



VIVA HEALTH Prescription Drug Benefits for UAB St. Vincent's Blue Cross and Blue Shield of Alabama Plan

UAB ST. VINCENT'S

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">○ St. Vincent's Hospital Pharmacy○ Express Scripts (ESI) Participating Retail Pharmacy○ Mail order (ESI)• Preferred Brand Drugs<ul style="list-style-type: none">○ St. Vincent's Hospital Pharmacy○ Express Scripts (ESI) Participating Retail Pharmacy○ Mail order (ESI)• Non-Preferred Brand Drugs<ul style="list-style-type: none">○ St. Vincent's Hospital Pharmacy○ Express Scripts (ESI) Participating Retail Pharmacy○ Mail order (ESI)• Preferred Generic & Specialty Drugs^{3,4}• Non-Preferred Generic & Specialty Drugs^{3,4}• Oral Contraceptives• Diabetic Testing Supplies		<p>\$10 Copay (30-day supply) or \$20 Copay (90-day supply²)</p> <p>\$20 Copay (30-day supply) or \$60 Copay (90-day supply²)</p> <p>\$40 Copay (90-day supply³)</p> <p>\$25 Copay (30-day) or \$75 Copay (90-day²)</p> <p>\$50 Copay (30-day) or \$150 Copay (90-day²)</p> <p>\$100 Copay (90-day supply³)</p> <p>\$75 Copay (30-day) or \$225 Copay (90-day²)</p> <p>\$75 Copay (30-day) or \$225 Copay (90-day²)</p> <p>\$150 Copay (90-day supply²)</p> <p>\$200 Copay</p> <p>\$350 Copay</p> <p>\$0 Copayment for generic and select brand drugs; Applicable Copayment for other brand drugs</p> <p>100% Coverage</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 https://www.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.</p> <p>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/uab

Pre-Existing Condition Policy: No pre-existing condition exclusions or waiting period.