

OPTIONAL STUDENT HEALTH PLAN

College life is stressful and expensive enough. Imagine the additional burden of unpaid medical bills hanging over your head. Often, it's more than a student or family can handle. The dream of a college education or a promising career must be put on hold while the devastating expense of health care for the uninsured student takes priority.

Statistics show that approximately one-third of the nation's college students have inadequate or no health care insurance at all.

Many students over the age of 18 may not be covered by their parents' policy away from home. Also, those covered by HMOs or PPOs may not have coverage for non-emergency related services when at school and outside the plan's coverage area. The non-insured student not only runs the risk of financial disaster from soaring health care costs but is also at risk of receiving inadequate medical care because of exclusions for many medical procedures affecting the uninsured. Additionally, students without proper coverage often defer medical treatment, which can lead to more serious consequences or complications.

Now for the good news. With The University of Alabama at Birmingham Student Health Plan administered by VIVA HEALTH, students and their families can have peace of mind knowing that health related issues while at school can be addressed in a timely and cost efficient manner. The plan is very affordable and provides quality coverage for students and their dependents.

When you compare the low cost of The University of Alabama at Birmingham Student Health Plan to the high cost of treating just one minor accident or illness, it's clear this plan is something every student should consider.

ELIGIBILITY

Full-time registered undergraduate student taking a minimum of 12 credit hours and non-health related graduate students that are enrolled full time are eligible for the University of Alabama at Birmingham Student Health plan.

Please refer to the Certificate of Coverage (COC) for more information regarding your eligibility for the Student Health Plan or for the eligibility requirements for a spouse and/ or dependent.

The deadline dates to enroll are as follows:

Fall Enrollment Deadline: August 29, 2016

Spring Enrollment Deadline: January 13, 2017

Summer Enrollment Deadline: June 12, 2017

Students must be registered on the UAB official census day and must actively attend regularly-scheduled classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, television (TV) courses, and tutoring outside regularly scheduled classes do not fulfill the requirements. Students who are registered exclusively in on-line courses are not eligible for VIVA HEALTH student health insurance during that enrollment period. VIVA HEALTH reserves the right to verify eligibility. If ineligible, the coverage of the student and any covered dependents will be terminated back to the date eligibility ceased with no refund of premium.

PRE-EXISTING CONDITION POLICY

There are no pre-existing condition exclusions or waiting periods on this plan.

SEMESTER PREMIUM

(According to UAB 2016-2017 academic schedule)

FALL SEMESTER

Effective Dates: August 15, 2016 - December 31, 2016

Student Only	\$780
Spouse.....	\$780
(Student and Spouse \$780 + \$780 = \$1,560)	
Child	\$780
(Maximum of three premiums charged for 3+ children)	

SPRING SEMESTER

Effective Dates: January 1, 2017 - May 31, 2017

Student Only	\$975
Spouse.....	\$975
(Student and Spouse \$975 + \$975 = \$1,950)	
Child	\$975
(Maximum of three premiums charged for 3+ children)	

SUMMER SEMESTER

Effective Dates: June 1, 2017 - August 14, 2017

Student Only	\$585
Spouse.....	\$585
(Student and Spouse \$585 + \$585 = \$1,170)	
Child	\$585
(Maximum of three premiums charged for 3+ children)	

Please send your payment and enrollment form to:

VIVA HEALTH
Attn: Enrollment
417 20th Street North
Suite 1100
Birmingham, AL 35203

A copy of your registration schedule must accompany your application and payment. Checks should be made payable to VIVA HEALTH. Payment must be received no later than 3 days after the deadline for adding classes each semester. Your ID Card will be mailed to you after your application, payment, and registration schedule are received. We strongly encourage you to submit your enrollment information as soon as possible. Your ID card and membership materials are needed to access your health care coverage without difficulty (in order to receive prescriptions, you must have an ID card).



The Optional Student Plan will renew at the beginning of each semester. If you are currently enrolled, a renewal notice will be sent to your address on file. Please be sure to notify VIVA HEALTH of any address changes. It is your responsibility to renew the health insurance by the deadline date. Each semester you must complete a new application and send it along with your payment and registration schedule to VIVA HEALTH.



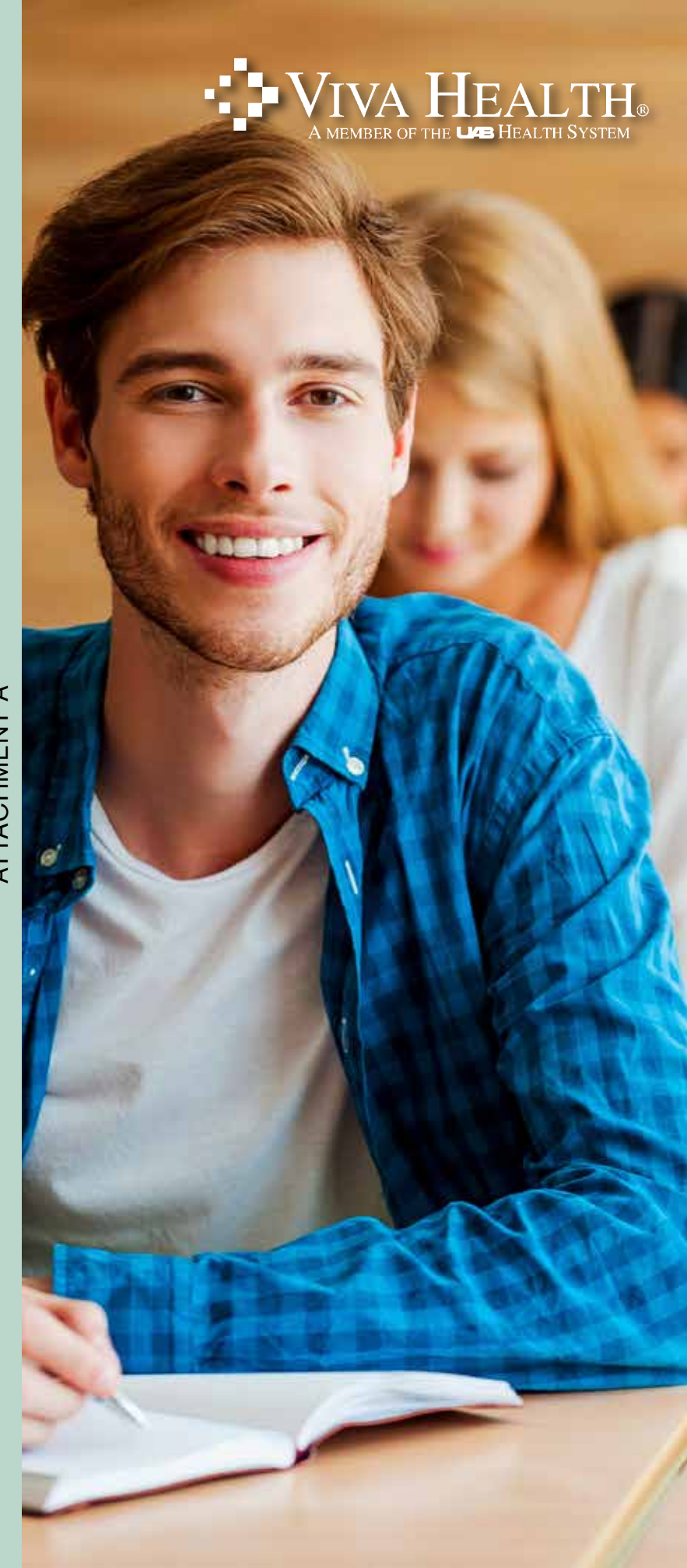
Visit us at www.vivahealth.com for the Student Health enrollment application and brochure. For additional questions and comments, please call VIVA HEALTH Customer Service at 205-558-7474 or 800-294-7780.

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.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-294-7780 (TTY: 711).

Chinese: 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 University of Alabama at Birmingham

STUDENT HEALTH PLAN

August 15, 2016 to August 14, 2017

Attachment A to Certificate of Coverage – Summary of Benefits

The Plan's services and benefits, with its coinsurance and some of the limitations, are listed below. Please remember that this is only a brief listing. For further information and plan exclusions, please see the Certificate of Coverage. Except in emergencies, students in Birmingham must seek care from UAB Student Health Services (SHS). Care from other participating providers will not be covered without a referral from SHS. Students will not be referred outside SHS if services are available from SHS. Students in Tuscaloosa and Huntsville may use the VIVA HEALTH network. Spouses and dependents age 18 and over must seek care from a UAB provider listed in the UAB Student Provider Directory. Children (age 17 and under) may use any VIVA HEALTH participating provider. VIVA HEALTH's OB/GYN providers may be used for OB/GYN services only. No referral is necessary for students to see participating UAB orthopedists.

Benefits	Coverage
PLAN YEAR DEDUCTIBLE*: The family deductible is \$500, not to exceed \$250 per any individual.	\$250 per individual; \$500 per family
*Applies ONLY to those benefits with coinsurance when the Member pays a set percentage of the cost. Does not apply to services from UAB Student Health Services or Biological, Biotechnical, and Specialty Pharmaceuticals ordered through Caremark but will apply to such drugs when provided directly by a physician or hospital.	
PLAN YEAR OUT-OF-POCKET MAXIMUM*:	\$4,000 per individual; \$8,000 per family
*The most a member will pay per 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. The family out-of-pocket maximum is \$8,000 not to exceed \$4,000 per any individual.	
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 OB/GYN Preventive Visit (One per Calendar Year) Other preventive items and services. See Certificate of Coverage for more information. 	\$0 Copayment per visit
OTHER PRIMARY CARE SERVICES:	\$0 Copayment for Students at UAB Student Health Services
<ul style="list-style-type: none"> Office Visits Illness and Injury Hearing Exam 	\$20 Copayment per visit for Covered Dependents
*Any student visit outside of UAB Student Health Services must be authorized by VIVA HEALTH and will be covered at a \$20 Copayment	
<ul style="list-style-type: none"> Other Services (Including but not limited to lab, anesthesia, supplies, facility charges) 	90% Coverage; subject to deductible

SPECIALTY CARE: (PCP Referral Required)	\$0 Copayment for Students at UAB Student Health Services; \$25 Copayment per visit for Covered Dependents
<ul style="list-style-type: none"> Physician Services 	
<ul style="list-style-type: none"> OB/GYN Services (No PCP Referral Required) 	\$25 Copayment within the VIVA HEALTH network
<ul style="list-style-type: none"> Other Services (lab, anesthesia, supplies, facility charges) 	90% Coverage; subject to deductible
URGENT CARE CENTER SERVICES:	
<ul style="list-style-type: none"> Medical Physician Services Illness and Injury 	\$25 Copayment per visit \$25 Copayment per visit
VISION CARE:	
<ul style="list-style-type: none"> One routine vision exam every plan year (For members 19+; No PCP referral required) Other eye care office visits (No PCP referral required) 	\$25 Copayment per visit \$25 Copayment per visit
PEDIATRIC VISION CARE: (Covered for children ages 0 until age 19; No PCP Referral Required)	100% Coverage
- One routine vision exam every 12 months for children ages 0 until age 19	100% Coverage
- Contacts or one pair of eyeglasses every 12 months for children ages 0 until age 19	100% Coverage
These benefits are administered by VSP. Children must use VSP Advantage providers for routine eye exam and eyewear. Covered eyewear selected by VSP. Find VSP providers at www.vsp.com/advantage or call 855-868-4561.	
PEDIATRIC DENTAL CARE: (Covered for children ages 0 until age 19)	Pediatric dental benefits provided by Delta Dental PPO. For more information, go to www.deltadentalins.com/vivaehb or call 1-800-471-8148
ALLERGY SERVICES: (PCP Referral Required)	
<ul style="list-style-type: none"> Physician Office Visits Testing, Injections and other Treatment 	\$25 Copayment per visit 90% Coverage; subject to deductible
CHRONIC CARE MAINTENANCE: (Including but not limited to dialysis, radiation therapy, wound care, wound therapy)	90% Coverage; subject to deductible
LABORATORY SERVICES:	
<ul style="list-style-type: none"> Laboratory Procedures 	90% Coverage; subject to deductible
<ul style="list-style-type: none"> Covered Genetic Testing 	80% Coverage; subject to deductible
DIAGNOSTIC SERVICES:	
<ul style="list-style-type: none"> X-Rays Other Diagnostic Services (Including but not limited to CT Scan, MRI, EKG, PET/SPECT, ERCP) 	\$10 Copayment per image 90% Coverage; subject to deductible
OUTPATIENT SERVICES:	90% Coverage; subject to deductible
<ul style="list-style-type: none"> Surgery and Other Outpatient Services 	
HOSPITAL INPATIENT SERVICES:	
<ul style="list-style-type: none"> Physician Services 	90% Coverage; subject to deductible
<ul style="list-style-type: none"> Semi-private Room 	90% Coverage; subject to deductible
MATERNITY SERVICES:	
<ul style="list-style-type: none"> Physician Services Maternity Hospitalization 	\$25 Copayment per delivery 90% Coverage; subject to deductible
*Newborn care and other services covered <u>only</u> for enrolled child of student or student's spouse. Eligible child must be enrolled within 30 days of birth or adoption. No coverage for children of student's dependent child.	
EMERGENCY ROOM SERVICES:	\$100 Copayment per visit (Waived if admitted through Emergency Room)
EMERGENCY AMBULANCE SERVICES:	90% Coverage; subject to deductible

DURABLE MEDICAL EQUIPMENT & PROSTHETIC DEVICES:	90% Coverage; subject to deductible
DIABETIC SUPPLIES: Insulin covered under prescription drug rider. For Diabetic Supplies call VIVA HEALTH.	90% Coverage; subject to deductible
REHABILITATION SERVICES: Physical, Speech, and Occupational Therapy (Limited to 60 total inpatient days and 25 total outpatient visits per Plan Year)	90% Coverage; subject to deductible
HOME HEALTH CARE SERVICES:	90% Coverage; subject to deductible
CHIROPRACTIC SERVICES: (PCP Referral Required) (Covered up to 25 visits per Plan Year) Treatment for manual manipulation of subluxations only	90% Coverage; subject to deductible
TEMPOROMANDIBULAR JOINT DISORDER: (\$2,000 maximum benefit per Lifetime)	90% Coverage; subject to deductible
MENTAL HEALTH & SUBSTANCE ABUSE SERVICES:	
<ul style="list-style-type: none"> Mental Health: <ul style="list-style-type: none"> Inpatient Outpatient Psychiatrist Office Visits Substance Abuse: <ul style="list-style-type: none"> Inpatient Outpatient 	90% Coverage; subject to deductible \$25 Copayment per visit \$25 Copayment per visit 90% Coverage; subject to deductible \$25 Copayment per visit
*Treatment at a residential facility is not a covered service. Certain diagnoses are excluded from coverage. See your Certificate of Coverage for details.	
COVERED PRESCRIPTION DRUGS	
<ul style="list-style-type: none"> Generic Drugs (Tier 1 & 2) <ul style="list-style-type: none"> Participating Pharmacy Mail-order Participating Pharmacy Preferred Brand Drugs (Tier 3) <ul style="list-style-type: none"> Participating Pharmacy Mail-order Participating Pharmacy Non-Preferred Brand Drugs (Tier 4) <ul style="list-style-type: none"> Participating Pharmacy Mail-order Participating Pharmacy Oral Contraceptives 	\$12 Copayment per 31-day supply \$30 Copayment per 90-day supply \$36 Copayment per 90-day supply \$30 Copayment per 31-day supply \$75 Copayment per 90-day supply \$90 Copayment per 90-day supply \$50 Copayment per 31-day supply \$125 Copayment per 90-day supply \$150 Copayment per 90-day supply \$0 Copayment for select generic drugs; Applicable Copayment for other generic drugs and all brand-name drugs
* When generic is available, Member pays difference between generic and brand name price, plus Copayment. Check with your Participating Pharmacy to learn if it is eligible to offer a 90-day supply at retail.	
<ul style="list-style-type: none"> Biological Drugs, Biotechnical Drugs, and Specialty Pharmaceuticals (Tier 5 & 6) 	80% Coverage
*May be administered in the home, physician's office or on an outpatient basis. When these medications are received from CAREMARK, they must be ordered by calling 1-800-237-2767. For a full list of medications in this category, please refer to www.vivahealth.com .	
TRANSPLANT SERVICES:	90% Coverage; subject to deductible
SLEEP DISORDERS: Two Sleep Studies per lifetime	90% Coverage; subject to deductible
SKILLED NURSING FACILITY SERVICES:	Not Covered
No pre-existing condition exclusions or waiting period. Actuarial Value: This plan is considered a platinum plan, with an actuarial value of 88.9%.	

HELPFUL HINTS



- Students who are registered exclusively in on-line courses are not eligible for VIVA HEALTH student insurance.
- Students must use Student Health for primary care.
- There is no copay for primary care received at Student Health.
- Student Health coordinates referrals for students to visit a UAB specialist.
- Referrals are required to visit a specialist.

- Students do not need a referral to see a participating UAB orthopedist.

- Dependents and Spouses may visit www.vivahealth.com to choose a PCP in the UAB Student directory.
- Female members may see any participating OB/GYN in the VIVA HEALTH network without a referral.
- Referrals are not required to visit a participating Ophthalmologist or Optometrist.
- If you are enrolled in a residency or internship outside of the Birmingham Service Area, you must notify VIVA HEALTH before you leave to either choose a new participating PCP or learn about your health benefits outside of the Birmingham Service Area.
- After initial enrollment, dependents may only be added within the 30-day period following marriage, birth, and/or other qualifying event.

For a complete listing of important terms and definitions, please see the Certificate of Coverage (COC).

For a **summary of the covered benefits** and cost sharing amounts in the Student Health Plan, please refer to the Attachment A—Summary of Benefits section. If you have any questions or need assistance, please contact the VIVA HEALTH Customer Service Department at 205-558-7474 or 1-800-294-7780, Monday through Friday, between the hours of 8am-5pm CST or visit our website at www.vivahealth.com for a Certificate of Coverage (COC), applications, and other information.

Care After Hours and on Weekends: Hospital emergency room services are only covered for treatment of Emergency Medical Conditions. If you have an urgent need for care that is not an Emergency Medical Condition when Student Health Services is closed, you may call Student Health Services and the answering service will connect you with the physician on-call. The physician will assist you in determining the best course of action. If you need to be seen right away, you also have the option of visiting a participating urgent care facility. A list of these facilities is posted on the VIVA HEALTH website at www.vivahealth.com. Please note that this list is subject to change. You may also call VIVA HEALTH at the number on the back of your member identification card and speak with the nurse on-call.

CONTACT INFORMATION

Important plan information:
VIVA HEALTH, Inc
417 20th Street North
Suite 1100
Birmingham, AL 35203
www.vivahealth.com

Customer Service:
1-800-294-7780
205-558-7474
fax: 205-930-9406

Student Health Address & Hours:

Student Health Services
1714 9th Avenue South
3rd Floor
Birmingham, AL 35294

Walk-In Hours:
M-F 8:00 am-9:00 am and
1:00 pm-2:00 pm.
Appointments recommended

Student Health Phone Numbers:
Main Phone: 205-934-3580
Main Fax: 205-975-6193

Office Hours:
M-Th 8:00 am-5:00 pm
Fri 8:00 am-4:30 pm, Closed
from 12-1 pm M-F

Nurse Line:
205-975-7756

Medical Clearances:
205-975-7751
fax 205-996-7468

Referral Coordinator:
205-996-5764

