



UAB POST DOCTORAL

Effective Dates: January 1, 2023 – December 31, 2023

Attachment A to Certificate of Coverage

The Plan's services and benefits, with their copayments, coinsurance, and some of the limitations, are listed below. Services received in a primary, specialty, or urgent care office may be subject to a copay or coinsurance in addition to the office visit cost-sharing depending on the type of service received. Please remember that this is only a brief listing. For further information, plan guidelines, and exclusions, please see the Certificate of Coverage.

Please keep this Attachment A for your records.

MEDICAL BENEFITS	COVERAGE
CALENDAR YEAR OUT-OF-POCKET MAXIMUM: The most a Member will pay per Calendar Year for qualified medical, mental, and substance abuse services, prescription drugs, and specialty drugs. The maximum includes 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.	\$7,350 per individual; \$14,700 per family
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 OB/GYN Preventive Visit (One per Calendar Year) Preventive Prenatal Care Other preventive items and services (See Certificate of Coverage for details) 	100% Coverage
OTHER PRIMARY CARE SERVICES:	
<ul style="list-style-type: none"> Medical Physician Services Illness and Injury Hearing Exams X-Ray and Laboratory Procedures <ul style="list-style-type: none"> Covered Genetic Testing 	\$20 Copayment per visit \$20 Copayment per visit \$20 Copayment per visit 100% Coverage 80% Coverage
SPECIALTY CARE: (PCP Referral Required)	
<ul style="list-style-type: none"> Medical Physician Services Illness and Injury X-Ray and Laboratory Procedures <ul style="list-style-type: none"> Covered Genetic Testing OB/GYN Services (No PCP Referral Required) 	\$30 Copayment per visit \$30 Copayment per visit 100% Coverage 80% Coverage \$30 Copayment per visit
URGENT CARE CENTER SERVICES:	
<ul style="list-style-type: none"> Medical Physician Services Illness and Injury 	\$20 Copayment per visit at UAB Urgent Care; \$30 Copayment per visit at all other urgent care centers
VISION CARE: (No PCP Referral Required)	
<ul style="list-style-type: none"> One routine vision exam per Calendar Year Other eye care office visits 	\$30 Copayment per visit
ALLERGY SERVICES: (PCP Referral Required)	
<ul style="list-style-type: none"> Physician Services Testing 	\$30 Copayment per visit 100% Coverage
DIAGNOSTIC SERVICES: (Including but not limited to CT Scan, MRI, PET/SPECT, ERCP)	100% Coverage
OUTPATIENT SERVICES:	
<ul style="list-style-type: none"> Surgery and Other Outpatient Services 	100% Coverage
HOSPITAL INPATIENT SERVICES:	
<ul style="list-style-type: none"> Physician Services Semi-Private Room 	100% Coverage \$250 Copayment per admission (waived at UAB)
INFERTILITY SERVICES: (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"> Initial consultation and counseling session Semen analysis, HSG test, and endometrial biopsy Medically Necessary office visits and tests (ultrasound, laboratory tests) Prescription drugs Medical services to treat infertility [assisted reproductive technology (ART), including intrauterine insemination (IUI) and in vitro fertilization (IVF)] 	\$30 Copayment per visit; One per Lifetime \$0 Copayment; One per Lifetime \$30 Copayment per visit Cost varies by drug 100% Coverage
MATERNITY SERVICES:	
<ul style="list-style-type: none"> Physician Services (Prenatal, delivery, and postnatal care) Maternity Hospitalization <p>Newborn care and other services covered <u>only</u> 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.</p>	\$30 Copayment per delivery \$250 Copayment per admission (waived at UAB)
EMERGENCY ROOM SERVICES:	\$50 Copay/visit (waived if admitted within 24 hours)
EMERGENCY AMBULANCE SERVICES: (Must be Medically Necessary)	100% Coverage
DURABLE MEDICAL EQUIPMENT AND PROSTHETIC DEVICES:	100% Coverage



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SKILLED NURSING FACILITY SERVICES: (100 days per Lifetime)	100% Coverage
DIABETES SELF MANAGEMENT EDUCATION:	\$30 Copayment per visit
DIABETIC SUPPLIES: Insulin covered under prescription drug rider. For Diabetic Supplies call VIVA HEALTH.	100% Coverage
HOME HEALTH CARE SERVICES: (Limited to 60 visits per Calendar Year)	100% Coverage
REHABILITATION SERVICES: (Requires Prior Authorization from VIVA HEALTH) Physical, Speech, and Occupational Therapy	\$30 Copayment per visit; \$250 Copayment per admission (waived at UAB)
HABILITATION SERVICES: Physical, Speech, and Occupational Therapy and Applied Behavior Analysis (limited to a diagnosis of Autism, Autism Spectrum Disorder, or Pervasive Developmental Delay)	\$30 Copayment per visit
CHIROPRACTIC SERVICES: (PCP Referral Required)	\$30 copayment per visit
TEMPOROMANDIBULAR JOINT DISORDER:	\$30 Copayment per visit
SLEEP DISORDERS:	\$30 Copayment per visit;
• Sleep Study	100% Coverage
TRANSPLANT SERVICES:	100% Coverage after \$250 Hospital Copayment (waived at UAB)

MENTAL HEALTH & SUBSTANCE ABUSE SERVICES¹:

- Inpatient Services 100% Coverage after \$250 Copay/admission (waived at UAB)
- Outpatient Services² \$30 Copayment per visit

¹Treatment at a residential facility is not a covered service. Certain diagnoses are excluded from coverage. See the Certificate of Coverage for details.
²Outpatient office visits require a PCP referral.

MEDICAL BENEFITS	COVERAGE
COVERED PRESCRIPTION DRUGS²:	
• Generic Drugs	
○ From a Participating Pharmacy	\$15 Copayment per 30-day supply
○ Mail-order	\$30 Copayment per 90-day supply
○ Participating Pharmacy	\$45 Copayment per 90-day supply
• Preferred Brand Drugs	
○ From a Participating Pharmacy	\$35 Copayment per 30-day supply
○ Mail-order	\$88 Copayment per 90-day supply
○ Participating Pharmacy	\$105 Copayment per 90-day supply
• Non-Preferred Brand Drugs	
○ From a Participating Pharmacy	\$60 Copayment per 30-day supply
○ Mail-order	\$150 Copayment per 90-day supply
○ Participating Pharmacy	\$180 Copayment per 90-day supply
• Biological Drugs, Biotechnical Drugs, and Specialty Pharmaceuticals³	80% Coverage
• Oral Contraceptives	\$0 Copay for generic drugs; Applicable Copay for brand drugs
• Diabetic Testing Supplies	100% Coverage

²Some medications may require prior authorization from VIVA HEALTH. For further information, please contact Customer Service at the phone number listed below. ³May be administered in the home, physician's office or on an outpatient basis. There is a Member out-of-pocket maximum of \$2,000 per Member per Calendar Year for biological drugs, biotechnical drugs, and specialty pharmaceuticals. 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/>

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

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

- Eligible Dependent:** Eligible Employee's lawful spouse and children of Eligible Employees under age 26 or disabled dependents who meet eligibility criteria. Dependents with a last name different from employee's must be verified as eligible through submission of a marriage or birth certificate with the enrollment application.
- Pre-Existing Condition Policy:** No pre-existing condition exclusions or waiting period.
- Nondiscrimination Notice:** VIVA HEALTH complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
- Language Assistance Services:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-294-7780 (TTY: 711).
 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-800-294-7780 (TTY : 711)。

UAB means University Hospital, UAB Women and Infants Center, UAB Highlands, The Kirklin Clinic, Medical West, UAB Callahan Eye Hospital, Spain Rehabilitation Center, and all UAB satellite clinics.

UABPostDoc 2023

10/2022 | PDOC