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## 2023 Medical Plans for **Idaho Small Groups** | 2–50

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2023 Idaho | Voyager Small Group Medical Plans

|  |  |                    |                     |                    |                     |                    |                     |                    |                     |                    |                     |                    |                     |                    |                     |                    |                     |                    | HSA-QUALIFIED PLANS |                   |                     |                    |                     |                    |                     |                   |                     |                    |                     |                    |                     |  |  |  |
|--|--|--------------------|---------------------|--------------------|---------------------|--------------------|---------------------|--------------------|---------------------|--------------------|---------------------|--------------------|---------------------|--------------------|---------------------|--------------------|---------------------|--------------------|---------------------|-------------------|---------------------|--------------------|---------------------|--------------------|---------------------|-------------------|---------------------|--------------------|---------------------|--------------------|---------------------|--|--|--|
|  |  | Gold 600^          |                     | Gold 1000^         |                     | Gold 2000^         |                     | Silver 3000^       |                     | Silver 4500^       |                     | Silver 5500^       |                     | Silver 6500^       |                     | Bronze 6800^       |                     | Bronze 9100^       |                     | Gold HSA 3000**   |                     | Silver HSA 3000**  |                     | Silver HSA 4000**  |                     | Silver HSA 4800** |                     | Silver HSA 5500**  |                     | Bronze HSA 7050**  |                     |  |  |  |
|  |  | IN NETWORK         | OUT OF NETWORK      | IN NETWORK         | OUT OF NETWORK      | IN NETWORK         | OUT OF NETWORK      | IN NETWORK         | OUT OF NETWORK      | IN NETWORK         | OUT OF NETWORK      | IN NETWORK         | OUT OF NETWORK      | IN NETWORK         | OUT OF NETWORK      | IN NETWORK         | OUT OF NETWORK      | IN NETWORK         | OUT OF NETWORK      | IN NETWORK        | OUT OF NETWORK      | IN NETWORK         | OUT OF NETWORK      | IN NETWORK         | OUT OF NETWORK      | IN NETWORK        | OUT OF NETWORK      | IN NETWORK         | OUT OF NETWORK      | IN NETWORK         | OUT OF NETWORK      |  |  |  |
| Deductible<br>Individual / Family            |  | \$600 / \$1,200    | \$10,000 / \$20,000 | \$1,000 / \$2,000  | \$10,000 / \$20,000 | \$2,000 / \$4,000  | \$10,000 / \$20,000 | \$3,000 / \$6,000  | \$10,000 / \$20,000 | \$4,500 / \$9,000  | \$10,000 / \$20,000 | \$5,500 / \$11,000 | \$10,000 / \$20,000 | \$6,500 / \$13,000 | \$10,000 / \$20,000 | \$6,800 / \$13,600 | \$10,000 / \$20,000 | \$9,100 / \$18,200 | \$10,000 / \$20,000 | \$3,000 / \$6,000 | \$10,000 / \$20,000 | \$3,000 / \$6,000  | \$10,000 / \$20,000 | \$4,000 / \$8,000  | \$10,000 / \$20,000 | \$4,800 / \$9,600 | \$10,000 / \$20,000 | \$5,500 / \$11,000 | \$10,000 / \$20,000 | \$7,050 / \$14,100 | \$10,000 / \$20,000 |  |  |  |
| Out-Of-Pocket Maximum<br>Individual / Family |  | \$7,500 / \$15,000 | \$15,000 / \$30,000 | \$6,600 / \$13,200 | \$15,000 / \$30,000 | \$5,500 / \$11,000 | \$15,000 / \$30,000 | \$9,100 / \$18,200 | \$15,000 / \$30,000 | \$9,100 / \$18,200 | \$15,000 / \$30,000 | \$9,100 / \$18,200 | \$15,000 / \$30,000 | \$9,100 / \$18,200 | \$15,000 / \$30,000 | \$8,200 / \$16,400 | \$15,000 / \$30,000 | \$9,100 / \$18,200 | \$15,000 / \$30,000 | \$3,000 / \$6,000 | \$15,000 / \$30,000 | \$7,050 / \$14,100 | \$15,000 / \$30,000 | \$6,000 / \$12,000 | \$15,000 / \$30,000 | \$4,800 / \$9,600 | \$15,000 / \$30,000 | \$5,500 / \$11,000 | \$15,000 / \$30,000 | \$7,050 / \$14,100 | \$15,000 / \$30,000 |  |  |  |

|                       |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |  |                      |
|-----------------------|--|----------------------|--|----------------------|--|----------------------|--|----------------------|--|----------------------|--|----------------------|--|----------------------|--|----------------------|--|----------------------|--|----------------------|--|----------------------|--|----------------------|--|----------------------|--|----------------------|--|----------------------|
| Preventive Services   | Covered in full  | 50% after deductible | Covered in full  | 50% after deductible | Covered in full  | 50% after deductible | Covered in full  | 50% after deductible | Covered in full  | 50% after deductible | Covered in full  | 50% after deductible | Covered in full  | 50% after deductible | Covered in full  | 50% after deductible | Covered in full  | 50% after deductible | Covered in full  | 50% after deductible | Covered in full  | 50% after deductible | Covered in full  | 50% after deductible | Covered in full  | 50% after deductible | Covered in full  | 50% after deductible | Covered in full  | 50% after deductible |
| Preventive Drug Costs | Covered in full  | 50% after deductible | Covered in full  | 50% after deductible | Covered in full  | 50% after deductible | Covered in full  | 50% after deductible | Covered in full  | 50% after deductible | Covered in full  | 50% after deductible | Covered in full  | 50% after deductible | Covered in full  | 50% after deductible | Covered in full  | 50% after deductible | Covered in full  | 50% after deductible | Covered in full  | 50% after deductible | Covered in full  | 50% after deductible | Covered in full  | 50% after deductible | Covered in full  | 50% after deductible | Covered in full  | 50% after deductible |
| Accident Benefit      | Covered in full up to \$500, within 90 days of accident. |                      | Covered in full up to \$500, within 90 days of accident. |                      | Covered in full up to \$500, within 90 days of accident. |                      | Covered in full up to \$500, within 90 days of accident. |                      | Covered in full up to \$500, within 90 days of accident. |                      | Covered in full up to \$500, within 90 days of accident. |                      | Covered in full up to \$500, within 90 days of accident. |                      | Covered in full up to \$500, within 90 days of accident. |                      | Covered in full up to \$500, within 90 days of accident. |                      | Covered in full up to \$500, within 90 days of accident. |                      | Covered in full up to \$500, within 90 days of accident. |                      | Covered in full up to \$500, within 90 days of accident. |                      | Covered in full up to \$500, within 90 days of accident. |                      | Covered in full up to \$500, within 90 days of accident. |                      | Covered in full up to \$500, within 90 days of accident. |                      |

|   |   |                                 |   |                                 |   |                                 |   |                                 |   |                                 |   |                                 |   |                                 |   |                                 |  |                      |                     |                      |                      |                      |                      |                      |                     |                      |                     |                      |                     |                      |
|---|---|---------------------------------|---|---------------------------------|---|---------------------------------|---|---------------------------------|---|---------------------------------|---|---------------------------------|---|---------------------------------|---|---------------------------------|--|----------------------|---------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---------------------|----------------------|---------------------|----------------------|---------------------|----------------------|
| Office visits<br>Primary (including behavioral health),<br>Urgent Care, and Specialist      | Primary/<br>Urgent: \$40 no deductible<br><br>Specialist: \$80 no deductible              | 50% after deductible            | Primary/<br>Urgent: \$30 no deductible<br><br>Specialist: \$60 no deductible              | 50% after deductible            | Primary/<br>Urgent: \$30 no deductible<br><br>Specialist: \$60 no deductible              | 50% after deductible            | Primary/<br>Urgent: \$50 no deductible<br><br>Specialist: \$100 no deductible             | 50% after deductible            | Primary/<br>Urgent: \$40 no deductible<br><br>Specialist: \$80 no deductible              | 50% after deductible            | Primary/<br>Urgent: \$35 no deductible<br><br>Specialist: \$70 no deductible              | 50% after deductible            | Primary/<br>Urgent: \$35 no deductible<br><br>Specialist: \$70 no deductible              | 50% after deductible            | Primary/Urgent: \$35 no deductible<br><br>Specialist: \$70 after deductible | 50% after deductible            | Primary/Urgent: \$40 no deductible<br><br>Specialist: \$80 no deductible | 50% after deductible | 0% after deductible | 50% after deductible | 20% after deductible | 50% after deductible | 10% after deductible | 50% after deductible | 0% after deductible | 50% after deductible | 0% after deductible | 50% after deductible | 0% after deductible | 50% after deductible |
| Telehealth  | Covered in full   | 50% after deductible            | Covered in full   | 50% after deductible            | Covered in full   | 50% after deductible            | Covered in full   | 50% after deductible            | Covered in full   | 50% after deductible            | Covered in full   | 50% after deductible            | Covered in full   | 50% after deductible            | Covered in full   | 50% after deductible            | Covered in full  | 50% after deductible | 0% after deductible | 50% after deductible | 20% after deductible | 50% after deductible | 10% after deductible | 50% after deductible | 0% after deductible | 50% after deductible | 0% after deductible | 50% after deductible | 0% after deductible | 50% after deductible |
| Inpatient Hospital  | 20% after deductible  | 50% after deductible            | 25% after deductible  | 50% after deductible            | 25% after deductible  | 50% after deductible            | 40% after deductible  | 50% after deductible            | 35% after deductible  | 50% after deductible            | 30% after deductible  | 50% after deductible            | 30% after deductible  | 50% after deductible            | 40% after deductible  | 50% after deductible            | 0% after deductible  | 50% after deductible | 0% after deductible | 50% after deductible | 20% after deductible | 50% after deductible | 10% after deductible | 50% after deductible | 0% after deductible | 50% after deductible | 0% after deductible | 50% after deductible | 0% after deductible | 50% after deductible |
| Lab / X-ray   | 20% after deductible  | 50% after deductible            | 25% after deductible  | 50% after deductible            | 25% after deductible  | 50% after deductible            | 40% after deductible  | 50% after deductible            | 35% after deductible  | 50% after deductible            | 30% after deductible  | 50% after deductible            | 30% after deductible  | 50% after deductible            | 40% after deductible  | 50% after deductible            | 0% after deductible  | 50% after deductible | 0% after deductible | 50% after deductible | 20% after deductible | 50% after deductible | 10% after deductible | 50% after deductible | 0% after deductible | 50% after deductible | 0% after deductible | 50% after deductible | 0% after deductible | 50% after deductible |
| Physical, Occupational,<br>and Speech Therapy<br>20 visits per benefit period               | \$40 no deductible  | 50% after deductible            | \$30 no deductible  | 50% after deductible            | \$30 no deductible  | 50% after deductible            | \$50 no deductible  | 50% after deductible            | \$40 no deductible  | 50% after deductible            | \$35 no deductible  | 50% after deductible            | \$35 no deductible  | 50% after deductible            | 40% after deductible  | 50% after deductible            | 0% after deductible  | 50% after deductible | 0% after deductible | 50% after deductible | 20% after deductible | 50% after deductible | 10% after deductible | 50% after deductible | 0% after deductible | 50% after deductible | 0% after deductible | 50% after deductible | 0% after deductible | 50% after deductible |
| Outpatient Surgery  | 20% after deductible  | 50% after deductible            | 25% after deductible  | 50% after deductible            | 25% after deductible  | 50% after deductible            | 40% after deductible  | 50% after deductible            | 35% after deductible  | 50% after deductible            | 30% after deductible  | 50% after deductible            | 30% after deductible  | 50% after deductible            | 40% after deductible  | 50% after deductible            | 0% after deductible  | 50% after deductible | 0% after deductible | 50% after deductible | 20% after deductible | 50% after deductible | 10% after deductible | 50% after deductible | 0% after deductible | 50% after deductible | 0% after deductible | 50% after deductible | 0% after deductible | 50% after deductible |
| Emergency Services  | \$250 plus 20% after deductible   | \$250 plus 20% after deductible | \$250 plus 25% after deductible   | \$250 plus 25% after deductible | \$250 plus 25% after deductible   | \$250 plus 25% after deductible | \$250 plus 40% after deductible   | \$250 plus 40% after deductible | \$250 plus 35% after deductible   | \$250 plus 35% after deductible | \$250 plus 30% after deductible   | \$250 plus 30% after deductible | \$250 plus 30% after deductible   | \$250 plus 30% after deductible | \$500 plus 40% after deductible   | \$500 plus 40% after deductible | 0% after deductible  | 0% after deductible  | 0% after deductible | 0% after deductible  | 20% after deductible | 20% after deductible | 10% after deductible | 10% after deductible | 0% after deductible | 0% after deductible  | 0% after deductible | 0% after deductible  | 0% after deductible | 0% after deductible  |
| Chiropractic / Acupuncture<br>18 visits combined per benefit period                         | \$40 no deductible  | 50% after deductible            | \$30 no deductible  | 50% after deductible            | \$30 no deductible  | 50% after deductible            | \$50 no deductible  | 50% after deductible            | \$40 no deductible  | 50% after deductible            | \$35 no deductible  | 50% after deductible            | \$35 no deductible  | 50% after deductible            | \$35 no deductible  | 50% after deductible            | \$40 no deductible   | 50% after deductible | 0% after deductible | 50% after deductible | 20% after deductible | 50% after deductible | 10% after deductible | 50% after deductible | 0% after deductible | 50% after deductible | 0% after deductible | 50% after deductible | 0% after deductible | 50% after deductible |
| Prescription (Rx) Drug Coverage<br>Out-of-network: 30-day max fill, no more than 3 per year | Tier 1: \$15 no deductible<br>Tier 2: \$45 no deductible<br>Tier 3 & 4: 20% no deductible | 50% after deductible            | Tier 1: \$15 no deductible<br>Tier 2: \$45 no deductible<br>Tier 3 & 4: 20% no deductible | 50% after deductible            | Tier 1: \$15 no deductible<br>Tier 2: \$45 no deductible<br>Tier 3 & 4: 20% no deductible | 50% after deductible            | Tier 1: \$15 no deductible<br>Tier 2: \$90 no deductible<br>Tier 3 & 4: 40% no deductible | 50% after deductible            | Tier 1: \$15 no deductible<br>Tier 2: \$70 no deductible<br>Tier 3 & 4: 35% no deductible | 50% after deductible            | Tier 1: \$15 no deductible<br>Tier 2: \$70 no deductible<br>Tier 3 & 4: 30% no deductible | 50% after deductible            | Tier 1: \$15 no deductible<br>Tier 2: \$70 no deductible<br>Tier 3 & 4: 30% no deductible | 50% after deductible            | 40% after deductible  | 50% after deductible            | Tier 1: \$20 no deductible<br>Tier 2, 3, & 4: 0% after deductible        | 50% after deductible | 0% after deductible | 50% after deductible | 20% after deductible | 50% after deductible | 10% after deductible | 50% after deductible | 0% after deductible | 50% after deductible | 0% after deductible | 50% after deductible | 0% after deductible | 50% after deductible |

^Adult vision with hardware benefit included on this plan.  
\*\*Includes adult vision exams.  
Out-of-network services are covered up to an allowed amount. After that amount is reached, members may be subject to balance billing. Benefit subject to deductible and coinsurance. Treatment for autism spectrum disorder is covered the same as other conditions, depending on the services rendered. Visit limits do not apply to treatment for autism spectrum disorder. This is a brief summary. Contact us at [IdahoSales@PacificSource.com](mailto:IdahoSales@PacificSource.com) or go to [PacificSource.com](https://www.pacificsource.com) for details or to see a plan's Summary of Benefits. Accessibility help: for assistance reading this chart or the rest of the document, please call us at **888-977-9299**, TTY: 711. We accept all relay calls.

# Availability Map **by county**

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**Voyager products are available for purchase by businesses located in any Idaho county.**

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