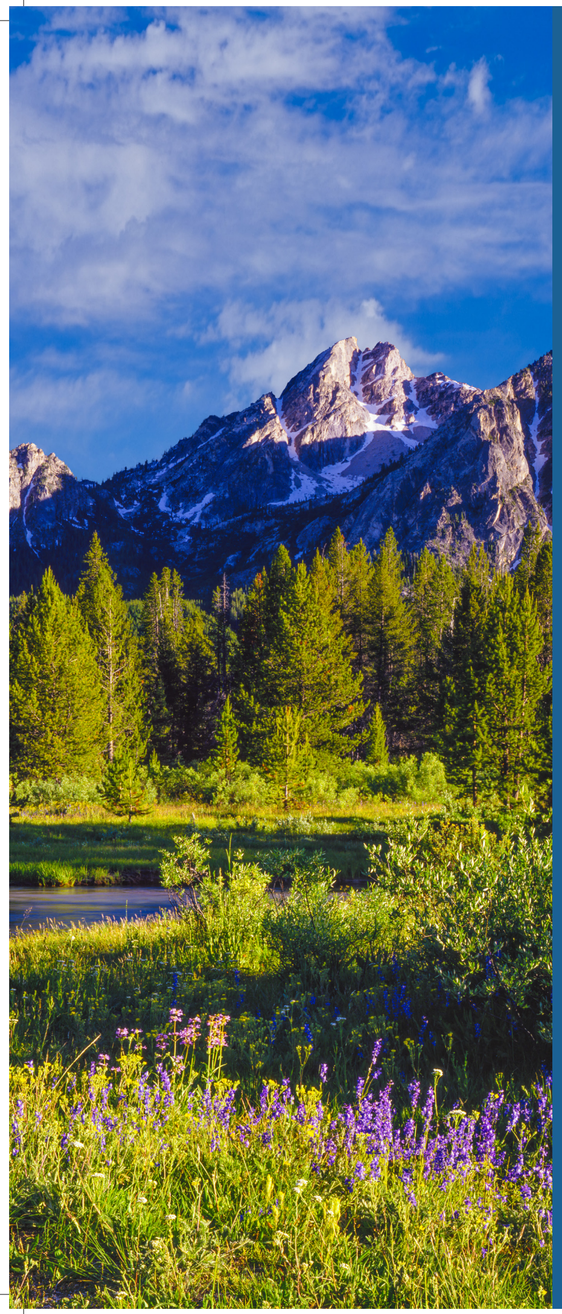

Availability Maps **by County**

More for less from our Navigator products

Navigator is our coordinated care product, where a member's personal provider is navigating care within a coordinated network of health professionals. Navigator promotes better member engagement, self-management, and shared decision making with providers.

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

Freedom to choose with our Voyager products

Voyager products use our preferred provider organization, and are suited for a person who prefers a more self-directed experience.

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

For more information, contact a Coverage Advisor at **(855) 330-2792** or by email at **coverageadvisors@pacificsource.com.**

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

PacificSource HEALTH PLANS

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 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 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 (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 Primary, Urgent Care, and Specialist	10%	50%	Primary/Urgent Care: $20* Specialist: $40*	50%	Primary/Urgent Care: $35* Specialist: 40%	50%	Primary/Urgent Care: $20* Specialist: $40*	50%	Primary/Urgent Care: $35* Specialist: 50%	50%	Primary/Urgent Care: $35* 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 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 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) Drug Coverage Out-of-network: 30-day max fill, no more than 3 per year	10%	50%	Tier 1: $15* Tier 2: $60* Tier 3 & 4: 20%*	50%	Tier 1: $15* Tier 2: $60* Tier 3 & 4: 40%*	50%	30%	50%	50%	50%	40%	50%	Covered in Full	50%	25%	50%	Covered in Full	50%
Pediatric Eye Exam 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 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.** Go to **PacificSource.com/find-an-individual-plan** for details or to see a plan's Summary of Benefits.