

USA - VIVA Health & Dental Plan

Narrow or limited network health plans restrict benefits to specific hospitals, physicians and other medical providers. A narrow network design offers value to consumers through a lower premium, enhanced benefits and access to select medical providers concentrating on improved medical outcomes and preventive health.

The University of South Alabama is offering a limited network plan option during open enrollment this year for coverage effective January 1, 2017. USA-VIVA Health & Dental Plan will be offered as a third option to the existing plans offered by the University.

The new plan will be administered by VIVA Health, Inc. VIVA was selected for its ability and experience. VIVA is associated with the University of Alabama, Birmingham.

USA-VIVA Health & Dental Plan will be a limited network design based on USA Health System medical providers and select providers from the VIVA network. VIVA working with USA Health has reviewed the provider network to ensure adequate access to primary and specialty care physicians. To supplement primary care a **Telehealth** program will be included providing telephone and internet access to a physician for minor medical problems resulting in less cost for the employee, time saved, and convenience. Out-of-network services will be available for urgent care and when approved by VIVA's medical director. The limited network providers have agreed to reduce their fee making this a cost effective plan. The **employee monthly cost** sharing will be the lowest of the plans offered:

USA Base Plan	\$ 108.00	\$ 354.00	
USA Standard Plan	\$ 128.00	\$ 418.00	
USA-VIVA	\$ 108.00	\$ 350.00	← Lowest Cost

USA-VIVA Health & Dental will save the employee **\$240** for single and **\$816** for family coverage annually as compared to the Standard Plan. In addition, the benefit design has no deductibles or copay amounts required for hospital and physician services as well as some other services. The pharmacy benefit and dental benefit will be the same as provided under the Standard Plan. USA-VIVA Health will be available on a voluntary basis to all employees.

- ▲ Lowest cost program for the employee.
- ▲ Enhanced benefit design with no deductible or copays for hospital and physician services as long as services are within the network.
- ▲ Select providers concentrating on better medical outcomes.
- ▲ Preventive health for early detection and treatment of illness and chronic conditions.
- ▲ Telehealth to improve access and convenience for treatment of minor medical conditions.
- ▲ A voluntary offering for those employees who elect to participate.

The USA-VIVA Health & Dental Plan is not for everyone:

- The employee must reside in the state of Alabama to join this Plan.
- The employee needs to understand the limited network design.
- The employee should be satisfied with the medical providers offered by this Plan.
- Employees who select this Plan during open enrollment for the 2017 benefit year will be required to remain in the Plan until the next benefit year.
- Employee who joins the USA-VIVA Health & Dental Plan and then later elects to change plans may only change to the Standard Plan even if previously enrolled in the Base Plan.



Frequently Asked Questions

May I join any of the three plans offered by the University: Base Plan, Standard Plan, USA-VIVA Plan?

No, if you are a new employee you may select between the Standard Plan and the USA-VIVA Plan. Only employees hired before January 1, 2013 are eligible for the Base Plan.

Does the USA-VIVA Health & Dental Plan offer dental benefits?

Yes, the USA-VIVA Plan has the exact same dental benefits offered in both the Base and Standard Plans. The dental benefits are administered by Southland Dental which has an extensive network of dental providers.

If I join the USA-VIVA Health & Dental Plan can I switch back to the Base Plan or Standard Plan?

No, you may only switch back to the Standard Plan and then only during the annual open enrollment month for coverage starting January 1st of the following benefit year. You may not switch coverage during the year unless you have a change in your residence and you reside outside the state of Alabama. If you decide to change from the USA-VIVA Plan you may only enroll in the Standard Plan; you may not enroll in the Base Plan even if you were previously in the Base Plan.

Will my doctor be covered under the USA-VIVA Health & Dental Plan?

The USA-VIVA Plan is a limited network of medical providers. You will need to look at the provider directory to determine if your physician(s) are in the network or call VIVA at **(205) 558-7474 or 1-800-294-7780** or go to the web site for the provider listing at www.vivahealth.com to verify your physician's status. Remember, medical providers that are not Network Providers are not eligible for benefits and any charges will be the responsibility of the member.

Under the USA-VIVA Health & Dental Plan, if my Network Physician refers me to a Non-Network medical provider will that be covered by the Plan?

No, generally no out-of-network medical provider will qualify for benefits. The only time a Non-Network medical provider will qualify for benefits is when the VIVA medical director has approved the medical expense or service for payment of benefits in **advance** of the medical procedure or expense.

What should I consider when deciding whether or not to join the USA-VIVA Health & Dental Plan?

You should consider that only a limited network of medical providers will qualify for coverage. This may not be the best plan if you have a chronic illness and receiving medical care at this time. In that case you will want to verify that the medical providers you use are Network Providers and listed in the provider directory. If they are not Network Providers you should elect the Standard Plan option. You must reside in the state of Alabama.

Why are the benefits better and the cost less for the USA-VIVA Health & Dental Plan?

This is due to the fact that the medical providers have agreed to accept a lower fee. It is also due to medical providers working to achieve better medical outcomes through quality of care thereby reducing the cost of complications. The USA-VIVA Plan benefits are better for medical services and the pharmacy and dental benefits are the same as the Standard Plan benefit.

Who selects the medical providers for the USA-VIVA Health & Dental Plan?

VIVA Health, Inc. has the sole responsibility for selecting providers to be included as Network Providers. VIVA Health, Inc. monitors providers for access and quality of care as well as medical outcomes to ensure the highest level of medical care. VIVA Health, Inc. has the sole authority to add and remove providers from the listing of Network Providers.

How do I join the USA-VIVA Health & Dental Plan?

You must complete an enrollment form and file it with the University's Human Resources Department and by filing that form you will attest to the fact that you understand: 1) that the USA-VIVA Health & Dental Plan is a limited network plan that does not provide benefits for out-of-network medical providers except in the case of emergency medical care and then only after proper notification; 2) that it is your responsibility to ensure that medical care is provided by a Network Provider; 3) that you may not change from the USA-VIVA Health & Dental Plan except during open enrollment for coverage effective January 1st of the following year except if you have a change of residence and reside outside the state of Alabama (see the change-in-status event rule described in your Member Handbook).