Association Benefit Program

Plan Comparisons

BlueCross BlueShield Health Network

	Silver	Gold	Platinum
Primary Copay	$40	$35	$20
Specialist CoPay	$65	$50	$30
Deductible (Individual/Family)	$2,600/$5,200	$600/$1,200	$100/$200
Out of Pocket (Including Deductible)	$7,350/$14,700	$6,000/$12,000	$4,000/$8,000
Emergency Room Copay	$400	$250	$150
Lab, X-Ray & Diagnostic	Tier 1 - $390, Tier 2 - $800	Tier 1 - $240, Tier 2 - $500	$150
Outpatient Hospital	Tier 1 - $390, Tier 2 - $800	Tier 1 - $240, Tier 2 - $500	$150
Inpatient Hospital	Tier 1 - $390, Days 1-5, Tier 2 - $800, Days 1-5	Tier 1 - $240, Days 1-5, Tier 2 - $500, Days 1-5	$150, Days 1-5
Pharmacy	$15/$25/$65/$100	$10/$20/$40/$80	$10/$20/$35/$75
Pharmacy - Preferred Specialty	$250	$125	$100
Pharmacy - Non Preferred Specialty	60% of Allowed Amount	$250	$200
TelaDoc	$0	$0	$0
Preventive Care	$0	$0	$0

Iron ReHealth Dental & Vision

Dental
Per Calendar Year

- Deductible (Individual/Family): $50 /$150
- Maximum: $1,000
- Basic Diagnostic/Preventative Services: 100%
- Basic Restorative Services: 100%
- Supplemental Services: 100%
- Prosthetic Services: 50%
- Periodontics Services: 80%

Vision
Per Calendar Year

- Glasses or Contacts: $200 Maximum
- Maximum (Individual/Family) $500/$1,000
- Annual Basic Eye Exam: $15 copay
- Contact Lenses: $25 copay
- Glasses: $25 copay

Benefit Program administered by IRON REHEALTH an ARSENAL company

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