

Individual and Family Enrollment Form

State of Idaho Early Retirees



Thank you for choosing PacificSource! What you'll need to complete this enrollment form:

- A blue or black pen (if you're not filling it out electronically).
- Information, such as your old ID card, from any insurance company that currently or recently covered you or your family. This information is needed to determine creditable coverage.
- Your health insurance broker's information, if applicable.
- The name of your primary care provider for all family members enrolling.

You are eligible to enroll if:

- You are under age 65 or otherwise not eligible for Medicare.
- You and your dependents (if enrolling) are not receiving benefits under Medicare Part A, Medicare Part B, nor enrolled in a Medicare Choice or Advantage plan.
- You are a resident of the state of Idaho, you do not have residency status in any other state, and can provide satisfactory proof of current Idaho residency. An individual who intends to reside in Idaho may submit an application for insurance but would not be eligible to begin coverage prior to the individual physically residing in Idaho.
- Your spouse/domestic partner (if applicable) is your legal spouse/domestic partner.
- Your children (if applicable) are your natural or adopted children, under age 26, or you are their legal guardian.
- Your employer will not be paying, or reimbursing you, for any part of the premium. You could receive reimbursement if your employer offers an individual coverage health reimbursement arrangement (ICHRA).

Need help?

If you have questions about any part of this enrollment form, we'd be happy to help. You can reach a PacificSource Coverage Advisor at **855-330-2792**, TTY: 711. We accept all relay calls.

What happens after you submit your application

We'll begin processing your application, and in the coming weeks, you'll receive a few things from us. To get information faster, include your email address in your application.

1. A Summary of Benefits and Coverage
2. New member information
3. Your ID card(s)
4. Your full policy

Please keep a copy of this application for your records.

1 | What type of coverage would you like?

New Coverage

- For myself only
- For myself + my spouse/domestic partner
- For myself + my family

Or

Change to My Current Coverage

- Current PacificSource ID No. _____
(This can be found on your ID card.)
- Add family member(s) (complete section 6)
- Change my plan as shown below

Enrolling due to Qualifying event (please explain below) The open enrollment period

Qualifying event _____ Date of event ____/____/____

What date would you like the coverage to begin? ____/____ Mo./Yr.

Documentation is required if enrolling outside of the open enrollment period, or adding dependents.

2 | Choose a medical plan

For plan benefit information, please visit PacificSource.com or refer to our Idaho Individual and Family Plan brochure.

Navigator

Available in Ada, Adams, Bannock, Bear Lake, Bingham, Blaine, Boise, Bonneville, Butte, Camas, Canyon, Caribou, Cassia, Clark, Custer, Elmore, Franklin, Fremont, Gem, Gooding, Jefferson, Jerome, Lemhi, Lincoln, Madison, Minidoka, Oneida, Owyhee, Payette, Power, Teton, Twin Falls, Valley, and Washington Counties.

- Gold 500
- Gold 2500
- Silver 3600
- Silver HSA 3500
- Bronze 6000
- Bronze 9400
- Bronze HSA 7500

Voyager

Available in Benewah, Bonner, Boundary, Clearwater, Idaho, Kootenai, Latah, Lewis, Nez Perce, and Shoshone Counties.

- Gold 500
- Gold 2500
- Silver 3600
- Silver HSA 3500
- Bronze 6000
- Bronze 9400
- Bronze HSA 7500

3 | Choose a dental plan (If not enrolling in dental coverage, skip to next section.)

- Dental PPO 0-20-50 1000
- Dental PPO 0-20-50 1500
- Kids Dental PPO 0-20-50

These policies include pediatric dental coverage that meets the requirements of the Affordable Care Act.

Enrolling myself and my family

List all family members you would like insured. Only your legal spouse, domestic partner, and dependent children are eligible. If a child is over the age of 26 and medically certified as disabled and dependent of parents, a copy of a certification is required.

***Gender identity** (optional): **A**-Agender, **GF**-Gender fluid, **GN**-Gender nonconforming, **GQ**-Genderqueer, **M**-Man, **NB**-Non-binary, **NL**-Not listed, **P**-Prefer not to answer, **Q**-Questioning or unsure, **TG**-Third gender, **TM**-Trans man, **TW**-Trans woman, **T**-Transgender, **TS**-Two-spirit, **W**-Woman

****Race/ethnicity** (optional): Choose the code that each family member would most closely identify with: **AI**-American Indian/Alaska Native, **A**-Asian, **B**-Black/African American, **H**-Hispanic/Latino, **N**-Native Hawaiian/Other Pacific Islander, **W**-White/Caucasian.

***Use of tobacco on average four or more times per week within the past six months. Includes all tobacco products, except for religious or ceremonial use.

4 Applicant (required)

Name (First, MI, Last) _____

Sex assigned at birth (M/F) _____ Gender identity* _____ Social Security No. _____

Race/ethnicity** _____ Date of birth (MM-DD-YY) _____

Marital Status Single Married Domestic partnership

Physical address _____

City _____ State _____ Zip _____ County _____

Phone _____ Email _____

Mailing address (if different) _____

City _____ State _____ Zip _____

Primary care provider _____

Are you a current patient? Yes No

Do you use tobacco products?*** Yes No

If yes, is the tobacco use for Native American or Alaska Native religious or ceremonial purposes? Yes No

5 Spouse or domestic partner (Skip to section 6 if not enrolling a spouse or domestic partner.)

Name (First, MI, Last) _____

Sex assigned at birth (M/F) _____ Gender identity* _____ Social Security No. _____

Race/ethnicity** _____ Date of birth (MM-DD-YY) _____

Primary care provider _____

Are you a current patient? Yes No

Do you use tobacco products?*** Yes No

If yes, is the tobacco use for Native American or Alaska Native religious or ceremonial purposes? Yes No

6 Dependent child (Skip to section 7 if not enrolling dependents.)

Name (First, MI, Last) _____

Sex assigned at birth (M/F) _____ Gender identity* _____ Social Security No. _____

Race/ethnicity** _____ Date of birth (MM-DD-YY) _____

Primary care provider _____

Are you a current patient? Yes No

Do you use tobacco products?*** Yes No

If yes, is the tobacco use for Native American or Alaska Native religious or ceremonial purposes? Yes No

Dependent child

Name (First, MI, Last) _____

Sex assigned at birth (M/F) _____ Gender identity* _____ Social Security No. _____

Race/ethnicity** _____ Date of birth (MM-DD-YY) _____

Primary care provider _____

Are you a current patient? Yes No

Do you use tobacco products?*** Yes No

If yes, is the tobacco use for Native American or Alaska Native religious or ceremonial purposes? Yes No

Dependent child

Name (First, MI, Last) _____

Sex assigned at birth (M/F) _____ Gender identity* _____ Social Security No. _____

Race/ethnicity** _____ Date of birth (MM-DD-YY) _____

Primary care provider _____

Are you a current patient? Yes No

Do you use tobacco products?*** Yes No

If yes, is the tobacco use for Native American or Alaska Native religious or ceremonial purposes? Yes No

Attach additional pages if needed. I have attached _____ pages

7 My other insurance information

Please list the most recent health or dental insurance coverage you or any family members listed on this form have had, including commercial (employer group or individual insurance), Medicaid, Medicare, Medicare Advantage, Medicare Supplemental, or pediatric dental coverage.

No prior coverage

Name of other insurance company(ies) (include address and phone if available)

Type of coverage (check all that apply)

Medical Vision Pediatric dental Adult or family dental

Name(s) of individual(s) covered

Date coverage began ____/____/____ Date coverage ended ____/____/____

Is coverage active? Yes No Policy no. _____

If group insurance, name of group _____

8 Certify, authorize, and sign

Be sure to sign and date the enrollment form on the following page. Your spouse or domestic partner's signature is also required (if applicable), as is the signature of any child over the age of 18.

Certification of completeness and correctness

I affirm that the answers given in this enrollment form are complete and correct. I am providing these answers as part of the enrollment form procedure required by PacificSource to enroll in its insurance coverage. I understand that if this enrollment form contains any intentional misrepresentation of material fact or fraud, PacificSource may modify or cancel the contract, and/or take any other legal action available by law. I will promptly inform PacificSource in writing if anything happens before my coverage takes effect that makes the information I have provided on this enrollment form incomplete or incorrect. I understand and agree that no coverage will be in force until accepted by PacificSource. If accepted, coverage will be in force as of the effective date determined by PacificSource. A representative of PacificSource may contact me to clarify answers on this enrollment form. Representations made by the applicant are deemed to be representations made on behalf of each person covered under this policy. However, changes to the enrollment form will not be effective until approved in writing by the applicant. An enrollment form received by PacificSource requiring alterations will be modified by amendment and sent to the applicant for a signature. As the applicant, I understand I have the right to inspect the information in my file.

Electronic communications consent

By checking the "Yes" box on the next page, you are affirming consent to receive secured electronic communications from PacificSource regarding your application and/or enrollment status, changes in insurance coverage, termination of coverage, and plan and benefit information.

Your consent continues while the plan you enroll in is effective. You may, at any time, opt out of electronic communications by contacting the Customer Service team at **888-977-9299**. You may request a free paper copy of your application and/or enrollment information by contacting us via email at Individual@PacificSource.com, or by phone at **800-591-6579**. Electronic communications are offered as a convenience only. Your decision to not receive electronic communications will not affect your enrollment. There is no charge associated with switching to paper.

In order to complete the application electronically, you must have a personal computer or other device capable of accessing the internet and the ability to view and revise Portable Document Format (PDF) files. PacificSource may also send PDF documents to you as part of the application process. You can obtain a free copy of software to view PDF files at Get.Adobe.com/reader. PacificSource takes the security of electronic information and communications seriously. If you have any questions about our encryption, technical hardware or software, or our security policies and procedures, please contact us at Individual@PacificSource.com.

I agree to receive emails: Yes No Email address _____

I agree to receive texts: Yes No Mobile phone number _____

I (We) have reviewed and understand the authorization above.

Applicant:

Printed name _____

Signature _____ Date _____

If enrolling in coverage:

Spouse/domestic partner Signature _____ Date _____

Child age 18 or older Signature _____ Date _____

Child age 18 or older Signature _____ Date _____

This enrollment form must be signed and dated. All fields must be completed for this authorization to be valid. Once accepted, PacificSource will provide the policyholder with a copy of this completed form upon request.

9 Producer authorization (Skip to section 10 if you are not working with a producer.)

I, the insurance producer, have not made any representations to the applicant about any provisions, benefits, conditions, or limitations of the policy, except through written material furnished by PacificSource. The applicant has been informed that the effective date of coverage is assigned only by PacificSource. I hereby certify that information supplied to me by the applicant has been truly and accurately recorded hereon.

Applicant's name (printed) _____

Producer's name (printed) _____

PacificSource producer number _____

Producer's signature _____ Date _____

10 Premium payment authorization

I authorize the Public Employee Retirement System of Idaho (PERSI) to pay PacificSource Health Plans for my monthly premium.

I authorize PacificSource Health Plans and PERSI to exchange my address and enrollment information for purposes of administering this plan.

I understand that payments will automatically be taken from the PERSI sick leave account or monthly pension check each month, and when these funds are exhausted, I may apply for a new policy directly with PacificSource.

This authorization will remain in effect until termination by either party. If the individual policy premium changes, this authorization will automatically be adjusted to authorize withdrawal of an amount equal to the new premium.

Signature of applicant _____ Date _____

11 Are you ready to apply?

Are all sections filled in completely?

Have you attached requested paperwork?

Did you select a policy coverage date on page 2?

Send your signed, completed enrollment form and attachments to us by:

Email: Individual@PacificSource.com

Fax: 541-225-3646

Mail: PacificSource Health Plans, PO Box 7068, Springfield, OR 97475-0068

Thank you for enrolling!

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	<p>ይህ ማስታወቂያ አስፈላጊ መረጃ ይዟል። ይህ ማስታወቂያ ስለ ማመልከቻዎ ወይም የPacificSource Health Plans ሽፋን አስፈላጊ መረጃ አለው። በዚህ ማስታወቂያ ውስጥ ቁልፍ ቀናችን ፈልጎ። የጤናን ሽፋንዎን ለመጠበቅና በአከፋፈል እርዳታ ለማግኘት በተውሰኑ የጊዜ ገደቦች እርምጃ መውሰድ ይገባዎት ይሆናል። ይህን መረጃ እንዲያገኙ እና ያለምንም ክፍያ በቋንቋዎ እርዳታ እንዲያገኙ ሙብት አለዎት። (888) 977-9299 ይደውሉ።</p>
Arabic	<p>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</p>

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	បសចកភីជួនៃន័ណ៏ងបនេះ ម្ពុនព័រ័ម្ពុនយ៉ា៉ា ងសំខាន់ ។ បសចកភីជួនៃន័ណ៏ងបនេះ ម្ពុនព័រ័ម្ពុនយ៉ា៉ា ងសំខាន់ អុំព័រ័ប្បងដរររ ឬ ការរា រង រសអ្នកតាមរយៈ PacificSource Health Plans។ សូមដសែងរកកាលររិបចេសំខាន់ចាំចំ បៅកនុងបសចកភីជួនៃន័ណ៏ងបនេះ ។ អ្នកប្រសែលជាបុរែ្តូវការរបចេញសកមមភាព រែលកំណែថៃ្ងជាក់ចាស់នានា បែរែមបីនឹងរកាែកការរា រង សុខភាពរសអ្នក ឬបុកំជន្នយបចេញថៃ្ង ។ អ្នកម្នុសិរែផែរែងព័រ័ម្ពុនបនេះ នឹងជន្នយបៅកនុងភាសារសអ្នកបោយមិនអ្សលុយប រែយ ។ សូមរូរស័ពទ (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 ນໍ້ສາຄັ້ ນ. ການແຈ້ງການນີ້ ມີຂໍ້ ມູ ນໍ້ສາຄັ້ ນກ່ ງອກ ບໍ່ຄາຍ້ ອງສະໜັ ກຫ ັ້ ການຄັ້ ມ ອອງຂອງທ່ ານໂດຍຜ່ ານ PacificSource Health Plans. ຕື່ ບ່ງສາຄັ້ ບກ່ ານ ດັ້ ນທ ັ້ ສາຄັ້ ນໃນແຈ້ ງການນີ້ . ທ່ ານອາດຈ່ າເປັ ນຕັ້ ອງໃຊ້ ເວລາອໍ ດາເນນການໂດຍກ່ ານ ດເວລາທ່ າແນ ນອນ ຈະ ຮັ ກສາການຄັ້ ມອອງສະໜັ າບຂອງທ່ ານຫ ັ້ ການຊ່ ວຍເຫ ັ້ ອໍ່ ທມຄ່ າໃຊ້ ຈ່ າຍ. ທ່ ານມັ ສດທ່ າຈະໄດ້ ຮັ ບໍ່ຂໍ້ ມູ ນ ຂ່ າວສານນີ້ ແລະການຊ່ ວຍເຫ ັ້ ອໃນພາສາຂອງທ່ ານທໍ່ ບມຄ່ າໃຊ້ ຈ່ າຍ. ໂທ (888) 977-9299.</p>
Nepali	<p>यो स चनामाा महत्त्वप र्ुु जानकारी छ । यो स चनामाा तपाईंको ो आवेिन वा PacificSource Health Plans का माध्यमबाट प्राप्त हुने सद्ु विबारे महत्त्वपर्ुुु जानकारी छ । यो सचू नामा भएका महत्त्वपर्ुुु दमदतहरू ख्याल िनुहु ोस् । तपाईंले पाइरहके ो स्वास्थ्य दबमा पाइरहन वा तपाईंको खचुको भक्तानीमाुसहायता पाउन के ही समयकारवाही िन -सीमामा काम-ुपनु हनसक्छु । तपाईंले यो जानकारी र सहायता आफ्नो मातभृ ाषामा दन शलु क पाउनु तपाईंको ो अधिकारः 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 beschtimnde Deadlines, so ass du dei Health Coverage bhalde kansch, odder bezaahle helfe kansch. Du hoscht es Recht fer die Information un Hilf in deinre eegne Schprooch griege, un die Hilf koschtet nix. Kansch 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 ਜਵਚ ਖਾਸ ਜਾਣਕਾਰੀ ਹੈ. ਇਸ ਨੇ ਜਿਸ ਜਵਚ PacificSource Health Plans ਵਲੋਤੁਹਾਡੀ ਕਵਰੇਜ ਅਤੇ ਅਰਜੀ ਿਾਰੇ ਮਹਿੰ ਤਵਪ ਰਨ ਜਾਣਕਾਰੀ ਹੈ . ਇਸ ਨੇ ਜਿਸ ਜਵਚ ਖਾਸ ਤਾਰੀਖਾ ਲਈ ਵੇਖੋ. ਜੇਕਰ ਤੁਸੀ ਜਸਹਤਕਵਰੇਜ ਰਿੱਖਣੀ ਹੋਵੇ ਜਾ ਓਸ ਦੀ ਲਾਗਤ ਜਵਿੱ ਚ ਮਦਦ ਦੇ ਇਛੁਿੱ ਕ ਹੋ ਤਾਂ ਤੁਹਾਨ ੂੰ ਆ ਤਮ ਤਾਜਰਖ ਤੋ ਪਜਹਲਾਂ ਕੁਿੱ ਝ ਖਾਸ ਕਦਮ ਚੁਿੱ ਕਣ ਦੀ ਲੋੜ ਹੋ ਸਕਦੀ ਹੈ. ਤੁਹਾਨ ੂੰ ਮੁਫਤ ਜਵਚ 'ਤੇ ਆਪਣੀ ਭਾਸਾ 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 određene 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 страховального 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 medical plans

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 medical 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.

Below is a complete list of services and treatments that are not covered under our medical plans.

- Abdominoplasty for any indication.
- Academic skills training.
- Acute care, rehabilitative, diagnostic testing, except as specified as a Covered Service in this policy.
- Adolescent wilderness treatment programs.
- Athletic activities – Any injuries sustained while competing or practicing for a professional athletic contest.
- Biofeedback (other than as specifically noted under the Covered Services section of our Member Handbook).
- Charges for phone consultations, missed appointments, get acquainted visits, completion of claim forms, or reports PacificSource needs to process claims unless otherwise contracted with the Provider.
- Charges that are the responsibility of a third party who may have caused the Illness or Injury, or other insurers covering the incident (such as workers' compensation insurers and no fault automobile or premises insurers). For more information, see the Third Party Liability section of your Member Handbook.
- Chelation therapy including associated infusions of vitamins and/or minerals, except as Medically Necessary for the treatment of selected medical conditions and medically significant heavy metal toxicities.
- Computer or electronic equipment for monitoring asthmatic, similar medical conditions, or related data.
- Cosmetic/reconstructive services and supplies – Services and supplies, including drugs, rendered primarily for cosmetic/reconstructive purposes and any complications as a result of non-covered cosmetic/reconstructive surgery. Cosmetic/reconstructive services and supplies are those performed primarily to improve the body's appearance and not primarily to restore impaired function of the body, unless the area needing treatment is a result of a Congenital Anomaly or gender dysphoria.
- Court-ordered screening interviews or drug or alcohol treatment programs.
- Court-ordered sex offender treatment programs.
- Day care or Custodial Care, including non-skilled care and helping with activities of daily living, except as specified above in conjunction with Home Healthcare or Hospice Care.
- Dental examinations and treatment to prevent, diagnose, or treat diseases or conditions of the teeth and supporting tissues or structures, including treatment that restores the function of teeth.
- Educational or correctional services or sheltered living provided by a school or halfway house, except outpatient services received while temporarily living in a shelter.
- Elective Abortions. For more information, see Elective Abortion in the Definitions section of your Member Handbook.
- Equine/animal therapy.
- Equipment commonly used for nonmedical purposes and/or marketed to the general public.
- Equipment used primarily in athletic or recreational activities. This includes exercise equipment for stretching, conditioning, strengthening, or relief of musculoskeletal problems.
- 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.

- Eye examinations (preventive) for Members age 19 and older.
- Eye exercises and eye refraction, therapy, and procedures.
- Eye glasses/Contact Lenses for Members age 19 and older – The fitting, provision, or replacement of eye glasses, lenses, frames, contact lenses, or subnormal vision aids intended to correct refractive error.
- Eye orthoptics, vision therapy, and procedures intended to correct refractive errors.
- Fitness or exercise programs and health or fitness club memberships.
- Foot care (routine) – Services and supplies for corns and calluses of the feet, conditions of the toenails other than infection, hypertrophy, or hyperplasia of the skin of the feet, and other routine foot care, except in the case of Members being treated for diabetes mellitus.
- Hearing Aids including the fitting, provision, or replacement of Hearing Aids.
- Homeopathic medicines or homeopathic supplies.
- Hypnotherapy except in the treatment of Mental Health Conditions.
- Immunizations when recommended for, or in anticipation of, exposure through travel or work.
- Infertility – Services and supplies for artificial insemination, in vitro fertilization, treatment of Infertility, erectile dysfunction, sexual dysfunction, or surgery to reverse voluntary sterilization. Services and supplies, diagnostic laboratory and x-ray studies, surgery, treatment, or Prescription Drugs to diagnose, prevent, or cure Infertility or to induce fertility (including Gamete and/or Zygote Intrafallopian Transfer; such as GIFT or ZIFT).
- Inpatient or outpatient Custodial Care; or inpatient or outpatient services consisting mainly of educational therapy, behavioral modification, self-care or self-help training, except as specified as a Covered Service in this policy.
- Instructional or educational programs, except National Diabetes Prevention Programs and diabetes self-management programs when Medically Necessary.
- Jaw – Procedures, services, and supplies for developmental or degenerative abnormalities of the head and face that can be replaced with living tissue; services and supplies that do not control or eliminate pain or infection or that do not restore functions such as speech, swallowing, or chewing; cosmetic procedures and procedures to improve on the normal range of functions; and dentures, Prosthetic Devices for treatment of TMJ conditions and artificial larynx. (This does not include services for Congenital Anomalies as defined in the Definitions section of your Member Handbook.)
- Jaw surgery – Treatment for malocclusion of the jaw, including services for TMJ, anterior and internal dislocations, derangements and myofascial pain syndrome, orthodontics or related appliances, or improving the placement of dentures and dental implants. (This does not include services for Congenital Anomalies as defined in the Definitions section of your Member Handbook.)
- Learning disorders.
- Maintenance supplies and equipment not unique to medical care.
- Massage or massage therapy, even as part of a physical therapy program.
- Mattresses and mattress pads unless Medically Necessary to heal pressure sores.
- Mental health treatments for conditions defined in the current edition of Diagnostic and Statistical Manual of Mental Disorders, that are not attributable to a mental health disorder or disease.
 - Mental Illness does not include – relationship problems (for example, parent-child, partner, sibling, or other relationship issues), except the treatment of children five years of age or younger for parent-child relational problems, physical abuse of a child, sexual abuse, neglect of a child, or bereavement.
 - Unless Medically Necessary, the following are excluded: court-mandated diversion and/or Substance Use Disorder education classes; court-mandated psychological evaluations for child custody determinations; voluntary mutual support groups such as Alcoholics Anonymous; mental examinations for the purpose of adjudication of legal rights; psychological testing and evaluations not provided as an adjunct to treatment or diagnosis of a Mental Health Condition; stress management, parenting skills, or family education; and assertiveness training.
- Modifications to vehicles or structures to prevent, treat, or accommodate a medical condition.
- Motion analysis, including videotaping and 3-D kinematics, dynamic surface and fine wire electromyography, including Provider review.
- Naturopathic supplies.
- Nicotine related disorder treatment, other than those covered through Tobacco Cessation Program services.
- Non-Dependent newborn – For the purpose of this policy, a newborn will not be considered an eligible Dependent if the Member has entered into a contract or other understanding to which the newborn is being relinquished to the intended parents at birth.
- Obesity or weight reduction control – Surgery, other related services, medications or supplies provided for weight reduction control or obesity (including all categories of obesity), when not Medically Necessary to control other medical conditions that are eligible for Covered Services and nonsurgical methods have been unsuccessful in treating obesity. This also includes services or supplies used for weight loss, such as food supplementation programs and behavior modification programs, and self-help or training programs for weight reduction control. Obesity screening and counseling are covered for children and adults. For more information, see dietary or nutritional counseling in the Professional section of your Member Handbook.
- 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.

- Orthopedic shoes, diabetic shoes, and shoe modifications.
- Osteopathic manipulation, except for treatment of disorders of the musculoskeletal system.
- Over-the-counter medications or non-Prescription Drugs, unless included on your Drug List or is otherwise listed as a Covered Service in this policy. Does not apply to tobacco cessation medications covered under USPSTF guidelines.
- Panniculectomy (removal of panniculus, or excess skin, from lower abdomen) for any indication.
- Paraphilias.
- Personal items such as telephones, televisions, and guest meals during a stay at a Hospital or other inpatient facility.
- Physical or eye examinations required for administrative purposes such as participation in athletics, admission to school, or by an employer.
- Private nursing service.
- Programs that teach a person to use medical equipment, care for family members, or self-administer drugs or nutrition, except for diabetic education benefit.
- Psychoanalysis or psychotherapy received as part of an educational or training program, regardless of diagnosis or symptoms that may be present.
- Recreation therapy – outpatient.
- Rehabilitation – Functional capacity evaluations, work hardening programs, vocational rehabilitation, community reintegration services, and driving evaluations and driving training programs, except as Medically Necessary in the restoration or improvement of speech following a traumatic brain Injury or for Members diagnosed with an autism spectrum disorder.
- Replacement costs for worn or damaged Durable Medical Equipment that would otherwise be replaceable without charges under warranty or other agreement.
- Scheduled and/or non-emergent care outside of the United States.
- Screening tests – Services and supplies, including imaging and screening exams performed for the sole purpose of screening and not associated with specific diagnoses and/or signs and symptoms of disease or of abnormalities on prior testing (including, but not limited to, total body CT imaging, CT colonography, and bone density testing). This does not include preventive care screenings listed in the Preventive Care Services section.
- Self-help health or instruction or training programs.
- Sensory integration training.
- Services for which no charge is normally made in the absence of insurance.
- 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 not listed as a Covered Service, unless required under federal or state 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 service provided by the Member, or any licensed professional that is directly related to the Member by blood or marriage.
- Services required by state law as a condition of maintaining a valid driver license or commercial driver license.
- Services, supplies, and equipment not involved in diagnosis or treatment but provided primarily for the comfort, convenience, alteration of the physical environment, or education of a patient. This includes appliances like adjustable power beds sold as furniture, air conditioners, air purifiers, room humidifiers, heating and cooling pads, home blood pressure monitoring equipment, light boxes, conveyances other than conventional wheelchairs, whirlpool baths, spas, saunas, heat lamps, tanning lights, and pillows.
- Sexual disorders – Services or supplies for the treatment of sexual dysfunction or inadequacy. For related provisions, see Infertility and mental health in this section.
- Social skills training.
- Support groups.
- Temporomandibular joint (TMJ) – Related services, medications, or treatment for associated myofascial pain including physical or orofacial therapy. Advice or treatment, including physical therapy and/ or orofacial therapy, either directly or indirectly for temporomandibular joint dysfunction, myofascial pain, or any related appliances. For related provisions, see jaw and orthognathic surgery in this section and in the Professional Services section of your Member Handbook.
- Transplants – Any services, treatments, or supplies for the transplantation of stem cells or any human body organ or tissue, except as expressly provided under the provisions of this policy for covered transplantation expenses.
- Treatment after insurance ends – Services or supplies a Member receives after the Member's coverage under this policy ends, except as follows:
 - (Small group only: If the Member is pregnant and not eligible for any replacement group coverage within 60 days, this plan's maternity benefits may continue for up to 12 months. PacificSource will then provide maternity benefits to the extent they are covered in this plan for up to 12 months after this plan is discontinued.
 - If the Member is Totally Disabled, coverage may continue for up to 12 months. PacificSource will continue to provide benefits for covered expenses related to disabling conditions until the Member is no longer Totally Disabled, the plan's maximum benefits have been paid, or the plan coverage has been discontinued for 12 months.)

- Treatment not Medically Necessary – Services or supplies that are not Medically Necessary for the diagnosis or treatment of an Illness or Injury.
- Treatment of any Illness or Injury arising out of an illegal act or occupation or participation in a felony.
- Treatment of any work-related Illness or Injury except as described in On-the-Job Illness or Injury and Workers' Compensation.
- Treatment of intellectual disabilities, as defined in the current edition of Diagnostic and Statistical Manual of Mental Disorders. Intellectual disability means a disability characterized by significant limitations in both intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills.
- Treatment prior to enrollment.
- Unwilling to release information – Charges for services or supplies for which a Member is unwilling to release medical or eligibility information necessary to determine the benefits 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.
- Certain drugs require prior authorization (PA). An up-to-date list of drugs requiring prior authorization along with all of our requirements is available on our website.
- Certain drugs are subject to Step Therapy (ST) protocols, which means we may require you to try a pre requisite drug before we will pay for the requested drug. An up-to-date list of drugs requiring Step Therapy along with all of our requirements is available on our website.
- Certain drugs have quantity limits (QL), which means we will generally not pay for quantities above posted limits. An up-to-date list of drugs requiring quantity limit exceptions along with all of our requirements is available on our website.
- For most prescriptions, you may refill your prescription only after 75 percent of the previous supply has been taken. This is calculated by the number of days that have elapsed since the previous fill and the days' supply entered by the pharmacy. PacificSource will not approve early refills, except under the following circumstances:
 - The request is for ophthalmic solutions or gels, refillable after 70 percent of the previous supply has been taken.
 - The Member will be on vacation in a location that does not allow for reasonable access to a network pharmacy for subsequent refills.

All early refills are subject to standard cost share and are reviewed on a case-by-case basis. A pharmacist can approve an early refill of a prescription for eye drops as required by law.

Prescription drug exclusions

- This policy only covers drugs prescribed by eligible Providers prescribing within the scope of their professional licenses. This policy does not cover the following:
 - Drugs for any condition excluded under the medical policy.
 - Some Specialty Drugs that are not self-administered are not covered by this prescription benefit, but may be covered under the medical policy's office supply benefit. For a list of drugs that are covered under your medical benefit and which may require prior authorization, please refer to the medical authorization grid on our website, Authgrid.PacificSource.com (select Commercial for the line of business).
 - Some immunizations may be covered under either your medical or pharmacy benefit. Vaccines covered under the pharmacy benefit include, but not limited to: influenza, hepatitis B, herpes zoster (shingles), and pneumococcal. Most other immunizations must be provided by your Provider under your medical benefit.
 - Some drugs and all devices to treat erectile or sexual dysfunction unless defined in the current edition of the Diagnostic and Statistical Manual of Mental Disorders.
 - Drugs used as a preventive measure against hazards of travel.
 - Vitamins, minerals, and dietary supplements except for prescription prenatal vitamins, fluoride products, and for drugs that have a rating of A or B from the USPSTF, some restrictions may apply.

Renewability of individual policy

This policy is guaranteed renewable with respect to all Members at the option of the Policyholder, except in the following cases:

- For nonpayment of the required premium. Notice of cancellation for nonpayment of premiums will be mailed within 15 days after the due date of the missed premium for that period;
- For fraud or the intentional misrepresentation of a material fact by the Policyholder;
- When PacificSource discontinues offering or renewing all of its individual health benefit policies within the state of issuance or in a specific area within the state. Discontinuation of all individual health benefit policies are subject to notification at least 180 days in advance of discontinuation of the policies;
- When PacificSource discontinues offering or renewing this policy within the state of issuance because of an inability to reach an agreement with the Providers or organization of Providers to provide services under this policy within the Service Area. Discontinuation of this policy is subject to notification at least 90 days in advance of discontinuation of this policy;

- If the Department of Insurance finds that renewal would not be in the interest of the Member, or would impair PacificSource's ability to meet its contractual obligations;
 - When the Member no longer lives or resides in the state of issuance or counties in which the product is offered and the termination of coverage is not related to the health status of any Member; or
 - When the Policyholder terminates the policy on any premium due date with 15 days prior written notice.
- 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.

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.

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.

Idaho dental plans for individuals and families

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.
 - 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.
 - 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.)
 - 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.
 - Diagnostic casts (study models) 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.
- 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.
- 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.
- 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.
- 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 individual policy

This policy is guaranteed renewable with respect to all Members at the option of the Policyholder, except in the following cases:

- For nonpayment of the required premium. Notice of cancellation for nonpayment of premiums will be mailed within 15 days after the due date of the missed premium for that period;
- For fraud or the intentional misrepresentation of a material fact by the Policyholder;
- When PacificSource discontinues offering or renewing all of its individual stand-alone dental policies within the state of issuance or in a specific area within the state. Discontinuation of all individual stand-alone dental policies are subject to notification at least 180 days in advance of discontinuation of the policies;
- When PacificSource discontinues offering or renewing this policy in a specified area within the state of issuance because of an inability to reach an agreement with the Providers or organization of Providers to provide services under the policy within the service area. Discontinuation of this policy is subject to notification at least 90 days in advance of discontinuation of the policy;
- If the Department of Insurance finds that renewal would not be in the interest of the Member, or would impair PacificSource's ability to meet its contractual obligations;
- When the Member no longer lives or resides in the state of issuance or counties in which the product is offered; or
- When the Policyholder terminates the policy on any premium due date with 15 days prior written notice.

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.