

This 2014 benefit grid outlines coverage for in-network and out-of-network services. This is not a comprehensive list of benefits. You can find a comprehensive list of services in the member contract.

METAL LEVEL	GOLD			
	GOLD CHOICE		GOLD CONNECT*	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Plans				
Deductible	Individual - \$1,000 Family - \$2,000	Individual - \$1,000 Family - \$2,000	Individual - \$1,000 Family - \$2,000	Individual - \$1,000 Family - \$2,000
Annual Out-of-Pocket Maximum Costs <small>Includes deductible</small>	Individual - \$6,350 Family - \$12,700	Individual - \$8,350 Family - \$16,700	Individual - \$6,350 Family - \$12,700	Individual - \$10,000 Family - \$20,000
Coinsurance	You pay 15% of the cost of your care. (Services may be subject to deductible.)	You pay 50% of the cost of your care. (Services may be subject to deductible.)	You pay 15% of the cost of your care. (Services may be subject to deductible.)	You pay 50% of the cost of your care. (Services may be subject to deductible.)
WHAT YOU'LL PAY UP TO YOUR ANNUAL OUT-OF-POCKET MAXIMUM				
Preventive Care Services	You pay nothing for covered preventive care visits.	You pay costs up to your deductible and then 50%.	You pay nothing for covered preventive care visits.	You pay costs up to your deductible and then 50%.
Doctor's Office Visit	You pay \$10 copayment (up to 4 office visits, then you pay costs up to your deductible and coinsurance.)	You pay costs up to your deductible and then 50%.	You pay \$10 PCP copayment and \$40 non-PCP copayment with a referral (up to 5 office visits, then you pay costs up to your deductible and coinsurance.)	You pay costs up to your deductible and then 50%.
Prescription Drugs <small>Costs for prescription drugs count toward the member's out-of-pocket maximum</small>	You pay \$10 copayment for generic prescription drugs.		You pay \$10 copayment for generic prescription drugs.	
	You pay costs up to your deductible for brand-name and specialty drugs and then: \$30 for preferred brand-name, \$50 for non-preferred brand-name, \$100 for specialty drugs.		You pay costs up to your deductible for brand-name and specialty drugs and then: \$30 for preferred brand-name, \$50 for non-preferred brand-name, \$100 for specialty drugs.	
Immunizations	You pay nothing for covered immunizations.	You pay nothing for covered immunizations.	You pay nothing for covered immunizations.	You pay nothing for covered immunizations.
Inpatient Hospital Services	You pay costs up to your deductible and then 15%.	You pay costs up to your deductible and then 50%.	You pay costs up to your deductible and then 15%.	You pay costs up to your deductible and then 50%.
Emergency Room Visit	You pay costs up to your deductible, 15% and \$150 copayment.	You pay costs up to your deductible, 50% and \$150 copayment.	You pay costs up to your deductible, 15% and \$150 copayment.	You pay costs up to your deductible, 50% and \$150 copayment.
Maternity	You pay costs up to your deductible and then 15%.	You pay costs up to your deductible and then 50%.	You pay costs up to your deductible and then 15%.	You pay costs up to your deductible and then 50%.
Outpatient Mental Health Services	You pay \$10 copayment for outpatient psychotherapy services. For facility and other professional services, you pay costs up to deductible and then 15%.	You pay costs up to your deductible and then 50%.	You pay \$10 copayment for outpatient psychotherapy services. For facility and other professional services, you pay costs up to deductible and then 15%.	You pay costs up to your deductible and then 50%.
Physician, Surgical & Medical Services	You pay costs up to your deductible and then 15%.	You pay costs up to your deductible and then 50%.	You pay costs up to your deductible and then 15%.	You pay costs up to your deductible and then 50%.
Diabetes Education Services	You pay \$10 copayment per visit.	You pay costs up to your deductible and then 50%.	You pay \$10 copayment per visit.	You pay costs up to your deductible and then 50%.
Chiropractic Care	You pay costs up to your deductible and then 15%.	You pay costs up to your deductible and then 50%.	You pay costs up to your deductible and then 15%.	You pay costs up to your deductible and then 50%.
	Up to a combined total of 18 visits per member, per benefit period.		Up to a combined total of 18 visits per member, per benefit period.	
Outpatient Rehab Services	You pay costs up to your deductible and then 15%.	You pay costs up to your deductible and then 50%.	You pay costs up to your deductible and then 15%.	You pay costs up to your deductible and then 50%.
<small>Physical Therapy (PT) Occupational Therapy (OT) Speech Therapy (ST)</small>	Limited to a combined total of 20 visits per member, per benefit period		Limited to a combined total of 20 visits per member, per benefit period	
Diagnostic X-Ray and Lab Services	You pay costs up to your deductible and then 15%.	You pay costs up to your deductible and then 50%.	You pay costs up to your deductible and then 15%.	You pay costs up to your deductible and then 50%.

*Our Connect plans are supported by the Saint Alphonsus Health Alliance Network in southwestern Idaho and the Portneuf Quality Alliance Network in eastern Idaho. When you choose managed care through ConnectedCare networks, you must choose a primary care physician from these networks to serve as your care coordinator.