



# Ensuring **your health**



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2020 Health Plans for **Idaho** Individuals and Families

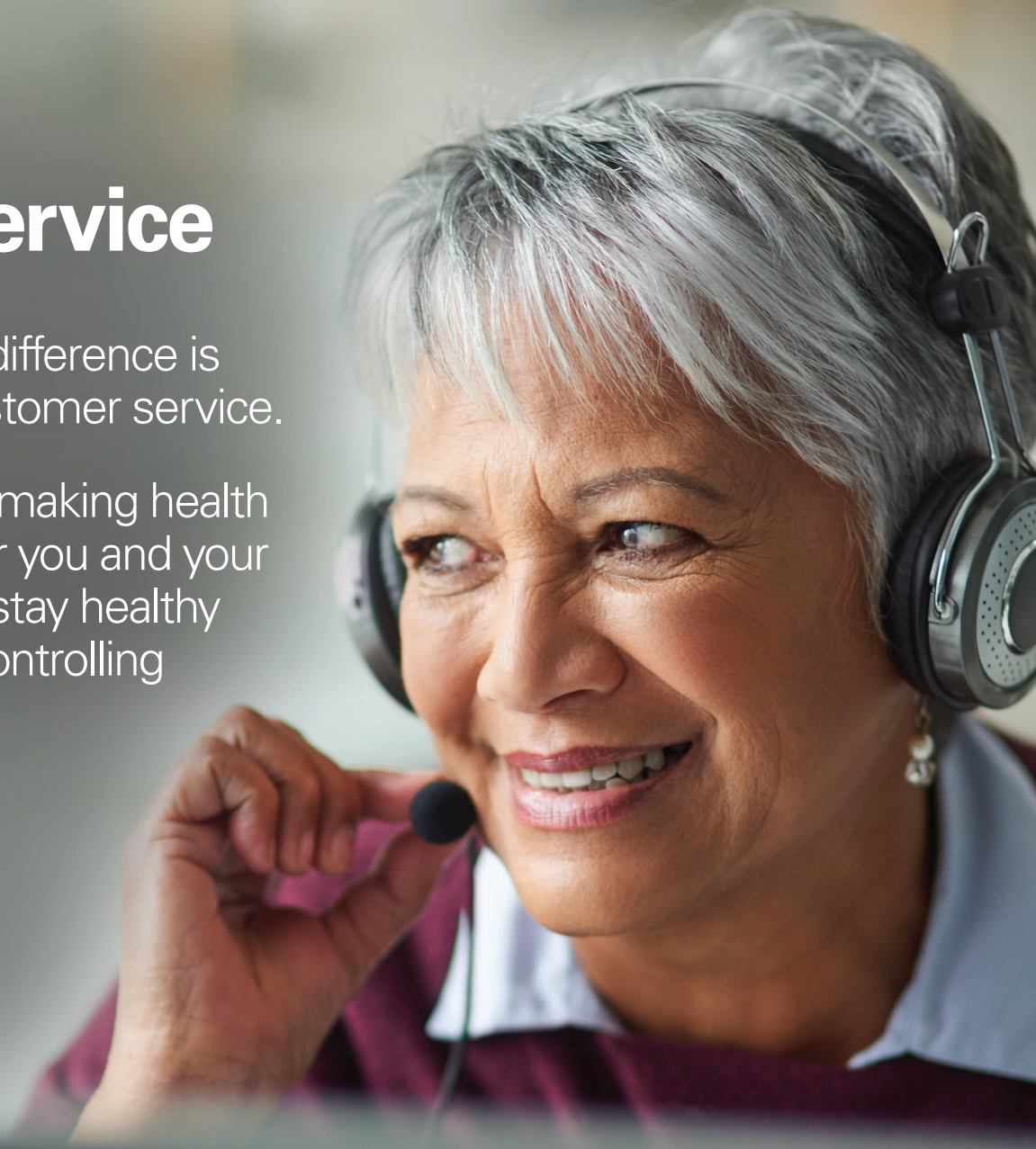
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# At your service

The PacificSource difference is our exceptional customer service.

We're focused on making health insurance easier for you and your family. So you can stay healthy and happy, while controlling healthcare costs.



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We've been putting members first with outstanding service since **1933**.

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# Health insurance is complicated. **We simplify it for you.**

**Service and tools to save you time and effort.**



## Four-state in-network area

Our new products for 2020 offer multi-state access to in-network providers in Idaho, Montana, Oregon, and Washington.



## Access anytime, from anywhere

Use our mobile app to access your health insurance information, including a convenient mobile ID card.



## No referrals

Need to see a specialist? None of our plans require you to see your primary care physician to get a referral first.

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**30** seconds  
or less

That's the average wait time before someone answers when calling PacificSource customer service, according to internal call reports. No phone trees. Just real, knowledgeable people, ready to help.

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# Get the health insurance features you want (but may not even know existed).



## **On-demand access** to doctors by video

Get the medical care you need, when and where you need it. Check your plan benefits for cost-sharing information.



## Find doctors **fast**

Our online search directory helps you find just the right doctor, anytime you're ready.



## **\$0 copays** on preventive care and select preventive prescription drugs

There is no charge on well baby/well child care, preventive physicals, preventive mammograms, immunizations, preventive colonoscopies, and more, when receiving care from in-network providers. Plus, select preventive prescriptions are also available at no charge.







# Customer service that saves you time and effort.



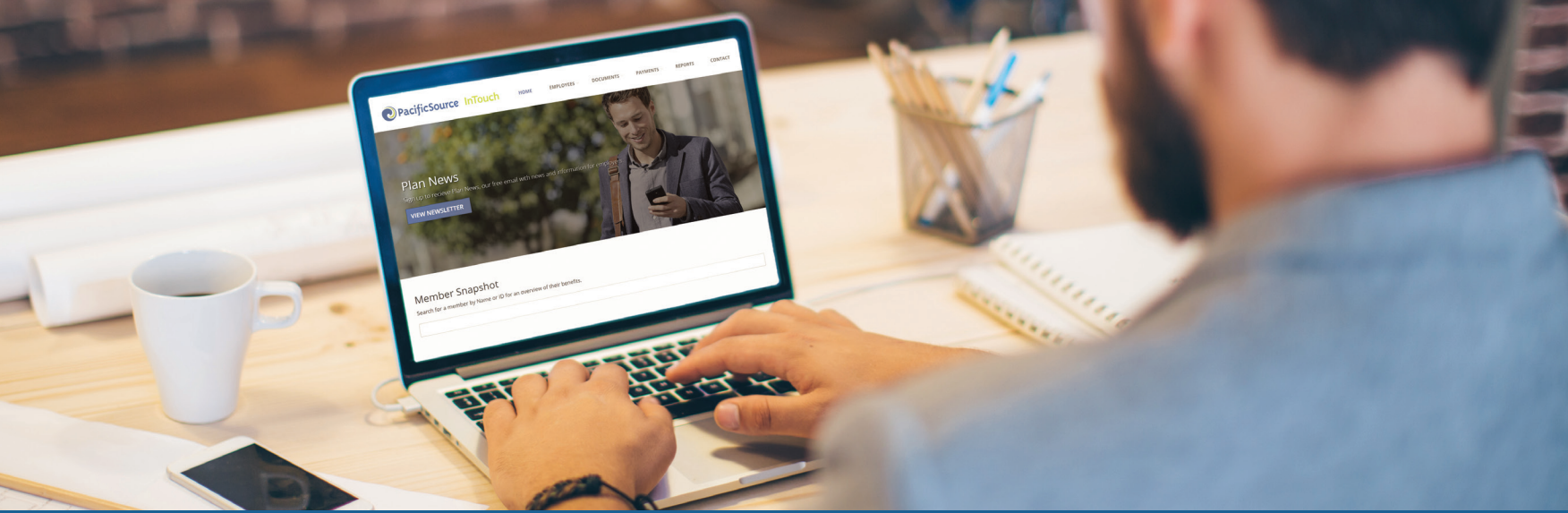
## **Quick access** to customer service

We pick up calls in **30 seconds** or less, according to internal call reports.



## **Live, local** support

We answer all member calls with real people, not automated phone trees.



Manage your health insurance benefits through our online tool from any **computer or mobile device.**



**Secure, convenient, member-only access to your insurance information and health resources via our InTouch portal and our myPacificSource app.**

### **Coverage information**

View coverage for common services, and even some uncommon ones.

### **EOBs**

See the explanation of benefits statements for your claims.

### **Check your status**

See how much of your deductible has been met.

### **ID cards**

Request ID cards and print temporary ones.

### **CaféWell**

Get access to a health engagement portal (for members 18 and older).

### **Estimate costs**

Find out how much procedures may cost with our treatment cost navigator.



# Our New **2020** products.



## The product you can enroll in is determined by which county you live in.

Our health plan products are a unique combination of networks and plan designs to fit the needs of you and your family. For 2020 we're offering two new products: **Navigator** and **Voyager**. The county where you live determines which one of these you can enroll in.

These new products are part of our continued effort to simplify how you make informed decisions about your health and to keep you engaged with your healthcare providers. The products further refine our mission to provide you with quality of care, accountability, access, affordability, and member choice.

Your product's provider network determines which doctors, hospitals, and other healthcare providers are covered by in-network benefits for you. All of our Navigator and Voyager products also offer out-of-network benefits, for more freedom and choice.



# Navigator

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**Navigator is our primary coordinated care product, where a member's personal provider is navigating care within a coordinated network of health professionals who are focused on the individual throughout their health journey.**

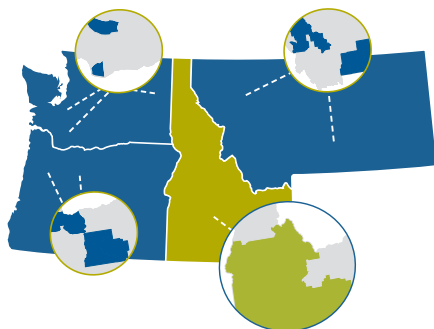
Navigator products are designed to support member engagement, self-management, and promote shared decision making with providers.

Navigator gives access to a broad array of in-network providers, including local providers, providers within our four-state area, and those available nationally through contracts with First Health, and in Alaska through contracts with First Choice Health.

Our provider partners give members personalized care through high-quality health management and help members better understand the costs associated with their health.

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**Navigator products feature in-network coordinated care provider partners in each of our four states.**



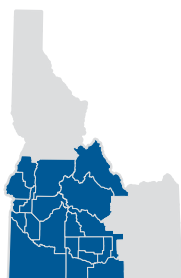
**Idaho:**  
**Boise**  
**Twin Falls**

**Oregon:**  
Bend  
Portland Metro

**Montana:**  
Billings  
Kalispell  
Missoula

**Washington:**  
Spokane  
Tacoma  
Vancouver





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

Ada, Adams, Blaine, Boise, Camas, Canyon, Cassia, Custer, Elmore, Gem, Gooding, Jerome, Lemhi, Lincoln, Minidoka, Owyhee, Payette, Twin Falls, Valley, and Washington.

## The doctors **and hospitals** you want.

We've partnered with well-respected health centers and hospitals in each state so you will get top-notch quality of care and service.

### Idaho:

**St. Luke's**  
Health **Partners**

### Montana:

  
**Billings Clinic**

 **PROVIDENCE**  
**St. Patrick Hospital**

 **KALISPELL REGIONAL**  
**HEALTHCARE**

 **COMMUNITY**  
MEDICAL CENTERS

### Oregon:

 **LEGACY**  
HEALTH

 **CENTRAL OREGON**  
INDEPENDENT PRACTICE ASSOCIATION

 **St. Charles**  
HEALTH SYSTEM

### Washington:

**MultiCare** 

 **MultiCare**  
Connected Care™

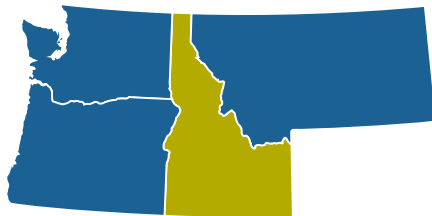
 **LEGACY**  
HEALTH



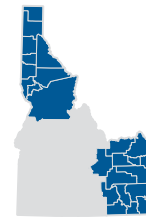
**Voyager is a preferred provider organization, suited for people who prefer a more self-directed experience.**

**It includes a broad array of network providers in our four-state area,** as well as nationally through contracts with First Health, and in Alaska through contracts with First Choice Health.

**Voyager's four-state area features** in-network providers statewide, and in other states.



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



Bannock, Bear Lake, Benewah, Bingham, Bonner, Bonneville, Boundary, Butte, Caribou, Clark, Clearwater, Franklin, Fremont, Idaho, Jefferson, Kootenai, Latah, Lewis, Madison, Nez Perce, Oneida, Power, Shoshone, and Teton.

Voyager products give you **greater choice for in-network providers.**

A broader network means more freedom to choose from a bigger selection of primary care doctors, specialists, and more.



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We cover more than **40,000** individual members and their families in Idaho, Montana, Oregon, and Washington.

PacificSource covers independent people just like you who get their health insurance direct, and not from an employer.

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# 2020 Idaho | Individual and Family Medical Plans

|  | NON-HSA QUALIFIED PLANS  |                                |  |                                |  |                                |  |                                |  |                                |  |                                |  |                                | HSA QUALIFIED PLANS  |                                |  |                                |
|--|--|--------------------------------|--|--------------------------------|--|--------------------------------|--|--------------------------------|--|--------------------------------|--|--------------------------------|--|--------------------------------|--|--------------------------------|--|--------------------------------|
|  | Gold 1500  |                                | Gold 2000  |                                | Silver 3000  |                                | Silver 4000  |                                | Bronze 5500  |                                | Bronze 7000  |                                | Catastrophic^  |                                | Silver HSA 3500  |                                | Bronze HSA 6750  |                                |
| Product  | Navigator or Voyager   |                                | Navigator  |                                | Navigator  |                                | Navigator  |                                | Navigator  |                                | Navigator  |                                | Navigator  |                                | Navigator or Voyager   |                                | Navigator  |                                |
|  | 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<br>Individual / Family  | \$1,500 / \$3,000  | \$10,000 / \$20,000            | \$2,000 / \$4,000  | \$10,000 / \$20,000            | \$3,000 / \$6,000  | \$10,000 / \$20,000            | \$4,000 / \$8,000  | \$10,000 / \$20,000            | \$5,500 / \$11,000   | \$10,000 / \$20,000            | \$7,000 / \$14,000   | \$10,000 / \$20,000            | \$8,150 / \$16,300   | \$10,000 / \$20,000            | \$3,500 / \$7,000  | \$10,000 / \$20,000            | \$6,750 / \$13,500   | \$10,000 / \$20,000            |
| Out-of-Pocket Maximum<br>Individual / Family   | \$5,000 / \$10,000   | \$81,500 / \$163,000           | \$6,000 / \$12,000   | \$81,500 / \$163,000           | \$8,150 / \$16,300   | \$81,500 / \$163,000           | \$7,900 / \$15,800   | \$81,500 / \$163,000           | \$8,150 / \$16,300   | \$81,500 / \$163,000           | \$8,150 / \$16,300   | \$81,500 / \$163,000           | \$8,150 / \$16,300   | \$81,500 / \$163,000           | \$6,750 / \$13,500   | \$81,500 / \$163,000           | \$6,750 / \$13,500   | \$81,500 / \$163,000           |
|  | 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: | 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%                            | 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%                            | 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.                  |                                | 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:   |                                | AFTER DEDUCTIBLE, MEMBER PAYS:                                     |                                |
| Telemedicine<br>(including behavioral health for adults)                                       | 10%  | 50%                            | \$10*  | 50%                            | \$10*  | 50%                            | \$10*  | 50%                            | \$10*  | 50%                            | \$10*  | 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<br>Primary, Urgent Care, and Specialist  | 10%  | 50%                            | Primary/Urgent Care: \$20*<br>Specialist: \$40*                            | 50%                            | Primary/Urgent Care: \$35*<br>Specialist: 40%                              | 50%                            | Primary/Urgent Care: \$20*<br>Specialist: \$40*                            | 50%                            | Primary/Urgent Care: \$35*<br>Specialist: 50%                              | 50%                            | Primary/Urgent Care: \$35*<br>Specialist: 40%                              | 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   | 10%  | 50%                            | 20%  | 50%                            | 40%  | 50%                            | 30%  | 50%                            | 50%  | 50%                            | 40%  | 50%                            | Covered in Full  | 50%                            | 25%  | 50%                            | Covered in Full  | 50%                            |
| Lab / X-ray  | 10%  | 50%                            | 20%  | 50%                            | 40%  | 50%                            | 30%  | 50%                            | 50%  | 50%                            | 40%  | 50%                            | Covered in Full  | 50%                            | 25%  | 50%                            | Covered in Full  | 50%                            |
| Physical, Occupational, and Speech Therapy<br>20 visits per benefit period                     | 10%  | 50%                            | 20%  | 50%                            | 40%  | 50%                            | 30%  | 50%                            | 50%  | 50%                            | 40%  | 50%                            | Covered in Full  | 50%                            | 25%  | 50%                            | Covered in Full  | 50%                            |
| Outpatient Surgery   | 10%  | 50%                            | 20%  | 50%                            | 40%  | 50%                            | 30%  | 50%                            | 50%  | 50%                            | 40%  | 50%                            | Covered in Full  | 50%                            | 25%  | 50%                            | Covered in Full  | 50%                            |
| Emergency Services   | 10%  | 10%                            | 20%  | 20%                            | 40%  | 40%                            | 30%  | 30%                            | 50%  | 50%                            | 40%  | 40%                            | Covered in Full  | Covered in Full                | 25%  | 25%                            | Covered in Full  | Covered in Full                |
| Chiropractic / Acupuncture<br>18 combined visits per benefit period                            | 10%  | 50%                            | \$20*  | 50%                            | \$35*  | 50%                            | \$20*  | 50%                            | \$35*  | 50%                            | \$35*  | 50%                            | Covered in Full  | 50%                            | 25%  | 50%                            | Covered in Full  | 50%                            |
| Prescription (Rx)<br>Drug Coverage<br>Out-of-network: 30-day max fill, no more than 3 per year | 10%  | 50%                            | Tier 1: \$15*<br>Tier 2: \$60*<br>Tier 3 & 4: 20%*                         | 50%                            | Tier 1: \$15*<br>Tier 2: \$60*<br>Tier 3 & 4: 40%*                         | 50%                            | 30%  | 50%                            | 50%  | 50%                            | 40%  | 50%                            | Covered in Full  | 50%                            | 25%  | 50%                            | Covered in Full  | 50%                            |
| Pediatric Eye Exam<br>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*   | 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<br>One item per benefit period                                       | 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 20% |                                | 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* up to \$150 then subject to in-network deductible and 40% |                                | 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](mailto:coverageadvisors@pacificsource.com). Go to [PacificSource.com/find-an-individual-plan](https://www.pacificsource.com/find-an-individual-plan) for details or to see a plan's Summary of Benefits.





## Kids in **focus**



### **Pediatric vision benefits (for members through age 18).**

All of our medical plans include vision coverage, including routine eye exams for members through age 18 at no cost, when seeing an in-network doctor. Most plans also include vision hardware coverage up to \$150 for members through age 18, and amounts over that are covered based on your plan's specific benefits.

# Decide on **dental**



Good dental health can lead to better overall health. You can add one of our dental plans to your health plan, or select dental-only. Available for purchase year-round, not just during open enrollment.

## See if a dentist is in our network.

You can find in-network dentists in our online directory:

**PacificSource.com/find-a-dentist.**

## 2020 Idaho

## Individual and Family Dental Plan Comparison

| USE THIS CHART<br>TO COMPARE OUR<br>DENTAL PLANS                              | Dental Advantage<br>0-20-50 1000            |                                   | Dental Advantage<br>0-20-50 1500            |                                   | Kids Dental Advantage<br>0-20-50<br>(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                    |
| <b>Annual Deductible</b><br>Individual / Family                               | \$0 / \$0                                   | \$50 / \$150                      | \$0 / \$0                                   | \$50 / \$150                      | \$0 / \$0   | \$50 / \$150                      |
| <b>Annual Maximum Benefit</b><br>Per person, age 19 and older                 | \$1,000                                     |                                   | \$1,500                                     |                                   | N/A   |                                   |
| <b>Pediatric Out-of-Pocket Maximum</b><br>Individual/Family, age 18 and under | \$350 / \$700                               |                                   | \$350 / \$700                               |                                   | \$350 / \$700   |                                   |
|   | NO DEDUCTIBLE,<br>MEMBER PAYS:              | NO DEDUCTIBLE,<br>MEMBER PAYS:    | NO DEDUCTIBLE,<br>MEMBER PAYS:              | NO DEDUCTIBLE,<br>MEMBER PAYS:    | NO DEDUCTIBLE,<br>MEMBER PAYS:  | NO DEDUCTIBLE,<br>MEMBER PAYS:    |
| <b>Class I Services</b>   | Covered in Full                             | 20%                               | Covered in Full                             | 20%                               | Covered in Full   | 20%                               |
|   | NO DEDUCTIBLE,<br>MEMBER PAYS:              | AFTER DEDUCTIBLE,<br>MEMBER PAYS: | NO DEDUCTIBLE,<br>MEMBER PAYS:              | AFTER DEDUCTIBLE,<br>MEMBER PAYS: | NO DEDUCTIBLE,<br>MEMBER PAYS:  | AFTER DEDUCTIBLE,<br>MEMBER PAYS: |
| <b>Class II Services</b>  | 20%   | 20%                               | 20%   | 20%                               | 20%   | 20%                               |
| <b>Class III Services</b>   | 50%   | 50%                               | 50%   | 50%                               | 50%   | 50%                               |
| <b>Wait Period</b><br>Per person, age 19 and older                            | Class II: 6 months;<br>Class III: 12 months |                                   | Class II: 6 months;<br>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**. Go to **PacificSource.com/find-an-individual-plan** for details or to see a plan's Summary of Benefits.





# Helping you choose **a health plan**

**Health plans are complicated.  
We can help simplify your choice.**



All our health plans include coverage for preventive care, \$0 annual physicals from in-network providers, and most vaccinations.

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## **Non-HSA**

Non-HSA plans allow you to access some benefits for a copay prior to meeting your deductible (such as primary care, urgent care, or pharmacy).

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## **HSA**

HSA-qualified plans help you save money for healthcare expenses, such as deductibles and coinsurance. This type of plan requires that all major benefits be subject to the deductible.

HSA plans require HSA bank accounts. Contributions to HSA accounts are 100% tax deductible (up to the legal maximum) like an IRA. And withdrawals from your HSA to pay for qualified medical expenses are **tax-free**. Pro Tip: look for plan names with “HSA” in them.

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# Great stuff you and your family get with our plans.

## Convenience

- ✓ **Easy online access**  
from desktop, tablet, or mobile app
- ✓ **Access to nearby care**  
doctors, hospitals, and urgent care centers
- ✓ **Video doctor visits**  
through our partner, Teladoc®
- ✓ **Digital member ID cards**  
via our website and mobile app
- ✓ **No referrals required by our plans**  
for you to see a specialist
- ✓ **Mail-order and retail pharmacy**  
for up to a 90-day supply
- ✓ **Online provider directory**  
to easily find who's in-network
- ✓ **Worry-free travel**  
with global emergency services from Assist America®

## Cost savings

- ✓ **\$0 copays**  
on select preventive care and preventive prescription drugs from in-network providers and pharmacies
- ✓ **Affordable fitness center access**  
from our partner, Active&Fit Direct™
- ✓ **Jenny Craig® and Weight Watchers®**  
Weight-management program discounts
- ✓ **24-Hour NurseLine at no cost**
- ✓ **Health education class reimbursement**  
up to \$150 for health and wellness classes, such as first aid/CPR, pregnancy, parenting, heart health, and nutrition
- ✓ **No-cost care management programs**  
for chronic conditions
- ✓ **Prenatal program**  
with info and consultations for expectant mothers
- ✓ **Help quitting smoking**  
or other tobacco use with the Quit For Life® tobacco cessation program

Additional benefits not considered as insurance.



# What's next?

**Here's how to enroll in our products:**



Find the product offered, based on where you live



Choose a health plan



Decide on dental



Contact your agent or our team for a quote

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## **We're here to help.**

We know that each step may require guidance,  
so please contact us with any questions.

**Phone:** (855) 330-2792

**Email:** [coverageadvisors@pacificsource.com](mailto:coverageadvisors@pacificsource.com)

**Web:** [PacificSource.com](http://PacificSource.com)

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