

2026 UAB Health Care Benefits Comparison

	TRADITIONAL PLANS		CONSUMER DRIVEN HEALTH PLAN (CDHP)
	VIVA UAB	BLUE CROSS BLUE SHIELD	VIVA CHOICE
	Available Network	UAB Network	Nationwide PPO Network (see plan detail for non-PPO)
Plan Annual Deductible (medical)	N/A	\$200 Individual/\$600 Family Max	\$1,800 Individual/\$3,600 Family Max
Primary Care Physician (PCP) Office Visit	\$30 co-payment	\$35 co-payment	90% Employer/10% Member
Specialty Office Visit	\$45 co-payment	\$55 co-payment	90% Employer/10% Member
Preventive Care Services	\$0 co-payment	\$0 co-payment	\$0 co-payment
OB/GYN	\$45 co-payment	\$55 co-payment	90% Employer/10% Member
Allergy Testing	80% Employer/20% Member	80% Employer/20% Member after \$200 calendar year deductible	90% Employer/10% Member
Well Child Care	\$0 co-payment	\$0 co-payment	\$0 co-payment
Outpatient Diagnostic (CT, MRI, PET, etc.)	\$150 co-payment	\$250 co-payment	90% Employer/10% Member
Outpatient Surgery & Other OP Services	\$200 co-payment	\$300 co-payment	90% Employer/10% Member
Hospital Inpatient (maternity, rehab, MH/SA and transplant, etc.)	\$300 co-payment	\$300 co-payment UAB \$300 per day (days 1-5) Outside UAB	90% Employer/10% Member
Lab & X-rays for Screening & Prevention	100%	100%	90% Employer/10% Member
Vision Care (periodic vision exams)	\$45 co-payment Routine eye exam every 12 months	Not Covered	90% Employer/10% Member

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	\$30 co-payment for PCP \$45 co-payment for Specialist	\$35 co-payment for PCP \$55 co-payment for Specialist	90% Employer/10% Member
Illness or Injury Care in the Physician's Office			
Maternity-Physician Services (including pre & post-natal care)	\$45 co-payment	\$55 co-payment	90% Employer/10% Member
Emergency Room For MH/SA related visits, find details in the summary plan description.	\$125 co-payment	\$225 co-payment	90% Employer/10% Member
Hospital Inpatient Services (room and board in a semi-private room, general nursing care, operating room and related facilities, drugs and medication)	\$300 co-payment	\$300 co-payment UAB \$300 per day (days 1-5) Outside UAB	90% Employer/10% Member
Ambulance	80% Employer/20% Member (must be medically necessary)	80% Employer/20% Member after \$200 calendar year deductible (must be medically necessary)	90% Employer/10% Member
Home Health Care	80% Employer/20% Member (60 visits per calendar year)	80% Employer/20% Member (60 visits per calendar year)	90% Employer/10% Member
Skilled Nursing Facility	80% Employer/20% Member (60 visits per calendar year)	Not covered	90% Employer/10% Member
Rehabilitation (PT, OT, ST) Office Visit	\$45 co-payment	\$55 co-payment	90% Employer/10% Member
Dependent Student Care: Services to treat an illness or injury for covered dependents will be covered out of the service area while they are full time students at an accredited college located out of the service area, subject to co-insurance, deductible and maximum benefit. Note: Prior authorization from Viva Health is required to obtain the service.	\$30 co-payment for PCP \$45 co-payment for Specialist Up to \$1,500 max per calendar year	PPO Services Available Nationwide (See plan booklet for non-PPO details.)	90% Employer/10% Member Up to \$1,500 max per calendar year (does not count toward annual deductible) Prior authorization required.

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	Full details can be found in the summary plan description.	Full details can be found in the summary plan description.	90% Employer/10% Member
Faculty Sabbatical Leave (out of network)	Routine services for subscribers and covered dependents on Sabbatical Leave will be covered while they are out of the service area, subject to applicable co-payments and a \$1,500 maximum benefit per calendar year.	PPO Services Available Nationwide (See plan booklet for non-PPO details.)	90% Employer/10% Member Up to \$1,500 max per calendar year (does not count towards annual deductible)
Infertility Treatment	Medical and prescription drug services to treat infertility, subject to the cost-sharing described herein and a \$5,000 maximum family medical benefit per lifetime and a separate \$5,000 maximum family prescription drug benefit per lifetime. Eligibility limited to subscriber and/or subscriber's spouse.	Medical and prescription drug services to treat infertility, subject to the cost-sharing described herein and a \$5,000 maximum family medical benefit per lifetime and a separate \$5,000 maximum family prescription drug benefit per lifetime. Eligibility limited to subscriber and/or subscriber's spouse.	Medical and prescription drug services to treat infertility, subject to the cost-sharing described herein and a \$5,000 maximum family medical benefit per lifetime and a separate \$5,000 maximum family prescription drug benefit per lifetime. Eligibility limited to subscriber and/or subscriber's spouse.
Health Savings Account (HSA)	NO Employees enrolled in a traditional plan (Viva UAB or BCBS) are not eligible to participate in an HSA.	NO Employees enrolled in a traditional plan (Viva UAB or BCBS) are not eligible to participate in an HSA.	YES Employees enrolled in the CDHP plan (Viva Choice) will have an HSA. UAB will contribute \$600 for Single plans and \$1,200 for non-Single plans per CY (prorated for employees enrolling after January 1, 2026). Employees can also contribute to the HSA up to IRS limits. Monies in the account roll over year to year and are yours to keep.
Dependent Care Flexible Spending Account (FSA)	YES (must enroll separately)	YES (must enroll separately)	YES (must enroll separately)
Annual Prescription Drug Deductible	\$150 Single/\$350 Family	\$150 Single/\$350 Family	Prescription drug applies to overall Medical deductible.

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<p>GENERIC: \$20 generic, 30-day supply \$40 generic, 90-day maintenance home delivery supply \$60 generic, 90-day participating pharmacy</p> <p>PREFERRED BRAND: \$50 preferred brand, 30-day supply \$125 preferred brand, 90-day maintenance home delivery supply \$150 preferred brand, 90-day participating pharmacy</p> <p>NON-PREFERRED BRAND: \$75 non-preferred brand, 30-day supply \$185 non-preferred brand, 90-day maintenance home delivery supply \$225 non-preferred brand, 90-day participating pharmacy</p> <p>Specialty drugs are covered at 80%, member pays 20%. Specialty drugs are available for home delivery only.</p> <p>When a generic equivalent is available but not taken, member pays difference between generic and brand name price plus the applicable co-payment for the drug dispensed.</p>	<p>GENERIC: \$20 generic, 30-day supply \$40 generic, 90-day maintenance home delivery supply \$60 generic, 90-day participating pharmacy</p> <p>PREFERRED BRAND: \$50 preferred brand, 30-day supply \$125 preferred brand, 90-day maintenance home delivery supply \$150 preferred brand, 90-day participating pharmacy</p> <p>NON-PREFERRED BRAND: \$75 non-preferred brand, 30-day supply \$185 non-preferred brand, 90-day maintenance home delivery supply \$225 non-preferred brand, 90-day participating pharmacy</p> <p>Specialty drugs are covered at 80%, member pays 20%. Specialty drugs are available for home delivery only.</p> <p>When a generic equivalent is available but not taken, member pays difference between generic and brand name price plus the applicable co-payment for the drug dispensed.</p>		
<p>Medical & Pharmacy Maximum Out-of-Pocket (MOOP)</p>	<p>\$5,000 Single \$10,000 Family</p> <p>Once MOOP is reached eligible expenses are covered at 100% for remainder of calendar year.</p>	<p>\$7,500 Single \$15,000 Family</p> <p>Once MOOP is reached eligible expenses are covered at 100% for remainder of calendar year.</p>	<p>90% Employer/10% Member</p> <p>\$3,700 Single \$7,400 Family</p> <p>Once MOOP is reached eligible expenses are covered at 100% for remainder of calendar year.</p>