



2023 Medical Plans for **Idaho Small Groups** | 2–50



2023 Idaho | Navigator Small Group Medical Plans

	HSA-QUALIFIED PLANS																													
	Gold 600 [^]		Gold 1000 [^]		Gold 2000 [^]		Silver 3000 [^]		Silver 4500 [^]		Silver 5500 [^]		Silver 6500 [^]		Bronze 6800 [^]		Bronze 9100 [^]		Gold HSA 3000 ^{**}		Silver HSA 3000 ^{**}		Silver HSA 4000 ^{**}		Silver HSA 4800 ^{**}		Silver HSA 5500 ^{**}		Bronze HSA 7050 ^{**}	
	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	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	\$600/ \$1,200	\$10,000 / \$20,000	\$1,000 / \$2,000	\$10,000 / \$20,000	\$2,000 / \$4,000	\$10,000 / \$20,000	\$3,000 / \$6,000	\$10,000 / \$20,000	\$4,500 / \$9,000	\$10,000 / \$20,000	\$5,500 / \$11,000	\$10,000 / \$20,000	\$6,500 / \$13,000	\$10,000 / \$20,000	\$6,800 / \$13,600	\$10,000 / \$20,000	\$9,100 / \$18,200	\$10,000 / \$20,000	\$3,000 / \$6,000	\$10,000 / \$20,000	\$3,000 / \$6,000	\$10,000 / \$20,000	\$4,000 / \$8,000	\$10,000 / \$20,000	\$4,800 / \$9,600	\$10,000 / \$20,000	\$5,500 / \$11,000	\$10,000 / \$20,000	\$7,050 / \$14,100	\$10,000 / \$20,000
Out-of-Pocket Maximum Individual / Family	\$7,500/ \$15,000	\$15,000 / \$30,000	\$6,600 / \$13,200	\$15,000 / \$30,000	\$5,500 / \$11,000	\$15,000 / \$30,000	\$9,100 / \$18,200	\$15,000 / \$30,000	\$8,200 / \$16,400	\$15,000 / \$30,000	\$9,100 / \$18,200	\$15,000 / \$30,000	\$3,000 / \$6,000	\$15,000 / \$30,000	\$7,050 / \$14,100	\$15,000 / \$30,000	\$6,000 / \$12,000	\$15,000 / \$30,000	\$4,800 / \$9,600	\$15,000 / \$30,000	\$5,500 / \$11,000	\$15,000 / \$30,000	\$7,050 / \$14,100	\$15,000 / \$30,000						

Preventive Services	Covered in full	50% after deductible	Covered in full	50% after deductible																										
Preventive Drug Coverage	Covered in full	50% after deductible	Covered in full	50% after deductible																										
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.		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.			

Office Visits Primary, Urgent Care, and Specialist (including behavioral health for adults)	Primary/Urgent Care: \$40 no deductible Specialist: \$80 no deductible	50% after deductible	Primary/Urgent Care: \$30 no deductible Specialist: \$60 no deductible	50% after deductible	Primary/Urgent Care: \$30 no deductible Specialist: \$60 no deductible	50% after deductible	Primary/Urgent Care: \$50 no deductible Specialist: \$100 no deductible	50% after deductible	Primary/Urgent Care: \$40 no deductible Specialist: \$80 no deductible	50% after deductible	Primary/Urgent Care: \$35 no deductible Specialist: \$70 no deductible	50% after deductible	Primary/Urgent Care: \$35 no deductible Specialist: \$70 no deductible	50% after deductible	Primary/Urgent Care: \$35 no deductible Specialist: \$70 no deductible	50% after deductible	Primary/Urgent Care: \$40 no deductible Specialist: \$80 no deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible	10% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Telehealth	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible	10% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible												
Inpatient Hospital	20% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible	40% after deductible	50% after deductible	35% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible	10% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Lab / X-ray	20% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible	40% after deductible	50% after deductible	35% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible	10% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Physical, Occupational, and Speech Therapy 20 visits per benefit period	\$40 no deductible	50% after deductible	\$30 no deductible	50% after deductible	\$30 no deductible	50% after deductible	\$50 no deductible	50% after deductible	\$40 no deductible	50% after deductible	\$35 no deductible	50% after deductible	\$35 no deductible	50% after deductible	40% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible	10% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible	40% after deductible	50% after deductible	35% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible	10% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Emergency Services	\$250 plus 20% after deductible	\$250 plus 20% after deductible	\$250 plus 25% after deductible	\$250 plus 25% after deductible	\$250 plus 25% after deductible	\$250 plus 25% after deductible	\$250 plus 40% after deductible	\$250 plus 40% after deductible	\$250 plus 35% after deductible	\$250 plus 35% after deductible	\$250 plus 30% after deductible	\$250 plus 30% after deductible	\$250 plus 30% after deductible	\$250 plus 30% after deductible	\$500 plus 40% after deductible	\$500 plus 40% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	20% after deductible	20% after deductible	10% after deductible	10% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Chiropractic / Acupuncture 18 visits combined per benefit period	\$40 no deductible	50% after deductible	\$30 no deductible	50% after deductible	\$30 no deductible	50% after deductible	\$50 no deductible	50% after deductible	\$40 no deductible	50% after deductible	\$35 no deductible	50% after deductible	\$35 no deductible	50% after deductible	\$35 no deductible	50% after deductible	\$40 no deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible	10% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Prescription (Rx) Drug Coverage Out-of-network: 30-day max fill, no more than 3 per year	Tier 1: \$15 no deductible Tier 2: \$45 no deductible Tier 3 & 4: 20% no deductible	50% after deductible	Tier 1: \$15 no deductible Tier 2: \$45 no deductible Tier 3 & 4: 20% no deductible	50% after deductible	Tier 1: \$15 no deductible Tier 2: \$45 no deductible Tier 3 & 4: 20% no deductible	50% after deductible	Tier 1: \$15 no deductible Tier 2: \$90 no deductible Tier 3 & 4: 40% no deductible	50% after deductible	Tier 1: \$15 no deductible Tier 2: \$70 no deductible Tier 3 & 4: 35% no deductible	50% after deductible	Tier 1: \$15 no deductible Tier 2: \$70 no deductible Tier 3 & 4: 30% no deductible	50% after deductible	Tier 1: \$15 no deductible Tier 2: \$70 no deductible Tier 3 & 4: 30% no deductible	50% after deductible	40% after deductible	50% after deductible	Tier 1: \$20 no deductible Tier 2, 3, & 4: 0% after deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible	10% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible

[^]Adult vision included on this plan.
^{**}Includes adult vision exams.
 Out-of-network services are covered up to an allowed amount. After that amount is reached, members may be subject to balance billing. Benefit subject to deductible and coinsurance. 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 us at IdahoSales@PacificSource.com or go to 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. We accept all relay calls.

Availability map **by county**



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