

# Health Plans that **Fit** the Needs of **Business**

## **PacificSource** Group Health Plan Designs



### **About Us**

PacificSource Health Plans is an independent, not-for-profit health insurance company. PacificSource is based in Eugene, Oregon, with offices throughout the Northwest. Since 1933, we've provided quality health insurance solutions to Northwest businesses and individuals. Our decades of experience enable us to provide our customers with innovative, personalized coverage and the best possible service.

### **The PacificSource Brand Promise**

At PacificSource, we're known for taking good care of people. Our members can call our toll-free number to speak with a customer service representative for friendly, professional assistance. Our average on-hold time is less than 20 seconds, and our phone system puts callers in touch with a live person. For added convenience, members can access personalized benefit and claim information through our secure, user-friendly website.

In everything we do, we will always maintain the friendly, personal manner that lets you know serving you is our pleasure.

### **Our Plans**

The following is an overview of health plan designs available to Idaho groups with two to 50 employees. Groups with 51 or more employees may also work with us to design a customized benefit package.

All the plans included in this brochure use the PacificSource Network, which includes more than 80 percent of providers in Idaho.

### **Questions?**

For more information about PacificSource health coverage, or to receive a quote, contact your PacificSource Sales Representative.

*continued inside*

***For Idaho businesses with  
two or more employees***



**PacificSource.com**

groupplansbrochure\_salesID1211

**Boise:** 208.342.3709 • 888.492.2875  
**Coeur d'Alene:** 208.665.7976 • 800.688.5008  
**Idaho Falls:** 208.522.1360 • 800.688.5008

# PacificSource Group Medical Plans

Overview	General Description	Plan Design Options
<b>Preferred CoDeduct Plans</b>	These PPO-based plans offer a blend of deductibles and copays. No PCP is required, and members do not need referrals to see specialists. Members who use PPO providers have lower costs.	Participating provider benefit of 70% or 80% for major medical services Deductibles of \$500, \$750, \$1,000, \$1,500, \$2,000, \$3,000, \$5,000, or \$7,500; family deductible is 3 times the individual deductible Office visit copays of \$20 (80% plans), \$30, or \$40
<b>Preferred Deductible and Percentage Plans</b>	These PPO-based plans do not require a PCP or referrals for members to see specialists. Members who use PPO providers have lower costs.	Participating provider benefit of 70% or 80% for major medical services Deductibles of \$500, \$750, \$1,000, \$1,500, \$2,000, \$3,000, \$5,000, or \$7,500; family deductible is 3 times the individual deductible Plan with 50% participating provider benefit also offered
<b>Preferred HSA Plans</b>	These HSA-qualified, high-deductible, PPO-based plans do not require PCPs or referrals for members to see specialists. Members who use PPO providers have lower costs.	Participating provider benefit of 80% for major medical services Deductibles of \$1,500, \$2,000, or \$3,000 Plan with 100% participating provider benefit and \$5,000 deductible also offered Plans offered with Rx coverage (subject to the medical deductible) or without Rx coverage
<b>SmartHealth for Business</b>	These PPO plans do not require PCPs or referrals for members to see specialists. There are unlimited office visits that are not subject to the deductible after copay. Primary care office visits have a lower copay than specialist office visits. Members who use PPO providers have lower costs.	Participating provider benefit of 80% for major medical services Deductibles of \$1,000, \$2,500, or \$5,000; family deductible is 2 times the individual deductible Office visit copays of \$30/\$45 or \$40/\$55 (PCP/Specialist)
<b>SmartHealth HSA Plan</b>	This HSA-qualified, high-deductible, PPO-based plan does not require PCPs or referrals for members to see specialists. Members who use PPO providers have lower costs.	Participating provider benefit of 75% for major medical services Deductible of \$3,000
<b>Mandated Plans</b>	These managed-care plans are offered in Basic, Standard, or Catastrophic coverage levels.	Office visit copays of \$20 or \$30 Hospital inpatient copays of \$200 per day

Note: There is a \$2,000,000 annual benefit maximum on all of the plans listed above, except for mandated plans, for groups with 2–50 employees. The annual maximum benefit is optional for groups with 51 or more employees.

***The benefit information in this brochure is a summary designed for comparative purposes. For specific information on plan benefits, exclusions, and limitations, please refer to a proposal, contract, or Member Benefit Handbook.***

## Covered Services at a Glance

PREVENTIVE CARE	HOSPITAL SERVICES	MENTAL HEALTH/CHEMICAL
Well Baby Care	Inpatient Room and Board	DEPENDENCY SERVICES
Routine Physicals	Inpatient Rehabilitative Care	Office Visits
Routine Gynecological Exams	Skilled Nursing Facility Care	Inpatient Care
Routine Colonoscopy	OUTPATIENT SERVICES	Residential Programs (for large groups 51+ only)
Immunizations	Outpatient Surgery/Services	
PROFESSIONAL SERVICES	Advanced Imaging	OTHER COVERED SERVICES
Office and Home Visits	Diagnostic and Therapeutic Radiology and Lab	Allergy Injections
Office Procedures and Supplies	Emergency Room Visits	Ambulance, Ground
Urgent Care Center Visits		Ambulance, Air
Surgery		Durable Medical Equipment
Outpatient Rehabilitation		Home Health Care

## Idaho Group Medical Plan Comparison

Deductible		Office Copay			Participating Provider Benefit*		Participating OOP Limit		Nonparticipating OOP Limit		
Individual	Family	Options			Office Visits	Major Medical	Individual	Family	Individual	Family	
<b>Preferred CoDeduct Plans</b>											
\$500	\$1,500	\$20	\$30	\$40	100%	80%	\$2,000	\$4,000	\$5,000	\$15,000	
\$500	\$1,500		\$30	\$40	100%	70%	\$3,000	\$6,000	\$5,000	\$15,000	
\$750	\$2,250	\$20	\$30	\$40	100%	80%	\$2,000	\$4,000	\$5,000	\$15,000	
\$750	\$2,250		\$30	\$40	100%	70%	\$3,000	\$6,000	\$5,000	\$15,000	
\$1,000	\$3,000	\$20	\$30	\$40	100%	80%	\$2,000	\$4,000	\$5,000	\$15,000	
\$1,000	\$3,000		\$30	\$40	100%	70%	\$3,000	\$6,000	\$5,000	\$15,000	
\$1,500	\$4,500	\$20	\$30	\$40	100%	80%	\$2,000	\$4,000	\$5,000	\$15,000	
\$1,500	\$4,500		\$30	\$40	100%	70%	\$3,000	\$6,000	\$5,000	\$15,000	
\$2,000	\$6,000	\$20	\$30	\$40	100%	80%	\$2,000	\$4,000	\$5,000	\$15,000	
\$2,000	\$6,000		\$30	\$40	100%	70%	\$3,000	\$6,000	\$5,000	\$15,000	
\$3,000	\$9,000	\$20	\$30	\$40	100%	80%	\$3,000	\$6,000	\$5,000	\$15,000	
\$3,000	\$9,000		\$30	\$40	100%	70%	\$4,000	\$8,000	\$5,000	\$15,000	
\$5,000	\$15,000	\$20	\$30	\$40	100%	80%	\$3,000	\$6,000	\$5,000	\$15,000	
\$5,000	\$15,000		\$30	\$40	100%	70%	\$4,000	\$8,000	\$5,000	\$15,000	
\$7,500	\$22,500	\$20	\$30	\$40	100%	80%	\$3,000	\$6,000	\$5,000	\$15,000	
\$7,500	\$22,500		\$30	\$40	100%	70%	\$4,000	\$8,000	\$5,000	\$15,000	
<b>Preferred Deductible and Percentage Plans</b>											
\$500	\$1,500	—			80%	80%	\$2,000	\$4,000	\$5,000	\$15,000	
\$500	\$1,500	—			70%	70%	\$3,000	\$6,000	\$5,000	\$15,000	
\$750	\$2,250	—			80%	80%	\$2,000	\$4,000	\$5,000	\$15,000	
\$750	\$2,250	—			70%	70%	\$3,000	\$6,000	\$5,000	\$15,000	
\$1,000	\$3,000	—			80%	80%	\$2,000	\$4,000	\$5,000	\$15,000	
\$1,000	\$3,000	—			70%	70%	\$3,000	\$6,000	\$5,000	\$15,000	
\$1,500	\$4,500	—			80%	80%	\$2,000	\$4,000	\$5,000	\$15,000	
\$1,500	\$4,500	—			70%	70%	\$3,000	\$6,000	\$5,000	\$15,000	
\$2,000	\$6,000	—			80%	80%	\$2,000	\$4,000	\$5,000	\$15,000	
\$2,000	\$6,000	—			70%	70%	\$3,000	\$6,000	\$5,000	\$15,000	
\$3,000	\$9,000	—			80%	80%	\$3,000	\$6,000	\$5,000	\$15,000	
\$3,000	\$9,000	—			70%	70%	\$4,000	\$8,000	\$5,000	\$15,000	
\$5,000	\$15,000	—			80%	80%	\$3,000	\$6,000	\$5,000	\$15,000	
\$5,000	\$15,000	—			70%	70%	\$4,000	\$8,000	\$5,000	\$15,000	
\$7,500	\$22,500	—			80%	80%	\$3,000	\$6,000	\$5,000	\$15,000	
\$7,500	\$22,500	—			70%	70%	\$4,000	\$8,000	\$5,000	\$15,000	
—	—	—			50%	50%	\$3,500	\$7,000	\$7,000	\$14,000	
\$1,000	\$3,000	\$30 for first 4 office visits			100% for first 4, 50% thereafter		50%	\$3,500	\$7,000	\$7,000	\$14,000
\$2,000	\$6,000										
\$3,000	\$9,000										
\$5,000	\$15,000										

\* Participating Provider Benefit for Major Medical Services for all plans: Some services are reimbursed at a different percentage. Please see the proposal summary of benefits for all benefit reimbursement percentages.

continued on next page

Deductible			Office Copay	Participating Provider Benefit*		Participating OOP Limit		Nonparticipating OOP Limit	
Individual	Family	Nonpar	Options	Office Visits	Major Medical	Individual	Family	Individual	Family
<b>Preferred HSA Plans (offered with Rx coverage (subject to the deductible) or without Rx coverage)</b>									
\$1,500	\$3,000	x2	—	80%	80%	\$5,000	\$10,000	\$10,000	\$20,000
\$2,000	\$4,000	x2		80%	80%	\$5,000	\$10,000	\$10,000	\$20,000
\$3,000	\$6,000	x2		80%	80%	\$5,800	\$11,600	\$11,600	\$23,200
\$5,000	\$10,000	x2		100%	100%	\$5,000	\$10,000	\$10,000	\$20,000

Deductible		Office Copay	Participating Provider Benefit*		Participating OOP Limit		Nonparticipating OOP Limit	
Individual	Family	Options	Office Visits	Major Medical	Individual	Family	Individual	Family
<b>SmartHealth for Business</b>								
\$1,000	\$2,000	\$30 PCP/\$45 Spec.	100%	75%	\$2,500	\$2,500	—	—
\$1,000	\$2,000	\$30 PCP/\$45 Spec.	100%	75%	\$5,000	\$5,000		
\$1,000	\$2,000	\$40 PCP/\$55 Spec.	100%	75%	\$2,500	\$2,500		
\$1,000	\$2,000	\$40 PCP/\$55 Spec.	100%	75%	\$5,000	\$5,000		
\$2,500	\$5,000	\$30 PCP/\$45 Spec.	100%	75%	\$2,500	\$2,500		
\$2,500	\$5,000	\$30 PCP/\$45 Spec.	100%	75%	\$5,000	\$5,000		
\$2,500	\$5,000	\$40 PCP/\$55 Spec.	100%	75%	\$2,500	\$2,500		
\$2,500	\$5,000	\$40 PCP/\$55 Spec.	100%	75%	\$5,000	\$5,000		
\$5,000	\$10,000	\$30 PCP/\$45 Spec.	100%	75%	\$2,500	\$2,500		
\$5,000	\$10,000	\$30 PCP/\$45 Spec.	100%	75%	\$5,000	\$5,000		
\$5,000	\$10,000	\$40 PCP/\$55 Spec.	100%	75%	\$2,500	\$2,500		
\$5,000	\$10,000	\$40 PCP/\$55 Spec.	100%	75%	\$5,000	\$5,000		
<b>SmartHealth for Business HSA</b>								
\$3,000	\$6,000	—	75%	75%	\$2,000	\$4,000	—	—

Deductible		Office Copay	Participating Provider Benefit*		Participating OOP Limit		Nonparticipating OOP Limit	
Individual	Family	Options	Office Visits	Major Medical	Individual	Family	Individual	Family
<b>Mandated (only available to employers with 51 or more employees)</b>								
—	—	\$30	100%	50%	\$5,000	\$10,000	—	—
		\$20	100%	80%	\$5,000	\$10,000		
		\$20	100%	100%	\$12,000	\$24,000		

\* **Participating Provider Benefit for Major Medical Services for all plans:** Some services are reimbursed at a different percentage. Please see the proposal summary of benefits for all benefit reimbursement percentages.

# Enhance Your Coverage

## Optional Benefits



### Vision Care Coverage

	Vision Plus		Vision 100		Vision 200		Vision Exam Only	
	Participating Allowance	Nonpar. Allowance	Participating Allowance	Nonpar. Allowance	Participating Allowance	Nonpar. Allowance	Participating Allowance	Nonpar. Allowance
<b>Prescription eyewear (each calendar year)</b>								
Single vision lenses, per pair	100%	\$56	\$100 total allowance for eyewear		\$200 total allowance for eyewear		Not covered	
Bifocal vision lenses, per pair	100%	\$84						
Trifocal vision lenses, per pair	100%	\$116						
Frames	\$75	\$75						
Contact lenses	\$131*	\$131*						
<b>Eye exam (each calendar year)</b> <i>This benefit replaces the routine eye exam if it is covered under the medical policy's preventive care benefit.</i>	100%	\$40	100%	\$40	100%	\$40	100%	\$40

Participating providers discount the prescription eyewear. Members can limit their out-of-pocket expense by using PacificSource participating providers.

\*Contact lenses are in lieu of glasses, not in addition to glasses.

### Alternative Care Benefit Riders

#### SmartHealth for Business Plan Design

SmartHealth Alternative Care allows members to use licensed acupuncturists and chiropractors for services otherwise covered under the policy (excluding any service or supply excluded or not otherwise covered by the policy, or services for pregnancy or childbirth).

Office visits to alternative care providers are covered the same as the primary care provider office visit.

The maximum benefit is \$500 per person per calendar year.

### Additional Accident Benefit Riders

#### Preferred Plan Design

This endorsement provides a \$500 first-dollar benefit covered at 100 percent for eligible expenses incurred within 90 days of an accident.

Expenses in excess of \$500 are subject to normal plan benefits.

continued on reverse



## Prescription Drug Coverage

Preferred Plan Designs:	Deductible	Tier 1 Generic Copay	Tier 2 Preferred Brand Copay	Tier 3 Nonpreferred Brand Copay	Out-of-Pocket Limit	Mail Order Supply Limit and Copay	Specialty Drug 30-day Copay
<b>Tiered 10/20/40</b>	None	\$10	\$20	\$40	None	90-day max 3 copays	\$100 or 20%, whichever is less
<b>Tiered 15/30/50</b>	None	\$15	\$30	\$50	None	90-day max 3 copays	\$100 or 20%, whichever is less
<b>Tiered 15/20%/50%</b>	None	\$15	20%	50%	None	90-day max 3 copays	\$100 or 20%, whichever is less

- Our standard Preferred prescription drug plans are based on a MAC-B structure. When a generic is available, members requesting a brand name drug will pay the brand copay plus the difference in cost between the brand and its generic equivalent, unless the prescription indicates no substitutions allowed.
- Retail prescription drugs and specialty drugs are limited to a 30-day supply.
- Prescriptions from nonparticipating providers are limited to a 5-day emergency supply.
- All prescription drug plans include coverage for prescribed contraceptives.
- Some HSA-qualified medical plans automatically include prescription drug coverage (subject to the medical deductible). If one of the above pharmacy plans is added, the medical plan will no longer be HSA-qualified.

SmartHealth Plan Designs:	Deductible	Tier 1 Generic Copay	Tier 2 Preferred Brand Copay	Tier 3 Nonpreferred Brand Copay	Out-of-Pocket Limit	Mail Order Supply Limit and Copay	Specialty Drug 30-day Copay
<b>10/30%/50% 5000</b>	None	\$10	30%	50%	\$5,000	90-day max 2 copays	Matches Tier 2 or Tier 3 copay
<b>10/\$250+30%/50% 5000</b>	\$250 deductible applies to Tier 2 and Tier 3	\$10	30%	50%	\$5,000	90-day max 2 copays	Matches Tier 2 or Tier 3 copay
<b>10/\$250+50%/50%</b>	\$250 deductible applies to Tier 2 and Tier 3	\$10	50%	50%	None	90-day max 2 copays	Matches Tier 2 or Tier 3 copay
<b>HSA 10/50%/50%</b>	Subject to medical plan deductible	\$10	50%	50%	Applies toward medical plan out-of-pocket limit	90-day max 2 copays	Matches Tier 2 or Tier 3 copay

- Our standard SmartHealth prescription drug plans are based on a MAC-A structure. When a generic is available, members requesting a brand name drug will pay the brand copay plus the difference in cost between the brand and its generic equivalent, even if the prescription indicates dispense as written (DAW).
- Retail prescription drugs and specialty drugs are limited to a 31-day supply.
- Prescriptions from nonparticipating providers are reimbursed at the participating retail copayment listed above.
- All prescription drug plans include coverage for prescribed contraceptives.

**Questions? For more information about PacificSource health coverage, or to receive a quote, contact your PacificSource Sales Representative.**



**Boise:** 208.342.3709 • 888.492.2875  
**Coeur d'Alene:** 208.665.7976 • 800.688.5008  
**Idaho Falls:** 208.522.1360 • 800.688.5008

*The benefit information in this brochure is a summary designed for comparative purposes. For specific information on plan benefits, exclusions, and limitations, please refer to a proposal, contract, or Member Benefit Handbook.*

**PacificSource.com**