

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		SILVER			
		SILVER CHOICE NO DEDUCTIBLE		SILVER CONNECT NO DEDUCTIBLE*	
Plans		In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible		Individual - \$0 Family - \$0	Individual - \$1,000 Family - \$2,000	Individual - \$0 Family - \$0	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 50% of the cost of your care.	You pay 75% of the cost of your care. (Services may be subject to your deductible.)	You pay 50% of the cost of your care.	You pay 75% of the cost of your care. (Services may be subject to your deductible.)
WHAT YOU'LL PAY UP TO YOUR ANNUAL OUT-OF-POCKET MAXIMUM					
Preventive Care Services		You pay nothing for covered preventive care services.	You pay costs up to your deductible and then 75%.	You pay nothing for covered preventive care services.	You pay costs up to your deductible and then 75%.
Doctor's Office Visit		You pay 50%.	You pay costs up to your deductible and then 75%.	You pay 50% for PCP visits and non-PCP visits with a referral.	You pay costs up to your deductible and then 75%.
Prescription Drugs <small>Costs for prescription drugs count toward the member's out-of-pocket maximum</small>		You pay 50% of the cost of your prescription.		You pay 50% of the cost of your prescription.	
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 50%.	You pay costs up to your deductible and then 75%.	You pay 50%.	You pay costs up to your deductible and then 75%.
Emergency Room Visit		You pay \$150 copayment and then 50%.	You pay costs up to your deductible, 75% and \$150 copayment.	You pay \$150 copayment and then 50%.	You pay costs up to your deductible, 75% and \$150 copayment.
Maternity		You pay 50%.	You pay costs up to your deductible and then 75%.	You pay 50%.	You pay costs up to your deductible and then 75%.
Outpatient Mental Health Services		You pay 50%.	You pay costs up to your deductible and then 75%.	You pay 50%.	You pay costs up to your deductible and then 75%.
Physician, Surgical & Medical Services		You pay 50%.	You pay costs up to your deductible and then 75%.	You pay 50%.	You pay costs up to your deductible and then 75%.
Diabetes Education Services		You pay 50%.	You pay costs up to your deductible and then 75%.	You pay 50%.	You pay costs up to your deductible and then 75%.
Chiropractic Care		You pay 50%.	You pay costs up to your deductible and then 75%.	You pay 50%.	You pay costs up to your deductible and then 75%.
		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 50%.	You pay costs up to your deductible and then 75%.	You pay 50%.	You pay costs up to your deductible and then 75%.
	<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 50%.	You pay costs up to your deductible and then 75%.	You pay 50%.	You pay costs up to your deductible and then 75%.

*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.