

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