

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. "UAB/UAB St. Vincent's Network" means University Hospital, UAB Women and Infants Center, UAB Highlands, The Kirklin Clinic, UAB St. Vincent's, UAB Callahan Eye Hospital, Spain Rehabilitation Center, and all UAB and UAB St. Vincent's satellite clinics.

Please keep this Attachment A for your records.

<b>MEDICAL BENEFITS</b>	<b>COVERAGE- TIER 1 UAB/UAB St. Vincent's Network</b>	<b>COVERAGE- TIER 2 Viva Network (outside the UAB/UAB St. Vincent's Network)</b>
<b>CALENDAR YEAR MEDICAL DEDUCTIBLE:</b> Applies ONLY to medical benefits with coinsurance coverage when the Member pays a set percentage of the cost. Does not apply to benefits with a copayment or to the pharmaceutical benefits offered through the prescription drug rider. Does apply to Biological, Biotechnical and Specialty Pharmaceuticals when provided directly by a physician or hospital. Amounts from manufacturer coupons or similar assistance programs used to satisfy Member Copayments or Coinsurance do not count toward the Deductible. Deductible amounts paid on any tier apply toward all tiers, but Tier 2 has a higher deductible requirement.	\$750 per individual; \$1,500 per family, not to exceed \$750 per any individual	\$1,000 per individual; \$2,000 per family, not to exceed \$1,000 per any individual
<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. Amounts from manufacturer coupons or similar assistance programs used to satisfy Member Copayments or Coinsurance do not count toward the Out-of-Pocket Maximum. Out-of-pocket cost sharing paid on any tier applies toward all tiers, but Tier 2 has a higher out-of-pocket maximum.	\$4,000 per individual; \$8,000 per family, not to exceed \$4,000 per any individual	\$7,350 per individual; \$14,700 per family, not to exceed \$7,350 per any 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>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 details)</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 Copay/visit	\$50 Copay/visit
<b>SPECIALTY CARE:</b> (No PCP Referral Required) <ul style="list-style-type: none"> <li>Medical Physician Services</li> <li>Illness and Injury</li> <li>OB/GYN Services</li> </ul>	\$50 Copay/visit	\$60 Copay/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 Copay/visit at UAB or UAB St. Vincent's Urgent Care	\$50 Copay/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>	\$50 Copay/visit \$50 Copay/visit	\$60 Copay/visit \$60 Copay/visit
<b>ALLERGY SERVICES:</b> (No PCP Referral Required) <ul style="list-style-type: none"> <li>Physician Services</li> <li>Testing</li> </ul>	\$50 Copay/visit 85% Coverage after deductible	\$60 Copay/visit 60% Coverage after deductible
<b>DIAGNOSTIC SERVICES:</b> <ul style="list-style-type: none"> <li>X-Rays and Laboratory Procedures (when covered, out of network labs covered at 50%)</li> <li>Covered Genetic Testing</li> <li>Other Diagnostic Services (Including but not limited to CT Scan, MRI, PET/SPECT, ERCP)</li> </ul>	85% Coverage after deductible 80% Coverage after deductible 85% Coverage after deductible	60% Coverage after deductible 60% Coverage after deductible 60% Coverage after deductible
<b>OUTPATIENT SERVICES: Surgery and Other Outpatient Services</b>	85% Coverage after deductible	60% Coverage after deductible
<b>HOSPITAL INPATIENT SERVICES: Physician and Facility Services</b>	85% Coverage after deductible	60% Coverage after deductible
<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>	\$50 Copay/delivery 85% Coverage after deductible	\$60 Copay/delivery 60% Coverage after deductible
<sup>1</sup> Covered for employee and employee's spouse; not covered for dependent children except as provided under Preventive Care. Eligible baby must be enrolled in plan within 30 days of birth or adoption for care to be covered.		
<b>EMERGENCY ROOM SERVICES:</b> (Copay waived if admitted within 24 hours)	\$250 Copay/visit	\$250 Copay/visit
<b>EMERGENCY AMBULANCE SERVICES:</b> (Must be Medically Necessary)	85% Coverage after deductible	85% Coverage after deductible
<b>DURABLE MEDICAL EQUIPMENT AND PROSTHETIC DEVICES:</b>	85% Coverage after deductible	85% Coverage after deductible
<b>SKILLED NURSING FACILITY SERVICES:</b> (Limited to 60 days per Calendar Year)	85% Coverage after deductible	85% Coverage after deductible
<b>HOME HEALTH CARE SERVICES:</b> (Limited to 60 visits per Calendar Year)	85% Coverage after deductible	85% Coverage after deductible

MEDICAL BENEFITS	COVERAGE - TIER 1 UAB Network	COVERAGE - TIER 2 VIVA Network (outside UAB)
<b>DIABETES SELF-MANAGEMENT EDUCATION:</b>	\$50 Copay/visit	\$60 Copay/visit
<b>DIABETIC SUPPLIES:</b> Insulin covered under prescription drug rider. For Diabetic Supplies call VIVA HEALTH.	100% Coverage	100% Coverage
<b>MEDICAL NUTRITION SERVICES:</b> (Limited to 6 visits per Calendar Year with a Registered Dietitian or Nutritionist)	\$50 Copay/visit	\$60 Copay/visit
<b>REHABILITATION AND HABILITATION SERVICES:</b> Physical, Speech, and Occupational Therapy and Applied Behavior Analysis	85% Coverage after deductible	60% Coverage after deductible
<b>CHIROPRACTIC SERVICES:</b> (No PCP Referral Required)	\$50 Copay/visit	\$60 Copay/visit
<b>TEMPOROMANDIBULAR JOINT DISORDER:</b>	\$50 Copay/visit	\$60 Copay/visit
<b>SLEEP DISORDERS:</b>	\$50 Copay/visit;	\$60 Copay/visit;
• Sleep Study	85% Coverage after deductible	60% Coverage after deductible
<b>TRANSPLANT SERVICES:</b>	85% Coverage after deductible	60% Coverage after deductible
<b>MENTAL HEALTH &amp; SUBSTANCE USE DISORDER SERVICES:</b>	85% Coverage after deductible	60% Coverage after deductible
• Inpatient Services	\$50 Copay/visit	\$60 Copay/visit
• Outpatient Services		
PHARMACEUTICAL BENEFITS	COVERAGE	
<b>COVERED PRESCRIPTION DRUGS<sup>2</sup>:</b>		
• <b>Generic Drugs</b>		
○ St. Vincent's Hospital Pharmacy	\$20 Copay (30-day supply) or \$40 Copay (90-day supply <sup>3</sup> )	
○ Express Scripts (ESI) Participating Retail Pharmacy	\$25 Copay (30-day supply) or \$75 Copay (90-day supply <sup>3</sup> )	
○ Mail order (ESI)	\$40 Copay (90-day supply <sup>3</sup> )	
• <b>Preferred Brand Drugs</b>		
○ St. Vincent's Hospital Pharmacy	80% Coverage/\$50 max (30-day) or 80% Coverage/\$150 max (90-day <sup>3</sup> )	
○ Express Scripts (ESI) Participating Retail Pharmacy	75% Coverage/\$100 max (30-day) or 75% Coverage/\$300 max (90-day <sup>3</sup> )	
○ Mail order (ESI)	80% Coverage/\$150 max (90-day supply <sup>3</sup> )	
• <b>Non-Preferred Brand Drugs</b>		
○ St. Vincent's Hospital Pharmacy	70% Coverage/\$150 max (30-day) or 70% Coverage/\$450 max (90-day <sup>3</sup> )	
○ Express Scripts (ESI) Participating Retail Pharmacy	65% Coverage/\$150 max (30-day) or 65% Coverage/\$450 max (90-day <sup>3</sup> )	
○ Mail order (ESI)	70% Coverage/\$450 (90-day supply <sup>3</sup> )	
• <b>Biological, Biotechnical, and Preferred Specialty Pharmaceuticals<sup>4,5</sup></b>	60% Coverage (\$200 maximum)	
• <b>Biological, Biotechnical, and Non-Preferred Specialty Pharmaceuticals<sup>4,5</sup></b>	60% coverage (\$350 maximum)	
• <b>Oral Contraceptives</b>	\$0 Copayment for generic and select brand drugs; Applicable Copayment for other brand drugs	
• <b>Diabetic Testing Supplies</b>	100% Coverage	
<sup>2</sup> Some medications may require prior authorization from VIVA HEALTH. For further information, please contact Customer Service at the phone number listed below. <sup>3</sup> A 90-day supply is as written by the provider, unless adjusted based on the drug manufacturer's packaging size, or based on supply limits. <sup>4</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>5</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.		
<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>		
<b>SMOKING CESSATION PRODUCTS:</b> 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	
<b>DEPENDENT STUDENT BENEFITS:</b> (Emergencies and in-area care are covered under the appropriate sections set forth in the Certificate of Coverage.)	Services to treat an illness or injury for Covered Dependents will be covered while they are full-time students at an accredited educational institution out of the Service Area, subject to the Copayments described herein and a \$1,500 maximum benefit per Calendar Year.	

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

- 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 (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).

The UAB and UAB St. Vincent's network includes all pediatric care for dependents under age 18 regardless of whether those dependents receive their pediatric care in the VIVA HEALTH (VIVA) network or the UAB and UAB St. Vincent's network. The VIVA HEALTH (VIVA) network includes hospitals and health centers contracted with VIVA HEALTH but outside of UAB and UAB St. Vincent's.