

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
Prescription eyewear (each calendar year)								
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*						
Eye exam (each calendar year) <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
Tiered 10/20/40	None	\$10	\$20	\$40	None	90-day max 3 copays	\$100 or 20%, whichever is less
Tiered 15/30/50	None	\$15	\$30	\$50	None	90-day max 3 copays	\$100 or 20%, whichever is less
Tiered 15/20%/50%	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
10/30%/50% 5000	None	\$10	30%	50%	\$5,000	90-day max 2 copays	Matches Tier 2 or Tier 3 copay
10/\$250+30%/50% 5000	\$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
10/\$250+50%/50%	\$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
HSA 10/50%/50%	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.



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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.

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