



VIVA HEALTH Prescription Drug Benefits for Blue Cross and Blue Shield of Alabama Health Services Foundation Plan

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.

PHARMACEUTICAL BENEFITS	COVERAGE VIVA HEALTH Network
PHARMACY DEDUCTIBLE: Applies to all drugs except for generic oral contraceptives and other preventive drugs required by the Affordable Care Act.	\$100 per individual; \$200 aggregate amount per family
COVERED PRESCRIPTION DRUGS¹: <ul style="list-style-type: none"> Generic Drugs <ul style="list-style-type: none"> From a Participating Pharmacy: \$15 Copayment per 30-day supply Mail-order: \$30 Copayment per 90-day supply Participating Pharmacy: \$45 Copayment per 90-day supply Preferred Brand Drugs <ul style="list-style-type: none"> From a Participating Pharmacy: \$35 Copayment per 30-day supply Mail-order: \$88 Copayment per 90-day supply Participating Pharmacy: \$105 Copayment per 90-day supply Non-Preferred Brand Drugs <ul style="list-style-type: none"> From a Participating Pharmacy: \$60 Copayment per 30-day supply Mail-order: \$150 Copayment per 90-day supply Participating Pharmacy: \$180 Copayment per 90-day supply Oral Contraceptives: \$0 Copayment for generic drugs; Applicable Copayment for brand drugs Biological Drugs, Biotechnical Drugs, and Specialty Pharmaceuticals²: 80% Coverage Diabetic Testing Supplies: 100% Coverage 	
<p>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 http://www.vivaemployer.com/Members/Default.aspx.</p> <p style="text-align: center;">When generic is available, Member pays difference between generic and Brand price, plus Copayment. Check with your participating pharmacy to learn if it is eligible to offer a 90-day supply at retail.</p>	
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

VIVA HEALTH Customer Service: (205) 558-7474 or 1-800-294-7780

Visit our Website at www.vivahealth.com

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)。