

UAB ST. VINCENT'S®



2026 Member Guidebook

UAB ST. VINCENT'S®

Dear UAB St. Vincent's Employee,

VIVA HEALTH has been a proud member of the UAB Health System for over 30 years, and we are excited to welcome the employees of UAB St. Vincent's into the family. Since 1995, we have grown to be one of the largest health plans in the state of Alabama, and the largest health plan for UAB employees. We believe this is a direct result of listening to our members and ensuring we deliver high quality, convenient care when it is needed most.

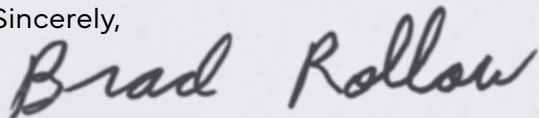
While this guidebook is not designed to explain every facet of the health plan, we hope it provides you an overview of the benefits your plan provides and how you can access those. This plan covers preventive services at 100%, and we have included an overview of your wellness benefits in this guidebook.

This health plan provides you access to VIVA HEALTH's entire network of doctors and hospitals, but your cost sharing will be much lower when it is delivered inside of the UAB St. Vincent's network of providers. We have included information in this guidebook about how you can view which providers are in the network, and we have also included information about accessing the cost for certain services in each tier.

If you have any questions, we invite you to contact our customer service department Monday through Friday from 8 AM to 5 PM at (205) 558-7474, toll-free at (800) 294-7780 (TTY: 711), or by email at VivaMemberHelp@uabmc.edu. You will also find valuable information on our website at vivahealth.com. You can also download the VIVA HEALTH Mobile App to view your claims status, view a digital ID card, and request electronic EOBs.

We look forward to serving you.

Sincerely,



Brad Rollow
CEO/President

VIVA HEALTH provides UAB St. Vincent's employees with outstanding benefits at an exceptional value. As a VIVA HEALTH member, you have access to the world-renowned UAB Health System, UAB St. Vincent's facilities, and VIVA HEALTH's full network of providers throughout Alabama.

Excellent Customer Service

We encourage you to put us to the test: When you dial the VIVA HEALTH Customer Service department during business hours (8am - 5pm, Monday through Friday), you'll get a real person with real answers. You can also have your questions answered at the click of the mouse! By visiting our website at VivaHealth.com, you can access all of the following information:

- VIVA HEALTH Summary of Benefits
- Preferred Drug Listing
- Certificate of Coverage
- Updates/News
- Access our Member Portal or send an email to VivaMemberHelp@UABMC.edu to request a new ID card, update your mailing address, or inquire about a claim.

VIVA HEALTH Mobile App

Download the free VIVA HEALTH Mobile App and have 24/7 access to:

- View your claims status
- View a digital ID card
- Request electronic EOBs
- Provide secure feedback

The member app is available for download on the Apple App Store and Google Play.



How the VIVA HEALTH Plan Works

Members on the VIVA HEALTH plan may see any VIVA HEALTH participating provider for their health care. However, if you see a provider within the UAB and UAB St. Vincent's network, you may enjoy cost savings through lower out-of-pocket costs.

The UAB and UAB St. Vincent's network includes all pediatric care for dependents under age 18 regardless of whether those dependents receive their pediatric care in the VIVA HEALTH (VIVA) network or the UAB and UAB St. Vincent's network. The VIVA network includes hospitals and health centers contracted with VIVA HEALTH but outside of UAB and UAB St. Vincent's.

"UAB/UAB St. Vincent's Network" means University Hospital, UAB Women and Infants Center, UAB Highlands, The Kirklin Clinic, UAB St. Vincent's, Medical West, UAB Callahan Eye Hospital, Spain Rehabilitation Center, and all UAB and UAB St. Vincent's facilities and satellite clinics.

Worldwide Emergency & Urgent Care Coverage

If you are outside the service area and have an urgent and unforeseen need for care that can't wait until you return home, you are covered. This includes care in a physician's office for an unexpected illness or injury that would not be classified as an emergency, but does require immediate attention. Care in an emergency room is only covered for treatment of emergency medical conditions. Of course, this does not include routine or elective medical services, and you must return to the service area for any follow-up care. Still, if you're on a weekend trip or an extended vacation, you can relax knowing that you are covered.

Dependent Student Rider

Services to treat an illness or injury for Covered Dependents will be covered while they are full-time students at an accredited educational institution located out of the Service Area. These services are subject to the Copayments described herein and are available at a \$1,500 maximum benefit per calendar year. Emergencies and in-area care are covered under the appropriate sections set forth in the Certificate of Coverage.

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. "UAB/UAB St. Vincent's Network" means University Hospital, UAB Women and Infants Center, UAB Highlands, The Kirklin Clinic, UAB St. Vincent's, Medical West, UAB Callahan Eye Hospital, Spain Rehabilitation Center, and all UAB and UAB St. Vincent's satellite clinics. The UAB and UAB St. Vincent's network includes all pediatric care for dependents under age 18 regardless of whether those dependents receive their pediatric care in the VIVA HEALTH (VIVA) network or the UAB and UAB St. Vincent's network. The VIVA HEALTH (VIVA) network includes hospitals and health centers contracted with VIVA HEALTH but outside of UAB and UAB St. Vincent's. **Please keep this Attachment A for your records.**

MEDICAL BENEFITS	COVERAGE- TIER 1 UAB/UAB St. Vincent's Network	COVERAGE- TIER 2 Viva Network (outside the UAB/UAB St. Vincent's Network)
CALENDAR YEAR MEDICAL DEDUCTIBLE: Applies ONLY to medical benefits with coinsurance coverage when the Member pays a set percentage of the cost. Does not apply to benefits with a copayment or to the pharmaceutical benefits offered through the prescription drug rider. Does apply to Specialty Drugs when provided directly by a physician or hospital. Amounts from manufacturer coupons or similar assistance programs used to satisfy Member Copayments or Coinsurance do not count toward the Deductible. Deductible amounts paid on any tier apply toward all tiers, but Tier 2 has a higher deductible requirement.	\$250 per individual; \$750 per family, not to exceed \$250 per any individual	\$1,000 per individual; \$2,000 per family, not to exceed \$1,000 per any individual
CALENDAR YEAR OUT-OF-POCKET MAXIMUM: The most a Member will pay per Calendar Year for qualified medical, mental, and substance use disorder services, prescription drugs, and Specialty Drugs. The maximum includes deductibles, copayments, and coinsurance paid by the Member for qualified services but does not include premiums or out-of-network charges over the maximum payment allowance. See the Certificate of Coverage for details. Amounts from manufacturer coupons or similar assistance programs used to satisfy Member Copayments or Coinsurance do not count toward the Out-of-Pocket Maximum. Out-of-pocket cost sharing paid on any tier applies toward all tiers, but Tier 2 has a higher out-of-pocket maximum. Amounts paid on any tier apply toward all tiers.	\$4,000 per individual; \$8,000 per family, not to exceed \$4,000 per any individual	\$7,500 per individual; \$15,000 per family, not to exceed \$7,500 per any individual
PREVENTIVE CARE: <ul style="list-style-type: none"> Well Baby Care (Children under age 3) Routine Physicals (One per Calendar Year for ages 3+) Covered Immunizations Preventive Prenatal Care OB/GYN Preventive Visit (One per Calendar Year) Nutritionist Preventive Visits (Up to 3/Yr with a Registered Dietitian or Nutritionist) Other preventive items and services (See Certificate of Coverage for details) 	100% Coverage	100% Coverage
OTHER PRIMARY CARE SERVICES: <ul style="list-style-type: none"> Medical Physician Services Illness and Injury Hearing Exams Laboratory Procedures <ul style="list-style-type: none"> Covered genetic testing 	\$30 Copay/visit \$30 Copay/visit \$30 Copay/visit 100% Coverage 80% Coverage after deductible	\$50 Copay/visit \$50 Copay/visit \$50 Copay/visit 100% Coverage 60% Coverage after deductible
SPECIALTY CARE: (No PCP Referral Required) <ul style="list-style-type: none"> Medical Physician Services Illness and Injury Laboratory Procedures <ul style="list-style-type: none"> Covered genetic testing OB/GYN services 	\$50 Copay/visit \$50 Copay/visit 100% Coverage 80% Coverage after deductible \$0 Copay/visit	\$60 Copay/visit \$60 Copay/visit 100% Coverage 60% Coverage after deductible \$60 Copay/visit
URGENT CARE CENTER SERVICES: <ul style="list-style-type: none"> Medical Physician Services Illness and Injury 	\$30 Copay/visit	\$50 Copay/visit
EMERGENCY ROOM SERVICES: (Copay waived if admitted within 24 hours)	\$250 Copay/visit	\$250 Copay/visit
EMERGENCY AMBULANCE SERVICES: (Must be Medically Necessary)	80% Coverage after deductible	80% Coverage after deductible
VISION CARE: (No PCP Referral Required) <ul style="list-style-type: none"> One routine vision exam per Calendar Year Other eye care office visits 	\$50 Copay/visit	\$60 Copay/visit
ALLERGY SERVICES: (No PCP Referral Required) <ul style="list-style-type: none"> Physician Services Testing 	\$50 Copay/visit 85% Coverage after deductible	\$60 Copay/visit 60% Coverage after deductible
DIAGNOSTIC SERVICES: <ul style="list-style-type: none"> Outpatient Laboratory Procedures X-Rays Covered Genetic Testing Other Diagnostic Services (Including, but not limited to, CT Scan, MRI, PET/SPECT, ERCP) 	100% Coverage \$30 Copay/visit 80% Coverage after deductible \$30 Copay/service	100% Coverage 60% Coverage after deductible 60% Coverage after deductible 60% Coverage after deductible
HOSPITAL INPATIENT SERVICES: Physician and Facility Services	\$300 Copay/admission	60% Coverage after deductible
OUTPATIENT SERVICES: Surgery and Other Outpatient Services	\$150 Copay/visit	60% Coverage after deductible
MEDICAL NUTRITION SERVICES: (Limited to 6 visits per Calendar Year with a Registered Dietitian or Nutritionist)	\$50 Copay/visit	\$60 Copay/visit

MEDICAL BENEFITS	COVERAGE - TIER 1 UAB/UAB St. Vincent's Network	COVERAGE - TIER 2 VIVA Network (outside UAB)
CHRONIC CARE MAINTENANCE: <i>Including, but not limited to:</i> <ul style="list-style-type: none">DialysisRadiation therapy, wound care, wound therapy	85% Coverage after deductible 85% Coverage after deductible	85% Coverage after deductible 60% Coverage after deductible
MATERNITY SERVICES¹: <i>(\$1,500 out-of-pocket maximum/member/Calendar Year)</i> <ul style="list-style-type: none">Physician Services <i>(Prenatal, delivery, and postnatal care)</i>Hospitalization	\$0 Copay/delivery \$300 Copay/admission	\$60 Copay/delivery 60% Coverage after deductible
¹ Newborn care and other services covered only for enrolled child of employee or employee's spouse. Eligible baby must be enrolled in plan within 30 days of birth or adoption for baby's care to be covered. No coverage for children of employee's dependent child.		
DURABLE MEDICAL EQUIPMENT AND PROSTHETIC DEVICES:	80% Coverage after deductible	80% Coverage after deductible
SKILLED NURSING FACILITY SERVICES: <i>(Limited to 100 days per lifetime)</i>	80% Coverage after deductible	80% Coverage after deductible
HOME HEALTH CARE AND HOSPICE SERVICES: <ul style="list-style-type: none">Home Health <i>(Limited to 60 visits per Calendar Year)</i>Home Infusion Drug AdministrationHome Infusion Drugs <i>(\$350 maximum per drug infusion)</i>Hospice	80% Coverage (no deductible) 80% Coverage after deductible 80% Coverage after deductible 80% Coverage (no deductible)	80% Coverage after deductible 80% Coverage after deductible 80% Coverage after deductible 80% Coverage after deductible
DIABETES SELF-MANAGEMENT EDUCATION:	\$50 Copay/visit	\$60 Copay/visit
DIABETIC SUPPLIES: Insulin covered under prescription drug rider. For Diabetic Supplies call VIVA HEALTH.	100% Coverage	100% Coverage
REHABILITATION AND HABILITATION SERVICES: Physical, Speech, and Occupational Therapy and Applied Behavior Analysis	\$30 Copay/visit	60% Coverage after deductible
CHIROPRACTIC SERVICES: <i>(No PCP Referral Required)</i>	\$30 Copay/visit	\$30 Copay/visit
TEMPOROMANDIBULAR JOINT DISORDER:	\$50 Copay/visit	\$60 Copay/visit
SLEEP DISORDERS: <ul style="list-style-type: none">Sleep Study	\$50 Copay/visit; \$150 Copay/visit	\$60 Copay/visit; 60% Coverage after deductible
TRANSPLANT SERVICES:	\$300 Copay/admission	60% Coverage after deductible
MENTAL HEALTH & SUBSTANCE USE DISORDER SERVICES: <ul style="list-style-type: none">Inpatient ServicesOutpatient Services	\$200 Copay/admission \$30 Copay/visit	80% Coverage after deductible \$30 Copay/visit
PHARMACEUTICAL BENEFITS		
COVERAGE		
COVERED PRESCRIPTION DRUGS²: <ul style="list-style-type: none">Generic Drugs<ul style="list-style-type: none">St. Vincent's Hospital Pharmacy\$10 Copay (30-day supply) or \$20 Copay (90-day supply³)Express Scripts (ESI) Participating Retail Pharmacy\$20 Copay (30-day supply) or \$60 Copay (90-day supply³)Mail order (ESI)\$40 Copay (90-day supply³)Preferred Brand Drugs<ul style="list-style-type: none">St. Vincent's Hospital Pharmacy\$25 Copay (30-day) or \$75 Copay (90-day³)Express Scripts (ESI) Participating Retail Pharmacy\$50 Copay (30-day) or \$150 Copay (90-day³)Mail order (ESI)\$100 Copay (90-day supply³)Non-Preferred Brand Drugs<ul style="list-style-type: none">St. Vincent's Hospital Pharmacy\$75 Copay (30-day) or \$225 Copay (90-day³)Express Scripts (ESI) Participating Retail Pharmacy\$75 Copay (30-day) or \$225 Copay (90-day³)Mail order (ESI)\$150 Copay (90-day supply³)Preferred Generic & Specialty Drugs^{4,5}\$200 CopayNon-Preferred Generic & Specialty Drugs^{4,5}\$350 CopayOral Contraceptives\$0 Copayment for generic and select brand drugs; Applicable Copayment for other brand drugsDiabetic Testing Supplies100% Coverage		
² Some medications may require prior authorization from VIVA HEALTH. For further information, please contact Customer Service at the phone number listed below. ³ A 90-day supply is as written by the provider, unless adjusted based on the drug manufacturer's packaging size, or based on supply limits. ⁴ May 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/ . ⁵ Cost 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.		
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.		
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
DEPENDENT STUDENT BENEFITS: (Emergencies and in-area care are covered under the appropriate sections set forth in the Certificate of Coverage.) Services to treat an illness or injury for Covered Dependents will be covered while they are full-time students at an accredited educational institution out of the Service Area, subject to the Copayments described herein and a \$1,500 maximum benefit per Calendar Year.		

VIVA HEALTH Customer Service: (205) 558-7474 or 1-800-294-7780 | Visit our Website at www.vivahealth.com/uab

Eligible Dependent:

To be eligible to enroll as a Covered Dependent, a person must be listed on the enrollment application completed by the Subscriber, reside in the Service Area or with the Subscriber (exceptions apply), and meet additional qualifying criteria. For exceptions and additional qualifying criteria, please refer to the Certificate of Coverage.

Pre-Existing Condition Policy:

No pre-existing condition exclusions or waiting period.



Wellness Benefits

UAB St. Vincent's

UAB ST. VINCENT'S

This schedule outlines preventive services and items that VIVA HEALTH will pay at 100% for the non-grandfathered UAB St. Vincent's 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.

PREVENTIVE SERVICE

FREQUENCY/LIMITATIONS

Well Baby Visits (Age 0-2)	As recommended per guidelines¹
<ul style="list-style-type: none"> Routine Screenings, tests, & immunizations 	As recommended per guidelines
Well Child Visits (Age 3-17)	One per year at PCP³
<ul style="list-style-type: none"> Routine screenings, tests, & immunizations HIV screening & Counseling Obesity Screening Hepatitis B virus screening Sexually transmitted infection counseling Anxiety and depression screening Skin cancer behavioral counseling 	As recommended per guidelines As recommended per guidelines As recommended per guidelines As recommended per guidelines Annually Ages 8 and above; Up to three each per calendar year Ages 10 and above; As recommended per guidelines
Routine Physical² (Age 18+)	One per year at PCP³
<ul style="list-style-type: none"> Alcohol misuse screening & counseling Anxiety and depression screening Blood pressure screening Cholesterol screening Diabetes screening Hepatitis B and C Virus Screening HIV screening & counseling Obesity screening Sexually transmitted infection counseling Syphilis screening Skin cancer behavioral counseling (Up to age 24) 	Annually Up to 3 each per calendar year (incl. screenings at physical & well woman visit) Annually As recommended per guidelines As recommended per guidelines As recommended per guidelines As recommended per guidelines As recommended per guidelines Annually As recommended per guidelines As recommended per guidelines
Well Woman Visit² (Adolescents & Adults)	One per year at PCP or OB/GYN
<ul style="list-style-type: none"> Pap smear/cervical cancer screening Chlamydia screening Contraception counseling Domestic violence screening & counseling Gonorrhea screening HPV DNA testing Anxiety and depression screening 	Annually As recommended per guidelines As recommended per guidelines Annually As recommended per guidelines Females 30+, every three years Up to 3 each per calendar year (incl. screenings at physical & well woman visit)
Maternity Care (Pregnant Individuals; <i>Up to 6 visits per pregnancy for the following services</i>):	As recommended per guidelines
<ul style="list-style-type: none"> Anemia screening Bacteriuria screening Chlamydia screening Anxiety and depression screening Perinatal depression counseling Gestational diabetes mellitus screening Gonorrhea screening Hepatitis B screening HIV screening Rh incompatibility screening Syphilis screening Breast feeding counseling Tobacco counseling Breast pump purchase and supplies⁴ 	As recommended per guidelines One at 12-16 weeks' gestation One per pregnancy if at-risk One each per pregnancy and after delivery Two per year First prenatal visit if high-risk; after 24 weeks of gestation for all others One per pregnancy if at-risk First Prenatal visit One per pregnancy First prenatal visit; repeat testing at 24-28 weeks' gestation if at-risk One per pregnancy Five per pregnancy Three per pregnancy for individuals who smoke Breast pump limited to one electric pump selected by VIVA HEALTH per pregnancy
Contraception (Females)	
<ul style="list-style-type: none"> Implant (Implanon) Injection (Depo-Provera shot) I.U.D. Diaphragm or cervical cap Sterilization 	As recommended per guidelines; Performed in physician's office One every three months As recommended per guidelines; Performed in physician's office One per year One procedure per lifetime



PREVENTIVE SERVICE

FREQUENCY/LIMITATIONS

Contraception (Females) *Continued*

- | | |
|--|--|
| • Oral Contraceptives ⁵ | Generics and select brands; Prescription required |
| • Over the counter contraceptives (Females) ⁵ | Generic only; Prescription required; Quantity limits apply based on method |
| • Contraceptive Patch ⁵ | Three per month |
| • Contraceptive Vaginal Ring ⁵ | One per month |

OTHER PREVENTIVE SERVICES

- **Osteoporosis screening** (All females age 65+ and at-risk of all ages)
- **Screening mammography** (Females age 40+)
- **BRCA risk assessment and genetic counseling/testing** (At-risk females)
- **Lung cancer screening** (Very heavy smokers, ages 50-80)
- **Colorectal cancer screening** (Age 45+)
 - Fecal occult blood testing and Fecal Immunochemical Test (FIT)
 - Fecal-DNA
 - Sigmoidoscopy
 - Screening colonoscopy
- **Abdominal aortic aneurysm screening** (Males age 65-75 w/ smoking history)
- **Tuberculosis screening** (Asymptomatic, at-risk adults age 18+)
- **Dental caries prevention** (Infants and children from birth through age 5)
- **Routine immunizations⁶** (not travel related)
Includes, but not limited to:
 - Influenza (Age 6 months-adult)
 - HPV (Starting age 11-12 or catch-up ages 27-45)
 - Pneumococcal
 - RSV
 - COVID
 - Zoster (Shingles) (Age 60+)
 - RZV/Shingrix (Shingles) (Age 50+)
- **Diet/nutrition counseling**
- **Obesity counseling** (Clinically obese children and adults: BMI ≥ 95th percentile for age and sex or ≥ 30)
- **Tobacco use counseling and interventions**
- **HIV Preventive Services** (HIV-uninfected people at high risk, when testing for or undergoing pre-exposure preventive therapy (PrEP). Services include HIV testing, Hepatitis B and C testing, creatine testing, pregnancy testing, STI screening and counseling, and PrEP adherence counseling.)

FREQUENCY/LIMITATIONS

- As recommended per guidelines
- One per year
- Per medical/family history
- One per year, as recommended per guidelines
- One per year
- One every three years
- One every five years
- One every 10 years
- One per lifetime
- One per year, as recommended per guidelines
- Four per year at physician's office
- As recommended by CDC
- Two per calendar year
- Three doses per lifetime
- As recommended by PCP
- Infants <8 months, children 8 months – 19 months at increased risk of severe RSV, pregnant individuals 32-36 weeks gestational age of pregnancy, and adults age 60+
- As recommended by CDC
- One per lifetime
- Two doses per lifetime
- Three visits per year
- Six visits per lifetime
- Two visits per year with PCP or specialist
- HIV testing every three months; Other services as recommended per guidelines

PHARMACY BENEFITS⁵

- **Aspirin to prevent heart disease** (Males ages 45-79; Females ages 55-79)
- **Low-dose (81 mg) aspirin to prevent preeclampsia** (High-risk pregnant females after 12 weeks of gestation)
- **Folic acid supplements** (Females 55 & younger)
- **Iron supplements** (12 months & younger)
- **Oral contraceptives** (Females)
- **Over the counter contraceptives** (Females)
- **Oral fluoride supplements** (6 years & younger)
- **HIV pre-exposure preventive (PrEP) therapy**
- **Breast Cancer Preventive Drugs** (Females)⁷
- **Statins to prevent cardiovascular disease (CVD)** (at-risk adults ages 40-75 with no history of CVD and one or more CVD risk factors)
- **Tobacco cessation products⁸**

FREQUENCY/LIMITATIONS

- Generic only
- Generic only
- Generic only
- For babies at risk for anemia
- Generics and select brands
- Generic only
- For children whose water source is fluoride deficient
- For high-risk, HIV-uninfected individuals (select drugs)
- Tamoxifen and raloxifene (generic only)
- Low-to-moderate dose select generics only
- 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 nasal spray), or
 - Generic Zyban, or
 - Varenicline tartrate (generic only when available)



Wellness Benefits **UAB** ST. VINCENT'S

UAB St. Vincent's

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
FLUVASTATIN IR AND XL 20 – 80MG

LOVASTATIN 10 – 40 MG
PRAVASTATIN 10 – 80 MG

SIMVASTATIN 5 – 40MG
ROSUVASTATIN 5 – 10MG

¹"As recommended per guidelines" means as recommended by your physician and in accordance with guidelines issued under the Affordable Care Act. ²Must be part of your annual physical or OB/GYN visit for coverage at 100%) ³PCP means personal care provider or primary care physician and is generally an internist, family practitioner, general practitioner, pediatrician, and sometimes an obstetrician/gynecologist. ⁴To 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. ⁵Must 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. ⁶ For a full list of covered immunizations, please visit www.vivahealth.com or call VIVA HEALTH Customer Service at 1-800-294-7780 and ask a representative to mail you a copy. ⁷Must complete and return to VIVA HEALTH an exception form to be eligible to receive at \$0 copayment. Visit www.vivahealth.com/provider/Resources to download the form, or call Customer Service. ⁸Prior Authorization must be obtained in order to access additional courses of treatment covered at 100%.



Finding a provider is *easy*.

Following the instructions below you can choose from a large network of a doctors, hospitals, an ancillary providers (a provider who is not a doctor, like a DME supplier or dialysis center), or an urgent care facility.



STEP 1: Visit VivaHealth.com and select "Find a doctor."

STEP 2: Select that you are a Commercial Member.

I am a Medicare Member

I am a Commercial Member

STEP 3: Select the type of search.

Provider Search

Ancillary Provider Search

Hospital Search

Urgent Care Search

STEP 4: Fill in your necessary information. You can also narrow down your search by specialty, network, and location.

STEP 5: Your search results will then be produced. Results will include provider name, address, and phone number.

How can we help you today?

- Find a doctor
- Find prescription drugs
- Download our App
- Shop for Medicare plans

Search

Search provider network

Your Location: Zip Code

Distance: Show All Results

Sort By: Sort by Distance

Networks: All Networks

Provider Types: All Providers

Specialties: All Specialties

Counties: All Counties

Language: All Languages

Results per Page: 50

☐ Show only providers accepting new patients

Search Basic Clear

If you have any questions about VIVA HEALTH's provider network or online provider search, please call VIVA HEALTH Customer Service at 1-800-294-7780, Monday – Friday, 8 am – 5 pm. We are here to help.





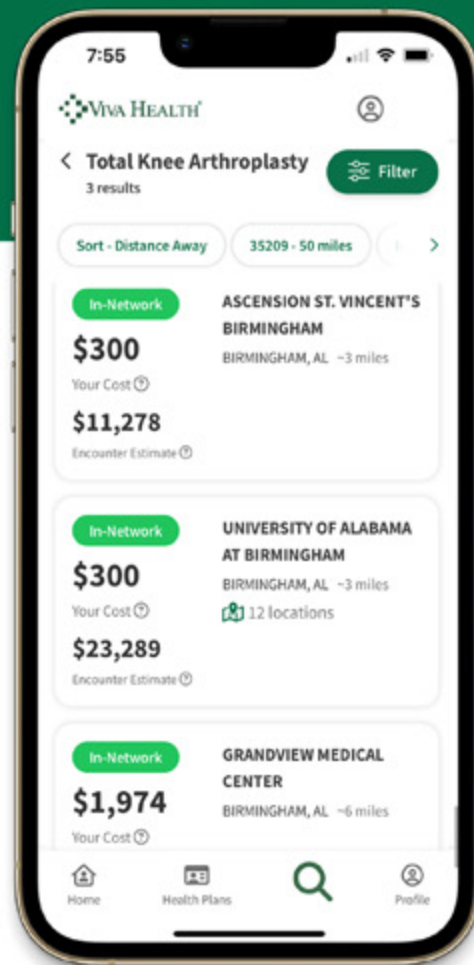
MyMedicalShopper™ Healthcare Price Comparison Tool

What is this?


MyMedicalShopper™ is a powerful tool that makes shopping for your medical care easy. Our tool empowers you to choose where to receive medical care based on price, quality, and convenience – the same way you might shop for everything else in your life.

Use MyMedicalShopper™ to:

- ✓ Find providers and services
- ✓ Know before you go: get estimates for procedures and care
- ✓ Save and Compare healthcare prices



Your employer has provided you with this valuable benefit to help you minimize your out-of-pocket costs and save money!

	Comprehensive Metabolic Panel	MRI of Lower Joint	Nuclear Stress Test
Lowest Price Paid	\$22	\$385	\$1,146
Highest Price Paid	\$604	\$3,313	\$6,074
You Can Save	\$572	\$2,928	\$4,928
Distance Between Providers	10 Miles	13 Miles	25 Miles

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Use MyMedicalShopper™
to help save money on your healthcare expenses.

Activate your account by registering at mymedicalshopper.com/wl/viva-health.
Your Member ID# is your Family ID# plus ID Suffix on your medical insurance card.

Download the TALON Health app to use MyMedicalShopper™ today!



GO DIGITAL

For fast, simple and secure access to your prescription benefits

Create an Express Scripts® Pharmacy digital account by registering online or through our mobile app. Then use **BOTH** to manage your medications – anytime, anywhere, any way you like.



Save on medications

Compare prices from competing retail pharmacies.



Find a pharmacy

Locate the most convenient network pharmacy for your needs.



Enroll in home delivery

Refill and renew prescriptions, check order status and track shipments.



Help us keep you safe

Fill out your health questionnaire so we can watch out for medications you are allergic to or that don't go together.

Get started now

Use our website or mobile app to register. It's easy!



Visit express-scripts.com

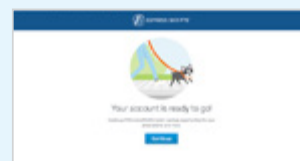
- 1 Click the register button at the top of the page.



- 2 Fill out a few simple data fields.



- 3 Click through to create your account.



Download our mobile app

Use this QR code or search Express Scripts® in your app store.



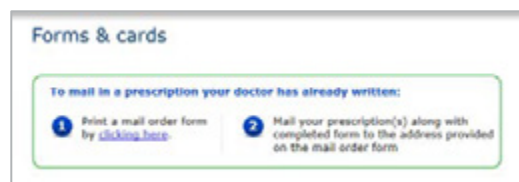
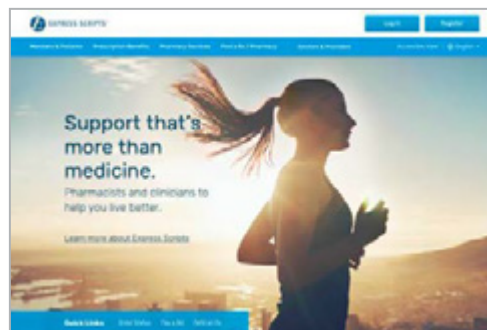
Download the app for free, then tap Register Now to get started.

Getting Started with Home Delivery from Express Scripts Pharmacy®

Online access to savings and convenience

Whether you are viewing the member website or using the Express Scripts® mobile app,¹ you can easily manage your home delivery prescriptions:

- Check order status
- Refill and renew prescriptions
- Check prices and coverage
- Find convenient pharmacies
- View your prescription claims and balances
- Pay your balance using a variety of payment options
- View our therapeutic resource centers for information
- And much more



To access the member website ...

Log in at express-scripts.com (Register if it is your first visit. Just have your member ID or SSN handy.)

If you have a NEW prescription ...

Get started by contacting your doctor to request a 90-day prescription that he or she can e-prescribe directly to Express Scripts Home Delivery

Or print a form by selecting **Forms** (or **Forms & Cards**) from the menu under **Benefits**, then print a mail order form and follow the mailing instructions.

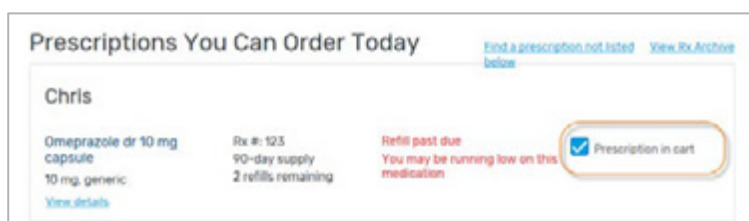
Or call us and we'll contact your doctor for you.

Please allow 10 to 14 days for your first prescription order to be shipped.

If you already have a prescription ...

Check order status online or using our app to view details and track shipping.

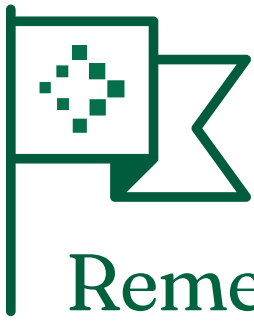
Transfer retail prescriptions to home delivery. Just click **Add to Cart** for eligible prescriptions and check out. We'll contact your provider on your behalf and take care of the rest. Check **Order Status** to track your order.



Refill and renew prescriptions for yourself and your family while online or while using our app. Just click **Add to Cart** for eligible prescriptions and check out. We'll contact your provider on your behalf, if renewals are included, and take care of the rest.

Notes:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



Remember:

Emergency and urgent care coverage is available worldwide.

If you are outside the service area and have an urgent and unforeseen need for care that can't wait until you return home, you are covered. This includes care in a physician's office for an unexpected illness or injury that would not be classified as an emergency, but does require immediate attention. Care in an emergency room is only covered for treatment of emergency medical conditions. Of course, this does not include routine or elective medical services, and you must return to the service area for any follow-up care. Still, if you're on a weekend trip or extended vacation, you can relax knowing that you are covered.

Need to access our formulary?

Visit VivaHealth.com/uab/member-resources for our drug list.

Do you have any questions?

Local customer service representatives are available to help you Monday through Friday from 8AM to 5PM at (205) 558-7474, toll-free at (800) 294-7780 (TTY: 711), and by email at VivaMemberHelp@uabmc.edu. You can also download the Viva HEALTH Mobile App to view your claims status, view a digital ID card, and request electronic EOBs.



A Product of VIVA HEALTH
A Member of the **UAB** Health System

www.VivaHealth.com
417 20th Street North, Suite 1100
Birmingham, Alabama 35203