



# VIVA HEALTH Prescription Drug Benefits for UAB Blue Cross and Blue Shield of Alabama 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.**

<u>BENEFITS</u>	<u>COVERAGE</u> VIVA HEALTH Network
<p><b>PHARMACY DEDUCTIBLE:</b> Applies to all drugs except for generic oral contraceptives and other preventive drugs required by the Affordable Care Act.</p>	<p>\$150 per individual; \$300 aggregate amount per family</p>
<p><b>COVERED PRESCRIPTION DRUGS<sup>1</sup>:</b></p> <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 lifetime coverage maximum per family. 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. Check with your participating pharmacy to learn if it is eligible to offer a 90-day supply at retail.</b></p>	
<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).]</p>	<p>\$0 Copayment</p>

**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).