



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

*Coverage you deserve.  
Value you demand.*

**UAB**

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

**VIVA Access Guidebook 2021**



Dear UAB Employee,

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

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

VIVA 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 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 [www.vivauab.com](http://www.vivauab.com).

We look forward to caring for you in 2021.

Sincerely,

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

Brad Rollow  
CEO/President



## VIVA Access

provides UAB employees with outstanding benefits at an exceptional value. For the 26th consecutive year, we are pleased to offer a plan designed with UAB Employees and their families in mind. As a VIVA 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 [www.vivauab.com](http://www.vivauab.com), 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.

## 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, 2021 – December 31, 2021

## Attachment A to Certificate of Coverage

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

**Please keep this Attachment A for your records.**

MEDICAL BENEFITS	COVERAGE UAB Network	COVERAGE VIVA HEALTH 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 abuse services, prescription drugs, and specialty drugs. The maximum includes deductibles, copayments, and coinsurance paid by the Member for qualified services but does not include premiums or out-of-network charges over the maximum payment allowance. See the Certificate of Coverage for details.		\$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 (As defined in the Certificate of Coverage)</li> <li>OB/GYN Preventive Visit (One per Calendar Year)</li> <li>Other preventive items and services. See Certificate of Coverage for recommendations and guidelines.</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>	\$15 Copayment per visit  80% Coverage	\$20 Copayment per 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>	\$30 Copayment per visit  80% Coverage	\$40 Copayment per 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>	\$15 Copayment per visit at UAB Urgent Care; \$30 Copayment per visit at all other urgent care centers	\$40 Copayment per 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>	\$30 Copayment per visit \$30 Copayment per visit	\$30 Copayment per visit \$30 Copayment per visit
<b>ALLERGY SERVICES:</b> (No PCP Referral Required) <ul style="list-style-type: none"> <li>Physician Services</li> <li>Testing</li> </ul>	\$30 Copayment per visit 80% Coverage	\$40 Copayment per visit 80% Coverage
<b>DIAGNOSTIC SERVICES:</b> (Including but not limited to CT Scan, MRI, PET/SPECT, ERCP)	\$100 Copayment per service	\$200 Copayment per service
<b>OUTPATIENT SERVICES:</b> <ul style="list-style-type: none"> <li>Surgery and Other Outpatient Services</li> </ul>	\$150 Copayment per visit	\$250 Copayment per visit
<b>HOSPITAL INPATIENT SERVICES:</b> <ul style="list-style-type: none"> <li>Physician Services</li> <li>Semi-Private Room</li> </ul>	100% Coverage \$250 Copayment per admission	100% Coverage \$250 Copayment per day (Days 1-5)
<b>MATERNITY SERVICES:</b> <ul style="list-style-type: none"> <li>Physician Services (Prenatal, delivery, and postnatal care)</li> <li>Maternity Hospitalization</li> </ul> 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.	\$30 Copayment per delivery \$250 Copayment per admission	\$40 Copayment per delivery \$250 Copayment per day (Days 1-5)
<b>EMERGENCY ROOM SERVICES:</b>	\$100 Copayment per visit (waived if admitted within 24 hours)	\$200 Copayment per visit (waived if admitted within 24 hours)
<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>DIABETES SELF-MANAGEMENT EDUCATION:</b>	\$30 Copayment per visit	\$40 Copayment per visit
<b>DIABETIC SUPPLIES:</b> Insulin covered under prescription drug rider. For Diabetic Supplies call VIVA HEALTH.	100% Coverage	100% Coverage
<b>REHABILITATION SERVICES:</b> Physical, Speech, and Occupational Therapy	\$30 Copayment per visit; \$250 Copayment per admission	\$40 Copayment per visit; \$250 Copayment per day (Days 1-5)
<b>HABILITATION SERVICES:</b> Physical, Speech, and Occupational Therapy and Applied Behavior Analysis (limited to a diagnosis of Autism, Autism Spectrum Disorder, or Pervasive Developmental Delay)	\$30 Copayment per visit	\$40 Copayment per visit



# VIVA Access



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

## Attachment A to Certificate of Coverage

MEDICAL BENEFITS	COVERAGE UAB Network	COVERAGE VIVA HEALTH Network (outside UAB)
<b>CHIROPRACTIC SERVICES: (No PCP Referral Required)</b>	\$40 Copayment per visit	
<b>HOME HEALTH CARE SERVICES: (Limited to 60 visits per Calendar Year)</b>	80% Coverage	80% Coverage
<b>TEMPOROMANDIBULAR JOINT DISORDER:</b>	\$30 Copayment per visit	\$40 Copayment per visit
<b>SLEEP DISORDERS: Sleep Study</b>	\$30 Copayment per visit; \$150 Copayment per sleep study	\$40 Copayment per visit; \$250 Copayment per sleep study
<b>TRANSPLANT SERVICES:</b>	100% Coverage after \$250 Hospital Copayment	100% Coverage after \$250 Copayment per day (Days 1-5)
<b>MENTAL HEALTH &amp; SUBSTANCE ABUSE SERVICES<sup>1</sup>:</b> <ul style="list-style-type: none"> <li>Inpatient Services</li> <li>Outpatient Services</li> </ul> <sup>1</sup> Residential treatment and certain diagnoses are excluded. See your Certificate of Coverage for details.	100% Coverage after \$250 Copayment per admission \$30 Copayment per visit	100% Coverage after \$250 Copayment per day (Days 1-5) \$40 Copayment per visit
<b>PHARMACY DEDUCTIBLE:</b> Applies to all drugs except for generic oral contraceptives and other preventive drugs required by the Affordable Care Act.	\$100 per individual; \$200 aggregate amount per family	
PHARMACEUTICAL BENEFITS	COVERAGE	
<b>COVERED PRESCRIPTION DRUGS<sup>2</sup>:</b> <ul style="list-style-type: none"> <li><b>Generic Drugs</b> <ul style="list-style-type: none"> <li>From a Participating Pharmacy: \$15 Copayment per 30-day supply</li> <li>Mail-order: \$30 Copayment per 90-day supply</li> <li>Participating Pharmacy: \$45 Copayment per 90-day supply</li> </ul> </li> <li><b>Preferred Brand Drugs</b> <ul style="list-style-type: none"> <li>From a Participating Pharmacy: \$35 Copayment per 30-day supply</li> <li>Mail-order: \$88 Copayment per 90-day supply</li> <li>Participating Pharmacy: \$105 Copayment per 90-day supply</li> </ul> </li> <li><b>Non-Preferred Brand Drugs</b> <ul style="list-style-type: none"> <li>From a Participating Pharmacy: \$60 Copayment per 30-day supply</li> <li>Mail-order: \$150 Copayment per 90-day supply</li> <li>Participating Pharmacy: \$180 Copayment per 90-day supply</li> </ul> </li> <li><b>Oral Contraceptives</b>: \$0 Copayment for generic drugs; Applicable Copayment for brand drugs</li> <li><b>Biological Drugs, Biotechnical Drugs, and Specialty Pharmaceuticals<sup>3</sup></b>: 80% Coverage</li> <li><b>Diabetic Testing Supplies</b>: 100% Coverage</li> </ul> <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="http://www.vivaemployer.com/Members/Default.aspx">http://www.vivaemployer.com/Members/Default.aspx</a> . <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>		
<b>SMOKING CESSATION PRODUCTS: Two, 12-week treatment courses total per Calendar Year. Prescription required.</b> [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)**

<b>Eligible Dependent:</b>	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.
<b>Pre-Existing Condition Policy:</b>	No pre-existing condition exclusions or waiting period.
<b>Nondiscrimination Notice:</b>	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.
<b>Language Assistance Services:</b>	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 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 Kirklín 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)

- Routine Screenings, tests, & immunizations

**As recommended per guidelines<sup>1</sup>**

As recommended per guidelines

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

- Routine screenings, tests, & immunizations
- HIV screening & Counseling
- Obesity Screening
- Hepatitis B virus screening
- Sexually transmitted infection counseling
- Anxiety screening
- Skin cancer behavioral counseling (Beginning at age 10)

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

As recommended per guidelines

As recommended per guidelines

As recommended per guidelines

As recommended per guidelines

Annually

Adolescent females – as recommended per guidelines

As recommended per guidelines

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

- Alcohol misuse screening & counseling
- Anxiety screening
- Blood pressure screening
- Cholesterol screening
- Depression screening
- Diabetes screening
- Hepatitis B and C Virus Screening
- HIV screening & counseling
- Obesity screening
- Sexually transmitted infection counseling
- Syphilis screening
- Skin cancer behavioral counseling (Up to age 24)

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

Annually

Females- as recommended per guidelines

Annually

As recommended per guidelines

Annually

As recommended per guidelines

As recommended per guidelines

As recommended per guidelines

As recommended per guidelines

Annually

As recommended per guidelines

As recommended per guidelines

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

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

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

Annually

As recommended per guidelines

As recommended per guidelines

Annually

As recommended per guidelines

Females 30+, every three years

As recommended per guidelines

Annually

#### Maternity Care (Pregnant Females)

**As recommended per guidelines**

Prenatal and Postpartum Services (*Up to 6 visits per pregnancy for the following services*):

- Anemia screening
- Bacteriuria screening
- Chlamydia screening
- Anxiety screening
- Depression Screening
- Gestational diabetes mellitus screening

As recommended per guidelines

One at 12-16 weeks' gestation

One per pregnancy for at-risk females

As recommended per guidelines

One per pregnancy and postpartum

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

- Gonorrhea screening
- Hepatitis B screening
- HIV screening
- Rh incompatibility screening

One per pregnancy for at-risk females

First Prenatal visit

One per pregnancy

First prenatal visit for all females; repeated testing at 24-28 weeks' gestation if at-risk

- Syphilis screening
- Breast feeding counseling
- Tobacco counseling

One per pregnancy

Two per pregnancy

Three per pregnancy for females who smoke

Breast pump purchase<sup>4</sup>

One electric pump selected by VIVA HEALTH every four years



# Wellness Benefits

## VIVA UAB, VIVA Access, & VIVA Choice



### PREVENTIVE SERVICE

### FREQUENCY/LIMITATIONS

#### Contraception (Females)

- Oral Contraceptives<sup>5</sup>
- Implant (Implanon)
- Injection (Depo-Provera shot)
- I.U.D.

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

#### Contraception (Females), *continued*

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

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

#### Other Preventive Services

- **Osteoporosis screening** (All females age 65+ and at-risk of all ages) As recommended per guidelines
- **Screening mammography** (Females age 40+) One per year
- **BRCA risk assessment and genetic counseling/testing** (At-risk females) Per medical/family history
- **Lung cancer screening** (Very heavy smokers, ages 55-80) One per year, as recommended per guidelines
- **Colorectal cancer screening** (Age 50-75)
  - Fecal occult blood testing and Fecal Immunochemical Test (FIT) One per year
  - Fecal-DNA One every three years
  - Sigmoidoscopy One every five years
  - Screening colonoscopy One every 10 years
- **Abdominal aortic aneurysm screening** (Males age 65-75 w/ smoking history) One per lifetime
- **Tuberculosis screening** (Asymptomatic, at-risk adults age 18+) One per year, as recommended per guidelines
- **Dental caries prevention** (Infants and children from birth through age 5) Four per year at physician's office
- **Routine immunizations<sup>6</sup>** (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
  - Zoster (Shingles) (Age 60+) One per lifetime
  - RZV/Shingrix (Shingles) (Age 50+) Two doses per lifetime
- **Diet counseling** (Adults with high cholesterol or other risks for heart or diet-related chronic disease) Three visits per year
- **Obesity counseling** (Clinically obese children and adults: BMI ≥ 30) Six visits per lifetime
- **Tobacco use counseling and interventions** Two visits per year with PCP or specialist

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

### FREQUENCY/LIMITATIONS

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



# Wellness Benefits

## VIVA UAB, VIVA Access, & VIVA Choice



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

- **Tobacco cessation products<sup>7</sup>**

### FREQUENCY/LIMITATIONS

Two, 12-week treatment courses total per Calendar Year. Prescription required.

- Generic nicotine replacement products (including the patch, lozenge, gum, inhaler, or nasal spray), or
- Nicotrol (inhaler or nasal spray), or
- Generic Zyban, or
- Varenicline tartrate (Chantix)

<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.vivaprovider.com/Resources/Forms.aspx](http://www.vivaprovider.com/Resources/Forms.aspx) to download the form, or call Customer Service.

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

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

ATORVASTATIN 10 – 20MG

FLUVASTATIN IR AND XL 20 – 80MG

LOVASTATIN 10 – 40 MG

PRAVASTATIN 10 – 80 MG

SIMVASTATIN 5 – 40MG

ROSUVASTATIN 5 – 10MG

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

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

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# Registering with Express Scripts

Online access to savings and convenience

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

Register now so you can experience:

- More savings.**  
 Compare prices of medicines at multiple pharmacies. Get free standard shipping<sup>1</sup> from the Express Scripts Pharmacy<sup>SM</sup>.
- More convenience.**  
 Get up to 90-day supplies of your long-term medicine sent to your home. Order refills, check order status, and track shipments. Print forms and ID cards, if needed.
- More confidence.**  
 Talk with a pharmacist from the privacy of your home any time, from anywhere. Find the latest information on your medicine, including possible side effects and interactions.
- More flexibility.**  
 Download the Express Scripts mobile app to manage your medicines, find nearby pharmacies and get directions, and use your virtual ID card while on the go.

## Get Started Today!

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

- Go to [express-scripts.com](https://www.express-scripts.com), select **Register** or download the **Express Scripts mobile app** for free from your mobile device's app store and select **Register**
- Complete the information requested, including personal information and member ID number or Social Security Number (SSN), create your username and password, along with security information in case you ever forget your password
- Click **Register now** and you're registered
- To set preferences<sup>2</sup>, select **Communication Preferences** from the menu under **Account**, scroll to **Communication** and **Viewing Preferences**. Click **Edit preferences**. Preferences can only be selected via the member website.

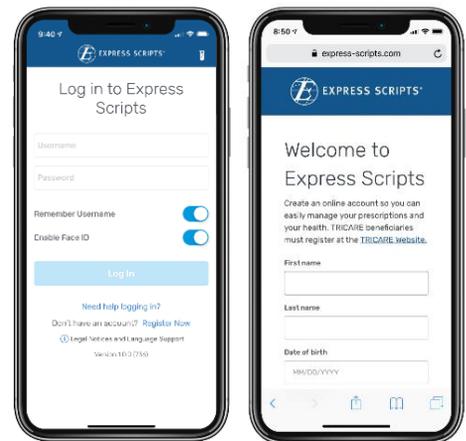
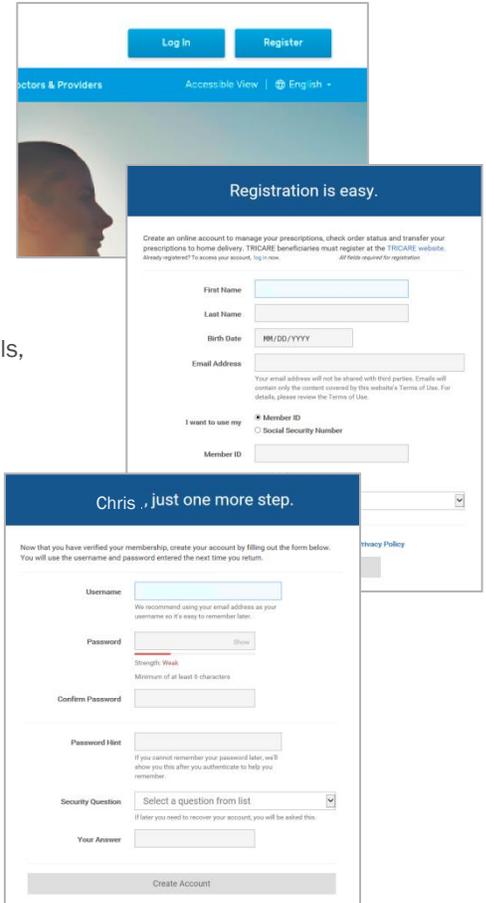
Members who have **touch or facial ID authentication** on their mobile devices can enable it to log in to their Express Scripts account on the mobile app, if desired.

<sup>1</sup> Standard shipping costs are included as part of your prescription plan benefit.

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

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

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



# Getting Started with Home Delivery from the Express Scripts Pharmacy<sup>SM</sup>

## Online access to savings and convenience

Whether you are viewing the member website or using the Express Scripts<sup>TM</sup> 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 Rx claims and balances
- Pay your balance using a variety of payment options
- View our therapeutic resource centers for information
- And much more



### To access the member website ...

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

### If you have a NEW prescription ...

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

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

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

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

### If you already have a prescription ...

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

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

Forms & cards

To mail in a prescription your doctor has already written:

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

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

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

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

Chris

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

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

emergency and urgent care coverage is available worldwide.

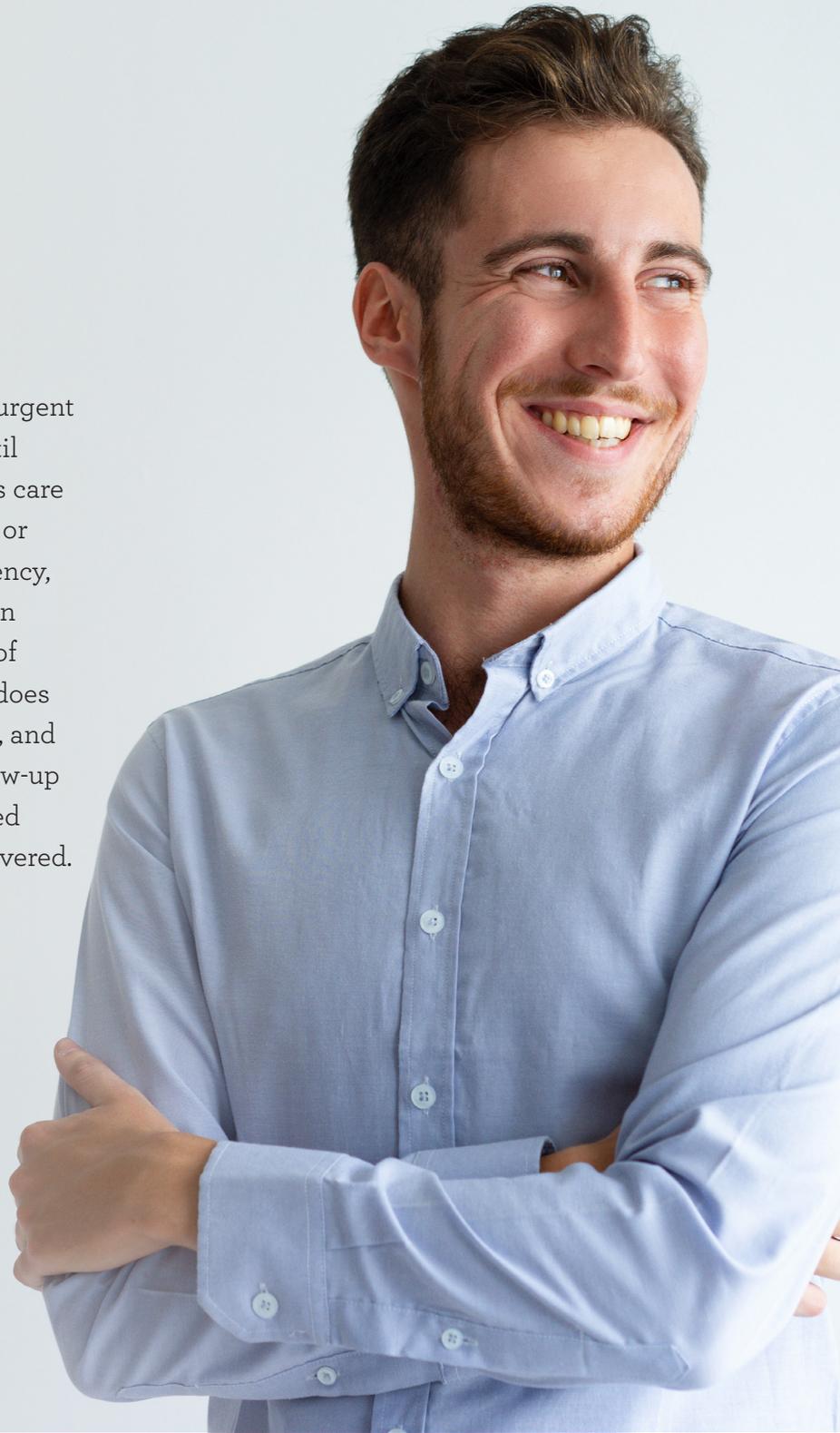
If you are outside the service area and have an urgent and unforeseen need for care that can't wait until you return home, you are covered. This includes care in a physician's office for an unexpected illness or injury that would not be classified as an emergency, but does require immediate attention.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

### Need to access our formulary?

Visit [VivaUAB.com/MemberResources](http://VivaUAB.com/MemberResources) for our drug list.

### Do you have any questions?

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



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Birmingham, Alabama 35203

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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)。