MANDATORY
Student
Health Plan
Attachment A

2002-2003 Academic Year

University of Alabama at Birmingham

VIVA HEALTH®
A MEMBER OF UAB HEALTH SYSTEM

www.vivahealth.com
Mandatory Student Health Plan

Viva Health, Inc. and Student Health Service would like to thank you and welcome you aboard. This health plan was developed with the students of the University of Alabama at Birmingham in mind. We recognize the critical need for quality health care while also acknowledging a student’s ability to afford such care. We are proud of the valuable and comprehensive product now available to our students at a discounted rate.

Students on this plan must use Student Health Service as their Personal Care Physician (PCP). Student Health will coordinate referrals for you to visit a specialist. Spouses and children may choose a PCP listed in the Student Provider Directory. Please visit our website at www.vivahealth.com to download the current student provider directory. The PCP chosen will also coordinate referrals to see a specialist.

Eligibility

All full-time students in the school of medicine, dentistry, optometry, nursing, health related professions, and all international students or scholars are required to subscribe to this Student Health Plan. In addition, all degree-seeking graduate students of the University of Alabama at Birmingham (UAB) are also required to subscribe to this Student Health Plan. Only students able to show evidence of comparable or superior coverage may be exempt from subscribing to this Student Health Plan.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and television (TV) courses do NOT fulfill the eligibility requirements. Viva Health maintains its right to investigate student status and attendance records to verify the policy eligibility requirements have been met. If and whenever the company
discovers the policy requirements have not been met, its only obligation is refund of premium.

Eligible students who enroll may also insure their dependents. Eligible dependents are the spouse (residing with the insured student) and unmarried children under 19 years of age who are not self-supporting and reside with the insured student. Dependent eligibility expires concurrently with that of the insured student. Eligible student’s lawful spouse and unmarried children of eligible student must be verified as eligible through submission of a marriage and/or birth certificate with the enrollment application. Dependents may only be added within the 30-day period following marriage, birth, or another qualifying event. Please refer to the Student Certificate of Coverage for more information about eligibility.

**PRE-EXISTING CONDITION POLICY**

*Pre-Existing Conditions or Waiting Period Requirements.* “Pre-existing Conditions” are a Member’s medical conditions 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 limitations shall apply to a dependent newborn or adopted child if covered within thirty-one (31) days of birth or adoption. **VIVA HEALTH** will waive portions of the pre-existing waiting period to the extent of the period of time an individual was previously covered by Qualifying Previous Coverage provided that Qualifying Previous Coverage was continuous to a date not more than sixty-three (63) days prior to the effective date of coverage under the Plan. Coverage with respect to a Member’s Pre-existing Conditions shall begin after the time period specified in Attachment A hereto.
ANNUAL PREMIUM

Student Only .................. $ 866.00*
*Does not include $75 student health fee.

Spouse ...................... $ 1,812.00
(Student and Spouse $866* + $1,812 = $2,678)

Each Child ...................... $ 1,284.00

Students enrolling in the policy after the initial enrollment period will be charged a pro-rated premium. Students entering programs early or leaving the area for residencies/rotations, please contact Customer Service at (205) 558-7474 or (800) 294-7780.

First time applicants must submit a Student Health History Form with the enrollment application. The Student Health History Form must be submitted to Student Health Service before you can access care. Remember, Student Health Service is your Personal Care Physician. Spouses and children may seek primary care services as outlined in the student provider directory. Provider Directories may be obtained at VIVA HEALTH, Student Health Service or at our website at www.vivahealth.com.

Medical Evacuation and Repatriation Benefit

(For International Students Only)

If you are hospital confined for at least 5 consecutive days, and if recommended and approved by the attending physician, benefits will be paid up to $10,000 for the evacuation of the insured to his/her home country. If the insured dies while insured under the policy, benefits will be paid up to $10,000 for the preparing and transporting of the remains of the deceased’s body to his/her home country. (This does not apply to students on leisure travel.)
Some Helpful Hints…

“Copayment” means the amount of payment indicated in the Schedule of Copayments, which is due and payable by the Member to a provider of care at the time services are received.

“Emergency Medical Condition” means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in (i) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, (ii) serious impairment to bodily functions, or (iii) serious dysfunction of any bodily organ or part. Care for Emergency Medical Conditions is available in and out of the service area 24 hours a day, 7 days a week and includes ambulance services for emergency care dispatched by 911, if available, or by the local government authority. Always contact VIVA HEALTH within 48 hours or as soon as reasonably possible after receiving initial services for an emergency medical condition.

For a summary of the covered benefits and cost sharing amounts in the Student Health Plan, please refer to the Schedule of Copayments 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 8:00am to 5:00pm CST or visit our website at www.vivahealth.com for a schedule of copays, applications, and other information.
Mandatory Student Health Plan
2002-2003 Mandatory Student Benefits
Attachment A to Certificate of Coverage

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

<table>
<thead>
<tr>
<th>DEDUCTIBLE PER CALENDAR YEAR</th>
<th>Not applicable</th>
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<tbody>
<tr>
<td>COINSURANCE LIMIT</td>
<td>Not applicable</td>
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ADULT and PEDIATRIC PRIMARY CARE:
- Preventive Care & Other Office Visits: $20 Copayment per visit
- OB/GYN Services (No PCP Referral Required): $20 Copayment per visit

Students in Birmingham must receive services through Student Health Service. When seen at this facility copay is waived. Students in Tuscaloosa or Huntsville must receive care at the Student Clinic located in those areas. Spouses are covered through the VIVA UAB network in Birmingham. Children in the Birmingham area use the pediatric network and in other areas use the VIVA HEALTH network. VIVA HEALTH’s OB/GYN providers may be used for OB/GYN services only. Please see your student provider directory.

SPECIALTY CARE: (PCP Referral Required)
- Medical Physician Services: $25 Copayment per visit
- Surgical Services: 100% Coverage
- Diagnostic Services: 100% Coverage

OUTPATIENT SERVICES:
- Outpatient surgery: $100 Copayment
- Other services: 100% Coverage (lab, x-ray, anesthesia, drugs, medicines, supplies, facility charges)

ALLERGY SERVICES: (PCP Referral Required)
- Physician Services: $25 Copayment per visit
- Testing: 80% Coverage

VISION CARE: (No PCP Referral Required)
- Routine vision exams: $25 Copayment per visit
- Other eye care office visits: $25 Copayment per visit

HOSPITAL INPATIENT SERVICES:
- Physician Services: 100% Coverage
- Semi-private room: $250 Copayment per admission
**MATERNITY SERVICES:**
- **Physician Services**  
  • Prenatal, delivery and postnatal care  
  • Well care for newborn in the hospital  
- **Maternity Hospitalization**  
  $250 Copayment per admission

**EMERGENCY ROOM SERVICES:**  
$50 Copayment

**AMBULANCE SERVICES:**  
(Must be Medically Necessary)  
$200 maximum coverage per occurrence

**DURABLE MEDICAL EQUIPMENT & PROSTHETIC DEVICES:**  
(Maximum benefit of $2,500 per Lifetime)  
100% Coverage

**OUTPATIENT REHABILITATION SERVICES:**  
(physical, speech, and occupational therapy)  
(Limited to 20 total visits per Calendar Year)  
100% Coverage after $25 Copayment per visit

**CHIROPRACTIC SERVICES:**  
(PCP Referral Required)  
Treatment for manual manipulation of subluxations only.  
(Limited to 10 visits per Calendar Year)  
$25 Copayment per visit

**TEMPOROMANDIBULAR JOINT DISORDER:**  
($1,000 maximum benefit per Lifetime)  
$25 Copayment per visit

**MENTAL HEALTH & SUBSTANCE ABUSE SERVICES (MH/SA):**

**Mental Health:**
- **Inpatient** (Subject to 30-day combined maximum for MH/SA per Calendar Year)  
  50% Coverage
- **Outpatient** (Subject to 20 visits combined maximum MH/SA per Calendar Year)  
  100% Coverage after $50 Copayment per visit

**Substance Abuse (Detox Only):**
- **Inpatient** (Detox limited to 3 days per episode. Combined with 20 days combined MH/SA maximum)  
  50% Coverage
- **Outpatient** (Subject to 20 visits combined maximum MH/SA per Calendar Year)  
  100% Coverage after $50 Copayment per visit

*$5,000 Maximum Annual Coinsurance per member per Calendar Year for Mental Health and Substance Abuse Services
<table>
<thead>
<tr>
<th><strong>SLEEP DISORDERS:</strong></th>
<th>$25 Copayment per visit</th>
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<tbody>
<tr>
<td>($3,000 maximum benefit per Lifetime)</td>
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<tr>
<th><strong>TRANSPLANT SERVICES:</strong></th>
<th>$250 Copayment per admission</th>
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<tr>
<th><strong>COVERED PRESCRIPTION DRUGS:</strong></th>
<th>$10 Copayment per 31-day supply</th>
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<tbody>
<tr>
<td>($300 maximum benefit per Calendar Year**)</td>
<td>$20 Copayment per 31-day supply*</td>
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<tr>
<td><strong>Generic Drugs</strong></td>
<td>$40 Copayment per 31-day supply*</td>
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<tr>
<td><strong>Preferred Brand Name Drugs</strong></td>
<td><strong>Non-Preferred Brand Name Drugs</strong></td>
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* When generic is available, Member pays difference between generic and brand name price, plus Copayment.

** Oral contraceptives covered through Student Health Services do not apply toward annual maximum.

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<th><strong>SKILLED NURSING FACILITY SERVICES:</strong></th>
<th>Not covered</th>
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<tr>
<th><strong>HOME HEALTH CARE SERVICES:</strong></th>
<th>Not covered</th>
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<tr>
<th><strong>MAXIMUM LIFETIME BENEFIT PER MEMBER:</strong></th>
<th>Unlimited</th>
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Available online 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.

1400 21st Place South, Birmingham, AL 35205