



VIVA Health  
USWA/ABC Coke Medical Plan

June 12, 2004



BENEFITS	Services provided by a Network Provider In-Network	Services Provided by a Provider not participating in the Network Self-Managed	Care received by members who live outside the Network area Out-of-Area
<b>ROUTINE PREVENTIVE CARE</b>			
Routine Office Visit for Well Child Physical Examinations	100% coverage, no co-pay, 9 visits ages 1-2. 1 visit per year ages 3-6.	Covered only when provided by a Network Physician.	80% UCR*
Routine Immunizations (no age limitation)	100% coverage	Covered only when provided by a Network Physician.	80% UCR*
Routine Office Visit for Physical Examination	100% coverage, no co-pay, for one visit every 2 years beginning at age 7-34 one visit annually for ages 35 and above.	Covered only when provided by a Network Physician.	80% UCR*
Annual Routine OB/GYN Visit (Female members self-refer)	100% coverage, no co-pay, for ages 18 and above.	Covered only when provided by a Network Physician.	80% UCR*
Annual Routine Pap Smear	100% coverage for ages 18 and above.	Covered only when provided by a Network Physician.	80% UCR*
Mammograms	100% coverage. One baseline for women ages 35-40, one yearly for women age 41 and above.	Covered only when provided by a Network Physician.	80% UCR*
Prostate Specific Antigen (PSA)	100% coverage. One annually for men age 40 and above.	Covered only when provided by a Network Physician.	80% UCR*
Other Routine Lab/Diagnostic Testing	100% coverage Urinalysis covered when visit is covered (based on PCP recommendations) Cholesterol Test, once every 5 years TB skin test, once during baby's first year, once between 1-4, and once between 14-18 Complete Blood Count - covered when visit is covered (based on Network provider recommendations) Hemocult Stool check - annually beginning at age 50 Sigmoidoscopy - every three years beginning at age 50	Covered only when provided by a Network Physician.	80% UCR*
<b>PHYSICIAN SERVICES</b>			
Office Visits and Consultations	100% coverage, after a \$25 co-pay	70% of network approved amount*	80% UCR*
Surgery and Anesthesia	100% coverage	70% of network approved amount*	80% UCR*
Physician Services in Hospital	100% coverage after \$15 co-pay per Admitting Physician visit.	70% of network approved amount*	80% UCR*

Revised 6/22/04

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Newborn well child exam in the hospital	100% coverage	70% of network approved amount*	80% UCR*
Diagnostic X-rays and Lab Exams	100% coverage	70% of network approved amount*	80% UCR*
Chemotherapy and Radiation Therapy	100% coverage	70% of network approved amount*	80% UCR*
Allergy Testing & Treatment (other than Physician office visit)	100% coverage	70% of network approved amount*	80% UCR*
Temporomandibular Joint Disorders	100% coverage \$2,000 lifetime maximum	70% of network approved amount*	80% UCR* \$2,000 lifetime maximum
Physician Services for Treatment in the Emergency Room	100% coverage, after a \$25 co-pay	70% of network approved amount*	80% UCR*

### **INPATIENT HOSPITAL SERVICES**

Deductible and Co-pays	\$100 deductible per admission \$0 co-pay per day	\$500 deductible per admission \$100 co-pay per day	80% of covered charges subject to inpatient deductible
Coverage	100% coverage after \$100 deductible; Pre-certification required	Same as In-Network	80% UCR*
Pre-Certification	Required for all admissions; will be obtained by admitting physician. Maternity and emergency admissions require notification within 48 hours.	Required for all admissions; maternity and emergency admissions require notification within 48 hours. Member is responsible for obtaining; if not obtained, no benefits available	Required for all admissions; maternity and emergency admissions require notification within 48 hours. Member is responsible for obtaining; if not obtained, no benefits available

### **OUTPATIENT HOSPITAL SERVICES**

Emergency Room Services for Accidental Injuries	100% coverage after a \$40 deductible	100% coverage after \$200 co-pay	80% of covered charges*
Emergency Room Services for Medical Emergencies	100% coverage after a \$40 deductible	100% coverage after \$200 co-pay	80% of covered charges*
Facility Charges when having Surgery	100% coverage after a \$50 co-pay; Preauthorization required	100% coverage after \$200 co-pay; Preauthorization required	80% of covered charges*; Preauthorization required
Facility Charges for Diagnostic X-ray, Lab and Pathology	100% coverage;	100% coverage after \$200 co-pay;	80% of covered charges*;
Facility Charges for Hemodialysis, IV Therapy, Chemotherapy and Radiation Therapy	100% coverage; Preauthorization required	100% coverage after \$200 co-pay; Preauthorization required	80% of covered charges*; Preauthorization required



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<b>MATERNITY/OB SERVICES</b>			
Physician Services for prenatal, delivery and postnatal care	100% coverage	80% of network approved amount*	80% UCR*
<b>OTHER SERVICES</b>			
Chiropractic Services	80%* of network approved amount;	Not covered	80% UCR to a maximum of 12 visits, \$400 per year*; Preauthorization required
Physical Therapy	80%* of network approved amount; Preauthorization required	Not covered	80% UCR*; Preauthorization required
Speech Therapy	80%* of network approved amount; Preauthorization required	Not covered	80% UCR*: Preauthorization required
Durable Medical Equipment, Prosthetic Devices and Supplies	80%* of network approved amount; Preauthorization required	Not covered	80% UCR*: Preauthorization required
Transplants (Heart, liver, lungs, pancreas, kidney, bone marrow, heart-valve, skin and cornea)	100%* coverage for physician's surgical services and 100% coverage for inpatient hospital services subject to inpatient deductible and co-payments; Preauthorization required	Not covered	80% when Preauthorized
Home Health and Hospice Care	100%* coverage through Network Providers; Preauthorization required	Not covered	80% UCR*, limited to 40 visits each calendar year; Preauthorization required
<b>OTHER SERVICES</b>			
Individual Case Management	Available through Comprehensive Managed Care \$3,000 in prescription drug claims in a calendar year triggers mandatory case management		
Ambulance	80% UCR*		
<b>GENERAL PROVISIONS</b>			
Major Medical Deductible	\$150 per person; \$450 maximum per family		
Annual Out-of-Pocket Per Person	\$750 per person; \$2,250 family maximum	No dollar maximum per person	\$750 per person; \$2,250 family maximum
Lifetime Maximum	\$1,000,000.00		

\*Services marked with asterisk are subject to the Major Medical Deductible

PRESCRIPTION DRUGS	IN-NETWORK	OUT-OF-NETWORK	OUT-OF-AREA
<p><b>Prepaid Drug Card</b> (Maximum of \$3,000 per member annually)</p>	<p>Generic drugs covered in full after a \$10 co-payment per prescription. When no generic is available, brand name drugs are subject to a \$20 co-payment per prescription. When a preferred brand name is prescribed and filled and a generic is available, there is a \$10 co-payment plus the difference in cost between name brand and generic. Non-Preferred brand are subject to a \$40 co-payment.</p>	<p>There are no benefits available for prescription drugs purchased from a non-network pharmacy in Alabama.</p>	<p>Generic drugs covered in full after a \$10 co-payment per prescription. When no generic is available, brand name drugs are subject to a \$20 co-payment per prescription. When a brand name is prescribed and filled and a generic is available, there is a \$10 co-payment plus the difference in cost between name brand and generic. Non-Preferred brand are subject to a \$40 co-payment.</p>
<p><b>Mail Order</b> (90 Day Supply)</p>	<p>Generic drug \$10 co-payment, Brand drug (no generic available) \$20 co-payment, Preferred brand (generic available) \$10 co-payment plus the difference in cost between name brand and generic, Non Preferred drug \$40 co-payment.</p>		<p>Generic drug \$10 co-payment, Brand drug (no generic available) \$20 co-payment, Preferred brand (generic available) \$10 co-payment plus the difference in cost between name brand and generic, Non Preferred drug \$40 co-payment.</p>
<p><b>Specialty Drugs</b></p>	<p>Specialty drugs must be purchased through Specialty Rx and is subject to a \$40 co-payment per prescription.</p>		<p>Specialty drugs must be purchased through Specialty Rx and is subject to a \$40 co-payment per prescription.</p>
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES			
<p><b>All Services</b></p>	<p>Coverage available only through Behavioral Health Systems (See separate benefit information for details).</p>	<p>Coverage available only through Behavioral Health Systems (See separate benefit information for details).</p>	<p>Coverage available only through Behavioral Health Systems (See separate benefit information for details).</p>