



VIVA HEALTH Prescription Drug Benefits for UAB ST. VINCENT'S
UAB St. Vincent's Blue Cross and Blue Shield of Alabama Plan

Effective Dates: November 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.

PHARMACEUTICAL BENEFITS	COVERAGE
COVERED PRESCRIPTION DRUGS¹:	
<ul style="list-style-type: none"> • Generic Drugs <ul style="list-style-type: none"> ○ St. Vincent's Hospital Pharmacy ○ Express Scripts (ESI) Participating Retail Pharmacy ○ Mail order (ESI) • Preferred Brand Drugs <ul style="list-style-type: none"> ○ St. Vincent's Hospital Pharmacy ○ Express Scripts (ESI) Participating Retail Pharmacy ○ Mail order (ESI) • Non-Preferred Brand Drugs <ul style="list-style-type: none"> ○ St. Vincent's Hospital Pharmacy ○ Express Scripts (ESI) Participating Retail Pharmacy ○ Mail order (ESI) • Biological, Biotechnical, and Preferred Specialty Pharmaceuticals^{3,4} • Biological, Biotechnical, and Non-Preferred Specialty Pharmaceuticals^{3,4} • Oral Contraceptives • Diabetic Testing Supplies 	<p>\$20 Copay (30-day supply) or \$40 Copay (90-day supply²) \$25 Copay (30-day supply) or \$75 Copay (90-day supply²) \$40 Copay (90-day supply³)</p> <p>80% Coverage/\$50 max (30-day) or 80% Coverage/\$150 max (90-day²) 75% Coverage/\$100 max (30-day) or 75% Coverage/\$300 max (90-day²) 80% Coverage/\$150 max (90-day supply³)</p> <p>70% Coverage/\$150 max (30-day) or 70% Coverage/\$450 max (90-day²) 65% Coverage/\$150 max (30-day) or 65% Coverage/\$450 max (90-day²) 70% Coverage/\$450 (90-day supply²)</p> <p>60% Coverage (\$200 maximum) 60% coverage (\$350 maximum)</p> <p>\$0 Copayment for generic and select brand drugs; Applicable Copayment for other brand drugs</p> <p>100% Coverage</p>
<p>¹Some medications may require prior authorization from VIVA HEALTH. For further information, please contact Customer Service at the phone number listed below. ²A 90-day supply is as written by the provider, unless adjusted based on the drug manufacturer's packaging size, or based on supply limits. ³May 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 https://www.vivahealth.com/Group/Login/. ⁴Cost 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.</p> <p align="center">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.</p>	
<p>SMOKING CESSATION PRODUCTS: 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).]</p>	<p>\$0 Copayment</p>

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

- 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).