

Association Benefit Program

Plan Comparisons

Benefit Program administered by



VIVA HEALTH Network

	Wellness 5000	Silver	Gold	Platinum
Primary Copay	\$35	\$40	\$35	\$20
Specialist CoPay	\$50	\$65	\$50	\$30
Deductible (Individual/Family)	\$5,000/\$10,000	\$2,600/\$5,200	\$600/\$1,200	\$100/\$200
Out of Pocket (Including Deductible)	\$7,900/\$15,800	\$7,350/\$14,700	\$6,000/\$12,000	\$4,000/\$8,000
Emergency Room Copay	80% of allowed after deductible	\$400	\$250	\$150
Lab, X-Ray & Diagnostic	80% of allowed after deductible	Tier 1 - \$390	Tier 1 - \$240	\$150
Outpatient Hospital	80% of allowed after deductible	Tier 1 - \$390	Tier 1 - \$240	\$150
Inpatient Hospital	80% of allowed after deductible	Tier 1 - \$390, Days 1-5	Tier 1 - \$240, Days 1-5	\$150, Days 1-5
Pharmacy	\$5/\$20/\$60/\$80	\$15/\$25/\$65/\$100	\$10/\$20/\$40/\$80	\$10/\$20/\$35/\$75
Pharmacy - Preferred Specialty	60% of allowed after deductible	\$250	\$125	\$100
Pharmacy - Non Preferred Specialty	N/A	60% of Allowed Amount	\$250	\$200
Teladoc	\$0	\$0	\$0	\$0
Preventive Care	\$0	\$0	\$0	\$0