

VIVA Health Plan Option

Description of Plan

The VIVA Health Plan is a Hospital Medical plan option available to active employees and non-Medicare-eligible retirees who do not have Medicare-eligible dependents; in addition, the members must live in the VIVA Health service area listed below and use providers in the VIVA Health network. Participating providers can be located at www.vivahealth.com.

In addition to medical benefits, the VIVA Health plan option also includes dental benefits, vision benefits, and an extensive formulary. Except in situations described below, all care must be received from Participating Physicians. With VIVA Health, PEEHIP members have access to 69 hospitals and over 5,200 physicians statewide.

The VIVA Health plan is not available to retired members who are Medicare eligible or to Medicare-eligible dependents.

Hospital Benefits

- ◆ Inpatient Hospitalization: Services are covered in full for 365 days without a dollar limit.
- ◆ Copay: \$200 for each admission. You are also responsible for the difference between private and semi-private accommodations and other non-medical items such as TV, phone, etc.
- ◆ Prior Authorization: All inpatient admissions require authorization from VIVA Health prior to receiving services. Emergency admissions must be certified within 24 hours or as soon as reasonably possible for the admission to a covered service.
- ◆ Inpatient Rehabilitation: Coverage in a rehabilitation facility requires a referral from a Participating Physician and prior approval of the Medical Director. Coverage is limited to 60 days per calendar year and is covered 100% by VIVA Health.
- ◆ **Outpatient Hospital Charges: \$100 facility copay for outpatient surgery and \$100 copay for emergency room services.** The emergency room copay is waived if admitted to hospital within 24 hours.

Major Medical Benefits

- ◆ There is no deductible on this plan.
- ◆ There is no lifetime maximum on this plan.
- ◆ Covered Services: Physician service for medical and surgical care when you use a Participating Physician; diagnostic, x-ray, and laboratory procedures; ambulance services; blood and blood plasma; oxygen, casts, splints and dressings; prosthetic appliances and braces; physical therapy; allergy testing and physician services; semi-private room and other hospital care after basic hospital benefits expire.

Participating Physicians

- ◆ \$0 copay per test after physician visit copay has been paid. Includes outpatient diagnostic, x-ray, and laboratory procedures.
- ◆ \$15 copay for Primary Care Physician visit.
- ◆ \$30 copay for Specialty Care. No referral required.
- ◆ **Preventive services are covered at 100%.**

Dental Benefits

- ◆ Deductible: \$50 per person/\$150 per family deductible applies to Basic & Major Services

- ◆ Maximum deductible: \$500 Calendar year maximum
- ◆ Type I Diagnostic/Preventive Services: 100% coverage of maximum plan allowance (MPA). Services include routine oral exams, fluoride treatments (children under 19), cleanings, x-rays (limitations may apply), sealants, and space maintainers.
- ◆ Type II Basic Services: 50% coverage of MPA. Services include fillings, simple extractions, palliative services, general anesthesia, and non-surgical periodontics.
- ◆ Type III Major Services: 25% coverage of MPA and a 12 month waiting period. Services include major restorative (crowns, bridges, and dentures), denture repair, endodontics (root canals), surgical periodontics, and surgical oral surgery (includes surgical extractions).

Vision Exam Benefits

- ◆ Copay: One routine exam per year is covered in full after member pays a \$30 copay. Other treatments are covered when medically necessary for the treatment of illness or injury.
- ◆ Does not require a Primary Care Physician (PCP) referral.

Pharmacy Program

- ◆ Participating Pharmacy: When you choose a Participating Pharmacy you pay the following:
 - ◇ \$12 copay for any covered generic prescription drug
 - ◇ ***\$30 for any covered preferred brand drug**
 - ◇ ***\$50 for any covered non-preferred brand drug**

** When an appropriate grade generic is available and a brand name is chosen, the copayment will be the brand name copayment plus the cost differential between the brand and generic drugs.*

- ◆ Participating pharmacies will file all claims for you.
- ◆ 90% coverage for self-administered injectibles, bio-technical and biological drugs and maximum out-of-pocket is \$1,000 per member per calendar year for these drugs.
- ◆ **50% coverage for mental health drugs.**

Non-Participating Hospitals and Outpatient Facilities

- ◆ When choosing a Hospital, Outpatient Facility, or Provider you should first check to see if they are a participating provider/facility with VIVA Health. Your health plan benefits give you the freedom to choose your healthcare provider among VIVA Health's contracted providers/facilities.
- ◆ To maximize your coverage and minimize your out-of-pocket expenses, you should always use network providers for services covered by your health plan. Your out-of-pocket expenses will be significantly higher in a non-participating hospital or facility. When you choose a network provider, you don't have to worry about extra out-of-pocket expenses.
- ◆ Emergency medical care, including Hospital emergency room services and emergency ambulance services will be covered twenty four hours per day, seven days per week, if provided by an appropriate health professional whether in OR out of the Service Area if the following conditions exist:

1. The Member has an emergency medical condition;
2. Treatment is medically necessary; and
3. Treatment is sought immediately after the onset of symptoms (within twenty-four hours of occurrence) or referral to a Hospital emergency room is made by a participating physician.

Non-Participating Pharmacy

- ◆ There are no benefits if you use a non-participating pharmacy in Alabama.

Excluded Services

- ◆ Coverage is not provided for cosmetic surgery, hearing aids, or experimental procedures. Other excluded services are listed in the Certificate of Coverage.

Service Area

Coverage with VIVA Health is available in the following areas:

Autauga	Coosa	Lawrence	St. Clair
Baldwin	Crenshaw	Lowndes	Shelby
Bibb	Cullman	Macon	Talladega
Blount	Dale	Madison	Tallapoosa
Bullock	Dallas	Marion	Tuscaloosa
Butler	Dekalb	Mobile	Walker
Calhoun	Elmore	Monroe	Washington
Cherokee	Etowah	Montgomery	Winston
Chilton	Fayette	Morgan	
Clarke	Hale	Perry	
Conecuh	Jefferson	Pike	