VIVA HEALTH

VIVA ACCESS

Effective Dates: January 1, 2023 – December 31, 2023

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	COVERAGE UAB Network	COVERAGE VIVA HEALTH Network (outside UAB)
CALENDAR YEAR OUT-OF-POCKET MAXIMUM: The most a Member will pay per Calendar Year for qualified medical, mental, and substance abuse 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.	$6,600 per individual; $13,200 per family	
PREVENTIVE CARE: • **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) • **Other preventive items and services** (See Certificate of Coverage for details)	100% Coverage	100% Coverage
OTHER PRIMARY CARE SERVICES: • **Medical Physician Services** • **Illness and Injury** • **Hearing Exams** • **X-Ray and Laboratory Procedures** ○ Covered Genetic Testing	$15 Copay/visit 80% Coverage	$20 Copay/visit 80% Coverage
SPECIALTY CARE: *(No PCP Referral Required)* • **Medical Physician Services** • **Illness and Injury** • **OB/GYN Services** • **X-Ray and Laboratory Procedures** ○ Covered Genetic Testing	$30 Copay/visit 80% Coverage	$40 Copay/visit 80% Coverage
URGENT CARE CENTER SERVICES: • **Medical Physician Services** • **Illness and Injury**	$15 Copay/visit at UAB Urgent Care; $30 Copay/visit at all other urgent care centers	$40 Copay/visit
VISION CARE: *(No PCP Referral Required)* • **One routine vision exam per Calendar Year** • **Other eye care office visits**	$30 Copay/visit $30 Copay/visit	$30 Copay/visit $30 Copay/visit
ALLERGY SERVICES: *(No PCP Referral Required)* • **Physician Services** • **Testing**	$30 Copay/visit 80% Coverage	$40 Copay/visit 80% Coverage
DIAGNOSTIC SERVICES: *(Including but not limited to CT Scan, MRI, PET/SPECT, ERCP)*	$100 Copay/service	$200 Copay/service
OUTPATIENT SERVICES: • **Surgery and Other Outpatient Services**	$150 Copay/visit	$250 Copay/visit
HOSPITAL INPATIENT SERVICES: • **Physician Services** • **Semi-Private Room**	100% Coverage $250 Copay/admission	100% Coverage $250 Copay/day (Days 1-5)
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.)* • **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)]	 $30 Copay/visit; One/Lifetime $0 Copay; One/Lifetime $30 Copay/visit Cost varies by drug $150 Copay/visit	 $40 Copay/visit; One/lifetime $0 Copay; One/Lifetime $40 Copay/visit Cost varies by drug $250 Copay/visit
MATERNITY SERVICES[1]: • **Physician Services** *(Prenatal, delivery, and postnatal care)* • **Maternity Hospitalization**	$30 Copay/delivery $250 Copay/admission	$40 Copay/delivery $250 Copay/day (Days 1-5)
[1]Newborn 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.		
EMERGENCY ROOM SERVICES: *(Copay waived if admitted within 24 hours)*	$100 Copay/visit	$200 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:	$30 Copay/visit	$40 Copay/visit
DIABETIC SUPPLIES: Insulin covered under prescription drug rider. For Diabetic Supplies call VIVA HEALTH.	100% Coverage	100% Coverage

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MEDICAL BENEFITS	COVERAGE UAB Network	COVERAGE VIVA HEALTH Network (outside UAB)
REHABILITIATION SERVICES: Physical, Speech, and Occupational Therapy	$30 Copay/visit; $250 Copay/admission	$40 Copay/visit; $250 Copay/day (Days 1-5)
HABILITATION SERVICES: Physical, Speech, and Occupational Therapy and Applied Behavior Analysis *(limited to a diagnosis of Autism, Autism Spectrum Disorder, or Pervasive Developmental Delay)*	$30 Copay/visit	$40 Copay/visit
CHIROPRACTIC SERVICES: *(No PCP Referral Required)*	$40 Copay/visit	$40 Copay/visit
TEMPOROMANDIBULAR JOINT DISORDER:	$30 Copay/visit	$40 Copay/visit
SLEEP DISORDERS: • **Sleep Study**	$30 Copay/visit; $150 Copay/sleep study	$40 Copay/visit; $250 Copay/sleep study
TRANSPLANT SERVICES:	100% Coverage after $250 Hospital Copayment	100% Coverage after $250 Copay/day (Days 1-5)
MENTAL HEALTH & SUBSTANCE ABUSE SERVICES[2]: • **Inpatient Services** • **Outpatient Services**	100% Coverage after $250 Copay/admission $30 Copay/visit	100% Coverage after $250 Copay/day (Days 1-5) $40 Copay/visit

[2]Residential treatment and certain diagnoses are excluded. See your Certificate of Coverage for details.

PHARMACEUTICAL BENEFITS	COVERAGE
PHARMACY DEDUCTIBLE: Applies to all drugs except for generic oral contraceptives and other preventive drugs required by the Affordable Care Act.	$100 per individual; $200 aggregate amount per family
COVERED PRESCRIPTION DRUGS[3]:	
• **Generic Drugs**	
○ From a Participating Pharmacy	$15 Copayment per 30-day supply
○ Mail-order	$30 Copayment per 90-day supply
○ Participating Pharmacy	$45 Copayment per 90-day supply
• **Preferred Brand Drugs**	
○ From a Participating Pharmacy	$35 Copayment per 30-day supply
○ Mail-order	$88 Copayment per 90-day supply
○ Participating Pharmacy	$105 Copayment per 90-day supply
• **Non-Preferred Brand Drugs**	
○ From a Participating Pharmacy	$60 Copayment per 30-day supply
○ Mail-order	$150 Copayment per 90-day supply
○ Participating Pharmacy	$180 Copayment per 90-day supply
• **Oral Contraceptives**	$0 Copayment for generic drugs; Applicable Copayment for brand drugs
• **Biological Drugs, Biotechnical Drugs, and Specialty Pharmaceuticals[4]**	80% Coverage
• **Diabetic Testing Supplies**	100% Coverage

[3]Some medications may require prior authorization from VIVA HEALTH. For further information, please contact Customer Service at the phone number listed below. [4]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 https://www.vivahealth.com/Group/Login/.

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.

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
DEPENDENT STUDENT BENEFITS: (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.
SABBATICAL: (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, or 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, 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

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).

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. **Note: UAB Network coverage cost-sharing applies to employees in Huntsville, Selma, and Montgomery under benefit package VHU2 even when accessing care in the more expansive VIVA HEALTH network.**