



For Employees of The Health Care Authority of the City of Anniston



The Health Care Authority of the  
City of Anniston – VIVA Guidebook 2024



Dear Employees of The Health Care Authority of the City of Anniston,

VIVA HEALTH, located in Birmingham, AL, is part of the University of Alabama at Birmingham (UAB) Health System. VIVA HEALTH is one of the largest health insurers in the state, with over 100,000 Medicare and commercial lives. We are pleased to have the opportunity to offer health insurance coverage to RMC Health System employees and their families. Since we started in 1995, VIVA HEALTH has grown to be one of the largest health plans in the State of Alabama. Like RMC Health System, we pride ourselves on offering an outstanding value, service, and network to our members.

The VIVA HEALTH-RMC Health System Plan is a tiered network plan that consists of RMC Health System medical providers on tier 1, UAB Health System and Children's Hospital medical providers on tier 2, and the remaining VIVA HEALTH network on tier 3. This plan includes access to primary care and all medical specialties. The plan also includes telehealth services that link members to Alabama-licensed physicians through phone or video chat for the treatment of minor medical concerns, improving the affordability and convenience of primary care. On the VIVA HEALTH-RMC Health System Plan, out-of-network services are only available for urgently needed or emergency care or when approved by VIVA HEALTH's medical director.

If you have any questions, we invite you to contact our customer service department Monday through Friday from 8AM to 5PM at (205) 558-7474, toll-free at (800) 294-7780 (TTY 711), and by email at [vivamemberhelp@uabmc.edu](mailto:vivamemberhelp@uabmc.edu).

Thank you for considering VIVA HEALTH as your health plan in 2024.  
We look forward to serving you.

Sincerely,

A handwritten signature in black ink that reads "Brad Rollow".

Brad Rollow  
CEO/President

# What You Need to Know

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**As a VIVA HEALTH-RMC Health System member, you have access to RMC Health System, the world-renowned UAB Health System, and VIVA HEALTH's full network of providers.**

## How the VIVA HEALTH-RMC Health System Plan Works

Members on this plan may see any VIVA HEALTH participating provider for their health care. However, if you see a provider within the RMC or UAB+ network, you may enjoy cost savings through lower copays, coinsurance, and deductibles.

The RMC network (Tier 1) offers the lowest copays, coinsurance, and deductibles of any of the three coverage tiers. The RMC network consists of Regional Medical Center, Stringfellow Memorial Hospital, and all RMC satellite clinics.

The UAB+ network (Tier 2) offers copays, coinsurance, and deductibles a little higher than the RMC (Tier 1) network, but includes access to University Hospital, UAB Women and Infants Center, UAB Highlands, The Kirklin Clinic, Medical West, UAB Callahan Eye Hospital, Spain Rehabilitation Center, all UAB satellite clinics, and Children's Hospital.

The VIVA HEALTH network (Tier 3) has the highest copays, coinsurance, and deductibles on the Plan but includes hospitals and health centers contracted with VIVA HEALTH but outside of RMC and UAB+.

## Will my doctor be covered under the VIVA HEALTH-RMC Health System Plan?

All physicians within VIVA HEALTH's robust state-wide network are covered under the VIVA HEALTH-RMC Health System plan. However, your costs may be less if you use a provider at RMC Health System, UAB Health System, or Children's of Alabama. To determine which tier your provider or a facility is in, you can call VIVA HEALTH at 1-800-294-7780. Remember: medical care you receive from providers who are not included in the VIVA HEALTH-RMC Health System Plan network will not be covered by the plan unless it is urgently needed or emergency medical care or approved by VIVA HEALTH's medical director in advance.

## 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. Care in an emergency room is only covered for treatment of emergency medical conditions. 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.

## Excellent Customer Service

We encourage you to put us to the test: When you dial the VIVA HEALTH Customer Service department during business hours (8am - 5pm, Monday through Friday), you'll get a real person with real answers. You can also have your questions answered at the click of the mouse! By visiting our website at [www.VivaHealth.com](http://www.VivaHealth.com), you can access all of the following information:

- Summary of Benefits
- Certificate of Coverage
- Wellness Benefits
- Access our Member Portal ([www.VivaMembers.com](http://www.VivaMembers.com)) or send an email to [VivaMemberHelp@uabmc.edu](mailto:VivaMemberHelp@uabmc.edu) to request a new ID card, change your PCP, update your mailing address, or inquire about a claim.



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## 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	TIER 1 COVERAGE*	TIER 2 COVERAGE**	TIER 3 COVERAGE***
	RMC/Stringfellow Network	UAB+ Network	VIVA HEALTH Network
<p><b>CALENDAR YEAR OVERALL DEDUCTIBLE:</b> Applies ONLY to those benefits with coinsurance coverage when the Member pays a set percentage of the cost and it is not otherwise noted that the benefit coinsurance is exempted from the deductible or when "100% Coverage, subject to the deductible" is noted. Does not apply to benefits with a copayment. Does not apply to Biological, Biotechnical, and Specialty Pharmaceuticals ordered through the pharmacy benefit but will apply to such drugs when provided directly by a physician or hospital. See separate pharmacy deductibles on next page. Deductible amounts paid on any tier apply toward all tiers, but Tier 3 has a higher deductible requirement.</p> <p><b>PER ADMISSION INPATIENT HOSPITAL DEDUCTIBLE:</b> Applies ONLY to each inpatient hospital admission in a Tier 2 or Tier 3 hospital. Inpatient hospital deductible counts toward the Calendar Year Overall Deductible but will be charged at each Tier 2 and Tier 3 inpatient hospital admission until the applicable Calendar Year Out-of-Pocket Maximum is met.</p> <p><b>CALENDAR YEAR OUT-OF-POCKET MAXIMUM:</b> The most a Member will pay per Calendar Year for qualified medical, mental, and substance use disorder services, prescription drugs, and specialty drugs. The maximum includes deductibles, copayments, and coinsurance paid by the Member for qualified services but does not include premiums, ancillary charges, or out-of-network charges over the maximum payment allowance. Out-of-pocket cost sharing paid on any tier applies toward all tiers, but Tier 3 has a higher out-of-pocket maximum.</p> <p><b>PREVENTIVE CARE:</b></p> <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>Preventive Prenatal Care</li> <li>OB/GYN Preventive Visit (One per Calendar Year)</li> <li>Nutritionist Preventive Visits (Up to 3 per Calendar Year with a Registered Dietitian or Nutritionist)</li> <li>Other preventive items and services (See Certificate of Coverage for recommendations and guidelines)</li> </ul>	<p>\$500 per individual; \$1,500 per family, not to exceed \$500 per any individual</p> <p>No Charge</p> <p>\$5,000 per individual; \$10,000 per family, not to exceed \$5,000 per any individual</p> <p>100% Coverage</p> <p>\$30 Copayment per visit</p> <p>\$45 Copayment per visit</p> <p>\$45 Copayment per visit</p>	<p>\$500 per individual; \$500 per family, not to exceed \$500 per any individual</p> <p>\$500 per admission</p> <p>\$5,000 per individual; \$12,000 per family, not to exceed \$6,000 per any individual</p> <p>100% Coverage</p> <p>\$30 Copayment per visit</p> <p>\$45 Copayment per visit</p> <p>\$45 Copayment per visit</p>	<p>\$3,000 per individual; \$6,000 per family, not to exceed \$3,000 per any individual</p> <p>\$3,000 per admission</p> <p>\$6,000 per individual; \$12,000 per family, not to exceed \$6,000 per any individual</p> <p>100% Coverage</p> <p>\$30 Copayment per visit</p> <p>\$45 Copayment per visit</p> <p>\$45 Copayment per visit</p>
<p><b>OTHER PRIMARY CARE SERVICES:</b></p> <ul style="list-style-type: none"> <li>Medical Physician Services</li> <li>Illness and Injury</li> <li>Hearing Exams</li> </ul> <p><b>SPECIALTY CARE: (No PCP Referral Required)</b></p> <ul style="list-style-type: none"> <li>Medical Physician Services</li> <li>Illness and Injury</li> <li>OB/GYN Services</li> </ul> <p><b>URGENT CARE CENTER SERVICES:</b></p> <ul style="list-style-type: none"> <li>Medical Physician Services</li> <li>Illness and Injury</li> </ul>	<p>100% Coverage</p> <p>\$30 Copayment per visit</p> <p>\$45 Copayment per visit</p> <p>\$45 Copayment per visit</p>	<p>100% Coverage</p> <p>\$30 Copayment per visit</p> <p>\$45 Copayment per visit</p> <p>\$45 Copayment per visit</p>	<p>\$30 Copayment per visit</p> <p>\$45 Copayment per visit</p> <p>\$45 Copayment per visit</p>
<p><b>TELABDOC TELEHEALTH SERVICES:</b></p> <p><b>EMERGENCY ROOM SERVICES: (Cost sharing waived if admitted within 24 hours)</b></p> <ul style="list-style-type: none"> <li>Facility Services</li> <li>Physician Services</li> </ul> <p><b>EMERGENCY AMBULANCE SERVICES: (Must be Medically Necessary)</b></p> <p><b>HOSPITAL INPATIENT SERVICES:</b></p> <ul style="list-style-type: none"> <li>Facility Services</li> <li>Physician Services</li> </ul> <p><b>SECOND SURGICAL OPINION:</b></p>	<p>\$150 Copayment per visit \$50 Copayment per visit</p> <p>80% Coverage</p> <p>100% Coverage 90% Coverage 90% Coverage (deductible does not apply)</p>	<p>\$150 Copayment per visit \$50 Copayment per visit</p> <p>80% Coverage</p> <p>90% Coverage plus \$500 per admission hospital deductible 90% Coverage 90% Coverage (deductible does not apply)</p>	<p>\$150 Copayment per visit \$50 Copayment per visit</p> <p>70% Coverage plus \$3,000 per admission hospital deductible 70% Coverage 70% Coverage (deductible does not apply)</p>







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MEDICAL BENEFITS	TIER 1 COVERAGE*	TIER 2 COVERAGE**	TIER 3 COVERAGE***
	RMC/Stringfellow Network	UAB+ Network	VIVA HEALTH Network
<b>OUTPATIENT SERVICES:</b> <ul style="list-style-type: none"> <li>Facility Services</li> <li>Physician Services</li> </ul>	\$100 Copayment <sup>1</sup> 90% Coverage	90% Coverage 90% Coverage	70% Coverage 70% Coverage
<b>MATERNITY SERVICES<sup>2</sup>:</b> <ul style="list-style-type: none"> <li>Physician Prenatal and Postnatal Services</li> <li>Physician Delivery Services</li> <li>Maternity Hospitalization</li> </ul>	\$45 Copayment per delivery 90% Coverage 100% Coverage	\$45 Copayment per delivery 90% Coverage 90% Coverage plus \$500 per admission hospital deductible	\$45 Copayment per delivery 70% Coverage 70% Coverage plus \$3,000 per admission hospital deductible
<b>DIAGNOSTIC SERVICES:</b> <ul style="list-style-type: none"> <li>X-Rays, laboratory procedures and other diagnostic services (including, but not limited to, covered genetic testing, CT Scan, MRI, PET/SPECT, ERCP)</li> <li>Physician interpretation fees for diagnostic services</li> <li>Other Physician services</li> </ul>	100% Coverage 90% Coverage (deductible does not apply) 90% Coverage	90% Coverage 90% Coverage (deductible does not apply) 90% Coverage	70% Coverage 70% Coverage 70% Coverage
<b>CHRONIC CARE MAINTENANCE:</b> (Inpatient and outpatient only. Not covered in physician's office.) <ul style="list-style-type: none"> <li>Chemotherapy, radiation therapy, wound care, and wound therapy</li> <li>IV therapy</li> <li>Physician fees for chronic care maintenance</li> </ul>	100% Coverage 100% Coverage 90% Coverage (deductible does not apply)	90% Coverage Not Covered 90% Coverage (deductible does not apply)	70% Coverage Not Covered 70% Coverage
<b>DIALYSIS:</b> <ul style="list-style-type: none"> <li>Outpatient Dialysis</li> <li>Physician Fees</li> </ul>	90% Coverage 100% Coverage (subject to the deductible)	90% Coverage 100% Coverage (subject to the deductible)	90% Coverage 70% Coverage
<b>VISION CARE:</b> (No PCP Referral Required) <ul style="list-style-type: none"> <li>Illness and Injury</li> </ul>	\$45 Copayment per visit	\$45 Copayment per visit	\$45 Copayment per visit
<b>ALLERGY SERVICES:</b> (No PCP Referral Required) <ul style="list-style-type: none"> <li>Physician Services</li> <li>Testing and Treatment</li> </ul>	\$45 Copayment 80% Coverage	\$45 Copayment 80% Coverage	\$45 Copayment 80% Coverage
<b>DURABLE MEDICAL EQUIPMENT AND PROSTHETIC DEVICES:</b>		80% Coverage	
<b>SKILLED NURSING FACILITY SERVICES:</b> (Limited to 100 days per Lifetime)	Not Available	90% Coverage	70% Coverage
<b>MEDICAL NUTRITION SERVICES:</b> (Limited to 6 visits per Calendar Year with a Registered Dietitian or Nutritionist)	\$45 Copayment per visit	\$45 Copayment per visit	\$45 Copayment per visit
<b>DIABETES SELF-MANAGEMENT EDUCATION:</b>	\$45 Copayment per visit	\$45 Copayment per visit	\$45 Copayment per visit
<b>DIABETIC SUPPLIES:</b>	Not covered under the medical benefit. See pharmacy benefit for coverage.		
<b>REHABILITATION AND HABILITATION SERVICES:</b> Physical, Speech, and Occupational Therapy and Applied Behavior Analysis (Limited to 60 total inpatient days and 30 total outpatient visits per Calendar Year for medical diagnoses)	90% Coverage (deductible does not apply)	90% Coverage (deductible does not apply)	70% Coverage (deductible does not apply)
<b>CHIROPRACTIC SERVICES:</b> (No PCP Referral Required. Limited to 25 visits per Calendar Year.) <ul style="list-style-type: none"> <li>Physician Services</li> <li>Testing and Treatment</li> </ul>	\$45 Copayment 80% Coverage	\$45 Copayment 80% Coverage	\$45 Copayment 80% Coverage
<b>HOME HEALTH CARE SERVICES:</b> (Limited to 60 visits per Calendar Year)	\$45 Copayment per visit	\$45 Copayment per visit	\$45 Copayment per visit
<b>TEMPOROMANDIBULAR JOINT DISORDER:</b>	\$45 Copayment per visit; 90% Coverage per sleep study	\$45 Copayment per visit; 90% Coverage per sleep study	\$45 Copayment per visit; 70% Coverage per sleep study
<b>SLEEP DISORDERS:</b> <ul style="list-style-type: none"> <li>Sleep Study</li> </ul>			
<b>TRANSPLANT SERVICES:</b> <ul style="list-style-type: none"> <li>Facility Services</li> <li>Physician Services</li> </ul>	Not Available	90% Coverage plus \$500 per admission hospital deductible 90% Coverage	70% Coverage plus \$3,000 per admission hospital deductible 70% Coverage





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MEDICAL BENEFITS	TIER 1 COVERAGE* RMC/Stringfellow Network	TIER 2 COVERAGE** UAB+ Network	TIER 3 COVERAGE*** VIVA HEALTH Network
<b>MENTAL HEALTH &amp; SUBSTANCE USE DISORDER INPATIENT SERVICES:</b> <ul style="list-style-type: none"> <li>Inpatient Facility Services</li> <li>Inpatient Physician Services</li> </ul>	100% Coverage 90% Coverage \$45 Copayment per visit 100% Coverage	90% Coverage plus \$500 per admission hospital deductible 90% Coverage \$45 Copayment per visit 100% Coverage	70% Coverage plus \$3,000 per admission hospital deductible 70% Coverage \$45 Copayment per visit 100% Coverage
<b>MENTAL HEALTH &amp; SUBSTANCE USE DISORDER OUTPATIENT SERVICES:</b> <ul style="list-style-type: none"> <li>Outpatient Services</li> <li>Intensive Outpatient Services and Partial Hospitalization</li> </ul>	100% Coverage 90% Coverage \$45 Copayment per visit 100% Coverage	90% Coverage plus \$500 per admission hospital deductible 90% Coverage \$45 Copayment per visit 100% Coverage	70% Coverage plus \$3,000 per admission hospital deductible 70% Coverage \$45 Copayment per visit 100% Coverage

## NOTES

\*Outpatient facility services received at The Surgery Center in Oxford, AL (TSC) are subject to 10% coinsurance (deductible does not apply) in addition to the \$100 copayment.  
 †Eligible baby must be enrolled in plan within 30 days of birth or adoption for baby's care to be covered.

## NETWORK

\*\*"RMC" means Regional Medical Center Anniston, Stringfellow Memorial Hospital, and all RMC satellite clinics.

\*\*\*The UAB+ network (Tier 2) includes University Hospital, UAB Women and Infants Center, UAB Highlands, The Kirklín Clinic, Medical West, UAB Callahan Eye Hospital, Spain Rehabilitation Center, all UAB satellite clinics, and Children's of Alabama.

\*\*\*The Viva Health network (Tier 3) includes hospitals and health centers contracted with Viva Health but outside of RMC and UAB.

PHARMACEUTICAL BENEFITS, Administered by Proxys/MedOne	TIER 1 COVERAGE The Pharmacy at RMC	TIER 2 COVERAGE Select Local Pharmacies	TIER 3 COVERAGE All Other Pharmacies
<b>Pharmaceutical Deductible</b> <ul style="list-style-type: none"> <li>Generic Drugs</li> <li>Preferred Brand Name Drugs</li> <li>Non-Preferred Brand Name Drugs</li> <li>Specialty Drugs</li> <li>Mail Order</li> </ul>	\$100 Brand Name Deductible \$8 (30 day supply) \$16 (90 day supply) \$25 (30 day supply) \$50 (90 day supply) \$45 (30 day supply) \$90 (90 day supply)	\$200 Brand Name Deductible \$20 (30 day supply) \$40 (90 day supply) \$45 (30 day supply) \$90 (90 day supply) \$70 (30 day supply) \$140 (90 day supply)	\$300 Brand Name Deductible \$25 (30 day supply) \$50 (90 day supply) \$55 (30 day supply) \$110 (90 day supply) \$80 (30 day supply) \$160 (90 day supply)
	70% Coverage (30 day supply only) Mail order not covered	70% Coverage (30 day supply only) Mail order not covered	70% Coverage (30 day supply only) Mail order not covered

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

**Eligible Dependent:** Eligible Employee's lawful eligible spouse, children of Eligible Employees up to age 26, and disabled dependents who meet eligibility criteria.  
**Working Spouse Rule:** Working spouses are NOT eligible for coverage under the this plan if health care coverage is available through their employer's plan and they are eligible to enroll for such coverage.  
**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).





# Wellness Benefits

## The Health Care Authority of the City of Anniston



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.

PREVENTIVE SERVICE	FREQUENCY/LIMITATIONS
<b>Well Baby Visits (Age 0-2)</b> <ul style="list-style-type: none"> <li>Routine screenings, tests, and immunizations</li> </ul>	<b>As recommended per guidelines<sup>1</sup></b> As recommended per guidelines
<b>Well Child Visits (Age 3-17)</b> <ul style="list-style-type: none"> <li>Routine screenings, tests, &amp; immunizations</li> <li>HIV screening and counseling</li> <li>Obesity screening</li> <li>Hepatitis B virus screening</li> <li>Sexually transmitted infection counseling</li> <li>Anxiety and depression screening</li> <li>Skin cancer behavioral counseling (Beginning at age 10)</li> </ul>	<b>One per year at PCP<sup>2</sup></b> As recommended per guidelines As recommended per guidelines As recommended per guidelines As recommended per guidelines Annually Ages 8 and above; Up to three each per calendar year As recommended per guidelines
<b>Routine Physical (Age 18+) (Must be part of your annual physical or OB/GYN visit for coverage at 100%)</b> <ul style="list-style-type: none"> <li>Alcohol misuse screening and counseling</li> <li>Anxiety and depression screening</li> <li>Blood pressure screening</li> <li>Cholesterol screening</li> <li>Diabetes screening</li> <li>Hepatitis B and C virus screening</li> <li>HIV screening and counseling</li> <li>Obesity screening</li> <li>Sexually transmitted infection counseling</li> <li>Syphilis screening</li> <li>Skin cancer behavioral counseling (Up to age 24)</li> </ul>	<b>One per year at PCP<sup>2</sup></b> Annually Up to 3 each per calendar year (incl. screenings at physical & well woman visit) Annually As recommended per guidelines As recommended per guidelines As recommended per guidelines As recommended per guidelines As recommended per guidelines Annually As recommended per guidelines As recommended per guidelines
<b>Well Woman Visit (Adolescents &amp; Adults) (Must be part of your annual physical or OB/GYN visit for coverage at 100%)</b> <ul style="list-style-type: none"> <li>Pap smear/cervical cancer screening</li> <li>Chlamydia screening</li> <li>Contraception counseling</li> <li>Domestic violence screening and counseling</li> <li>Gonorrhea screening</li> <li>HPV DNA testing</li> <li>Anxiety and depression screening</li> </ul>	<b>One per year at PCP<sup>2</sup> or OB/GYN</b> Annually As recommended per guidelines As recommended per guidelines Annually As recommended per guidelines Females 30+, every three years Up to 3 each per calendar year (incl. screenings at physical & well woman visit)
<b>Maternity Care (Pregnant Individuals)</b> Prenatal and Postpartum Services (Up to 6 visits per pregnancy for the following services): <ul style="list-style-type: none"> <li>Anemia screening</li> <li>Bacteriuria screening</li> <li>Chlamydia screening</li> <li>Anxiety and depression screening</li> <li>Gestational diabetes mellitus screening</li> <li>Gonorrhea screening</li> <li>Hepatitis B screening</li> <li>HIV screening</li> <li>Rh incompatibility screening</li> <li>Syphilis screening</li> <li>Breast feeding counseling</li> <li>Tobacco counseling</li> <li>Breast pump purchase<sup>3</sup></li> </ul>	<b>As recommended per guidelines</b> As recommended per guidelines One at 12-16 weeks' gestation One per pregnancy for at-risk females One each per pregnancy and after delivery First prenatal visit if high-risk; after 24 weeks of gestation for all females One per pregnancy for at-risk females First prenatal visit One per pregnancy First prenatal visit; repeated testing at 24-28 weeks' gestation if at-risk One per pregnancy Five per pregnancy Three per pregnancy for females who smoke One electric pump selected by VIVA HEALTH every four years
<b>Contraception (Females)</b> <ul style="list-style-type: none"> <li>Implant (Implanon)</li> <li>Injection (Depo-Provera shot)</li> <li>I.U.D.</li> <li>Diaphragm or cervical cap</li> <li>Sterilization</li> </ul>	As recommended per guidelines; Performed in physician's office One every three months As recommended per guidelines; Performed in physician's office One per year One procedure per lifetime



## PREVENTIVE SERVICE

### Contraception (Females) *continued*

- Oral contraceptives
- Over the counter contraceptives (Females)
- Contraceptive patch
- Contraceptive vaginal ring

## OTHER PREVENTIVE SERVICES

- **Osteoporosis screening** (All females age 65+ and at-risk of all ages)
- **Screening mammography** (Females age 40+)
- **BRCA risk assessment and genetic counseling/testing** (At-risk Females)
- **Lung cancer screening** (Very heavy smokers age 50-80)
- **Colorectal cancer screening** (Age 45+)
  - Fecal occult blood testing and Fecal Immunochemical Test (FIT)
  - Fecal-DNA
  - Sigmoidoscopy
  - Screening colonoscopy
- **Abdominal aortic aneurysm screening** (Males age 65-75 w/ smoking history)
- **Tuberculosis screening** (Asymptomatic, at-risk adults age 18+)
- **Dental caries prevention** (Infants and children from birth through age 5)
- **Routine immunizations<sup>4</sup>** (not travel related)  
Includes, but not limited to:
  - Influenza (Age 6 months-adult)
  - HPV (Starting age 11-12 or catch-up ages 27-45)
  - Pneumococcal
  - RSV
  - COVID
  - Zoster (Shingles) (Age 60+)
  - RZV/Shingrix (Shingles) (Age 50+)
- **Diet/nutrition counseling**
- **Obesity counseling** (Clinically obese children and adults: BMI ≥ 30)
- **Tobacco use counseling and interventions**
- **HIV Preventive Services** (HIV-uninfected people at high risk, when testing for or undergoing pre-exposure preventive therapy (PrEP). Services include HIV testing, Hepatitis B and C testing, creatine testing, pregnancy testing, STI screening and counseling, and PrEP adherence counseling.)

## PHARMACY BENEFITS - Consult Proxys/MedOne for details, frequency, and limitations

- Aspirin to prevent heart disease
- Low-dose (81 mg) aspirin to prevent preeclampsia
- Folic acid supplements
- Iron supplements
- Oral contraceptives
- HIV pre-exposure preventive (PrEP) therapy

## FREQUENCY/LIMITATIONS

Consult Proxys/MedOne for details, frequency, and limitations.  
 Consult Proxys/MedOne for details, frequency, and limitations.  
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 Consult Proxys/MedOne for details, frequency, and limitations.

## FREQUENCY/LIMITATIONS

As recommended per guidelines  
 One per year  
 Per medical/family history  
 One per year, as recommended per guidelines  
 One per year  
 One every three years  
 One every five years  
 One every 10 years  
 One per lifetime  
 One per year, as recommended per guidelines  
 Four per year at physician's office  
 As recommended by CDC  
 Two per calendar year  
 Three doses per lifetime  
 As recommended by PCP  
 Infants <8 months, children 8 months – 19 months at increased risk of severe RSV, pregnant individuals 32-36 weeks gestational age of pregnancy, and adults age 60+  
 As recommended by CDC  
 One per lifetime  
 Two doses per lifetime  
 Three visits per year  
 Six visits per lifetime  
 Two visits per year with PCP or specialist  
 HIV testing every three months; Other services as recommended per guidelines

- Over the counter contraceptives
- Oral fluoride supplements
- Tobacco cessation products
- Breast cancer preventive drugs
- Statins to prevent cardiovascular disease (CVD)

<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, member must be within 30 days of due date or actively breastfeeding. Call MedSouth Medical Supplies at 1-800-423-8677. Exceptions to limits may apply based on medical necessity. <sup>4</sup>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.

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-294-7780 (TTY: 711).

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2



### Talk with a physician

A doctor will review your medical history and contact you in minutes.

3



### Resolve the issue

A doctor will diagnose and prescribe medication, if medically necessary, to the pharmacy of your choice.

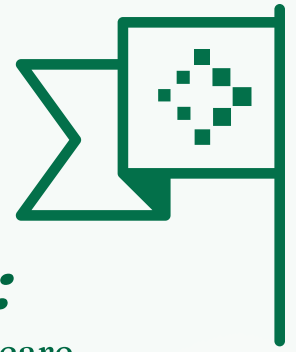
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### **Do you have any questions?**

Local customer service representatives are available to help you Monday through Friday from 8AM to 5PM at (205) 558-7474, toll-free at (800) 294-7780 (TTY: 711), and by email at [VivaMemberHelp@uabmc.edu](mailto:VivaMemberHelp@uabmc.edu).

You can also download the VIVA HEALTH Mobile App to view your claims status, view a digital ID card, and request electronic EOBs.



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