

BrightIdea Balance Plans

This is an overview of **participating provider** co-pay, co-insurance, and deductible amounts only. The table below reflects the amounts **you pay**. Non-participating provider co-pay, co-insurance, and deductible amounts are not shown and are usually higher.

Ada
Adams
Blaine
Boise
Butte
Camas
Canyon
Cassia

Custer
Elmore
Gem
Gooding
Jerome
Lemhi
Lincoln
Minidoka

Owyhee
Payette
Twin Falls
Valley
Washington



		Balance		
		Bronze 6350	Silver 2500	Gold 1000
Annual Deductible	The amount you pay each calendar year before the plan pays for covered services.	Deductible Individual / Family \$6,350 / \$12,700	Deductible Individual / Family \$2,500 / \$5,000	Deductible Individual / Family \$1,000 / \$2,000
Out-of-Pocket Limit	The most you'll pay out of pocket for covered services. Out-of-pocket includes co-payments, deductibles, and co-insurance.	Out-of-Pocket Limit Individual / Family \$6,350 / \$12,700	Out-of-Pocket Limit Individual / Family \$6,000 / \$12,000	Out-of-Pocket Limit Individual / Family \$6,350 / \$12,700
Co-insurance	The amount you pay after your deductible is met.	0%	30%	20%
Preventive Care	Includes physicals, women's health exams, immunizations, and well-baby exams.	Covered in full	Covered in full	Covered in full
Office and Specialist Visits	Includes visits to your doctor, nurse practitioner, gynecologist, pediatrician, internist, mental health, and obstetrician.	\$50 co-pay§	\$20 co-pay§	\$25 co-pay
Office Procedures and Supplies		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Prescription Drugs		Generic drugs: \$10 co-pay Preferred brand name drugs: Deductible, then co-insurance	Generic drugs: \$10 co-pay Preferred brand name drugs: \$50 co-pay	Generic drugs: \$10 co-pay Preferred brand name drugs: \$35 co-pay
Alternative Care	Includes chiropractic and acupuncture care. 15 visits per calendar year.	\$50 co-pay§	\$20 co-pay§	\$25 co-pay
Emergency Room Visits		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Urgent Care		\$50 co-pay§	\$20 co-pay§	\$25 co-pay
Ambulance Service		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Hospital Services and Surgery	Includes inpatient room and board, rehabilitative care, and skilled nursing care.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Outpatient Services	Includes hospital care and professional/rehabilitative services.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Diagnostic and Therapeutic Radiology and Lab	Includes basic X-ray.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Advanced Imaging	Includes PET, CT, MRA, and MRI.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Maternity Care	Includes prenatal office visits and delivery.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Medical Equipment	Includes prosthetics.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Inpatient Mental Health Care and Residential Programs		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Transplant Services		Deductible, then co-insurance	Deductible	Deductible
Pediatric Vision	Through age 18. Once every calendar year, including exam and hardware.	Exam: \$50 co-pay§ Hardware: Covered in full	Exam: \$20 co-pay§ Hardware: 30% co-insurance	Exam: \$25 co-pay Hardware: 20% co-insurance

Additional Savings through Your Health Idaho for Eligible Consumers

Based on your income, you may also qualify for plans with even lower deductibles, out-of-pocket limits, co-pays, and cost shares than listed on this page. If you are eligible, these additional plan options will be presented to you through Your Health Idaho.

Need help? Talk with a Coverage Advisor at 855.330.2792 or by email at reform@pacificsource.com.

§ First 3 visits combined paid at 100% after the co-pay. Additional visits subject to deductible and co-insurance.