

Small Group Master Application – Idaho

For groups of 2-50 employees



Employer information

Legal name of group _____	Effective date _____	Form of organization (check all that apply) Limited liability company Sole proprietorship Subchapter S-corp Government Partnership Association Nonprofit MEWA Union C-corp Church Trust	
DBA name (appears on bills and ID cards) _____	SIC or NAICS code _____		
Physical address Required (no PO Box) _____			
City _____ State _____ Zip _____	County _____		
Mailing address (if different than physical address) _____			
City _____ State _____ Zip _____	County _____		
Federal Tax ID No. _____	Company headquarters state _____	Nature of business _____	
Name(s) of all owners and partners _____			

Group contacts

Group contact _____	Phone _____	Email _____	Fax _____
Billing contact _____	Phone _____	Email _____	Fax _____

Affiliates (to add more contacts, please attach additional pages)

Is your company affiliated with any other?	Yes	No	Will it be insured with PacificSource?	Yes, Common Ownership Form is attached	No
Name of affiliate(s) _____			No. of employees _____		
Address of affiliate(s) _____			Should each affiliate be billed separately? Yes No		

Current insurance (required if you had prior coverage)

Medical

Carrier _____

Policy no. _____

Term date _____

Dental

Carrier _____

Policy no. _____

Term date _____

Who was eligible for your prior dental plan?

Children only Adults and children

Existing workers' compensation

Carrier _____

Policy no. _____

Medical benefit information

The medical policy you are applying for does not include coverage for pediatric dental care, which is considered an essential health benefit under the ACA for small groups. Pediatric dental care is available in the market and can be purchased as a stand-alone product. Contact your broker or let your PacificSource representative know if you wish to purchase a stand-alone dental care product.

Please select no more than four plans for your group members to choose from. Need some guidance? Please contact your sales representative with questions.

Navigator

Gold 600	Silver 6500	Silver HSA 4800
Gold 1000	Bronze 6800	Silver HSA 5500
Gold 2000	Bronze 9100	Bronze HSA 7050
Silver 3000	Gold HSA 3000	
Silver 4500	Silver HSA 3000	
Silver 5500	Silver HSA 4000	

Voyager

Gold 600	Silver 6500	Silver HSA 4800
Gold 1000	Bronze 6800	Silver HSA 5500
Gold 2000	Bronze 9100	Bronze HSA 7050
Silver 3000	Gold HSA 3000	
Silver 4500	Silver HSA 3000	
Silver 5500	Silver HSA 4000	

Dental benefit information

Dental Choice 0-20-50 50-1000	Dental Choice Plus 0-20-50 50-1500	Dental Advantage Plus 0-20-50 1000	Kids Dental Advantage
Dental Choice 0-20-50 50-1500	Dental Advantage Core	Dental Advantage Plus 0-20-50 1500	20-40-50 (coverage for
Dental Choice Plus 0-20-50 25-1000	Dental Advantage 0-20-50 750	Kids Dental Advantage 0-20-50	members age 18 and
Dental Choice Plus 0-20-50 25-1500	Dental Advantage 0-20-50 1000	(coverage for members age 18 and	under)
Dental Choice Plus 0-20-50 50-1000	Dental Advantage 0-20-50 1500	under)	

Billing structure/SHOP eligibility

Billing Structure (check one): Age banded rates (based on age) Tiered rates (based on family composition)

Small Business Health Options Program (SHOP) enrollment. *If yes, please complete the state-specific SHOP eligibility form.*

Employer premium contribution (the amount the employer will contribute toward the employee and dependent premium)

Medical: % \$ Employee _____ Dependent _____
Dental: % \$ Employee _____ Dependent _____

Eligibility

Probationary waiting period

- Date of hire (premium prorated first month)
- First of the month following date of hire
- First of the month following 30 days
- First of the month following 60 days
- 90 calendar days effective on 91st calendar day (premium prorated first month)
- Other _____

If the last day of the probationary period falls on the first day of the month, when will the new employee’s eligibility be effective?

- Eligible that day
- Must wait until the first day of the following month or 91st day, whichever comes first (default if not marked)

Initial enrollment: Will the probationary period be waived at initial enrollment? Yes No

Minimum hours

How many hours per week must employees work to be eligible for coverage?
Hours per week _____

Eligible members

- Plan covers:
- Employee + spouse/domestic partner + children
 - Employee only

HSA, HRA, FSA, COBRA administration, EAP, or POP

Check accounts your group has HSA HRA FSA COBRA administration EAP POP

If your accounts include COBRA administration, is your COBRA administered by PacificSource Administrators? Yes No

If your COBRA account is not administered by PacificSource Administrators, should COBRA members be on a separate bill from employees? Yes No

Billing should be sent to: Employer group Third-party administrator

Employer contribution to HRA or HSA _____

Third-party administrator name _____ Phone _____

Mailing address _____

City _____ State _____ Zip _____ Email _____

People to be insured

1. _____ Total number of employees (full-time, part-time, owner, partner, principal, probationary, and waiver; exclude continuation)
2. _____ Total number of former employees currently on continuation or retiree coverage with your group health plan (submit Employee Enrollment and Waiver Form)

A. _____ TOTAL NUMBER OF EMPLOYEES: Add numbers 1 and 2 above

3. _____ Total number of employees who do not qualify due to hourly requirement
4. _____ Total number of employees who do not qualify due to waiting period requirement
5. _____ Total number of employees waiving coverage due to other qualified coverage* (submit Employee Enrollment and Waiver Form)

**Qualified coverage: Employer Plan, Medicare, Medicaid, VA/Tricare, and Indian Health Service*

6. _____ Total number of employees not insured for reasons not stated above

Please explain reason (e.g., classification not eligible, chose not to participate): _____

B. _____ TOTAL NUMBER OF EMPLOYEES NOT ENROLLING: Add numbers 3 through 6 above

C. _____ TOTAL NUMBER OF EMPLOYEES ENROLLING, including continuation: Subtract B from A above

SERVICE AREA: Do all employees reside within the PacificSource service area? Yes No If no, what state(s): _____

ERISA: Is your group composed of employees of a government entity or church that is **NOT** subject to ERISA? Yes No

Medicare coordination (TEFRA): Did you employ 20 or more employees each working day each of the 20 or more calendar weeks in the **current or preceding calendar year**? Yes No

COBRA: Did you employ 20 or more total employees (full-time, part-time, seasonal) at least 50% of your business days in the **preceding calendar year**? Yes No

Employees on continuation of coverage (COBRA or USERRA):

Are any enrolling members covered under continuation on this plan? Yes No

If yes, Employee Enrollment and Waiver Form must be submitted for each employee on continuation.

RETIREE: Is group coverage available to retirees? Yes No Is the group a local government (school, city, county)? Yes No

Approval is dependent on PacificSource policy and approval. If you offer health or dental coverage to your retirees, please attach the requirements and employer premium contribution if any.

Requirements—must be submitted prior to policy effective date

Group Master Application

Copy of sold rates

Member employee enrollment and waiver information

Binder payment (estimated first month premium) *Refunded if coverage not effectuated*

Electronic Funds Transfer Form, if you want PacificSource to withdraw the monthly premium from a bank account

Common Ownership Form, if applicable

Group Identification Form, if applicable

This is an application for group insurance. Under no circumstances will coverage be in force until the policy is issued by PacificSource and accepted by the employer. Once a policy is issued, the policy terms control in all cases.

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and denial of insurance benefits.

If you type your name below, you understand that you are electronically signing this document and agree your electronic signature is the legal equivalent of your manual signature on this application.

Group representative (printed) _____ **Title** _____

Group representative Signature _____ **Date** _____

I, the undersigned producer for this group, affirm that the information provided on this application is complete and correct to the best of my knowledge.

Producer name (printed) _____ **PacificSource producer no.** _____

Producer signature _____ **Date** _____

What happens next?

1. You'll get an email with information to help you administer the plan.
2. You'll get the contract and a handbook in the mail.
3. We'll send your employees their ID cards.

If additional information is needed, a PacificSource representative will contact you. Please keep a copy of this application for your records.

Discrimination is Against the Law

PacificSource Health Plans ("PacificSource") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PacificSource does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PacificSource:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service at 888-977-9299.

If you believe that PacificSource has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, PO Box 7068, Springfield, OR 97475-0068, 888-977-9299, TTY 711, Fax 541-684-5264, or email CRC@PacificSource.com. Please indicate you wish to file a civil rights grievance. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Customer Service Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Amharic	ይህ ማስታወቂያ አስፈላጊ መረጃ ይዟል። ይህ ማስታወቂያ ስለ ማመልከቻዎ ወይም የPacificSource Health Plans ሽፋን አስፈላጊ መረጃ አለው። በዚህ ማስታወቂያ ውስጥ ቁልፍ ቀኖችን ፈልጉ። የጤናን ሽፋንዎን ለመጠበቅና በአካፋፈል እርዳታ ለማግኘት በተውሰኑ የጊዜ ገደቦች እርምጃ መውሰድ ይገባዎት ይሆናል። ይህን መረጃ እንዲያገኙ እና ያለምንም ክፍያ በቋንቋዎ እርዳታ እንዲያገኙ መብት አለዎት። (888) 977-9299 ይደውሉ።
Arabic	يحتوي هذا الإشعار معلومات هامة. يحتوي هذا الإشعار معلومات مهمة بخصوص طلبك للحصول على التغطية من خلال PacificSource Health Plans. ابحث عن التواريخ الهامة في هذا الإشعار. قد تحتاج لاتخاذ اجراء في تواريخ معينة للحفاظ على تغطيتك الصحية او للمساعدة في دفع التكاليف. لك الحق في الحصول على المعلومات والمساعدة بلغتك (888) 9299-977 من دون أي تكلفة. اتصل بـ

Bantu-Kirundi	Iyi notice ifise akamaro k'ingenzi. Iyi notice ifise akamaro kingene utegerezwa gusaba canke ivyerekeye PacificSource Health Plans, ucuraba ko ibikenewe kuriyi notice, ushobora gufata umwanzuro ukungene wokurikirana ubuzima bwawe uburihiye. Kandi ukongera kugira uburenganzira bwo kwigenga kuronka amakuru n'ubufasha mu rurimi gwawe atacyo utanze. Hamagara (888) 977-9299.
Cambodian-Mon-Khmer	បសចក្រីជូន័ន័ណឹងបនេះ ម្ចាស់ត័រ័ម្ភនយាង ងសំខាន់ ។ បសចក្រីជូន័ន័ណឹងបនេះ ម្ចាស់ត័រ័ម្ភនយាង ងសំខាន់ អុំពីប្រុងដរាប ឬ ការរ៉ា រង រស់អ្នកតាមរយៈ PacificSource Health Plans។ សូមដឹងឯកភាពរិបចេសំខាន់ចាំបាច់ ប្រាកដបសចក្រីជូន័ន័ណឹងបនេះ ។ អ្នកប្រុងដែលជាប្តីរូបការបចេញសកមមភាព រំលែកកំណែច្នៃជាកំចាស់នានា បើមិនបីនឹងរក្សាការរ៉ា រង សុខភាពរស់អ្នក ឬប្រាក់ជំនួយបចេញថ្លៃ ។ អ្នកម្ចាស់សិល្បៈលើត័រ័ម្ភនបនេះ នឹងជំនួយប្រាកដភាសារស់អ្នកបោយមិនអ្វីលុយបើយ ។ សូមទូរស័ព្ទ (888) 977-9299។
Chinese	本通知含有重要的訊息。本通知對於您透過 PacificSource Health Plans 所提出的申請或保險有重要的訊息。請在本通知中查看重要的日期。您可能要在特定的截止日期之前採取行動，以保留您的健康保險或有助於省錢。您有權利免費以您的母語得到幫助和訊息 請致電 (888) 977-9299。
Cushite-Oromo	Beeksisni kun odeeffannoo barbaachisaa qaba. Beeksisti kun sagantaa yookan karaa PacificSource Health Plans tiin tajaajila keessan ilaalchisee odeeffannoo barbaachisaa qaba. Guyyaawwan murteessaa ta'an beeksisa kana keessatti ilaalaa. Tarii kaffaltiidhaan deeggaramuuf yookan tajaajila fayyaa keessaniif guyyaa dhumaa irratti wanti raawwattan jiraachuu danda'a. Kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabaattu. Lakkoofsa bilbilaa (888) 977-9299 tii bilbilaa.
French	Cet avis a d'importantes informations. Cet avis a d'importantes informations sur votre demande ou la couverture par l'intermédiaire de PacificSource Health Plans. Rechercher les dates clés dans le présent avis. Vous devrez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. Appelez (888) 977-9299.
German	Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch PacificSource Health Plans. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter (888) 977-9299.
Italian	Questo avviso contiene informazioni importanti sulla tua domanda o copertura attraverso PacificSource Health Plans. Cerca le date chiave in questo avviso. Potrebbe essere necessario un tuo intervento entro una scadenza determinata per consentirti di mantenere la tua copertura o sovvenzione. Hai il diritto di ottenere queste informazioni e assistenza nella tua lingua gratuitamente. Chiama (888) 977-9299.
Japanese	この通知には重要な情報が含まれています。この通知には、PacificSource Health Plans の申請または補償範囲に関する重要な情報が含まれています。この通知に記載されている重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。(888) 977-9299までお電話ください。

Korean	<p>본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 PacificSource Health Plans 을 통한 커버리지 에 관한 정보를 포함하고 있습니다.</p> <p>본 통지서에서 핵심이 되는 날짜들을 찾으십시오. 귀하는 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하는 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 리가 있습니다. (888) 977-9299 로 전화하십시오.</p>
Laotian	<p>ການແຈ້ງການນີ້ ມີຂໍ້ ມູ ນໍ້າສໍາຄັນ. ການແຈ້ງການນີ້ ມີຂໍ້ ມູ ນໍ້າສໍາຄັນ ນັກ ງອກ ບໍ່ຄາຮ້ ອງສະໜັ ກຫ ູ່ ີ ການຄ້ ມ ອອງຂອງທ່ ານໂດຍຜ່ ານ PacificSource Health Plans. ຕື່ ບ່ ງສາລັ ບກໍ່ ານ ດວ້ ນທ ັ ສາຄໍ້ ານໃນແຈ້ ງການນີ້ . ທ່ ານອາດຈາເປັ ນຕ້ ອງໃຊ້ ເວລາດໍາເນີນການໂດຍກໍ່ ານ ດເວລາທໍາແນ່ ນອນ ຈະ ຮັ ກສາການຄ້ ມອອງສະພາບຂອງທ່ ານຫ ູ່ ີ ການຊໍ ອຍເຫ ູ່ ີ ອໍ່ ທມຄໍ່ າໃຊ້ ຈໍ່ າຍ. ທ່ ານມີສດທໍາຈະໄດ້ ຮັ ບໍ່ຂໍ້ ມູ ນ ຂໍ່ າວສານນີ້ ແລະການຊໍ ອຍເຫ ູ່ ີ ອໃນພາສາຂອງທ່ ານທໍ່ ບມຄໍ່ າໃຊ້ ຈໍ່ າຍ. ໂທ (888) 977-9299.</p>
Nepali	<p>यो स चनामाा महत्त्वप र्ु जानकारी छ । यो स चनामाा तपाईंको ो आवेिन वा PacificSource Health Plans का माध्यमबाटप्राप्त हुने सद्ु विबारे महत्त्वपर्ु जानकारी छ । यो सचू नामा भएका महत्त्वपर्ु दमदतहरू ख्याल िनुहु ोस् । तपाईंले पाइरहके ो स्वास्थ्य दबमा पाइरहन वा तपाईंको खचुको भक्तानीमासहायता पाउन के ही समयकारवाही िन -सीमामा काम-ुपनु हनसक्छु । तपाईंले यो जानकारी र सहायता आफ्नो मातभृ ाषामा दन शल्ु क पाउनु तपाईंको ो अधिकार: हो (888) 977-9299 मा फोन िनुहु ोस् ।</p>
Norwegian	<p>Denne kunngjøringen har viktig informasjon. Kunngjøringen inneholder viktig informasjon om programmet eller dekning gjennom PacificSource Health Plans. Se etter viktige datoer i denne kunngjøringen. Du må kanskje ta affære ved visse frister for å beholde helse-dekning eller økonomisk bistand. Du har rett til å få denne informasjonen og hjelp i ditt spark uten kostnad. Ring (888) 977-9299.</p>
Pennsylvania Dutch	<p>Die Bekanntmachung gebt wichdichi Auskunft. Die Bekanntmachung gebt wichdichi Auskunft baut dei Application oder Coverage mit PacificSource Health Plans. Geb Acht fer wichdiche Daadem in die Bekanntmachung. Es iss meeglich, ass du ebbes duh muscht, an beschtimmdede Deadlines, so ass du dei Health Coverage bhalde kannscht, odder bezaahle helfe kannscht. Du hoscht es Recht fer die Information un Hilf in deinre eegne Schprooch griege, un die Hilf koschtet nix. Kannscht du (888) 977-9299 uffrufe</p>
Persian	<p>این اعلامیه حامی اطلاعات مهم میباشد. این اعلامیه حامی اطلاعات مهم درباره فرم تقاضا و یا پوشش بیمه ای شما مربوط به PacificSource Health Plans به تاریخ های مهم در این اعلامیه توجه نمایید. شما ممکن است تا به تاریخ های مشخصی برای حفظ پوشش مزایای یا برای کمک به مخارج مزایای ملزوم به انجام کارهایی شما حق این را دارید که این اطلاعات و کمک را به زبان خود به طور رایگان دریافت نمایید (888) 977-9299</p>
Punjabi	<p>ਇਸ ਨੇ ਜਿਸ ਜਵਾਬ ਖਾਸ ਜਾਣਕਾਰੀ ਹੈ. ਇਸ ਨੇ ਜਿਸ ਜਵਾਬ PacificSource Health Plans ਵਲੋਂ ਤੁਹਾਡੀ ਕਵਰੇਜ ਅਤੇ ਅਰਜੀ ਿਾਰੇ ਮਹਿੰ ਤਵਪ ਰਨ ਜਾਣਕਾਰੀ ਹੈ . ਇਸ ਨੇ ਜਿਸ ਜਵਾਬ ਖਾਸ ਤਾਰੀਖਾਂ ਲਈ ਵੇਖੋ. ਜੇਕਰ ਤੁਸੀਂ ਜਸਹਤਕਵਰੇਜ ਰਿੱਖਣੀ ਹੋਵੇ ਜਾ ਓਸ ਦੀ ਲਾਗਤ ਜਵਿੱ ਚ ਮਦਦ ਦੇ ਇਛਿੱ ਕ ਹੋ ਤਾਂ ਤੁਹਾਨ ੂੰ ੜੀ ਤਮ ਤਾਜਰਖ ਤੋਂ ਪਜਹਲਾਂ ਕੁਿੱ ੜ ਖਾਸ ਕਦਮ ਚੁਿੱ ਕਣ ਦੀ ਲੋੜ ਹੋ ਸਕਦੀ ਹੈ. ਤੁਹਾਨ ੂੰ ੜੁਫਤ ਜਵਾਬ 'ਤੇ ਆਪਣੀ ਭਾਸ਼ਾ ਜਵਿੱ ਚ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਪਰਾਪਤ ਕਰਨ ਦਾ ਅਜਿਕਾਰ ਹੈ. ਕਾਲ (888) 977-9299</p>
Romanian	<p>Prezenta notificare conține informații importante. Această notificare conține informații importante privind cererea sau acoperirea asigurării dumneavoastră de sănătate prin PacificSource Health Plans. Căutați datele cheie din această notificare. Este posibil să fie nevoie să acționați până la anumite termene limită pentru a vă menține acoperirea asigurării de sănătate sau asistența privitoare la costuri. Aveți dreptul de a obține gratuit aceste informații și ajutor în limba dumneavoastră. Sunați la (888) 977-9299.</p>

Russian	Настоящее уведомление содержит важную информацию. Это уведомление содержит важную информацию о вашем заявлении или страховом покрытии через PacificSource Health Plans. Посмотрите на ключевые даты в настоящем уведомлении. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону (888) 977-9299.
Serbo-Croatian	U ovom obavještenju su sadržane važne informacije. U ovom obavještenju su sadržane važne informacije o Vašoj prijavi ili osiguranju preko PacificSource Health Plans. Pogledajte nalaze li se u ovom obavještenju neki ključni datumi. Možda ćete morati poduzeti određenje radnje u datom roku kako biste i dalje zadržali svoje osiguranje ili pomoć pri plaćanju. Imate pravo da ove informacije, kao i pomoć, dobijete besplatno na svom jeziku. Nazovite (888) 977-9299.
Spanish	Este Aviso contiene información importante. Este aviso contiene información importante acerca de su solicitud o cobertura a través de PacificSource Health Plans. Preste atención a las fechas clave que contiene este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al (888) 977-9299.
Tagalog	Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng PacificSource Health Plans. Tingnan ang mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa (888) 977-9299.
Thai	ประกาศนี้มีข้อมูลสำคัญประกาศนี้มีข้อมูลที่สำคัญเกี่ยวกับการการสมัครหรือขอเขตประกันสุขภาพของคุณผ่าน PacificSource Health Plans ดูกำหนดการในประกาศนี้คุณอาจจะต้องดำเนินการภายในกำหนดระยะเวลาที่แน่นอนเพื่อจะรักษาการประกันสุขภาพของคุณหรือการช่วยเหลือที่มีค่าใช้จ่ายคุณมีสิทธิที่จะได้รับข้อมูลและความช่วยเหลือนี้ในภาษาของคุณโดยไม่มีค่าใช้จ่ายโทร (888) 977-9299.
Ukrainian	Це повідомлення містить важливу інформацію. Це повідомлення містить важливу інформацію про Ваше звернення щодо страхувального покриття через PacificSource Health Plans. Зверніть увагу на ключові дати, вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дзвоніть за номером телефону (888) 977-9299.
Vietnamese	Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng về đơn xin nộp hoặc hợp đồng bảo hiểm qua chương trình PacificSource Health Plans. Xin xem ngày then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình hoàn toàn miễn phí. Xin gọi số (888) 977-9299.

Idaho dental plans for small groups (2–50)

Sample general limitations and exclusions



As with any insurance plan, there are some services and treatments that have coverage limits or are not covered at all. For example, experimental procedures are typically not covered. This document outlines what's not covered by your dental plan.

Please note: A full explanation of benefits, including limitations and exclusions, will be provided in your policy. Only the language of the actual policy is legally binding.

This policy does not provide benefits in any of the following circumstances or for any of the following conditions.

- Aesthetic (cosmetic) dental procedures – Services and supplies provided in connection with dental procedures that are primarily aesthetic, including bleaching of teeth and labial veneers.
- Alveolectomy when performed in conjunction with tooth extraction – Separate charge not covered for Members age 19 and older.
- Anesthesia when performed in conjunction with a restorative procedure – Separate charge not covered for Members age 19 and older.
- Antimicrobial agents – Localized delivery of antimicrobial agents into diseased crevicular tissue via a controlled release vehicle.
- Athletic injuries sustained while competing or practicing for a professional athletic contest.
- Athletic mouth guards for Members age 19 and older.
- Biopsies or histopathologic exams – A separate charge for a biopsy of oral tissue or histopathologic exam.
- Bone replacement grafts to prepare sockets for implants after tooth extraction for Members age 19 and older on certain plan designs.
- Cast restorations for partial denture Abutment teeth or for splinting purposes unless the tooth in and of itself requires a Cast Restoration.
- Charges for phone consultations, missed appointments, get acquainted visits, completion of claim forms, or reports PacificSource needs to process claims.
- Collection of cultures and specimens for Members age 19 and older.
- Comprehensive periodontal exams for Members age 19 and older.
- Connector bar or stress breaker.
- Core build-ups unless used to restore a tooth that has been treated endodontically (root canal) for Members age 19 and older.
- Cosmetic reconstructive services and supplies – Procedures, appliances, restorations, or other services that are primarily for cosmetic purposes. (Congenital Anomalies are not considered cosmetic.)
- Crowns and other cast or laboratory processed restorations for Members age 19 and older on certain plan designs.
- Denture adjustment or relines performed within six months of the initial placement.
- Denture replacement due to loss, theft, or breakage, unless otherwise noted in Covered Services.
- Dentures, including cast partial denture, full, immediate, or overdenture for Members age 19 and older on certain plan designs.
- Diagnostic casts (study models) and occlusal appliances for Members age 19 and older.
- Drugs and medications that are prescribed drugs and take-home medicine or supplies distributed by a Provider for any Member. As well as premedication drugs, analgesics, and any other euphoric drugs for Members age 19 and older.
- Educational programs – Instructions and/or training in plaque control and oral hygiene for Members age 19 and older.
- Experimental, Investigational, or Unproven – This policy does not cover services, supplies, protocols, procedures, devices, chemotherapy, drugs or medicines, or the use thereof that are Experimental, Investigational, or Unproven for the diagnosis and treatment of the Member. This limitation also excludes treatment that, when and for the purpose rendered: has not yet received recognized compendia support (for example, UpToDate, Lexicomp, FDA) for other than Experimental, Investigational, or Unproven, or clinical testing; is not of generally accepted medical practice in your policy's state of issuance or as determined by medical advisors, medical associations, and/or technology resources; is not approved for reimbursement by the Centers for Medicare and Medicaid Services; is furnished in connection with medical or other research; or is considered by any governmental agency or subdivision to be Experimental, Investigational, or Unproven, not reasonable and necessary, or any similar finding.

If you or your Provider have any concerns about whether a course of treatment will be covered, we encourage you to contact our Customer Service team. We will arrange for medical review of your case against our criteria, and notify you of whether or not the proposed treatment will be covered.
- Fixed bridges or removable cast partials for Members age 19 and older on certain plan designs.

- Fractures of the maxilla and mandible – Surgery, services, and supplies provided in connection with the treatment of simple or compound fractures of the maxilla or mandible.
- General anesthesia except when administered by a Provider in connection with oral surgery in their office, unless otherwise noted in Covered Services.
- Gingivectomy, gingivoplasty, or crown lengthening in conjunction with crown preparation or fixed bridge services done on the same date of service.
- Gnathological recordings, occlusal equilibration procedures, or similar procedures.
- Hospital charges or additional fees charged by the Provider for hospital treatment for Members age 19 and older.
- Hypnotherapy.
- Implants – Surgical preparation, surgical placement, or removal of implants for Members age 19 and older on certain plan designs.
- Indirect pulp caps are to be included in the restoration process, and are not a separate Covered Service.
- Infection control – A separate charge for infection control or sterilization.
- Intra and extra coronal splinting – Devices and procedures for intra and extra coronal splinting to stabilize mobile teeth.
- Mail order or Internet/web-based Providers are not eligible Providers.
- Orthodontic services – Repair or replacement of orthodontic appliances.
- Orthodontic services – Treatment of misalignment of teeth and/or jaws, or any ancillary services performed because of orthodontic treatment, except as specified in the Covered Services section.
- Orthognathic surgery – Services and supplies to augment or reduce the upper or lower jaw, except to repair an Accidental Injury or for removal of a malignancy, including reconstruction of the jaw.
- Periodontal probing, charting, and re-evaluations.
- Photographic images.
- Pin retention in addition to restoration for Members age 19 and older.
- Precision attachments.
- Pulpotomies on permanent teeth for Members age 19 and older.
- Removal of clinically serviceable Amalgam Restorations to be replaced by other materials free of mercury, except with proof of allergy to mercury.
- Replacement of an existing prosthetic device for Members age 19 and older on certain plan designs.
- Scheduled and/or non-emergent care outside of the United States.
- Services covered by the Member's medical policy.
- Services for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth.
- Services for which no charge is normally made in the absence of insurance.
- Services or supplies not listed as a Covered Service, unless required under federal or state law.
- Services or supplies covered under any policy or program established by a domestic or foreign government or political subdivision, unless such exclusion is prohibited by law.
- Services or supplies with no charge, or for which the Member is not legally required to pay, or for which a Provider or facility is not licensed to provide even though the service or supply may otherwise be eligible. This exclusion includes any services provided by the Member, or any licensed professional that is directly related to the Member by blood or marriage.
- Sinus lift grafts to prepare sinus site for implants.
- Stress-breaking or habit-breaking appliances.
- Temporomandibular joint (TMJ) – Services or supplies for treatment of any disturbance of the temporomandibular joint.
- 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 workers' compensation laws, motor vehicle liability, uninsured motorist, underinsured motorist, and Personal Injury Protection (PIP) insurance and any other liability and voluntary medical payment insurance to the extent of any recovery received from or on behalf of such sources.
- Tooth transplantation – Services and supplies provided in connection with tooth transplantation, including re-implantation from one site to another, splinting, and/or stabilization. This exclusion does not relate to the re-implantation of a tooth into its original socket after it has been avulsed.
- Treatment after insurance ends – Services or supplies a Member receives after the Member's coverage under this policy ends. The only exception is for Class III Services ordered and fitted before enrollment ends and are placed within 31 days after enrollment ends.
- Treatment not Dentally Necessary, according to acceptable dental practice, or treatment not likely to have a reasonably favorable prognosis.
- Treatment of any illness or injury arising out of an illegal act or occupation or participation in a felony.
- Treatment prior to enrollment or satisfaction of an Exclusion Period, if applicable.
- Unwilling to release information – Charges for services or supplies for which a Member is unwilling to release dental or eligibility information necessary to determine the benefits covered under this policy.
- War-related conditions – The treatment of any condition caused by or arising out of an act of war, armed invasion, or while in the service of the armed forces unless not covered by the Member's military or veterans coverage.

Renewability of small group policy

- Policy renewal. The policy is renewable with respect to all eligible members at the option of the policyholder, unless:
 - The policyholder fails to pay the required premium. Termination is effective on the last day of the last month for which premium was paid.
 - The policyholder with respect to coverage of individual members, or the policyholder's or member's representative engages in fraud or makes an intentional misrepresentation of a material fact as prohibited by the terms of this plan.
 - The number of members is less than the number or percentage of eligible employees required by the policy's participation requirements.
 - The policyholder fails to maintain the minimum employer premium contribution required.
 - PacificSource elects not to renew all of its benefit plans delivered or issued in the small group market in your state, provided all of the following conditions are satisfied:
 - Advance notice of the decision is provided to the Department of Insurance and to all policyholders; and
 - Notice of the decision to all affected policyholders at least 180 days prior to the nonrenewal of any plans.
 - The employer no longer satisfies the definition of a small employer.
 - The Department of Insurance finds continuation of this policy's coverage would not be in the interest of the members, or would impair PacificSource's ability to meet contractual obligations.
 - In the case of a group benefit plan that delivers covered services through a specified network of providers, there is no longer any member who lives, resides, or works in the service area of the provider network.
 - In the case of a benefit plan that is offered in the group market only through one or more bona fide associations, the membership of an employer in the association ceases and the termination of coverage is not related to the health status of any member.
 - PacificSource elects to no longer offer a benefit plan for any reason, a notice will be sent to the policyholder within 90 days of discontinuance of plan.
 - The policyholder terminates the policy on any premium due date with a 30 day prior written notice to PacificSource.

Disclosure of premium practices and guarantees

a. How Premiums Are Set

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

b. Premium Guarantee

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