



VIVA HEALTH

2013 ACCESS Wellness Plans Plan Comparison of Commonly Used Services

Limitations and coverage maximums apply. Please see Attachment A for each plan and the Certificate of Coverage for more details.
No referrals required.

Benefits	VIVA Gold	VIVA Silver	VIVA 90	Viva 80
Calendar Year Deductible:	\$200 Single \$600 Family	\$200 Single \$600 Family	\$300 Single \$900 Family	\$600 Single \$1,800 Family
Calendar Year Coinsurance Limit:	\$600 Single \$1,800 Family	\$600 Single \$1,800 Family	\$1,750 Single \$5,250 Family	\$2,500 Single \$7,500 Family
Preventive Services: <ul style="list-style-type: none"> Well Baby Care (Children up to 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 recommendations and guidelines. 	100% Coverage	100% Coverage	100% Coverage	100% Coverage
Other Primary Care Services: <ul style="list-style-type: none"> Surgical and Medical Physician Services Hearing Exams Illness and Injury X-Rays and Laboratory Procedures 	\$25	\$30	\$35	\$40
Specialty Care: <ul style="list-style-type: none"> Surgical and Medical Physician Services X-Ray and Laboratory Procedures OB/GYN Services 	\$40	\$45	\$50	\$60
Vision Care: <ul style="list-style-type: none"> One routine vision exam every 12 months Other eye care office visits 	\$40	\$45	\$50	\$60
Chiropractic Services:	\$40	\$45	\$50	\$60
Allergy Services: <ul style="list-style-type: none"> Physician Visits Testing 	\$40 80%	\$45 80%	\$50 90% ¹	\$60 80% ¹
Diagnostic Services: (Including but not limited to CT Scan, MRI, PET/SPECT, ERCP)	\$200	\$250	90% ¹	80% ¹
Outpatient Services: <ul style="list-style-type: none"> Surgery and Other Outpatient Services 	\$200	\$250	90% ¹	80% ¹
Hospital Inpatient Services: <ul style="list-style-type: none"> Physician Services Semi-private Room 	100% \$200/day; days 1-5	100% \$250/day; days 1-5	90% ¹	80% ¹
Maternity Services: <ul style="list-style-type: none"> Physician Copayment <i>Prenatal, delivery, and postnatal care</i> Maternity Hospitalization 	\$40 \$200/day; days 1-5	\$45 \$250/day; days 1-5	\$50 90% ¹	\$60 80% ¹
Emergency Room Services: (Copayment waived if admitted through ER)	\$200	\$250	\$275	\$300
Emergency Ambulance Services:	80%	80%	90% ¹	80% ¹
Skilled Nursing Facility Services:	80%	80%	90% ¹	80% ¹



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Durable Medical Equipment & Prosthetic Devices:	80%	80%	90% ¹	80% ¹
Rehabilitation Services:	80%	80%	90% ¹	80% ¹
Home Health Care Services:	80%	80%	90% ¹	80% ¹
Mental Health³: <ul style="list-style-type: none"> • Inpatient • Outpatient <p><i>Partial day or hospitalization, intensive outpatient treatment and treatment at a residential facility are not covered services. Certain diagnoses are excluded from coverage. See the Certificate of Coverage for details.</i></p>	\$200/day; days 1-5 \$40	\$250/day; days 1-5 \$45	90% ² \$50	80% ² \$60
Prescription Drug Rider: <ul style="list-style-type: none"> • Retail (30 Day Supply) <ul style="list-style-type: none"> ○ Preferred Generic ○ Generic ○ Preferred Brand ○ Non-Preferred Brand • Mail Order (90 Day Supply) <ul style="list-style-type: none"> ○ Preferred Generic ○ Generic ○ Preferred Brand ○ Non-Preferred Brand 	\$5 \$20 \$40 \$65 \$12 \$43 \$86 \$162	\$5 \$20 \$40 \$65 \$12 \$43 \$86 \$162	\$5 \$20 \$40 \$65 \$12 \$43 \$86 \$162	\$5 \$20 \$60 \$80 \$12 \$43 \$150 \$200
Oral Contraceptives:	\$0 for generic drugs; Applicable copayment for brand-name drugs			
Biological Drugs, Biotechnical Drugs, and Specialty Pharmaceuticals: <p><i>There is a separate member out-of-pocket maximum of \$10,000 per member per Calendar Year for this benefit.</i></p>	90%	90%	90%	90%
Diabetic Supplies: Insulin covered under prescription drug rider	100%	100%	90% ¹	80% ¹

¹Subject to Calendar Year deductible (deductible does not count toward the Coinsurance Limit)

²Subject to Coinsurance Limit (please see separate limit for Biological, Biotechnical, & Specialty Pharmaceuticals)

³Mental Health Benefits for groups with 51 or more employees also include Substance Abuse coverage