

Focus on
Vision



Our vision plans focus on wellness and prevention.

Vision for kids
All of our medical plans include full coverage for in-network pediatric eye exams. Out-of-network eye exams are covered up to \$40 with no deductible. After that, member pays 100%. Pediatric vision hardware is covered in full up to \$150. After that, it's subject to in-network deductible and then a cost-sharing fee up to 50%, depending upon the plan.

Vision for adults
Many of our medical plans include coverage for adult eye exams and vision hardware. When visiting an in-network provider, eye exams are covered in full. Out-of-network eye exams are covered up to \$40 with no deductible. After that, member pays 100%. Adult vision hardware is covered in full up to \$150.

For more details on our vision benefits, please contact your broker or our team at the contact information listed on the back of this document.

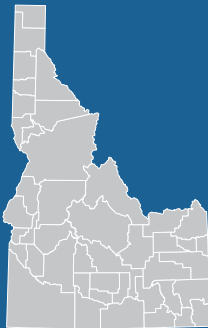


Availability Maps **by County**



More for less from our Navigator products
Navigator is our coordinated care product, where a member's care is navigated 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 businesses domiciled in the following counties: Ada, Adams, Bannock, Bingham, Blaine, Boise, Camas, Canyon, Caribou, Cassia, Custer, Elmore, Gem, Gooding, Jerome, Lemhi, Lincoln, Minidoka, Oneida, Owyhee, Payette, Power, Twin Falls, Valley, and Washington



Freedom to choose with our Voyager products
Voyager is a preferred provider organization, suited for a company culture that prefers a more self-directed experience.
Voyager is available for purchase by businesses domiciled in all Idaho counties.

Contact your broker or our team for a quote. We're happy to help, Monday through Friday from 8:00 a.m. to 5:00 p.m.

Boise: (208) 342-3709 | (888) 492-2875
Coeur d'Alene: (208) 333-1557 | (888) 492-2875
Idaho Falls: (208) 522-1360 | (888) 492-2875
Email: idahosales@pacificsource.com
Web: PacificSource.com



2020 Medical Plans for
Idaho Small Groups | 2–50



2020 Idaho | Small Group Medical Plans

	NON-HSA QUALIFIED PLANS																HSA QUALIFIED PLANS											
	Gold 1000^		Gold 2000^		Silver 3000		Silver 4500^		Silver 5500^		Silver 6500^		Bronze 6800^		Bronze 7500		Gold HSA 3000		Silver HSA 3000		Silver HSA 4500		Silver HSA 5500		Bronze HSA 5000		Bronze HSA 6750	
Product	Navigator or Voyager		Navigator or Voyager		Navigator or Voyager		Navigator or Voyager		Navigator or Voyager		Navigator or Voyager		Navigator or Voyager		Navigator or Voyager		Navigator or Voyager		Navigator or Voyager		Navigator or Voyager		Navigator or Voyager		Navigator or Voyager		Navigator or Voyager	
	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	\$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	\$7,500 / \$15,000	\$10,000 / \$20,000	\$3,000 / \$6,000	\$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	\$5,000 / \$10,000	\$10,000 / \$20,000	\$6,750 / \$13,500	\$10,000 / \$20,000
Out-of-Pocket Maximum Individual / Family	\$5,500 / \$11,000	\$15,000 / \$30,000	\$5,500 / \$11,000	\$15,000 / \$30,000	\$8,150 / \$16,300	\$15,000 / \$30,000	\$7,500 / \$15,000	\$15,000 / \$30,000	\$7,500 / \$15,000	\$15,000 / \$30,000	\$7,500 / \$15,000	\$15,000 / \$30,000	\$8,150 / \$16,300	\$15,000 / \$30,000	\$7,500 / \$15,000	\$15,000 / \$30,000	\$3,000 / \$6,000	\$15,000 / \$30,000	\$6,750 / \$13,500	\$15,000 / \$30,000	\$4,500 / \$9,000	\$15,000 / \$30,000	\$5,500 / \$11,000	\$15,000 / \$30,000	\$6,750 / \$13,500	\$15,000 / \$30,000	\$6,750 / \$13,500	\$15,000 / \$30,000
	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:	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%	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%	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.		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:		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%	\$10*	50%	\$10*	50%	Covered in Full	50%	20%	50%	Covered in Full	50%	Covered in Full	50%	50%	50%	Covered in Full	50%
Office Visits Primary, Urgent Care, and Specialist	Primary/Urgent Care: \$25* Specialist: \$60*	50%	Primary/Urgent Care: \$25* Specialist: \$60*	50%	Primary/Urgent Care: \$30* Specialist: 40%	50%	Primary/Urgent Care: \$30* Specialist: \$60*	50%	Primary/Urgent Care: \$30* Specialist: \$60*	50%	Primary/Urgent Care: \$30* Specialist: \$60*	50%	Primary/Urgent Care: \$35* Specialist: 40%	50%	Primary/Urgent Care: \$35* Specialist: Covered in Full	50%	Covered in Full	50%	20%	50%	Covered in Full	50%	Covered in Full	50%	50%	50%	Covered in Full	50%
Inpatient Hospital	20%	50%	25%	50%	40%	50%	30%	50%	30%	50%	30%	50%	40%	50%	Covered in Full	50%	Covered in Full	50%	20%	50%	Covered in Full	50%	Covered in Full	50%	50%	50%	Covered in Full	50%
Lab / X-ray	20%	50%	25%	50%	40%	50%	30%	50%	30%	50%	30%	50%	40%	50%	Covered in Full	50%	Covered in Full	50%	20%	50%	Covered in Full	50%	Covered in Full	50%	50%	50%	Covered in Full	50%
Physical, Occupational, and Speech Therapy 20 visits per benefit period	\$25*	50%	\$25*	50%	40%	50%	30%	50%	30%	50%	30%	50%	40%	50%	Covered in Full	50%	Covered in Full	50%	20%	50%	Covered in Full	50%	Covered in Full	50%	50%	50%	Covered in Full	50%
Outpatient Surgery	20%	50%	25%	50%	40%	50%	30%	50%	30%	50%	30%	50%	40%	50%	Covered in Full	50%	Covered in Full	50%	20%	50%	Covered in Full	50%	Covered in Full	50%	50%	50%	Covered in Full	50%
Emergency Services Copay waived if admitted	\$250 plus 20%	\$250 plus 20%	\$250 plus 25%	\$250 plus 25%	\$250 plus 40%	\$250 plus 40%	\$250 plus 30%	\$250 plus 30%	\$250 plus 30%	\$250 plus 30%	\$250 plus 30%	\$250 plus 30%	\$250 plus 40%	\$250 plus 40%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	20%	20%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	50%	50%	Covered in Full	Covered in Full
Chiropractic / Acupuncture 18 visits combined per benefit period	\$25*	50%	\$25*	50%	\$30*	50%	\$30*	50%	\$30*	50%	\$30*	50%	\$35*	50%	\$35*	50%	Covered in Full	50%	20%	50%	Covered in Full	50%	Covered in Full	50%	50%	50%	Covered in Full	50%
Prescription (Rx) Drug Coverage Out-of-network: 30-day max fill, no more than 3 per year	Tier 1: \$10* Tier 2: \$45* Tier 3 & 4: 20%*	50%	Tier 1: \$10* Tier 2: \$45* Tier 3 & 4: 20%*	50%	Tier 1: \$15* Tier 2: \$70* Tier 3 & 4: 40%*	50%	Tier 1: \$15* Tier 2: \$70* Tier 3 & 4: 30%*	50%	Tier 1: \$15* Tier 2: \$70* Tier 3 & 4: 30%*	50%	Tier 1: \$15* Tier 2: \$70* Tier 3 & 4: 30%*	50%	40%	50%	Covered in Full	50%	Covered in Full	50%	20%	50%	Covered in Full	50%	Covered in Full	50%	50%	50%	Covered in Full	50%

Out-of-network services are covered up to an allowed amount. After that amount is reached, members may be subject to balance billing. ^ Adult vision included on this plan. * Not subject to deductible. 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/idaho/small-group-plans for details or to see a plan's Summary of Benefits.