



For Infirmiry Health Employees



INFIRMARY  
— HEALTH —



Coverage you deserve.  
Value you demand.



INFIRMARY  
— HEALTH —

Infirmiry Health - VIVA HEALTH Guidebook 2024

Dear Infirmary Health Employee,

In 2018, Infirmary Health and UAB Health System (UAB) announced a strategic and operational affiliation joining two of the state's largest healthcare providers in an effort to improve and enhance healthcare in Southwest Alabama. The affiliation will extend UABs clinical expertise and medical research capabilities to our organization and the communities served by Infirmary Health. We will also collaborate on non-clinical initiatives, as appropriate, to reduce operational costs to the benefit of both organizations.

As an Infirmary Health team member, your health and well-being is a high priority of our organization. Regardless of the Infirmary Health plan you choose, the absolute best way to save on your total health care costs is by committing to a healthy lifestyle – eating right, exercising, utilizing preventive care, and practicing healthy habits. I encourage you to take the time to understand how our iHealthy wellness program and your health plan benefits work together so you may take full advantage of the benefits offered.

Carefully review the 2024 VIVA HEALTH plan information provided in this important document in order to select the health insurance option that is right for you and your family.

Thank you for your dedication to our organization and your personal contribution to our success, and remember, at Infirmary Health, YOU ARE MORE!

Sincerely,



D. Mark Nix  
President and CEO  
Infirmary Health

# What You Need to Know

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## 1. What is the Infirmiry Health Clinically Integrated Network? Works

The Infirmiry Health clinically integrated network (“CIN”) is a network comprised of physicians and other providers within the Infirmiry Health system and other providers that partner with Infirmiry Health, including UAB, to provide integrated care. By using a provider within the CIN, you will enjoy cost savings through lower deductibles, copays, and coinsurance.

## 2. Does the CIN affect my prescription drug benefits?

No, the prescription drug benefit is the same across the medical health plans.

## 3. Will my doctor be covered under the CIN?

The CIN has physicians across all of Infirmiry Health's facilities and select specialists outside of the Infirmiry facilities, including at UAB. To determine if your provider is in the CIN, consult the VIVA HEALTH provider directory for the Infirmiry Health plan. You can verify your physician's status by calling VIVA HEALTH at 1-800-294-7780 or by searching the Provider Directory online at [www.VivaHealth.com/InfirmiryHealth](http://www.VivaHealth.com/InfirmiryHealth).

**Remember:** Medical care you receive from providers who are not included in the CIN but are within the VIVA HEALTH network will be covered by the plan but usually at a higher deductible, copayment, or coinsurance.

## 4. Are referrals required for providers in the CIN or on Infirmiry Health's Viva Health plan?

No. Care received from either CIN or VIVA HEALTH participating providers do not require a referral for services provided within either network. Some services, such non-emergency hospital care, require prior authorization.

## 5. Why is the premium lower for Infirmiry Health's Viva Health plan?

CIN providers and VIVA HEALTH work together to achieve better medical outcomes through integrated care and efficient use of medical resources. This collaboration results in lower costs.

## 6. Who selects the network providers for the CIN?

Infirmiry Health has the sole responsibility for selecting medical providers to be included as CIN providers in Infirmiry Health's VIVA HEALTH plan. Infirmiry Health monitors these providers for access, quality of care, and medical outcomes to ensure the highest level of medical providers are included in the network. Infirmiry Health has the sole authority to add and remove providers from the plan's network.

## 7. Do I have coverage if my dependents or I live outside of Alabama?

Yes, but to take advantage of the CIN's discounted cost-sharing, you will have to use those designated providers. When outside of the state of Alabama only urgent and emergency services are covered.

## 8. Will my claims automatically flow to HealthEquity?

Yes, just as they did with Infirmiry Health's Blue Cross and Blue Shield of Alabama plan.

## 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 Infirmary Health Network (CIN <sup>*</sup> )	TIER 2 COVERAGE VIVA HEALTH Network (Outside CIN <sup>**</sup> )
<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 or out-of-network charges over the maximum payment allowance. See the Certificate of Coverage for details.	\$7,000 per individual; \$14,000 per family	
<b>CALENDAR YEAR DEDUCTIBLE:</b> Applies ONLY to those benefits with coinsurance coverage when the Member pays a set percentage of the cost. Does not apply to benefits with a copayment.	\$1,000 per individual; \$3,000 per family	\$3,000 per individual
<b>PREVENTIVE CARE:</b> <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>OB/GYN Preventive Visit (One per Calendar Year)</li> <li>Preventive Prenatal Care</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 vivahealth.com/infirmaryhealth) for a listing of specific preventive services and immunizations)</li> </ul>	100% Coverage	100% Coverage
<b>OTHER PRIMARY CARE SERVICES:</b> <ul style="list-style-type: none"> <li>Medical Physician Services</li> <li>Illness and Injury</li> <li>Hearing Exams</li> </ul>	\$30 Copayment per visit	\$55 Copayment per visit
<b>SPECIALTY CARE:</b> (No PCP Referral Required. Specialty care received from an in-network pediatrician or dermatologist is covered at the lower Tier 1 copayment.) <ul style="list-style-type: none"> <li>Medical Physician Services</li> <li>Illness and Injury</li> <li>OB/GYN Services</li> </ul>	\$30 Copayment per visit	\$55 Copayment per visit
<b>URGENT CARE CENTER SERVICES:</b> <ul style="list-style-type: none"> <li>Medical Physician Services</li> <li>Illness and Injury</li> </ul>	\$30 Copayment per visit	\$55 Copayment per visit
<b>VISION CARE:</b> (No PCP Referral Required) <ul style="list-style-type: none"> <li>One routine vision exam per Calendar Year</li> <li>Other eye care office visits</li> </ul>	\$30 Copayment per visit	\$55 Copayment per visit
<b>ALLERGY SERVICES:</b> (No PCP Referral Required) <ul style="list-style-type: none"> <li>Physician Services</li> <li>Testing</li> </ul>	\$30 Copayment per visit 90% Coverage	\$55 Copayment per visit 50% Coverage
<b>X-RAY AND LABORATORY PROCEDURES:</b> <ul style="list-style-type: none"> <li>Performed in the Physician's Office</li> <li>Performed in Outpatient Settings</li> <li>Covered Genetic Testing</li> </ul>	100% Coverage after Copayment 90% Coverage 90% Coverage	100% Coverage after Copayment 50% Coverage 50% Coverage
<b>DIAGNOSTIC SERVICES:</b> (Including but not limited to CT Scan, MRI, PET/SPECT, ERCP) <ul style="list-style-type: none"> <li>Performed in the Physician's Office</li> <li>Performed in Outpatient Settings</li> </ul>	100% Coverage after Copayment 90% Coverage	100% Coverage after Copayment 50% Coverage
<b>CHRONIC CARE MAINTENANCE:</b> (Including but not limited to dialysis, radiation therapy, wound care, wound therapy) <ul style="list-style-type: none"> <li>Performed in the Physician's Office</li> <li>Performed in Outpatient Settings</li> </ul>	100% Coverage after Copayment 90% Coverage	100% Coverage after Copayment 50% Coverage
<b>OUTPATIENT SERVICES:</b> <ul style="list-style-type: none"> <li>Surgery and Other Outpatient Services</li> </ul>	90% Coverage	50% Coverage
<b>HOSPITAL INPATIENT SERVICES:</b> <ul style="list-style-type: none"> <li>Physician and Facility Services</li> </ul>	90% Coverage	50% Coverage
<b>MATERNITY SERVICES<sup>1</sup>:</b> <ul style="list-style-type: none"> <li>Physician Services (Prenatal, delivery, and postnatal care)</li> <li>Maternity Hospitalization</li> </ul>	\$30 Copayment 90% Coverage	\$55 Copayment 50% Coverage
<sup>1</sup> 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.		
<b>EMERGENCY ROOM SERVICES:</b> (Waived if admitted within 24 hours)	\$250 Facility Copayment per visit \$50 Physician Copayment per visit	\$250 Facility Copayment per visit \$50 Physician Copayment per visit
<b>EMERGENCY AMBULANCE SERVICES:</b> (Must be Medically Necessary)	\$200 Copayment	\$200 Copayment

MEDICAL BENEFITS		TIER 1 COVERAGE Infirmary Health Network (CIN*)	TIER 2 COVERAGE VIVA HEALTH Network (Outside CIN**)
<b>SKILLED NURSING FACILITY SERVICES:</b> (Limited to 60 days per Calendar Year)		90% Coverage	50% Coverage
<b>MEDICAL NUTRITION SERVICES:</b> (Limited to 6 visits per Calendar Year with a Registered Dietitian or Nutritionist)		\$30 Copayment per visit	\$55 Copayment per visit
<b>DIABETES SELF-MANAGEMENT EDUCATION:</b>		\$30 Copayment per visit	\$55 Copayment per visit
<b>DIABETIC SUPPLIES:</b>		See Pharmacy Benefits	See Pharmacy Benefits
<b>DURABLE MEDICAL EQUIPMENT AND PROSTHETIC DEVICES:</b>		75% Coverage	75% Coverage
• Wigs for chemotherapy patients		90% Coverage	90% Coverage
<b>HEARING AIDS AND SUPPLIES:</b> (\$5,000 maximum benefit per member every 36 months. Charges for hearing aid batteries are excluded.)		50% Coverage	50% Coverage
<b>HEARING EXAM &amp; TESTING:</b> Coverage includes charges in connection with the fitting of hearing aids, including hearing examinations and related services. Services must be rendered by a licensed audiologist.		\$30 Copayment per visit	\$55 Copayment per visit
<b>REHABILITATION SERVICES:</b> Physical, Speech, and Occupational Therapy		90% Coverage	50% Coverage
<b>HABILITATION SERVICES:</b> Physical, Speech, and Occupational Therapy and Applied Behavior Analysis		90% Coverage	90% Coverage
<b>CHIROPRACTIC SERVICES:</b> (No PCP Referral Required)		\$35 Copayment per visit	\$35 Copayment per visit
<b>HOME HEALTH CARE SERVICES:</b> (Limited to 90 visits per Calendar Year with prior authorization)		90% Coverage	50% Coverage
<b>TEMPOROMANDIBULAR JOINT DISORDER:</b>			
• Physician Services		\$30 Copayment per visit;	\$55 Copayment per visit;
• Inpatient/Outpatient Services		90% Coverage	50% Coverage
<b>SLEEP DISORDERS:</b>			
• Sleep Study		\$30 Copayment per visit;	\$55 Copayment per visit;
		90% Coverage per sleep study	50% Coverage per sleep study
<b>TRANSPLANT SERVICES:</b>		90% Coverage	50% Coverage
<b>MENTAL HEALTH &amp; SUBSTANCE USE DISORDER SERVICES:</b>			
• Outpatient Services		\$30 Copayment per visit;	\$55 Copayment per visit;
• Inpatient Services		90% Coverage	90% Coverage
<b>PRESCRIPTION DRUG PROGRAM, Administered by Rx Benefits</b>			
<b>PHARMACY DEDUCTIBLE:</b> Applies to all drugs except for generic oral contraceptives and other preventive drugs required by the Affordable Care Act.		\$100 per individual not to exceed \$300 per family; Copayments apply after deductible is met	
PHARMACY <sup>2</sup> :	CO-PAY AMOUNT:	PRESCRIPTION TYPE:	90 DAY SUPPLY CO-PAY:
RX4U	\$0	Generic Blood Pressure Medications	\$0
	\$0	Diabetic Supplies <sup>3</sup>	\$0
	½ off Insulin and Asthma medications	Active Diabetics or Asthma Chronic Care Management participant with MedCom Care Management	½ off Insulin and Asthma medications
	\$4	Generic Medications	\$10
	\$25	Preferred Brand	\$63
	\$35	Non-Preferred Brand	\$87
	\$200	Specialty Medications	30 days only
OTHER PHARMACY PROVIDERS:	\$0	Diabetic Supplies <sup>3</sup>	\$0
	\$25	Generic Medications	\$62.50
	\$65	Preferred Brand	\$162.50
	\$85	Non-Preferred Brand	\$212.50
<b>IMPORTANT NOTE:</b> Specialty Medications are only filled outside of RX4U if not available at RX4U. Contact Infirmary Health HR at 251-435-2211 with questions.			30 days only

<sup>2</sup>If generic is available and Brand is selected, member will be responsible for the difference in price. <sup>3</sup>No copay or deductible for diabetic supplies (syringes, lancets, needles, monitors, and strips) as long as a prescription is presented at the pharmacy.

**For further information, please contact RX Benefits Member Services at 1-800-334-8134 or rxhelp@rxbenefits.com**

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

#### NETWORK

\*The Infirmary Health Clinically Integrated Network (CIN) means Mobile Infirmary, Thomas Hospital, North Baldwin Infirmary, and all other Infirmary satellites and UAB. UAB means UAB Hospital, UAB Women and Infants Center, UAB Highlands, The Kirklín Clinic of UAB Hospital, Medical West, UAB Callahan Eye Hospital, UAB Spain Rehabilitation Center, and all UAB satellite clinics. Please check the VIVA HEALTH provider directory at [www.vivahealth.com/infirmaryhealth](http://www.vivahealth.com/infirmaryhealth) for a listing of the physicians and other providers within the Infirmary Health CIN.

\*\*The VIVA HEALTH network includes hospitals, health centers, and other providers contracted with VIVA HEALTH but outside of the Infirmary Health CIN.

\*\*\*Tier 1 coverage applies to DaVita and Fresenius dialysis clinics.

**Eligible Dependent:** To be eligible to enroll as a Covered Dependent, a person must be listed on the enrollment application completed by the Subscriber, reside in the Service Area or with the Subscriber (exceptions apply), and meet additional qualifying criteria. For exceptions and additional qualifying criteria, please refer to the Certificate of 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



This schedule outlines preventive services and items that VIVA HEALTH will pay at 100% for the Infirmary Health plan. 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. 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) Prenatal and Postpartum Services (Up to 6 visits per pregnancy for the following services):</b> <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; repeat 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> </ul>	As recommended per guidelines; Performed in physician's office One every three months As recommended per guidelines; Performed in physician's office



## PREVENTIVE SERVICE

### Contraception (Females) *continued*

- Diaphragm or cervical cap
- Sterilization
- 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 45-75)
  - 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.)

## FREQUENCY/LIMITATIONS

One per year  
 One procedure per lifetime  
 Consult RX Benefits at 800-334-8134 or rxhelp@rxbenefits.com  
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## 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

## PHARMACY BENEFITS - Consult RX Benefits Member Services at 1-800-334-8134 or rxhelp@rxbenefits.com 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
- 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.

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. 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).



Dear Infirmiry Health Employee,

VIVA HEALTH is pleased to have the opportunity to offer health insurance coverage to Infirmiry Health 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. And like Infirmiry Health, we pride ourselves on offering an outstanding value, service, and network to our members.

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). You will also find valuable information on our website at [www.VivaHealth.com/InfirmiryHealth](http://www.VivaHealth.com/InfirmiryHealth).

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". The signature is written in a cursive, flowing style.

Brad Rollow  
CEO/President













## **Remember:** emergency and urgent care coverage is available worldwide.

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 extended vacation, you can relax knowing that you are covered.

### **Need to access our formulary?**

Visit [www.VivaHealth.com/InfirmaryHealth](http://www.VivaHealth.com/InfirmaryHealth) for our drug list.

### **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).



A Product of VIVA HEALTH  
A Member of the **UAB** Health System

[www.VivaHealth.com](http://www.VivaHealth.com)  
417 20th Street North, Suite 1100  
Birmingham, Alabama 35203

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