



# Your Guide to PacificSource

Individual and Family Health Plans  
for Idaho Residents







# The Health Insurance You Need From the Company You'll Love to Work With

Having health insurance brings **peace of mind**. A solid health insurance plan makes it easy to get the preventive care that helps you stay well, protecting you from the high costs of unexpected medical expenses.

**At PacificSource, we make health insurance easy, putting you at the center of everything we do.**

- Our plans offer a range of premiums and deductibles so you can find the coverage that **fits you best**.
- We have **more than 46,300** providers across our networks to give you the maximum choice of doctors and other healthcare professionals.
- We're known for taking good care of people. Members can call our toll-free number to speak with a Customer Service Representative. **Real people** always answer the phone.
- We give you the tools to manage your coverage so you can get the information you need, **when and where you need it**.

**You'll find PacificSource plans are available wherever you shop.**

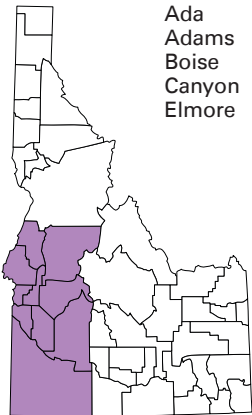
- Direct from us
- Through your health insurance agent
- Through Idaho's health insurance marketplace, Your Health Idaho, at [YourHealthIdaho.org](http://YourHealthIdaho.org)



# Explore Our Plans and Networks

SmartAlliance

## SmartAlliance Network Plans



Ada  
Adams  
Boise  
Canyon  
Elmore  
Gem  
Owyhee  
Payette  
Valley  
Washington

	PacificSource Direct	Your Health Idaho
Balance Bronze 6350	✓	✓
Balance Silver 2500	✓	✓
Balance Silver 1500	✓	
Balance Gold 1000		✓
Value Bronze 6250	✓	✓
Value Bronze 3000	✓	✓
Value Silver 3600	✓	✓
Value Silver 3000	✓	
Catastrophic*		✓

## Network Highlights

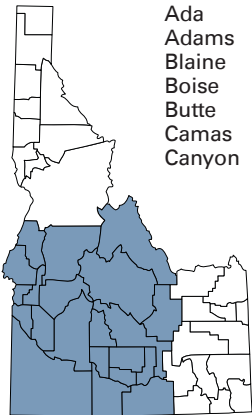
SmartAlliance is a regional network that includes Saint Alphonsus doctors and facilities. It serves most western Idaho counties.

- Choice of top quality primary care doctors
- Primary care provider (PCP) required
- No referrals required for specialty care
- Highest level of benefits for choosing participating SmartAlliance providers

SmartAlliance

BrightIdea

## BrightIdea Network Plans



Ada  
Adams  
Blaine  
Boise  
Butte  
Camas  
Canyon  
Cassia  
Custer  
Elmore  
Gem  
Gooding  
Jerome  
Lemhi  
Lincoln  
Minidoka  
Owyhee  
Payette  
Twin Falls  
Valley  
Washington

	PacificSource Direct	Your Health Idaho
Balance Bronze 6350	✓	✓
Balance Silver 2500	✓	✓
Balance Silver 1500	✓	
Balance Gold 1000		✓
Value Bronze 6250	✓	✓
Value Bronze 3000	✓	✓
Value Silver 3600	✓	✓
Value Silver 3000	✓	
Catastrophic*		✓

## Network Highlights

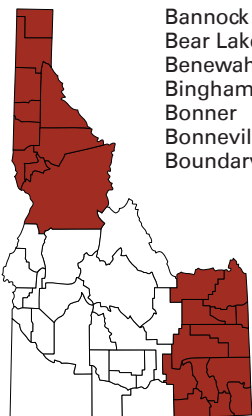
BrightIdea is a regional network that includes BrightPath doctors and facilities. It serves most western and central Idaho counties.

- Choice of top quality primary care doctors
- Primary care provider (PCP) required
- No referrals required for specialty care
- Highest level of benefits for choosing participating BrightIdea providers

BrightIdea

SmartHealth

## SmartHealth Network Plans



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

	PacificSource Direct	Your Health Idaho
Balance Bronze 6350	✓	✓
Balance Silver 2500	✓	✓
Balance Silver 1500	✓	
Balance Gold 500		✓
Value Bronze 6250	✓	✓
Value Bronze 3000	✓	✓
Value Silver 3600	✓	✓
Value Silver 3000	✓	
Catastrophic*		✓

## Network Highlights

SmartHealth is a new kind of network that features two tiers of participating providers to give you more choice. You'll choose a primary care provider (PCP) from tier 1 who will partner with you to meet your health and wellness goals.

- Choice of top quality primary care doctors
- Primary care provider (PCP) required
- No referrals required for specialty care
- Two tiers of participating providers to choose from
- Highest level of benefits for choosing tier 1 participating SmartHealth providers

SmartHealth

## All Medical Plans Feature:

- Coverage of all Essential Health Benefits, including coverage for mental health, chemical dependency, and pediatric vision (pediatric dental is available as a separate plan)
- Benefits are on a calendar year basis
- Prescription drug coverage is included in all plans
- All covered services apply toward the annual out-of-pocket limit
- Coverage for acupuncture and chiropractic care

## Balance Plans Feature:

- No-cost preventive care
- Co-pays on office visits (most providers) and many prescription drugs
- Deductible for most other services

## Value Plans Feature:

- No-cost preventive care
- All other services subject to the deductible
- Some plans eligible for pairing with a health savings account (HSA)

## \*Catastrophic Plans (Your Health Idaho only)

- Only for those under age 30, or who meet federal income eligibility requirements and have a certificate of exemption through Your Health Idaho
- No-cost preventive care
- First three primary care office visits covered in full
- Deductible for most other services

**Note:** Your Health Idaho is Idaho's health insurance marketplace. Learn more at [YourHealthIdaho.org](http://YourHealthIdaho.org).

# With PacificSource, You Also Get...

## Online Tools Available at PacificSource.com

### InTouch for Members

Through your secure website, InTouch, you can view your claims, status of preauthorizations, accumulated expenses toward your plan's deductible, and more, at your convenience.

You can also access our online health and wellness center through InTouch, which includes personalized wellness information and a variety of helpful, easy-to-use tools, including a health risk assessment.

### Participating Provider Directory

Take advantage of your plan's higher participating provider benefits. Find up-to-date participating provider information based on your location, network, or your doctor's name using this online directory.

## Wellness and Health Management

These extra services are not insurance, but are offered in addition to your medical plan to help you take charge of your health. To learn more, visit the For Members section of our website, PacificSource.com.

### 24-Hour NurseLine

Have a question about your health? Not sure whether you need to see your doctor? Our nurse line gives you 24/7 access to professionals who can answer your health and wellness questions.

### 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**®.

### Gym Membership Discounts

Receive discounts from over 10,000 gyms and fitness centers, including big chains and local favorites.

## Condition Support

Our Condition Support Program offers you education and support if you have asthma, chronic obstructive pulmonary disease, coronary artery disease, diabetes, or heart failure, or if you have a child with juvenile diabetes.

## Care Quality Program

Should you need more intensive medical services, we have a Utilization Management Program in place to make sure you receive appropriate, effective, and efficient medical care. Nurses are also available to assist you in ensuring you receive the right care at the right time.

## Tobacco Cessation

Our program includes one-on-one treatment sessions with a professional Quit Coach to help you quit tobacco use for good. You'll also receive a Quit Kit with nicotine replacement therapy supplies (nicotine gum or patches) to help keep you on track.

## Prenatal Program

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

## 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 calendar year).

## Travel Emergency Assistance Program

If you experience a medical emergency while traveling 100 or more miles from home or abroad, you can access services provided by **Assist America**® Global Emergency Services at no cost.



## Pharmacy Coverage

All PacificSource plans feature pharmacy coverage, and wherever possible, generic drugs are used in place of name brands to help you save money.

You'll find drug list information and more about our preauthorization, step therapy, and exception processes online at PacificSource.com.

## Caremark® Prescription Discount Program

Our Prescription Discount Program saves you money on qualifying prescription drugs not covered by your plan. It is available to you and any family members enrolled in your health plan's coverage.



# Choosing a Plan to fit your needs

1

## Choose a network.

Use the maps and county listings on page 4 to find the networks available where you live. If keeping your current doctor is important, check our provider directory at [PacificSource.com](https://PacificSource.com) to make sure they participate in the network you're considering.

2

## Pick a plan.

You'll find an overview of plan types on page 5, and details on the plan summary pages within this guide beginning on the next page. Summaries of benefits and coverage are also available online at [PacificSource.com](https://PacificSource.com).

3

## Don't forget dental.

Our dental plans complement your medical coverage. If your coverage will include anyone through age 18, you'll need pediatric dental coverage (a federal requirement). We offer pediatric-only dental plans. See the dental section of this guide.

4

## Review your premium rates.

Rates are based on your age, where you live, tobacco use, and the number of family members covered under your plan. You can look up medical and dental rate information online at [PacificSource.com/get-quote-idaho](https://PacificSource.com/get-quote-idaho).

### Tips for Choosing a Plan

Here are a few things to consider when choosing a plan to fit your needs:

#### Your Budget

In addition to your monthly premium payment, be sure to plan for out-of-pocket expenses you may have. These can include deductibles and co-pays.

#### The Services You Use

Think about the services you used in the past year. If you have an ongoing health issue or regularly take a prescription, you may want a plan with a lower deductible and co-pays.

#### The Doctors and Clinics You Visit

Before choosing a network, you may want to check to see if your doctor is a participating provider. Visit [PacificSource.com/find-a-provider](https://PacificSource.com/find-a-provider).

### Questions? We're here to help.

**What is a PCP?** A primary care provider, or PCP, is a doctor who is authorized to coordinate all of your care needs, including helping you maintain your health and reach your wellness goals. SmartAlliance, BrightIdea, and SmartHealth plans require you to select a PCP.

#### Do I have to have vision and dental coverage?

Federal law requires vision and dental coverage for anyone through age 18. All PacificSource medical plans include pediatric vision coverage. Pediatric dental is available as a separate plan.

#### What are Gold, Silver, and Bronze?

Plan names include the words "gold," "silver," or "bronze" to indicate the coverage "metal" level based on federal Affordable Care Act guidelines. These categories generally reflect your premium costs and the portion of your healthcare cost that you pay.

**What is Your Health Idaho?** Your Health Idaho is Idaho's health insurance marketplace. 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 Your Health Idaho. Contact a PacificSource Coverage Advisor for help choosing a plan, then enroll through Your Health Idaho.

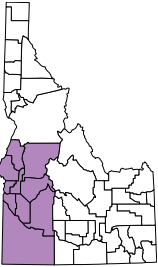


**Talk with a Coverage Advisor**  
at 855.330.2792 or by email at  
[reform@pacificsource.com](mailto:reform@pacificsource.com).

# SmartAlliance Balance Plans

This is an overview of **participating provider** co-pay, co-insurance, and deductible amounts only. The table below reflects the amounts **you pay**. Non-participating provider co-pay, co-insurance, and deductible amounts are not shown and are usually higher.

		Balance			
		Direct and Your Health Idaho		Direct Only	Your Health Idaho Only
		Bronze 6350	Silver 2500	Silver 1500	Gold 1000
Annual Deductible	The amount you pay each calendar year before the plan pays for covered services except those marked “not subject to deductible.”	Deductible Individual / Family \$6,350 / \$12,700	Deductible Individual / Family \$2,500 / \$5,000	Deductible Individual / Family \$1,500 / \$3,000	Deductible Individual / Family \$1,000 / \$2,000
Out-of-Pocket Limit	The most you’ll pay out of pocket for covered services. Out-of-pocket includes co-payments, deductibles, and co-insurance.	Out-of-Pocket Limit Individual / Family \$6,350 / \$12,700	Out-of-Pocket Limit Individual / Family \$6,000 / \$12,000	Out-of-Pocket Limit Individual / Family \$6,350 / \$12,700	Out-of-Pocket Limit Individual / Family \$6,350 / \$12,700
Co-insurance	The amount you pay after your deductible is met.	0%	30%	30%	20%
Preventive Care	Includes physicals, women’s health exams, immunizations, and well-baby exams.	Covered in full	Covered in full	Covered in full	Covered in full
Office and Specialist Visits	Includes visits to your doctor, nurse practitioner, gynecologist, pediatrician, internist, mental health, and obstetrician.	\$50 co-pay§	\$20 co-pay§	\$50 co-pay	\$25 co-pay
Office Procedures and Supplies		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Prescription Drugs		<b>Generic drugs:</b> \$10 co-pay <b>Preferred brand name drugs:</b> Deductible, then co-insurance	<b>Generic drugs:</b> \$10 co-pay <b>Preferred brand name drugs:</b> \$50 co-pay	<b>Generic drugs:</b> \$10 co-pay <b>Preferred brand name drugs:</b> \$50 co-pay	<b>Generic drugs:</b> \$10 co-pay <b>Preferred brand name drugs:</b> \$35 co-pay
Alternative Care	Includes chiropractic and acupuncture care. 15 visits per calendar year.	\$50 co-pay§	\$20 co-pay§	\$50 co-pay	\$25 co-pay
Emergency Room Visits		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Urgent Care		\$50 co-pay§	\$20 co-pay§	\$50 co-pay	\$25 co-pay
Ambulance Service		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Hospital Services and Surgery	Includes inpatient room and board, rehabilitative care, and skilled nursing care.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Outpatient Services	Includes hospital care and professional/rehabilitative services.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Diagnostic and Therapeutic Radiology and Lab	Includes basic X-ray.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Advanced Imaging	Includes PET, CT, MRA, and MRI.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Maternity Care	Includes prenatal office visits and delivery.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Medical Equipment	Includes prosthetics.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Inpatient Mental Health Care and Residential Programs		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Transplant Services		Deductible, then co-insurance	Deductible	Deductible	Deductible
Pediatric Vision	Through age 18. Once every calendar year, including exam and hardware.	Exam: \$50 co-pay§ Hardware: Covered in full	Exam: \$20 co-pay§ Hardware: 30% co-insurance	Exam: \$50 co-pay Hardware: 30% co-insurance	Exam: \$25 co-pay Hardware: 20% co-insurance



## Additional Savings through Your Health Idaho for Eligible Consumers

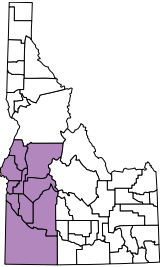
Your Health Idaho is the State of Idaho’s health insurance marketplace. If you meet certain income requirements, you may have access to financial assistance to help you with the cost of your health insurance. To access financial assistance, you’ll need to enroll through Your Health Idaho.

Based on your income, you may also qualify for plans with even lower deductibles, out-of-pocket limits, co-pays, and cost shares than listed on this page. If you are eligible, these additional plan options will be presented to you through Your Health Idaho.

View our plans at [YourHealthIdaho.org](http://YourHealthIdaho.org).

# SmartAlliance Value Plans

This is an overview of **participating provider** co-pay, co-insurance, and deductible amounts only. The table below reflects the amounts **you pay**. Non-participating provider co-pay, co-insurance, and deductible amounts are not shown and are usually higher.



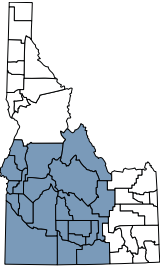
		Value				Catastrophic*
		Direct and Your Health Idaho			Direct Only	Your Health Idaho Only
		Bronze 6250	Bronze 3000	Silver 3600	Silver 3000	Catastrophic
Annual Deductible	The amount you pay each calendar year before the plan pays for covered services except those marked “not subject to deductible.”	Deductible Individual / Family \$6,250 / \$12,500	Deductible Individual / Family \$3,000 / \$6,000	Deductible Individual / Family \$3,600 / \$7,200	Deductible Individual / Family \$3,000 / \$6,000	Deductible Individual / Family \$6,350 / \$12,700
Out-of-Pocket Limit	The most you’ll pay out of pocket for covered services. Out-of-pocket includes co-payments, deductibles, and co-insurance.	Out-of-Pocket Limit Individual / Family \$6,250 / \$12,500	Out-of-Pocket Limit Individual / Family \$6,350 / \$12,700	Out-of-Pocket Limit Individual / Family \$3,600 / \$7,200	Out-of-Pocket Limit Individual / Family \$3,000 / \$6,000	Out-of-Pocket Limit Individual / Family \$6,350 / \$12,700
Co-insurance	The amount you pay after your deductible is met.	0%	50%	0%	0%	0%
Preventive Care	Includes physicals, women’s health exams, immunizations, and well-baby exams.	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Office and Specialist Visits	Includes visits to your doctor, nurse practitioner, gynecologist, pediatrician, internist, mental health, and obstetrician.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	<b>Primary care:</b> First 3 visits covered in full; additional visits subject to deductible, then co-insurance <b>Specialists:</b> Deductible, then co-insurance
Office Procedures and Supplies		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Prescription Drugs		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Alternative Care	Includes chiropractic and acupuncture care. 15 visits per calendar year.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Emergency Room Visits		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Urgent Care		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Ambulance Service		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Hospital Services and Surgery	Includes inpatient room and board, rehabilitative care, and skilled nursing care.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Outpatient Services	Includes hospital care and professional/rehabilitative services.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Diagnostic and Therapeutic Radiology and Lab	Includes basic X-ray.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Advanced Imaging	Includes PET, CT, MRA, and MRI.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Maternity Care	Includes prenatal office visits and delivery.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Medical Equipment	Includes prosthetics.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Inpatient Mental Health Care and Residential Programs		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Transplant Services		Deductible, then co-insurance	Deductible	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Pediatric Vision	Through age 18. Once every calendar year, including exam and hardware.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance

\* Only for those under age 30 or who meet federal income eligibility requirements and have a certificate of exemption through Your Health Idaho.

# BrightIdea Balance Plans

This is an overview of **participating provider** co-pay, co-insurance, and deductible amounts only. The table below reflects the amounts **you pay**. Non-participating provider co-pay, co-insurance, and deductible amounts are not shown and are usually higher.

		Balance			
		Direct and Your Health Idaho		Direct Only	Your Health Idaho Only
		Bronze 6350	Silver 2500	Silver 1500	Gold 1000
Annual Deductible	The amount you pay each calendar year before the plan pays for covered services except those marked “not subject to deductible.”	Deductible Individual / Family \$6,350 / \$12,700	Deductible Individual / Family \$2,500 / \$5,000	Deductible Individual / Family \$1,500 / \$3,000	Deductible Individual / Family \$1,000 / \$2,000
Out-of-Pocket Limit	The most you’ll pay out of pocket for covered services. Out-of-pocket includes co-payments, deductibles, and co-insurance.	Out-of-Pocket Limit Individual / Family \$6,350 / \$12,700	Out-of-Pocket Limit Individual / Family \$6,000 / \$12,000	Out-of-Pocket Limit Individual / Family \$6,350 / \$12,700	Out-of-Pocket Limit Individual / Family \$6,350 / \$12,700
Co-insurance	The amount you pay after your deductible is met.	0%	30%	30%	20%
Preventive Care	Includes physicals, women’s health exams, immunizations, and well-baby exams.	Covered in full	Covered in full	Covered in full	Covered in full
Office and Specialist Visits	Includes visits to your doctor, nurse practitioner, gynecologist, pediatrician, internist, mental health, and obstetrician.	\$50 co-pay§	\$20 co-pay§	\$50 co-pay	\$25 co-pay
Office Procedures and Supplies		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Prescription Drugs		<b>Generic drugs:</b> \$10 co-pay <b>Preferred brand name drugs:</b> Deductible, then co-insurance	<b>Generic drugs:</b> \$10 co-pay <b>Preferred brand name drugs:</b> \$50 co-pay	<b>Generic drugs:</b> \$10 co-pay <b>Preferred brand name drugs:</b> \$50 co-pay	<b>Generic drugs:</b> \$10 co-pay <b>Preferred brand name drugs:</b> \$35 co-pay
Alternative Care	Includes chiropractic and acupuncture care. 15 visits per calendar year.	\$50 co-pay§	\$20 co-pay§	\$50 co-pay	\$25 co-pay
Emergency Room Visits		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Urgent Care		\$50 co-pay§	\$20 co-pay§	\$50 co-pay	\$25 co-pay
Ambulance Service		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Hospital Services and Surgery	Includes inpatient room and board, rehabilitative care, and skilled nursing care.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Outpatient Services	Includes hospital care and professional/rehabilitative services.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Diagnostic and Therapeutic Radiology and Lab	Includes basic X-ray.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Advanced Imaging	Includes PET, CT, MRA, and MRI.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Maternity Care	Includes prenatal office visits and delivery.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Medical Equipment	Includes prosthetics.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Inpatient Mental Health Care and Residential Programs		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Transplant Services		Deductible, then co-insurance	Deductible	Deductible	Deductible
Pediatric Vision	Through age 18. Once every calendar year, including exam and hardware.	Exam: \$50 co-pay§ Hardware: Covered in full	Exam: \$20 co-pay§ Hardware: 30% co-insurance	Exam: \$50 co-pay Hardware: 30% co-insurance	Exam: \$25 co-pay Hardware: 20% co-insurance



## Additional Savings through Your Health Idaho for Eligible Consumers

Your Health Idaho is the State of Idaho’s health insurance marketplace. 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 Your Health Idaho.

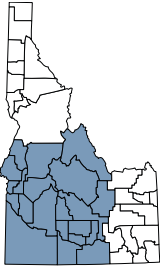
Based on your income, you may also qualify for plans with even lower deductibles, out-of-pocket limits, co-pays, and cost shares than listed on this page. If you are eligible, these additional plan options will be presented to you through Your Health Idaho.

View our plans at [YourHealthIdaho.org](http://YourHealthIdaho.org).



# BrightIdea Value and Catastrophic Plans

This is an overview of **participating provider** co-pay, co-insurance, and deductible amounts only. The table below reflects the amounts **you pay**. Non-participating provider co-pay, co-insurance, and deductible amounts are not shown and are usually higher.



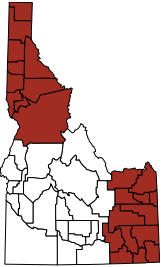
		Value				Catastrophic*
		Direct and Your Health Idaho			Direct Only	Your Health Idaho Only
		Bronze 6250	Bronze 3000	Silver 3600	Silver 3000	Catastrophic
Annual Deductible	The amount you pay each calendar year before the plan pays for covered services except those marked “not subject to deductible.”	Deductible Individual / Family \$6,250 / \$12,500	Deductible Individual / Family \$3,000 / \$6,000	Deductible Individual / Family \$3,600 / \$7,200	Deductible Individual / Family \$3,000 / \$6,000	Deductible Individual / Family \$6,350 / \$12,700
Out-of-Pocket Limit	The most you’ll pay out of pocket for covered services. Out-of-pocket includes co-payments, deductibles, and co-insurance.	Out-of-Pocket Limit Individual / Family \$6,250 / \$12,500	Out-of-Pocket Limit Individual / Family \$6,350 / \$12,700	Out-of-Pocket Limit Individual / Family \$3,600 / \$7,200	Out-of-Pocket Limit Individual / Family \$3,000 / \$6,000	Out-of-Pocket Limit Individual / Family \$6,350 / \$12,700
Co-insurance	The amount you pay after your deductible is met.	0%	50%	0%	0%	0%
Preventive Care	Includes physicals, women’s health exams, immunizations, and well-baby exams.	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Office and Specialist Visits	Includes visits to your doctor, nurse practitioner, gynecologist, pediatrician, internist, mental health, and obstetrician.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	<b>Primary care:</b> First 3 visits covered in full; additional visits subject to deductible, then co-insurance <b>Specialists:</b> Deductible, then co-insurance
Office Procedures and Supplies		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Prescription Drugs		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Alternative Care	Includes chiropractic and acupuncture care. 15 visits per calendar year.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Emergency Room Visits		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Urgent Care		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Ambulance Service		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Hospital Services and Surgery	Includes inpatient room and board, rehabilitative care, and skilled nursing care.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Outpatient Services	Includes hospital care and professional/rehabilitative services.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Diagnostic and Therapeutic Radiology and Lab	Includes basic X-ray.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Advanced Imaging	Includes PET, CT, MRA, and MRI.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Maternity Care	Includes prenatal office visits and delivery.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Medical Equipment	Includes prosthetics.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Inpatient Mental Health Care and Residential Programs		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Transplant Services		Deductible, then co-insurance	Deductible	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Pediatric Vision	Through age 18. Once every calendar year, including exam and hardware.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance

\* Only for those under age 30 or who meet federal income eligibility requirements and have a certificate of exemption through Your Health Idaho.

# SmartHealth Balance Plans

This is an overview of **participating provider** co-pay, co-insurance, and deductible amounts only. The table below reflects the amounts **you pay**. Non-participating provider co-pay, co-insurance, and deductible amounts are not shown and are usually higher.

		Balance			
		Direct and Your Health Idaho		Direct Only	Your Health Idaho Only
		Bronze 6350	Silver 2500	Silver 1500	Gold 500
Annual Deductible	The amount you pay each calendar year before the plan pays for covered services except those marked “not subject to deductible.”	Deductible Individual / Family \$6,350 / \$12,700	Deductible Individual / Family Tier 1: \$2,500 / \$5,000 Tier 2: \$3,000 / \$6,000	Deductible Individual / Family Tier 1: \$1,500 / \$3,000 Tier 2: \$2,500 / \$5,000	Deductible Individual / Family Tier 1: \$500 / \$1,000 Tier 2: \$1,000 / \$2,000
Out-of-Pocket Limit	The most you’ll pay out of pocket for covered services. Out-of-pocket includes co-payments, deductibles, and co-insurance.	Out-of-Pocket Limit Individual / Family \$6,350 / \$12,700	Out-of-Pocket Limit Individual / Family \$6,000 / \$12,000	Out-of-Pocket Limit Individual / Family \$6,350 / \$12,700	Out-of-Pocket Limit Individual / Family \$6,350 / \$12,700
Co-insurance	The amount you pay after your deductible is met.	0%	Tier 1 provider: 30% Tier 2 provider: 40%	Tier 1 provider: 30% Tier 2 provider: 40%	Tier 1 provider: 20% Tier 2 provider: 30%
Preventive Care	Includes physicals, women’s health exams, immunizations, and well-baby exams.	Covered in full	Covered in full	Covered in full	Covered in full
Office and Specialist Visits	Includes visits to your doctor, nurse practitioner, gynecologist, pediatrician, internist, mental health, and obstetrician.	Tier 1 provider: \$50 co-pay Tier 2 provider: Deductible, then co-insurance	Tier 1 provider: \$20 co-pay Tier 2 provider: Deductible, then co-insurance	Tier 1 provider: \$50 co-pay Tier 2 provider: Deductible, then co-insurance	Tier 1 provider: \$25 co-pay Tier 2 provider: Deductible, then co-insurance
Office Procedures and Supplies		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Prescription Drugs		Generic drugs: \$10 co-pay Preferred brand name drugs: Deductible, then co-insurance	Generic drugs: \$10 co-pay Preferred brand name drugs: \$50 co-pay	Generic drugs: \$10 co-pay Preferred brand name drugs: \$50 co-pay	Generic drugs: \$10 co-pay Preferred brand name drugs: \$35 co-pay
Alternative Care	Includes chiropractic and acupuncture care. 15 visits per calendar year.	\$50 co-pay	\$20 co-pay	\$50 co-pay	\$25 co-pay
Emergency Room Visits		Deductible, then co-insurance Tier 1 provider: \$50 co-pay Tier 2 provider: Deductible, then co-insurance	Deductible, then co-insurance Tier 1 provider: \$20 co-pay Tier 2 provider: Deductible, then co-insurance	Deductible, then co-insurance Tier 1 provider: \$50 co-pay Tier 2 provider: Deductible, then co-insurance	Deductible, then co-insurance Tier 1 provider: \$25 co-pay Tier 2 provider: Deductible, then co-insurance
Ambulance Service		Deductible, then co-insurance	Deductible, then 30% co-insurance	Deductible, then 30% co-insurance	Deductible, then 20% co-insurance
Hospital Services and Surgery	Includes inpatient room and board, rehabilitative care, and skilled nursing care.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Outpatient Services	Includes hospital care and professional/rehabilitative services.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Diagnostic and Therapeutic Radiology and Lab	Includes basic X-ray.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Advanced Imaging	Includes PET, CT, MRA, and MRI.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Maternity Care	Includes prenatal office visits and delivery.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Medical Equipment	Includes prosthetics.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Inpatient Mental Health Care and Residential Programs		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Transplant Services		Deductible, then co-insurance	Deductible	Deductible	Deductible
Pediatric Vision	Through age 18. Once every calendar year, including exam and hardware.	Exam: \$50 co-pay Hardware: Covered in full	Exam: \$20 co-pay Hardware: 30% co-insurance	Exam: \$50 co-pay Hardware: 30% co-insurance	Exam: \$25 co-pay Hardware: 20% co-insurance



## Additional Savings through Your Health Idaho for Eligible Consumers

Your Health Idaho is the State of Idaho’s health insurance marketplace. 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 Your Health Idaho.

Based on your income, you may also qualify for plans with even lower deductibles, out-of-pocket limits, co-pays, and cost shares than listed on this page. If you are eligible, these additional plan options will be presented to you through Your Health Idaho.

View our plans at [YourHealthIdaho.org](http://YourHealthIdaho.org).

## What are two tier networks?

PacificSource is partnering with providers in a whole new way to give you more choice, ensure you receive the highest quality of care, and help you keep your costs as low as possible. Our SmartHealth network includes plans with two tiers of participating doctors. You’ll get the most value out of your SmartHealth plan when you see a tier 1 doctor. You’ll pay slightly more to see a tier 2 doctor. You can also see a doctor who isn’t in the SmartHealth network (nonparticipating), but your costs will be higher and some services may not be covered. You’ll need to choose a primary doctor (PCP) from tier 1. To check if your doctor is tier 1 or tier 2, visit our Provider Directory at [PacificSource.com/find-a-provider](http://PacificSource.com/find-a-provider).

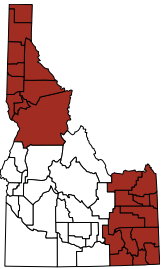
Doctor/Facility		Your share
Tier 1	Participating	\$
Tier 2	Participating	\$\$
Non-participating		\$\$\$



# SmartHealth Value Plans

This is an overview of **participating provider** co-pay, co-insurance, and deductible amounts only. The table below reflects the amounts **you pay**. Non-participating provider co-pay, co-insurance, and deductible amounts are not shown and are usually higher.

		Value			
		Direct and Your Health Idaho			Direct Only
		Bronze 6250	Bronze 3000	Silver 3600	Silver 3000
Annual Deductible	The amount you pay each calendar year before the plan pays for covered services except those marked “not subject to deductible.”	Deductible Individual / Family \$6,250 / \$12,500	Deductible Individual / Family Tier 1: \$3,000 / \$6,000 Tier 2: \$6,350 / \$12,700	Deductible Individual / Family Tier 1: \$3,600 / \$7,200 Tier 2: \$4,000 / \$8,000	Deductible Individual / Family Tier 1: \$3,000 / \$6,000 Tier 2: \$6,000 / \$12,000
Out-of-Pocket Limit	The most you’ll pay out of pocket for covered services. Out-of-pocket includes co-payments, deductibles, and co-insurance.	Out-of-Pocket Limit Individual / Family \$6,250 / \$12,500	Out-of-Pocket Limit Individual / Family \$6,350 / \$12,700	Out-of-Pocket Limit Individual / Family Tier 1: \$3,600 / \$7,200 Tier 2: \$4,000 / \$8,000	Out-of-Pocket Limit Individual / Family Tier 1: \$3,000 / \$6,000 Tier 2: \$6,000 / \$12,000
Co-insurance	The amount you pay after your deductible is met.	0%	Tier 1 provider: 50% Tier 2 provider: 0%	0%	0%
Preventive Care	Includes physicals, women’s health exams, immunizations, and well-baby exams.	Covered in full	Covered in full	Covered in full	Covered in full
Office and Specialist Visits	Includes visits to your doctor, nurse practitioner, gynecologist, pediatrician, internist, mental health, and obstetrician.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Office Procedures and Supplies		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Prescription Drugs		Deductible, then co-insurance	Deductible, then 50% co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Alternative Care	Includes chiropractic and acupuncture care. 15 visits per calendar year.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Emergency Room Visits		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Urgent Care		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Ambulance Service		Deductible, then co-insurance	Deductible, then 50% co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Hospital Services and Surgery	Includes inpatient room and board, rehabilitative care, and skilled nursing care.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Outpatient Services	Includes hospital care and professional/rehabilitative services.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Diagnostic and Therapeutic Radiology and Lab	Includes basic X-ray.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Advanced Imaging	Includes PET, CT, MRA, and MRI.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Maternity Care	Includes prenatal office visits and delivery.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Medical Equipment	Includes prosthetics.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Inpatient Mental Health Care and Residential Programs		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Transplant Services		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Pediatric Vision	Through age 18. Once every calendar year, including exam and hardware.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance



## Additional Savings through Your Health Idaho for Eligible Consumers

Your Health Idaho is the State of Idaho’s health insurance marketplace. 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 Your Health Idaho.

Based on your income, you may also qualify for plans with even lower deductibles, out-of-pocket limits, co-pays, and cost shares than listed on this page. If you are eligible, these additional plan options will be presented to you through Your Health Idaho.

View our plans at [YourHealthIdaho.org](http://YourHealthIdaho.org).

## What are two tier networks?

PacificSource is partnering with providers in a whole new way to give you more choice, ensure you receive the highest quality of care, and help you keep your costs as low as possible. Our SmartHealth network includes plans with two tiers of participating doctors. You’ll get the most value out of your SmartHealth plan when you see a tier 1 doctor. You’ll pay slightly more to see a tier 2 doctor. You can also see a doctor who isn’t in the SmartHealth network (nonparticipating), but your costs will be higher and some services may not be covered. You’ll need to choose a primary doctor (PCP) from tier 1. To check if your doctor is tier 1 or tier 2, visit our Provider Directory at [PacificSource.com/find-a-provider](http://PacificSource.com/find-a-provider).

Doctor/Facility	Your share
Tier 1 Participating	\$
Tier 2 Participating	\$\$
Non-participating	\$\$\$

# SmartHealth Catastrophic Plan

This is an overview of **participating provider** co-pay, co-insurance, and deductible amounts only. The table below reflects the amounts **you pay**. Non-participating provider co-pay, co-insurance, and deductible amounts are not shown and are usually higher.

		Catastrophic*
		Your Health Idaho Only
		Catastrophic
Annual Deductible	The amount you pay each calendar year before the plan pays for covered services except those marked “not subject to deductible.”	Deductible Individual / Family \$6,350 / \$12,700
Out-of-Pocket Limit	The most you’ll pay out of pocket for covered services. Out-of-pocket includes co-payments, deductibles, and co-insurance.	Out-of-Pocket Limit Individual / Family \$6,350 / \$12,700
Co-insurance	The amount you pay after your deductible is met.	0%
Preventive Care	Includes physicals, women’s health exams, immunizations, and well-baby exams.	Covered in full
Office and Specialist Visits	Includes visits to your doctor, nurse practitioner, gynecologist, pediatrician, internist, mental health, and obstetrician.	Primary care: First 3 visits covered in full; additional visits subject to deductible, then co-insurance Specialists: Deductible, then co-insurance
Office Procedures and Supplies		Deductible, then co-insurance
Prescription Drugs		Deductible, then co-insurance
Alternative Care	Includes chiropractic and acupuncture care. 15 visits per calendar year.	Deductible, then co-insurance
Emergency Room Visits		Deductible, then co-insurance
Urgent Care		Deductible, then co-insurance
Ambulance Service		Deductible, then co-insurance
Hospital Services and Surgery	Includes inpatient room and board, rehabilitative care, and skilled nursing care.	Deductible, then co-insurance
Outpatient Services	Includes hospital care and professional/ rehabilitative services.	Deductible, then co-insurance
Diagnostic and Therapeutic Radiology and Lab	Includes basic X-ray.	Deductible, then co-insurance
Advanced Imaging	Includes PET, CT, MRA, and MRI.	Deductible, then co-insurance
Maternity Care	Includes prenatal office visits and delivery.	Deductible, then co-insurance
Medical Equipment	Includes prosthetics.	Deductible, then co-insurance
Inpatient Mental Health Care and Residential Programs		Deductible, then co-insurance
Transplant Services		Deductible, then co-insurance
Pediatric Vision	Through age 18. Once every calendar year, including exam and hardware.	Deductible, then co-insurance

## Additional Savings through Your Health Idaho for Eligible Consumers

Your Health Idaho is the State of Idaho’s health insurance marketplace. 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 Your Health Idaho.

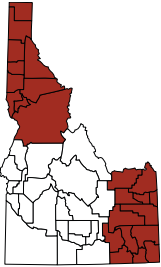
Based on your income, you may qualify for plans with even lower deductibles, out-of-pocket limits, co-pays, and cost shares than listed on this page. If you are eligible, these additional plan options will be presented to you through Your Health Idaho.

View our plans at [YourHealthIdaho.org](http://YourHealthIdaho.org).

## What are two tier networks?

PacificSource is partnering with providers in a whole new way to give you more choice, ensure you receive the highest quality of care, and help you keep your costs as low as possible. Our SmartHealth network includes plans with two tiers of participating doctors. You’ll get the most value out of your SmartHealth plan when you see a tier 1 doctor. You’ll pay slightly more to see a tier 2 doctor. You can also see a doctor who isn’t in the SmartHealth network (nonparticipating), but your costs will be higher and some services may not be covered. You’ll need to choose a primary doctor (PCP) from tier 1. To check if your doctor is tier 1 or tier 2, visit our Provider Directory at [PacificSource.com/find-a-provider](http://PacificSource.com/find-a-provider).

Doctor/Facility	Your share
Tier 1 Participating	\$
Tier 2 Participating	\$\$
Non-participating	\$\$\$



\* Only for those under age 30 or who meet federal income eligibility requirements and have a certificate of exemption through Your Health Idaho.



Plan Highlights

Our Kids Dental Choice plan gives you the freedom to choose any dentist while providing the necessary pediatric coverage for enrolled family members through age 18.

Our plan features the benefits your kids need and the savings you want through low out-of-pocket expense:

- Choose any dentist
- No annual maximum
- Coverage for Class I, II, and III services
- Coverage for medically necessary orthodontia

The Pediatric Coverage Requirement

Federal law requires vision and dental coverage for individuals through age 18. All PacificSource medical plans include pediatric vision coverage. However, pediatric dental is available as separate coverage. Our Kids Dental Choice plan meets this requirement.

Our Kids Dental Choice plan can be paired with your individual medical plan to ensure you have the complete coverage for those in your household who are under age 19.

Kids Dental Choice gives you the freedom to see any dentist you choose. The table below reflects the amounts **you pay**. It provides a general summary of the coverage and limitations. 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.

Direct and Your Health Idaho Kids 20/40/50/50 Plan			
Annual Maximum Benefit		No maximum	
Annual Deductible		Class I: No deductible Class II and III: \$50 deductible	
Out-of-Pocket Limit		\$1,000 per child	
Co-insurance		20-50%	
Class I: Diagnostic and Preventive Care	Routine Examinations	2 per calendar year	20% (no waiting period)
	Dental Cleanings (Prophylaxis or Periodontal Maintenance)	2 per calendar year	
	Full Mouth X-rays and/or Panorex	1 complete mouth series every 5 years	
	Bitewing X-rays	4 films in a 6-month period	
	Topical Fluoride	2 applications per calendar year	
	Sealants	1 application every 3 years to permanent molars and bicuspid	
	Space Maintainers		
Class II: Basic Services	Fillings	1 per surface per tooth every calendar year; reduced to amalgam restoration	40% (no waiting period)
	Simple Extractions	Covered	
	Periodontal Scaling and Root Planing and/or Curettage	1 procedure every 24 months per quadrant	
	Full Mouth Debridement	1 procedure per lifetime	
Class II: Complicated Services	Root Canal Therapy	1 per tooth every 3 years	50% (no waiting period)
	Oral Surgery	Covered; requires preauthorization	
	Periodontal Surgery	Covered; requires preauthorization	
Class III: Major Treatments	Crowns	1 per tooth every 5 years	50% (no waiting period)
	Prosthetic Devices (Bridges)	Replaced after 5 years	
	Cast Partial Denture, Full, Immediate, or Overdenture	Limited to cost of full or cast partial denture	
	Fixed or Removable Cast Partials	During first 36 months of coverage, limited to replacement of tooth extracted or lost	
	Dental Implant	Limited to once per lifetime per tooth space. Final crown and implant abutment over a single implant. Final implant-supported bridge abutment and implant abutment, or pontic. Alternate benefit per arch of conventional full/ partial denture for final implant-supported full/ partial denture prosthetic device.	
Policy Provision	Missing Teeth Exclusion	A 36-month waiting period applies to treatment for teeth extracted prior to the policy effective date. Prior coverage is creditable.	Yes

# What’s Not Covered

## Medical Plan Excluded Services\*

The following treatments, situations, and conditions are not covered under PacificSource individual and family 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.

**Abdominoplasty**

**Academic skills training**

**Admission prior to coverage** – Services and supplies for an admission to a hospital, skilled nursing facility or specialized facility that began before the patient’s coverage under this plan

**Any amounts in excess of the allowable fee** for a given service or supply

**Aversion therapy**

**Benefits not stated** or specifically described as benefits under the health policy and/or any endorsement

**Biofeedback** (except as specifically provided for in the policy)

**Care and related maintenance services** for daily living

**Charges for inpatient stays that begin before you were covered by this plan**

**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 specifically provided for in the policy)

**Court-ordered** screenings or treatment programs

**Criminal conduct**

**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

**Drugs, homeopathic medicines, or homeopathic supplies** furnished by an alternative care provider.

**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.

**Educational or correctional services** or sheltered living provided by a school or halfway house

**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 used primarily in athletic or recreational activities

**Experimental or investigational procedures**

**Eye examinations** (routine) members age 19 and older

**Eye glasses/Contact Lenses** members age 19 and older

**Eye exercises, therapy, and procedures**

**Eye refraction** procedures, orthoptics, vision therapy, or other services to correct refractive error (except as specifically provided for in the policy)

**Family planning**

**Fitness or exercise programs** and health or fitness club memberships

**Foot care** (routine) and foot orthotics, including related charges for evaluation and casting

**Genetic (DNA) testing** (except as specifically provided for in the policy)

**Growth hormone** injections or treatments, except to treat documented growth hormone deficiencies

**Hearing Aids** including the fitting, provision or replacement of hearing aids

**Homeopathic treatment**

**Hypnotherapy** except in the treatment of mental or nervous conditions

**Immunizations** when recommended for or in anticipation of exposure through travel or work

**Ineligible providers** and their services

**Infertility**

**Instructional or educational programs**, except diabetes self-management programs unless medically necessary

**Jaw** procedures, services, supplies, and surgery (except as specifically provided for in the policy)

**Learning disorders**

**Marital/partner counseling**

**Massage**, massage therapy or neuromuscular re-education, even as part of a physical therapy program

**Mental health** (except as specifically provided for in the policy), including for V-code condition treatment

**Modifications to vehicles or structures** to prevent, treat, or accommodate a medical condition

**Motion analysis**

**Myeloablative** high dose chemotherapy (except as specifically provided for in the policy)

**Narcosynthesis**

**Naturopathic treatment**

**Nicotine related disorders**

**Obesity or weight control** (except as specifically provided for in the policy)

**Oral/facial motor therapy** for strengthening and coordination of speech-producing musculature and structures

**Orthognathic surgery** (except as specifically provided for in the policy)

**Osteopathic manipulation**, except for treatment of disorders of the musculoskeletal system

**Over-the-counter or nonprescription medications**

**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**

**Rehabilitation**

**Replacement costs for worn or damaged durable medical equipment** that would otherwise be replaceable without charges under warranty or other agreement

**Routine services, supplies, and equipment** not involved in diagnosis or treatment

**Scheduled and/or non-emergent medical care outside of the United States**

**Screening tests** (except as specifically provided for in the policy)

**Self-help or training programs**

**Sensory integration training**



# What’s Not Covered

**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 or supplies** (except as specifically provided for in the policy):

- Available to you from another source, including those available through a government agency
- 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
- For which you are not willing to release the medical or eligibility information PacificSource needs to determine the benefits paid under this plan.
- Received after enrollment in this policy ends

**Sexual disorders** (except as specifically provided for in the policy)

**Sex reassignment**

**Snoring**

**Social skill training**

**Speech therapy** (except as specifically provided for in the policy)

**Support groups**

**Surgery to reverse voluntary sterilization**

**Temporomandibular joint** related services or treatment

**Training or self-help programs** (except as specifically provided for in the policy)

**Transplants** (except as specifically provided for in the policy)

**Treatment after insurance ends**, prior to enrollment, while incarcerated

**Treatment not medically necessary**

**Unwilling to release information** – Charges for services or supplies for which you are unwilling to release medical or eligibility information necessary to determine the benefits payable under this plan

**Vocational rehabilitation**, evaluations, and training, 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**

**Work-related conditions** – Work-related illness or injury treatment (services typically covered by workers’ compensation insurance)

## Dental Plan Excluded Services\*

The following treatments, situations, and conditions are not covered under PacificSource individual and family 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.

**Aesthetic dental procedures**

**Antimicrobial agents**

**Athletic activities**

**Benefits not stated** – Any services and supplies not specifically described as covered benefits under this policy

**Biopsies or histopathologic exams**

**Bone replacement grafts** to prepare sockets for implants after tooth extraction

**Charges for broken appointments**

**Collection of cultures and specimens**

**Comprehensive periodontal exams**

**Connector bar or stress breaker**

**Core build-ups** are not covered unless used to restore a tooth that has been treated endodontically (root canal)

**Cosmetic/reconstructive services and supplies** – However, the replacement of congenitally missing teeth is covered. (Congenital anomalies are not considered cosmetic.)

**Denture replacement** made necessary by loss, theft, or breakage

**Diagnostic casts** – Diagnostic casts (study models), gnathological recordings, occlusal appliances, occlusal equilibration procedures, or similar procedures

**Drugs and medications** that are prescribed drugs, premedication drugs, analgesics (e.g., non-intravenous sedation), any other euphoric drugs, or any take-home medicine or supplies distributed by a provider

**Educational programs**

**Experimental or investigational procedures**

**Fractures of the 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.

**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**

**Oral surgery treating any fractured jaw**

**Orthodontic services**, except as provided for medically necessary treatment when treatment began prior to turning age 19 and was not completed prior to turning age 19.

**Orthognathic surgery**

**Photographic images**

**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** (except as specifically provided for in the policy):

- Available to you from another source, including those available through a government agency
- 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
- For which you are not willing to release the medical or eligibility information PacificSource needs to determine the benefits paid under this plan.
- Received after enrollment in this policy ends
- 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** services or supplies

**Third party liability, motor vehicle liability, motor vehicle insurance coverage, workers’ compensation** – Any services or supplies for illness or injury for which a third party is responsible or which are payable by such third party or which are payable pursuant to applicable insurance

**Tooth transplantation**

**Treatment after insurance ends or prior to enrollment** (except as specifically provided for in the policy)

**Treatment not dentally necessary**

**Unwilling to release information** – Charges for services or supplies for which you are unwilling to release dental information necessary to determine eligibility for payment under this plan

**War-related conditions**

**Work-related conditions** – Work-related illness or injury treatment (services typically covered by workers’ compensation insurance)

# Other Things to Know

## Am I eligible?

You may apply for a PacificSource individual policy if you are an Idaho resident and you are not covered by Medicare or a group plan. You may also apply to include your legal spouse, domestic partner, and dependent children under the age of 26.

## When will my plan be effective?

Your policy can become effective on either the 1st or the 15th of the month following submission of your application.

## Who can I talk to if I have questions?

Your insurance agent can probably answer most of your questions. If you are not working with an agent, a coverage advisor can assist you.

Our Coverage Advisors are always happy to help. Just email us or give us a call:

Email: [reform@pacificsource.com](mailto:reform@pacificsource.com)  
Call toll-free: (855) 330-2792

If you have questions about Your Health Idaho, visit [YourHealthIdaho.org](http://YourHealthIdaho.org), or contact:

Email: [info@yourhealthidaho.org](mailto:info@yourhealthidaho.org)  
Call toll-free: (855) 944-3246

# How to Enroll with PacificSource

## Enroll online:

### 1 Fill out an online enrollment application

Enroll online by visiting [PacificSource.com/Idaho-insurance-plans](http://PacificSource.com/Idaho-insurance-plans), then click on “Compare Plans and Enroll.” Follow the on-screen instructions to complete and submit your application. That’s it!

## Complete a paper application:

### 1 Fill out a printed enrollment application

Ask your agent for a printed application, or contact us.

### 2 Sign and date the application

If a spouse, domestic partner, or dependent over age 18 is also applying for coverage, they must sign and date the application, too.

### 3 Submit your application

If enrolling using a paper application, send a copy of your application to PacificSource.

Our fax number is (208) 333-1587.

Our email address is [idahoindividual@pacificsource.com](mailto:idahoindividual@pacificsource.com).

Our mailing address is:

PacificSource Health Plans  
Attn: Individual Department  
PO Box 5679  
Boise, ID 83705-0679





**Contact us. We'll be happy to answer your questions.**

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 [reform@pacificsource.com](mailto:reform@pacificsource.com). A PacificSource Coverage Advisor will be happy to assist you.

PacificSource is an independent, not-for-profit community health plan that values partnership, service excellence, community, and personal relationships. Founded in 1933 in Eugene, Oregon, we deliver healthcare solutions to businesses and individuals throughout the Northwest. PacificSource covers more than 300,000 people with our group, individual, and Medicare health insurance plans.

For more information, visit [PacificSource.com](http://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](http://PacificSource.com/privacy.aspx)

