



# Wellness Benefits

## UAB RX-Only



This schedule outlines preventive services and items that VIVA HEALTH will pay at 100% for the non-grandfathered UAB RX-Only plan. 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.

PHARMACY BENEFITS <sup>5</sup>	FREQUENCY/LIMITATIONS
<ul style="list-style-type: none"><li>• <b>Aspirin to prevent heart disease</b> (Males ages 45-79; Females ages 55-79)</li><li>• <b>Low-dose (81 mg) aspirin to prevent preeclampsia</b> (High-risk pregnant females after 12 weeks of gestation)</li><li>• <b>Folic acid supplements</b> (Females 55 &amp; younger)</li><li>• <b>Iron supplements</b> (12 months &amp; younger)</li><li>• <b>Oral contraceptives</b> (Females)</li><li>• <b>Over the counter contraceptives</b> (Females)</li><li>• <b>Oral fluoride supplements</b> (6 years &amp; younger)</li><li>• <b>HIV pre-exposure preventive (PrEP) therapy</b></li><li>• <b>Breast Cancer Preventive Drugs</b> (Females)<sup>7</sup></li><li>• <b>Statins to prevent cardiovascular disease (CVD)</b> (at-risk adults ages 40-75 with no history of CVD and one or more CVD risk factors)</li><li>• <b>Tobacco cessation products</b><sup>8</sup></li></ul>	<p>Generic only</p> <p>Generic only</p> <p>Generic only</p> <p>For babies at risk for anemia</p> <p>Generics and select brands</p> <p>Generic only</p> <p>For children whose water source is fluoride deficient</p> <p>For high-risk, HIV-uninfected individuals (select drugs)</p> <p>Tamoxifen and raloxifene (generic only)</p> <p>Low-to-moderate dose select generics only</p> <p>Two, 12-week treatment courses total per Calendar Year. Prescription required.</p> <ul style="list-style-type: none"><li>• Generic nicotine replacement products (including the patch, lozenge, gum, inhaler, or nasal spray), or</li><li>• Nicotrol (inhaler or nasal spray), or</li><li>• Generic Zyban, or</li><li>• Varenicline tartrate (generic only when available)</li></ul>

### 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	LOVASTATIN 10 – 40 MG	SIMVASTATIN 5 – 40MG
FLUVASTATIN IR AND XL 20 – 80MG	PRAVASTATIN 10 – 80 MG	ROSUVASTATIN 5 – 10MG

<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 or breast pump supplies, 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>Must complete and return to VIVA HEALTH an exception form to be eligible to receive at \$0 copayment. Visit [www.vivahealth.com/provider/Resources](http://www.vivahealth.com/provider/Resources) to download the form, or call Customer Service. <sup>8</sup>Prior Authorization must be obtained in order to access additional courses of treatment covered at 100%.