



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



Effective Dates: January 1, 2026 – December 31, 2026

Attachment A to Certificate of Coverage

The Plan's services and benefits, with their copayments, coinsurance, and some of the limitations, are listed below. 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
COVERED PRESCRIPTION DRUGS¹:	
<ul style="list-style-type: none">• Generic Drugs<ul style="list-style-type: none">○ From a Participating Pharmacy○ Mail-order• Preferred Brand Drugs<ul style="list-style-type: none">○ From a Participating Pharmacy○ Mail-order• Non-Preferred Brand Drugs<ul style="list-style-type: none">○ From a Participating Pharmacy○ Mail-order• Select Preferred Generic & Specialty Drugs^{3,4}• Select Non-Preferred Generic & Specialty Drugs^{3,4}• Oral Contraceptives• Diabetic Testing Supplies• Drugs to Treat Infertility	<p>\$20 Copayment per 30-day supply (\$60 per 90-day supply²) \$40 Copayment per 90-day supply²</p> <p>\$50 Copayment per 30-day supply (\$150 per 90-day supply²) \$100 Copayment per 90-day supply²</p> <p>\$75 Copayment per 30-day supply (\$225 per 90-day supply²) \$150 Copayment per 90-day supply²</p> <p>\$200 Copayment \$350 Copayment</p> <p>\$0 Copayment for generic and select brand drugs; Applicable Copayment for other brand drugs</p> <p>100% Coverage</p> <p>Cost varies by drug. \$5,000 coverage maximum per family per Calendar Year. Eligibility limited to subscriber and/or subscriber's spouse.</p>
<p>¹Some medications may require prior authorization from VIVA HEALTH. For further information, please contact Customer Service at the phone number listed below. ²A 90-day supply is as written by the provider, unless adjusted based on the drug manufacturer's packaging size, or based on supply limits. ³May 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 vivahealth.com/Group/Login. ⁴Cost Sharing for certain Specialty Drugs may vary and be set to the maximum of any available manufacturer-funded copay assistance programs and is not applied to the out-of-pocket maximum.</p> <p>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.