMITATIONS

Contraception (Females)

• Oral Contraceptives ⁵	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) ⁵	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

• 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 50-80)	One per year, as recommended per guidelines
• Colorectal cancer screening (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
• Abdominal aortic aneurysm screening (Males age 65-75 w/ smoking history)	One per year, as recommended per guidelines
• Tuberculosis screening (Asymptomatic, at-risk adults age 18+)	Four per year at physician's office
• Dental caries prevention (Infants and children from birth through age 5)	As recommended by CDC
• Routine immunizations⁶ (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
• Diet/nutrition counseling	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
• HIV Preventive Services (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 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)	Generics and select brands
• 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-uninfected individuals (select drugs)
• Breast Cancer Preventive Drugs (Females) ⁸	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**⁷ 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%⁷.

ATORVASTATIN 10 – 20MG

FLUVASTATIN IR AND XL 20 – 80MG

LOVASTATIN 10 – 40 MG

PRAVASTATIN 10 – 80 MG

SIMVASTATIN 5 – 40MG

ROSUVASTATIN 5 – 10MG

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.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).

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Health Savings Account (HSA)

Saving for your future

Save money with an HSA

You can reduce your taxable income and increase your take-home pay. Just enroll and you'll start saving money on eligible health care expenses for you, your spouse and your tax dependents.

Eligible expenses may include deductibles, copays, coinsurance and prescriptions. Plus, vision and dental care, too.

With an HSA, you can contribute up to \$4,150*/individual and \$8,300*/family (pretax) annually. If you are 55 or older, you can contribute an extra \$1,000. These funds can earn interest and provide a few other benefits, too:

- Your unused funds roll over from year to year.
- Your HSA always stays with you. It isn't tied to an employer, health plan or retirement.
- If you have an HSA elsewhere, you can transfer the balance to your new one.

Plus, you'll enjoy extra savings on eligible over-the-counter health care items through CVS Pharmacy[®] online. This gives you more purchasing power.

Pay the PayFlex[®] way

Once funds are available in your HSA, PayFlex makes it easy to pay for your eligible expenses.

Pay with your PayFlex Card[®]: When you use it, your expense is automatically paid from your account.

Pay yourself back: Pay for eligible expenses with cash, a check or your personal credit card. Then withdraw funds from your HSA to pay yourself back and have your payment deposited directly into your checking or savings account.

Pay your provider: You may pay your provider directly from your account.

Take care of your HSA and it could grow

You can use your HSA to help maximize your savings — make tax-free contributions and tax-free withdrawals, while gaining tax-free growth.**

Once you reach the minimum balance, you can open an investment account and choose from a variety of mutual funds.



Keep it simple with the PayFlex Mobile[®] app

- Manage your account and view alerts.
- Make payments, withdrawals and deposits.
- Use our barcode scanner to see if an item is an eligible expense.

*The maximum contribution limits are subject to change annually. 2024 IRS limits included

**Please note that not all states provide favorable income tax treatment for HSA's.

Are you eligible for an HSA?

You're eligible once you're enrolled in a qualified high-deductible health plan, with a few exceptions. You may not have:

- Medicare or TRICARE®
- Other health coverage that pays out-of-pocket health care expenses before you meet your plan deductible
- A general-purpose health care flexible spending account or health reimbursement arrangement in the same year
- Veterans Affairs medical benefits used in the last three months, unless the hospital care or medical services were for a service-connected disability
- Someone claim you as a dependent on their tax return

HSA tips for you

Check IRS contribution limits and common eligible expense items on [PayFlex.com](https://www.payflex.com)

Save your itemized statements, detailed receipts and any Explanation of Benefits statements for your expense records.

If you use your HSA for ineligible expenses, you'll need to pay income taxes. Plus, a 20% penalty tax on that amount, unless you're age 65 or older or disabled at the time.

Want to learn more?

Just visit [PayFlex.com](https://www.payflex.com)

or call us at 1-844-729-3539 (TTY: 711).

We're here to help Monday through Friday, 7 AM to 7 PM CT, and Saturday, 9 AM to 2 PM CT.

PayFlex Systems USA, Inc.

There may be fees associated with a Health Savings Account (HSA). Please see the HSA fee schedule online. This material is for informational purposes only and is not an offer of coverage. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. It does not contain legal or tax advice. You should contact your legal counsel if you have any questions. Information is believed to be accurate as of the production date; however, it is subject to change. PayFlex cannot and shall not provide any payment or service in violation of any United States (US) economic or trade sanctions. Investment services are independently offered through a third-party financial institution. By transferring funds into an HSA investment account, you will be exposed to a number of risks, including the loss of principal, and you should always read the prospectus for the mutual funds you intend on purchasing to familiarize yourself with these risks. The prospectus describes the funds, investment objectives and strategies, their fees and expenses, and the risks inherent to investing in each fund. The HSA investment account is an optional, self-directed service, and PayFlex does not provide investment advice. Mutual funds and brokerage investments are not FDIC-insured and are subject to investment risk, including fluctuations in value and the possible loss of the principal amount invested. System response and account access times may vary due to a variety of factors, including trading volumes, market conditions, system performance, and other factors.

Quick Reference Guide

PayFlex Health Savings Account (HSA)

It's easy to manage your HSA online. Simply follow the steps below.

Access your account

- Go to **payflex.com**.* Click **Sign In**.
- If you're a new user, click **Create Your Profile** and complete the required fields. Be sure to have your PayFlex Card® nearby. You'll be asked to enter part of your card number to help verify your identity.
- Review the Online Services Agreement.
 - Check the box to confirm you understand and agree to the terms of the agreement.
 - Enter your initials in the text box.
- Review the account fees and HSA Custodial Agreement.
 - Check the box to confirm you understand and agree to the terms of the agreement and fees.
 - Enter your initials in the text box and click **Save and Continue**.
- Enter your personal information.
 - Select your marital status.
 - Choose your high-deductible health plan start date.
 - Select your health plan coverage type (individual or family) and click **Save and Continue**.
- Enter your beneficiary information.
 - You can name a person, trust or your estate as your beneficiary.
 - If your beneficiary is a person, you'll enter their first and last name, address, Social Security number and relationship to you. If you have more than one beneficiary, you'll choose how you want the funds split between them. The total must equal 100 percent.
- Review the summary page and click **Continue** to finalize your profile setup.

View eligible expense items

To view a list of common eligible expenses, log in and click **Quick Tips**. Then select **Explore eligible expenses**.

Calculate your HSA savings

To find out how much you could save with an HSA, click **Calculate my HSA savings** under Account Actions. Then complete three quick steps.

View Fee Schedule

To view the fee schedule for your HSA, click **View fee schedule** under Manage Funds.

View the interest rate for your HSA

To view a summary of the interest earned on your HSA, click **Your Accounts** at the top of the page and select **Health Savings Account**. You'll see your interest rate summary listed at the bottom of that page.

Set up account notifications

- After logging in, click **Account Settings** at the top of the page and then select **Account notifications**.
- Manage your paperless settings by checking "Go paperless". Select a **+** sign to view your options. Then choose the notifications you want to receive and how to receive them (email, text and/or online message). Click **Save**.

*If you're an Aetna member, log into **aetna.com**. Under Helpful Resources, click **Spending/Savings Accounts with PayFlex** to get to your PayFlex member website.

Order an additional PayFlex Card® for your spouse or dependent

Note: If your card is lost or stolen, don't order online. Call us immediately at **1-888-879-9280**.

- After logging in, click **Account Settings** at the top of the page, then select **PayFlex Card**.
- Click **Order a Dependent Debit Card**.
- Enter the first and last name of your spouse or dependent and click **Submit**. Once you order a card, you should get it within 10 to 15 business days.

Link your bank account to transfer funds

You can link one or more bank accounts to your HSA to easily transfer funds to and from your HSA.

1. Once logged in, go to **Account Settings** and click **Bank accounts**.
2. Click **Link Bank Account to my HSA**.
3. Select the bank account type (checking or savings) and enter your account number and routing number.
4. Check the box to authorize PayFlex to link your account and click **Save and Continue**.
5. Review your bank account information and click **Save and Continue**.

Note: You'll see that the status says "Complete Validation." (See "Validating your linked bank account.")

Validating your linked bank account

After you link a bank account to your HSA, we'll send a deposit of less than \$1.00 (and matching withdrawal) to your bank account. This process can take up to two business days, not including Saturdays, Sundays or holidays. Once you see the deposit in your bank account, make note of the amount. Log back in to your HSA and follow these steps:

- Go to **Account Settings**. Select **Bank accounts**.
- Click **Complete Validation** next to the bank account you wish to validate.
- Enter the amount PayFlex deposited into your account.
- Click **Validate**.

Once you validate your account, you can begin to transfer funds to and from your HSA.

Make a payment or withdraw funds from your HSA (available with a linked bank account)

From the **Home** screen (dashboard), go to your **Health Savings Account**. Or you can select your **Health Savings Account** from the **Your Accounts** drop-down menu at the top of the page. Then click **Request funds**. This lets you pay yourself back or pay your health care provider directly from your HSA.

Step 1: Enter the amount, date to start your request, date of service and expense type. Then choose if you want to repeat the request and click **Continue**.

Step 2: Select if you want to send funds to yourself or to someone else. If you decide to send funds to yourself, you can choose to transfer the funds to your bank account (if you've linked an account) or request a check. If you choose to send funds to someone else, you'll have to select/add a recipient and enter some details about your payment. Click **Continue**.

Step 3: Review your request and click **Submit** to complete. To make changes, click Step 1 or 2.

Make after-tax contributions to your HSA (available with a linked bank account)

From the **Home** screen (dashboard), go to your **Health Savings Account**. Then click **Deposit funds into HSA**. This lets you make a deposit to your HSA from a linked bank account.

Step 1: Enter the amount, select the contribution year and deposit type, enter a transfer date, and select a bank account. Then choose if you want to repeat the request and click **Continue**.

Step 2: Review your request and click **Submit** to complete. To make changes, click Step 1.

Invest your HSA dollars

From the **Home** screen (dashboard), go to your **Health Savings Account**. If you haven't opened an investment account yet, click **View my investment journey**. There you can view your investment options and learn about investing.

- If you have enough funds in your HSA, you can open an investment account by clicking on **Open Investment Account**.
- Review the Investment Agreement. Check the box to confirm you understand and agree to the terms of the agreement. Then enter your initials in the text box and click **Submit**.

Your investment account is now open. You can begin transferring funds to and from your HSA.

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To access the member website ...

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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.

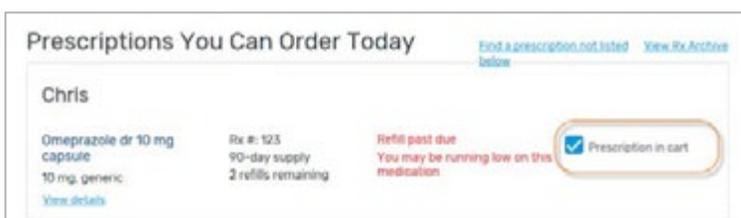
If you already have a prescription ...

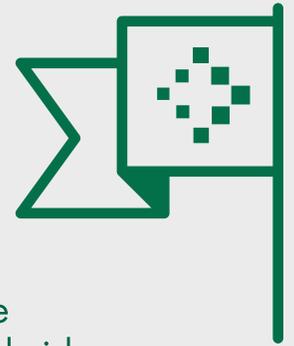
Check order status online or using our app to view details and track shipping.

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 www.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. You can also download the VIVA HEALTH Mobile App to view your claims status, view a digital ID card, and request electronic EOBs.



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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)。