

2026 Idaho Large Group Medical Plans

	1000+30_20 1000+30_30		1500+30_20 1500+30_30		2000+30_20 2000+30_30	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Deductible Individual / Family	\$1,000 / \$2,000	\$2,000 / \$4,000	\$1,500 / \$3,000	\$3,000 / \$6,000	\$2,000 / \$4,000	\$4,000 / \$8,000
Out-of-Pocket Maximum Individual / Family	\$4,000 / \$8,000	\$8,000 / \$16,000	\$4,000 / \$8,000	\$8,000 / \$16,000	\$5,000 / \$10,000	\$10,000 / \$20,000
	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:
Preventive Services	Covered in full	50%	Covered in full	50%	Covered in full	50%
	AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:	
Telehealth	\$30*	50%	\$30*	50%	\$30*	50%
Office Visits: Primary, Behavioral Health, Urgent Care, and Specialist	\$30*	50%	\$30*	50%	\$30*	50%
Inpatient Hospital	20% or 30%	50%	20% or 30%	50%	20% or 30%	50%
Lab / X-ray	No deductible up to \$400, then after deductible 20% or 30%	50%	No deductible up to \$400, then after deductible 20% or 30%	50%	No deductible up to \$400, then after deductible 20% or 30%	50%
Physical, Occupational, and Speech Therapy 30 visits per benefit period	20% or 30%	50%	20% or 30%	50%	20% or 30%	50%
Chiropractic / Acupuncture 18 visits combined per benefit period	\$30*	50%	\$30*	50%	\$30*	50%
Outpatient Surgery	20% or 30%	50%	20% or 30%	50%	20% or 30%	50%
Emergency Services Copay waived if admitted	\$100 plus 20% or 30%	\$100 plus 20% or 30%	\$100 plus 20% or 30%	\$100 plus 20% or 30%	\$100 plus 20% or 30%	\$100 plus 20% or 30%
Prescription (Rx) Drug Coverage	For prescription drug coverage, choose from three no-deductible plans. One option offers copays on all four tiers; a second and third option offers copays on Tiers 1 & 2, and 20% or 50% on Tiers 3 & 4.					

*Not subject to deductible.

Navigator network plans are available to businesses statewide.

Voyager network plans are available to businesses statewide.

SmartAlliance network plans are available in Ada, Boise, Canyon, Gem, Owyhee, Payette, and Washington counties.

Out-of-network services are covered up to an allowed amount. After that amount is reached, members may be subject to balance billing. This is a brief summary. Contact us at **888-422-1303**, IdahoSales@PacificSource.com or go to [PacificSource.com](https://www.PacificSource.com) for details or to see a plan's Summary of Benefits.

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2026 Idaho Large Group Medical Plans

	2500+30_20 2500+30_30		3000+30_20 3000+30_30		4000+30_20 4000+30_30	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Deductible Individual / Family	\$2,500 / \$5,000	\$5,000 / \$10,000	\$3,000 / \$6,000	\$6,000 / \$12,000	\$4,000 / \$8,000	\$8,000 / \$16,000
Out-of-Pocket Maximum Individual / Family	\$5,000 / \$10,000	\$10,000 / \$20,000	\$5,000 / \$10,000	\$10,000 / \$20,000	\$6,000 / \$12,000	\$12,000 / \$24,000
	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:
Preventive Services	Covered in full	50%	Covered in full	50%	Covered in full	50%
	AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:	
Telehealth	\$30*	50%	\$30*	50%	\$30*	50%
Office Visits: Primary, Behavioral Health, Urgent Care, and Specialist	\$30*	50%	\$30*	50%	\$30*	50%
Inpatient Hospital	20% or 30%	50%	20% or 30%	50%	20% or 30%	50%
Lab / X-ray	No deductible up to \$400, then after deductible 20% or 30%	50%	No deductible up to \$400, then after deductible 20% or 30%	50%	No deductible up to \$400, then after deductible 20% or 30%	50%
Physical, Occupational, and Speech Therapy 30 visits per benefit period	20% or 30%	50%	20% or 30%	50%	20% or 30%	50%
Chiropractic / Acupuncture 18 visits combined per benefit period	\$30*	50%	\$30*	50%	\$30*	50%
Outpatient Surgery	20% or 30%	50%	20% or 30%	50%	20% or 30%	50%
Emergency Services Copay waived if admitted	\$100 plus 20% or 30%	\$100 plus 20% or 30%	\$100 plus 20% or 30%	\$100 plus 20% or 30%	\$100 plus 20% or 30%	\$100 plus 20% or 30%
Prescription (Rx) Drug Coverage	For prescription drug coverage, choose from three no-deductible plans. One option offers copays on all four tiers; a second and third option offers copays on Tiers 1 & 2, and 20% or 50% on Tiers 3 & 4.					

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	5000+30_20 5000+30_30		5000+30_25 5000+30_35		7000+30_20 7000+30_30	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Deductible Individual / Family	\$5,000 / \$10,000	\$10,000 / \$20,000	\$5,000 / \$10,000	\$10,000 / \$20,000	\$7,000 / \$14,000	\$14,000 / \$28,000
Out-of-Pocket Maximum Individual / Family	\$6,850 / \$13,700	\$13,700 / \$27,400	\$9,000 / \$18,000	\$18,000 / \$36,000	\$8,550 / \$17,100	\$17,100 / \$34,200
	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%
	AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:	
Telehealth	\$30*	50%	\$30*	50%	\$30*	50%
Office Visits: Primary, Behavioral Health, Urgent Care, and Specialist	\$30*	50%	\$30*	50%	\$30*	50%
Inpatient Hospital	20% or 30%	50%	25% or 35%	50%	20% or 30%	50%
Lab / X-ray	No deductible up to \$400, then after deductible 20% or 30%	50%	No deductible up to \$400, then after deductible 25% or 35%	50%	No deductible up to \$400, then after deductible 20% or 30%	50%
Physical, Occupational, and Speech Therapy 30 visits per benefit period	20% or 30%	50%	25% or 35%	50%	20% or 30%	50%
Chiropractic / Acupuncture 18 visits combined per benefit period	\$30*	50%	\$30*	50%	\$30*	50%
Outpatient Surgery	20% or 30%	50%	25% or 35%	50%	20% or 30%	50%
Emergency Services Copay waived if admitted	\$100 plus 20% or 30%	\$100 plus 20% or 30%	\$100 plus 25% or 35%	\$100 plus 25% or 35%	\$100 plus 20% or 30%	\$100 plus 20% or 30%
Prescription (Rx) Drug Coverage	For prescription drug coverage, choose from three no-deductible plans. One option offers copays on all four tiers; a second and third option offers copays on Tiers 1 & 2, and 20% or 50% on Tiers 3 & 4.					

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	HSA 1700_20+Rx Non-Embedded		HSA 3400_20+Rx		HSA 3400_50+Rx		HSA 3400+Rx	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Deductible Individual / Family	\$1,700 / \$3,400	\$3,000 / \$6,000	\$3,400 / \$6,800	\$3,400 / \$6,800	\$3,400 / \$6,800	\$6,000 / \$12,000	\$3,400 / \$6,800	\$6,000 / \$12,000
Out-of-Pocket Maximum Individual / Family	\$4,500 / \$9,000	\$9,000 / \$13,700	\$5,000 / \$10,000	\$10,000 / \$20,000	\$6,350 / \$12,700	\$12,700 / \$25,400	\$3,400 / \$6,800	\$12,000 / \$24,000
	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:
Preventive Services	Covered in full	75%	Covered in full	50%	Covered in full	75%	Covered in full	75%
	AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:	
Telehealth	20%	75%	20%	50%	50%	75%	Covered in full	75%
Office Visits: Primary, Behavioral Health, Urgent Care, and Specialist	20%	75%	20%	50%	50%	75%	Covered in full	75%
Inpatient Hospital	20%	75%	20%	50%	50%	75%	Covered in full	75%
Lab / X-ray	20%	75%	20%	50%	50%	75%	Covered in full	75%
Physical, Occupational, and Speech Therapy 30 visits per benefit period	20%	75%	20%	50%	50%	75%	Covered in full	75%
Chiropractic / Acupuncture 18 visits combined per benefit period	20%	75%	20%	50%	50%	75%	Covered in full	75%
Outpatient Surgery	20%	75%	20%	50%	50%	75%	Covered in full	75%
Emergency Services	20%	20%	20%	20%	50%	50%	Covered in full	Covered in full
Prescription (Rx) Drug Coverage	20%	90%	20%	90%	50%	90%	Covered in full	90%

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	HSA 4000+Rx		HSA 5000+Rx		HSA 7000+Rx	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Deductible Individual / Family	\$4,000 / \$8,000	\$8,000 / \$16,000	\$5,000 / \$10,000	\$10,000 / \$20,000	\$7,000 / \$14,000	\$24,000 / \$48,000
Out-of-Pocket Maximum Individual / Family	\$4,000 / \$8,000	\$16,000 / \$32,000	\$5,000 / \$10,000	\$20,000 / \$40,000	\$7,000 / \$14,000	\$48,000 / \$96,000
	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:
Preventive Services	Covered in full	75%	Covered in full	75%	Covered in full	75%
	AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:	
Telehealth	Covered in full	75%	Covered in full	75%	Covered in full	75%
Office Visits: Primary, Behavioral Health, Urgent Care, and Specialist	Covered in full	75%	Covered in full	75%	Covered in full	75%
Inpatient Hospital	Covered in full	75%	Covered in full	75%	Covered in full	75%
Lab / X-ray	Covered in full	75%	Covered in full	75%	Covered in full	75%
Physical, Occupational, and Speech Therapy 30 visits per benefit period	Covered in full	75%	Covered in full	75%	Covered in full	75%
Chiropractic / Acupuncture 18 visits combined per benefit period	Covered in full	75%	Covered in full	75%	Covered in full	75%
Outpatient Surgery	Covered in full	75%	Covered in full	75%	Covered in full	75%
Emergency Services	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Prescription (Rx) Drug Coverage	Covered in full	90%	Covered in full	90%	Covered in full	90%

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