



2019



For **USA** Employees

Coverage
you deserve.
Care
you demand.



Access to University of South Alabama providers.



The University of South Alabama, in coordination with VIVA HEALTH, offers employees the opportunity to participate in a cost-effective health and dental plan, VIVA HEALTH-USA Health & Dental Plan!

VIVA HEALTH-USA Health & Dental Plan is a narrow network plan that consists of USA Health medical providers and select providers from the VIVA HEALTH network. VIVA HEALTH and USA Health together will ensure access to primary care and all medical specialties. The plan includes telehealth services that link members to Alabama-licensed physicians through phone or video chat for the treatment of minor medical concerns, improving the affordability and convenience of primary care. On the VIVA HEALTH-USA Health & Dental Plan, out-of-network services are only available for urgently needed or emergency care or when approved by VIVA HEALTH's medical director.

VIVA HEALTH, located in Birmingham, AL, is part of the University of Alabama at Birmingham (UAB) Health System. VIVA HEALTH is one of the largest health insurers in the state, with over 100,000 Medicare and commercial lives. VIVA HEALTH administers the VIVA HEALTH-USA Health & Dental Plan for USA employees and their families.

The monthly employee cost for the VIVA HEALTH-USA Health & Dental Plan is the lowest of the plans offered by USA Health:

Single - \$90.00/month*

Family - \$300.00/month*

**Includes the non-tobacco wellness incentive of \$50.00/month.*

Contact the USA Human Resources Department for more information.

VIVA HEALTH-USA Health & Dental Plan saves employees \$456 for single coverage and \$1,416 for family coverage annually, compared to the USA Health & Dental Plan's Standard Plan. The plan does not have a medical deductible and has \$0 copayments for hospital and physician services, as well as many other services. The pharmacy benefit, administered by Express Scripts, Inc., and the dental benefit, administered by Southland National, are identical to the pharmacy and dental benefits provided by the USA Health & Dental Plan's Standard Plan.

Open Enrollment for the **VIVA HEALTH-USA Health & Dental Plan** begins **Thursday, November 1, 2018** and ends **Friday, November 30, 2018**.

Enrollment in the **VIVA HEALTH-USA Health & Dental Plan** is **voluntary** for all benefits-eligible employees.

VIVA HEALTH-USA Health & Dental Plan representatives will be available at the Employee Benefits Fair on **Thursday, November 1, 2018** and **Friday, November 2, 2018**, to answer your questions and assist you with enrollment.

May I join any of the three plans offered by the University: the Base Plan, the Standard Plan, or the VIVA HEALTH-USA Health & Dental Plan?

No. If you are a new employee, you may select between the Standard Plan and the VIVA HEALTH-USA Health & Dental Plan. Only employees hired before January 1, 2013, are eligible for the Base Plan.

Does the VIVA HEALTH-USA Health & Dental Plan offer dental benefits?

Yes, the VIVA HEALTH-USA Health & Dental Plan offers the same dental benefits as the Base Plan and the Standard Plan.

If I join the VIVA HEALTH-USA Health & Dental Plan, can I decide to change plans later on?

You may only change to the Standard Plan and only during the annual open enrollment month (generally in November) for coverage starting January 1st of the following year. You may not change plans outside of the annual open enrollment month unless you have a change in residence that involves a move outside the state of Alabama. If you are eligible to change from the VIVA HEALTH-USA Health & Dental Plan, you may only join the Standard Plan; you may not change back to the Base Plan.

Will my doctor be covered under the VIVA HEALTH-USA Health & Dental Plan?

The VIVA HEALTH-USA Health & Dental Plan's network is limited to USA physicians and select specialists affiliated with other hospitals within the VIVA HEALTH network. Consult the Provider Directory for the VIVA HEALTH-USA Health & Dental Plan to determine if your doctor is included in the network. You can verify your physician's status by calling VIVA HEALTH at 1-800-294-7780 or by searching the Provider Directory online at www.viva-usa.com. Remember: medical care you receive from providers who are not included in the VIVA HEALTH-USA Health & Dental Plan network will not be covered by the plan unless it is urgently needed or emergency medical care or approved by VIVA HEALTH's medical director in advance.

Are referrals by network providers to medical providers outside the network covered by the VIVA HEALTH-USA Health & Dental Plan?

No. Care received from out-of-network medical providers will generally not be covered by the plan, even when referred by a network provider. Out-of-network care will only be covered if it is urgently needed or emergency medical care or if it is approved by VIVA HEALTH's medical director in advance.

Why are the benefits better and the premium lower for the VIVA HEALTH-USA Health & Dental Plan?

The network providers in the VIVA HEALTH-USA Health & Dental Plan network have agreed to accept a lower fee for services, resulting in lower costs for you. The plan's network providers work to achieve better medical outcomes through integrated care, which also reduces costs. The benefits for medical services offered by the VIVA HEALTH-USA Health & Dental Plan are richer than those offered by the Standard Plan, but the pharmacy and dental benefits for the two plans are the same.

Who selects the network providers for the VIVA HEALTH-USA Health & Dental Plan?

VIVA HEALTH has the sole responsibility for selecting medical providers to be included as network providers in the VIVA HEALTH-USA Health & Dental Plan. VIVA HEALTH monitors these providers for access, quality of care, and medical outcomes to ensure the highest level of medical providers are included in the network. VIVA HEALTH has the sole authority to add and remove providers from the plan's network.

How do I join the VIVA HEALTH-USA Health & Dental Plan?

You must complete an enrollment form and file it with the University's human resources department. When you file an enrollment form, you will attest to your understanding of the following:

1. The VIVA HEALTH-USA Health & Dental Plan is a limited network plan that does not provide benefits for out-of-network medical providers except for urgently needed and emergency medical care and services approved by VIVA HEALTH's medical director in advance.
2. It is your responsibility to ensure that your medical care and the medical care of your spouse and/or dependents on the plan are provided by a network provider.
3. You may not change from the VIVA HEALTH-USA Health & Dental Plan except during open enrollment for coverage effective January 1st of the following year, unless you have a change of residence that involves a move outside the state of Alabama (see the rule for Change-in-Status Events in your Member Handbook).





University of South Alabama

Effective Dates: January 1, 2019 – December 31, 2019

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 Summary Plan Description. As a member of this plan, you have a limited provider network that includes the physicians associated with the University of South Alabama Health System. It also includes access to the entire VIVA HEALTH network of dermatology, ear, nose, and throat (ENT), ophthalmology, optometry, podiatry, chiropractic, pain management, allergy and immunology, mental health and substance use, endocrinology, urology, rheumatology providers, durable medical equipment, ancillary services, and select additional urgent care providers. These providers can be found in our provider directory, by calling Member Services, or by using our online provider search.

Please keep this Attachment A for your records.

BENEFITS	COVERAGE		
CALENDAR YEAR OUT-OF-POCKET MAXIMUM: The most a Member will pay per Calendar Year for qualified medical, mental, and substance use 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, ancillary charges, or out-of-network charges over the Allowed Amount. See the Summary Plan Description for details.	COVERAGE:	INDIVIDUAL	FAMILY
	MEDICAL:	\$ 1,850	\$ 3,700
	PHARMACY:	\$ 5,000	\$ 10,000
	TOTAL:	\$ 6,850	\$ 13,700
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 ImmunizationsOB/GYN Preventive Visit (One per Calendar Year)Preventive Prenatal Care (As defined in the Summary Plan Description)Other preventive items and services (See the Summary Plan Description for more information)	\$0 Copayment per visit		
OTHER PRIMARY CARE SERVICES:			
<ul style="list-style-type: none">Medical Physician ServicesIllness and InjuryHearing ExamsX-Ray and Laboratory Procedures	\$0 Copayment per visit		
SPECIALTY CARE:			
<ul style="list-style-type: none">Medical Physician ServicesIllness and InjuryOB/GYN ServicesX-Ray and Laboratory Procedures	\$0 Copayment per visit		
URGENT CARE CENTER SERVICES¹:			
<ul style="list-style-type: none">Medical Physician ServicesIllness and Injury	\$0 Copayment per visit		
¹ In Mobile and Baldwin counties, urgent care services are covered only at Greater Mobile Urgent Care and American Family Care. Outside of Mobile and Baldwin counties, services are covered at any urgent care facility if care is for Urgently Needed Services.			
TELADOC TELEHEALTH SERVICES:	\$0 Copayment per consultation		
VISION CARE:			
<ul style="list-style-type: none">One routine vision exam per Calendar YearOther eye care office visits	\$0 Copayment per visit		
ALLERGY SERVICES:			
<ul style="list-style-type: none">Physician ServicesTesting & Treatment	\$0 Copayment per service		
DIAGNOSTIC SERVICES: (Including but not limited to CT Scan, MRI, PET/SPECT, ERCP)	\$0 Copayment per service		
OUTPATIENT SERVICES:	\$0 Copayment per service		
<ul style="list-style-type: none">Surgery and Other Outpatient Services			
HOSPITAL INPATIENT SERVICES:			
<ul style="list-style-type: none">Physician ServicesSemi-Private Room	\$0 Copayment per service		
MATERNITY SERVICES:			
<ul style="list-style-type: none">Physician Services (Prenatal, delivery, and postnatal care)Maternity Hospitalization	\$0 Copayment per service		
Newborn care and other services covered only for enrolled child of employee or employee's spouse. Eligible child must be enrolled within 30 days of birth or adoption. No coverage for children of employee's dependent child.			
EMERGENCY ROOM SERVICES: Must be Medically Necessary to be covered at 100%. Members can use participating urgent care facilities in urgent but non-emergency situations.	\$0 Copayment per service		
EMERGENCY AMBULANCE SERVICES: (Must be Medically Necessary)	80% Coverage		
DURABLE MEDICAL EQUIPMENT AND PROSTHETIC DEVICES: (Orthotic devices limited to two pairs every 12 months)	\$0 Copayment per service		
SKILLED NURSING FACILITY SERVICES: (Limited to 60 days per Calendar Year)	80% Coverage		



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Attachment A to Certificate of Coverage

BENEFITS	COVERAGE
DIABETIC SUPPLIES: For Diabetic Supplies call VIVA HEALTH. Injectable and oral diabetic medications covered under prescription drug rider.	\$0 Copayment
REHABILITATION SERVICES: Physical, Speech, and Occupational Therapy <i>(Limited to 60 visits each per Calendar Year. Cardiac Rehabilitation is limited to 36 visits per episode.)</i>	\$0 Copayment per visit/admission
HABILITATION SERVICES: Physical, Speech, and Occupational Therapy and Applied Behavior Analysis (ABA) <i>[Limited to diagnosis of Autism, Autism Spectrum Disorder, or Pervasive Developmental Delay. ABA therapy subject to the following limits: maximum annual benefit of \$20,000 (ages 3-9 years), \$15,000 (ages 10-13 years), or \$10,000 (ages 14-18 years) and a lifetime limit of \$230,000.]</i>	\$0 Copayment per visit/admission
HOME HEALTH CARE SERVICES: <i>(Limited to 60 visits per Calendar Year)</i>	\$0 Copayment per visit
HOSPICE SERVICES: <i>(Limited to 180 days per lifetime)</i>	\$0 Copayment per visit
CHIROPRACTIC SERVICES: <i>(Limited to 60 visits per Calendar Year)</i>	\$0 Copayment per visit
TEMPOROMANDIBULAR JOINT DISORDER (TMJ) PHASE I TREATMENT:	\$0 Copayment per service
SLEEP DISORDERS:	\$0 Copayment per visit/service
TRANSPLANT SERVICES:	\$0 copayment per service

MENTAL HEALTH & SUBSTANCE USE DISORDER SERVICES²:

- **Inpatient Services** (limited to 30 days for mental health and 30 days for substance use disorder per calendar year and a lifetime limit of 60 days each) \$0 Copayment per visit/service
- **Outpatient Services³** (limited to 60 combined mental health and substance use disorder outpatient visits per member each year)

²Certain diagnoses are excluded from coverage. Treatment at a residential facility is not a covered service. See your Summary Plan Description for details. ³Limited to treatment in an outpatient facility or free-standing substance use disorder facility only.

PHARMACY BENEFITS

PHARMACY DEDUCTIBLE: Applies to all drugs except for oral contraceptives and other preventive drugs required by the Affordable Care Act. \$100 per individual; \$300 aggregate amount per family

COVERED PRESCRIPTION DRUGS: Some medications may require prior authorization from VIVA HEALTH and specialty medications may be restricted to purchase from Accredo pharmacy. For further information, please contact VIVA HEALTH Customer Service at (205) 558-7474 or 1-800-294-7780. When generic is available, Member pays the difference between the generic and brand price ("ancillary charge"), plus Copayment. Ancillary charges do not count toward the out-of-pocket maximum. Check with your participating pharmacy to learn if it is eligible to offer a 90-day supply at retail.

PRESCRIPTION DRUG CARD:

Non-Maintenance Prescriptions
Up to a 30 day supply at retail.

Maintenance Prescriptions up to a 90 day supply; one copay for each 30 day supply.

Mail Order requires only two copays for a 90-day supply with no shipping fee. Additional information may be obtained at 1-800-698-3757 or www.Express-Scripts.com.

Specialty Drugs 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.

Benefits are not provided for fertility drugs.

EXPRESS SCRIPTS PARTICIPATING PHARMACY NETWORK:

Each prescription purchased from a Participating Pharmacy will be covered at 100% after the deductible with the following copays:

Tier	Type	Copay per 30 day supply ⁴
1	Generic	\$10
2	Preferred Brand	\$50
3	Non-Preferred Brand	\$75
4	Specialty	50%

⁴**Out-Of-Pocket Maximum:** The benefit increases to 100% of the Allowed Amount after the annual out-of-pocket maximum is met. The out-of-pocket limit is \$5,000 per individual not to exceed \$10,000 per family.

Insulin, needles, and syringes purchased on the same day will have one copay; otherwise, each has a separate copay.

Contraceptives are covered at 100% for all FDA approved contraceptives prescribed by a physician.

NON-PARTICIPATING PHARMACY:

Not covered. No benefits for prescriptions purchased at a non-Participating Pharmacy. A participating pharmacy is a pharmacy contracted with Express Scripts, Inc.

SMOKING CESSATION PRODUCTS:

100% coverage for up to 12 weeks without prior authorization per calendar year for generic Zyban, generic nicotine patch, gum, and lozenge, and nicotine inhaler or nasal spray. 100% coverage for up to 24 weeks without prior authorization per calendar year for varenicline tartrate (Chantix). Prior authorization must be obtained in order to access additional courses of treatment covered at 100%.

ALLOWED AMOUNT OR ALLOWANCE: The "Allowed Amount" or "Allowance" for all Covered Services is determined by the Claims Administrator. The Claims Administrator relies upon in-network provider negotiated rates to determine the relative value for services. The Allowed Amount may not correspond to the usual or customary charge made by a physician, hospital, dentist or other medical provider or by other physicians and medical providers in any geographic area.



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Attachment A to Certificate of Coverage

DENTAL BENEFITS, Administered by Southland Dental

The Dental Plan allows you to seek treatment from any licensed dentist. Please refer to the Southland Dental Member Handbook for covered benefits, limitations, and exclusions. The Dental Plan is included in the health plan premium for VIVA HEALTH and is administered by Southland Dental. There is no additional cost for this plan. For questions regarding the dental plan please contact **Southland Dental Customer Service at 1-800-476-3010**.

Type I Diagnostic/Preventive Services

- Routine oral exams, Fluoride treatments (children under 19), Cleanings, X-Rays (limitations may apply), Sealants, Space Maintainers, and Prophylaxis

100% coverage of Maximum Plan Allowance

Type II Basic Services

- Fillings, Surgical Extractions, Palliative Services, General Anesthesia, and Endodontics (root canals)

80% coverage of Maximum Plan Allowance

Type III Major Services

- Major Restorative (crowns, bridges, and dentures), Denture Repair, and Periodontics

50% coverage of Maximum Plan Allowance

Maximum Dental Benefit: \$1,250 Calendar Year limit for members age 19 and older. No Calendar Year limit for members age 18 and under. \$25 per person/\$75 per family per calendar year deductible applies to Basic and Major Services. Please refer to the dental schedule of benefits, limitations, and exclusions for full benefit descriptions. Time served on a prior carrier's dental plan with your current employer may be credited toward the Southland Dental plan's waiting periods

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 state of Alabama or with the Subscriber (exceptions apply), and meet additional qualifying criteria. For exceptions and additional qualifying criteria, please refer to the Summary Plan Description.

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

University of South Alabama



This schedule outlines services and items that the University of South Alabama considers a preventive service under this plan. These services must be performed by a physician in the University of South Alabama Health System provider network or by a dermatologist, endocrinologist, durable medical equipment provider, ancillary service provider, urologist, or rheumatologist provider (as applicable) in the entire VIVA HEALTH network. Many of these services are provided as part of an annual physical. This list does not apply to all VIVA HEALTH plans. Please refer to your

Summary Plan Description to determine the terms of your health plan.

PREVENTIVE SERVICE	FREQUENCY/LIMITATIONS
Well Baby Visits (Age 0-2) <ul style="list-style-type: none">Routine screenings, tests, and immunizations	As recommended per guidelines¹ As recommended per guidelines
Well Child Visits (Age 3-17) <ul style="list-style-type: none">Routine screenings, tests, & immunizationsHIV screening and counselingObesity screeningHepatitis B virus screeningSexually transmitted infection counselingSkin cancer behavioral counseling (Beginning at age 10)	One per year at PCP² As recommended per guidelines As recommended per guidelines As recommended per guidelines As recommended per guidelines Annually As recommended per guidelines
Routine Physical (Age 18+) <ul style="list-style-type: none">Alcohol misuse screening and counselingBlood pressure screeningCholesterol screeningDepression screeningDiabetes screeningHepatitis B and C virus screeningHIV screening and counselingObesity screeningSexually transmitted infection counselingSyphilis screeningSkin cancer behavioral counseling (Up to age 24)	One per year at PCP² Annually 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 Visit (Adolescents & Adults) <ul style="list-style-type: none">Pap smear/cervical cancer screeningChlamydia screeningContraception counselingDomestic violence screening and counselingGonorrhea screeningHPV DNA testingDepression Screening	One per year at PCP² or OB/GYN Annually As recommended per guidelines As recommended per guidelines Annually As recommended per guidelines Women 30+, every three years Annually
Maternity Care (Pregnant Women) Prenatal and Postpartum Services: <ul style="list-style-type: none">Anemia screeningBacteriuria screeningChlamydia screeningDepression screeningGestational diabetes mellitus screeningGonorrhea screeningHepatitis B screeningHIV screeningRh incompatibility screeningSyphilis screening Breast feeding counseling Tobacco counseling Breast pump purchase ³	As recommended per guidelines As recommended per guidelines One at 12-16 weeks' gestation One per pregnancy for at-risk women One per pregnancy and one postpartum First prenatal visit if high-risk; after 24 weeks of gestation for all women One per pregnancy for at-risk women First prenatal visit One per pregnancy First prenatal visit for all women; repeated testing at 24-28 weeks' gestation if at-risk One per pregnancy Three per pregnancy Eight per pregnancy for women who smoke One electric pump selected by VIVA HEALTH every four years
Contraception (Females) <ul style="list-style-type: none">Oral contraceptives⁴Implant (Implanon)Injection (Depo-Provera shot)I.U.D.	Prescription required As recommended per guidelines; Performed in physician's office One every three months As recommended per guidelines; Performed in physician's office



Wellness Benefits

University of South Alabama



PREVENTIVE SERVICE

Contraception (Females), *continued*

- Over the counter contraceptives (Females)⁴
- Diaphragm or cervical cap
- Sterilization
- Contraceptive patch
- Contraceptive vaginal ring

Osteoporosis screening (All women age 65+ and at-risk women of all ages)

Screening mammography (Women age 35+)

Prostate Screening (Prostate Specific Antigen (PSA) for males age 40+)

BRCA risk assessment and genetic counseling/testing (At-risk women)

Lung cancer screening (Very heavy smokers age 55-80)

Colorectal cancer screening (Age 50-75)

- Fecal occult blood testing and Fecal Immunochemical Test (FIT)
- Fecal-DNA
- Sigmoidoscopy
- Double-contrast barium enema
- Screening colonoscopy

Tuberculosis screening (Asymptomatic, at-risk adults age 18+)

Abdominal aortic aneurysm screening (Men age 65-75 w/ smoking history)

Dental caries prevention (Infants and children from birth through age 5)

Routine immunizations⁵ (Not travel related); Includes, but not limited to:

- Influenza (Age 6 months-adult)
- HPV (Starting age 11-12)
- Pneumococcal
- Zoster (Shingles) (Age 60+)
- RZV/Shingrix (Shingles) (Age 50+)

Diet counseling (Adults with high cholesterol or other risks for heart or diet-related chronic disease)

Obesity counseling (Clinically obese children and adults: BMI > 30)

Tobacco use counseling and interventions

PHARMACY BENEFITS⁴

Aspirin to prevent heart disease (Age 45+)

Folic acid supplements (Women 55 & younger)

Iron supplements (12 months & younger)

Oral contraceptives (Females)

Over the counter contraceptives (Females)

Oral fluoride supplements (6 years & younger)

Tobacco cessation products⁶

Breast Cancer Preventive Drugs (Women)⁷

Statins to prevent cardiovascular disease (CVD) (at-risk adults ages 40-75 with no history of CVD and 1 or more CVD risk factors)

FREQUENCY/LIMITATIONS

Prescription required; Quantity limits apply based on method

One per year

One procedure per lifetime

Three per month

One per month

As recommended per guidelines

One baseline for females age 35-39. One per year for females age 40+.

One per year

Per medical/family history

One per year, as recommended per guidelines

One per year

One every three years

One every five years

One every five years

One every 10 years

One per year, as recommended per guidelines

One per lifetime

Four per year at physician's office

As recommended by CDC

Two per calendar year

Three doses per lifetime

As recommended by PCP

One per lifetime

Two doses per lifetime

Three visits per year

Six visits per lifetime

Eight visits per year with PCP or specialist

FREQUENCY/LIMITATIONS

Generic only

Generic only

For babies at risk for anemia

Prescription required

Prescription required

For children whose water source is fluoride deficient

Up to 12 weeks without Prior Authorization per calendar

year for generic Zyban, generic nicotine patch, gum, and

lozenge, and nicotine inhaler or nasal spray; up to 24 weeks

without Prior Authorization per calendar year for varenicline

tartrate (Chantix)

Tamoxifen and raloxifene (generic only)

Low-to-moderate dose select generics only

¹"As recommended per guidelines" means as recommended by your physician and in accordance with guidelines issued under the Affordable Care Act. ²PCP means personal care provider or primary care physician and is generally an internist, family practitioner, general practitioner, pediatrician, and sometimes an obstetrician/gynecologist. ³To 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 ⁴Must 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. ⁵ 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. ⁶Prior Authorization must be obtained in order to access additional courses of treatment covered at 100%. ⁷Must 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.



Wellness Benefits

University of South Alabama



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).

Southland Member Guide

Using Your Southland Dental Plan

Please Read This Important Information Before Using Your Benefits

Welcome to the Southland Benefit Solutions family! This guide explains some of your new dental plan's more important features. Please read this in order to gain a better understanding of how to best utilize your dental benefits.

Finding A Provider

Our provider directory is available at www.SouthlandBenefit.com. Click the "Locate a Provider" tab in the top menu bar, select the DentaNet network, and you will be presented with a range of search options.

Deductibles

Your deductible is \$25 per individual and a maximum of 3 per family within a plan year (\$75 max per year). This cost is waived for Type I services at In-Network Providers.

In-Network Benefits

When visiting an in-network provider, covered dental services are based on the maximum allowable charge (MAC) schedule, a set of negotiated rates within our network. Using an in-network provider eliminates balance-billing, maximizes your benefits, and reduces out-of-pocket expenses.

Out-of-Network Claims

When visiting an out-of-network provider, covered dental services are based on a MAC schedule. Using an out-of-network provider may result in balance-billing and greater out-of-pocket expenses.

ID Cards and Your Contract Number

After enrollment, each employee is issued an ID card and contract number. Your contract number is used to access benefits, eligibility, authorizations, and claims for you and your dependents. Additional or replacement cards can be requested through customer service or the Southland member portal located on our website.

Creating Your Online Account

To create your account visit www.southlandbenefit.com and click on the "View Your Account" tab on the top menu bar. Select the "Create ID Now!" button to begin the process. Select "participant", click continue, and you will be guided through the process.

www.SouthlandBenefit.com
P.O. Box 1250, Tuscaloosa, AL 35401
(205) 343-1250  (800) 476-3010



ACCESS ENROLLMENT/STATUS CHANGE FORM

☐ New Enrollment
 ☐ Re-Enrollment
 ☐ Change Information
 ☐ Request Termination

Show Reason for Change: <input type="checkbox"/> Marriage <input type="checkbox"/> Birth/Adoption <input type="checkbox"/> Moved Out-of-Area		<input type="checkbox"/> Address Change <input type="checkbox"/> Employment Terminated <input type="checkbox"/> Not An Eligible Employee <input type="checkbox"/> Not An Eligible Dependent		<input type="checkbox"/> COBRA <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Name Change <input type="checkbox"/> Family to Single		<input type="checkbox"/> Single to Family		Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other			
Employee Name: (Last, First, Middle Initial)								Hire Date:			
Home Address:				Apt. Number:		City:		State:		Zip Code:	
Home Telephone Number: ()			Work Telephone Number: ()			Employer:			Division Location:		

DEPENDENTS TO BE COVERED					
Individuals listed below may include those eligible according to the Certificate of Coverage. Additional information may be required if spouse and/or children do not have the same last name as the employee (i.e., birth or marriage certificate)					
Name of Person to be Covered			Social Security Number	Sex	Date of Birth
Last	First	MI			
Employee				<input type="checkbox"/> M <input type="checkbox"/> F	
Spouse				<input type="checkbox"/> M <input type="checkbox"/> F	
¹ Resides with Employee <input type="checkbox"/> Yes <input type="checkbox"/> No					
Child				<input type="checkbox"/> M <input type="checkbox"/> F	
¹ Resides with Employee <input type="checkbox"/> Yes <input type="checkbox"/> No					
Child				<input type="checkbox"/> M <input type="checkbox"/> F	
¹ Resides with Employee <input type="checkbox"/> Yes <input type="checkbox"/> No					
Child				<input type="checkbox"/> M <input type="checkbox"/> F	
¹ Resides with Employee <input type="checkbox"/> Yes <input type="checkbox"/> No					
Child				<input type="checkbox"/> M <input type="checkbox"/> F	
¹ Resides with Employee <input type="checkbox"/> Yes <input type="checkbox"/> No					

¹Coverage will not be offered to dependents living outside the service area. The service area is defined as the state of Alabama. If you are subject to a court decree to provide health coverage for any dependent(s) listed above, please provide a copy of the decree.

Are you presently covered on a health insurance plan? ☐ Yes ☐ No

If yes, how long has this coverage been continuous? _____

If yes, what type of coverage: ☐ Spouse's Coverage ☐ COBRA ☐ Present Employer's Coverage ☐ Medicare/Medicaid ☐ Other _____

Name of Present Insurance Company: _____ Name of Policy Holder: _____

Policy # or Medicare #: _____ Address of Insurance Company: _____

After coverage becomes effective with VIVA HEALTH, Inc., are you or any family members to be covered by another medical insurance or Medicare?

☐ Yes ☐ No

EMPLOYER VERIFICATION			
Employer Signature: _____	Group Number:	Employment Date:	Effective Date:

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)。

MEMBERSHIP CONDITIONS

I am aware of and accept the following VIVA HEALTH, Inc. membership conditions:

1. I understand that the VIVA HEALTH-USA Health & Dental Plan is a limited network plan and the service area is defined as the state of Alabama.
2. I authorize the release and use of all my medical records or information necessary to process claims or in any way determine benefits due. Medical information can also be used to execute the obligations imposed on VIVA HEALTH, Inc. by state or federal status, as well as for the Quality Assurance or Peer Review programs conducted by VIVA HEALTH, Inc. or its designated agents.
3. I authorize my employer to deduct premium contributions, if any, from my wages or salary with the understanding that my employer acts as my agent in all dealings with the VIVA HEALTH-USA Health & Dental Plan where not prohibited by statute or regulation.
4. I have read and understand the membership information available in the enrollment materials including the description of exclusions and limitations. I will abide by the Group Health Policy and Certificate of Coverage applicable to the plan in which I enrolled, and will be responsible for ensuring my dependents follow instructions and abide by conditions listed therein.
5. I understand any service not provided by a participating physician or authorized by VIVA HEALTH, Inc. will not be covered and will be my responsibility.
6. I understand that the VIVA HEALTH-USA Health & Dental Plan is a limited network plan that does not provide benefits for out-of-network medical providers except in the case of urgently-needed and emergency medical care, and then only after proper notification, or medical care approved by VIVA HEALTH's medical director in advance. I understand that it is my responsibility to ensure that medical care, is provided by a Network Provider. I understand that I may not change from the VIVA HEALTH-USA Health & Dental Plan except during open enrollment for coverage effective January 1 of the following year.
7. I understand that if I am currently a USA Health & Dental Base Plan participant and I voluntarily elect to participate in the VIVA HEALTH-USA Health & Dental Plan but later elect to change from the VIVA HEALTH-USA Health & Dental Plan, I may only enroll in the USA Health & Dental Standard Plan and may not re-enroll in the Base Plan.

TOBACCO USE CERTIFICATION

The VIVA HEALTH-USA Health & Dental Plan is committed to helping you achieve your best health. To this end, a Wellness Incentive is available to all employees. Contact the USA Human Resources Department for additional information.

I understand that the Wellness Incentive is available to all employees. If I am unable to meet the standard under the Wellness Program, I understand that I may qualify for an opportunity to earn the same reward by different means.

Either I or my spouse have used tobacco products within the last six (6) months: ____ YES ____ NO

Further, I attest that everything in my application is true.

Printed name: _____ Employee J#: _____

Signature: _____ Date: _____



BENEFITS DEBIT CARD

EMPLOYEE HANDOUT

BENEFITS SPENDING MADE EASY

1

ONE DEBIT CARD FOR
ALL OF YOUR BENEFITS



ABILITY TO REQUEST
ADDITIONAL CARDS FOR
A SPOUSE OR ELIGIBLE
DEPENDENTS FOR FREE



NO FEES FOR LOST
OR STOLEN CARDS

The Benefits Debit Card

The Discovery Benefits debit card is the fastest and most convenient way to pay for eligible expenses. The debit card makes it easy to access funds in your pre-tax benefits accounts, reducing your out-of-pocket costs. At many merchants, it also simplifies the way expenses are verified for eligibility.

How It Works

Swipe your benefits debit card to instantly pay for eligible expenses with funds from your benefits accounts. Where you swipe the card will determine whether any steps are needed after that. In addition to using your benefits debit card to pay for services at your healthcare provider's office, you can also use it at the following types of merchants:

IIAS

Many merchants provide IRS-required information for documentation right at the point of sale through an Inventory Information Approval System (IIAS). An IIAS merchant auto-substantiates the claim, so you won't need to provide additional documentation on qualifying expenses.

90% Merchants

Our debit card also works at pharmacies or drug stores that meet the IRS' 90 percent rule. At least 90 percent of the gross sales at these merchants come from eligible medical expenses. For a full list of IIAS and 90 percent rule merchants, visit www.DiscoveryBenefits.com.

Submitting Documentation for Debit Card Transactions

Occasionally, documentation will be needed to verify the eligibility of an expense paid for on your debit card. Even places like doctors' and dentists' offices may require you to submit documentation because some expenses available at these facilities may not be IRS-eligible (e.g. cosmetic procedures, teeth whitening).

When Documentation Isn't Needed

- When used at an IIAS merchant
- When used for recurring expenses that match the provider and dollar amount for previously substantiated claims
- When used for co-payments tied to the account holder's health plan (Note: These amounts need to be communicated to Discovery Benefits by your employer)
- When used to access HSA funds

If none of the above criteria apply, you'll be notified via email or mail that documentation is needed.

What to Submit

When submitting documentation for a debit card transaction, an Explanation of Benefits (EOB) from your insurance company will typically be your best bet, as it contains all the information you need to substantiate a claim.

But, when in doubt, the IRS has identified the criteria for what needs to be included when submitting documentation for eligible expenses:

- Name of the provider/merchant
- Date(s) of service
- Type(s) of service
- Amount (after insurance, if applicable)
- Name of person who received the services (if the account covers dependents)

How to Submit

You can submit documentation in seconds using the Discovery Benefits mobile app. Our app is the quickest and easiest way to submit documentation because it lets you use your phone's camera to take pictures of your documents and upload them on the spot.



DOWNLOAD THE APP
FOR FREE ON APPLE AND
ANDROID DEVICES



You can also submit documentation through your online consumer portal or via fax or mail. No matter how you choose to submit documentation, we'll process your claim in two business days.



Watch our Easy Substantiation video at www.DiscoveryBenefits.com/easysubstantiation to learn more about submitting documentation for debit card transactions.



Discovery Benefits®

www.DiscoveryBenefits.com

Flexible Spending Account (FSA) Data Collection Worksheet

Please complete and submit this worksheet to your employer. **This is an internal document used by your employer for data collection purposes. Worksheets returned to Discovery Benefits cannot be processed.**

*=Required Fields

Step 1: Participant Information

<input type="text"/>		<input type="text"/>	
*Employer Name (Do not abbreviate)		Employee ID Number	
<input type="text"/>		<input type="text"/>	
*Participant Name (First, MI, Last)		*Social Security Number	
<input type="text"/>		<input type="text"/>	
*Participant Mailing Address		*City	
<input type="text"/>		*State	
Email Address		*Zip	
<input type="text"/>		<input type="text"/>	
*Date of Birth (mm/dd/yyyy)		*Hire Date (mm/dd/yyyy)	
<input type="text"/>		<input type="text"/>	
*Gender (M/F)		*Marital Status (Married/Single)	
<input type="text"/>		<input type="text"/>	

Step 2: Employee Premiums

If you have a payroll deduction for insurance premiums, eligible premiums will be deducted before taxes are calculated. You will automatically be enrolled in this portion of your Section 125 Plan. However, if you wish, you may opt out of the Employee Premium Conversion part of the Plan by contacting your HR Department and filling out the waiver form. **Note:** Insurance premiums are not eligible for reimbursement with your Medical or Limited Medical Spending Account.

Step 3: Enrollment and Election Information

*Plan Type (If enrolled in an HSA, you are not eligible to enroll in the Medical FSA. However, you are eligible for both the Limited Medical FSA and Dependent Care FSA if offered through your employer.)

Medical FSA	Dependent Care Account	Limited FSA
Limit set by employer	Limit set by employer up to IRS maximum	Limit set by employer if this plan type is offered
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>
= <input type="text"/>	= <input type="text"/>	= <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Monthly	Semi-Monthly	Bi-Weekly 24
		Bi-Weekly 26
		Weekly
		Other

*Annual Election (if employer funded, note "ER" next to amount):

*Number of Pay Periods (if enrolling mid-year, please enter the number of remaining pay periods within the plan year):

*Per Pay Period Amount (to be deducted each pay period):

*Date of First Payroll (mm/dd/yyyy):

*Participant Effective Date (mm/dd/yyyy):

*Pay Frequency (please check one):

Step 4: Authorization

I authorize my employer to reduce my pay on a per-pay-period basis as indicated above. I understand my reduction is for one flex plan year and that I cannot change or revoke my election unless I experience a qualifying event in accordance with Internal Revenue Code Section 125 and submit my request within a reasonable amount of time as deemed by the IRS and my employer. I am aware of the plan's forfeiture provision and that my Social Security and federal unemployment benefits may be reduced because of my reduced salary for tax purposes. Further, I authorize the release of any information necessary to substantiate claims submitted against my Flexible Spending Account.

<input type="text"/>	<input type="text"/>
*Participant Signature	*Date

Step 5: Refusal (Note: Only complete this step if you are NOT electing to enroll in a Flexible Spending Account)

<input type="text"/>	<input type="text"/>
Participant Signature	Date



Getting started with Teladoc

Cómo afiliarse a Teladoc



Teladoc® gives you 24/7/365 access to U.S. board-certified doctors by web, phone or mobile app. It is a convenient and affordable option for quality medical care. Set up your account today so when you need care now, a Teladoc doctor is just a call or click away.

1. REGISTER

3 easy ways: download the mobile app, visit the Teladoc website or call the number below.

2. PROVIDE MEDICAL HISTORY

Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.

3. REQUEST A VISIT

That's it! A Teladoc doctor is now just a call or click away.

Teladoc® le da acceso 24 horas, 7 días a la semana todos los días del año a una lista de médicos especialistas certificados de Estados Unidos a través de su teléfono. Configure su cuenta ahora para que cuando necesite la atención inmediata, un médico de Teladoc esté a sólo una llamada de distancia.

1. REGÍSTRESE

Llame al teléfono que figura a continuación y un representante lo ayudará a registrar su cuenta.

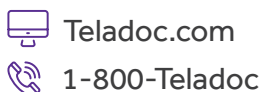
2. PROPORCIONE SUS ANTECEDENTES MÉDICOS

Sus antecedentes médicos proporcionan a los médicos de Teladoc la información que necesitan para realizar un diagnóstico seguro.

3. SOLICITE UNA CONSULTA

¡Eso es! Un médico de Teladoc está a sólo un llamado de distancia.

Talk to a doctor anytime for **free!**
¡Hable con un médico en cualquier momento por **gratis!**



NOTES

[illegible]



Coverage you deserve.
Value you demand.

Customer Service

(205) 558-7474 or (800) 294-7780 or
vivamemberhelp@uabmc.edu



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

www.vivahealth.com

417 20th Street North, Suite 1100, Birmingham, Alabama 35203

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