



# VIVA HEALTH

## VH29

**Attachment A to Certificate of Coverage.** The Plan's services and benefits, with its copayments and some of the limitations, are listed below. Please remember that this is only a brief listing. For further information, please see the Certificate of Coverage. **Please keep this Attachment A for your records.**

### BENEFITS

### COVERAGE

BENEFITS	COVERAGE
<b>PRIMARY CARE SERVICES:</b> <ul style="list-style-type: none"><li>• <b>Preventive Care &amp; Other Office Visits</b><ul style="list-style-type: none"><li>◆ Routine Physicals (one per Calendar Year)</li><li>◆ Covered Immunizations</li><li>◆ Hearing Exams</li><li>◆ Surgical and Medical Physician Services</li><li>◆ X-Rays and Laboratory Procedures</li><li>◆ Illness and Injury</li></ul></li></ul>	100% after \$20 Copayment per visit
<b>SPECIALTY CARE:</b> (PCP Referral Required) <ul style="list-style-type: none"><li>• <b>Surgical &amp; Medical Physician Services</b></li><li>• <b>X-Ray and Laboratory Procedures</b></li><li>• <b>OB/GYN Services</b> (No PCP Referral Required) (One OB/GYN Preventive Visit every Calendar Year)</li></ul>	100% after \$20 Copayment per visit 100% Coverage 100% after \$20 Copayment per visit
<b>VISION CARE:</b> (No PCP Referral Required) <ul style="list-style-type: none"><li>• <b>One routine vision exam per Calendar Year</b></li><li>• <b>Other eye care office visits</b></li></ul>	100% after \$20 Copayment per visit 100% after \$20 Copayment per visit
<b>ALLERGY SERVICES:</b> (PCP Referral Required) <ul style="list-style-type: none"><li>• <b>Physician Services</b></li><li>• <b>Testing</b></li></ul>	100% after \$20 Copayment per visit 80% Coverage
<b>DIAGNOSTIC SERVICES:</b> (Including but not limited to CT Scan, MRI, PET/SPECT, ERCP)	100% after \$125 Copayment per service
<b>HOSPITAL SERVICES:</b> <ul style="list-style-type: none"><li>• <b>Inpatient Services</b></li><li>• <b>Outpatient Services</b></li></ul>	100% after \$125 Copayment per admission 100% after \$125 Copayment per service
<b>MATERNITY SERVICES:</b> <ul style="list-style-type: none"><li>• <b>Physician Services</b> Prenatal, delivery and postnatal care</li><li>• <b>Maternity Hospitalization</b></li></ul>	100% Coverage after \$20 Copayment per delivery 100% after \$125 Copayment per admission
<b>EMERGENCY ROOM SERVICES:</b>	100% after \$60 Copayment per visit (Copoly waived if admitted through ER)
<b>EMERGENCY AMBULANCE SERVICES:</b>	80% Coverage
<b>DURABLE MEDICAL EQUIPMENT &amp; PROSTHETIC DEVICES:</b>	80% Coverage
<b>SKILLED NURSING FACILITY SERVICES:</b> (100 Days per Lifetime)	100% Coverage
<b>DIABETIC SUPPLIES:</b> Insulin covered under prescription drug rider. For Diabetic supplies call VIVA Health.	100% Coverage
<b>REHABILITATION SERVICES: Physical, Speech, and Occupational Therapy</b> (Limited to 60 Total Inpatient Days and 25 Total Outpatient Visits per Calendar Year)	80% Coverage
<b>HOME HEALTH CARE SERVICES:</b> (Limited to 60 Visits per Calendar Year)	100% Coverage
<b>CHIROPRACTIC SERVICES:</b> (PCP Referral Required) (Covered up to 25 Visits per Calendar Year) <ul style="list-style-type: none"><li>• <b>Treatment for manual manipulation of subluxations only</b></li></ul>	100% after \$20 Copayment per visit
<b>TEMPOROMANDIBULAR JOINT DISORDER:</b> \$2,000 Maximum Benefit per Lifetime	100% after \$20 Copayment per visit

<b>SLEEP DISORDERS:</b> Two Sleep Studies per Member per Lifetime	100% after \$20 Copayment per visit 100% after \$125 Copayment per sleep study
<b>TRANSPLANT SERVICES:</b>	100% Coverage after \$125 Hospital Copayment
<b>MENTAL HEALTH SERVICES:</b>  ◆ Inpatient ◆ Outpatient	100% Coverage after \$125 Copayment per admission 100% after \$20 Copayment per visit

Partial or day hospitalization, intensive outpatient treatment, and treatment at a residential facility are not Covered Services. Certain diagnoses are excluded from coverage. See the Certificate of Coverage for details.

**COVERED PRESCRIPTION DRUGS:**

<ul style="list-style-type: none"> <li>• <b>Preferred Generic Drugs</b> <ul style="list-style-type: none"> <li>◆ From a Participating Pharmacy</li> <li>◆ Mail-order</li> <li>◆ Participating Pharmacy</li> </ul> </li> <li>• <b>Generic Drugs</b> <ul style="list-style-type: none"> <li>◆ From a Participating Pharmacy</li> <li>◆ Mail-order</li> <li>◆ Participating Pharmacy</li> </ul> </li> <li>• <b>Preferred Brand-Name Drugs</b> <ul style="list-style-type: none"> <li>◆ From a Participating Pharmacy</li> <li>◆ Mail-order</li> <li>◆ Participating Pharmacy</li> </ul> </li> <li>• <b>Non-Preferred Brand-Name Drugs</b> <ul style="list-style-type: none"> <li>◆ From a Participating Pharmacy</li> <li>◆ Mail-order</li> <li>◆ Participating Pharmacy</li> </ul> </li> </ul>	<p>\$5 Copayment per 31-day supply \$12 Copayment per 90-day supply \$15 Copayment per 90-day supply</p> <p>\$20 Copayment per 31-day supply \$43 Copayment per 90-day supply \$60 Copayment per 90-day supply</p> <p>\$40 Copayment per 31-day supply \$86 Copayment per 90-day supply \$120 Copayment per 90-day supply</p> <p>\$65 Copayment per 31-day supply \$162 Copayment per 90-day supply \$195 Copayment per 90-day supply</p>
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**Biological Drugs, Biotechnical Drugs, and Specialty Pharmaceuticals**

May be administered in the home, physician’s office or on an outpatient basis. There is a Member out-of-pocket maximum of \$10,000 per Member per Calendar Year for biological, biotechnical drugs and specialty pharmaceuticals. When these medications are received from CAREMARK, they must be ordered by calling 1-800-237-2767. For a list of medications in this category, please refer to <http://www.vivaemployer.com/Members/Default.aspx>

90% Coverage

*Some medications may require prior authorization from VIVA HEALTH. For further information, please contact Customer Service at the phone number listed below. When Generic is available, Member pays difference between Generic and Brand-Name price, plus Copayment. Check with your participating pharmacy to learn if it offers a 90-day supply at retail.*

**VIVA HEALTH CUSTOMER SERVICE (205) 558-7474 or (800) 294-7780**  
**VISIT OUR WEBSITE at [www.vivahealth.com](http://www.vivahealth.com)**

**Eligible Dependent:** Eligible Employee’s lawful spouse and children of Eligible Employees under age 26 or disabled dependents who meet eligibility criteria. Dependents with a last name different from the employee’s must be verified as eligible through submission of a marriage or birth certificate with the enrollment application.

**Pre-Existing Condition Policy:** Except for children under 19, Coverage will be excluded for twelve (12) months following the effective date of coverage due to a pre-existing condition. A pre-existing condition is a condition for which medical advice, diagnosis, care or treatment was recommended or received during the six (6) months immediately preceding the effective date of coverage. Pregnancy is not considered a pre-existing condition and no pre-existing condition shall apply to a dependent newborn or adopted child if covered within 30 days of birth or adoption. VIVA HEALTH will waive the pre-existing condition waiting period for the period of time an individual was previously covered by qualifying previous coverage if that coverage was continuous to a date not more than sixty-three (63) days prior to the effective date of coverage. This period of time does not include a new hire waiting period.

VIVA Health believes this health plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, such as the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, such as the elimination of lifetime limits on the dollar value of essential health benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to VIVA Health Customer Service at (205) 558-7474 or 1-800-294-7780. You may also contact the U.S. Department of Health and Human Services at [www.healthcare.gov](http://www.healthcare.gov). For plans subject to ERISA, you may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.