

Plans for Idaho Individuals and Families



A Healthy Life Starts Here



More than Just Insurance

With PacificSource, you get more than just health insurance. You get a company that's there for you when you need it—not just helping protect you from unexpected medical costs, but providing you with tools and resources to help you meet your health and wellness goals. From preventive care and wellness tools, to convenient online access to your information, to great customer service, you'll have everything you need to live a healthy life.

Here are a few highlights of what you'll have with PacificSource. Learn more in this guide, or visit us online at [PacificSource.com](https://www.pacificsource.com).

- **Choice:** Choose from a variety of plans and networks to fit your needs.
- **Great customer service:** We're known for taking good care of people. Customers consistently give us high marks when it comes to our service, and when you call Customer Service during our business hours, you'll get a real person, not a complicated phone tree.
- **Online options:** Find a doctor and access your information securely and conveniently whenever you need it using our secure website, InTouch, and our mobile app, myPacificSource.
- **Health and wellness tools:** From help with reoccurring health issues to wellness incentives, we have what you need to help you meet your wellness goals.
- **Extras:** You'll find our plans come with many valuable extras, such as emergency medical assistance when you travel, health programs, and more.
- **Dental:** Complement your medical coverage with one of our individual and family dental plans. Our dental plans also help you satisfy the federal requirement for pediatric dental coverage.

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Get More with PacificSource

Online Tools Available at PacificSource.com



myPacificSource Mobile App

Stay “InTouch” with your PacificSource coverage, no matter where you are, with our free app. Use myPacificSource to:

1. Access your ID card, anytime.
2. Access our 24-Hour NurseLine.
3. Find a provider, hospital, or urgent care center.
4. Check your deductible and out-of-pocket totals.

Download our free app from the Amazon, Android™, or Apple® app stores. For more information, visit [PacificSource.com/mobile](https://pacificsource.com/mobile).

InTouch

Through InTouch, our secure website for members, you can view your claims, status of preauthorizations, accumulated expenses toward your plan’s deductible, and more. To log in or register for InTouch, go to [PacificSource.com](https://pacificsource.com).

CaféWell

CaféWell is a secure online health engagement portal with personalized guidance and support to live a healthier life.

- Complete an activity.
- Talk to a health coach.
- Join a community.
- Explore health and wellness content.
- Complete the health assessment.

Visit [PacificSource.com/cafewell](https://pacificsource.com/cafewell) for more information.

Participating Provider Directory

You can use our Provider Directory to search for:

- your current provider,
- providers accepting new patients,
- specialists, and
- hospitals and facilities.

Our Provider Directory will also help you designate your primary care provider (PCP).

Visit [PacificSource.com/find-a-provider](https://pacificsource.com/find-a-provider) to access the directory.

Preauthorization Lists

Certain medical services, surgical procedures, and prescription drugs may require preauthorization, which is the process we use to determine in advance whether or not the service, procedure, or prescription will be reimbursed.

Your plan may not cover all the items listed. Check your benefit materials or contact our Customer Service Department if you have questions about your plan benefits.

Visit [PacificSource.com/provider/preauthorization](https://pacificsource.com/provider/preauthorization) for more information.

Drug Lists

Our drug lists are guides to help your doctor identify medications that can provide the best clinical results at the lowest cost. As a cost savings for you, generic drugs are substituted in place of name brand drugs wherever possible. Drug lists are updated as new drugs enter the market.

For more information, visit [PacificSource.com/drug-list](https://pacificsource.com/drug-list), and click Idaho List (ID).

Extra Benefits and Wellness Programs

These extra services and programs are included in your medical plan to help you take charge of your health. To learn more, visit PacificSource.com/extras.



Prescription Benefits

Preventive Drugs and Pharmacy Coverage

Our plans offer our Preventive Drug List, which contains **more than 80 drugs for \$0**. All our plans feature pharmacy coverage, and wherever possible, generic drugs are substituted in place of name brands to help you save money. Visit PacificSource.com/drug-list, and click Idaho List (ID) for more information.



Coverage for the Unexpected

Accident Benefit

If you have an unexpected injury from an accident, you'll have a little extra security knowing that within 90 days of the accident, the first \$500 of covered services are paid at 100 percent and are not subject to a deductible.



Travel Emergency Assistance

Assist America® Global Emergency Services

If you experience a medical emergency while 100 or more miles from home or traveling abroad for fewer than 90 days, you can access services provided by Assist America® Global Emergency Services at no cost. With one simple phone call to Assist America, you can access medical care anywhere in the world.

More Extras for Your Health

24-Hour NurseLine

Our nurse line gives you 24/7 access to professionals who can answer your health and wellness questions.

Case Management Services

Should you need more intensive medical services, we have case management services available to make sure you receive appropriate, effective, and efficient medical care.

Condition Support Program

This program offers you education and support if you have asthma, chronic obstructive pulmonary disease (COPD), coronary artery disease, diabetes, or heart failure, or if you have a child with juvenile diabetes.

Health and Wellness Education

You can receive a reimbursement of up to \$50 per eligible health and wellness class or series offered by hospitals (up to \$150 per member per plan year).

Prenatal Program

Our Prenatal Care Program helps expectant mothers reduce their risk of premature birth. Participants receive educational materials, nine months of free prenatal vitamins, and toll-free telephone access to a nurse consultant.

Tobacco Cessation

You can access **Quit For Life®** tobacco cessation services. The program includes one-on-one treatment sessions with a professional Quit Coach to help you quit tobacco use for good.

Weight Management Programs

As a part of your PacificSource medical coverage, you can participate in a **Weight Watchers®** reimbursement program or receive discounts from **Jenny Craig®**.

Step by Step

1

Choose Your Network

Our networks include PacificSource Network (PSN), SmartChoice Network (SCN), SmartAlliance Network (SAN), and BrightIdea Network (BIN). We'll give you more information about each network in the **Choose Your Network** section.

2

Choose Your Plan

To choose the right plan for you, there are a few things you'll want to know ahead of time:

- **Financial assistance:** You may want to visit YourHealthIdaho.org to see if you meet certain income requirements for access to financial assistance to help you with the cost of health insurance.
- **Healthcare and service needs:** Think about the services you used in the past year. If you have an ongoing health issue, you may want a plan with co-pays and a lower deductible.
- **Budget:** Consider what you can afford on a monthly basis for your premium and what you can afford for medical care. Plan for out-of-pocket expenses, such as deductibles and co-pays.

Our plans offer a variety of coverage options to help you choose what's right for you. We'll give you more information about our plans in the **Choose Your Plan** section.

3

Enroll

To enroll online directly with PacificSource, visit PacificSource.com/compare-rates-and-enroll-2016. Follow the on-screen instructions to complete and submit your application.

OR

Complete a paper enrollment form directly with PacificSource.

1. Fill out a printed enrollment form. Ask your agent for a printed or online form, or contact us.
2. Sign and date the enrollment form. If a spouse, domestic partner, or dependent over the age of 18 is also enrolling for coverage, they must sign and date the application, too.
3. Submit your enrollment form.
 - Email: IdahoIndividual@PacificSource.com
 - Fax: (208) 333-1587
 - Mail:
PacificSource Health Plans
Attn: Individual Department
408 E Parkcenter Boulevard, Suite 100
Boise, ID 83706

Eligible for financial assistance?

If you're eligible for financial assistance, you'll need to enroll through the Health Insurance Marketplace. Visit YourHealthIdaho.org to find out if you're eligible.

Choose Your Network

PacificSource Network (PSN)

The PacificSource Network (PSN) is our Preferred Provider Organization (PPO) network. When you choose a PSN plan, you have the freedom to see any PSN doctor, any time—no primary care provider (PCP) required. If you receive services from doctors or facilities outside of PSN, your plan will pay the nonparticipating benefit rate. Because you have more freedom to choose any participating doctor, PSN plans will have slightly higher premiums.

Coordinated Care Networks (CCNs)

A CCN is a network where you'll choose a primary care provider (PCP) who will work with you to help you meet your health and wellness goals. Should you need to see a specialist, your PCP will work with you and your specialist to coordinate the care you receive.

Providers and facilities in a CCN are connected through common care goals and work together to provide the best possible care at the lowest possible cost for you. Premiums for CCN plans are typically lower than those for our PSN plans.

We offer three CCNs in Idaho: SmartChoice, SmartAlliance, and BrightIdea, depending on where you live. If you have more than one CCN available in your area, make your choice based on the doctors and facilities you prefer.

If you receive services from doctors or facilities outside of the CCN network you choose, your plan will pay the nonparticipating benefit rate.



Your Network Is Your Healthcare Team

Choosing your network is an important first step in choosing your coverage. Think of your network as your healthcare team. We offer two types of networks: our **Preferred Provider Organization (PPO)** and **Coordinated Care Networks (CCN)**. The networks available to you depend on where you live. Regardless of which type of network you choose, you'll have access to participating providers throughout our service areas of Idaho, Montana, Oregon, and Southwest Washington. Through our travel networks, you'll also have access to doctors and hospitals nationwide.

Searching Networks for Participating Providers

No matter which type of network you choose, you'll receive the most benefit from your plan when you choose a participating provider. To find out if your doctor or facility is in the network you choose, visit our Provider Directory at PacificSource.com/find-a-provider.

Travel Networks

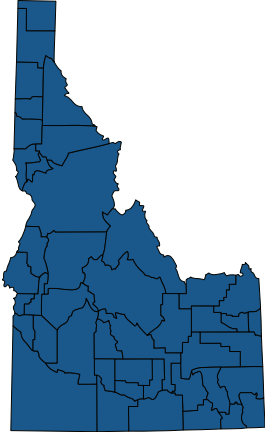
If you experience an emergency or need urgent care when traveling outside your plan's network, you have access to providers nationwide. We partner with First Choice Health Network for Washington and Alaska and with the First Health Network® for all other states.

As a PacificSource member, you'll also have access to Assist America Global Emergency Services. With this service, you'll have access to emergency medical care with one simple phone call.

Network Options

Plan Availability

Plan availability varies depending on geographic location. All network plans are available direct with PacificSource and through Your Health Idaho.



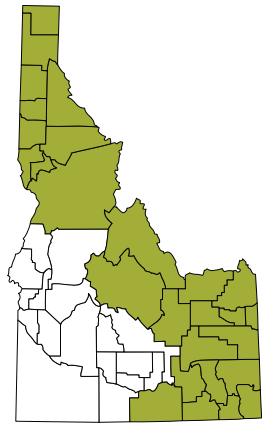
PSN availability map, direct with PacificSource and through Your Health Idaho

PacificSource Network (PSN)

- Access to participating PSN providers in Oregon, Idaho, Montana, and southern counties in Washington, as well as access to a nationwide travel network of providers
- Referrals not required for specialty care
- Plans eligible for health savings accounts

PSN Plan Availability

PSN plans are available statewide.



SCN availability map, direct with PacificSource and through Your Health Idaho

SmartChoice Network (SCN)

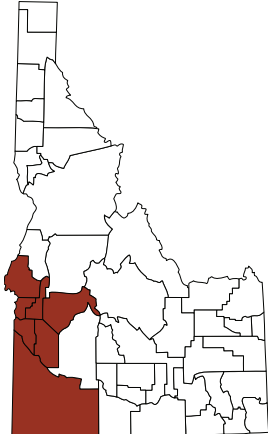
- Partner with a primary care provider (PCP)
- Referrals not required for specialty care
- Plans eligible for health savings accounts

SCN Plan Availability

You may enroll in a SCN plan if you live in one of the following counties:

Bannock	Cassia	Latah
Bear Lake	Clark	Lemhi
Benewah	Clearwater	Lewis
Bingham	Custer	Madison
Bonner	Franklin	Nez Perce
Bonneville	Fremont	Oneida
Boundary	Idaho	Power
Butte	Jefferson	Shoshone
Caribou	Kootenai	Teton

Network Options



SAN availability map, direct with PacificSource and through Your Health Idaho

SmartAlliance Network (SAN)

- Referrals not required for specialty care
- Plans eligible for health savings accounts
- Includes the only Level II Trauma Center in the region

With SAN, you'll have access to a broad network of providers. This includes (but is not limited to) the Saint Alphonsus Health Alliance, which consists of more than 1,500 qualified doctors and other providers and facilities.

- All hospitals and clinics in the Saint Alphonsus Health System
- Primary Health Medical Group
- West Valley Medical Center and Providers
- Weiser Memorial Hospital and Providers
- Walter Knox Memorial Hospital

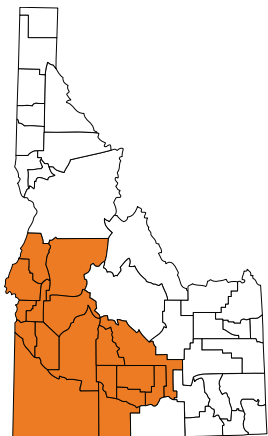
SAN Plan Availability

You may enroll in a SAN plan if you live in one of the following counties:

Ada
Boise
Canyon

Gem
Owyhee
Payette

Washington



BIN availability map, direct with PacificSource and through Your Health Idaho

BrightIdea Network (BIN)

- Referrals not required for specialty care
- Plans eligible for health savings accounts

With BIN, you'll have access to a broad network of providers. This includes the BrightPath regional network, which supports our BIN plans. BIN also includes:

- St. Luke's Health System
- West Valley Medical Center
- Walter Knox Medical Center
- Weiser Memorial Hospital
- Minidoka Memorial Hospital
- North Canyon Medical Center

BIN Availability

You may enroll in a BIN plan if you live in one of the following counties:

Ada
Adams
Blaine
Boise
Camas
Canyon

Elmore
Gem
Gooding
Jerome
Lincoln
Minidoka

Owyhee
Payette
Twin Falls
Valley
Washington

Choose Your Plan

Plans at a Glance

Deductible and out-of-pocket limit amounts shown below are the costs for individuals. Amounts for families are twice the individual amounts. If you receive services from nonparticipating providers, your deductible and out-of-pocket limit will be higher than the amounts listed in the chart below. For more details, view our plan summaries at [PacificSource.com/idaho/individual-plan-details-2016](https://www.pacificsource.com/idaho/individual-plan-details-2016).

Plan	Deductible	Out-of-pocket Limit	Co-pay (office visits)	Co-insurance (after deductible)	HSA-qualified	PSN	CCNs (SCN, SAN, BIN)
Balance Bronze 6850	\$6,850	\$6,850	\$20	0%		x	x
Value Bronze 6450	\$6,450	\$6,450	N/A	0%	x	x	x
Value Bronze 3500	\$3,500	\$6,450	N/A	50%	x	x	x
Balance Silver 2500	\$2,500	\$6,850	\$20	30%		x	x
Value Silver 3600	\$3,600	\$3,600	N/A	0%	x	x	x
Balance Gold 1000	\$1,000	\$5,000	\$20	20%			x
Catastrophic>	\$6,850	\$6,850	N/A	0%		x	

>Eligibility requirements apply for Catastrophic coverage.

About Our Plans

All of our plans come with preventive care, prescription drug coverage, and many valuable extras. To give you choice, you'll also find some differences. Understanding these differences will make it easier for you find just the right plan for you.

- **Balance vs. Value plans:** Generally speaking, Balance plans offer you co-pays on office visits and prescription drugs. Value plans are designed for pairing with a health savings account (HSA).
- **Gold, Silver, Bronze:** The metal "tiers" reflect the value of coverage in a plan. This allows you to easily compare plans with different deductibles, co-pays, and co-insurance. This tier system is common across all individual health plans.
- **Plan Name Amounts:** Most of our plans include a dollar amount at the end of the plan name. This indicates the deductible amount for that plan. Please note: Deductibles may be different if you receive a tax or premium credit through the Health Insurance Marketplace.

For help comparing plans, see the **Choosing the Right Plan for You**.

Featured in All Plans

- No-cost preventive care
- Prescription drug coverage and select no-cost preventive drugs
- All covered services on your medical plan—including co-pays, co-insurance, deductible, and prescriptions—apply toward the annual out-of-pocket limit

Embedded Deductibles

All of our Affordable Care Act-compliant plans have embedded individual deductibles and out-of-pocket maximums with a family limit that is twice the individual amount. Here's how it works:

- If one person reaches their own individual deductible or out-of-pocket maximum, then the plan starts to pay according to policy benefits.
- If all members on a plan collectively reach the family deductible or out-of-pocket maximum, then the plan starts to pay according to policy benefits—even if none of them reached the individual amount on their own.

If you have questions about how deductibles and out-of-pocket maximums will apply to you and the plan you choose, you're welcome to contact our Individual Service Representatives at (855) 330-2792.

Health Savings Account (HSA)

An HSA is a bank account to use for future healthcare expenses. You can contribute your own money to an HSA and deduct the contributions when you file your income taxes. The money in an HSA earns interest, just like a regular bank account, if you choose an interest-bearing account.

HSAs have maximum annual contribution limits: \$3,350 for individual accounts, and \$6,750 for families for 2016.

Why should I consider an HSA?

- **HSAs offer a tax savings benefit.** The money you put into your HSA is tax-free, as is the interest you earn on your savings.
- **It's your money.** The money in your account rolls over, meaning that the money you save can go toward future medical expenses.
- **You choose how to spend it.** If you receive medical services that aren't covered by your plan, you can use your HSA dollars to cover those expenses.

HSA-qualified Plans

High-deductible Health Plan Requirement

You'll need a qualifying high-deductible health plan (HDHP) to go with your HSA. HDHPs must have a deductible of \$1,300 or more for individuals, \$2,600 or more for families. Our HSA-qualified plans include:

- Value Bronze 3500
- Value Bronze 6450
- Value Silver 3600

HSA Highlights

- Anyone can contribute to your HSA.
- You own the account and all the money in it, no matter who contributed.
- Money you deposit is tax deductible, earns tax-free interest, and can build from year to year.
- You can withdraw funds to pay for medical expenses any time without taxes or penalties.
- You can withdraw funds for nonmedical use, subject to taxes and an IRS penalty.
- HSAs are regulated by the federal government.

Setting Up Your HSA

Enrolling in an HSA-qualified plan doesn't automatically set up your HSA banking account, and your premium doesn't contribute to HSA funds.

To set up your HSA:

1. Enroll in a qualified PacificSource Value plan.
2. Contact your local banking institution or an independent HSA specialist company to set up your HSA.
3. Deposit money into your HSA banking account.
4. You're done!



Questions about HSA-qualified plans? Contact a health insurance agent or one of our Individual Service Representatives at IdahoIndividual@pacificsource.com or toll-free at (855) 330-2792.

Choosing the Right Plan for You

Not sure where to start? Use the questions below to guide you to plans that might work best for you.

Each statement describes a preference. Read each statement, and then choose the number that best fits how well the statement describes you. In the scale, 1 means “no, this isn’t true for me;” 2 means “this sort of describes me;” and 3 means “yes, this most closely describes me.” Add up your total points, and match them to the amount shown in the table that follows.

	No	Sort of	Yes
1. I’m purchasing health insurance for myself and family members.	1	2	3
2. I go to the doctor frequently, beyond annual check-ups.	1	2	3
3. I need easy access to specialist care.	1	2	3
4. I have one or more health issues that need to be managed.	1	2	3
5. I need a low annual out-of-pocket limit, and I’m not concerned about premium costs.	1	2	3

Total: _____

Add Up Your Total and Choose Your Plan

Bare essentials: 5-7 points

You know you need a plan, but you just want the basics. Maybe you don’t go to the doctor very often, but you need coverage for an unexpected mishap. Here are some plans we think would work best for you:

- Balance Bronze 6850
- Value Bronze 6450
- Catastrophic>

Middle of the road: 8-11 points

Great coverage is important to you. You want the lowest out-of-pocket limit you can get, but you don’t want to compromise other great benefits to get it. Here are some plans we think would work best for you:

- Value Bronze 3500
- Balance Silver 2500
- Value Silver 3600

Don’t hold back: 12-15 points

You might have one or more health issues, and you expect to make good use of your health insurance benefits. You need great coverage with co-pays and a lower deductible to help offset the costs. Here are some plans we think would work best for you:

- Balance Silver 2500
- Balance Gold 1000

>Eligibility requirements apply for Catastrophic coverage.

Still not sure?

If you need help choosing the right plan, you can work with an agent or call one of our Individual Service Representatives toll-free at (855) 330-2792, or email IdahoIndividual@pacificsource.com. Our Individual Service Representatives can answer your questions and help you pick a plan that fits your needs.

Bronze Plans

This chart lists your share of costs when you see a participating provider and your share of costs when you see a nonparticipating provider. **Co-insurance typically applies after you've met your deductible, unless otherwise noted.**

	Balance Bronze 6850		Value Bronze 3500 (HSA-qualified)	
Network Options	PSN, SCN, SAN, BIN		PSN, SCN, SAN, BIN	
Calendar Year Costs	Participating	Nonparticipating	Participating	Nonparticipating
Deductible (individual)	\$6,850	\$10,000	\$3,500	\$10,000
Deductible (family)	\$13,700	\$20,000	\$7,000	\$20,000
Out-of-pocket limit (individual)	\$6,850	\$20,000	\$6,450	\$20,000
Out-of-pocket limit (family)	\$13,700	\$40,000	\$12,900	\$40,000
Services				
Office and mental health visits	\$20 co-pay* >, then 0%	50%	50%	75%
Specialist office visit	0%	50%	50%	75%
Chiro. manipulation, acupuncture	\$20 co-pay* >, then 0%	50%	50%	75%
Physical therapy	0%	50%	50%	75%
Office procedures and supplies	0%	50%	50%	75%
Lab and radiology	0%	50%	50%	75%
Urgent care	\$20 co-pay* >, then 0%	50%	50%	75%
Emergency room visits	\$250 fee\$, then 0%	\$250 fee\$, then 50%	50%	75%
Ambulance service	0%	0%	50%	50%
Hospital services and surgery	0%	50%	50%	75%
Outpatient services	0%	50%	50%	75%
Prescription Drugs				
Preventive	Covered in full*	90%	Covered in full*	90%
Generic	0%	90%	50%	90%
Preferred brand name	0%	90%	50%	90%
Nonpreferred brand name	0%	90%	50%	90%
Specialty	0%	90%	50%	90%
Other Features				
Preventive care	Covered in full*	50%	Covered in full*	75%
Pediatric vision	Covered in full*	50% *	Covered in full*	50% *
Accident benefit	Within 90 days of an accident, the first \$500 of covered services is paid at 100% *.			

* Not subject to annual deductible

> First ten office visits combined paid at 100% after applicable co-pay, then subject to deductible and co-insurance

\$ Fee waived if admitted to facility

Bronze Plans

This chart lists your share of costs when you see a participating provider and your share of costs when you see a nonparticipating provider. **Co-insurance typically applies *after* you've met your deductible, unless otherwise noted.**

Value Bronze 6450 (HSA-qualified)		
Network Options	PSN, SCN, SAN, BIN	
Calendar Year Costs	Participating	Nonparticipating
Deductible (individual)	\$6,450	\$10,000
Deductible (family)	\$12,900	\$20,000
Out-of-pocket limit (individual)	\$6,450	\$20,000
Out-of-pocket limit (family)	\$12,900	\$40,000
Services		
Office and mental health visits	0%	50%
Specialist office visit	0%	50%
Chiro. manipulation, acupuncture	0%	50%
Physical therapy	0%	50%
Office procedures and supplies	0%	50%
Lab and radiology	0%	50%
Urgent care	0%	50%
Emergency room visits	0%	50%
Ambulance service	0%	0%
Hospital services and surgery	0%	50%
Outpatient services	0%	50%
Prescription Drugs		
Preventive	Covered in full*	90%
Generic	0%	90%
Preferred brand name	0%	90%
Nonpreferred brand name	0%	90%
Specialty	0%	90%
Other Features		
Preventive care	Covered in full*	50%
Pediatric vision	Covered in full*	50% *
Accident benefit	Within 90 days of an accident, the first \$500 of covered services is paid at 100%*.	

* Not subject to annual deductible

Silver Plans

This chart lists your share of costs when you see a participating provider and your share of costs when you see a nonparticipating provider. **Co-insurance typically applies after you've met your deductible, unless otherwise noted.**

	Balance Silver 2500		Value Silver 3600 (HSA-qualified)	
Network Options	PSN, SCN, SAN, BIN		PSN, SCN, SAN, BIN	
Calendar Year Costs	Participating	Nonparticipating	Participating	Nonparticipating
Deductible (individual)	\$2,500	\$10,000	\$3,600	\$10,000
Deductible (family)	\$5,000	\$20,000	\$7,200	\$20,000
Out-of-pocket limit (individual)	\$6,850	\$20,000	\$3,600	\$20,000
Out-of-pocket limit (family)	\$13,700	\$40,000	\$7,200	\$40,000
Services				
Office and mental health visits	\$20 co-pay*	65%	0%	50%
Specialist office visit	\$50 co-pay*	65%	0%	50%
Chiro. manipulation, acupuncture	\$20 co-pay*	65%	0%	50%
Physical therapy	30%	65%	0%	50%
Office procedures and supplies	30%	65%	0%	50%
Lab and radiology	30%	65%	0%	50%
Urgent care	\$20 co-pay*	65%	0%	50%
Emergency room visits	\$250 fee\$, then 30%	\$250 fee\$, then 65%	0%	50%
Ambulance service	30%	30%	0%	0%
Hospital services and surgery	30%	65%	0%	50%
Outpatient services	30%	65%	0%	50%
Prescription Drugs				
Preventive	Covered in full*	90%	Covered in full*	90%
Generic	\$10 co-pay*	90%	0%	90%
Preferred brand name	\$50 co-pay*	90%	0%	90%
Nonpreferred brand name	50%	90%	0%	90%
Specialty	50%	90%	0%	90%
Other Features				
Preventive care	Covered in full*	65%	Covered in full*	50%
Pediatric vision	Covered in full*	50% *	Covered in full*	50% *
Accident benefit	Within 90 days of an accident, the first \$500 of covered services is paid at 100% *.			

* Not subject to annual deductible

\$ Fee waived if admitted to facility

Gold Plans

This chart lists your share of costs when you see a participating provider and your share of costs when you see a nonparticipating provider. **Co-insurance typically applies after you've met your deductible, unless otherwise noted.**

Balance Gold 1000		
Network Options		SCN, SAN, BIN
Calendar Year Costs	Participating	Nonparticipating
Deductible (individual)	\$1,000	\$10,000
Deductible (family)	\$2,000	\$20,000
Out-of-pocket limit (individual)	\$5,000	\$20,000
Out-of-pocket limit (family)	\$10,000	\$40,000
Services		
Office and mental health visits	\$20 co-pay*	60%
Specialist office visit	\$50 co-pay*	60%
Chiro. manipulation, acupuncture	\$20 co-pay*	60%
Physical therapy	20%	60%
Office procedures and supplies	20%	60%
Lab and radiology	20%	60%
Urgent care	\$20 co-pay*	60%
Emergency room visits	\$250 fee\$, then 20%	\$250 fee\$, then 60%
Ambulance service	20%	20%
Hospital services and surgery	20%	60%
Outpatient services	20%	60%
Prescription Drugs		
Preventive	Covered in full*	90%
Generic	\$10 co-pay*	90%
Preferred brand name	\$50 co-pay*	90%
Nonpreferred brand name	50%	90%
Specialty	50%	90%
Other Features		
Preventive care	Covered in full*	60%
Pediatric vision	Covered in full*	50% *
Accident benefit	Within 90 days of an accident, the first \$500 of covered services is paid at 100% *.	

* Not subject to annual deductible

\$ Fee waived if admitted to facility

Catastrophic Plan

This chart lists your share of costs when you see a participating provider and your share of costs when you see a nonparticipating provider. **Co-insurance typically applies after you've met your deductible, unless otherwise noted.**

Catastrophic		
Network Options	PSN	
Calendar Year Costs	Participating	Nonparticipating
Deductible (individual)	\$6,850	\$10,000
Deductible (family)	\$13,700	\$20,000
Out-of-pocket limit (individual)	\$6,850	\$20,000
Out-of-pocket limit (family)	\$13,700	\$40,000
Services		
Office and mental health visits	Covered in full* >, then 0%	50%
Specialist office visit	0%	50%
Chiro. manipulation, acupuncture	0%	50%
Physical therapy	0%	50%
Office procedures and supplies	0%	50%
Lab and radiology	0%	50%
Urgent care	0%	50%
Emergency room visits	0%	50%
Ambulance service	0%	0%
Hospital services and surgery	0%	50%
Outpatient services	0%	50%
Prescription Drugs		
Preventive	Covered in full*	90%
Generic	0%	90%
Preferred brand name	0%	90%
Nonpreferred brand name	0%	90%
Specialty	0%	90%
Other Features		
Preventive care	Covered in full*	50%
Pediatric vision	Covered in full*	50% *
Accident benefit	Within 90 days of an accident, the first \$500 of covered services is paid at 100%*.	

* Not subject to annual deductible

> First three office visits combined paid at 100%, then subject to deductible and co-insurance

Catastrophic Coverage

With Catastrophic coverage, your first three primary care office visits are covered in full. Additional office visits and services will be subject to your deductible and co-insurance.

Do I qualify for the Catastrophic plan?

To qualify, you must be younger than 30 years old, or get a "hardship exemption," because the Marketplace determined that you are unable to afford healthcare coverage.

To find out if you're eligible for this plan, visit YourHealthIdaho.org.

Pediatric Vision

Pediatric Vision Coverage Is Included with Every Plan

We partner with VSP for vision providers and services. VSP offers an Eye Health Management Program that turns routine eyecare into preventive healthcare. With VSP benefits, you're connected to a nationwide network of eyecare providers who share vision exam results with your PCP, giving you more complete, connected healthcare coverage.

For questions about VSP pediatric vision benefits, contact VSP Member Services Department:

Online email form: VSP.com/contact-email.html

Toll-free: (800) 877-7195

Monday – Friday: 6:00 a.m. to 9:00 p.m. (MST)

Saturday: 8:00 a.m. to 9:00 p.m. (MST)

Sunday: 8:00 a.m. to 8:00 p.m. (MST)



Pediatric Vision Benefits

This chart lists **your share of costs** when you see a participating or nonparticipating eyecare provider. Pediatric vision benefit summaries are included in all individual plan summaries. For pediatric vision benefit details, exclusions, and limitations, view the summaries at PacificSource.com/idaho/individual-plan-details-2016.

Pediatric Vision (enrolled members through age 18)		
Service	Participating	Nonparticipating
Well vision exam	Covered in full*	50% *
Vision Hardware		
Single vision lenses	Covered in full*	50% *
Bifocal lenses	Covered in full*	50% *
Trifocal lenses	Covered in full*	50% *
Lenticular lenses	Covered in full*	50% *
Frames	Covered in full*	50% *
Contact Lenses (in lieu of glasses)		
Contact lenses: fitting and materials (minimum three-month supply)	Covered in full*	50% *

* Not subject to annual deductible

Dental Plans

Dental Completes Your Health Coverage



Good dental care is an important part of your overall health and well-being. Poor oral hygiene can lead to a variety of dental and medical problems, such as gum disease, infection, bone loss, heart disease, strokes, and more.

Pediatric Coverage Requirement

Federal law requires vision and dental coverage for children through age 18 be included with all qualified medical health plans. Our dental plans meet pediatric dental requirements.

Dental Advantage Network

The Dental Advantage Network encourages preventive care services to help you maintain your dental health and avoid severe problems. When you see a participating dentist, preventive services are covered at 100 percent with no deductible.

With out-of-network dentists, you pay 20 percent co-insurance on preventive (Class I) services and \$50 deductible and co-insurance on Class II and Class III services.

Plan Highlights

Our dental plans feature the benefits you and your kids need and the savings you want through low out-of-pocket expense:

- Class I services provided at no cost to you when you see a participating Dental Advantage dentist
- No annual maximum and no waiting periods for kids through age 18

Find a Dentist

Dentists are available throughout Idaho. To find a participating Dental Advantage dentist, visit our online provider directory at [PacificSource.com/find-a-dentist](https://www.pacificsource.com/find-a-dentist).

Dental Advantage Network

The plan benefit tables provide a general summary of the coverage and limitations **when you see a participating Dental Advantage dentist**. Visit PacificSource.com/find-a-dentist to find a participating Dental Advantage dentist.

A full explanation of benefits, including limitations and exclusions, will be provided in your policy. If you have any questions, you're welcome to contact us by email at IdahoIndividual@pacificsource.com, or call us toll-free at (855) 330-2792.

	Dental Advantage 0/20/50	Kids Dental Advantage 0/20/50
Plan Type and Availability	Family plan; available through Your Health Idaho and direct with PacificSource	Kids plan (through age 18); available through Your Health Idaho and direct with PacificSource
Annual Maximum Benefit: the maximum amount we'll pay per calendar year	Adults (19 and older): \$1,000 Kids (through age 18): None	None
Annual Deductible: the amount you pay before your plan pays	None	None
Pediatric Out-of-Pocket Limit (kids through age 18): the most you'll pay out-of-pocket for covered services	Child / 2 or more children \$350 / \$700	Child / 2 or more children \$350 / \$700
Member Cost Share: co-insurance (the amount you pay after your deductible is met)	Class I / Class II / Class III 0% / 20% / 50%	Class I / Class II / Class III 0% / 20% / 50%
Waiting Periods	Adults (19 and older): Class II: 6 months; Class III: 12 months Kids (through age 18): None	None

Covered Services

Class I Services	
Routine and problem-focused exams	Topical fluoride
Dental cleanings (Prophylaxis or periodontal maintenance)	Fluoride varnish (kids through age 18 only)
Full mouth X-rays, cone beams, and/or panorex	Space maintainers (kids through age 18 only)
Bitewing X-rays	Sealants (kids through age 18 only)
Brush biopsy	Athletic mouth guards (kids through age 18 only)
Class II Services	
Fillings and (3+) surface fillings	Full mouth debridement
Simple extractions	Periodontal scaling and root planing and/or curettage
Class III Services	
Root canal therapy	Oral surgery
Periodontal surgery (preauthorization required)	Crowns and bridges
Cast partial denture, full, immediate, or overdenture	Denture adjustments and relines
Orthodontia (medically necessary for kids through age 18 only)	

This page is a brief list of services and treatments most commonly asked about. A summary of benefits is available at PacificSource.com/idaho/individual-dental-2016.

Additional Information

Know the Lingo

Co-insurance

Co-insurance is your share of the cost of a covered service (in addition to co-pays), calculated as a percentage of the service cost. Co-insurance typically applies once you've met your deductible.

Co-pay

Your co-pay is the amount of money you pay up front right when you have a service, such as a doctor visit.

Deductible

Your deductible is the amount you're responsible for paying before the plan pays for covered services. Some services, such as preventive care, are covered by the plan without you needing to meet the deductible.

Network

A network includes the providers and facilities we have contracted with to provide healthcare services.

Nonparticipating providers

Nonparticipating providers or facilities are those we have not contracted with for a network. When you see a nonparticipating provider, you will pay more out of pocket. Visit [PacificSource.com/find-a-provider](https://pacificsource.com/find-a-provider) to find out if your doctor is a participating provider with the network you choose.

Out-of-pocket limit

Your plan's out-of-pocket limit is the most you'll pay for covered services in a calendar year.

Participating providers

Participating providers or facilities are those we've contracted with for a particular network. You will pay less out of pocket when you receive services from participating providers.

Plan availability

Plan availability identifies the geographic location where a plan is available and where you must live to be eligible to enroll in that plan.

Premium

Your premium is the amount you pay for your health insurance plan. Premiums can be paid monthly, quarterly, or annually.



Preventive care

Preventive care services are routine healthcare services such as screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems. When you see a participating provider, these services are not subject to deductible and are covered in full.

Primary care provider (PCP)

A primary care provider, or PCP, is a doctor you authorize to coordinate all of your healthcare needs, including helping you maintain your health and reach your wellness goals.

Referral

A referral is a written order from your PCP for you to see a specialist or receive certain medical services.

"I recently signed up with PacificSource for my own insurance because working with PacificSource has been exceptional. I've never had such a good experience with anyone else! Thank you, again!"

—S.T., PacificSource provider and member

Common Questions

Am I eligible?

You may enroll in a PacificSource individual policy if you are an Idaho resident and you are not covered by Medicare or a group plan. You may also enroll your legal spouse, domestic partner, and dependent children under the age of 26 on your policy. To enroll in a plan, you must live in a service area where your chosen plan is offered, and you must enroll during an open enrollment period.

When will my plan be effective?

Your policy can become effective on either the 1st or the 15th of the month after we receive your enrollment form and first month's premium.

How can I find out if my doctor is a participating provider?

To get the most value from your plan, you'll want to use participating doctors and hospitals. To find out if your doctor is a participating provider in the network you're considering, you can use our online Provider Directory at PacificSource.com/find-a-provider. You can also use the directory to designate your PCP.

What is the Health Insurance Marketplace?

In 2016, you may use the Health Insurance Marketplace to enroll in a health insurance plan. If you meet certain income requirements, you may have access to financial assistance to help you with the cost of your health insurance. To access financial assistance, you'll need to enroll through the Marketplace. Contact a PacificSource Individual Service Representative for help choosing a plan, then enroll through Your Health Idaho.

Who can I talk to if I have questions?

Your insurance agent can probably answer most of your questions. If you're not working with an agent, our **Individual Service Representatives** are always happy to help. Just email us or give us a call:

- **Email:** IdahoIndividual@pacificsource.com
- **Call toll-free:** (855) 330-2792



What's Not Covered

Below is a complete list of services and treatments that are not covered under our medical and dental plans. A full explanation of benefits, including limitations and exclusions, will be provided in your policy. You're welcome to contact us if you have questions. **Please note:** Full descriptions will be provided in your policy. Only the language of the actual policy is final and binding.

Medical Plan Exclusions

- Abdominoplasty
- Academic skills training
- Any amounts in excess of the allowable fee for a given service or supply
- Aversion therapy
- Biofeedback (other than as specifically noted under the Covered Expenses – Other Covered Services, Supplies, and Treatment section)
- Care and related services designed essentially to assist a person in maintaining activities of daily living
- Charges for phone consultations, missed appointments, get acquainted visits, completion of claim forms, or reports PacificSource needs to process claims
- Charges over the usual, customary, and reasonable fee (UCR) – Any amount in excess of the UCR for a given service or supply
- Charges that are the responsibility of a third party who may have caused the illness, injury, or disease or other insurers covering the incident (such as workers' compensation insurers, automobile insurers, and general liability insurers)
- Chelation therapy
- Computer or electronic equipment for monitoring asthmatic, diabetic, or similar medical conditions or related data
- Cosmetic/reconstructive services and supplies – except as specified in the Covered Expenses – Other Covered Services, Supplies, and Treatments section of the policy
- Court-ordered sex offender treatment programs
- Court-ordered screening interviews or drug or alcohol treatment programs
- Day care or custodial care – Care and related services designed essentially to assist a person in maintaining activities of daily living
- Dental examinations and treatment
- Drugs and biologicals that can be self-administered (including injectables), other than those provided in a hospital emergency room, or other institutional setting, or as outpatient chemotherapy and dialysis, which are covered

RENEWABILITY OF POLICY – Individual policies shall be renewable with respect to the Insured, at the option of the Policyholder, except in any of the following cases: nonpayment of the required premiums; fraud or intentional misrepresentation of material fact by the Insured or his representatives; the individual's residence changes to one which is outside the established geographic Service Area; if this Policy is made available to the individual through one (1) or more associations, and the membership of the employer in the association ceases; and/or PacificSource Health Plans elects to nonrenew all of its policies delivered or issued for delivery to individuals in the state of Idaho.

PREEXISTING CONDITION – A Preexisting Condition means the existence of a condition that would have caused an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment within a six (6) month period immediately preceding the Effective Date of coverage; a condition for which medical advice or treatment was recommended or received within a six (6) month period immediately preceding the Effective Date of coverage; or a pregnancy existing on the Effective Date of coverage. The Preexisting Condition exclusion does not apply to any insured members or their dependents under the individual policies contained in this sales literature.

DISCLOSURE OF PREMIUM PRACTICES & GUARANTEES

a) How Premiums Are Set

Your premium is determined by the benefits you selected, your geographic location, and the age of the individuals covered on your policy. Any renewal premium increase is due to changes in age and any increase approved by the Department of Insurance.

b) Premium Guarantee

We guarantee your initial premium until your next renewal date. Your premium may change if you change your benefits at renewal.

Continued on next page

- Drugs or medications not prescribed for inborn errors of metabolism, diabetic insulin, or autism spectrum disorder that can be self-administered (including prescription drugs, injectable drugs, and biologicals), unless given during a visit for outpatient chemotherapy or dialysis or during a medically necessary hospital, emergency room or other institutional stay
- Durable medical equipment available over the counter and/or without a prescription
- Educational or correctional services or sheltered living provided by a school or halfway house, except outpatient services received while temporarily living in a shelter
- Elective abortions, except to save the life of the mother, or if the pregnancy is a result of rape or incest
- Electronic Beam Tomography (EBT)
- Equine/animal therapy
- Equipment commonly used for nonmedical purposes or marketed to the general public
- Equipment used primarily in athletic or recreational activities
- Experimental or investigational
- Eye examinations (routine) for members age 19 and older
- Eye glasses/contact lenses for members age 19 and older
- Eye exercises, therapy, and procedures
- Family planning – services and supplies for artificial insemination, in vitro fertilization, diagnosis and treatment of infertility, erectile dysfunction, frigidity, or surgery to reverse voluntary sterilization
- Fitness or exercise programs and health or fitness club memberships
- Foot care (routine) – services and supplies for corns and calluses of the feet, conditions of the toenails other than infection, hypertrophy or hyperplasia of the skin of the feet, and other routine foot care, except in the case of patients being treated for diabetes mellitus
- Genetic (DNA) testing – DNA and other genetic tests, except for those tests identified as medically necessary for the diagnosis and standard treatment of specific diseases
- Growth hormone injections or treatments, except to treat documented growth hormone deficiencies
- Hearing Aids including the fitting, provision, or replacement of hearing aids
- Homeopathic medicines or homeopathic supplies
- Hypnotherapy except in the treatment of mental or nervous conditions
- Immunizations when recommended for or in anticipation of exposure through travel or work
- Instructional or educational programs, except diabetes self-management programs, unless medically necessary
- Jaw – procedures, services, and supplies
- Jaw surgery
- Learning disorders
- Maintenance supplies and equipment not unique to medical care
- Marital/partner counseling
- Massage, massage therapy, or neuromuscular re-education, even as part of a physical therapy program
- Mattresses and mattress pads are only covered when medically necessary to heal pressure sores
- Mental health treatments for conditions as listed in the current Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association which, according to the DSM, are not attributable to a mental health disorder or disease
- Modifications to vehicles or structures to prevent, treat, or accommodate a medical condition
- Motion analysis
- Myeloablative high dose chemotherapy, except when the related transplant is specifically covered under the transplantation provisions of this plan
- Narcosynthesis
- Naturopathic treatment and supplies
- Nicotine related disorders
- Obesity or weight control – Surgery or other related services or supplies provided for weight control or obesity (including all categories of obesity), when not medically necessary
- Oral/facial motor therapy for strengthening and coordination of speech-producing musculature and structures
- Orthopedic shoes and shoe modifications
- Orthognathic surgery – services and supplies to augment or reduce the upper or lower jaw, except as specified under 'Professional Services' in the Covered Expenses section of the policy
- Osteopathic manipulation, except for treatment of disorders of the musculoskeletal system

- Over-the-counter medications or nonprescription drugs
- Panniculectomy
- Paraphilias
- Personal items such as telephones, televisions, and guest meals during a stay at a hospital or other inpatient facility
- Physical or eye examinations required for administrative purposes such as participation in athletics, admission to school, or by an employer
- Private nursing service
- Programs that teach a person to use medical equipment, care for family members, or self-administer drugs or nutrition (except for diabetic education benefit)
- Psychoanalysis or psychotherapy received as part of an educational or training program, regardless of diagnosis or symptoms that may be present
- Recreation therapy – Outpatient
- Rehabilitation
- Replacement costs for worn or damaged durable medical equipment that would otherwise be replaceable without charges under warranty or other agreement
- Scheduled and/or non-emergent medical care outside of the United States
- Screening tests – services and supplies, including imaging and screening exams performed for the sole purpose of screening and not associated with specific diagnoses and/or signs and symptoms of disease or of abnormalities on prior testing
- Self-help or training programs
- Sensory integration training
- Services for individuals 18 years of age or older with intellectual disabilities which are generally provided by your State Dept. of Health and Welfare for those with Developmental Disabilities
- Services of providers who are not eligible for reimbursement under this plan
- Services or supplies available to you from another source, including those available through a government agency
- Services or supplies for which no charge is made, for which the member is not legally required to pay, or for which a provider or facility is not licensed to provide, even though the service or supply may otherwise be eligible. This exclusion includes services provided by the member or by an immediate family member.
- Services or supplies with no charge or which you are not legally required to pay for. This includes services provided by yourself or an immediate family member.
- Services otherwise available – These include but are not limited to:
 - Services or supplies for which payment could be obtained in whole or in part if the member applied for payment under any city, county, state (except Medicaid), or federal law; and
 - Services or supplies the member could have received in a hospital or program operated by a federal government agency or authority, except otherwise covered expenses for services or supplies furnished to a member by the Veterans' Administration of the United States that are not military service-related.
- This exclusion does not apply to covered services provided through Medicaid or by any hospital owned or operated by the policy's state of issuance or any state-approved community mental health and developmental disability program.
- Services required by state law as a condition of maintaining a valid driver license or commercial driver license
- Services, supplies, and equipment not involved in diagnosis or treatment but provided primarily for the comfort, convenience, intended to alter the physical environment, or education of a patient
- Sexual disorders – Services or supplies for the treatment of sexual dysfunction or inadequacy unless medically necessary to treat a mental health issue and diagnosis
- Sex reassignment
- Sex transformations
- Snoring
- Social skill training
- Speech therapy (unless covered under rehabilitation or habilitative in Professional Service section)
- Support groups
- Surgery to reverse voluntary sterilization
- Temporomandibular joint – related services, or treatment for associated myofascial pain including physical or oromyofacial therapy
- Training or self-help health or instruction
- Transplants, except as expressly provided under the provisions of this plan for covered transplantation expenses

- Treatment after insurance ends – Services or supplies a member receives after the member's coverage under this plan ends, except as follows:
 - If the member is pregnant and not eligible for any replacement group coverage within 60 days, this policy's maternity benefits may continue for up to 12 months
 - If the member is totally disabled, coverage may continue for up to 12 months
- Treatment not medically necessary
- Treatment of any illness, injury, or disease resulting from an illegal occupation or attempted felony, or treatment received while in the custody of any law enforcement authority
- Treatment of any work-related illness, injury, or disease, unless you are the owner or partner and are otherwise exempt from, and not covered by, state or federal workers' compensation insurance
- Treatment of intellectual disabilities
- Treatment prior to enrollment
- Unwilling to release information – Charges for services or supplies for which a member is unwilling to release medical or eligibility information necessary to determine the benefits payable under this plan
- Vocational rehabilitation, functional capacity evaluations, work hardening programs, community reintegration services, and driving evaluations and training programs, except as medically necessary in the restoration or improvement of speech following a traumatic brain injury or for a child 17 years or younger diagnosed with a pervasive development disorder
- War-related conditions

Dental Plan Exclusions

- Aesthetic dental procedures
- Antimicrobial agents
- Athletic activities
- Athletic mouth guards for enrolled individuals age 19 and older
- Biopsies or histopathologic exams
- Charges for broken appointments
- Collection of cultures and specimens for enrolled individuals age 19 and older
- Comprehensive periodontal exams for enrolled individuals age 19 and older
- Connector bar or stress breaker

- Core build-ups are not covered unless used to restore a tooth that has been treated endodontically (root canal) for enrolled individuals age 19 and older
- Cosmetic/reconstructive services and supplies
- Denture replacement made necessary by loss, theft, or breakage
- Diagnostic casts – Diagnostic casts (study models) and occlusal appliances for enrolled individuals age 19 and older
- Diagnostic casts - Gnathological recordings, occlusal equilibration procedures, or similar procedures
- Drugs and medications that are prescribed drugs and take-home medicine or supplies distributed by a provider for any member.
- Educational programs for enrolled individuals age 19 and older
- Experimental or investigational procedures
- Fractures of the maxilla and mandible
- General anesthesia except when administered by a dentist in connection with oral surgery in his/her office
- Gingivectomy, gingivoplasty or crown lengthening in conjunction with crown preparation or bridge services done on the same date of service
- Hospital charges or additional fees charged by the dentist for hospital treatment for enrolled individuals age 19 and older
- Hypnosis
- Indirect pulp caps are to be included in the restoration process, and are not a separate covered benefit
- Infection control
- Intra and extra coronal splinting
- Orthodontic services
- Orthognathic surgery
- Periodontal probing, charting, and re-evaluations
- Photographic images
- Pin retention in addition to restoration for enrolled individuals age 19 and older
- Precision attachments
- Pulpotomies on permanent teeth
- Removal of clinically serviceable amalgam restorations to be replaced by other materials free of mercury, except with proof of allergy to mercury
- Services covered by the member's medical plan
- Services for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth

- Services or supplies for which no charge is made, which you are not legally required to pay, or which a provider or facility is not licensed to provide even though the service or supply may otherwise be eligible
- Services otherwise available – These include but are not limited to:
 - Services or supplies for which payment could be obtained in whole or in part if the member applied for payment under any city, county, state, or federal law (except Medicaid);
 - Services or supplies the member could have received in a hospital or program operated by a federal government agency or authority, Covered expenses for services or supplies furnished to a member by the Veterans' Administration of the United States that are not service-related are eligible for payment according to the terms of this plan; and
 - Services or supplies for which payment would be made by Medicare.
- Services or supplies provided outside of the United States, except in cases of emergency
- Sinus lift grafts to prepare sinus site for implants
- Stress-breaking or habit-breaking appliances
- Temporomandibular joint
- Third party liability, motor vehicle liability, motor vehicle insurance coverage, workers' compensation
- Tooth transplantation
- Treatment after insurance ends
- Treatment not dentally necessary according to acceptable dental practice or treatment not likely to have a reasonably favorable prognosis
- Treatment of any illness, injury, or disease arising out of an illegal act or occupation or participation in a felony, or treatment received while in the custody of any law enforcement authority
- Treatment prior to enrollment
- Unwilling to release information
- War-related conditions

Shop for Coverage Online

Visit PacificSource.com/idaho/individual-plan-details-2016 to browse plan options, explore valuable extras, and more!

Contact Us

If you have questions about our individual and family health plans, you're always welcome to contact us at (855) 330-2792 or by email at IdahoIndividual@pacificsource.com. A PacificSource Individual Service Representative will be happy to assist you.

Founded in 1933, PacificSource is an independent, not-for-profit community health plan serving Idaho, Montana, and Oregon. With more than 700 employees in offices in Boise, Idaho Falls, and six other Northwest communities, we deliver quality healthcare solutions to more than 275,000 individuals and 3,900 employer clients. We value partnership, service excellence, community, and personal relationships. To learn more about us, visit PacificSource.com.

Your privacy is important to us. Learn more about how we protect your personal information by viewing our privacy policy at PacificSource.com/privacy.aspx.

