

A photograph of a family of three. A man with brown hair is looking down at a young child with curly hair who is sitting on the left. A woman with dark curly hair is smiling and looking towards the camera. They are all dressed in casual, comfortable clothing.

**VIVA CHOICE**<sup>®</sup>  
For **UAB** Employees

**UAB**

**VIVA Choice Guidebook 2026**

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



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.

*Viva Choice* 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 Choice* 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 CHOICE provides you access to VIVA HEALTH's entire network of doctors and hospitals.** Your cost-sharing percentage is the same, regardless of where you receive care.

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](mailto:VivaMemberHelp@uabmc.edu). You will also find valuable information on our website at [vivahealth.com/uab](http://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 2026.

Sincerely,

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

Brad Rollow  
CEO/President

## Your Consumer-Driven Health Plan (CDHP)

Your enrollment in the Viva *Choice* Consumer-Driven Health Plan (CDHP) gives you control over how you choose to spend your money on your health care. The difference between a traditional health plan and the Viva *Choice* CDHP is that in exchange for meeting a higher combined medical and Rx deductible, you will have lower monthly premiums. The money you save from having low monthly premiums can start to add up quickly. The CDHP, Viva *Choice*, is paired with a Health Savings Account (HSA) that enables you to set aside pre-tax dollars via payroll or after-tax dollars to pay for qualified, out-of-pocket expenses.

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## What is a health savings account (HSA) and how does it work?

An HSA is a savings account that is available when you enroll in a CDHP. HSAs give you control and oversight on how you choose to spend your health care dollars. Funds distributed into an HSA for use with this health plan, up to the annual contribution limit, are tax-deductible and funds in an HSA grow tax-free. You can withdraw funds from your HSA to pay for qualified medical expenses, like deductibles and coinsurance, without penalty. Much like a regular checking or savings account, your HSA comes with a debit card you can use to help pay for eligible health care expenses. Inspira is the administrator for your HSA account. You can contact them at 1-844-729-3539, and more information can be found later in this guidebook.

## When can I use my HSA card?

You can use your HSA card to pay for a variety of health care expenses like prescriptions and doctors' visits. See below for a list of common eligible expenses payable by your HSA card.

## Common eligible health care expenses:

- Hearing aids
- Orthopedic goods
- Dentist visits
- Orthodontia
- Osteopathic fees
- Medical, Vision, Dental, and Prescription copayments and coinsurance
- Prescription eyeglasses
- Reading glasses
- Oxygen
- Contact Lenses
- Breastfeeding Supplies
- Vasectomy
- Vision Correction surgery

## Who can use my HSA account?

The IRS allows you to use your HSA account to pay for eligible healthcare expenses for your spouse, children or anyone who is listed as a dependent on your tax return.

## How does the deductible apply?

You must meet the calendar year deductible before coinsurance coverage applies. Until the deductible is met, you will pay 100% of the costs, except for certain preventive services covered at no cost to you. After the deductible is met, you will pay 10% of the cost of covered services until the out-of-pocket maximum is met.

**If you are on an individual plan,** you only need to meet the individual deductible before coinsurance coverage applies.

However, under IRS rules, **if you are on a family plan,** the overall family deductible must be met before coinsurance coverage applies for any covered family member. This is regardless of whether any individual family member on the plan has met the individual deductible amount. Once the family deductible has been met, calculated aggregately from eligible expenses paid by all family members, coinsurance coverage applies to all members of the family covered under the plan. Note: Coinsurance coverage will apply to all family members covered under the plan even if one of more covered members paid nothing toward the deductible, as long as what has collectively been paid by all members of the family amounts to the family deductible.

## Attachment A to Certificate of Coverage

The Plan's services and benefits, with their coinsurance, and some of the limitations, are listed below. This is only a brief listing. For further information, plan guidelines, and exclusions, please see the Certificate of Coverage. This health plan is part of a consumer-driven health plan that pairs the health plan benefits with a health savings account (HSA). Funds distributed into an HSA for use with this health plan, up to the annual contribution limit, are tax-deductible and funds in an HSA grow tax-free. You can withdraw funds from your HSA to pay for qualified medical expenses, like deductibles and coinsurance, without penalty. To be eligible for an HSA you must be covered under a high deductible health plan, among other requirements set forth by the IRS.

**Please keep this Attachment A for your records.**

### MEDICAL BENEFITS

### COVERAGE

**CALENDAR YEAR DEDUCTIBLE:** Applies to all benefits except preventive care services covered at no charge. If your coverage tier is anything other than single coverage, you must meet the aggregate family deductible. Amounts from manufacturer coupons or similar assistance programs used to satisfy Member Coinsurance do not count toward the Deductible.

Individual plan deductible: \$1,800;  
Family plan deductible \$3,600  
(aggregate amount 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 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 Coinsurance do not count toward the Out-of-Pocket Maximum.

\$3,700 per individual;  
\$7,400 aggregate amount per family

#### PREVENTIVE CARE:

- **Well Baby Care** (Children under age 3)
- **Routine Physicals** (One per Calendar Year for ages 3+)
- **Covered Immunizations**
- **OB/GYN Preventive Visit** (One per Calendar Year)
- **Preventive Prenatal Care**
- **Nutritionist Preventive Visits** (Up to 3 per Calendar Year with a Registered Dietitian or Nutritionist)
- **Other preventive items and services** (See Certificate of Coverage for more information)

100% Coverage

#### OTHER PRIMARY CARE SERVICES:

- **Medical Physician Services**
- **Illness and Injury**
- **Hearing Exams**
- **X-Ray and Laboratory Procedures** (Including covered genetic testing)

90% Coverage

#### SPECIALTY CARE: (No PCP Referral Required)

- **Medical Physician Services**
- **Illness and Injury**
- **OB/GYN Services**
- **X-Ray and Laboratory Procedures** (Including covered genetic testing)

90% Coverage

#### URGENT CARE CENTER SERVICES:

- **Medical Physician Services**
- **Illness and Injury**

90% Coverage

#### VISION CARE: (No PCP Referral Required)

- **One routine vision exam per Calendar Year**
- **Other eye care office visits**

90% Coverage

#### ALLERGY SERVICES: (No PCP Referral Required)

- **Physician Services and Testing**

90% Coverage

#### DIAGNOSTIC SERVICES: (Including but not limited to CT Scan, MRI, PET/SPECT, ERCP)

90% Coverage

#### OUTPATIENT SERVICES:

- **Surgery and Other Outpatient Services**

90% Coverage

#### HOSPITAL INPATIENT SERVICES:

- **Physician and Facility Services**

90% Coverage

**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)]

90% Coverage; One per Lifetime

90% Coverage; One per Lifetime

90% Coverage

90% Coverage

90% Coverage

#### MATERNITY SERVICES:

- **Physician Services** (Prenatal, delivery, and postnatal care)
- **Maternity Hospitalization**

90% Coverage

**Newborn care and other services covered only 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.**

MEDICAL BENEFITS	COVERAGE
<b>EMERGENCY ROOM SERVICES:</b> Members can use participating urgent care facilities in urgent but non-emergency situations	90% Coverage
<b>EMERGENCY AMBULANCE SERVICES:</b> <i>(Must be Medically Necessary)</i>	90% Coverage
<b>DURABLE MEDICAL EQUIPMENT AND PROSTHETIC DEVICES:</b>	90% Coverage
<b>SKILLED NURSING FACILITY SERVICES:</b> <i>(Limited to 60 days per Calendar Year)</i>	90% Coverage
<b>DIABETES SELF-MANAGEMENT EDUCATION:</b>	90% Coverage
<b>DIABETIC SUPPLIES:</b> Insulin covered under prescription drug rider. For Diabetic Supplies call VIVA HEALTH.	90% Coverage
<b>MEDICAL NUTRITION SERVICES:</b> <i>(Limited to 6 visits per Calendar Year with a Registered Dietitian or Nutritionist)</i>	90% Coverage
<b>REHABILITATION AND HABILITATION SERVICES:</b> Physical, Speech, and Occupational Therapy and Applied Behavior Analysis	90% Coverage
<b>HOME HEALTH CARE SERVICES:</b> <i>(Limited to 60 visits per Calendar Year)</i>	90% Coverage
<b>CHIROPRACTIC SERVICES:</b> <i>(No PCP Referral Required)</i>	90% Coverage
<b>TEMPOROMANDIBULAR JOINT DISORDER:</b>	90% Coverage
<b>SLEEP DISORDERS:</b>	90% Coverage
<b>TRANSPLANT SERVICES:</b>	90% Coverage
<b>MENTAL HEALTH &amp; SUBSTANCE USE DISORDER SERVICES:</b>	
<ul style="list-style-type: none"> <li>Inpatient Services</li> <li>Outpatient Services</li> </ul>	90% Coverage

PHARMACEUTICAL BENEFITS	COVERAGE
<b>COVERED PRESCRIPTION DRUGS<sup>1</sup>:</b>	
<ul style="list-style-type: none"> <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 and Non-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>Non-Preferred Brand and Non-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>Specialty Drugs<sup>3</sup></b></li> <li><b>Oral Contraceptives</b></li> <li><b>Diabetic Testing Supplies</b></li> </ul>	<p>90% Coverage</p> <p>90% Coverage per 90-day supply<sup>2</sup></p> <p>90% Coverage per 90-day supply<sup>2</sup></p> <p>90% Coverage</p> <p>90% Coverage per 90-day supply<sup>2</sup></p> <p>90% Coverage per 90-day supply<sup>2</sup></p> <p>90% Coverage</p> <p>90% Coverage per 90-day supply<sup>2</sup></p> <p>90% Coverage per 90-day supply<sup>2</sup></p> <p>90% Coverage</p> <p>\$0 Copayment for generic and select brand drugs; Applicable Coinsurance for other brand drugs</p> <p>100% Coverage</p>

<sup>1</sup>Some medications may require prior authorization from VIVA HEALTH. For further information, please contact Customer Service at the phone number listed below. <sup>2</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>3</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 <https://www.vivahealth.com/Group/Login/>.

**When generic is available, Member pays difference between generic and Brand price.**

**Check with your participating pharmacy to learn if it is eligible to offer a 90-day supply at retail.**

<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 Coinsurance and Deductible described herein and a \$1,500 maximum benefit per Calendar Year.	
<b>SABBATICAL:</b> (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 Coinsurance and Deductible 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](http://www.vivahealth.com)**

**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.



# Wellness Benefits

## VIVA UAB & VIVA Choice



This schedule outlines preventive services and items that VIVA HEALTH will pay at 100% for the non-grandfathered VIVA UAB 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

<b>Well Baby Visits</b> (Age 0-2)	<b>As recommended per guidelines<sup>1</sup></b>
<ul style="list-style-type: none"> <li>Routine Screenings, tests, &amp; immunizations</li> </ul>	As recommended per guidelines
<b>Well Child Visits</b> (Age 3-17)	<b>One per year at PCP<sup>3</sup></b>
<ul style="list-style-type: none"> <li>Routine screenings, tests, &amp; immunizations</li> <li>HIV screening &amp; Counseling</li> <li>Obesity Screening</li> <li>Hepatitis B virus screening</li> <li>Sexually transmitted infection counseling</li> <li>Anxiety and depression screening</li> <li>Skin cancer behavioral counseling</li> </ul>	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 Ages 10 and above; As recommended per guidelines
<b>Routine Physical<sup>2</sup></b> (Age 18+)	<b>One per year at PCP<sup>3</sup></b>
<ul style="list-style-type: none"> <li>Alcohol misuse screening &amp; counseling</li> <li>Anxiety and depression screening</li> <li>Blood pressure screening</li> <li>Cholesterol screening</li> <li>Diabetes screening</li> <li>Hepatitis B and C Virus Screening</li> <li>HIV screening &amp; counseling</li> <li>Obesity screening</li> <li>Sexually transmitted infection counseling</li> <li>Syphilis screening</li> <li>Skin cancer behavioral counseling (Up to age 24)</li> </ul>	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
<b>Well Woman Visit<sup>2</sup></b> (Adolescents & Adults)	<b>One per year at PCP or OB/GYN</b>
<ul style="list-style-type: none"> <li>Pap smear/cervical cancer screening</li> <li>Chlamydia screening</li> <li>Contraception counseling</li> <li>Domestic violence screening &amp; counseling</li> <li>Gonorrhea screening</li> <li>HPV DNA testing</li> <li>Anxiety and depression screening</li> </ul>	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)
<b>Maternity Care</b> (Pregnant Individuals; <i>Up to 6 visits per pregnancy for the following services</i> ):	<b>As recommended per guidelines</b>
<ul style="list-style-type: none"> <li>Anemia screening</li> <li>Bacteriuria screening</li> <li>Chlamydia screening</li> <li>Anxiety and depression screening</li> <li>Perinatal depression counseling</li> <li>Gestational diabetes mellitus screening</li> <li>Gonorrhea screening</li> <li>Hepatitis B screening</li> <li>HIV screening</li> <li>Rh incompatibility screening</li> <li>Syphilis screening</li> <li>Breast feeding counseling</li> <li>Tobacco counseling</li> <li>Breast pump purchase and supplies<sup>4</sup></li> </ul>	As recommended per guidelines One at 12-16 weeks' gestation One per pregnancy if at-risk One each per pregnancy and after delivery Two per year First prenatal visit if high-risk; after 24 weeks of gestation for all others One per pregnancy if at-risk 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 Breast pump limited to one electric pump selected by VIVA HEALTH per pregnancy
<b>Contraception</b> (Females)	
<ul style="list-style-type: none"> <li>Implant (Implanon)</li> <li>Injection (Depo-Provera shot)</li> <li>I.U.D.</li> <li>Diaphragm or cervical cap</li> <li>Sterilization</li> </ul>	As recommended per guidelines; Performed in physician's office One every three months As recommended per guidelines; Performed in physician's office One per year One procedure per lifetime



# Wellness Benefits

## VIVA UAB & VIVA Choice



### PREVENTIVE SERVICE

### FREQUENCY/LIMITATIONS

#### Contraception (Females) *Continued*

- |  |  |
|--|--|
| • Oral Contraceptives <sup>5</sup>                       | Generics and select brands; Prescription required                          |
| • Over the counter contraceptives (Females) <sup>5</sup> | Generic only; Prescription required; Quantity limits apply based on method |
| • Contraceptive Patch <sup>5</sup>                       | Three per month  |
| • Contraceptive Vaginal Ring <sup>5</sup>                | One per month  |

### OTHER PREVENTIVE SERVICES

- **Osteoporosis screening** (All females age 65+ and at-risk of all ages)
- **Screening mammography** (Females age 40+)
- **BRCA risk assessment and genetic counseling/testing** (At-risk females)
- **Lung cancer screening** (Very heavy smokers, ages 50-80)
- **Colorectal cancer screening** (Age 45+)
  - Fecal occult blood testing and Fecal Immunochemical Test (FIT)
  - Fecal-DNA
  - Sigmoidoscopy
  - Screening colonoscopy
- **Abdominal aortic aneurysm screening** (Males age 65-75 w/ smoking history)
- **Tuberculosis screening** (Asymptomatic, at-risk adults age 18+)
- **Dental caries prevention** (Infants and children from birth through age 5)
- **Routine immunizations<sup>6</sup>** (not travel related)  
Includes, but not limited to:
  - Influenza (Age 6 months-adult)
  - HPV (Starting age 11-12 or catch-up ages 27-45)
  - Pneumococcal
  - RSV
  - COVID
  - Zoster (Shingles) (Age 60+)
  - RZV/Shingrix (Shingles) (Age 50+)
- **Diet/nutrition counseling**
- **Obesity counseling** (Clinically obese children and adults: BMI ≥ 95<sup>th</sup> percentile for age and sex or ≥ 30)
- **Tobacco use counseling and interventions**
- **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.)

### FREQUENCY/LIMITATIONS

- As recommended per guidelines
- One per year
- Per medical/family history
- One per year, as recommended per guidelines
- One per year
- One every three years
- One every five years
- One every 10 years
- One per lifetime
- One per year, as recommended per guidelines
- Four per year at physician's office
- As recommended by CDC
- Two per calendar year
- Three doses per lifetime
- As recommended by PCP
- 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+
- As recommended by CDC
- One per lifetime
- Two doses per lifetime
- Three visits per year
- Six visits per lifetime
- Two visits per year with PCP or specialist
- HIV testing every three months; Other services as recommended per guidelines

### PHARMACY BENEFITS<sup>5</sup>

- **Aspirin to prevent heart disease** (Males ages 45-79; Females ages 55-79)
- **Low-dose (81 mg) aspirin to prevent preeclampsia** (High-risk pregnant females after 12 weeks of gestation)
- **Folic acid supplements** (Females 55 & younger)
- **Iron supplements** (12 months & younger)
- **Oral contraceptives** (Females)
- **Over the counter contraceptives** (Females)
- **Oral fluoride supplements** (6 years & younger)
- **HIV pre-exposure preventive (PrEP) therapy**
- **Breast Cancer Preventive Drugs** (Females)<sup>7</sup>
- **Statins to prevent cardiovascular disease (CVD)** (at-risk adults ages 40-75 with no history of CVD and one or more CVD risk factors)
- **Tobacco cessation products<sup>8</sup>**

### FREQUENCY/LIMITATIONS

- Generic only
- Generic only
- Generic only
- For babies at risk for anemia
- Generics and select brands
- Generic only
- For children whose water source is fluoride deficient
- For high-risk, HIV-uninfected individuals (select drugs)
- Tamoxifen and raloxifene (generic only)
- Low-to-moderate dose select generics only
- 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)



# Wellness Benefits

## VIVA UAB & VIVA Choice



### 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  
FLUVASTATIN IR AND XL 20 – 80MG

LOVASTATIN 10 – 40 MG  
PRAVASTATIN 10 – 80 MG

SIMVASTATIN 5 – 40MG  
ROSUVASTATIN 5 – 10MG

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<sup>1</sup>“As recommended per guidelines” means as recommended by your physician and in accordance with guidelines issued under the Affordable Care Act. <sup>2</sup>Must be part of your annual physical or OB/GYN visit for coverage at 100%) <sup>3</sup>PCP means personal care provider or primary care physician and is generally an internist, family practitioner, general practitioner, pediatrician, and sometimes an obstetrician/ gynecologist. <sup>4</sup>To order a breast pump or breast pump supplies, member must be within 30 days of due date or actively breastfeeding. Call MedSouth Medical Supplies at 1-800-423-8677. <sup>5</sup>Must 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. <sup>6</sup> For a full list of covered immunizations, please visit [www.vivahealth.com](http://www.vivahealth.com) or call VIVA HEALTH Customer Service at 1-800-294-7780 and ask a representative to mail you a copy. <sup>7</sup>Must complete and return to VIVA HEALTH an exception form to be eligible to receive at \$0 copayment. Visit [www.vivahealth.com/provider/Resources](http://www.vivahealth.com/provider/Resources) to download the form, or call Customer Service. <sup>8</sup>Prior Authorization must be obtained in order to access additional courses of treatment covered at 100%.





QUICK REFERENCE GUIDE

# Inspira Health Savings Account (HSA)

## Get started

- Go to [inspirafinancial.com](https://inspirafinancial.com).
- Click “Log in”
- Then choose the log in option under “Manage your HSA, FSA, or other benefits.”
- If you’re a new user, click “Set up account” to get started. Be sure to have your Inspira Card near by. You’ll need it to help verify your identity.
- Follow the steps to create your online profile, review fees and agreements and set up beneficiaries.

## Set up account notifications

- Go to “Account Settings” then “Account notifications.”
- Select the “+ sign” to view your notification options. Select the notifications you want to receive and click “Save.”

## View eligible expense items

To view a list of eligible expenses, log in and select “Explore eligible expenses”, under Quick Tips.

## Calculate your HSA Savings

To find out how much you could save with an HSA, click “Calculate my HSA savings” under Account Actions. Then complete three quick steps.

## Fee Schedule

To view the fee schedule for your HSA, click “View fee schedule” under Manage Funds.

## View the interest rate for your HSA

To view a summary of the interest earned on your HSA, click “Your Accounts” at the top of the page and select your HSA deposit account. You’ll see your interest rate summary listed at the bottom of the page.

## Order an additional Inspira Card for your spouse or dependent

- Go to “Account Settings” and click “Inspira Card.”
- Click “Order a Dependent Debit Card.”
- Enter the first and last name of your spouse or dependent and click “Submit.”

## Make a payment or withdraw funds from your HSA (available with a linked bank account)

- Once logged in, click “Request funds” under Manage Funds.
- You can pay yourself back or pay your health care provider directly from your HSA.

## Link a bank account to transfer funds

You can link one or more bank accounts to your HSA to easily transfer funds to and from your HSA.

- Once logged in, go to “Accounts Settings” and click “Bank accounts.”
- Click “Link Bank Account to my HSA.”
- Select the bank account type. Then enter your routing number and account number.
- Check the box to authorize Inspira Financial to link your account. Then click “Save and continue.”

**Note:** You’ll see that the status says “Complete Validation.”

## Validating your linked bank account

After you link a bank account to your HSA, we’ll send a deposit of less than \$1.00 (and matching withdrawal) to your bank account. This process can take up to two business days, not including Saturdays, Sundays or holidays. Once you see the deposit in your bank account, make note of the amount. Log back in to your HSA and follow these steps:

- Go to “Account Settings.” Select “Bank accounts.”
- Click “Complete Validation” next to the bank account you wish to validate.
- Enter the amount Inspira deposited into your account.
- Click “Validate.”

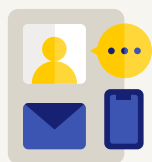
## Make post-tax contribution to your HSA (available with a linked bank account)

- Once logged in, click “Deposit funds into HSA” under Manage funds.

## Invest your HSA dollars

If you haven’t opened an investment account yet, click “Open Investment Account” to get started.

Once you open an account, you’ll see a button to view your investment dashboard. This is where you can invest your HSA dollars.



## Questions?

Log in to [inspirafinancial.com](https://inspirafinancial.com) and click **Contact Us** under **Help & Support**. Here you can also **Live Chat** with us.

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# Pharmacy anytime and anywhere.

## With digital tools from Express Scripts® Pharmacy.

Manage your medications on the go and on your schedule at [express-scripts.com/rx](https://express-scripts.com/rx) or with the **Express Scripts® Pharmacy app**.



Download  
our app

**Order medications and refills.** All your prescriptions are now all in one place. You can even see how much you might save if you get them filled at Express Scripts® Pharmacy. Simply select the ones you wish to order, and they'll be delivered right to your door.

**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.

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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](https://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](https://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.

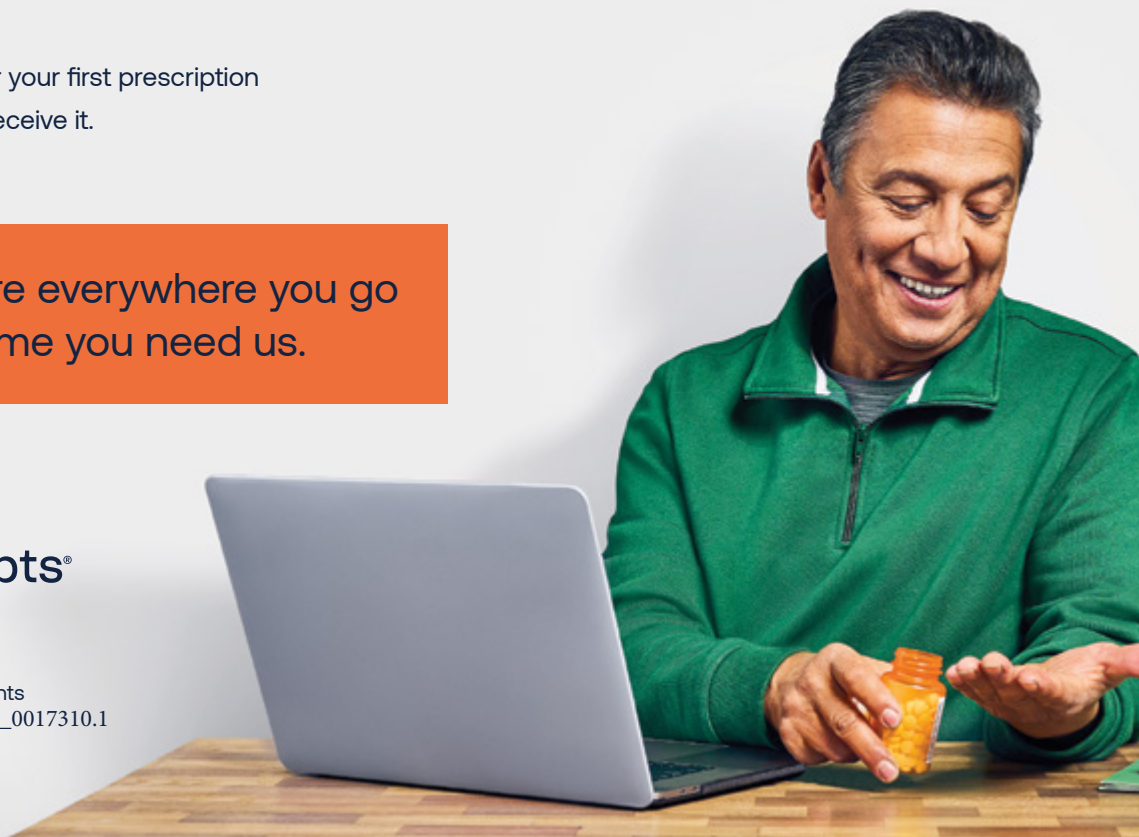
If you already have a prescription:

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.

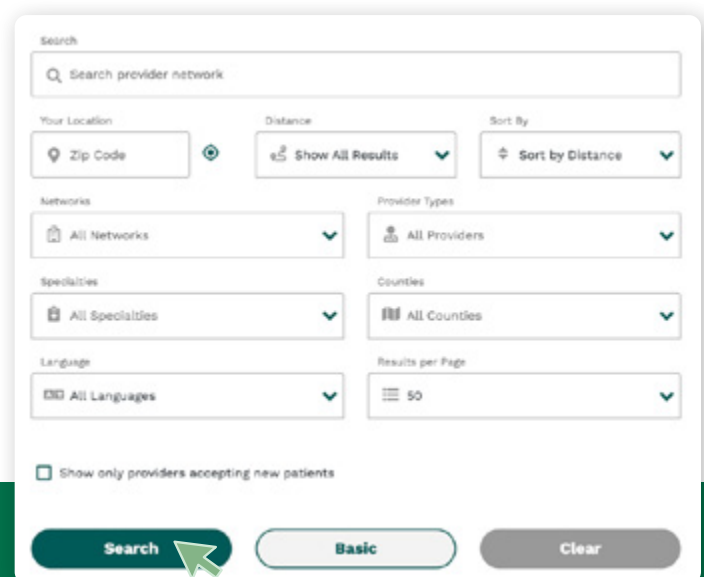
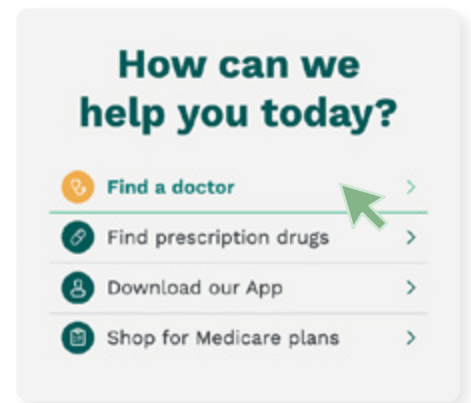


**STEP 3:** Select the type of search.



**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.





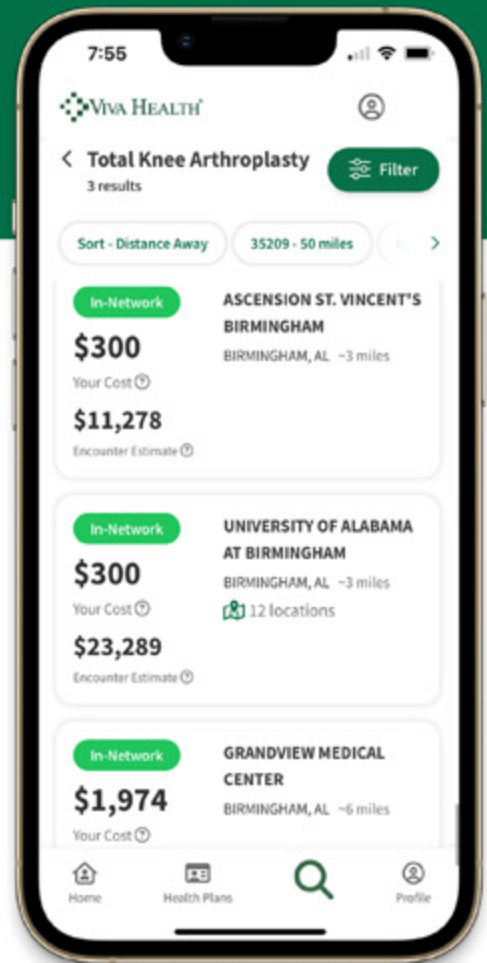
# MyMedicalShopper™ Healthcare Price Comparison Tool

## 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 might shop for everything else in your life.

## Use MyMedicalShopper™ to:

- ✓ Find providers and services
- ✓ 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
<b>You Can Save</b>	<b>\$572</b>	<b>\$2,928</b>	<b>\$4,928</b>
Distance Between Providers	10 Miles	13 Miles	25 Miles

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



Activate your account by registering at [mymedicalshopper.com/wl/viva-health](https://mymedicalshopper.com/wl/viva-health). Your Member ID# is your Family ID# plus ID Suffix on your medical insurance card.

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 [www.vivahealth.com/uab/member-resources](http://www.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](mailto: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.



A Product of VIVA HEALTH  
A Member of the **UAB** Health System

[www.VivaHealth.com/uab](http://www.VivaHealth.com/uab)  
417 20th Street North, Suite 1100  
Birmingham, Alabama 35203

## Notice of Availability of Language Assistance Services and Auxiliary Aids and Services:

### **English (English)**

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-294-7780 (TTY: 711) or speak to your provider.

### **Español (Spanish)**

ATENCIÓN: Si habla español (Spanish), tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-294-7780 (TTY: 711) o hable con su proveedor.

### **中文 (Traditional Chinese)**

注意：如果您說中文 (Chinese)，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-800-294-7780 (TTY : 711) 或與您的提供者討論。

### **中文 (Simplified Chinese)**

注意：如果您說中文 (Chinese)，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-800-294-7780 (文本电话：711) 或咨询您的服务提供商。

### **한국어 (Korean)**

주의: 한국어 (Korean) 를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-294-7780(TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

### **Việt (Vietnamese)**

LƯU Ý: Nếu bạn nói tiếng Việt (Vietnamese), chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-294-7780 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

### **العربية (Arabic)**

تنبيه: إذا كنت تتحدث اللغة العربية (Arabic)، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-800-294-7780 (TTY: 711) أو تحدث إلى مقدم الخدمة.

### **Deutsch (German)**

ACHTUNG: Wenn Sie Deutsch (German) sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-800-294-7780 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

### **Français (French)**

ATTENTION : Si vous parlez Français (French), des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-294-7780 (TTY : 711) ou parlez à votre fournisseur.



## **ગુજરાતી (Gujarati)**

ધ્યાન આપો: જો તમે ગુજરાતી (Gujarati) બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓફિસલરી સહાય અને એક્સેસિબલ ફોર્મટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-800-294-7780 (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

## **Tagalog (Tagalog)**

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-294-7780 (TTY: 711) o makipag-usap sa iyong provider.

## **हिंदी (Hindi)**

ध्यान दें: यदि आप हिंदी (Hindi) बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-800-294-7780 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

## **ລາວ (Lao)**

ເລື່ອງສຳຄັນ: ຖ້າທ່ານເວົ້າພາສາ ລາວ (Lao), ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາຕີ 1-800-294-7780 (TTY: 711) ຫຼື ວິມັກບູລີໃຫ້ບໍລິການຂອງທ່ານ.

## **РУССКИЙ (Russian)**

ВНИМАНИЕ: Если вы говорите на русский (Russian), вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-294-7780 (TTY: 711) или обратитесь к своему поставщику услуг.

## **Português (Portuguese)**

ATENÇÃO: Se você fala português (Portuguese), serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-800-294-7780 (TTY: 711) ou fale com seu provedor.

## **Türkçe (Turkish)**

DİKKAT: Türkçe (Turkish) konuşuyorsanız, ücretsiz dil yardım hizmetleri sizin için mevcuttur. Erişilebilir formatlarda bilgi sağlamak için uygun yardımcı araçlar ve hizmetler de ücretsiz olarak mevcuttur. 1-800-294-7780 (TTY: 711) numarasını arayın veya sağlayıcınızla görüşün.

## **日本語 (Japanese)**

注：日本語(Japanese)を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-800-294-7780（TTY：711）までお電話ください。または、ご利用の事業者にご相談ください。