



**VIVA HEALTH Prescription Drug Benefits**  
**for Blue Cross and Blue Shield of Alabama**  
**UAB Health System and Health Services Foundation Plan**

Effective Dates: January 1, 2024 – December 31, 2024

**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.**

<b>PHARMACEUTICAL BENEFITS</b>	<b>COVERAGE</b> VIVA HEALTH Network
<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
<b>COVERED PRESCRIPTION DRUGS<sup>1</sup>:</b> <ul style="list-style-type: none"> <li>• <b>Generic Drugs</b> <ul style="list-style-type: none"> <li>○ From a Participating Pharmacy \$15 Copayment per 30-day supply</li> <li>○ Mail-order \$30 Copayment per 90-day supply</li> <li>○ Participating Pharmacy \$45 Copayment per 90-day supply</li> </ul> </li> <li>• <b>Preferred Brand Drugs</b> <ul style="list-style-type: none"> <li>○ From a Participating Pharmacy \$45 Copayment per 30-day supply</li> <li>○ Mail-order \$113 Copayment per 90-day supply</li> <li>○ Participating Pharmacy \$135 Copayment per 90-day supply</li> </ul> </li> <li>• <b>Non-Preferred Brand Drugs</b> <ul style="list-style-type: none"> <li>○ From a Participating Pharmacy \$70 Copayment per 30-day supply</li> <li>○ Mail-order \$175 Copayment per 90-day supply</li> <li>○ Participating Pharmacy \$210 Copayment per 90-day supply</li> </ul> </li> <li>• <b>Oral Contraceptives</b> \$0 Copayment for generic drugs; Applicable Copayment for brand drugs</li> <li>• <b>Biological Drugs, Biotechnical Drugs, and Specialty Pharmaceuticals<sup>2,3</sup></b> 80% Coverage</li> <li>• <b>Weight Loss Drugs (Contrave, Qsymia, Saxenda, and Wegovy)<sup>4</sup></b> 80% Coverage</li> <li>• <b>Diabetic Testing Supplies</b> 100% Coverage</li> <li>• <b>Drugs to Treat Infertility</b> Cost varies by drug. \$5,000 coverage maximum per family per Calendar Year. Eligibility limited to subscriber and/or subscriber's spouse.</li> </ul>	
<p><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>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 <a href="https://www.vivahealth.com/Group/Login/">https://www.vivahealth.com/Group/Login/</a>. <sup>3</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 out-of-pocket maximum. <sup>4</sup>Cost 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;"><b>When generic is available, Member pays difference between generic and Brand price, plus Copayment.</b>  <b>Check with your participating pharmacy to learn if it is eligible to offer a 90-day supply at retail.</b></p>	
<b>SMOKING CESSATION PRODUCTS: Two, 12-week treatment courses total per Calendar Year. Prescription required.</b> [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](http://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.
- 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)。