More for less from our Navigator products

Navigator is our coordinated care product, where a member’s care is navigated within a coordinated network of health professionals. Navigator promotes better member engagement, self-management, and shared decision making with providers.

Navigator is available for purchase by businesses domiciled in the following counties:


Contact your broker or our team for a quote. We’re happy to help, Monday through Friday from 8:00 a.m. to 5:00 p.m.

Boise: (208) 342-3709 | (888) 492-2875
Coeur d’Alene: (208) 333-1557 | (888) 492-2875
Idaho Falls: (208) 522-1360 | (888) 492-2875
Email: idahosales@pacificsource.com
Web: PacificSource.com

Freedom to choose with our Voyager products

Voyager is a preferred provider organization, suited for a company culture that prefers a more self-directed experience.

Voyager is available for purchase by businesses domiciled in all Idaho counties.

Our vision plans focus on wellness and prevention.

Vision for kids

All of our medical plans include full coverage for in-network pediatric eye exams. Out-of-pocket vision eye exams are covered up to $80 with no deductible. After that, member pays 100%. Pediatric vision hardware is covered up to $150. After that, it’s subject to in-network deductibles and then a cost-sharing tier to 100%, depending upon the plan.

Vision for adults

Many of our medical plans include coverage for adult non-emergency and emergency vision. When visiting an in-network provider, eye exams are covered up to $80 with no deductible. After that, member pays 100%. Adult vision hardware is covered up to $150.

For more details on our vision benefits, please contact your broker or our team at the contact information listed on the back of this document.

2020 Medical Plans for Idaho Small Groups | 2–50
<table>
<thead>
<tr>
<th>Product</th>
<th>Gold 1000*</th>
<th>Gold 2000*</th>
<th>Silver 3000</th>
<th>Silver 4500*</th>
<th>Silver 5500*</th>
<th>Silver 6500*</th>
<th>Bronze 7000</th>
<th>Gold HSA 1000</th>
<th>Silver HSA 3000</th>
<th>Silver HSA 4500*</th>
<th>Silver HSA 5500</th>
<th>Silver HSA 6500*</th>
<th>Bronze HSA 5500</th>
<th>Bronze HSA 6750</th>
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<td>Dental (Office Visits, Fillings, Cleanings, etc.)</td>
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<tr>
<td>Out-of-Pocket Maximum (Individual/Family)</td>
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<td>$15,000 / $30,000</td>
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<td>$15,000 / $30,000</td>
<td>$5,500 / $8,150</td>
<td>$15,000 / $30,000</td>
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</tbody>
</table>

*If an out-of-network provider is used within 90 days of an accident, the cost of the Out-of-Pocket Maximum is not applied. The out-of-network provider will be billed at the in-network charges. The out-of-network provider is responsible for any charges beyond the in-network charges. Out-of-network services are covered up to an allowable amount after the amount is deducted. 

**Out-of-pocket maximums are subject to change. The plan year is from 1/1/21 to 12/31/21. 

**Please check the Nevada State Insurance Department’s website for any plan changes. 

**For additional information, please visit pacificsource.com. 

Out of pocket maximums are shown up to $11,000 maximum. If the amount is smaller, mandates may be subject to balance billing. 

**Adult vision included in this plan. 

**Extensions of use and/or limitations are not included in this summary. 

Your total cost may vary from the amount shown. 

**A 1:1 25% HSA/Traditional/High Deductible High Cost (HDHC) Plan is also available.

For additional information, please visit pacificsource.com. 

For a complete summary of benefits, please contact us at (800) 222-1000 or visit pacificsource.com/Medical to see what’s covered.