



VIVA HEALTH Prescription Drug Benefits

for Blue Cross and Blue Shield of Alabama

UAB Medicine Enterprise and Health Services Foundation Plan

Effective Dates: January 1, 2025 – December 31, 2025

Attachment A to Certificate of Coverage

The Plan's services and benefits, with their copayments, coinsurance, and some of the limitations, are listed below. 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.

PHARMACEUTICAL BENEFITS	COVERAGE VIVA HEALTH Network
PHARMACY DEDUCTIBLE: 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 DRUGS¹: <ul style="list-style-type: none"> • Generic Drugs <ul style="list-style-type: none"> ○ From a Participating Pharmacy \$15 Copayment per 30-day supply ○ Mail-order \$30 Copayment per 90-day supply² ○ Participating Pharmacy \$45 Copayment per 90-day supply² • Preferred Brand Drugs <ul style="list-style-type: none"> ○ From a Participating Pharmacy \$45 Copayment per 30-day supply ○ Mail-order \$113 Copayment per 90-day supply² ○ Participating Pharmacy \$135 Copayment per 90-day supply² • Non-Preferred Brand Drugs <ul style="list-style-type: none"> ○ From a Participating Pharmacy \$70 Copayment per 30-day supply ○ Mail-order \$175 Copayment per 90-day supply² ○ Participating Pharmacy \$210 Copayment per 90-day supply² • Oral Contraceptives \$0 Copayment for generic and select brand drugs; Applicable Copayment for other brand drugs • Biological Drugs, Biotechnical Drugs, and Specialty Pharmaceuticals^{3,4} 80% Coverage • Weight Loss Drugs (Contrave, Qsymia, Saxenda, and Wegovy)⁵ 70% Coverage after \$200 weight loss drug deductible per member • Diabetic Testing Supplies 100% Coverage • Drugs to Treat Infertility Cost varies by drug. \$5,000 coverage maximum per family per Calendar Year. Eligibility limited to subscriber and/or subscriber's spouse. 	
<p>¹Some medications may require prior authorization from VIVA HEALTH. For further information, please contact Customer Service at the phone number listed below. ²A 90-day supply is as written by the provider, unless adjusted based on the drug manufacturer's packaging size, or based on supply limits. ³May 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 vivahealth.com/Group/Login. ⁴Cost 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. ⁵Cost Sharing for weight loss drugs (Contrave, Qsymia, Saxenda, and Wegovy) does not apply to drugs prescribed for diabetes. Cost Sharing for drugs prescribed for diabetes follows standard formulary tiering.</p> <p style="text-align: center;">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.</p>	
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

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 (including sex characteristics, including interstitial intersex traits; pregnancy or related conditions; sexual orientation; gender identity; and sex stereotypes). VIVA HEALTH does not exclude people or treat them differently because 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)。