



# VIVA ACCESS<sup>®</sup> 2013

for  MEDICAL WEST Employees  
an affiliate of the  HEALTH SYSTEM



Coverage *you deserve.*  
Choices *you demand.*

Access to all participating VIVA HEALTH Providers  No referrals required to see specialists

Medical West Access 2013



# VIVA ACCESS Plan for Medical West Employees

**New for 2013:** VIVA HEALTH is proud to offer Medical West employees the VIVA Access option this year. Giving you the same excellent service and value you've come to expect from VIVA HEALTH, this option allows you access to all participating VIVA HEALTH providers throughout the state of Alabama. It also includes preventive care covered at 100% with no copay. For a full list of VIVA HEALTH participating providers, please visit our website at [www.vivahealth.com](http://www.vivahealth.com).

## Effective Dates: January 1, 2013 – December 31, 2013

The Plan's services with its copayments and some of the limitations are listed here. Please remember that this is only a brief listing. For more information on covered benefits and

exclusions, please see the Certificate of Coverage (available on-line at [www.vivahealth.com](http://www.vivahealth.com)).

## Pre-Existing Condition Policy:

No waiting period for pre-existing conditions.

**Eligibility:** Please refer to your Certificate of Coverage for eligibility requirements.



VIVA HEALTH Customer Service

(205) 558-7474 or 1-800-294-7780

Visit our website at: [www.VIVAHEALTH.com](http://www.VIVAHEALTH.com)

Calendar Deductible		
<i>Applies ONLY to those benefits with 80% Coverage. Does not apply to benefits with a copayment or prescription benefits. Does not apply to Mental Health or Biological, Biotechnical and Specialty Pharmaceuticals. The family deductible is \$1,500 not to exceed \$500 per any individual.</i>		<b>\$500 per individual; \$1,500 aggregate amount per family</b>
Coinsurance Limit		
<i>Applies only to out-of-pocket costs on those benefits that require the member to pay a percentage of the cost, except Biological, Biotechnical and Specialty Pharmaceuticals, which have a separate coinsurance limit listed below. The deductible does not count toward the Coinsurance Limit. Does not apply to benefits with a copayment or prescription benefits.</i>		<b>\$1,500 per individual; \$4,500 aggregate amount per family per Calendar Year</b>
Preventive Care		
<ul style="list-style-type: none"> <li>Well Baby Care (Children under age 3)</li> <li>Routine Physicals (One per Calendar Year for ages 3+)</li> <li>Covered Immunizations</li> <li>OB/GYN Preventive Visit (One per Calendar Year)</li> <li>Other preventive items and services.</li> </ul> <i>(See Wellness Benefits pages included in this booklet for recommendations and guidelines)</i>		<b>100% Coverage</b>
Other Primary Care Services		
<ul style="list-style-type: none"> <li>Surgical &amp; Medical Physician Services</li> <li>Hearing Exams</li> </ul>	<ul style="list-style-type: none"> <li>Illness and Injury</li> <li>X-Rays and Lab</li> </ul>	<b>\$30 Copay per visit</b>
Specialty Care (No PCP referral required)		
<ul style="list-style-type: none"> <li>Physician Office Visits</li> </ul>		<b>\$30 Copay per visit</b>
<ul style="list-style-type: none"> <li>OB/GYN Office Visits</li> </ul>		<b>\$30 Copay per visit</b>
Vision Care (No PCP referral required)		
<ul style="list-style-type: none"> <li>One Routine Vision Exam per Calendar Year</li> </ul>		<b>\$30 Copay per visit</b>
<ul style="list-style-type: none"> <li>Other Eye Care Office Visits</li> </ul>		<b>\$30 Copay per visit</b>
Allergy Services (No PCP referral required)		
<ul style="list-style-type: none"> <li>Physician Services</li> </ul>		<b>\$30 Copay per visit</b>
<ul style="list-style-type: none"> <li>Testing</li> </ul>		<b>80% Coverage</b>
Hospital Inpatient Services		
<ul style="list-style-type: none"> <li>Physician Services</li> </ul>		<b>100% Coverage</b>
<ul style="list-style-type: none"> <li>Semi-private Room</li> </ul>		<b>\$750 Copay per admission</b>
Outpatient Services		
<ul style="list-style-type: none"> <li>Surgery/Diagnostic Services</li> </ul>		<b>\$175 Copay per service</b>

<b>Maternity Services</b>	
• Physician Services <i>(Prenatal, Delivery and Postnatal Care)</i>	<b>\$30 Copay per delivery</b>
• Maternity Hospitalization	<b>\$750 Copay per admission</b>
<b>Emergency Room Services</b> <i>(Waived if admitted within 24 hours)</i>	<b>\$200 Copay per visit</b>
<b>Emergency Ambulance Services</b> <i>(Must be medically necessary)</i>	<b>80% Coverage</b>
<b>Durable Medical Equipment &amp; Prosthetic Devices</b> <i>(Max. benefit of \$15,000 per Lifetime)</i>	<b>80% Coverage</b>
<b>Skilled Nursing Facility Services</b> <i>(100 days per lifetime)</i>	<b>80% Coverage</b>
<b>Diabetic Supplies</b>	
Insulin covered under prescription drug rider. For diabetic supplies, call VIVA HEALTH.	<b>100% Coverage</b>
<b>Rehabilitation Services</b> <i>(Prior authorization required; Limited to 60 total inpatient days &amp; 25 total outpatient visits per Calendar Year)</i>	
• Physical, Speech and Occupational Therapy	<b>80% Coverage</b>
<b>Home Health Care Services</b> <i>(Limited to 60 visits per Calendar Year)</i>	<b>80% Coverage</b>
<b>Chiropractic Services</b> <i>(No PCP Referral Required. Covered up to 25 visits per Calendar Year)</i>	
• Treatment for manual manipulation of subluxations only	<b>\$30 Copay per visit</b>
<b>Temporomandibular Joint Disorder</b> <i>(\$2,000 max. benefit per Lifetime)</i>	<b>\$30 Copay per visit</b>
<b>Sleep Disorders</b> <i>(2 sleep studies per Member per Lifetime)</i>	<b>\$30 Copay per visit</b> <b>\$175 Copay per sleep study</b>
<b>Transplant Services</b>	<b>100% Coverage after \$750 Hospital Copay</b>
<b>Mental Health &amp; Substance Abuse Services</b>	
• Inpatient	<b>\$750 Copay per admission</b>
• Outpatient	<b>\$30 Copay per visit</b>
• Residential treatment and certain diagnoses are excluded. See your Certificate of Coverage for details.	
<b>Type of Drug</b>	<b>Copay</b>
<b>Preferred Generic</b>	
Participating Pharmacy	\$5 per 31-day supply
Mail Order	\$12 per 90-day supply
Participating Pharmacy	\$15 per 90-day supply
<b>Generic</b>	
Participating Pharmacy	\$20 per 31-day supply
Mail Order	\$43 per 90-day supply
Participating Pharmacy	\$60 per 90-day supply
<b>Preferred Brand*</b>	
Participating Pharmacy	\$40 per 31-day supply
Mail Order	\$86 per 90-day supply
Participating Pharmacy	\$120 per 90-day supply
<b>Non-Preferred Brand*</b>	
Participating Pharmacy	\$65 per 31-day supply
Mail Order	\$162 per 90-day supply
Participating Pharmacy	\$195 per 90-day supply
<b>Women's Preventive Benefits</b>	
Oral Contraceptives	\$0 copayment for generic drugs; Applicable copayment for brand-name drugs.

\* When generic is available, Member pays difference between generic and brand-name price, plus Copay. • Some medications may require prior authorization from VIVA HEALTH. For further information, please contact Customer Service. • Biotechnical, Biological, and Specialty Pharmaceuticals require prior authorization and have a 10% coinsurance with a \$10,000 calendar year out-of-pocket maximum. These medications are received from Caremark and can be ordered by calling 1-800-237-2767.



# Wellness Benefits

This schedule outlines preventive services and items that VIVA HEALTH will pay at 100 % for its non-grandfathered “Wellness” 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. “As recommended per guidelines” means as recommended under the federal health reform law. See footnote for more information.

PREVENTIVE SERVICE	FREQUENCY
<b>Well Baby Visits</b> (Age 0-3) Routine screenings, tests & immunizations	<b>As recommended per guidelines<sup>1</sup></b> As recommended per guidelines
<b>Well Child Visits</b> (Age 3-18) Routine screenings, tests & immunizations	<b>One per year at PCP<sup>2</sup></b> As recommended per guidelines
<b>Routine Physical</b> (Age 19+) <i>(Must be part of your annual physical or OB/GYN visit for coverage at 100%)</i> Alcohol misuse screening & counseling Blood pressure screening Cholesterol screening Depression screening Diabetes screening HIV screening & counseling Sexually transmitted infection counseling Syphilis screening	<b>One per year at PCP</b>  Annually Annually As recommended per guidelines Annually As recommended per guidelines As recommended per guidelines Annually As recommended per guidelines
<b>Well Woman Visit</b> (Adolescents & Adults) <i>(Must be part of your annual physical or OB/GYN visit for coverage at 100%)</i> Pap smear/cervical cancer screening Chlamydia screening Contraception counseling Domestic violence screening & counseling Gonorrhea screening HPV DNA testing	<b>One per year at PCP or OB/GYN</b>  Annually As recommended per guidelines Annually Annually As recommended per guidelines Women 30+, every three years
<b>Maternity Care</b> (Pregnant Women) <i>(Covered only for employee and employee's spouse)</i> Anemia screening Bacteriuria screening Breast feeding interventions Breast pump purchase <sup>3</sup>  Chlamydia screening Gestational diabetes screening  Gonorrhea screening Hepatitis B screening HIV screening Rh incompatibility screening  Syphilis screening Tobacco Counseling	<b>As recommended per guidelines</b>  One per emergency One at 12-14 weeks' gestation Two per pregnancy One electric pump selected by VIVA HEALTH every four years One per pregnancy for at-risk women First prenatal visit if high-risk; 24-28 weeks' gestation for all women One per pregnancy for at-risk women First prenatal visit One per pregnancy First prenatal visit for all women; 24-28 weeks' gestation if at-risk One per pregnancy Three per pregnancy for women who smoke





# Wellness Benefits

## PREVENTIVE SERVICE

### Contraception (Females)

- Oral Contraceptives<sup>4</sup>
- Injection/Implant
- I.U.D
- Sterilization

### Osteoporosis screening

(At-risk women age 60; Other women age 65+)

### Screening mammography (Women age 40+)

### Counseling for chemoprevention of breast cancer

(Woman at high risk)

### Breast cancer counseling about genetic testing<sup>5</sup>

(Woman at risk)

### Colorectal cancer screening (Age 50-75)

Fecal occult blood testing or

Sigmoidoscopy or

Screening colonoscopy

### Abdominal aortic aneurysm screening

(Men with smoking history)

### Routine immunizations (not travel related)

Includes, but not limited to:

- Influenza (Age 6 months-adults)
- HPV (Girls starting age 11-12)
- Pneumococcal
- Zoster (shingles) (Age 60+)

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.

### Diet counseling

(Adults with high cholesterol or other risks for heart or diet-related chronic disease)

### Obesity counseling

(Clinically obese children and adults: BMI > 30)

### Tobacco counseling (Adults)

## FREQUENCY

Generic only; Prescription required

One every three years; Performed in physician's office

One every three years; Performed in physician's office

One procedure per lifetime

As recommended per guidelines

One per year

One per lifetime

Per medical/family history

One per year

One every five years

One every 10 years

One per lifetime

As recommended by CDC

One per year

3 doses per lifetime

As recommended by PCP

One per lifetime

Three visits per year with PCP, nutritionist or dietitian

Six visits per lifetime with PCP or dietitian

One visit per year with PCP or specialist

## PHARMACY BENEFITS

Prescription required for coverage, even for over-the-counter products

Aspirin to prevent heart disease (age 45+)

Generic only

Folic acid supplements (Women 55 & younger)

Generic only

Iron supplements (12 months & younger)

For babies at risk for anemia

Oral contraceptives (Females)

Generic only

Oral fluoride supplements (6 years & younger)

For children whose water source is fluoride deficient

Tobacco cessation products (Adults who smoke)

Up to 12 weeks generic Zyban and varenicline tartrate (Chantix) per lifetime

<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>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>3</sup>To order a breast pump, employee or employee's spouse must be within 30 days of due date or within 60 days of delivery. Call MedSouth Medical Supplies at 1-800-423-8677.

<sup>4</sup>Must have prescription coverage through VIVA HEALTH to access this benefit.

<sup>5</sup>For those at increased risk of harmful BRCA1 & 2 gene mutation.



# Coverage you deserve. Choices you demand.

The **VIVA Access Plan** offers you:

- Access to all participating VIVA HEALTH providers!
- No referrals needed. You may use any participating VIVA HEALTH Specialist or Primary Care Physician without a referral.

## **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. 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. Care in an Emergency Room is only covered for treatment of emergency medical conditions.

## **Customer Service**

(205) 558-7474 or (800) 294-7780 or  
[vivamemberhelp@uabmc.edu](mailto:vivamemberhelp@uabmc.edu)



A Member of the **UAB** Health System

[www.vivahealth.com](http://www.vivahealth.com)

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