

# VIVA UAB

For **UAB** Employees



# UAB

VIVA UAB Guidebook 2026



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Dear UAB Employee,

At VIVA HEALTH, we are proud to provide UAB employees and their families with comprehensive health insurance benefits, outstanding value, and knowledgeable providers. 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.

The network for VIVA UAB members continues to grow! In 2025, it was announced that as a member of VIVA UAB you now had access to the facilities and providers at UAB St. Vincent's. That was in addition to the access you had to the providers and facilities at the world-renowned UAB Health System, including UAB Medical West, for primary care, OB/GYN, and other health care services. As always, VIVA UAB members under the age of 18 have access to VIVA HEALTH's entire pediatric network. For 2026, you still have access to all of these great providers, but you will also have access to the newly built facilities at Cooper Green Mercy Health. Please keep in mind that VIVA UAB members are not required to obtain a PCP referral to see participating OB/GYNs at UAB or Medical West for vision, podiatry, pain management, or allergy & immunology providers.

VIVA UAB will continue to cover preventive services at 100%. For a detailed list of the preventive services covered at no charge, please refer to the supplemental wellness benefits bulletin included in this guidebook. In addition, VIVA UAB will cover certain smoking cessation drugs and products at 100% to support the UAB Wellness smoking cessation initiative.

If you are a current VIVA UAB member, we hope you decide to continue with our plan. If you will be enrolling with VIVA UAB for the first time, please remember to choose a Primary Care Physician (PCP). You can view PCPs that participate with the plan by going to [VivaHealth.com/UAB](http://VivaHealth.com/UAB). Simply click provider search on the left, choose the VIVA UAB plan on the drop down, and then search for family practice, general medicine, or internal medicine providers.

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](mailto:VivaMemberHelp@UABMC.edu). You will also find valuable information on our website at [vivahealth.com/uab](http://vivahealth.com/uab). 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 caring for you in 2026.

Sincerely,

A handwritten signature in black ink that reads "Brad Rollow".

Brad Rollow  
CEO/President

**VIVA UAB** provides UAB employees with outstanding benefits at an exceptional value. For the 30th consecutive year, we are pleased to offer a plan designed with UAB Employees and their families in mind. As a VIVA UAB member, you have access to the world renowned UAB Health System which includes facilities and providers at UAB St. Vincent's, UAB Medical West, and Cooper Green Mercy Health Services.

## 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/uab](http://vivahealth.com/uab), you can access all of the following information:

- VIVA UAB Summary of Benefits
- Preferred Drug Listing
- Certificate of Coverage
- Updates/News
- Access our Member Portal or send an email to [VivaMemberHelp@UABMC.edu](mailto:VivaMemberHelp@UABMC.edu) to request a new ID card, change your PCP, 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.



## Worldwide Emergency and 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.

## OB/GYN Network

VIVA UAB members must see providers at UAB St. Vincent's, Cooper Green Mercy Health Services, or UAB Medical West for OB/GYN related services. OB/GYN services outside of the UAB Health System network will not be covered. No referrals are required for OB/GYN services. Please refer to the website [vivahealth.com/uab](http://vivahealth.com/uab) for a listing of OB/GYN providers for VIVA UAB members.

## 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.

## Sabbatical Leave Rider

Sabbatical Leave is a period of paid leave granted to faculty members by the Employer to pursue professional development, a program of investigation, creative writing, artistry and the like. Services to treat an illness or injury for Subscribers and Covered Dependents on Sabbatical Leave will be covered while they are out of the Service Area, are subject to the Copayments described herein, and are available at a \$1,500 maximum benefit per calendar year.

## Don't Forget...

- Adult members (age 18 and over) must select a UAB, UAB St. Vincent's, or Medical West doctor as their Primary Care Physician (PCP). When you need specialty care, your PCP will refer you to UAB Health System or UAB St. Vincent's provider (no referral required for OB/GYN, vision, podiatry, pain management, chiropractic, or allergy & immunology providers). When you need hospital care, you will be admitted to UAB St. Vincent's, Cooper Green Mercy Health Services, or UAB Medical West.
- All children (under age 18) enrolled in VIVA UAB must select a pediatric doctor in the VIVA HEALTH network as their PCP.
- Female members enrolled in VIVA UAB must choose an OB/GYN provider at UAB St. Vincent's, Cooper Green Mercy Health Services, or UAB Medical West.

## 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. As a member of VIVA UAB, you have access to the UAB Health System, including UAB St. Vincent's, Cooper Green, and Medical West for primary care, OB/GYN, and other health care services. You have access to our entire network of podiatry, optometry, ophthalmology, pain management, allergy and immunology, and chiropractic providers. VIVA UAB members under the age of 18 have access to VIVA HEALTH's entire pediatric network with no referral required.

**Please keep this Attachment A for your records.**

MEDICAL BENEFITS	COVERAGE
<b>CALENDAR YEAR OUT-OF-POCKET MAXIMUM:</b> 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.	\$5,000 per individual; \$10,000 per family
<b>PREVENTIVE CARE:</b>	
<ul style="list-style-type: none"> <li>• <b>Well Baby Care</b> (Children under age 3)</li> <li>• <b>Routine Physicals</b> (One per Calendar Year for ages 3+)</li> <li>• <b>Covered Immunizations</b></li> <li>• <b>OB/GYN Preventive Visit</b> (One per Calendar Year)</li> <li>• <b>Preventive Prenatal Care</b></li> <li>• <b>Nutritionist Preventive Visits</b> (Up to 3/Calendar Year w/ a Registered Dietitian or Nutritionist)</li> <li>• <b>Other preventive items and services</b> (See Certificate of Coverage for details)</li> </ul>	100% Coverage
<b>OTHER PRIMARY CARE SERVICES:</b>	
<ul style="list-style-type: none"> <li>• <b>Medical Physician Services</b></li> <li>• <b>Illness and Injury</b></li> <li>• <b>Hearing Exams</b></li> <li>• <b>X-Ray and Laboratory Procedures</b> <ul style="list-style-type: none"> <li>○ <b>Covered Genetic Testing</b></li> </ul> </li> </ul>	\$30 Copayment per visit 80% Coverage
<b>SPECIALTY CARE:</b> (PCP Referral Required)	
<ul style="list-style-type: none"> <li>• <b>Medical Physician Services</b></li> <li>• <b>Illness and Injury</b></li> <li>• <b>OB/GYN Services</b> (No PCP Referral Required)</li> <li>• <b>X-Ray and Laboratory Procedures</b> <ul style="list-style-type: none"> <li>○ <b>Covered Genetic Testing</b></li> </ul> </li> </ul>	\$45 Copayment per visit 80% Coverage
<b>URGENT CARE CENTER SERVICES:</b>	
<ul style="list-style-type: none"> <li>• <b>Medical Physician Services</b></li> <li>• <b>Illness and Injury</b></li> </ul>	\$30 Copay/visit at UAB Urgent Care; \$45 Copay/visit at all other urgent care centers
<b>VISION CARE:</b> (No PCP Referral Required)	
<ul style="list-style-type: none"> <li>• <b>One routine vision exam per Calendar Year</b></li> <li>• <b>Other eye care office visits</b></li> </ul>	\$45 Copayment per visit
<b>ALLERGY SERVICES:</b> (No PCP Referral Required)	
<ul style="list-style-type: none"> <li>• <b>Physician Services</b></li> <li>• <b>Testing</b></li> </ul>	\$45 Copayment per visit 80% Coverage
<b>DIAGNOSTIC SERVICES:</b> (Including but not limited to CT Scan, MRI, PET/SPECT, ERCP)	\$150 Copayment per service
<b>OUTPATIENT SERVICES:</b>	
<ul style="list-style-type: none"> <li>• <b>Surgery and Other Outpatient Services</b></li> </ul>	\$200 Copayment per visit
<b>HOSPITAL INPATIENT SERVICES:</b>	
<ul style="list-style-type: none"> <li>• <b>Physician and Facility Services</b></li> </ul>	\$300 Copayment per admission
<b>INFERTILITY SERVICES:</b> (Subject to a \$5,000 maximum family medical lifetime benefit and a separate \$5,000 maximum family prescription drug lifetime benefit. Eligibility limited to subscriber and/or subscriber's spouse.)	
<ul style="list-style-type: none"> <li>• <b>Initial consultation and counseling session</b></li> <li>• <b>Semen analysis, HSG test, and endometrial biopsy</b></li> <li>• <b>Medically Necessary office visits and tests</b> (ultrasound, laboratory tests)</li> <li>• <b>Prescription drugs</b></li> <li>• <b>Medical services to treat infertility</b> [assisted reproductive technology (ART), including intrauterine insemination (IUI) and in vitro fertilization (IVF)]</li> </ul>	\$45 Copayment per visit; One per Lifetime \$0 Copayment; One per Lifetime \$45 Copayment per visit Cost varies by tier \$150 Copayment per visit
<b>MATERNITY SERVICES:</b>	
<ul style="list-style-type: none"> <li>• <b>Physician Services</b> (Prenatal, delivery, and postnatal care)</li> <li>• <b>Maternity Hospitalization</b></li> </ul>	\$45 Copayment per delivery \$300 Copayment per admission
<b>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.</b>	
<b>EMERGENCY ROOM SERVICES:</b> Members can use participating urgent care facilities in urgent but non-emergency situations	\$125 Copayment per visit (waived if admitted within 24 hours)

MEDICAL BENEFITS	COVERAGE
<b>EMERGENCY AMBULANCE SERVICES:</b> (Must be Medically Necessary)	80% Coverage
<b>DURABLE MEDICAL EQUIPMENT AND PROSTHETIC DEVICES:</b>	80% Coverage
<b>SKILLED NURSING FACILITY SERVICES:</b> (Limited to 60 days per Calendar Year)	80% Coverage
<b>HOME HEALTH CARE SERVICES:</b> (Limited to 60 visits per Calendar Year)	80% Coverage
<b>CHIROPRACTIC SERVICES:</b> (PCP Referral Required)	\$45 Copayment per visit
<b>MEDICAL NUTRITION SERVICES:</b> (Limited to 6 visits per Calendar Year with a Registered Dietitian or Nutritionist)	\$45 Copayment per visit
<b>DIABETES SELF-MANAGEMENT EDUCATION:</b>	\$45 Copayment per visit
<b>DIABETIC SUPPLIES:</b> Insulin covered under prescription drug rider. For Diabetic Supplies call VIVA HEALTH.	100% Coverage
<b>REHABILITATION AND HABILITATION SERVICES:</b> Physical, Speech, and Occupational Therapy and Applied Behavior Analysis	\$45 Copayment per visit; \$300 Copayment per admission
<b>SLEEP DISORDERS:</b>	\$45 Copayment per visit; \$150 Copayment per sleep study
<b>TEMPOROMANDIBULAR JOINT DISORDER:</b>	\$45 Copayment per visit
<b>TRANSPLANT SERVICES:</b>	100% Coverage after \$300 Hospital Copay
<b>MENTAL HEALTH &amp; SUBSTANCE USE DISORDER SERVICES:</b>	
• Inpatient Services	\$300 Copayment per admission
• Outpatient Services	\$45 Copayment per visit

PHARMACEUTICAL BENEFITS	COVERAGE
<b>PHARMACY DEDUCTIBLE:</b> 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 DRUGS<sup>1</sup>:**

<b>Generic Drugs</b>	\$20 Copay per 30-day supply (\$60 per 90-day supply <sup>2</sup> ) \$40 Copay per 90-day supply <sup>2</sup>
<b>Preferred Brand Drugs</b>	\$50 Copay per 30-day supply (\$150 per 90-day supply <sup>2</sup> ) \$125 Copay per 90-day supply <sup>2</sup>
<b>Non-Preferred Brand Drugs</b>	\$75 Copay per 30-day supply (\$225 per 90-day supply <sup>2</sup> ) \$185 Copay per 90-day supply <sup>2</sup>
<b>Specialty Drugs<sup>3,4</sup></b>	80% Coverage
<b>Oral Contraceptives</b>	\$0 Copay for generic and select brand drugs; Applicable Copay for other brand drugs
<b>Diabetic Testing Supplies</b>	100% Coverage

<sup>1</sup>Some medications may require prior authorization from VIVA HEALTH. For further information, please contact Customer Service at the phone number listed below. <sup>2</sup>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. <sup>3</sup>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/>. <sup>4</sup>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 deductible or 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 CESSION 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), \$0 Copayment or Nicotrol (inhaler), or Nicotrol NS (nasal spray), or Generic Zyban, or Varenicline tartrate (Chantix)].

**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 Copays described herein and a \$1,500 max benefit per Calendar Year.

**SABBATICAL:** (Sabbatical leave is a period of paid leave granted to faculty members by the Employer to pursue professional development, a program of investigation, creative writing, or artistry, and the like.) Services to treat an illness or injury for Subscribers and Covered Dependents on Sabbatical Leave will be covered while they are 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](http://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

## VIVA UAB & VIVA Choice



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

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

<b>Well Baby Visits (Age 0-2)</b>	<b>As recommended per guidelines<sup>1</sup></b>
• Routine Screenings, tests, & immunizations	As recommended per guidelines
<b>Well Child Visits (Age 3-17)</b>	<b>One per year at PCP<sup>3</sup></b>
• Routine screenings, tests, & immunizations	As recommended per guidelines
• HIV screening & Counseling	As recommended per guidelines
• Obesity Screening	As recommended per guidelines
• Hepatitis B virus screening	As recommended per guidelines
• Sexually transmitted infection counseling	Annually
• Anxiety and depression screening	Ages 8 and above; Up to three each per calendar year
• Skin cancer behavioral counseling	Ages 10 and above; As recommended per guidelines
<b>Routine Physical<sup>2</sup> (Age 18+)</b>	<b>One per year at PCP<sup>3</sup></b>
• Alcohol misuse screening & counseling	Annually
• Anxiety and depression screening	Up to 3 each per calendar year (incl. screenings at physical & well woman visit)
• Blood pressure screening	Annually
• Cholesterol screening	As recommended per guidelines
• Diabetes screening	As recommended per guidelines
• Hepatitis B and C Virus Screening	As recommended per guidelines
• HIV screening & counseling	As recommended per guidelines
• Obesity screening	As recommended per guidelines
• Sexually transmitted infection counseling	Annually
• Syphilis screening	As recommended per guidelines
• Skin cancer behavioral counseling (Up to age 24)	As recommended per guidelines
<b>Well Woman Visit<sup>2</sup> (Adolescents &amp; Adults)</b>	<b>One per year at PCP or OB/GYN</b>
• Pap smear/cervical cancer screening	Annually
• Chlamydia screening	As recommended per guidelines
• Contraception counseling	As recommended per guidelines
• Domestic violence screening & counseling	Annually
• Gonorrhea screening	As recommended per guidelines
• HPV DNA testing	Females 30+, every three years
• Anxiety and depression screening	Up to 3 each per calendar year (incl. screenings at physical & well woman visit)
<b>Maternity Care (Pregnant Individuals; Up to 6 visits per pregnancy for the following services):</b>	<b>As recommended per guidelines</b>
• Anemia screening	As recommended per guidelines
• Bacteriuria screening	One at 12-16 weeks' gestation
• Chlamydia screening	One per pregnancy if at-risk
• Anxiety and depression screening	One each per pregnancy and after delivery
• Perinatal depression counseling	Two per year
• Gestational diabetes mellitus screening	First prenatal visit if high-risk; after 24 weeks of gestation for all others
• Gonorrhea screening	One per pregnancy if at-risk
• Hepatitis B screening	First Prenatal visit
• HIV screening	One per pregnancy
• Rh incompatibility screening	First prenatal visit; repeat testing at 24-28 weeks' gestation if at-risk
• Syphilis screening	One per pregnancy
• Breast feeding counseling	Five per pregnancy
• Tobacco counseling	Three per pregnancy for individuals who smoke
• Breast pump purchase and supplies <sup>4</sup>	Breast pump limited to one electric pump selected by VIVA HEALTH per pregnancy
<b>Contraception (Females)</b>	
• Implant (Implanon)	As recommended per guidelines; Performed in physician's office
• Injection (Depo-Provera shot)	One every three months
• I.U.D.	As recommended per guidelines; Performed in physician's office
• Diaphragm or cervical cap	One per year
• Sterilization	One procedure per lifetime



# Wellness Benefits

## VIVA UAB & VIVA Choice



### PREVENTIVE SERVICE

#### Contraception (Females) *Continued*

- Oral Contraceptives<sup>5</sup>
- Over the counter contraceptives (Females)<sup>5</sup>
- Contraceptive Patch<sup>5</sup>
- Contraceptive Vaginal Ring<sup>5</sup>

### FREQUENCY/LIMITATIONS

- Generics and select brands; Prescription required
- Generic only; Prescription required; Quantity limits apply based on method
- Three per month
- 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 immunizations<sup>6</sup>** (not travel related)

### 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

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  $\geq 95^{\text{th}}$  percentile for age and sex or  $\geq 30$ )
- **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

- 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 BENEFITS<sup>5</sup>

- **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)<sup>7</sup>
- **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 products**<sup>8</sup>

### 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

## VIVA UAB & VIVA Choice



### 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

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<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%.

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**Make payments.** Easily pay for your prescriptions online, and discover ways to manage your budget with automatic payments and payment plans.

**Schedule automatic refills.** Never miss a dose with our automatic refill program.

**Set up dose reminders.\*** Stay on track with your treatment with automated alerts reminding you when it's time to take your medications.

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\*This function is only available on  
the Express Scripts® Pharmacy app.



# It's easy to get started with Express Scripts® Pharmacy.

## To activate your online account:

Visit [express-scripts.com/rx](http://express-scripts.com/rx) or download the **Express Scripts® Pharmacy app** to set up your account in only a few minutes. If you have not registered yet, you'll need a few pieces of basic personal information.

*If Express Scripts® Pharmacy is a newer option under your plan, you may not be able to register online until close to your benefits start date.*

## If you have a new prescription:

**Ask your doctor** to e-prescribe a 90-day supply with refills directly to Express Scripts® Pharmacy. (This is the fastest way to get your medication!)

**Visit [express-scripts.com/rx](http://express-scripts.com/rx)**, log in and click the “Request an Rx” button on the right side of the home page. Follow the instructions on the next page, and we'll reach out to your doctor.

**Call us** at the number on the back of your member ID card, and we'll contact your doctor for you.

Please allow 5–7 days for your first prescription to be shipped once we receive it.

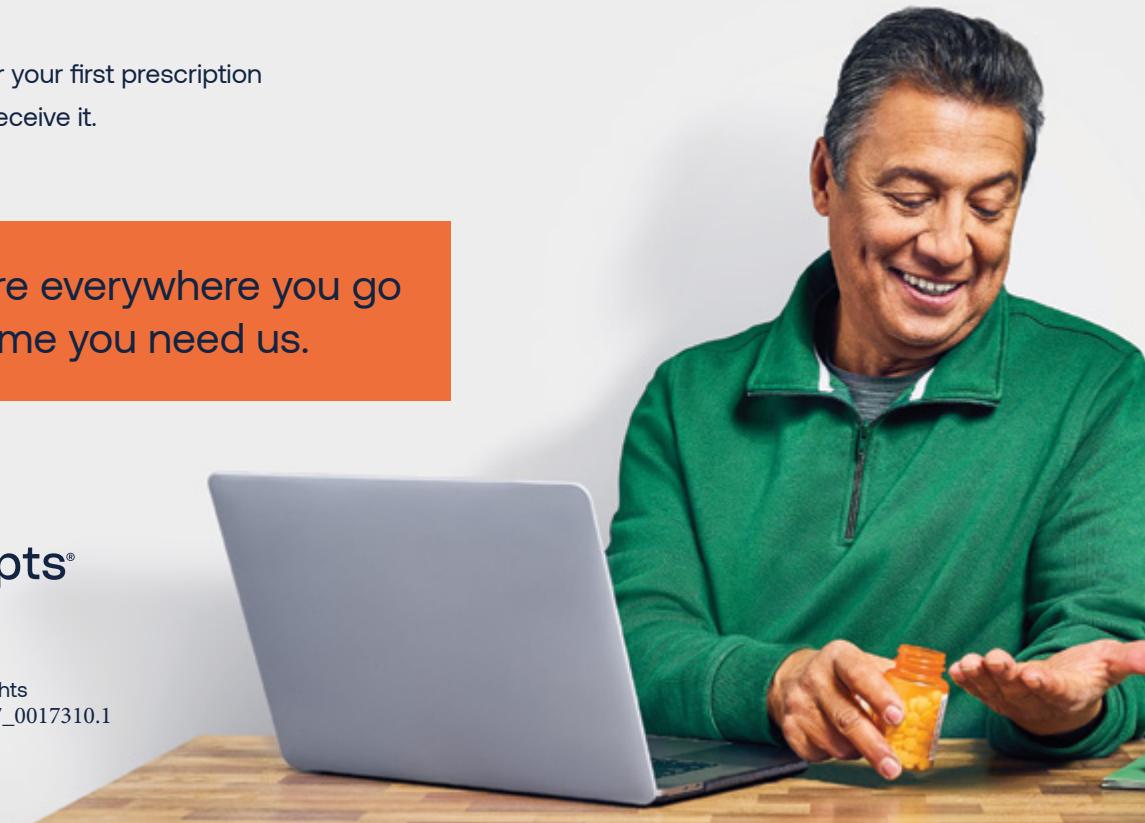
## If you already have a prescription:

It's easy to transfer current prescriptions to Express Scripts® Pharmacy. If this is a prescription that you've already filled elsewhere, you should be able to see it in your prescription dashboard. If you have refills, once you log in or activate your account, all you need to do is click to order and set up payment. We'll contact your doctor and take care of the rest.

›› We're here everywhere you go  
›› and anytime you need us.

Express Scripts®  
Pharmacy

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# 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](https://VivaHealth.com) and select "Find a doctor."

**STEP 2:** Select that you are a Commercial Member.

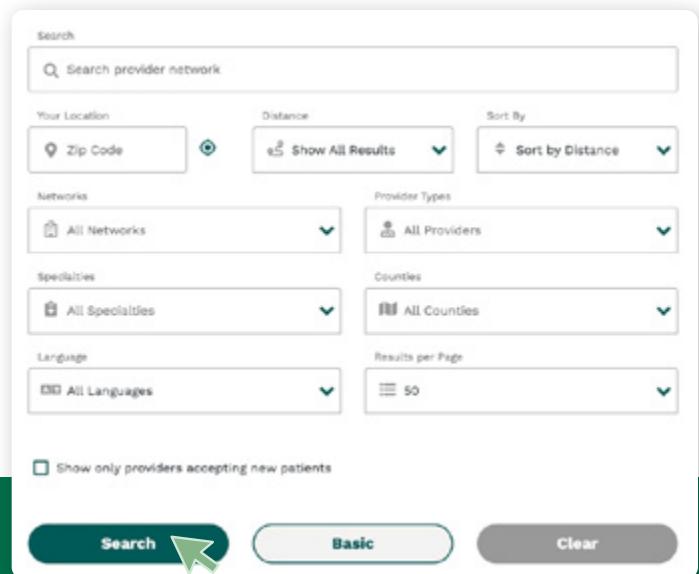


**STEP 3:** Select the type of search.



**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.



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.





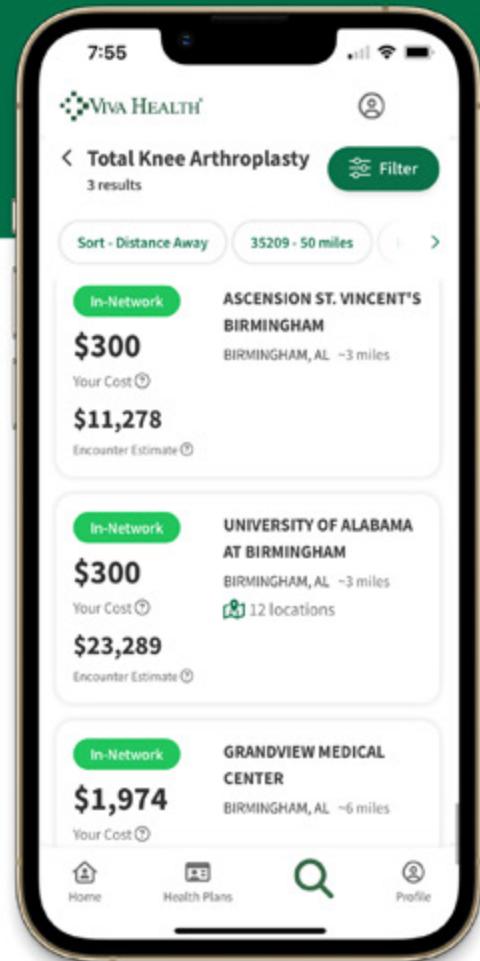
## MyMedicalShopper™ Healthcare Price Comparison Tool

### 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

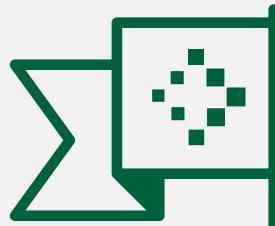
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Use MyMedicalShopper™  
to help save money on your healthcare expenses.



Activate your account by registering at [mymedicalshopper.com/wl/viva-health](https://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!



## 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 [www.vivahealth.com/uab/member-resources](http://www.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](mailto: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/uab](http://www.VivaHealth.com/uab)  
417 20th Street North, Suite 1100  
Birmingham, Alabama 35203

## Notice of Availability of Language Assistance Services and Auxiliary Aids and Services:

### **English (English)**

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-294-7780 (TTY: 711) or speak to your provider.

### **Español (Spanish)**

ATENCIÓN: Si habla español (Spanish), tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-294-7780 (TTY: 711) o hable con su proveedor.

### **中文 (Traditional Chinese)**

注意: 如果您說中文 (Chinese), 我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務, 以無障礙格式提供資訊。請致電 1-800-294-7780 (TTY : 711) 或與您的提供者討論。

### **中文 (Simplified Chinese)**

注意: 如果您說中文 (Chinese), 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。致电 1-800-294-7780 (文本电话: 711) 或咨询您的服务提供商。

### **한국어 (Korean)**

주의: 한국어 (Korean) 를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-294-7780(TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

### **Việt (Vietnamese)**

LUU Y: Nếu bạn nói tiếng Việt (Vietnamese), chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-294-7780 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

### **العربية (Arabic)**

تنبيه: إذا كنت تتحدث اللغة العربية (Arabic)، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجاناً. اتصل على الرقم 1-800-294-7780 (TTY: 711) أو تحدث إلى مقدم الخدمة.

### **Deutsch (German)**

ACHTUNG: Wenn Sie Deutsch (German) sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-800-294-7780 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

### **Français (French)**

ATTENTION : Si vous parlez Français (French), des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-294-7780 (TTY : 711) ou parlez à votre fournisseur.

## ગુજરાતી (Gujarati)

ધ્યાન અપો: જો તમે ગુજરાતી (Gujarati) બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓક્સિઝલી સહાય અને એક્સેસિબ્લ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-800-294-7780 (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

## Tagalog (Tagalog)

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyong upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-294-7780 (TTY: 711) o makipag-usap sa iyong provider.

## हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी (Hindi) बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-800-294-7780 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

## ລາວ (Lao)

ເຊື່ອງຈາກ: ຖ້າທ່ານເວົ້າພາກາ ລາວ (Lao), ລະມີບົນການຈົ່ວລັງພາກາມມີບົນບໍລິຫານ. ມີຄື່ອງຈົ່ວລິ ດະການ ບໍລິການມີບົນບໍລິຫານທີ່ເມື່ອມີບົນບໍລິຫ້ນມູນໃນກູບມືບົນບໍລິຫານ. ໄທທາມເປີ 1-800-294-7780 (TTY: 711) ຫຼື ວິທີກັບຜູ້ໃຫ້ບົນການຂອງທ່ານ.

## РУССКИЙ (Russian)

ВНИМАНИЕ: Если вы говорите на русский (Russian), вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-294-7780 (TTY: 711) или обратитесь к своему поставщику услуг.

## Português (Portuguese)

ATENÇÃO: Se você fala português (Portuguese), serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-800-294-7780 (TTY: 711) ou fale com seu provedor.

## Türkçe (Turkish)

DİKKAT: Türkçe (Turkish) konuşuyorsanız, ücretsiz dil yardım hizmetleri sizin için mevcuttur. Erişilebilir formatlarda bilgi sağlamak için uygun yardımcı araçlar ve hizmetler de ücretsiz olarak mevcuttur. 1-800-294-7780 (TTY: 711) numarasını arayın veya sağlayıcınızla görüşün.

## 日本語 (Japanese)

注：日本語(Japanese)を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-800-294-7780 (TTY : 711) までお電話ください。または、ご利用の事業者にご相談ください。