



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

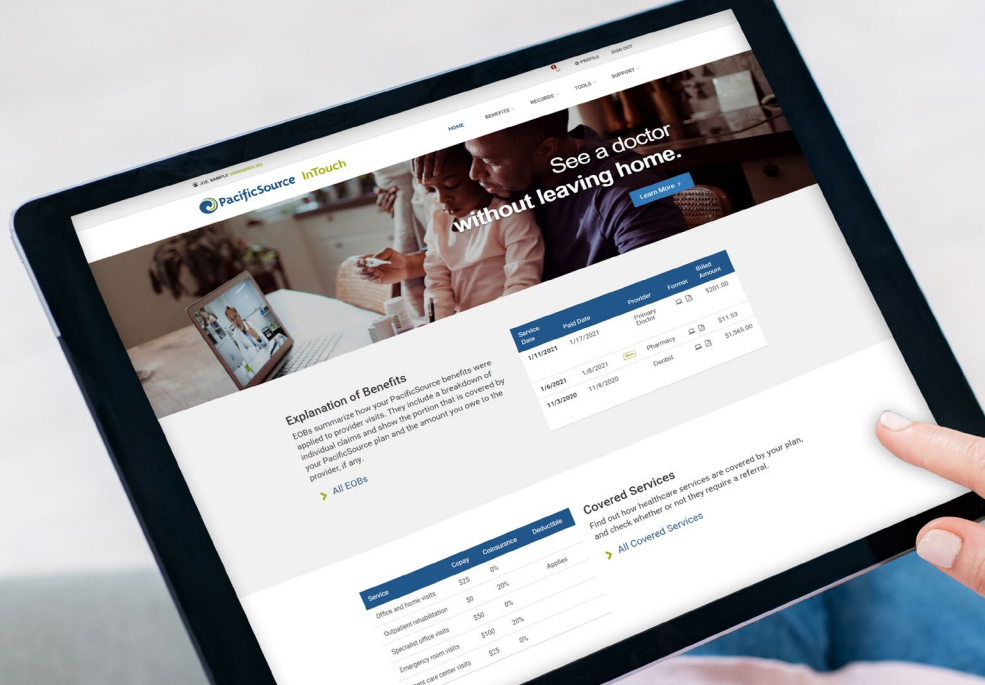
We're pleased to offer \$0 copays on:

- 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.



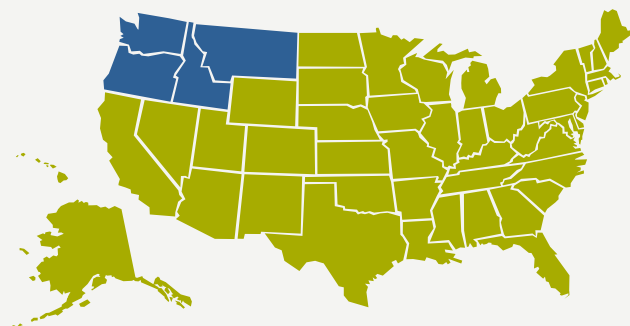
Voyager is available for purchase by people living in the following counties:

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
	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:
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. 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
