 **VIVA ACCESS**
For **UAB** Employees

*Coverage you deserve.
Value you demand.*

UAB

Access to all participating VIVA HEALTH Providers
No referrals required to see specialists

VIVA Access Guidebook 2025



Dear UAB Employee,

At VIVA HEALTH, we are proud to provide UAB employees and their families with comprehensive health insurance benefits, outstanding value, and knowledgeable providers. Since 1995, we have grown to be one of the largest health plans in the state of Alabama, and the largest health plan for UAB employees. We believe this is a direct result of listening to our members and ensuring we deliver high quality, convenient care when it is needed most.

We are excited to announce a big change to the "UAB Network" tier of your coverage which includes lower cost sharing. Currently, this network includes University Hospital, UAB women and Infants Center, UAB Highlands, The Kirklin Clinic, Medical West, UAB Callahan Eye Hospital, Spain Rehabilitation Center, and all UAB Satellite Clinics. **New for 2025, the UAB Network will also include all facilities and providers affiliated with UAB St. Vincent's. This means you will enjoy lower cost sharing for care delivered within the UAB St. Vincent's network of providers.**

VIVA ACCESS will continue to cover preventive services at 100%. For a detailed list of the preventive services covered at no charge, please refer to the supplemental wellness benefits bulletin included in this guidebook. In addition, VIVA ACCESS will cover certain smoking cessation drugs and products at 100% to support the UAB Wellness smoking cessation initiative.

If you are a current member of a UAB health plan sponsored by VIVA HEALTH, we hope we have earned your trust and you remain a valued member. VIVA ACCESS provides you access to VIVA HEALTH's entire network of doctors and hospitals.

If you have any questions, we invite you to contact our customer service department Monday through Friday from 8 AM to 5 PM at (205) 558-7474, toll-free at (800) 294-7780 (TTY 711), or by email at VivaMemberHelp@uabmc.edu. You will also find valuable information on our website at vivahealth.com/uab. You can also download the VIVA HEALTH Mobile App to view your claims status, view a digital ID card, and request electronic EOBs.

We look forward to caring for you in 2025.

Sincerely,

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

Brad Rollow
CEO/President



VIVA Access provides UAB employees with outstanding benefits at an exceptional value. For the 29th consecutive year, we are pleased to offer a plan designed with UAB Employees and their families in mind. As a VIVA Access member, you have access to the world-renowned UAB Health System plus VIVA HEALTH's full network of providers.

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 vivahealth.com/uab, you can access all of the following information:

- VIVA Access Summary of Benefits
- Preferred Drug Listing
- Certificate of Coverage
- Updates/News
- Access our Member Portal or send an email to VivaMemberHelp@UABMC.edu to request a new ID card, change your PCP, update your mailing address, or inquire about a claim.

VIVA HEALTH Mobile App

Download the free VIVA HEALTH Mobile App and have 24/7 access to:

- View your claims status
- View a digital ID card
- Request electronic EOBs
- Provide secure feedback

The member app is available for download on the Apple App Store and Google Play.

How the UAB Access Plan Works

Members on the UAB Access plan may see any VIVA HEALTH participating provider for their health care. However, if you see a provider within the UAB network (now includes UAB St. Vincent's!), you may enjoy cost savings through lower copays and coinsurance.

The UAB network includes all pediatric care for dependents under age 18 regardless of whether those dependents receive their pediatric care in the VIVA HEALTH network or the UAB network. The VIVA HEALTH network includes hospitals and health centers contracted with VIVA HEALTH but outside of UAB. "UAB" means University Hospital, UAB Women and Infants Center, UAB Highlands, The Kirklin Clinic, Medical West, UAB Callahan Eye Hospital, Spain Rehabilitation Center, and all UAB satellite clinics. **New for 2025, the UAB Network also includes all providers and facilities affiliated with UAB St. Vincent's!**

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.

Dependent Student Rider

Services to treat an illness or injury for Covered Dependents will be covered while they are full-time students at an accredited educational institution located out of the Service Area. These services are subject to the Copayments described herein and are available at a \$1,500 maximum benefit per calendar year. Emergencies and in-area care are covered under the appropriate sections set forth in the Certificate of Coverage.

Sabbatical Leave Rider

Sabbatical Leave is a period of paid leave granted to faculty members by the Employer to pursue professional development, a program of investigation, creative writing, artistry and the like. Services to treat an illness or injury for Subscribers and Covered Dependents on Sabbatical Leave will be covered while they are out of the Service Area, are subject to the Copayments described herein, and are available at a \$1,500 maximum benefit per calendar year.

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.

Please keep this Attachment A for your records.

MEDICAL BENEFITS	TIER 1 COVERAGE UAB Network	TIER 2 COVERAGE Viva Network (outside UAB)
CALENDAR YEAR MEDICAL DEDUCTIBLE: Applies to all Tier 2 medical benefits when there is a cost-sharing differential between Tier 1 and Tier 2 and "after deductible" is noted on the Tier 2 member cost-sharing. Does not apply to prescription drugs or preventive care services covered at no charge. Does not apply to Biological, Biotechnical and Specialty Pharmaceuticals ordered through Express Scripts but will apply to such drugs when provided directly by a physician or hospital at a Tier 2 facility. Amounts from manufacturer coupons or similar assistance programs used to satisfy Member Copayments or Coinsurance do not count toward the Deductible.	Not Applicable	\$200 per individual; \$600 per family
CALENDAR YEAR OUT-OF-POCKET MAXIMUM: 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.	\$7,500 per individual; \$15,000 per family	
PREVENTIVE CARE: <ul style="list-style-type: none"> Well Baby Care (Children under age 3) Routine Physicals (One per Calendar Year for ages 3+) Covered Immunizations Preventive Prenatal Care OB/GYN Preventive Visit (One per Calendar Year) Nutritionist Preventive Visits (Up to 3 /Calendar Yr w/ a Registered Dietitian or Nutritionist) Other preventive items and services (See Certificate of Coverage for details) 	100% Coverage	100% Coverage
OTHER PRIMARY CARE SERVICES: <ul style="list-style-type: none"> Medical Physician Services Illness and Injury Hearing Exams X-Ray and Laboratory Procedures <ul style="list-style-type: none"> Covered Genetic Testing 	\$25 Copay/visit 80% Coverage	\$30 Copay/visit after deductible 80% Coverage
SPECIALTY CARE: (No PCP Referral Required) <ul style="list-style-type: none"> Medical Physician Services Illness and Injury OB/GYN Services X-Ray and Laboratory Procedures <ul style="list-style-type: none"> Covered Genetic Testing 	\$40 Copay/visit 80% Coverage	\$50 Copay/visit after deductible 80% Coverage
URGENT CARE CENTER SERVICES: <ul style="list-style-type: none"> Medical Physician Services Illness and Injury 	\$25 Copay/visit at UAB Urgent Care; \$40 Copay/visit at all other urgent care centers	\$50 Copay/visit after deductible
VISION CARE: (No PCP Referral Required) <ul style="list-style-type: none"> One routine vision exam per Calendar Year Other eye care office visits 	\$40 Copay/visit \$40 Copay/visit	\$40 Copay/visit \$40 Copay/visit
ALLERGY SERVICES: (No PCP Referral Required) <ul style="list-style-type: none"> Physician Services Testing 	\$40 Copay/visit 80% Coverage	\$50 Copay/visit after deductible 80% Coverage
DIAGNOSTIC SERVICES: (Including but not limited to CT Scan, MRI, PET/SPECT, ERCP)	\$100 Copay/service	\$200 Copay/service after deductible
OUTPATIENT SERVICES: <ul style="list-style-type: none"> Surgery and Other Outpatient Services 	\$150 Copay/visit	\$250 Copay/visit after deductible
HOSPITAL INPATIENT SERVICES: <ul style="list-style-type: none"> Physician and Facility Services 	\$250 Copay/admission	\$250 Copay/day (Days 1-5) after deductible
INFERTILITY SERVICES: (Subject to a \$5,000 maximum family medical lifetime benefit and a separate \$5,000 maximum family prescription drug lifetime benefit. Eligibility limited to subscriber and/or subscriber's spouse.) <ul style="list-style-type: none"> Initial consultation and counseling session Semen analysis, HSG test, and endometrial biopsy Medically Necessary office visits and tests (ultrasound, laboratory tests) Prescription drugs Medical services to treat infertility [assisted reproductive technology (ART), including intrauterine insemination (IUI) and in vitro fertilization (IVF)] 	\$40 Copay/visit; One/Lifetime \$0 Copay; One/Lifetime \$40 Copay/visit Cost varies by tier \$150 Copay/visit	*all medical services listed below covered after deductible: \$50 Copay/visit; One/lifetime \$0 Copay; One/Lifetime \$50 Copay/visit Cost varies by tier \$250 Copay/visit
MATERNITY SERVICES¹: <ul style="list-style-type: none"> Physician Services (Prenatal, delivery, and postnatal care) Maternity Hospitalization 	\$40 Copay/delivery \$250 Copay/admission	\$50 Copay/delivery after deductible \$250 Copay/day (Days 1-5) after deductible

Attachment A to Certificate of Coverage

MEDICAL BENEFITS	COVERAGE UAB Network	COVERAGE Viva Network (outside UAB)
EMERGENCY ROOM SERVICES: (Copay waived if admitted within 24 hours)	\$100 Copay/visit	\$100 Copay/visit
EMERGENCY AMBULANCE SERVICES: (Must be Medically Necessary)	80% Coverage	80% Coverage
DURABLE MEDICAL EQUIPMENT AND PROSTHETIC DEVICES:	80% Coverage	80% Coverage
SKILLED NURSING FACILITY SERVICES: (Limited to 60 days per Calendar Year)	80% Coverage	80% Coverage
HOME HEALTH CARE SERVICES: (Limited to 60 visits per Calendar Year)	80% Coverage	80% Coverage
DIABETES SELF-MANAGEMENT EDUCATION:	\$40 Copay/visit	\$50 Copay/visit after deductible
DIABETIC SUPPLIES: Insulin covered under prescription drug rider. For Diabetic Supplies call VIVA HEALTH.	100% Coverage	100% Coverage
MEDICAL NUTRITION SERVICES: (Limited to 6 visits per Calendar Year with a Registered Dietitian or Nutritionist)	\$40 Copay/visit	\$50 Copay/visit after deductible
REHABILITATION AND HABILITATION SERVICES: Physical, Speech, and Occupational Therapy and Applied Behavior Analysis	\$40 Copay/visit; \$250 Copay/admission	\$50 Copay/visit after deductible; \$250 Copay/day (Days 1-5) after deductible
CHIROPRACTIC SERVICES: (No PCP Referral Required)	\$40 Copay/visit	\$50 Copay/visit after deductible
TEMPOROMANDIBULAR JOINT DISORDER:	\$40 Copay/visit	\$50 Copay/visit after deductible
SLEEP DISORDERS: • Sleep Study	\$40 Copay/visit; \$150 Copay/sleep study	\$50 Copay/visit after deductible; \$250 Copay/sleep study after deductible
TRANSPLANT SERVICES:	100% Coverage after \$250 Hospital Copayment	100% Coverage after \$250 Copay/day (Days 1-5) after deductible
MENTAL HEALTH & SUBSTANCE USE DISORDER SERVICES: • Inpatient Services • Outpatient Services	100% Coverage after \$250 Copay/admission \$40 Copay/visit	100% Coverage after \$250 Copay/day (Days 1-5) after deductible \$50 Copay/visit after deductible
PHARMACEUTICAL BENEFITS	COVERAGE	
PHARMACY DEDUCTIBLE: Applies to all drugs except for weight loss drugs (which have a separate deductible), generic oral contraceptives, and other preventive drugs required by the Affordable Care Act. Amounts from manufacturer coupons or similar assistance programs used to satisfy Member Copayments or Coinsurance do not count toward the Deductible.	\$150 per individual; \$300 aggregate amount per family	
COVERED PRESCRIPTION DRUGS²:		
• Generic Drugs	<ul style="list-style-type: none"> ○ From a Participating Pharmacy \$15 Copayment per 30-day supply ○ Mail-order \$30 Copayment per 90-day supply³ ○ Participating Pharmacy \$45 Copayment per 90-day supply³ 	
• Preferred Brand Drugs	<ul style="list-style-type: none"> ○ From a Participating Pharmacy \$45 Copayment per 30-day supply ○ Mail-order \$113 Copayment per 90-day supply³ ○ Participating Pharmacy \$135 Copayment per 90-day supply³ 	
• Non-Preferred Brand Drugs	<ul style="list-style-type: none"> ○ From a Participating Pharmacy \$70 Copayment per 30-day supply ○ Mail-order \$175 Copayment per 90-day supply³ ○ Participating Pharmacy \$210 Copayment per 90-day supply³ 	
• Biological Drugs, Biotechnical Drugs, and Specialty Pharmaceuticals^{4,5}	80% Coverage	
• Oral Contraceptives	\$0 Copayment for generic and select brand drugs; Applicable Copayment for other brand drugs	
• Weight Loss Drugs (Contrave, Qsymia, Saxenda, and Wegovy)⁶	70% Coverage after \$200 weight loss drug deductible per member	
• Diabetic Testing Supplies	100% Coverage	
<p>¹Newborn care and other services covered <u>only</u> for enrolled child of employee or employee's spouse. 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. ²Some medications may require prior authorization from VIVA HEALTH. For further information, please contact Customer Service at the phone number listed below. ³A 90-day supply is as written by the provider, unless adjusted based on the drug manufacturer's packaging size, or based on supply limits. ⁴May 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/. ⁵Cost 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 deductible or out-of-pocket maximum. ⁶Cost 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;">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>		
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).]	\$0 Copayment	



Wellness Benefits

VIVA UAB, VIVA Access, & VIVA Choice



This schedule outlines preventive services and items that VIVA HEALTH will pay at 100% for the non-grandfathered VIVA UAB, VIVA Access, and VIVA Choice 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
Well Baby Visits (Age 0-2)	As recommended per guidelines¹
<ul style="list-style-type: none"> Routine Screenings, tests, & immunizations 	As recommended per guidelines
Well Child Visits (Age 3-17)	One per year at PCP³
<ul style="list-style-type: none"> Routine screenings, tests, & immunizations HIV screening & Counseling Obesity Screening Hepatitis B virus screening Sexually transmitted infection counseling Anxiety and depression screening Skin cancer behavioral counseling (Beginning at age 10) 	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
Routine Physical² (Age 18+)	One per year at PCP³
<ul style="list-style-type: none"> Alcohol misuse screening & counseling Anxiety and depression screening Blood pressure screening Cholesterol screening Diabetes screening Hepatitis B and C Virus Screening HIV screening & counseling Obesity screening Sexually transmitted infection counseling Syphilis screening Skin cancer behavioral counseling (Up to age 24) 	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
Well Woman Visit² (Adolescents & Adults)	One per year at PCP or OB/GYN
<ul style="list-style-type: none"> Pap smear/cervical cancer screening Chlamydia screening Contraception counseling Domestic violence screening & counseling Gonorrhea screening HPV DNA testing Anxiety and depression screening 	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)
Maternity Care (Pregnant Individuals) Prenatal & Postpartum Services (Up to 6 visits per pregnancy for the following services):	As recommended per guidelines
<ul style="list-style-type: none"> Anemia screening Bacteriuria screening Chlamydia screening Anxiety and depression screening Gestational diabetes mellitus screening Gonorrhea screening Hepatitis B screening HIV screening Rh incompatibility screening Syphilis screening Breast feeding counseling Tobacco counseling Breast pump purchase⁴ 	As recommended per guidelines One at 12-16 weeks' gestation One per pregnancy if at-risk One each per pregnancy and after delivery First prenatal visit if high-risk; after 24 weeks of gestation for all others One per pregnancy if at-r 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 individuals who smoke One electric pump selected by VIVA HEALTH every four years



PREVENTIVE SERVICE

FREQUENCY/LIMITATIONS

Contraception (Females)

• Implant (Implanon)	As recommended per guidelines; Performed in physician's office
• Injection (Depo-Provera shot)	One every three months
• I.U.D.	As recommended per guidelines; Performed in physician's office
• Diaphragm or cervical cap	One per year
• Sterilization	One procedure per lifetime
• Oral Contraceptives ⁵	Generics and select brands; Prescription required
• Over the counter contraceptives (Females) ⁵	Generic only; Prescription required; Quantity limits apply based on method
• Contraceptive Patch ⁵	Three per month
• Contraceptive Vaginal Ring ⁵	One per month

OTHER PREVENTIVE SERVICES

FREQUENCY/LIMITATIONS

• Osteoporosis screening (All females age 65+ and at-risk of all ages)	As recommended per guidelines
• Screening mammography (Females age 40+)	One per year
• BRCA risk assessment and genetic counseling/testing (At-risk females)	Per medical/family history
• Lung cancer screening (Very heavy smokers, ages 50-80)	One per year, as recommended per guidelines
• Colorectal cancer screening (Age 45+)	One per year
○ Fecal occult blood testing and Fecal Immunochemical Test (FIT)	One every three years
○ Fecal-DNA	One every five years
○ Sigmoidoscopy	One every 10 years
○ Screening colonoscopy	One per lifetime
• Abdominal aortic aneurysm screening (Males age 65-75 w/ smoking history)	One per year, as recommended per guidelines
• Tuberculosis screening (Asymptomatic, at-risk adults age 18+)	Four per year at physician's office
• Dental caries prevention (Infants and children from birth through age 5)	As recommended by CDC
• Routine immunizations⁶ (not travel related)	
Includes, but not limited to:	
○ Influenza (Age 6 months-adult)	Two per calendar year
○ HPV (Starting age 11-12 or catch-up ages 27-45)	Three doses per lifetime
○ Pneumococcal	As recommended by PCP
○ RSV	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+
○ COVID	As recommended by CDC
○ Zoster (Shingles) (Age 60+)	One per lifetime
○ RZV/Shingrix (Shingles) (Age 50+)	Two doses per lifetime
• Diet/nutrition counseling	Three visits per year
• Obesity counseling (Clinically obese children: BMI ≥ 95th percentile for age and sex; Clinically obese adults: BMI ≥ 30)	Six visits per lifetime
• Tobacco use counseling and interventions	Two visits per year with PCP or specialist
• 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.)	HIV testing every three months; Other services as recommended per guidelines

PHARMACY BENEFITS⁵

FREQUENCY/LIMITATIONS

• Aspirin to prevent heart disease (Males ages 45-79; Females ages 55-79)	Generic only
• Low-dose (81 mg) aspirin to prevent preeclampsia (High-risk pregnant females after 12 weeks of gestation)	Generic only
• Folic acid supplements (Females 55 & younger)	Generic only
• Iron supplements (12 months & younger)	For babies at risk for anemia
• Oral contraceptives (Females)	Generics and select brands
• Over the counter contraceptives (Females)	Generic only
• Oral fluoride supplements (6 years & younger)	For children whose water source is fluoride deficient
• HIV pre-exposure preventive (PrEP) therapy	For high-risk, HIV-uninfected individuals (select drugs)
• Breast Cancer Preventive Drugs (Females) ⁷	Tamoxifen and raloxifene (generic only)



Wellness Benefits

VIVA UAB, VIVA Access, & VIVA Choice



- **Statins to prevent cardiovascular disease (CVD)** (at-risk adults ages 40-75 with no history of CVD and one or more CVD risk factors) Low-to-moderate dose select generics only
- **Tobacco cessation products⁸** 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 nasal spray), or
 - Generic Zyban, or
 - Varenicline tartrate (generic only when available)

VIVA HEALTH Low-to-Moderate Dose Generic Statins Covered at 100%

The list below contains low-to-moderate dose select generic statins that VIVA HEALTH will pay at 100% for members ages 40-75 with no history of cardiovascular disease (CVD) but one or more risk factors for CVD on its non-grandfathered “Wellness” plans with prescription drug coverage through VIVA HEALTH. Coverage is still available for other statins on VIVA HEALTH’s formulary that are not included on this list but with the applicable copayment or coinsurance.

ATORVASTATIN 10 – 20MG	LOVASTATIN 10 – 40 MG	SIMVASTATIN 5 – 40MG
FLUVASTATIN IR AND XL 20 – 80MG	PRAVASTATIN 10 – 80 MG	ROSUVASTATIN 5 – 10MG

¹“As recommended per guidelines” means as recommended by your physician and in accordance with guidelines issued under the Affordable Care Act. ²Must be part of your annual physical or OB/GYN visit for coverage at 100% ³PCP means personal care provider or primary care physician and is generally an internist, family practitioner, general practitioner, pediatrician, and sometimes an obstetrician/ gynecologist. ⁴To 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. ⁵Must have prescription coverage through VIVA HEALTH to access this benefit. Prescription required for coverage, even for over-the-counter products. Quantity limits may apply. Exceptions to limits may apply based on medical necessity. ⁶ For a full list of covered immunizations, please visit www.vivahealth.com or call VIVA HEALTH Customer Service at 1-800-294-7780 and ask a representative to mail you a copy. ⁷Must complete and return to VIVA HEALTH an exception form to be eligible to receive at \$0 copayment. Visit www.vivahealth.com/provider/Resources to download the form, or call Customer Service. ⁸Prior Authorization must be obtained in order to access additional courses of treatment covered at 100%.

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.

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)。

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our app

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Track deliveries. Don't guess when your medications will arrive. See exactly when they're placed, processed, and shipped.

Make payments. Easily pay for your prescriptions online, and discover ways to manage your budget with automatic payments and payment plans.

Schedule automatic refills. Never miss a dose with our automatic refill program.

Set up dose reminders.* Stay on track with your treatment with automated alerts reminding you when it's time to take your medications.

**Express Scripts®
Pharmacy**

*This function is only available on the Express Scripts® Pharmacy app.



It's easy to get started with Express Scripts® Pharmacy.

To activate your online account:

Visit express-scripts.com/rx or download the **Express Scripts® Pharmacy app** to set up your account in only a few minutes. If you have not registered yet, you'll need a few pieces of basic personal information.

If Express Scripts® Pharmacy is a newer option under your plan, you may not be able to register online until close to your benefits start date.

If you have a new prescription:

Ask your doctor to e-prescribe a 90-day supply with refills directly to Express Scripts® Pharmacy. (This is the fastest way to get your medication!)

Visit express-scripts.com/rx, log in and click the "Request an Rx" button on the right side of the home page. Follow the instructions on the next page, and we'll reach out to your doctor.

Call us at the number on the back of your member ID card, and we'll contact your doctor for you.

Please allow 5–7 days for your first prescription to be shipped once we receive it.

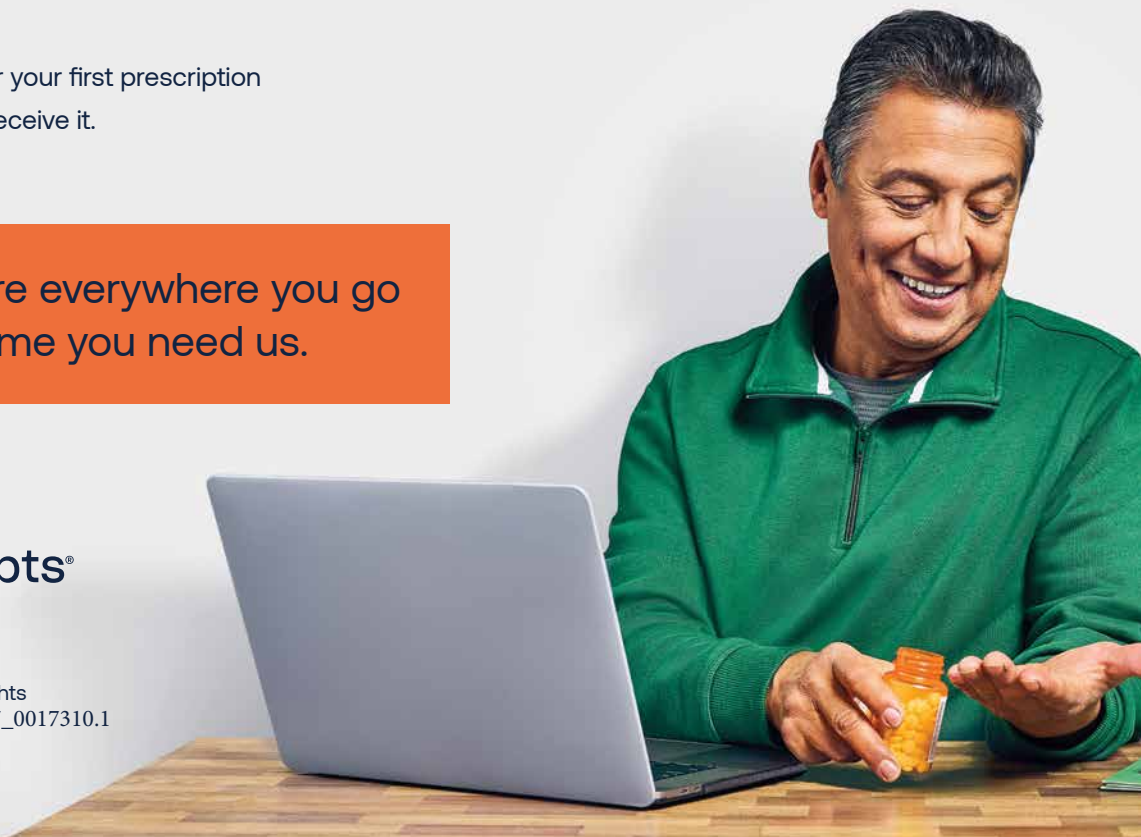
If you already have a prescription:

It's easy to transfer current prescriptions to Express Scripts® Pharmacy. If this is a prescription that you've already filled elsewhere, you should be able to see it in your prescription dashboard. If you have refills, once you log in or activate your account, all you need to do is click to order and set up payment. We'll contact your doctor and take care of the rest.

\\ / We're here everywhere you go
/ \\ and anytime you need us.

**Express Scripts®
Pharmacy**

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Finding a provider is *easy*.

Following the instructions below you can choose from a large network of a doctors, hospitals, an ancillary providers (a provider who is not a doctor, like a DME supplier or dialysis center), or an urgent care facility.

STEP 1: Visit VivaHealth.com and select "Find a doctor."

STEP 2: Select that you are a Commercial Member.

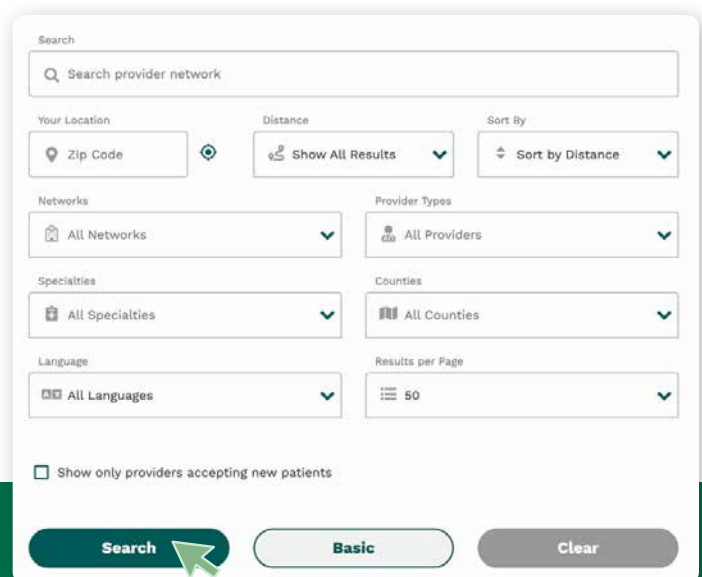


STEP 3: Select the type of search.



STEP 4: Fill in your necessary information. You can also narrow down your search by specialty, network, and location.

STEP 5: Your search results will then be produced. Results will include provider name, address, and phone number.



If you have any questions about VIVA HEALTH's provider network or online provider search, please call VIVA HEALTH Customer Service at 1-800-294-7780, Monday – Friday, 8 am – 5 pm. We are here to help.





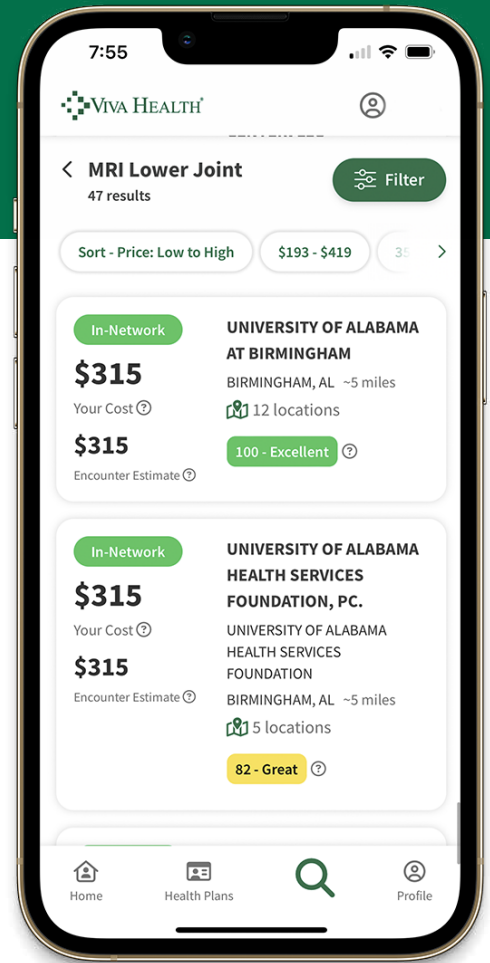
MyMedicalShopper™ Healthcare Price Comparison Tool

What is this?

MyMedicalShopper™ is a powerful tool that makes shopping for your medical care easy. Our tool empowers you to choose where to receive medical care based on price, quality, and convenience – the same way you shop for everything else in your life.

Use MyMedicalShopper™ to:

- ✓ Find providers and services
- ✓ Read reviews and ratings
- ✓ Know before you go: get estimates for procedures and care
- ✓ Save and Compare healthcare prices



Your employer has provided you with this valuable benefit to help you minimize your out-of-pocket costs and save money!

TALON	Comprehensive Metabolic Panel	MRI of Lower Joint	Nuclear Stress Test
Lowest Price Paid	\$22	\$385	\$1,146
Highest Price Paid	\$604	\$3,313	\$6,074
You Can Save	\$572	\$2,928	\$4,928
Distance Between Providers	10 Miles	13 Miles	25 Miles

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Use MyMedicalShopper™ to help save money on your healthcare expenses.

Download the TALON Health app to use MyMedicalShopper™ today!



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 vivahealth.com/uab/member-resources 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. 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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