



Members **first**

2022 Health Plans for **Idaho Individuals and Families**





PacificSource Health Plans is a
not-for-profit community health plan.
We do not answer to shareholders but
to members, providers, producers, and
employers—the people who depend
on our products and services.



The kind of help **you'd expect from a friend.**

At PacificSource, member service is more than professional—it's personal.

What's more, it's local. The people who help you are right here in the Northwest. We answer your calls in less than 30 seconds on average, according to internal call reports. And we're committed to going beyond what's required to make sure you're satisfied.

We cover more than **42,000** individual members and their families across the Greater Northwest.

PacificSource covers independent people just like you who get their health insurance direct, and not from an employer.

Source: monthly enrollment report, May 2021

Benefits that go beyond what's required



Expanded telehealth coverage

Members can see a doctor without leaving home—including behavioral health visits for adults. You'll get the care you need, when and where you need it.



Find the right doctor, fast

Visit our online directory and choose from among thousands of highly qualified healthcare professionals.



No referrals needed with any plan

Our plans don't require members to visit a primary care doctor before seeing a specialist. (Some specialists may have their own referral requirements.)



Pay-nothing preventive care and preventive drugs

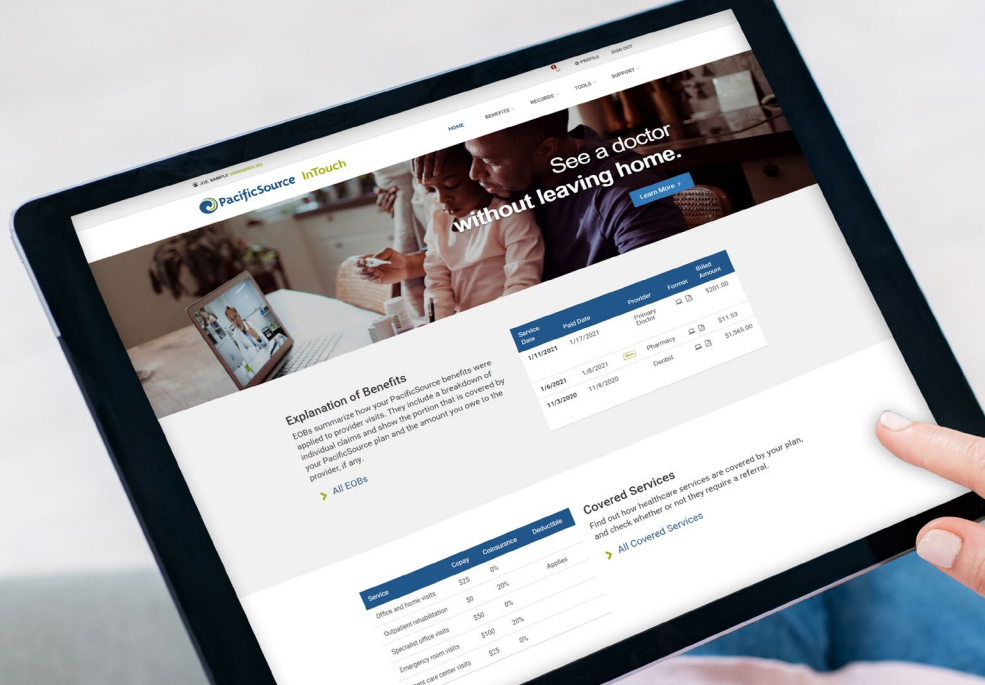
We're pleased to offer \$0 copays on:

- Well-baby and well-child care
- Annual checkups
- Prenatal consultations
- Preventive mammograms and colonoscopies
- Immunizations
- No copay on dozens of \$0 preventive drugs—including 82 more than the law requires



Human service

No automated phone trees or offshore call centers



InTouch puts you in charge



Manage your benefits from your computer, phone, or tablet—24/7. You'll have secure access to all your insurance info, plus valuable health-related extras, with our InTouch site and iOS/Android app.

With InTouch you can:

- Display your member ID
- Schedule doctor visits—physical and behavioral health—through Teladoc®
- Review what's covered by your plan
- Read Explanation of Benefits statements
- Check your deductible status
- Search for a doctor
- Select your primary care provider
- Call our free 24-Hour NurseLine
- Work toward health goals at CaféWell
- Reach our Customer Service team



Voyager features our statewide network of healthcare professionals and facilities—the doctors and hospitals members want.

In Idaho, the Voyager network includes:

- **Bingham Memorial Hospital**
- **Eastern Idaho Regional Medical Center**
- **Kootenai Care Network**
- **Patient Quality Alliance**
- **Saint Alphonsus Health System**
- **St. Luke's Health Partners**

Voyager also gives members access to thousands of independent practitioners, including acupuncture, chiropractic, and naturopathic care providers. And Voyager offers out-of-network benefits, for greater freedom and choice.



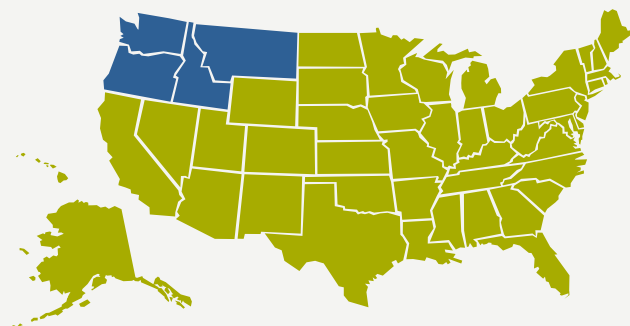
Voyager is available for purchase by people living in the following counties:

Benewah, Bonner, Boundary, Clearwater, Idaho, Kootenai, Latah, Lewis, Nez Perce, and Shoshone



In-network, **nationwide**

Voyager lets members see providers across the country, thanks to partnerships with First Health[®] and First Choice Health[™].



■ Our four-state provider network

■ **First Health[®]** and **First Choice Health[™]** (Alaska)

Out-of-network benefits

Want to see a doctor who's not in your network? With Voyager, their services are covered, up to an allowed amount.

In-network availability is based on member's plan and network.

2022 Idaho | Voyager Individual and Family Medical Plans

| | NON-HSA QUALIFIED PLANS | | | | | | | | | | | | HSA QUALIFIED PLANS | | | |
|--|--|--------------------------------|--|--------------------------------|--|--------------------------------|--|--------------------------------|--|--------------------------------|---|--------------------------------|--|--------------------------------|--|--------------------------------|
| Product | Gold 2000 | | Gold 2500 | | Silver 3000 | | Silver 4000 | | Bronze 6000 | | Catastrophic^ | | Silver HSA 3500 | | Bronze HSA 7000 | |
| | IN NETWORK | OUT OF NETWORK | IN NETWORK | OUT OF NETWORK | IN NETWORK | OUT OF NETWORK | IN NETWORK | OUT OF NETWORK | IN NETWORK | OUT OF NETWORK | IN NETWORK | OUT OF NETWORK | IN NETWORK | OUT OF NETWORK | IN NETWORK | OUT OF NETWORK |
| Deductible Individual / Family | \$2,000 / \$4,000 | \$10,000 / \$20,000 | \$2,500 / \$5,000 | \$10,000 / \$20,000 | \$3,000 / \$6,000 | \$10,000 / \$20,000 | \$4,000 / \$8,000 | \$10,000 / \$20,000 | \$6,000 / \$12,000 | \$10,000 / \$20,000 | \$8,700 / \$17,400 | \$10,000 / \$20,000 | \$3,500 / \$7,000 | \$10,000 / \$20,000 | \$7,000 / \$14,000 | \$10,000 / \$20,000 |
| Out-of-Pocket Maximum Individual / Family | \$6,000 / \$12,000 | \$85,500 / \$171,000 | \$6,000 / \$12,000 | \$85,500 / \$171,000 | \$8,150 / \$16,300 | \$85,500 / \$171,000 | \$7,900 / \$15,800 | \$85,500 / \$171,000 | \$8,550 / \$17,100 | \$85,500 / \$171,000 | \$8,700 / \$17,400 | \$85,500 / \$171,000 | \$6,750 / \$13,500 | \$85,500 / \$171,000 | \$7,000 / \$14,000 | \$85,500 / \$171,000 |
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| Preventive Services | Covered in Full | 50% | Covered in Full | 50% | Covered in Full | 50% | Covered in Full | 50% | Covered in Full | 50% | Covered in Full | 50% | Covered in Full | 50% | Covered in Full | 50% |
| Preventive Drug Coverage | Covered in Full | 50% | Covered in Full | 50% | Covered in Full | 50% | Covered in Full | 50% | Covered in Full | 50% | Covered in Full | 50% | Covered in Full | 50% | Covered in Full | 50% |
| Accident Benefit | Covered in full* up to \$500, within 90 days of accident. | | Covered in full* up to \$500, within 90 days of accident. | | Covered in full* up to \$500, within 90 days of accident. | | Covered in full* up to \$500, within 90 days of accident. | | Covered in full* up to \$500, within 90 days of accident. | | Covered in full* up to \$500, within 90 days of accident. | | Covered in full* up to \$500, within 90 days of accident. | | Covered in full* up to \$500, within 90 days of accident. | |
| | AFTER DEDUCTIBLE, MEMBER PAYS: | | AFTER DEDUCTIBLE, MEMBER PAYS: | | AFTER DEDUCTIBLE, MEMBER PAYS: | | AFTER DEDUCTIBLE, MEMBER PAYS: | | AFTER DEDUCTIBLE, MEMBER PAYS: | | AFTER DEDUCTIBLE, MEMBER PAYS: | | AFTER DEDUCTIBLE, MEMBER PAYS: | | AFTER DEDUCTIBLE, MEMBER PAYS: | |
| Telehealth (including behavioral health for adults) | Covered in Full* | 50% | Covered in Full* | 50% | Covered in Full* | 50% | Covered in Full* | 50% | Covered in Full* | 50% | Visits 1-3 no deductible, covered in full. Visits 4+ covered in full after deductible. | 50% | 25% | 50% | Covered in Full | 50% |
| Office Visits Primary, Urgent Care, and Specialist | Primary/Urgent Care: \$20* Specialist: \$40* | 50% | 10% | 50% | Primary/Urgent Care: \$35* Specialist: 40% | 50% | Primary/Urgent Care: \$20* Specialist: \$40* | 50% | Primary/Urgent Care: \$35* Specialist: 50% | 50% | Visits 1-3 no deductible, covered in full. Visits 4+ covered in full after deductible. Urgent Care/Specialist: Covered in Full | 50% | 25% | 50% | Covered in Full | 50% |
| Inpatient Hospital | 20% | 50% | 10% | 50% | 40% | 50% | 30% | 50% | 50% | 50% | Covered in Full | 50% | 25% | 50% | Covered in Full | 50% |
| Lab / X-ray | 20% | 50% | 10% | 50% | 40% | 50% | 30% | 50% | 50% | 50% | Covered in Full | 50% | 25% | 50% | Covered in Full | 50% |
| Physical, Occupational, and Speech Therapy 20 visits per benefit period | 20% | 50% | 10% | 50% | 40% | 50% | 30% | 50% | 50% | 50% | Covered in Full | 50% | 25% | 50% | Covered in Full | 50% |
| Outpatient Surgery | 20% | 50% | 10% | 50% | 40% | 50% | 30% | 50% | 50% | 50% | Covered in Full | 50% | 25% | 50% | Covered in Full | 50% |
| Emergency Services | 20% | 20% | 10% | 10% | 40% | 40% | 30% | 30% | 50% | 50% | Covered in Full | Covered in Full | 25% | 25% | Covered in Full | Covered in Full |
| Chiropractic / Acupuncture 18 combined visits per benefit period | \$20* | 50% | 10% | 50% | \$35* | 50% | \$20* | 50% | \$35* | 50% | Covered in Full | 50% | 25% | 50% | Covered in Full | 50% |
| Prescription (Rx) Drug Coverage Out-of-network: 30-day max fill, no more than 3 per year | Tier 1: \$15* Tier 2: \$60* Tier 3 & 4: 20%* | 50% | 10% | 50% | Tier 1: \$15* Tier 2: \$60* Tier 3 & 4: 40%* | 50% | 30% | 50% | Tier 1: \$25* Tier 2, 3 & 4: 50% | 50% | Covered in Full | 50% | 25% | 50% | Covered in Full | 50% |
| Pediatric Eye Exam One exam per benefit period | Covered in Full* | Covered in full up to \$40* | Covered in Full* | Covered in full up to \$40* | Covered in Full* | Covered in full up to \$40* | Covered in Full* | Covered in full up to \$40* | Covered in Full* | Covered in full up to \$40* | Covered in Full | 50% | Covered in Full* | Covered in full up to \$40* | Covered in Full* | Covered in full up to \$40* |
| Pediatric Vision Hardware One item per benefit period | Covered in full* up to \$150 then subject to in-network deductible and 20% | | Covered in full* up to \$150 then subject to in-network deductible and 10% | | Covered in full* up to \$150 then subject to in-network deductible and 40% | | Covered in full* up to \$150 then subject to in-network deductible and 30% | | Covered in full* up to \$150 then subject to in-network deductible and 50% | | Covered in Full | 50% | Covered in full* up to \$150 then subject to in-network deductible and 25% | | Covered in full* up to \$150 then subject to in-network deductible | |

Out-of-network services are covered up to an allowed amount. After that amount is reached, members may be subject to balance billing. *Not subject to deductible. ^Only available for people under 30, or people of any age with a hardship exemption or affordability exemption. Treatment for Autism Spectrum Disorder is covered the same as other conditions, depending on the services rendered. Visit limits do not apply to Treatment for Autism Spectrum Disorder. This is a brief summary. Contact a Coverage Advisor at **855-330-2792** or by email at CoverageAdvisors@PacificSource.com. Go to [PacificSource.com](https://www.pacificsource.com) for details or to see a plan’s Summary of Benefits. Accessibility help: For assistance reading this chart or the rest of the document, please call us at **888-977-9299; TTY 711** or **800-735-3260**.



Vision care for kids

Pediatric vision benefits (for members through age 18)

Most of our medical plans include pediatric vision coverage through age 18. This includes routine eye exams at no cost when seeing an in-network doctor. Most plans also include vision hardware coverage up to \$150 for members through age 18.



Decide on **dental**

Good dental health can lead to better overall health. Add one of our dental plans to your health plan, or select dental-only. And you can purchase these plans year-round, not just during open enrollment.

2022 Idaho

Individual and Family Dental Plan Comparison

| USE THIS CHART TO COMPARE OUR DENTAL PLANS | Dental Advantage 0-20-50 1000 | | Dental Advantage 0-20-50 1500 | | Kids Dental Advantage 0-20-50 (coverage for members age 18 and under) | |
|---|---|-----------------------------------|---|-----------------------------------|---|-----------------------------------|
| | Advantage Network | | Advantage Network | | Advantage Network | |
| | IN NETWORK | OUT OF NETWORK | IN NETWORK | OUT OF NETWORK | IN NETWORK | OUT OF NETWORK |
| Annual Deductible Individual / Family | N/A | \$50 / \$150 | N/A | \$50 / \$150 | N/A | \$50 / \$150 |
| Annual Maximum Benefit Per person, age 19 and older | \$1,000 | | \$1,500 | | N/A | |
| Pediatric Out-of-Pocket Maximum Individual/Family, age 18 and under | \$375 / \$750 | | \$375 / \$750 | | \$375 / \$750 | |
| | NO DEDUCTIBLE, MEMBER PAYS: | NO DEDUCTIBLE, MEMBER PAYS: | NO DEDUCTIBLE, MEMBER PAYS: | NO DEDUCTIBLE, MEMBER PAYS: | NO DEDUCTIBLE, MEMBER PAYS: | NO DEDUCTIBLE, MEMBER PAYS: |
| Class I Services | Covered in Full | 20% | Covered in Full | 20% | Covered in Full | 20% |
| | NO DEDUCTIBLE, MEMBER PAYS: | AFTER DEDUCTIBLE, MEMBER PAYS: | NO DEDUCTIBLE, MEMBER PAYS: | AFTER DEDUCTIBLE, MEMBER PAYS: | NO DEDUCTIBLE, MEMBER PAYS: | AFTER DEDUCTIBLE, MEMBER PAYS: |
| Class II Services | 20% | 20% | 20% | 20% | 20% | 20% |
| Class III Services | 50% | 50% | 50% | 50% | 50% | 50% |
| Wait Period Per person, age 19 and older | Class II: 6 months; Class III: 12 months | | Class II: 6 months; Class III: 12 months | | None | |

This is a brief summary. Contact a Coverage Advisor at **855-330-2792** or by email at CoverageAdvisors@PacificSource.com. For more details, search individual and family plans at [PacificSource.com](https://www.pacificsource.com). Accessibility help: For assistance reading this chart or the rest of the document, please call us at **888-977-9299, TTY 711 or 800-735-3260**.



Help with **Health Savings Accounts (HSA)**



When you're ready to decide, you'll see two types of plans available: HSA-qualified and Non-HSA qualified.

All our health plans include coverage for preventive care, \$0 annual physicals from in-network providers, and most vaccinations.

Non-HSA

Non-HSA plans allow you to use some benefits for a copay prior to meeting your deductible (such as primary care, urgent care, or pharmacy).

HSA

HSA-qualified plans help you save for healthcare expenses like deductibles and coinsurance. The plans require that all major benefits be subject to your deductible.

With HSA plans, you'll set up a dedicated bank account, contributions to which are 100% tax deductible (up to a maximum), like an IRA. Another benefit: Withdrawals from your HSA account to pay for qualified medical expenses are tax-free.

Ten more ways **PacificSource** gives you more



Access to highly rated hospitals and urgent care centers



No-cost care management for chronic conditions



Affordable gym memberships through Active&Fit Direct™



Prenatal resources for expectant mothers



Global emergency services from Assist America®



Up to \$150 reimbursement for health & wellness classes



Help quitting tobacco



Weight Watchers® program discounts



Home-delivered pharmacy orders



\$500 accident benefit with most plans

Additional benefits are not considered insurance.

Next steps:



Select a health plan
(see the big chart)



Decide on dental
(see the smaller chart)



Get a price quote: Contact your agent,
call us at **855-330-2792**, or use our online
quote tool at PacificSource.com

We're here to help.

It's natural to have questions about a topic as important as your family's health. We understand, and we're happy to speak with you by phone or email.

Phone: 855-330-2792

Email: CoverageAdvisors@PacificSource.com

PacificSource.com

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.
- 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).
- 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.
- 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.
- Drugs or medications that can be self-administered (including Prescription Drugs, injectable drugs, and biologicals), except when prescribed for inborn errors of metabolism, formulary diabetic insulin, autism spectrum disorder, or unless given during a visit for outpatient Chemotherapy or dialysis or during a Medically Necessary Hospital, emergency room, or other institutional stay.
- Educational or correctional services or sheltered living provided by a school or halfway house, except outpatient services received while temporarily living in a shelter.
- Elective Abortions. For more information, see Elective Abortion in the Definitions section.
- 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. For more information, see the Durable Medical Equipment section.
- 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), except for medication to preserve fertility during treatment with cytotoxic Chemotherapy.
- 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 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.)
- 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.)
- 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; adolescent wilderness treatment programs; 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 or other related services 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 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.

- 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, 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.
- Transplants – Any services, treatments, or supplies for the transplantation of bone marrow or peripheral blood 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 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.
- 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.

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.

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.

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.
- 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.)
- 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) 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.
- 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, 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.
- 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.

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- 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 and/or a PacificSource Provider network service area, 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.

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