



VIVA HEALTH Prescription Drug Benefits for UAB Blue Cross and Blue Shield of Alabama 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.

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.	\$150 per individual; \$300 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 \$20 Copayment per 30-day supply (\$60 per 90-day supply²)○ Mail-order \$40 Copayment per 90-day supply²• Preferred Brand Drugs<ul style="list-style-type: none">○ From a Participating Pharmacy \$50 Copayment per 30-day supply (\$150 per 90-day supply²)○ Mail-order \$125 Copayment per 90-day supply²• Non-Preferred Brand Drugs<ul style="list-style-type: none">○ From a Participating Pharmacy \$75 Copayment per 30-day supply (\$225 per 90-day supply²)○ Mail-order \$185 Copayment per 90-day supply²• Specialty Drugs^{3,4} 80% Coverage• Oral Contraceptives \$0 Copayment for generic and select brand drugs; Applicable Copayment for other brand drugs• Diabetic Testing Supplies 100% Coverage• Drugs to Treat Infertility Cost varies by drug. \$5,000 lifetime coverage maximum per family. Eligibility limited to subscriber and/or subscriber's spouse. <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. 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.