



Health Insurance Plan & Rate Information Booklet

Published: October 29, 2013

*Note all plan and rate information contained in this document is current as of October 29, 2013, is subject to change and is provided for reference only.

Contents

HowtoUsethisGuide..... 4

 Welcome to the Your Health Idaho Plan Brochure 5

 Cost-Savings Information..... 6

 The Plans on Your Health Idaho..... 8

Pick Your County 9

 Ada County – Individual & Family Plans Available 10

 Adams County – Individual & Family Plans Available 12

 Bannock County – Individual & Family Plans Available 14

 Bear Lake County-Individual & Family Plans Available 16

 Benewah County – Individual & Family Plans Available 18

 Bingham County – Individual & Family Plans Available 19

 Blaine County – Individual & Family Plans Available 20

 Boise County – Individual & Family Plans Available 22

 Bonner County – Individual & Family Plans Available 24

 Bonneville County – Individual & Family Plans Available 25

 Boundary County – Individual & Family Plans Available..... 26

 Butte County – Individual & Family Plans Available 27

 Camas County – Individual & Family Plans Available..... 28

 Canyon County – Individual & Family Plans Available 30

 Caribou County – Individual & Family Plans Available..... 32

 Cassia County – Individual & Family Plans Available 34

 Clark County – Individual & Family Plans Available 36

 Clearwater County – Individual & Family Plans Available 37

 Custer County – Individual & Family Plans Available..... 38

 Elmore County – Individual & Family Plans Available..... 40

 Franklin County – Individual & Family Plans Available 42

 Fremont County – Individual & Family Plans Available 44

 Gem County – Individual & Family Plans Available..... 45

 Gooding County – Individual & Family Plans Available 47

 Idaho County – Individual & Family Plans Available 49

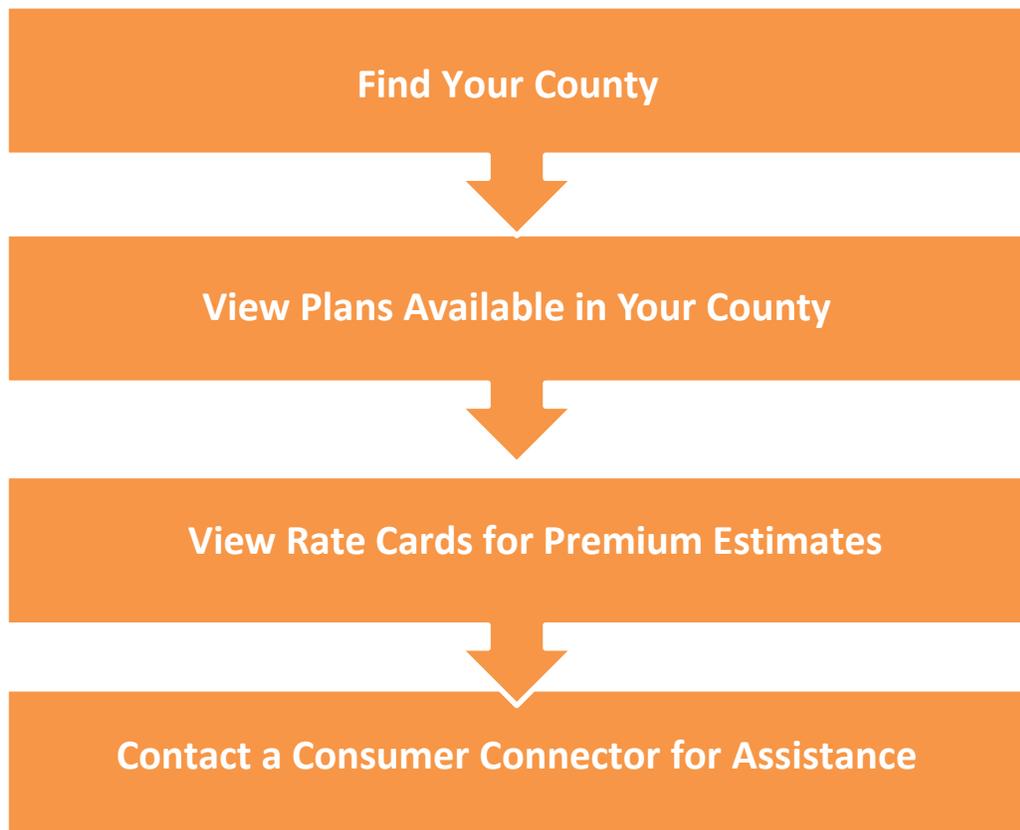
 Jefferson County – Individual & Family Plans Available 50

Jerome County – Individual & Family Plans Available	51
Kootenai County – Individual & Family Plans Available.....	53
Latah County – Individual & Family Plans Available	54
Lemhi County – Individual & Family Plans Available	55
Lewis County – Individual & Family Plans Available	57
Lincoln County – Individual & Family Plans Available.....	58
Madison County – Individual & Family Plans Available	60
Minidoka County – Individual & Family Plans Available	61
Nez Perce County – Individual & Family Plans Available	63
Oneida County – Individual & Family Plans Available.....	64
Owyhee County – Individual & Family Plans Available	66
Payette County – Individual & Family Plans Available.....	68
Power County – Individual & Family Plans Available.....	70
Shoshone County – Individual & Family Plans Available	72
Teton County – Individual & Family Plans Available.....	73
Twin Falls County – Individual & Family Plans Available	74
Valley County – Individual & Family Plans Available	76
Washington County – Individual & Family Plans Available.....	78
Blue Cross of Idaho – Carrier Information	80
Blue Cross of Idaho Bronze Plans.....	81
Blue Cross of Idaho Silver Plans	83
Blue Cross of Idaho Gold Plans	86
Blue Cross of Idaho Platinum Plan.....	88
Blue Cross of Idaho Catastrophic Plans.....	90
Blue Cross of Idaho Rate Cards	92
BridgeSpan – Carrier Information.....	105
Bridgespan Bronze Plan	106
Bridgespan Silver Plan.....	115
Bridgespan Gold Plan.....	124
Bridgespan Catastrophic Plan	133
BridgeSpan Rate Cards.....	142
PacificSource – Carrier Information.....	157

PacificSource SmartAlliance Balance Plans.....	158
PacificSource SmartAlliance Value Plans	160
PacificSource BrightIdea Balance Plans	162
PacificSource BrightIdea Value & Catastrophic Plans.....	164
PacificSource SmartHealth Balance Plans.....	166
PacificSource SmartHealth Value Plans	168
PacificSource SmartHealth Catastrophic Plan	170
PacificSource Rate Cards.....	173
SelectHealth – Carrier Information.....	187
SelectHealth Plans.....	188
Select Health Rate Cards.....	190

How to Use this Guide

Using this guide to find a plan available to you in your county of residence just takes a few steps. Visit your county page, click on the plans available to you, view estimated rates by finding the plan you are looking for, your age and your zip code on the rate cards from the insurance companies. If you find a plan that you wish to buy or need more information you can contact a Your Health Idaho Consumer Connector.



Welcome to the Your Health Idaho Plan Brochure

We know that finding all of the information on the right health plan for you and your family can be complicated. In order to help make that process easier, we have gathered information from all of the insurance carriers in Idaho that are approved to sell individual & family health plans on Your Health Idaho.

DISCLAIMER: The pricing and rates that you in this document may vary from what you will ultimately pay for a plan if you choose to enroll in that plan – depending on your individual circumstances. The rates you view may not reflect the amount of cost-savings you may be eligible for through the advance premium tax credit or cost-sharing reduction and rates. For more information on estimating how much you may be able to save when you buy a plan on Your Health Idaho, Click [HERE](#) (please link to Premium Assistance Page) to find out more and use the Kaiser Family Foundation cost-savings calculator.

About Your Health Idaho

Your Health Idaho is Idaho's official State-based health insurance marketplace where Idahoans can shop, compare and choose a health insurance plan that is right for them, their families and their budgets. Coverage on plans sold on Your Health Idaho, will begin as early as January 1, 2014 if enrollment takes place before December 15, 2013. Open enrollment will continue through March 31, 2014

Cost-Savings Information

The rates that you see for plans in this guide do not reflect the amount of cost-savings you may be eligible for through the Advanced Premium Tax Credit (APTC) or cost-sharing reduction when you buy a plan on Your Health Idaho. For more information on estimating how much you may be able to save when you buy a plan on Your Health Idaho, you can use tools such as the Kaiser Family Foundation cost-savings estimator.

The level of advance premium tax credit or cost-sharing reduction an individual or family may be eligible for depends on family size and income level and a few other factors.

You may be eligible for APTC if you:

- Enroll in a health insurance plan that is sold on Your Health Idaho
- Lack access to employer based coverage that is affordable and meets the minimal essential coverage requirements
- Have an income that falls within the following ranges:

Family Size	Income Range
Individuals	\$11,490-\$45,960
2	\$15,510-\$62,040
3	\$19,530-\$78,120
4	\$23,500-\$94,200
5	\$27,570-\$110,280
6	\$31,590-\$126,360

If your income or family size changes over the year, your APTC level will be adjusted. You are responsible for making sure Your Health Idaho is aware of the change so that you do not have to pay the difference at tax time.

Individuals and families will be able to see the exact amount of cost savings they may qualify for when they fill out complete the application for insurance through Your Health Idaho.

More information on the Advanced Premium Tax Credit (APTC) can be found on the Your Health Idaho website by clicking [HERE](#).

APTC 27 Year Old Annual Income:\$25,000	
Estimated Monthly Premium on Mid-Range Silver Plan	\$190
Monthly APTC Estimate	\$144
Estimated lower monthly premium cost with APTC	\$ 46

APTC Family of Four Annual Income: \$50,000	
Estimated Monthly Premium on Mid-Range Silver Plan	\$690
Monthly Premium Assistance Estimate	\$410
Estimated lower monthly premium cost with APTC	\$ 280

The Plans on Your Health Idaho

With more than 61 individual and family health insurance plans to choose from 4 different carriers, and resources to help you along the way, you can easily shop for, compare and choose from competitively priced health plans with Your Health Idaho.

Each plan available from Your Health Idaho is grouped into four 'metal levels' based on the percentage of healthcare expenses each plan will cover to make it easy to compare plans.

As your coverage increases, so does your monthly premium, but your costs are lower when you receive medical care. You can also elect to pay a higher monthly premium so that when you use medical services you pay less.

Catastrophic plans usually have lower premiums than a comprehensive plan, but cover you only if you need a lot of care. They basically protect you from worst-case scenarios. They are available to people under 30 and people with hardship exemptions.

Metal Level	Percentage of Medical Costs Paid by Health Plan	Percentage of Medical Costs Paid by Individual
Catastrophic	A catastrophic plan generally requires you to pay all of your medical costs up to a certain amount, usually several thousand dollars.*	
Bronze	60%	40%
Silver	70%	30%
Gold	80%	20%
Platinum	90%	10%

* Note: Catastrophic plans are only available for people under 30 or with a hardship exemption.

Find Consumer Assistance

If you have further questions, in-person assistance is available near you through Your Health Idaho Consumer Connectors including agents, brokers and In-Person Assisters. Click [HERE](#) to find assistance near you on YourHealthIdaho.org or call the Consumer Resource Center at 855-YH-Idaho (855-944-3246) for more information.

STEP 1: Pick Your County

[Ada](#)

[Cassia](#)

[Lewis](#)

[Adams](#)

[Clark](#)

[Lincoln](#)

[Bannock](#)

[Clearwater](#)

[Madison](#)

[Bear Lake](#)

[Custer](#)

[Minidoka](#)

[Benewah](#)

[Elmore](#)

[Nez Perce](#)

[Bingham](#)

[Franklin](#)

[Oneida](#)

[Blaine](#)

[Fremont](#)

[Owyhee](#)

[Boise](#)

[Gem](#)

[Payette](#)

[Bonner](#)

[Gooding](#)

[Power](#)

[Bonneville](#)

[Idaho](#)

[Shoshone](#)

[Boundary](#)

[Jefferson](#)

[Teton](#)

[Butte](#)

[Jerome](#)

[Twin Falls](#)

[Camas](#)

[Kootenai](#)

[Valley](#)

[Canyon](#)

[Latah](#)

[Washington](#)

[Caribou](#)

[Lemhi](#)

Ada County – Individual & Family Plans Available

Bronze	Blue Cross of Idaho	Bronze Choice
Bronze	Blue Cross of Idaho	Bronze Connect Southwest
Bronze	Blue Cross of Idaho	Bronze H.S.A. Saver
Bronze	BridgeSpan	BridgeSpan Exchange Bronze HSA
Bronze	PacificSource	BrightIdea Balance Bronze 6350
Bronze	PacificSource	BrightIdea Value Bronze 3000
Bronze	PacificSource	BrightIdea Value Bronze 6250
Bronze	PacificSource	SmartAlliance Balance Bronze 6350
Bronze	PacificSource	SmartAlliance Value Bronze 3000
Bronze	PacificSource	SmartAlliance Value Bronze 6250
Bronze	SelectHealth	SelectHealth HealthSave Bronze 3500 (HSA Qualified)
Bronze	SelectHealth	SelectHealth HealthSave Bronze 5500 (HSA Qualified and no coinsurance after deductible)
Bronze	SelectHealth	SelectHealth Preference Bronze 5000
Bronze	SelectHealth	SelectHealth Preference Bronze 5350 w/4 deductible-free office visits
Silver	Blue Cross of Idaho	Silver Choice
Silver	Blue Cross of Idaho	Silver Choice No Deductible
Silver	Blue Cross of Idaho	Silver Connect Southwest
Silver	Blue Cross of Idaho	Silver Connect Southwest No Deductible
Silver	BridgeSpan	BridgeSpan Exchange Silver
Silver	PacificSource	BrightIdea Balance Silver 2500
Silver	PacificSource	BrightIdea Value Silver 3600
Silver	PacificSource	SmartAlliance Balance Silver 2500
Silver	PacificSource	SmartAlliance Value Silver 3600
Silver	SelectHealth	SelectHealth HealthSave Silver 1500 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 2000 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 3500 (HSA Qualified and no coinsurance after deductible)
Silver	SelectHealth	SelectHealth Preference Silver 1000
Silver	SelectHealth	SelectHealth Preference Silver 2500
Silver	SelectHealth	SelectHealth Preference Silver 2500 w/4 deductible-free office visits
Silver	SelectHealth	SelectHealth Preference Silver 3800 Copay Plan
Gold	Blue Cross of Idaho	Gold Choice
Gold	Blue Cross of Idaho	Gold Connect Southwest
Gold	BridgeSpan	BridgeSpan Exchange Gold
Gold	PacificSource	BrightIdea Balance Gold 1000

Gold	PacificSource	SmartAlliance Balance Gold 1000
Gold	SelectHealth	SelectHealth Preference Gold 1000
Gold	SelectHealth	SelectHealth Preference Gold 1000 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 250
Gold	SelectHealth	SelectHealth Preference Gold 250 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 500
Gold	SelectHealth	SelectHealth Preference Gold 500 w/no deductible for office visits
Platinum	Blue Cross of Idaho	Platinum Connect Southwest
Platinum	SelectHealth	SelectHealth Preference Platinum No Deductible Copay Plan
Catastrophic	Blue Cross of Idaho	Covered Choice
Catastrophic	Blue Cross of Idaho	Covered Connect Southwest
Catastrophic	BridgeSpan	BridgeSpan Exchange Catastrophic
Catastrophic	PacificSource	BrightIdea Catastrophic
Catastrophic	PacificSource	SmartAlliance Catastrophic
Catastrophic	SelectHealth	SelectHealth Millennial 6350 (Catastrophic Plan)

Adams County – Individual & Family Plans Available

Bronze	Blue Cross of Idaho	Bronze Choice
Bronze	Blue Cross of Idaho	Bronze H.S.A. Saver
Bronze	BridgeSpan	BridgeSpan Exchange Bronze HSA
Bronze	PacificSource	BrightIdea Balance Bronze 6350
Bronze	PacificSource	BrightIdea Value Bronze 3000
Bronze	PacificSource	BrightIdea Value Bronze 6250
Bronze	PacificSource	SmartAlliance Balance Bronze 6350
Bronze	PacificSource	SmartAlliance Value Bronze 3000
Bronze	PacificSource	SmartAlliance Value Bronze 6250
Bronze	SelectHealth	SelectHealth HealthSave Bronze 3500 (HSA Qualified)
Bronze	SelectHealth	SelectHealth HealthSave Bronze 5500 (HSA Qualified and no coinsurance after deductible)
Bronze	SelectHealth	SelectHealth Preference Bronze 5000
Bronze	SelectHealth	SelectHealth Preference Bronze 5350 w/4 deductible-free office visits
Silver	Blue Cross of Idaho	Silver Choice
Silver	Blue Cross of Idaho	Silver Choice No Deductible
Silver	BridgeSpan	BridgeSpan Exchange Silver
Silver	PacificSource	BrightIdea Balance Silver 2500
Silver	PacificSource	BrightIdea Value Silver 3600
Silver	PacificSource	SmartAlliance Balance Silver 2500
Silver	PacificSource	SmartAlliance Value Silver 3600
Silver	SelectHealth	SelectHealth HealthSave Silver 1500 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 2000 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 3500 (HSA Qualified and no coinsurance after deductible)
Silver	SelectHealth	SelectHealth Preference Silver 1000
Silver	SelectHealth	SelectHealth Preference Silver 2500
Silver	SelectHealth	SelectHealth Preference Silver 2500 w/4 deductible-free office visits
Silver	SelectHealth	SelectHealth Preference Silver 3800 Copay Plan
Gold	Blue Cross of Idaho	Gold Choice
Gold	BridgeSpan	BridgeSpan Exchange Gold
Gold	PacificSource	BrightIdea Balance Gold 1000
Gold	PacificSource	SmartAlliance Balance Gold 1000
Gold	SelectHealth	SelectHealth Preference Gold 1000
Gold	SelectHealth	SelectHealth Preference Gold 1000 w/no deductible for office visits

Gold	SelectHealth	SelectHealth Preference Gold 250
Gold	SelectHealth	SelectHealth Preference Gold 250 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 500
Gold	SelectHealth	SelectHealth Preference Gold 500 w/no deductible for office visits
Platinum	SelectHealth	SelectHealth Preference Platinum No Deductible Copay Plan
Catastrophic	Blue Cross of Idaho	Covered Choice
Catastrophic	BridgeSpan	BridgeSpan Exchange Catastrophic
Catastrophic	PacificSource	BrightIdea Catastrophic
Catastrophic	PacificSource	SmartAlliance Catastrophic
Catastrophic	SelectHealth	SelectHealth Millennial 6350 (Catastrophic Plan)

Bannock County – Individual & Family Plans Available

Bronze	Blue Cross of Idaho	Bronze Choice
Bronze	Blue Cross of Idaho	Bronze Connect East
Bronze	Blue Cross of Idaho	Bronze H.S.A. Saver
Bronze	BridgeSpan	BridgeSpan Exchange Bronze HSA
Bronze	PacificSource	SmartHealth Balance Bronze 6350
Bronze	PacificSource	SmartHealth Value Bronze 3000
Bronze	PacificSource	SmartHealth Value Bronze 6250
Bronze	SelectHealth	SelectHealth HealthSave Bronze 3500 (HSA Qualified)
Bronze	SelectHealth	SelectHealth HealthSave Bronze 5500 (HSA Qualified and no coinsurance after deductible)
Bronze	SelectHealth	SelectHealth Preference Bronze 5000
Bronze	SelectHealth	SelectHealth Preference Bronze 5350 w/4 deductible-free office visits
Silver	Blue Cross of Idaho	Silver Choice
Silver	Blue Cross of Idaho	Silver Choice No Deductible
Silver	Blue Cross of Idaho	Silver Connect East
Silver	Blue Cross of Idaho	Silver Connect East No Deductible
Silver	BridgeSpan	BridgeSpan Exchange Silver
Silver	PacificSource	SmartHealth Balance Silver 2500
Silver	PacificSource	SmartHealth Value Silver 3600
Silver	SelectHealth	SelectHealth HealthSave Silver 1500 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 2000 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 3500 (HSA Qualified and no coinsurance after deductible)
Silver	SelectHealth	SelectHealth Preference Silver 1000
Silver	SelectHealth	SelectHealth Preference Silver 2500
Silver	SelectHealth	SelectHealth Preference Silver 2500 w/4 deductible-free office visits
Silver	SelectHealth	SelectHealth Preference Silver 3800 Copay Plan
Gold	Blue Cross of Idaho	Gold Choice
Gold	Blue Cross of Idaho	Gold Connect East
Gold	BridgeSpan	BridgeSpan Exchange Gold
Gold	PacificSource	SmartHealth Balance Gold 500
Gold	SelectHealth	SelectHealth Preference Gold 1000

Gold	SelectHealth	SelectHealth Preference Gold 1000 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 250
Gold	SelectHealth	SelectHealth Preference Gold 250 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 500
Gold	SelectHealth	SelectHealth Preference Gold 500 w/no deductible for office visits
Platinum	SelectHealth	SelectHealth Preference Platinum No Deductible Copay Plan
Catastrophic	Blue Cross of Idaho	Covered Choice
Catastrophic	Blue Cross of Idaho	Covered Connect East
Catastrophic	BridgeSpan	BridgeSpan Exchange Catastrophic
Catastrophic	PacificSource	SmartHealth Catastrophic
Catastrophic	SelectHealth	SelectHealth Millennial 6350 (Catastrophic Plan)

Bear Lake County-Individual & Family Plans Available

Bronze	Blue Cross of Idaho	Bronze Choice
Bronze	Blue Cross of Idaho	Bronze Connect East
Bronze	Blue Cross of Idaho	Bronze H.S.A. Saver
Bronze	BridgeSpan	BridgeSpan Exchange Bronze HSA
Bronze	PacificSource	SmartHealth Balance Bronze 6350
Bronze	PacificSource	SmartHealth Value Bronze 3000
Bronze	PacificSource	SmartHealth Value Bronze 6250
Bronze	SelectHealth	SelectHealth HealthSave Bronze 3500 (HSA Qualified)
Bronze	SelectHealth	SelectHealth HealthSave Bronze 5500 (HSA Qualified and no coinsurance after deductible)
Bronze	SelectHealth	SelectHealth Preference Bronze 5000
Bronze	SelectHealth	SelectHealth Preference Bronze 5350 w/4 deductible-free office visits
Silver	Blue Cross of Idaho	Silver Choice
Silver	Blue Cross of Idaho	Silver Choice No Deductible
Silver	Blue Cross of Idaho	Silver Connect East
Silver	Blue Cross of Idaho	Silver Connect East No Deductible
Silver	BridgeSpan	BridgeSpan Exchange Silver
Silver	PacificSource	SmartHealth Balance Silver 2500
Silver	PacificSource	SmartHealth Value Silver 3600
Silver	SelectHealth	SelectHealth HealthSave Silver 1500 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 2000 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 3500 (HSA Qualified and no coinsurance after deductible)
Silver	SelectHealth	SelectHealth Preference Silver 1000
Silver	SelectHealth	SelectHealth Preference Silver 2500
Silver	SelectHealth	SelectHealth Preference Silver 2500 w/4 deductible-free office visits
Silver	SelectHealth	SelectHealth Preference Silver 3800 Copay Plan
Gold	Blue Cross of Idaho	Gold Choice
Gold	Blue Cross of Idaho	Gold Connect East
Gold	BridgeSpan	BridgeSpan Exchange Gold
Gold	PacificSource	SmartHealth Balance Gold 500
Gold	SelectHealth	SelectHealth Preference Gold 1000

Gold	SelectHealth	SelectHealth Preference Gold 1000 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 250
Gold	SelectHealth	SelectHealth Preference Gold 250 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 500
Gold	SelectHealth	SelectHealth Preference Gold 500 w/no deductible for office visits
Platinum	SelectHealth	SelectHealth Preference Platinum No Deductible Copay Plan
Catastrophic	Blue Cross of Idaho	Covered Choice
Catastrophic	Blue Cross of Idaho	Covered Connect East
Catastrophic	BridgeSpan	BridgeSpan Exchange Catastrophic
Catastrophic	PacificSource	SmartHealth Catastrophic
Catastrophic	SelectHealth	SelectHealth Millennial 6350 (Catastrophic Plan)

Benewah County – Individual & Family Plans Available

Bronze	Blue Cross of Idaho	Bronze Choice
Bronze	Blue Cross of Idaho	Bronze H.S.A. Saver
Bronze	BridgeSpan	BridgeSpan Exchange Bronze HSA
Bronze	PacificSource	SmartHealth Balance Bronze 6350
Bronze	PacificSource	SmartHealth Value Bronze 3000
Bronze	PacificSource	SmartHealth Value Bronze 6250
Silver	Blue Cross of Idaho	Silver Choice
Silver	Blue Cross of Idaho	Silver Choice No Deductible
Silver	BridgeSpan	BridgeSpan Exchange Silver
Silver	PacificSource	SmartHealth Balance Silver 2500
Silver	PacificSource	SmartHealth Value Silver 3600
Gold	Blue Cross of Idaho	Gold Choice
Gold	BridgeSpan	BridgeSpan Exchange Gold
Gold	PacificSource	SmartHealth Balance Gold 500
Catastrophic	Blue Cross of Idaho	Covered Choice
Catastrophic	BridgeSpan	BridgeSpan Exchange Catastrophic
Catastrophic	PacificSource	SmartHealth Catastrophic

Bingham County - Individual & Family Plans Available

Bronze	Blue Cross of Idaho	Bronze Choice
Bronze	Blue Cross of Idaho	Bronze Connect East
Bronze	Blue Cross of Idaho	Bronze H.S.A. Saver
Bronze	BridgeSpan	BridgeSpan Exchange Bronze HSA
Bronze	PacificSource	SmartHealth Balance Bronze 6350
Bronze	PacificSource	SmartHealth Value Bronze 3000
Bronze	PacificSource	SmartHealth Value Bronze 6250
Silver	Blue Cross of Idaho	Silver Choice
Silver	Blue Cross of Idaho	Silver Choice No Deductible
Silver	Blue Cross of Idaho	Silver Connect East
Silver	Blue Cross of Idaho	Silver Connect East No Deductible
Silver	BridgeSpan	BridgeSpan Exchange Silver
Silver	PacificSource	SmartHealth Balance Silver 2500
Silver	PacificSource	SmartHealth Value Silver 3600
Gold	Blue Cross of Idaho	Gold Choice
Gold	Blue Cross of Idaho	Gold Connect East
Gold	BridgeSpan	BridgeSpan Exchange Gold
Gold	PacificSource	SmartHealth Balance Gold 500
Catastrophic	Blue Cross of Idaho	Covered Choice
Catastrophic	Blue Cross of Idaho	Covered Connect East
Catastrophic	BridgeSpan	BridgeSpan Exchange Catastrophic
Catastrophic	PacificSource	SmartHealth Catastrophic

Blaine County – Individual & Family Plans Available

Bronze	Blue Cross of Idaho	Bronze Choice
Bronze	Blue Cross of Idaho	Bronze H.S.A. Saver
Bronze	BridgeSpan	BridgeSpan Exchange Bronze HSA
Bronze	PacificSource	BrightIdea Balance Bronze 6350
Bronze	PacificSource	BrightIdea Value Bronze 3000
Bronze	PacificSource	BrightIdea Value Bronze 6250
Bronze	SelectHealth	SelectHealth HealthSave Bronze 3500 (HSA Qualified)
Bronze	SelectHealth	SelectHealth HealthSave Bronze 5500 (HSA Qualified and no coinsurance after deductible)
Bronze	SelectHealth	SelectHealth Preference Bronze 5000
Bronze	SelectHealth	SelectHealth Preference Bronze 5350 w/4 deductible-free office visits
Silver	Blue Cross of Idaho	Silver Choice
Silver	Blue Cross of Idaho	Silver Choice No Deductible
Silver	BridgeSpan	BridgeSpan Exchange Silver
Silver	PacificSource	BrightIdea Balance Silver 2500
Silver	PacificSource	BrightIdea Value Silver 3600
Silver	SelectHealth	SelectHealth HealthSave Silver 1500 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 2000 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 3500 (HSA Qualified and no coinsurance after deductible)
Silver	SelectHealth	SelectHealth Preference Silver 1000
Silver	SelectHealth	SelectHealth Preference Silver 2500
Silver	SelectHealth	SelectHealth Preference Silver 2500 w/4 deductible-free office visits
Silver	SelectHealth	SelectHealth Preference Silver 3800 Copay Plan
Gold	Blue Cross of Idaho	Gold Choice
Gold	BridgeSpan	BridgeSpan Exchange Gold
Gold	PacificSource	BrightIdea Balance Gold 1000
Gold	SelectHealth	SelectHealth Preference Gold 1000
Gold	SelectHealth	SelectHealth Preference Gold 1000 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 250

Gold	SelectHealth	SelectHealth Preference Gold 250 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 500
Gold	SelectHealth	SelectHealth Preference Gold 500 w/no deductible for office visits
Platinum	SelectHealth	SelectHealth Preference Platinum No Deductible Copay Plan
Catastrophic	Blue Cross of Idaho	Covered Choice
Catastrophic	BridgeSpan	BridgeSpan Exchange Catastrophic
Catastrophic	PacificSource	BrightIdea Catastrophic
Catastrophic	SelectHealth	SelectHealth Millennial 6350 (Catastrophic Plan)

Boise County – Individual & Family Plans Available

Bronze	Blue Cross of Idaho	Bronze Choice
Bronze	Blue Cross of Idaho	Bronze H.S.A. Saver
Bronze	BridgeSpan	BridgeSpan Exchange Bronze HSA
Bronze	PacificSource	BrightIdea Balance Bronze 6350
Bronze	PacificSource	BrightIdea Value Bronze 3000
Bronze	PacificSource	BrightIdea Value Bronze 6250
Bronze	PacificSource	SmartAlliance Balance Bronze 6350
Bronze	PacificSource	SmartAlliance Value Bronze 3000
Bronze	PacificSource	SmartAlliance Value Bronze 6250
Bronze	SelectHealth	SelectHealth HealthSave Bronze 3500 (HSA Qualified)
Bronze	SelectHealth	SelectHealth HealthSave Bronze 5500 (HSA Qualified and no coinsurance after deductible)
Bronze	SelectHealth	SelectHealth Preference Bronze 5000
Bronze	SelectHealth	SelectHealth Preference Bronze 5350 w/4 deductible-free office visits
Silver	Blue Cross of Idaho	Silver Choice
Silver	Blue Cross of Idaho	Silver Choice No Deductible
Silver	BridgeSpan	BridgeSpan Exchange Silver
Silver	PacificSource	BrightIdea Balance Silver 2500
Silver	PacificSource	BrightIdea Value Silver 3600
Silver	PacificSource	SmartAlliance Balance Silver 2500
Silver	PacificSource	SmartAlliance Value Silver 3600
Silver	SelectHealth	SelectHealth HealthSave Silver 1500 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 2000 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 3500 (HSA Qualified and no coinsurance after deductible)
Silver	SelectHealth	SelectHealth Preference Silver 1000
Silver	SelectHealth	SelectHealth Preference Silver 2500
Silver	SelectHealth	SelectHealth Preference Silver 2500 w/4 deductible-free office visits
Silver	SelectHealth	SelectHealth Preference Silver 3800 Copay Plan
Gold	Blue Cross of Idaho	Gold Choice
Gold	BridgeSpan	BridgeSpan Exchange Gold
Gold	PacificSource	BrightIdea Balance Gold 1000

Gold	PacificSource	SmartAlliance Balance Gold 1000
Gold	SelectHealth	SelectHealth Preference Gold 1000
Gold	SelectHealth	SelectHealth Preference Gold 1000 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 250
Gold	SelectHealth	SelectHealth Preference Gold 250 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 500
Gold	SelectHealth	SelectHealth Preference Gold 500 w/no deductible for office visits
Platinum	SelectHealth	SelectHealth Preference Platinum No Deductible Copay Plan
Catastrophic	Blue Cross of Idaho	Covered Choice
Catastrophic	BridgeSpan	BridgeSpan Exchange Catastrophic
Catastrophic	PacificSource	BrightIdea Catastrophic
Catastrophic	PacificSource	SmartAlliance Catastrophic
Catastrophic	SelectHealth	SelectHealth Millennial 6350 (Catastrophic Plan)

Bonner County – Individual & Family Plans Available

Bronze	Blue Cross of Idaho	Bronze Choice
Bronze	Blue Cross of Idaho	Bronze H.S.A. Saver
Bronze	BridgeSpan	BridgeSpan Exchange Bronze HAS
Bronze	PacificSource	SmartHealth Balance Bronze 6350
Bronze	PacificSource	SmartHealth Value Bronze 3000
Bronze	PacificSource	SmartHealth Value Bronze 6250
Silver	Blue Cross of Idaho	Silver Choice
Silver	Blue Cross of Idaho	Silver Choice No Deductible
Silver	BridgeSpan	BridgeSpan Exchange Silver
Silver	PacificSource	SmartHealth Balance Silver 2500
Silver	PacificSource	SmartHealth Value Silver 3600
Gold	Blue Cross of Idaho	Gold Choice
Gold	BridgeSpan	BridgeSpan Exchange Gold
Gold	PacificSource	SmartHealth Balance Gold 500
Catastrophic	Blue Cross of Idaho	Covered Choice
Catastrophic	BridgeSpan	BridgeSpan Exchange Catastrophic
Catastrophic	PacificSource	SmartHealth Catastrophic

Bonneville County – Individual & Family Plans Available

Bronze	Blue Cross of Idaho	Bronze Choice
Bronze	Blue Cross of Idaho	Bronze H.S.A. Saver
Bronze	BridgeSpan	BridgeSpan Exchange Bronze HSA
Bronze	PacificSource	SmartHealth Balance Bronze 6350
Bronze	PacificSource	SmartHealth Value Bronze 3000
Bronze	PacificSource	SmartHealth Value Bronze 6250
Silver	Blue Cross of Idaho	Silver Choice
Silver	Blue Cross of Idaho	Silver Choice No Deductible
Silver	BridgeSpan	BridgeSpan Exchange Silver
Silver	PacificSource	SmartHealth Balance Silver 2500
Silver	PacificSource	SmartHealth Value Silver 3600
Gold	Blue Cross of Idaho	Gold Choice
Gold	BridgeSpan	BridgeSpan Exchange Gold
Gold	PacificSource	SmartHealth Balance Gold 500
Catastrophic	Blue Cross of Idaho	Covered Choice
Catastrophic	BridgeSpan	BridgeSpan Exchange Catastrophic
Catastrophic	PacificSource	SmartHealth Catastrophic

Boundary County – Individual & Family Plans Available

Bronze	Blue Cross of Idaho	Bronze Choice
Bronze	Blue Cross of Idaho	Bronze H.S.A. Saver
Bronze	BridgeSpan	BridgeSpan Exchange Bronze HSA
Bronze	PacificSource	SmartHealth Balance Bronze 6350
Bronze	PacificSource	SmartHealth Value Bronze 3000
Bronze	PacificSource	SmartHealth Value Bronze 6250
Silver	Blue Cross of Idaho	Silver Choice
Silver	Blue Cross of Idaho	Silver Choice No Deductible
Silver	BridgeSpan	BridgeSpan Exchange Silver
Silver	PacificSource	SmartHealth Balance Silver 2500
Silver	PacificSource	SmartHealth Value Silver 3600
Gold	Blue Cross of Idaho	Gold Choice
Gold	BridgeSpan	BridgeSpan Exchange Gold
Gold	PacificSource	SmartHealth Balance Gold 500
Catastrophic	Blue Cross of Idaho	Covered Choice
Catastrophic	BridgeSpan	BridgeSpan Exchange Catastrophic
Catastrophic	PacificSource	SmartHealth Catastrophic

Butte County – Individual & Family Plans Available

Bronze	Blue Cross of Idaho	Bronze Choice
Bronze	Blue Cross of Idaho	Bronze H.S.A. Saver
Bronze	BridgeSpan	BridgeSpan Exchange Bronze HSA
Bronze	PacificSource	BrightIdea Balance Bronze 6350
Bronze	PacificSource	BrightIdea Value Bronze 3000
Bronze	PacificSource	BrightIdea Value Bronze 6250
Silver	Blue Cross of Idaho	Silver Choice
Silver	Blue Cross of Idaho	Silver Choice No Deductible
Silver	BridgeSpan	BridgeSpan Exchange Silver
Silver	PacificSource	BrightIdea Balance Silver 2500
Silver	PacificSource	BrightIdea Value Silver 3600
Gold	Blue Cross of Idaho	Gold Choice
Gold	BridgeSpan	BridgeSpan Exchange Gold
Gold	PacificSource	BrightIdea Balance Gold 1000
Catastrophic	Blue Cross of Idaho	Covered Choice
Catastrophic	BridgeSpan	BridgeSpan Exchange Catastrophic
Catastrophic	PacificSource	BrightIdea Catastrophic

Camas County - Individual & Family Plans Available

Bronze	Blue Cross of Idaho	Bronze Choice
Bronze	Blue Cross of Idaho	Bronze H.S.A. Saver
Bronze	BridgeSpan	BridgeSpan Exchange Bronze HSA
Bronze	PacificSource	BrightIdea Balance Bronze 6350
Bronze	PacificSource	BrightIdea Value Bronze 3000
Bronze	PacificSource	BrightIdea Value Bronze 6250
Bronze	SelectHealth	SelectHealth HealthSave Bronze 3500 (HSA Qualified)
Bronze	SelectHealth	SelectHealth HealthSave Bronze 5500 (HSA Qualified and no coinsurance after deductible)
Bronze	SelectHealth	SelectHealth Preference Bronze 5000
Bronze	SelectHealth	SelectHealth Preference Bronze 5350 w/4 deductible-free office visits
Silver	Blue Cross of Idaho	Silver Choice
Silver	Blue Cross of Idaho	Silver Choice No Deductible
Silver	BridgeSpan	BridgeSpan Exchange Silver
Silver	PacificSource	BrightIdea Balance Silver 2500
Silver	PacificSource	BrightIdea Value Silver 3600
Silver	SelectHealth	SelectHealth HealthSave Silver 1500 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 2000 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 3500 (HSA Qualified and no coinsurance after deductible)
Silver	SelectHealth	SelectHealth Preference Silver 1000
Silver	SelectHealth	SelectHealth Preference Silver 2500
Silver	SelectHealth	SelectHealth Preference Silver 2500 w/4 deductible-free office visits
Silver	SelectHealth	SelectHealth Preference Silver 3800 Copay Plan
Gold	Blue Cross of Idaho	Gold Choice
Gold	BridgeSpan	BridgeSpan Exchange Gold
Gold	PacificSource	BrightIdea Balance Gold 1000
Gold	SelectHealth	SelectHealth Preference Gold 1000
Gold	SelectHealth	SelectHealth Preference Gold 1000 w/no deductible for office visits

Gold	SelectHealth	SelectHealth Preference Gold 250
Gold	SelectHealth	SelectHealth Preference Gold 250 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 500
Gold	SelectHealth	SelectHealth Preference Gold 500 w/no deductible for office visits
Platinum	SelectHealth	SelectHealth Preference Platinum No Deductible Copay Plan
Catastrophic	Blue Cross of Idaho	Covered Choice
Catastrophic	BridgeSpan	BridgeSpan Exchange Catastrophic
Catastrophic	PacificSource	BrightIdea Catastrophic
Catastrophic	SelectHealth	SelectHealth Millennial 6350 (Catastrophic Plan)

Canyon County – Individual & Family Plans Available

Bronze	Blue Cross of Idaho	Bronze Choice
Bronze	Blue Cross of Idaho	Bronze Connect Southwest
Bronze	Blue Cross of Idaho	Bronze H.S.A. Saver
Bronze	BridgeSpan	BridgeSpan Exchange Bronze HSA
Bronze	PacificSource	BrightIdea Balance Bronze 6350
Bronze	PacificSource	BrightIdea Value Bronze 3000
Bronze	PacificSource	BrightIdea Value Bronze 6250
Bronze	PacificSource	SmartAlliance Balance Bronze 6350
Bronze	PacificSource	SmartAlliance Value Bronze 3000
Bronze	PacificSource	SmartAlliance Value Bronze 6250
Bronze	SelectHealth	SelectHealth HealthSave Bronze 3500 (HSA Qualified)
Bronze	SelectHealth	SelectHealth HealthSave Bronze 5500 (HSA Qualified and no coinsurance after deductible)
Bronze	SelectHealth	SelectHealth Preference Bronze 5000
Bronze	SelectHealth	SelectHealth Preference Bronze 5350 w/4 deductible-free office visits
Silver	Blue Cross of Idaho	Silver Choice
Silver	Blue Cross of Idaho	Silver Choice No Deductible
Silver	Blue Cross of Idaho	Silver Connect Southwest
Silver	Blue Cross of Idaho	Silver Connect Southwest No Deductible
Silver	BridgeSpan	BridgeSpan Exchange Silver
Silver	PacificSource	BrightIdea Balance Silver 2500
Silver	PacificSource	BrightIdea Value Silver 3600
Silver	PacificSource	SmartAlliance Balance Silver 2500
Silver	PacificSource	SmartAlliance Value Silver 3600
Silver	SelectHealth	SelectHealth HealthSave Silver 1500 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 2000 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 3500 (HSA Qualified and no coinsurance after deductible)
Silver	SelectHealth	SelectHealth Preference Silver 1000
Silver	SelectHealth	SelectHealth Preference Silver 2500
Silver	SelectHealth	SelectHealth Preference Silver 2500 w/4 deductible-free office visits
Silver	SelectHealth	SelectHealth Preference Silver 3800 Copay Plan

Gold	Blue Cross of Idaho	Gold Choice
Gold	Blue Cross of Idaho	Gold Connect Southwest
Gold	BridgeSpan	BridgeSpan Exchange Gold
Gold	PacificSource	BrightIdea Balance Gold 1000
Gold	PacificSource	SmartAlliance Balance Gold 1000
Gold	SelectHealth	SelectHealth Preference Gold 1000
Gold	SelectHealth	SelectHealth Preference Gold 1000 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 250
Gold	SelectHealth	SelectHealth Preference Gold 250 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 500
Gold	SelectHealth	SelectHealth Preference Gold 500 w/no deductible for office visits
Platinum	Blue Cross of Idaho	Platinum Connect Southwest
Platinum	SelectHealth	SelectHealth Preference Platinum No Deductible Copay Plan
Catastrophic	Blue Cross of Idaho	Covered Choice
Catastrophic	Blue Cross of Idaho	Covered Connect Southwest
Catastrophic	BridgeSpan	BridgeSpan Exchange Catastrophic
Catastrophic	PacificSource	BrightIdea Catastrophic
Catastrophic	PacificSource	SmartAlliance Catastrophic
Catastrophic	SelectHealth	SelectHealth Millennial 6350 (Catastrophic Plan)

Caribou County – Individual & Family Plans Available

Bronze	Blue Cross of Idaho	Bronze Choice
Bronze	Blue Cross of Idaho	Bronze Connect East
Bronze	Blue Cross of Idaho	Bronze H.S.A. Saver
Bronze	BridgeSpan	BridgeSpan Exchange Bronze HSA
Bronze	PacificSource	SmartHealth Balance Bronze 6350
Bronze	PacificSource	SmartHealth Value Bronze 3000
Bronze	PacificSource	SmartHealth Value Bronze 6250
Bronze	SelectHealth	SelectHealth HealthSave Bronze 3500 (HSA Qualified)
Bronze	SelectHealth	SelectHealth HealthSave Bronze 5500 (HSA Qualified and no coinsurance after deductible)
Bronze	SelectHealth	SelectHealth Preference Bronze 5000
Bronze	SelectHealth	SelectHealth Preference Bronze 5350 w/4 deductible-free office visits
Silver	Blue Cross of Idaho	Silver Choice
Silver	Blue Cross of Idaho	Silver Choice No Deductible
Silver	Blue Cross of Idaho	Silver Connect East
Silver	Blue Cross of Idaho	Silver Connect East No Deductible
Silver	BridgeSpan	BridgeSpan Exchange Silver
Silver	PacificSource	SmartHealth Balance Silver 2500
Silver	PacificSource	SmartHealth Value Silver 3600
Silver	SelectHealth	SelectHealth HealthSave Silver 1500 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 2000 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 3500 (HSA Qualified and no coinsurance after deductible)
Silver	SelectHealth	SelectHealth Preference Silver 1000
Silver	SelectHealth	SelectHealth Preference Silver 2500
Silver	SelectHealth	SelectHealth Preference Silver 2500 w/4 deductible-free office visits
Silver	SelectHealth	SelectHealth Preference Silver 3800 Copay Plan
Gold	Blue Cross of Idaho	Gold Choice
Gold	Blue Cross of Idaho	Gold Connect East
Gold	BridgeSpan	BridgeSpan Exchange Gold
Gold	PacificSource	SmartHealth Balance Gold 500
Gold	SelectHealth	SelectHealth Preference Gold 1000

Gold	SelectHealth	SelectHealth Preference Gold 1000 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 250
Gold	SelectHealth	SelectHealth Preference Gold 250 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 500
Gold	SelectHealth	SelectHealth Preference Gold 500 w/no deductible for office visits
Platinum	SelectHealth	SelectHealth Preference Platinum No Deductible Copay Plan
Catastrophic	Blue Cross of Idaho	Covered Choice
Catastrophic	Blue Cross of Idaho	Covered Connect East
Catastrophic	BridgeSpan	BridgeSpan Exchange Catastrophic
Catastrophic	PacificSource	SmartHealth Catastrophic
Catastrophic	SelectHealth	SelectHealth Millennial 6350 (Catastrophic Plan)

Cassia County – Individual & Family Plans Available

Bronze	Blue Cross of Idaho	Bronze Choice
Bronze	Blue Cross of Idaho	Bronze Connect East
Bronze	Blue Cross of Idaho	Bronze H.S.A. Saver
Bronze	BridgeSpan	BridgeSpan Exchange Bronze HSA
Bronze	PacificSource	BrightIdea Balance Bronze 6350
Bronze	PacificSource	BrightIdea Value Bronze 3000
Bronze	PacificSource	BrightIdea Value Bronze 6250
Bronze	SelectHealth	SelectHealth HealthSave Bronze 3500 (HSA Qualified)
Bronze	SelectHealth	SelectHealth HealthSave Bronze 5500 (HSA Qualified and no coinsurance after deductible)
Bronze	SelectHealth	SelectHealth Preference Bronze 5000
Bronze	SelectHealth	SelectHealth Preference Bronze 5350 w/4 deductible-free office visits
Silver	Blue Cross of Idaho	Silver Choice
Silver	Blue Cross of Idaho	Silver Choice No Deductible
Silver	Blue Cross of Idaho	Silver Connect East
Silver	Blue Cross of Idaho	Silver Connect East No Deductible
Silver	BridgeSpan	BridgeSpan Exchange Silver
Silver	PacificSource	BrightIdea Balance Silver 2500
Silver	PacificSource	BrightIdea Value Silver 3600
Silver	SelectHealth	SelectHealth HealthSave Silver 1500 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 2000 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 3500 (HSA Qualified and no coinsurance after deductible)
Silver	SelectHealth	SelectHealth Preference Silver 1000
Silver	SelectHealth	SelectHealth Preference Silver 2500
Silver	SelectHealth	SelectHealth Preference Silver 2500 w/4 deductible-free office visits
Silver	SelectHealth	SelectHealth Preference Silver 3800 Copay Plan
Gold	Blue Cross of Idaho	Gold Choice
Gold	Blue Cross of Idaho	Gold Connect East
Gold	BridgeSpan	BridgeSpan Exchange Gold
Gold	PacificSource	BrightIdea Balance Gold 1000
Gold	SelectHealth	SelectHealth Preference Gold 1000

Gold	SelectHealth	SelectHealth Preference Gold 1000 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 250
Gold	SelectHealth	SelectHealth Preference Gold 250 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 500
Gold	SelectHealth	SelectHealth Preference Gold 500 w/no deductible for office visits
Platinum	SelectHealth	SelectHealth Preference Platinum No Deductible Copay Plan
Catastrophic	Blue Cross of Idaho	Covered Choice
Catastrophic	Blue Cross of Idaho	Covered Connect East
Catastrophic	BridgeSpan	BridgeSpan Exchange Catastrophic
Catastrophic	PacificSource	BrightIdea Catastrophic
Catastrophic	SelectHealth	SelectHealth Millennial 6350 (Catastrophic Plan)

Clark County – Individual & Family Plans Available

Bronze	Blue Cross of Idaho	Bronze Choice
Bronze	Blue Cross of Idaho	Bronze H.S.A. Saver
Bronze	BridgeSpan	BridgeSpan Exchange Bronze HSA
Bronze	PacificSource	SmartHealth Balance Bronze 6350
Bronze	PacificSource	SmartHealth Value Bronze 3000
Bronze	PacificSource	SmartHealth Value Bronze 6250
Silver	Blue Cross of Idaho	Silver Choice
Silver	Blue Cross of Idaho	Silver Choice No Deductible
Silver	BridgeSpan	BridgeSpan Exchange Silver
Silver	PacificSource	SmartHealth Balance Silver 2500
Silver	PacificSource	SmartHealth Value Silver 3600
Gold	Blue Cross of Idaho	Gold Choice
Gold	BridgeSpan	BridgeSpan Exchange Gold
Gold	PacificSource	SmartHealth Balance Gold 500
Catastrophic	Blue Cross of Idaho	Covered Choice
Catastrophic	BridgeSpan	BridgeSpan Exchange Catastrophic
Catastrophic	PacificSource	SmartHealth Catastrophic

Clearwater County – Individual & Family Plans Available

Bronze	Blue Cross of Idaho	Bronze Choice
Bronze	Blue Cross of Idaho	Bronze H.S.A. Saver
Bronze	BridgeSpan	BridgeSpan Exchange Bronze HSA
Bronze	PacificSource	SmartHealth Balance Bronze 6350
Bronze	PacificSource	SmartHealth Value Bronze 3000
Bronze	PacificSource	SmartHealth Value Bronze 6250
Silver	Blue Cross of Idaho	Silver Choice
Silver	Blue Cross of Idaho	Silver Choice No Deductible
Silver	BridgeSpan	BridgeSpan Exchange Silver
Silver	PacificSource	SmartHealth Balance Silver 2500
Silver	PacificSource	SmartHealth Value Silver 3600
Gold	Blue Cross of Idaho	Gold Choice
Gold	BridgeSpan	BridgeSpan Exchange Gold
Gold	PacificSource	SmartHealth Balance Gold 500
Catastrophic	Blue Cross of Idaho	Covered Choice
Catastrophic	BridgeSpan	BridgeSpan Exchange Catastrophic
Catastrophic	PacificSource	SmartHealth Catastrophic

Custer County – Individual & Family Plans Available

Bronze	Blue Cross of Idaho	Bronze Choice
Bronze	Blue Cross of Idaho	Bronze H.S.A. Saver
Bronze	BridgeSpan	BridgeSpan Exchange Bronze HSA
Bronze	PacificSource	BrightIdea Balance Bronze 6350
Bronze	PacificSource	BrightIdea Value Bronze 3000
Bronze	PacificSource	BrightIdea Value Bronze 6250
Bronze	SelectHealth	SelectHealth HealthSave Bronze 3500 (HSA Qualified)
Bronze	SelectHealth	SelectHealth HealthSave Bronze 5500 (HSA Qualified and no coinsurance after deductible)
Bronze	SelectHealth	SelectHealth Preference Bronze 5000
Bronze	SelectHealth	SelectHealth Preference Bronze 5350 w/4 deductible-free office visits
Silver	Blue Cross of Idaho	Silver Choice
Silver	Blue Cross of Idaho	Silver Choice No Deductible
Silver	BridgeSpan	BridgeSpan Exchange Silver
Silver	PacificSource	BrightIdea Balance Silver 2500
Silver	PacificSource	BrightIdea Value Silver 3600
Silver	SelectHealth	SelectHealth HealthSave Silver 1500 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 2000 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 3500 (HSA Qualified and no coinsurance after deductible)
Silver	SelectHealth	SelectHealth Preference Silver 1000
Silver	SelectHealth	SelectHealth Preference Silver 2500
Silver	SelectHealth	SelectHealth Preference Silver 2500 w/4 deductible-free office visits
Silver	SelectHealth	SelectHealth Preference Silver 3800 Copay Plan
Gold	Blue Cross of Idaho	Gold Choice
Gold	BridgeSpan	BridgeSpan Exchange Gold
Gold	PacificSource	BrightIdea Balance Gold 1000
Gold	SelectHealth	SelectHealth Preference Gold 1000
Gold	SelectHealth	SelectHealth Preference Gold 1000 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 250

Gold	SelectHealth	SelectHealth Preference Gold 250 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 500
Gold	SelectHealth	SelectHealth Preference Gold 500 w/no deductible for office visits
Platinum	SelectHealth	SelectHealth Preference Platinum No Deductible Copay Plan
Catastrophic	Blue Cross of Idaho	Covered Choice
Catastrophic	BridgeSpan	BridgeSpan Exchange Catastrophic
Catastrophic	PacificSource	BrightIdea Catastrophic
Catastrophic	SelectHealth	SelectHealth Millennial 6350 (Catastrophic Plan)

Elmore County – Individual & Family Plans Available

Bronze	Blue Cross of Idaho	Bronze Choice
Bronze	Blue Cross of Idaho	Bronze H.S.A. Saver
Bronze	BridgeSpan	BridgeSpan Exchange Bronze HSA
Bronze	PacificSource	BrightIdea Balance Bronze 6350
Bronze	PacificSource	BrightIdea Value Bronze 3000
Bronze	PacificSource	BrightIdea Value Bronze 6250
Bronze	PacificSource	SmartAlliance Balance Bronze 6350
Bronze	PacificSource	SmartAlliance Value Bronze 3000
Bronze	PacificSource	SmartAlliance Value Bronze 6250
Bronze	SelectHealth	SelectHealth HealthSave Bronze 3500 (HSA Qualified)
Bronze	SelectHealth	SelectHealth HealthSave Bronze 5500 (HSA Qualified and no coinsurance after deductible)
Bronze	SelectHealth	SelectHealth Preference Bronze 5000
Bronze	SelectHealth	SelectHealth Preference Bronze 5350 w/4 deductible-free office visits
Silver	Blue Cross of Idaho	Silver Choice
Silver	Blue Cross of Idaho	Silver Choice No Deductible
Silver	BridgeSpan	BridgeSpan Exchange Silver
Silver	PacificSource	BrightIdea Balance Silver 2500
Silver	PacificSource	BrightIdea Value Silver 3600
Silver	PacificSource	SmartAlliance Balance Silver 2500
Silver	PacificSource	SmartAlliance Value Silver 3600
Silver	SelectHealth	SelectHealth HealthSave Silver 1500 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 2000 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 3500 (HSA Qualified and no coinsurance after deductible)
Silver	SelectHealth	SelectHealth Preference Silver 1000
Silver	SelectHealth	SelectHealth Preference Silver 2500
Silver	SelectHealth	SelectHealth Preference Silver 2500 w/4 deductible-free office visits
Silver	SelectHealth	SelectHealth Preference Silver 3800 Copay Plan
Gold	Blue Cross of Idaho	Gold Choice
Gold	BridgeSpan	BridgeSpan Exchange Gold
Gold	PacificSource	BrightIdea Balance Gold 1000

Gold	PacificSource	SmartAlliance Balance Gold 1000
Gold	SelectHealth	SelectHealth Preference Gold 1000
Gold	SelectHealth	SelectHealth Preference Gold 1000 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 250
Gold	SelectHealth	SelectHealth Preference Gold 250 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 500
Gold	SelectHealth	SelectHealth Preference Gold 500 w/no deductible for office visits
Platinum	SelectHealth	SelectHealth Preference Platinum No Deductible Copay Plan
Catastrophic	Blue Cross of Idaho	Covered Choice
Catastrophic	BridgeSpan	BridgeSpan Exchange Catastrophic
Catastrophic	PacificSource	BrightIdea Catastrophic
Catastrophic	PacificSource	SmartAlliance Catastrophic
Catastrophic	SelectHealth	SelectHealth Millennial 6350 (Catastrophic Plan)

Franklin County – Individual & Family Plans Available

Bronze	Blue Cross of Idaho	Bronze Choice
Bronze	Blue Cross of Idaho	Bronze Connect East
Bronze	Blue Cross of Idaho	Bronze H.S.A. Saver
Bronze	BridgeSpan	BridgeSpan Exchange Bronze HSA
Bronze	PacificSource	SmartHealth Balance Bronze 6350
Bronze	PacificSource	SmartHealth Value Bronze 3000
Bronze	PacificSource	SmartHealth Value Bronze 6250
Bronze	SelectHealth	SelectHealth HealthSave Bronze 3500 (HSA Qualified)
Bronze	SelectHealth	SelectHealth HealthSave Bronze 5500 (HSA Qualified and no coinsurance after deductible)
Bronze	SelectHealth	SelectHealth Preference Bronze 5000
Bronze	SelectHealth	SelectHealth Preference Bronze 5350 w/4 deductible-free office visits
Silver	Blue Cross of Idaho	Silver Choice
Silver	Blue Cross of Idaho	Silver Choice No Deductible
Silver	Blue Cross of Idaho	Silver Connect East
Silver	Blue Cross of Idaho	Silver Connect East No Deductible
Silver	BridgeSpan	BridgeSpan Exchange Silver
Silver	PacificSource	SmartHealth Balance Silver 2500
Silver	PacificSource	SmartHealth Value Silver 3600
Silver	SelectHealth	SelectHealth HealthSave Silver 1500 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 2000 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 3500 (HSA Qualified and no coinsurance after deductible)
Silver	SelectHealth	SelectHealth Preference Silver 1000
Silver	SelectHealth	SelectHealth Preference Silver 2500
Silver	SelectHealth	SelectHealth Preference Silver 2500 w/4 deductible-free office visits
Silver	SelectHealth	SelectHealth Preference Silver 3800 Copay Plan
Gold	Blue Cross of Idaho	Gold Choice
Gold	Blue Cross of Idaho	Gold Connect East
Gold	BridgeSpan	BridgeSpan Exchange Gold
Gold	PacificSource	SmartHealth Balance Gold 500
Gold	SelectHealth	SelectHealth Preference Gold 1000

Gold	SelectHealth	SelectHealth Preference Gold 1000 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 250
Gold	SelectHealth	SelectHealth Preference Gold 250 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 500
Gold	SelectHealth	SelectHealth Preference Gold 500 w/no deductible for office visits
Platinum	SelectHealth	SelectHealth Preference Platinum No Deductible Copay Plan
Catastrophic	Blue Cross of Idaho	Covered Choice
Catastrophic	Blue Cross of Idaho	Covered Connect East
Catastrophic	BridgeSpan	BridgeSpan Exchange Catastrophic
Catastrophic	PacificSource	SmartHealth Catastrophic
Catastrophic	SelectHealth	SelectHealth Millennial 6350 (Catastrophic Plan)

Fremont County – Individual & Family Plans Available

Bronze	Blue Cross of Idaho	Bronze Choice
Bronze	Blue Cross of Idaho	Bronze H.S.A. Saver
Bronze	BridgeSpan	BridgeSpan Exchange Bronze HSA
Bronze	PacificSource	SmartHealth Balance Bronze 6350
Bronze	PacificSource	SmartHealth Value Bronze 3000
Bronze	PacificSource	SmartHealth Value Bronze 6250
Silver	Blue Cross of Idaho	Silver Choice
Silver	Blue Cross of Idaho	Silver Choice No Deductible
Silver	BridgeSpan	BridgeSpan Exchange Silver
Silver	PacificSource	SmartHealth Balance Silver 2500
Silver	PacificSource	SmartHealth Value Silver 3600
Gold	Blue Cross of Idaho	Gold Choice
Gold	BridgeSpan	BridgeSpan Exchange Gold
Gold	PacificSource	SmartHealth Balance Gold 500
Catastrophic	Blue Cross of Idaho	Covered Choice
Catastrophic	BridgeSpan	BridgeSpan Exchange Catastrophic
Catastrophic	PacificSource	SmartHealth Catastrophic

Gem County – Individual & Family Plans Available

Bronze	Blue Cross of Idaho	Bronze Choice
Bronze	Blue Cross of Idaho	Bronze Connect Southwest
Bronze	Blue Cross of Idaho	Bronze H.S.A. Saver
Bronze	BridgeSpan	BridgeSpan Exchange Bronze HSA
Bronze	PacificSource	BrightIdea Balance Bronze 6350
Bronze	PacificSource	BrightIdea Value Bronze 3000
Bronze	PacificSource	BrightIdea Value Bronze 6250
Bronze	PacificSource	SmartAlliance Balance Bronze 6350
Bronze	PacificSource	SmartAlliance Value Bronze 3000
Bronze	PacificSource	SmartAlliance Value Bronze 6250
Bronze	SelectHealth	SelectHealth HealthSave Bronze 3500 (HSA Qualified)
Bronze	SelectHealth	SelectHealth HealthSave Bronze 5500 (HSA Qualified and no coinsurance after deductible)
Bronze	SelectHealth	SelectHealth Preference Bronze 5000
Bronze	SelectHealth	SelectHealth Preference Bronze 5350 w/4 deductible-free office visits
Silver	Blue Cross of Idaho	Silver Choice
Silver	Blue Cross of Idaho	Silver Choice No Deductible
Silver	Blue Cross of Idaho	Silver Connect Southwest
Silver	Blue Cross of Idaho	Silver Connect Southwest No Deductible
Silver	BridgeSpan	BridgeSpan Exchange Silver
Silver	PacificSource	BrightIdea Balance Silver 2500
Silver	PacificSource	BrightIdea Value Silver 3600
Silver	PacificSource	SmartAlliance Balance Silver 2500
Silver	PacificSource	SmartAlliance Value Silver 3600
Silver	SelectHealth	SelectHealth HealthSave Silver 1500 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 2000 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 3500 (HSA Qualified and no coinsurance after deductible)
Silver	SelectHealth	SelectHealth Preference Silver 1000
Silver	SelectHealth	SelectHealth Preference Silver 2500
Silver	SelectHealth	SelectHealth Preference Silver 2500 w/4 deductible-free office visits
Silver	SelectHealth	SelectHealth Preference Silver 3800 Copay Plan

Gold	Blue Cross of Idaho	Gold Choice
Gold	Blue Cross of Idaho	Gold Connect Southwest
Gold	BridgeSpan	BridgeSpan Exchange Gold
Gold	PacificSource	BrightIdea Balance Gold 1000
Gold	PacificSource	SmartAlliance Balance Gold 1000
Gold	SelectHealth	SelectHealth Preference Gold 1000
Gold	SelectHealth	SelectHealth Preference Gold 1000 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 250
Gold	SelectHealth	SelectHealth Preference Gold 250 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 500
Gold	SelectHealth	SelectHealth Preference Gold 500 w/no deductible for office visits
Platinum	Blue Cross of Idaho	Platinum Connect Southwest
Platinum	SelectHealth	SelectHealth Preference Platinum No Deductible Copay Plan
Catastrophic	Blue Cross of Idaho	Covered Choice
Catastrophic	Blue Cross of Idaho	Covered Connect Southwest
Catastrophic	BridgeSpan	BridgeSpan Exchange Catastrophic
Catastrophic	PacificSource	BrightIdea Catastrophic
Catastrophic	PacificSource	SmartAlliance Catastrophic
Catastrophic	SelectHealth	SelectHealth Millennial 6350 (Catastrophic Plan)

Gooding County – Individual & Family Plans Available

Bronze	Blue Cross of Idaho	Bronze Choice
Bronze	Blue Cross of Idaho	Bronze H.S.A. Saver
Bronze	BridgeSpan	BridgeSpan Exchange Bronze HSA
Bronze	PacificSource	BrightIdea Balance Bronze 6350
Bronze	PacificSource	BrightIdea Value Bronze 3000
Bronze	PacificSource	BrightIdea Value Bronze 6250
Bronze	SelectHealth	SelectHealth HealthSave Bronze 3500 (HSA Qualified)
Bronze	SelectHealth	SelectHealth HealthSave Bronze 5500 (HSA Qualified and no coinsurance after deductible)
Bronze	SelectHealth	SelectHealth Preference Bronze 5000
Bronze	SelectHealth	SelectHealth Preference Bronze 5350 w/4 deductible-free office visits
Silver	Blue Cross of Idaho	Silver Choice
Silver	Blue Cross of Idaho	Silver Choice No Deductible
Silver	BridgeSpan	BridgeSpan Exchange Silver
Silver	PacificSource	BrightIdea Balance Silver 2500
Silver	PacificSource	BrightIdea Value Silver 3600
Silver	SelectHealth	SelectHealth HealthSave Silver 1500 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 2000 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 3500 (HSA Qualified and no coinsurance after deductible)
Silver	SelectHealth	SelectHealth Preference Silver 1000
Silver	SelectHealth	SelectHealth Preference Silver 2500
Silver	SelectHealth	SelectHealth Preference Silver 2500 w/4 deductible-free office visits
Silver	SelectHealth	SelectHealth Preference Silver 3800 Copay Plan
Gold	Blue Cross of Idaho	Gold Choice
Gold	BridgeSpan	BridgeSpan Exchange Gold
Gold	PacificSource	BrightIdea Balance Gold 1000
Gold	SelectHealth	SelectHealth Preference Gold 1000
Gold	SelectHealth	SelectHealth Preference Gold 1000 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 250

Gold	SelectHealth	SelectHealth Preference Gold 250 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 500
Gold	SelectHealth	SelectHealth Preference Gold 500 w/no deductible for office visits
Platinum	SelectHealth	SelectHealth Preference Platinum No Deductible Copay Plan
Catastrophic	Blue Cross of Idaho	Covered Choice
Catastrophic	BridgeSpan	BridgeSpan Exchange Catastrophic
Catastrophic	PacificSource	BrightIdea Catastrophic
Catastrophic	SelectHealth	SelectHealth Millennial 6350 (Catastrophic Plan)

Idaho County – Individual & Family Plans Available

Bronze	Blue Cross of Idaho	Bronze Choice
Bronze	Blue Cross of Idaho	Bronze H.S.A. Saver
Bronze	BridgeSpan	BridgeSpan Exchange Bronze HSA
Bronze	PacificSource	SmartHealth Balance Bronze 6350
Bronze	PacificSource	SmartHealth Value Bronze 3000
Bronze	PacificSource	SmartHealth Value Bronze 6250
Silver	Blue Cross of Idaho	Silver Choice
Silver	Blue Cross of Idaho	Silver Choice No Deductible
Silver	BridgeSpan	BridgeSpan Exchange Silver
Silver	PacificSource	SmartHealth Balance Silver 2500
Silver	PacificSource	SmartHealth Value Silver 3600
Gold	Blue Cross of Idaho	Gold Choice
Gold	BridgeSpan	BridgeSpan Exchange Gold
Gold	PacificSource	SmartHealth Balance Gold 500
Catastrophic	Blue Cross of Idaho	Covered Choice
Catastrophic	BridgeSpan	BridgeSpan Exchange Catastrophic
Catastrophic	PacificSource	SmartHealth Catastrophic

Jefferson County – Individual & Family Plans Available

Bronze	Blue Cross of Idaho	Bronze Choice
Bronze	Blue Cross of Idaho	Bronze H.S.A. Saver
Bronze	BridgeSpan	BridgeSpan Exchange Bronze HSA
Bronze	PacificSource	SmartHealth Balance Bronze 6350
Bronze	PacificSource	SmartHealth Value Bronze 3000
Bronze	PacificSource	SmartHealth Value Bronze 6250
Silver	Blue Cross of Idaho	Silver Choice
Silver	Blue Cross of Idaho	Silver Choice No Deductible
Silver	BridgeSpan	BridgeSpan Exchange Silver
Silver	PacificSource	SmartHealth Balance Silver 2500
Silver	PacificSource	SmartHealth Value Silver 3600
Gold	Blue Cross of Idaho	Gold Choice
Gold	BridgeSpan	BridgeSpan Exchange Gold
Gold	PacificSource	SmartHealth Balance Gold 500
Catastrophic	Blue Cross of Idaho	Covered Choice
Catastrophic	BridgeSpan	BridgeSpan Exchange Catastrophic
Catastrophic	PacificSource	SmartHealth Catastrophic

Jerome County – Individual & Family Plans Available

Bronze	Blue Cross of Idaho	Bronze Choice
Bronze	Blue Cross of Idaho	Bronze H.S.A. Saver
Bronze	BridgeSpan	BridgeSpan Exchange Bronze HSA
Bronze	PacificSource	BrightIdea Balance Bronze 6350
Bronze	PacificSource	BrightIdea Value Bronze 3000
Bronze	PacificSource	BrightIdea Value Bronze 6250
Bronze	SelectHealth	SelectHealth HealthSave Bronze 3500 (HSA Qualified)
Bronze	SelectHealth	SelectHealth HealthSave Bronze 5500 (HSA Qualified and no coinsurance after deductible)
Bronze	SelectHealth	SelectHealth Preference Bronze 5000
Bronze	SelectHealth	SelectHealth Preference Bronze 5350 w/4 deductible-free office visits
Silver	Blue Cross of Idaho	Silver Choice
Silver	Blue Cross of Idaho	Silver Choice No Deductible
Silver	BridgeSpan	BridgeSpan Exchange Silver
Silver	PacificSource	BrightIdea Balance Silver 2500
Silver	PacificSource	BrightIdea Value Silver 3600
Silver	SelectHealth	SelectHealth HealthSave Silver 1500 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 2000 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 3500 (HSA Qualified and no coinsurance after deductible)
Silver	SelectHealth	SelectHealth Preference Silver 1000
Silver	SelectHealth	SelectHealth Preference Silver 2500
Silver	SelectHealth	SelectHealth Preference Silver 2500 w/4 deductible-free office visits
Silver	SelectHealth	SelectHealth Preference Silver 3800 Copay Plan
Gold	Blue Cross of Idaho	Gold Choice
Gold	BridgeSpan	BridgeSpan Exchange Gold
Gold	PacificSource	BrightIdea Balance Gold 1000
Gold	SelectHealth	SelectHealth Preference Gold 1000
Gold	SelectHealth	SelectHealth Preference Gold 1000 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 250

Gold	SelectHealth	SelectHealth Preference Gold 250 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 500
Gold	SelectHealth	SelectHealth Preference Gold 500 w/no deductible for office visits
Platinum	SelectHealth	SelectHealth Preference Platinum No Deductible Copay Plan
Catastrophic	Blue Cross of Idaho	Covered Choice
Catastrophic	BridgeSpan	BridgeSpan Exchange Catastrophic
Catastrophic	PacificSource	BrightIdea Catastrophic
Catastrophic	SelectHealth	SelectHealth Millennial 6350 (Catastrophic Plan)

Kootenai County – Individual & Family Plans Available

Bronze	Blue Cross of Idaho	Bronze Choice
Bronze	Blue Cross of Idaho	Bronze H.S.A. Saver
Bronze	BridgeSpan	BridgeSpan Exchange Bronze HSA
Bronze	PacificSource	SmartHealth Balance Bronze 6350
Bronze	PacificSource	SmartHealth Value Bronze 3000
Bronze	PacificSource	SmartHealth Value Bronze 6250
Silver	Blue Cross of Idaho	Silver Choice
Silver	Blue Cross of Idaho	Silver Choice No Deductible
Silver	BridgeSpan	BridgeSpan Exchange Silver
Silver	PacificSource	SmartHealth Balance Silver 2500
Silver	PacificSource	SmartHealth Value Silver 3600
Gold	Blue Cross of Idaho	Gold Choice
Gold	BridgeSpan	BridgeSpan Exchange Gold
Gold	PacificSource	SmartHealth Balance Gold 500
Catastrophic	Blue Cross of Idaho	Covered Choice
Catastrophic	BridgeSpan	BridgeSpan Exchange Catastrophic
Catastrophic	PacificSource	SmartHealth Catastrophic

Latah County – Individual & Family Plans Available

Bronze	Blue Cross of Idaho	Bronze Choice
Bronze	Blue Cross of Idaho	Bronze H.S.A. Saver
Bronze	BridgeSpan	BridgeSpan Exchange Bronze HSA
Bronze	PacificSource	SmartHealth Balance Bronze 6350
Bronze	PacificSource	SmartHealth Value Bronze 3000
Bronze	PacificSource	SmartHealth Value Bronze 6250
Silver	Blue Cross of Idaho	Silver Choice
Silver	Blue Cross of Idaho	Silver Choice No Deductible
Silver	BridgeSpan	BridgeSpan Exchange Silver
Silver	PacificSource	SmartHealth Balance Silver 2500
Silver	PacificSource	SmartHealth Value Silver 3600
Gold	Blue Cross of Idaho	Gold Choice
Gold	BridgeSpan	BridgeSpan Exchange Gold
Gold	PacificSource	SmartHealth Balance Gold 500
Catastrophic	Blue Cross of Idaho	Covered Choice
Catastrophic	BridgeSpan	BridgeSpan Exchange Catastrophic
Catastrophic	PacificSource	SmartHealth Catastrophic

Lemhi County – Individual & Family Plans Available

Bronze	Blue Cross of Idaho	Bronze Choice
Bronze	Blue Cross of Idaho	Bronze H.S.A. Saver
Bronze	BridgeSpan	BridgeSpan Exchange Bronze HSA
Bronze	PacificSource	BrightIdea Balance Bronze 6350
Bronze	PacificSource	BrightIdea Value Bronze 3000
Bronze	PacificSource	BrightIdea Value Bronze 6250
Bronze	SelectHealth	SelectHealth HealthSave Bronze 3500 (HSA Qualified)
Bronze	SelectHealth	SelectHealth HealthSave Bronze 5500 (HSA Qualified and no coinsurance after deductible)
Bronze	SelectHealth	SelectHealth Preference Bronze 5000
Bronze	SelectHealth	SelectHealth Preference Bronze 5350 w/4 deductible-free office visits
Silver	Blue Cross of Idaho	Silver Choice
Silver	Blue Cross of Idaho	Silver Choice No Deductible
Silver	BridgeSpan	BridgeSpan Exchange Silver
Silver	PacificSource	BrightIdea Balance Silver 2500
Silver	PacificSource	BrightIdea Value Silver 3600
Silver	SelectHealth	SelectHealth HealthSave Silver 1500 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 2000 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 3500 (HSA Qualified and no coinsurance after deductible)
Silver	SelectHealth	SelectHealth Preference Silver 1000
Silver	SelectHealth	SelectHealth Preference Silver 2500
Silver	SelectHealth	SelectHealth Preference Silver 2500 w/4 deductible-free office visits
Silver	SelectHealth	SelectHealth Preference Silver 3800 Copay Plan
Gold	Blue Cross of Idaho	Gold Choice
Gold	BridgeSpan	BridgeSpan Exchange Gold
Gold	PacificSource	BrightIdea Balance Gold 1000
Gold	SelectHealth	SelectHealth Preference Gold 1000
Gold	SelectHealth	SelectHealth Preference Gold 1000 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 250

Gold	SelectHealth	SelectHealth Preference Gold 250 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 500
Gold	SelectHealth	SelectHealth Preference Gold 500 w/no deductible for office visits
Platinum	SelectHealth	SelectHealth Preference Platinum No Deductible Copay Plan
Catastrophic	Blue Cross of Idaho	Covered Choice
Catastrophic	BridgeSpan	BridgeSpan Exchange Catastrophic
Catastrophic	PacificSource	BrightIdea Catastrophic
Catastrophic	SelectHealth	SelectHealth Millennial 6350 (Catastrophic Plan)

Lewis County – Individual & Family Plans Available

Bronze	Blue Cross of Idaho	Bronze Choice
Bronze	Blue Cross of Idaho	Bronze H.S.A. Saver
Bronze	BridgeSpan	BridgeSpan Exchange Bronze HSA
Bronze	PacificSource	SmartHealth Balance Bronze 6350
Bronze	PacificSource	SmartHealth Value Bronze 3000
Bronze	PacificSource	SmartHealth Value Bronze 6250
Silver	Blue Cross of Idaho	Silver Choice
Silver	Blue Cross of Idaho	Silver Choice No Deductible
Silver	BridgeSpan	BridgeSpan Exchange Silver
Silver	PacificSource	SmartHealth Balance Silver 2500
Silver	PacificSource	SmartHealth Value Silver 3600
Gold	Blue Cross of Idaho	Gold Choice
Gold	BridgeSpan	BridgeSpan Exchange Gold
Gold	PacificSource	SmartHealth Balance Gold 500
Catastrophic	Blue Cross of Idaho	Covered Choice
Catastrophic	BridgeSpan	BridgeSpan Exchange Catastrophic
Catastrophic	PacificSource	SmartHealth Catastrophic

Lincoln County – Individual & Family Plans Available

Bronze	Blue Cross of Idaho	Bronze Choice
Bronze	Blue Cross of Idaho	Bronze H.S.A. Saver
Bronze	BridgeSpan	BridgeSpan Exchange Bronze HSA
Bronze	PacificSource	BrightIdea Balance Bronze 6350
Bronze	PacificSource	BrightIdea Value Bronze 3000
Bronze	PacificSource	BrightIdea Value Bronze 6250
Bronze	SelectHealth	SelectHealth HealthSave Bronze 3500 (HSA Qualified)
Bronze	SelectHealth	SelectHealth HealthSave Bronze 5500 (HSA Qualified and no coinsurance after deductible)
Bronze	SelectHealth	SelectHealth Preference Bronze 5000
Bronze	SelectHealth	SelectHealth Preference Bronze 5350 w/4 deductible-free office visits
Silver	Blue Cross of Idaho	Silver Choice
Silver	Blue Cross of Idaho	Silver Choice No Deductible
Silver	BridgeSpan	BridgeSpan Exchange Silver
Silver	PacificSource	BrightIdea Balance Silver 2500
Silver	PacificSource	BrightIdea Value Silver 3600
Silver	SelectHealth	SelectHealth HealthSave Silver 1500 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 2000 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 3500 (HSA Qualified and no coinsurance after deductible)
Silver	SelectHealth	SelectHealth Preference Silver 1000
Silver	SelectHealth	SelectHealth Preference Silver 2500
Silver	SelectHealth	SelectHealth Preference Silver 2500 w/4 deductible-free office visits
Silver	SelectHealth	SelectHealth Preference Silver 3800 Copay Plan
Gold	Blue Cross of Idaho	Gold Choice
Gold	BridgeSpan	BridgeSpan Exchange Gold
Gold	PacificSource	BrightIdea Balance Gold 1000
Gold	SelectHealth	SelectHealth Preference Gold 1000
Gold	SelectHealth	SelectHealth Preference Gold 1000 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 250

Gold	SelectHealth	SelectHealth Preference Gold 250 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 500
Gold	SelectHealth	SelectHealth Preference Gold 500 w/no deductible for office visits
Platinum	SelectHealth	SelectHealth Preference Platinum No Deductible Copay Plan
Catastrophic	Blue Cross of Idaho	Covered Choice
Catastrophic	BridgeSpan	BridgeSpan Exchange Catastrophic
Catastrophic	PacificSource	BrightIdea Catastrophic
Catastrophic	SelectHealth	SelectHealth Millennial 6350 (Catastrophic Plan)

Madison County – Individual & Family Plans Available

Bronze	Blue Cross of Idaho	Bronze Choice
Bronze	Blue Cross of Idaho	Bronze H.S.A. Saver
Bronze	BridgeSpan	BridgeSpan Exchange Bronze HSA
Bronze	PacificSource	SmartHealth Balance Bronze 6350
Bronze	PacificSource	SmartHealth Value Bronze 3000
Bronze	PacificSource	SmartHealth Value Bronze 6250
Silver	Blue Cross of Idaho	Silver Choice
Silver	Blue Cross of Idaho	Silver Choice No Deductible
Silver	BridgeSpan	BridgeSpan Exchange Silver
Silver	PacificSource	SmartHealth Balance Silver 2500
Silver	PacificSource	SmartHealth Value Silver 3600
Gold	Blue Cross of Idaho	Gold Choice
Gold	BridgeSpan	BridgeSpan Exchange Gold
Gold	PacificSource	SmartHealth Balance Gold 500
Catastrophic	Blue Cross of Idaho	Covered Choice
Catastrophic	BridgeSpan	BridgeSpan Exchange Catastrophic
Catastrophic	PacificSource	SmartHealth Catastrophic

Minidoka County – Individual & Family Plans Available

Bronze	Blue Cross of Idaho	Bronze Choice
Bronze	Blue Cross of Idaho	Bronze H.S.A. Saver
Bronze	BridgeSpan	BridgeSpan Exchange Bronze HSA
Bronze	PacificSource	BrightIdea Balance Bronze 6350
Bronze	PacificSource	BrightIdea Value Bronze 3000
Bronze	PacificSource	BrightIdea Value Bronze 6250
Bronze	SelectHealth	SelectHealth HealthSave Bronze 3500 (HSA Qualified)
Bronze	SelectHealth	SelectHealth HealthSave Bronze 5500 (HSA Qualified and no coinsurance after deductible)
Bronze	SelectHealth	SelectHealth Preference Bronze 5000
Bronze	SelectHealth	SelectHealth Preference Bronze 5350 w/4 deductible-free office visits
Silver	Blue Cross of Idaho	Silver Choice
Silver	Blue Cross of Idaho	Silver Choice No Deductible
Silver	BridgeSpan	BridgeSpan Exchange Silver
Silver	PacificSource	BrightIdea Balance Silver 2500
Silver	PacificSource	BrightIdea Value Silver 3600
Silver	SelectHealth	SelectHealth HealthSave Silver 1500 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 2000 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 3500 (HSA Qualified and no coinsurance after deductible)
Silver	SelectHealth	SelectHealth Preference Silver 1000
Silver	SelectHealth	SelectHealth Preference Silver 2500
Silver	SelectHealth	SelectHealth Preference Silver 2500 w/4 deductible-free office visits
Silver	SelectHealth	SelectHealth Preference Silver 3800 Copay Plan
Gold	Blue Cross of Idaho	Gold Choice
Gold	BridgeSpan	BridgeSpan Exchange Gold
Gold	PacificSource	BrightIdea Balance Gold 1000
Gold	SelectHealth	SelectHealth Preference Gold 1000
Gold	SelectHealth	SelectHealth Preference Gold 1000 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 250

Gold	SelectHealth	SelectHealth Preference Gold 250 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 500
Gold	SelectHealth	SelectHealth Preference Gold 500 w/no deductible for office visits
Platinum	SelectHealth	SelectHealth Preference Platinum No Deductible Copay Plan
Catastrophic	Blue Cross of Idaho	Covered Choice
Catastrophic	BridgeSpan	BridgeSpan Exchange Catastrophic
Catastrophic	PacificSource	BrightIdea Catastrophic
Catastrophic	SelectHealth	SelectHealth Millennial 6350 (Catastrophic Plan)

Nez Perce County – Individual & Family Plans Available

Bronze	Blue Cross of Idaho	Bronze Choice
Bronze	Blue Cross of Idaho	Bronze H.S.A. Saver
Bronze	BridgeSpan	BridgeSpan Exchange Bronze HSA
Bronze	PacificSource	SmartHealth Balance Bronze 6350
Bronze	PacificSource	SmartHealth Value Bronze 3000
Bronze	PacificSource	SmartHealth Value Bronze 6250
Silver	Blue Cross of Idaho	Silver Choice
Silver	Blue Cross of Idaho	Silver Choice No Deductible
Silver	BridgeSpan	BridgeSpan Exchange Silver
Silver	PacificSource	SmartHealth Balance Silver 2500
Silver	PacificSource	SmartHealth Value Silver 3600
Gold	Blue Cross of Idaho	Gold Choice
Gold	BridgeSpan	BridgeSpan Exchange Gold
Gold	PacificSource	SmartHealth Balance Gold 500
Catastrophic	Blue Cross of Idaho	Covered Choice
Catastrophic	BridgeSpan	BridgeSpan Exchange Catastrophic
Catastrophic	PacificSource	SmartHealth Catastrophic

Oneida County – Individual & Family Plans Available

Bronze	Blue Cross of Idaho	Bronze Choice
Bronze	Blue Cross of Idaho	Bronze Connect East
Bronze	Blue Cross of Idaho	Bronze H.S.A. Saver
Bronze	BridgeSpan	BridgeSpan Exchange Bronze HSA
Bronze	PacificSource	SmartHealth Balance Bronze 6350
Bronze	PacificSource	SmartHealth Value Bronze 3000
Bronze	PacificSource	SmartHealth Value Bronze 6250
Bronze	SelectHealth	SelectHealth HealthSave Bronze 3500 (HSA Qualified)
Bronze	SelectHealth	SelectHealth HealthSave Bronze 5500 (HSA Qualified and no coinsurance after deductible)
Bronze	SelectHealth	SelectHealth Preference Bronze 5000
Bronze	SelectHealth	SelectHealth Preference Bronze 5350 w/4 deductible-free office visits
Silver	Blue Cross of Idaho	Silver Choice
Silver	Blue Cross of Idaho	Silver Choice No Deductible
Silver	Blue Cross of Idaho	Silver Connect East
Silver	Blue Cross of Idaho	Silver Connect East No Deductible
Silver	BridgeSpan	BridgeSpan Exchange Silver
Silver	PacificSource	SmartHealth Balance Silver 2500
Silver	PacificSource	SmartHealth Value Silver 3600
Silver	SelectHealth	SelectHealth HealthSave Silver 1500 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 2000 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 3500 (HSA Qualified and no coinsurance after deductible)
Silver	SelectHealth	SelectHealth Preference Silver 1000
Silver	SelectHealth	SelectHealth Preference Silver 2500
Silver	SelectHealth	SelectHealth Preference Silver 2500 w/4 deductible-free office visits
Silver	SelectHealth	SelectHealth Preference Silver 3800 Copay Plan
Gold	Blue Cross of Idaho	Gold Choice
Gold	Blue Cross of Idaho	Gold Connect East
Gold	BridgeSpan	BridgeSpan Exchange Gold
Gold	PacificSource	SmartHealth Balance Gold 500
Gold	SelectHealth	SelectHealth Preference Gold 1000

Gold	SelectHealth	SelectHealth Preference Gold 1000 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 250
Gold	SelectHealth	SelectHealth Preference Gold 250 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 500
Gold	SelectHealth	SelectHealth Preference Gold 500 w/no deductible for office visits
Platinum	SelectHealth	SelectHealth Preference Platinum No Deductible Copay Plan
Catastrophic	Blue Cross of Idaho	Covered Choice
Catastrophic	Blue Cross of Idaho	Covered Connect East
Catastrophic	BridgeSpan	BridgeSpan Exchange Catastrophic
Catastrophic	PacificSource	SmartHealth Catastrophic
Catastrophic	SelectHealth	SelectHealth Millennial 6350 (Catastrophic Plan)

Owyhee County – Individual & Family Plans Available

Bronze	Blue Cross of Idaho	Bronze Choice
Bronze	Blue Cross of Idaho	Bronze H.S.A. Saver
Bronze	BridgeSpan	BridgeSpan Exchange Bronze HSA
Bronze	PacificSource	BrightIdea Balance Bronze 6350
Bronze	PacificSource	BrightIdea Value Bronze 3000
Bronze	PacificSource	BrightIdea Value Bronze 6250
Bronze	PacificSource	SmartAlliance Balance Bronze 6350
Bronze	PacificSource	SmartAlliance Value Bronze 3000
Bronze	PacificSource	SmartAlliance Value Bronze 6250
Bronze	SelectHealth	SelectHealth HealthSave Bronze 3500 (HSA Qualified)
Bronze	SelectHealth	SelectHealth HealthSave Bronze 5500 (HSA Qualified and no coinsurance after deductible)
Bronze	SelectHealth	SelectHealth Preference Bronze 5000
Bronze	SelectHealth	SelectHealth Preference Bronze 5350 w/4 deductible-free office visits
Silver	Blue Cross of Idaho	Silver Choice
Silver	Blue Cross of Idaho	Silver Choice No Deductible
Silver	BridgeSpan	BridgeSpan Exchange Silver
Silver	PacificSource	BrightIdea Balance Silver 2500
Silver	PacificSource	BrightIdea Value Silver 3600
Silver	PacificSource	SmartAlliance Balance Silver 2500
Silver	PacificSource	SmartAlliance Value Silver 3600
Silver	SelectHealth	SelectHealth HealthSave Silver 1500 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 2000 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 3500 (HSA Qualified and no coinsurance after deductible)
Silver	SelectHealth	SelectHealth Preference Silver 1000
Silver	SelectHealth	SelectHealth Preference Silver 2500
Silver	SelectHealth	SelectHealth Preference Silver 2500 w/4 deductible-free office visits
Silver	SelectHealth	SelectHealth Preference Silver 3800 Copay Plan
Gold	Blue Cross of Idaho	Gold Choice
Gold	BridgeSpan	BridgeSpan Exchange Gold
Gold	PacificSource	BrightIdea Balance Gold 1000

Gold	PacificSource	SmartAlliance Balance Gold 1000
Gold	SelectHealth	SelectHealth Preference Gold 1000
Gold	SelectHealth	SelectHealth Preference Gold 1000 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 250
Gold	SelectHealth	SelectHealth Preference Gold 250 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 500
Gold	SelectHealth	SelectHealth Preference Gold 500 w/no deductible for office visits
Platinum	SelectHealth	SelectHealth Preference Platinum No Deductible Copay Plan
Catastrophic	Blue Cross of Idaho	Covered Choice
Catastrophic	BridgeSpan	BridgeSpan Exchange Catastrophic
Catastrophic	PacificSource	BrightIdea Catastrophic
Catastrophic	PacificSource	SmartAlliance Catastrophic
Catastrophic	SelectHealth	SelectHealth Millennial 6350 (Catastrophic Plan)

Payette County – Individual & Family Plans Available

Bronze	Blue Cross of Idaho	Bronze Choice
Bronze	Blue Cross of Idaho	Bronze Connect Southwest
Bronze	Blue Cross of Idaho	Bronze H.S.A. Saver
Bronze	BridgeSpan	BridgeSpan Exchange Bronze HSA
Bronze	PacificSource	BrightIdea Balance Bronze 6350
Bronze	PacificSource	BrightIdea Value Bronze 3000
Bronze	PacificSource	BrightIdea Value Bronze 6250
Bronze	PacificSource	SmartAlliance Balance Bronze 6350
Bronze	PacificSource	SmartAlliance Value Bronze 3000
Bronze	PacificSource	SmartAlliance Value Bronze 6250
Bronze	SelectHealth	SelectHealth HealthSave Bronze 3500 (HSA Qualified)
Bronze	SelectHealth	SelectHealth HealthSave Bronze 5500 (HSA Qualified and no coinsurance after deductible)
Bronze	SelectHealth	SelectHealth Preference Bronze 5000
Bronze	SelectHealth	SelectHealth Preference Bronze 5350 w/4 deductible-free office visits
Silver	Blue Cross of Idaho	Silver Choice
Silver	Blue Cross of Idaho	Silver Choice No Deductible
Silver	Blue Cross of Idaho	Silver Connect Southwest
Silver	Blue Cross of Idaho	Silver Connect Southwest No Deductible
Silver	BridgeSpan	BridgeSpan Exchange Silver
Silver	PacificSource	BrightIdea Balance Silver 2500
Silver	PacificSource	BrightIdea Value Silver 3600
Silver	PacificSource	SmartAlliance Balance Silver 2500
Silver	PacificSource	SmartAlliance Value Silver 3600
Silver	SelectHealth	SelectHealth HealthSave Silver 1500 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 2000 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 3500 (HSA Qualified and no coinsurance after deductible)
Silver	SelectHealth	SelectHealth Preference Silver 1000
Silver	SelectHealth	SelectHealth Preference Silver 2500
Silver	SelectHealth	SelectHealth Preference Silver 2500 w/4 deductible-free office visits
Silver	SelectHealth	SelectHealth Preference Silver 3800 Copay Plan

Gold	Blue Cross of Idaho	Gold Choice
Gold	Blue Cross of Idaho	Gold Connect Southwest
Gold	BridgeSpan	BridgeSpan Exchange Gold
Gold	PacificSource	BrightIdea Balance Gold 1000
Gold	PacificSource	SmartAlliance Balance Gold 1000
Gold	SelectHealth	SelectHealth Preference Gold 1000
Gold	SelectHealth	SelectHealth Preference Gold 1000 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 250
Gold	SelectHealth	SelectHealth Preference Gold 250 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 500
Gold	SelectHealth	SelectHealth Preference Gold 500 w/no deductible for office visits
Platinum	Blue Cross of Idaho	Platinum Connect Southwest
Platinum	SelectHealth	SelectHealth Preference Platinum No Deductible Copay Plan
Catastrophic	Blue Cross of Idaho	Covered Choice
Catastrophic	Blue Cross of Idaho	Covered Connect Southwest
Catastrophic	BridgeSpan	BridgeSpan Exchange Catastrophic
Catastrophic	PacificSource	BrightIdea Catastrophic
Catastrophic	PacificSource	SmartAlliance Catastrophic
Catastrophic	SelectHealth	SelectHealth Millennial 6350 (Catastrophic Plan)

Power County – Individual & Family Plans Available

Bronze	Blue Cross of Idaho	Bronze Choice
Bronze	Blue Cross of Idaho	Bronze Connect East
Bronze	Blue Cross of Idaho	Bronze H.S.A. Saver
Bronze	BridgeSpan	BridgeSpan Exchange Bronze HSA
Bronze	PacificSource	SmartHealth Balance Bronze 6350
Bronze	PacificSource	SmartHealth Value Bronze 3000
Bronze	PacificSource	SmartHealth Value Bronze 6250
Bronze	SelectHealth	SelectHealth HealthSave Bronze 3500 (HSA Qualified)
Bronze	SelectHealth	SelectHealth HealthSave Bronze 5500 (HSA Qualified and no coinsurance after deductible)
Bronze	SelectHealth	SelectHealth Preference Bronze 5000
Bronze	SelectHealth	SelectHealth Preference Bronze 5350 w/4 deductible-free office visits
Silver	Blue Cross of Idaho	Silver Choice
Silver	Blue Cross of Idaho	Silver Choice No Deductible
Silver	Blue Cross of Idaho	Silver Connect East
Silver	Blue Cross of Idaho	Silver Connect East No Deductible
Silver	BridgeSpan	BridgeSpan Exchange Silver
Silver	PacificSource	SmartHealth Balance Silver 2500
Silver	PacificSource	SmartHealth Value Silver 3600
Silver	SelectHealth	SelectHealth HealthSave Silver 1500 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 2000 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 3500 (HSA Qualified and no coinsurance after deductible)
Silver	SelectHealth	SelectHealth Preference Silver 1000
Silver	SelectHealth	SelectHealth Preference Silver 2500
Silver	SelectHealth	SelectHealth Preference Silver 2500 w/4 deductible-free office visits
Silver	SelectHealth	SelectHealth Preference Silver 3800 Copay Plan
Gold	Blue Cross of Idaho	Gold Choice
Gold	Blue Cross of Idaho	Gold Connect East
Gold	BridgeSpan	BridgeSpan Exchange Gold
Gold	PacificSource	SmartHealth Balance Gold 500
Gold	SelectHealth	SelectHealth Preference Gold 1000

Gold	SelectHealth	SelectHealth Preference Gold 1000 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 250
Gold	SelectHealth	SelectHealth Preference Gold 250 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 500
Gold	SelectHealth	SelectHealth Preference Gold 500 w/no deductible for office visits
Platinum	SelectHealth	SelectHealth Preference Platinum No Deductible Copay Plan
Catastrophic	Blue Cross of Idaho	Covered Choice
Catastrophic	Blue Cross of Idaho	Covered Connect East
Catastrophic	BridgeSpan	BridgeSpan Exchange Catastrophic
Catastrophic	PacificSource	SmartHealth Catastrophic
Catastrophic	SelectHealth	SelectHealth Millennial 6350 (Catastrophic Plan)

Shoshone County – Individual & Family Plans Available

Bronze	Blue Cross of Idaho	Bronze Choice
Bronze	Blue Cross of Idaho	Bronze H.S.A. Saver
Bronze	BridgeSpan	BridgeSpan Exchange Bronze HSA
Bronze	PacificSource	SmartHealth Balance Bronze 6350
Bronze	PacificSource	SmartHealth Value Bronze 3000
Bronze	PacificSource	SmartHealth Value Bronze 6250
Silver	Blue Cross of Idaho	Silver Choice
Silver	Blue Cross of Idaho	Silver Choice No Deductible
Silver	BridgeSpan	BridgeSpan Exchange Silver
Silver	PacificSource	SmartHealth Balance Silver 2500
Silver	PacificSource	SmartHealth Value Silver 3600
Gold	Blue Cross of Idaho	Gold Choice
Gold	BridgeSpan	BridgeSpan Exchange Gold
Gold	PacificSource	SmartHealth Balance Gold 500
Catastrophic	Blue Cross of Idaho	Covered Choice
Catastrophic	BridgeSpan	BridgeSpan Exchange Catastrophic
Catastrophic	PacificSource	SmartHealth Catastrophic

Teton County – Individual & Family Plans Available

Bronze	Blue Cross of Idaho	Bronze Choice
Bronze	Blue Cross of Idaho	Bronze H.S.A. Saver
Bronze	BridgeSpan	BridgeSpan Exchange Bronze HSA
Bronze	PacificSource	SmartHealth Balance Bronze 6350
Bronze	PacificSource	SmartHealth Value Bronze 3000
Bronze	PacificSource	SmartHealth Value Bronze 6250
Silver	Blue Cross of Idaho	Silver Choice
Silver	Blue Cross of Idaho	Silver Choice No Deductible
Silver	BridgeSpan	BridgeSpan Exchange Silver
Silver	PacificSource	SmartHealth Balance Silver 2500
Silver	PacificSource	SmartHealth Value Silver 3600
Gold	Blue Cross of Idaho	Gold Choice
Gold	BridgeSpan	BridgeSpan Exchange Gold
Gold	PacificSource	SmartHealth Balance Gold 500
Catastrophic	Blue Cross of Idaho	Covered Choice
Catastrophic	BridgeSpan	BridgeSpan Exchange Catastrophic
Catastrophic	PacificSource	SmartHealth Catastrophic

Twin Falls County – Individual & Family Plans Available

Bronze	Blue Cross of Idaho	Bronze Choice
Bronze	Blue Cross of Idaho	Bronze H.S.A. Saver
Bronze	BridgeSpan	BridgeSpan Exchange Bronze HSA
Bronze	PacificSource	BrightIdea Balance Bronze 6350
Bronze	PacificSource	BrightIdea Value Bronze 3000
Bronze	PacificSource	BrightIdea Value Bronze 6250
Bronze	SelectHealth	SelectHealth HealthSave Bronze 3500 (HSA Qualified)
Bronze	SelectHealth	SelectHealth HealthSave Bronze 5500 (HSA Qualified and no coinsurance after deductible)
Bronze	SelectHealth	SelectHealth Preference Bronze 5000
Bronze	SelectHealth	SelectHealth Preference Bronze 5350 w/4 deductible-free office visits
Silver	Blue Cross of Idaho	Silver Choice
Silver	Blue Cross of Idaho	Silver Choice No Deductible
Silver	BridgeSpan	BridgeSpan Exchange Silver
Silver	PacificSource	BrightIdea Balance Silver 2500
Silver	PacificSource	BrightIdea Value Silver 3600
Silver	SelectHealth	SelectHealth HealthSave Silver 1500 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 2000 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 3500 (HSA Qualified and no coinsurance after deductible)
Silver	SelectHealth	SelectHealth Preference Silver 1000
Silver	SelectHealth	SelectHealth Preference Silver 2500
Silver	SelectHealth	SelectHealth Preference Silver 2500 w/4 deductible-free office visits
Silver	SelectHealth	SelectHealth Preference Silver 3800 Copay Plan
Gold	Blue Cross of Idaho	Gold Choice
Gold	BridgeSpan	BridgeSpan Exchange Gold
Gold	PacificSource	BrightIdea Balance Gold 1000
Gold	SelectHealth	SelectHealth Preference Gold 1000
Gold	SelectHealth	SelectHealth Preference Gold 1000 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 250

Gold	SelectHealth	SelectHealth Preference Gold 250 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 500
Gold	SelectHealth	SelectHealth Preference Gold 500 w/no deductible for office visits
Platinum	SelectHealth	SelectHealth Preference Platinum No Deductible Copay Plan
Catastrophic	Blue Cross of Idaho	Covered Choice
Catastrophic	BridgeSpan	BridgeSpan Exchange Catastrophic
Catastrophic	PacificSource	BrightIdea Catastrophic
Catastrophic	SelectHealth	SelectHealth Millennial 6350 (Catastrophic Plan)

Valley County – Individual & Family Plans Available

Bronze	Blue Cross of Idaho	Bronze Choice
Bronze	Blue Cross of Idaho	Bronze H.S.A. Saver
Bronze	BridgeSpan	BridgeSpan Exchange Bronze HSA
Bronze	PacificSource	BrightIdea Balance Bronze 6350
Bronze	PacificSource	BrightIdea Value Bronze 3000
Bronze	PacificSource	BrightIdea Value Bronze 6250
Bronze	PacificSource	SmartAlliance Balance Bronze 6350
Bronze	PacificSource	SmartAlliance Value Bronze 3000
Bronze	PacificSource	SmartAlliance Value Bronze 6250
Bronze	SelectHealth	SelectHealth HealthSave Bronze 3500 (HSA Qualified)
Bronze	SelectHealth	SelectHealth HealthSave Bronze 5500 (HSA Qualified and no coinsurance after deductible)
Bronze	SelectHealth	SelectHealth Preference Bronze 5000
Bronze	SelectHealth	SelectHealth Preference Bronze 5350 w/4 deductible-free office visits
Silver	Blue Cross of Idaho	Silver Choice
Silver	Blue Cross of Idaho	Silver Choice No Deductible
Silver	BridgeSpan	BridgeSpan Exchange Silver
Silver	PacificSource	BrightIdea Balance Silver 2500
Silver	PacificSource	BrightIdea Value Silver 3600
Silver	PacificSource	SmartAlliance Balance Silver 2500
Silver	PacificSource	SmartAlliance Value Silver 3600
Silver	SelectHealth	SelectHealth HealthSave Silver 1500 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 2000 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 3500 (HSA Qualified and no coinsurance after deductible)
Silver	SelectHealth	SelectHealth Preference Silver 1000
Silver	SelectHealth	SelectHealth Preference Silver 2500
Silver	SelectHealth	SelectHealth Preference Silver 2500 w/4 deductible-free office visits
Silver	SelectHealth	SelectHealth Preference Silver 3800 Copay Plan
Gold	Blue Cross of Idaho	Gold Choice
Gold	BridgeSpan	BridgeSpan Exchange Gold
Gold	PacificSource	BrightIdea Balance Gold 1000

Gold	PacificSource	SmartAlliance Balance Gold 1000
Gold	SelectHealth	SelectHealth Preference Gold 1000
Gold	SelectHealth	SelectHealth Preference Gold 1000 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 250
Gold	SelectHealth	SelectHealth Preference Gold 250 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 500
Gold	SelectHealth	SelectHealth Preference Gold 500 w/no deductible for office visits
Platinum	SelectHealth	SelectHealth Preference Platinum No Deductible Copay Plan
Catastrophic	Blue Cross of Idaho	Covered Choice
Catastrophic	BridgeSpan	BridgeSpan Exchange Catastrophic
Catastrophic	PacificSource	BrightIdea Catastrophic
Catastrophic	PacificSource	SmartAlliance Catastrophic
Catastrophic	SelectHealth	SelectHealth Millennial 6350 (Catastrophic Plan)

Washington County – Individual & Family Plans Available

Bronze	Blue Cross of Idaho	Bronze Choice
Bronze	Blue Cross of Idaho	Bronze Connect Southwest
Bronze	Blue Cross of Idaho	Bronze H.S.A. Saver
Bronze	BridgeSpan	BridgeSpan Exchange Bronze HSA
Bronze	PacificSource	BrightIdea Balance Bronze 6350
Bronze	PacificSource	BrightIdea Value Bronze 3000
Bronze	PacificSource	BrightIdea Value Bronze 6250
Bronze	PacificSource	SmartAlliance Balance Bronze 6350
Bronze	PacificSource	SmartAlliance Value Bronze 3000
Bronze	PacificSource	SmartAlliance Value Bronze 6250
Bronze	SelectHealth	SelectHealth HealthSave Bronze 3500 (HSA Qualified)
Bronze	SelectHealth	SelectHealth HealthSave Bronze 5500 (HSA Qualified and no coinsurance after deductible)
Bronze	SelectHealth	SelectHealth Preference Bronze 5000
Bronze	SelectHealth	SelectHealth Preference Bronze 5350 w/4 deductible-free office visits
Silver	Blue Cross of Idaho	Silver Choice
Silver	Blue Cross of Idaho	Silver Choice No Deductible
Silver	Blue Cross of Idaho	Silver Connect Southwest
Silver	Blue Cross of Idaho	Silver Connect Southwest No Deductible
Silver	BridgeSpan	BridgeSpan Exchange Silver
Silver	PacificSource	BrightIdea Balance Silver 2500
Silver	PacificSource	BrightIdea Value Silver 3600
Silver	PacificSource	SmartAlliance Balance Silver 2500
Silver	PacificSource	SmartAlliance Value Silver 3600
Silver	SelectHealth	SelectHealth HealthSave Silver 1500 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 2000 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 3500 (HSA Qualified and no coinsurance after deductible)
Silver	SelectHealth	SelectHealth Preference Silver 1000
Silver	SelectHealth	SelectHealth Preference Silver 2500
Silver	SelectHealth	SelectHealth Preference Silver 2500 w/4 deductible-free office visits
Silver	SelectHealth	SelectHealth Preference Silver 3800 Copay Plan

Gold	Blue Cross of Idaho	Gold Choice
Gold	Blue Cross of Idaho	Gold Connect Southwest
Gold	BridgeSpan	BridgeSpan Exchange Gold
Gold	PacificSource	BrightIdea Balance Gold 1000
Gold	PacificSource	SmartAlliance Balance Gold 1000
Gold	SelectHealth	SelectHealth Preference Gold 1000
Gold	SelectHealth	SelectHealth Preference Gold 1000 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 250
Gold	SelectHealth	SelectHealth Preference Gold 250 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 500
Gold	SelectHealth	SelectHealth Preference Gold 500 w/no deductible for office visits
Platinum	Blue Cross of Idaho	Platinum Connect Southwest
Platinum	SelectHealth	SelectHealth Preference Platinum No Deductible Copay Plan
Catastrophic	Blue Cross of Idaho	Covered Choice
Catastrophic	Blue Cross of Idaho	Covered Connect Southwest
Catastrophic	BridgeSpan	BridgeSpan Exchange Catastrophic
Catastrophic	PacificSource	BrightIdea Catastrophic
Catastrophic	PacificSource	SmartAlliance Catastrophic
Catastrophic	SelectHealth	SelectHealth Millennial 6350 (Catastrophic Plan)

Blue Cross of Idaho – Issuer Information



A list of the plans available from Blue Cross of Idaho can be found below with descriptions on the pages that follow.

Bronze	Blue Cross of Idaho	Bronze Choice
Bronze	Blue Cross of Idaho	Bronze Connect East
Bronze	Blue Cross of Idaho	Bronze Connect Southwest
Bronze	Blue Cross of Idaho	Bronze H.S.A. Saver
Silver	Blue Cross of Idaho	Silver Choice
Silver	Blue Cross of Idaho	Silver Choice No Deductible
Silver	Blue Cross of Idaho	Silver Connect East
Silver	Blue Cross of Idaho	Silver Connect East No Deductible
Silver	Blue Cross of Idaho	Silver Connect Southwest
Silver	Blue Cross of Idaho	Silver Connect Southwest No Deductible
Gold	Blue Cross of Idaho	Gold Choice
Gold	Blue Cross of Idaho	Gold Connect East
Gold	Blue Cross of Idaho	Gold Connect Southwest
Platinum	Blue Cross of Idaho	Platinum Connect Southwest
Catastrophic	Blue Cross of Idaho	Covered Choice
Catastrophic	Blue Cross of Idaho	Covered Connect East
Catastrophic	Blue Cross of Idaho	Covered Connect Southwest

For additional information on Blue Cross of Idaho, please visit the website below.

Blue Cross of Idaho Website: <http://shoppers.bcidaho.com/>

Blue Cross of Idaho Number: 1-888-462-7677

Blue Cross of Idaho Rates

For additional information on Blue Cross of Idaho Rates please [click HERE](#)

Please remember that the rates you will see displayed may be different from what you will actually pay.

Blue Cross of Idaho Bronze Plans

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	BRONZE					
	BRONZE HSA SAVER		BRONZE CHOICE		BRONZE CONNECT*	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	Individual - \$5,000 Family - \$10,000	Individual - \$5,000 Family - \$10,000	Individual - \$6,350 Family - \$12,700	Individual - \$6,350 Family - \$12,700	Individual - \$6,350 Family - \$12,700	Individual - \$6,350 Family - \$12,700
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 - \$8,350 Family - \$16,700	Individual - \$6,350 Family - \$12,700	Individual - \$10,000 Family - \$20,000
Coinsurance	You pay nothing. (Services may be subject to deductible.)	You pay 30% (Services may be subject to deductible.)	You pay nothing. (Services may be subject to deductible.)	You pay 30% (Services may be subject to deductible.)	You pay nothing. (Services may be subject to deductible.)	You pay 30% (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 services.	You pay costs up to your deductible and then 30%.	You pay nothing for covered preventive care services.	You pay costs up to your deductible and then 30%.	You pay nothing for covered preventive care services.	You pay costs up to your deductible and then 30%.
Doctor's Office Visit	You pay costs up to your deductible and then you pay nothing.	You pay costs up to your deductible and then 30%.	You pay \$30 copayment (up to 4 non-preventive office visits, then you pay costs up to your deductible.)	You pay costs up to your deductible and then 30%.	You pay \$30 copayment (up to 5 PCP office visits, then you pay costs up to your deductible.) You pay costs up to your deductible for non-PCP visits with referral.	You pay costs up to your deductible and then 30%.
Prescription Drugs <small>Costs for prescription drugs count toward the member's out-of-pocket maximum</small>	You pay nothing for covered generic and brand-name preventive drugs. You pay costs up to your deductible and \$10 copayment for non-preventive generic drugs, and 50% for non-preventive brand-name drugs.		You pay costs up to your deductible and then nothing.		You pay costs up to your deductible and then nothing.	
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.	You pay nothing for covered immunizations.	You pay nothing for covered immunizations.
Inpatient Hospital Services	You pay costs up to your deductible and then nothing.	You pay costs up to your deductible and then 30%.	You pay costs up to your deductible and then nothing.	You pay costs up to your deductible and then 30%.	You pay costs up to your deductible and then nothing.	You pay costs up to your deductible and then 30%.
Emergency Room Visit	You pay costs up to your deductible and \$150 copayment .	You pay costs up to your deductible, 30% and \$150 copayment .	You pay costs up to your deductible and then nothing.	You pay costs up to your deductible and then 30%.	You pay costs up to your deductible and then nothing.	You pay costs up to your deductible and then 30%.
Maternity	You pay costs up to your deductible and then nothing.	You pay costs up to your deductible and then 30%.	You pay costs up to your deductible and then nothing.	You pay costs up to your deductible and then 30%.	You pay costs up to your deductible and then nothing.	You pay costs up to your deductible and then 30%.
Outpatient Mental Health Services	You pay costs up to your deductible and then nothing.	You pay costs up to your deductible and then 30%.	You pay \$30 copayment for outpatient psychotherapy services. For facility and other professional services, you pay costs up to deductible.	You pay costs up to your deductible and then 30%.	You pay \$30 copayment for outpatient psychotherapy services. For facility and other professional services, you pay costs up to deductible.	You pay costs up to your deductible and then 30%.
Physician, Surgical & Medical Services	You pay costs up to your deductible and then nothing.	You pay costs up to your deductible and then 30%.	You pay costs up to your deductible and then nothing.	You pay costs up to your deductible and then 30%.	You pay costs up to your deductible and then nothing.	You pay costs up to your deductible and then 30%.
Diabetes Education Services	You pay a \$30 copayment. You pay nothing after meeting your deductible.	You pay costs up to your deductible and then 30%.	You pay \$30 copayment.	You pay costs up to your deductible and then 30%.	You pay \$30 copayment.	You pay costs up to your deductible and then 30%.
Chiropractic Care	You pay costs up to your deductible and then nothing.	You pay costs up to your deductible and then 50%.	You pay costs up to your deductible and then nothing.	You pay costs up to your deductible and then 50%.	You pay costs up to your deductible and then nothing.	You pay costs up to your deductible and then 50%.
Outpatient Rehabilitation Services	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.		Up to a combined total of 18 visits per member, per benefit period.	
	You pay costs up to your deductible and then nothing.	You pay costs up to your deductible and then 30%.	You pay costs up to your deductible and then nothing.	You pay costs up to your deductible and then 30%.	You pay costs up to your deductible and then nothing.	You pay costs up to your deductible and then 30%.
	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.		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, then nothing.	You pay costs up to your deductible and then 30%.	You pay costs up to your deductible and then nothing.	You pay costs up to your deductible and then 30%.	You pay costs up to your deductible and then nothing.	You pay costs up to your deductible and then 30%.

*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.

Blue Cross of Idaho Silver Plans

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 Plans	SILVER			
	SILVER CHOICE		SILVER CONNECT*	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	Individual - \$4,000 Family - \$8,000	Individual - \$4,000 Family - \$8,000	Individual - \$4,000 Family - \$8,000	Individual - \$4,000 Family - \$8,000
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 30% of the cost of your care. (Services may be subject to your deductible.)	You pay 50% of the cost of your care. (Services may be subject to your deductible.)	You pay 30% of the cost of your care. (Services may be subject to your deductible.)	You pay 50% 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 50%.	You pay nothing for covered preventive care services.	You pay costs up to your deductible and then 50%.
Doctor's Office Visit	You pay \$10 copayment (up to 4 non-preventive office visits, then you pay costs up to your deductible and 30%.)	You pay costs up to your deductible and then 50%.	You pay \$10 copayment (up to 5 PCP office visits, then you pay costs up to your deductible and 30%.) You pay costs up to your deductible and 30% for non-PCP visits with referral.	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 drugs.		You pay \$10 copayment for generic drugs.	
	You pay costs up to a separate \$2,350 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 a separate \$2,350 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 30%.	You pay costs up to your deductible and then 50%.	You pay costs up to your deductible and then 30%.	You pay costs up to your deductible and then 50%.
Emergency Room Visit	You pay costs up to your deductible, 30% and \$150 copayment .	You pay costs up to your deductible, 50% and \$150 copayment .	You pay costs up to your deductible, 30% and \$150 copayment .	You pay costs up to your deductible, 50% and \$150 copayment .
Maternity	You pay costs up to your deductible and then 30%.	You pay costs up to your deductible and then 50%.	You pay costs up to your deductible and then 30%.	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 30%.	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 30%.	You pay costs up to your deductible and then 50%.
Physician, Surgical & Medical Services	You pay costs up to your deductible and then 30%.	You pay costs up to your deductible and then 50%.	You pay costs up to your deductible and then 30%.	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 30%.	You pay costs up to your deductible and then 50%.	You pay costs up to your deductible and then 30%.	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 30%.	You pay costs up to your deductible and then 50%.	You pay costs up to your deductible and then 30%.	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 30%.	You pay costs up to your deductible and then 50%.	You pay costs up to your deductible and then 30%.	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.

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.

Blue Cross of Idaho Gold Plans

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
Coinurance	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.

Blue Cross of Idaho Platinum Plan

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	PLATINUM	
	PLATINUM CONNECT*	
Plans	In-Network	Out-of-Network
Deductible	Individual - \$550 Family - \$1,100	Individual - \$550 Family - \$1,100
Annual Out-of-Pocket Maximum Costs <small>Includes deductible</small>	Individual - \$6,350 Family - \$12,700	Individual - \$10,000 Family - \$20,000
Coinsurance	You pay nothing. (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%.
Doctor's Office Visit	You pay \$10 PCP copayment and \$40 non-PCP copayment with a referral (up to 5 office visits, then costs up to your deductible.)	You pay costs up to your deductible and then 50%.
Prescription Drugs	You pay \$10 copayment for generic prescription drugs.	
<small>Costs for prescription drugs count toward the member's out-of-pocket maximum</small>	You pay \$30 copayment for preferred brand-name, \$50 copayment for non-preferred brand-name, \$100 copayment for specialty drugs.	
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 nothing.	You pay costs up to your deductible and then 50%.
Emergency Room Visit	You pay \$150 copayment (Not subject to deductible.)	You pay \$150 copayment and then 50% (Not subject to deductible.)
Maternity	You pay \$200 copayment for facility services and costs up to your deductible for physician's care.	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.	You pay costs up to your deductible and then 50%.
Physician, Surgical & Medical Services	You pay costs up to your deductible.	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%.
Chiropractic Care	You pay costs up to your deductible.	You pay costs up to your deductible and then 50%.
Outpatient Rehab Services	Up to a combined total of 18 visits per member, per benefit period.	
	You pay costs up to your deductible.	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.	
Diagnostic X-Ray and Lab Services	You pay costs up to your deductible.	You pay costs up to your deductible and then 50%.

**Our Platinum Connect plan is only supported by the Saint Alphonsus Health Alliance Network in southwestern Idaho. When you choose this plan, you must choose a primary care physician from this network to serve as your care coordinator.*

Blue Cross of Idaho Catastrophic Plans

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.

CATASTROPHIC Plans	CATASTROPHIC PLANS <i>(Minimum Benefit)</i>	
	COVERED CHOICE AND COVERED CONNECT*	
	In-Network	Out-of-Network
Deductible	Individual - \$6,350 Family - \$12,700	Individual - \$6,350 Family - \$12,700
Annual Out-of-Pocket Maximum Costs <i>Includes deductible</i>	Individual - \$6,350 Family - \$12,700	Covered Choice \$8,350 / \$16,700 Covered Connect \$10,000 / \$20,000
Coinsurance	You pay nothing. (Services may be subject to deductible.)	You pay 30%. (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 services.	You pay costs up to your deductible and then 30%.
Doctor's Office Visit	Covered Choice : You pay \$30 each for first 3 office visits, then costs up to your deductible. Covered Connect : You pay \$30 copayment (each for first 3 PCP office visits, then costs up to your deductible.) You pay costs up to your deductible for non-PCP visits with referral.	You pay costs up to your deductible and then 30%.
Prescription Drugs <i>Costs for prescription drugs count toward the member's out-of-pocket maximum</i>	You pay costs up to your deductible and then nothing.	
Immunizations	You pay nothing for covered immunizations.	You pay nothing for covered immunizations.
Inpatient Hospital Services	You pay costs up to your deductible.	You pay costs up to your deductible and then 30%.
Emergency Room Visit	You pay costs up to your deductible.	You pay costs up to your deductible and then 30%.
Maternity	You pay costs up to your deductible.	You pay costs up to your deductible and then 30%.
Outpatient Mental Health Services	You pay costs up to your deductible.	You pay costs up to your deductible and then 30%.
Physician, Surgical & Medical Services	You pay costs up to your deductible.	You pay costs up to your deductible and then 30%.
Diabetes Education Services	You pay costs up to your deductible.	You pay costs up to your deductible and then 30%.
Chiropractic Care	You pay costs up to your deductible.	You pay costs up to your deductible and then 50%.
Outpatient Rehab Services	Up to a combined in and out-of-network total of 18 visits per member, per benefit period.	
	You pay costs up to your deductible.	You pay costs up to your deductible and then 30%.
<i>Physical Therapy (PT) Occupational Therapy (OT) Speech Therapy (ST)</i>	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.	You pay costs up to your deductible and then 30%.

*Catastrophic plans are only available to people under the age of 30, or to people who qualify through the Exchange on a hardship exemption.

Blue Cross of Idaho Rate Cards

***Note these rate cards are for reference only and subject to change.**

2014 Non-tobacco User Rates

Area 1: Zip codes that begin with 832

AGE	BRONZE CHOICE	BRONZE CONNECT	BRONZE HSA SAVER	SILVER CHOICE	SILVER CONNECT	SILVER CHOICE NO DEDUCTIBLE	SILVER CONNECT NO DEDUCTIBLE	GOLD CHOICE	GOLD CONNECT	COVERED CHOICE	COVERED CONNECT
0-20	97.08	90.35	95.17	117.85	109.59	134.58	126.17	138.93	129.07	85.83	79.90
21	152.89	142.28	149.87	185.58	172.59	211.93	198.69	218.79	203.25	135.17	125.83
22	152.89	142.28	149.87	185.58	172.59	211.93	198.69	218.79	203.25	135.17	125.83
23	152.89	142.28	149.87	185.58	172.59	211.93	198.69	218.79	203.25	135.17	125.83
24	152.89	142.28	149.87	185.58	172.59	211.93	198.69	218.79	203.25	135.17	125.83
25	153.50	142.85	150.47	186.33	173.28	212.78	199.49	219.66	204.07	135.71	126.33
26	156.56	145.69	153.47	190.04	176.73	217.02	203.46	224.04	208.13	138.41	128.85
27	160.22	149.11	157.06	194.49	180.87	222.11	208.23	229.29	213.01	141.65	131.87
28	166.19	154.66	162.91	201.73	187.61	230.37	215.98	237.82	220.94	146.93	136.78
29	171.08	159.21	167.70	207.67	193.13	237.15	222.34	244.83	227.44	151.25	140.80
30	173.53	161.49	170.10	210.64	195.89	240.54	225.52	248.33	230.69	153.41	142.82
31	177.20	164.90	173.70	215.09	200.03	245.63	230.29	253.58	235.57	156.66	145.84
32	180.86	168.31	177.29	219.55	204.17	250.72	235.05	258.83	240.45	159.90	148.86
33	183.16	170.45	179.54	222.33	206.76	253.90	238.03	262.11	243.50	161.93	150.74
34	185.60	172.73	181.94	225.30	209.52	257.29	241.21	265.61	246.75	164.09	152.76
35	186.83	173.86	183.14	226.78	210.90	258.98	242.80	267.36	248.38	165.17	153.76
36	188.05	175.00	184.34	228.27	212.29	260.68	244.39	269.11	250.00	166.25	154.77
37	189.27	176.14	185.54	229.75	213.67	262.37	245.98	270.86	251.63	167.34	155.78
38	190.50	177.28	186.74	231.24	215.05	264.07	247.57	272.61	253.25	168.42	156.78
39	192.94	179.55	189.13	234.21	217.81	267.46	250.75	276.11	256.51	170.58	158.80
40	195.39	181.83	191.53	237.18	220.57	270.85	253.93	279.61	259.76	172.74	160.81
41	199.06	185.25	195.13	241.63	224.71	275.94	258.70	284.86	264.64	175.99	163.83
42	202.57	188.52	198.58	245.90	228.68	280.81	263.27	289.90	269.31	179.10	166.72
43	207.47	193.07	203.37	251.84	234.20	287.59	269.63	296.90	275.82	183.42	170.75
44	213.58	198.76	209.37	259.26	241.11	296.07	277.57	305.65	283.95	188.83	175.78
45	220.77	205.45	216.41	267.98	249.22	306.03	286.91	315.93	293.50	195.18	181.70
46	229.33	213.42	224.80	278.38	258.88	317.90	298.04	328.18	304.88	202.75	188.75
47	238.96	222.38	234.24	290.07	269.76	331.25	310.56	341.97	317.69	211.27	196.67
48	249.97	232.62	245.03	303.43	282.18	346.51	324.86	357.72	332.32	221.00	205.73
49	260.82	242.73	255.68	316.61	294.44	361.56	338.97	373.26	346.75	230.59	214.67
50	273.05	254.11	267.66	331.45	308.25	378.51	354.87	390.76	363.01	241.41	224.73
51	285.13	265.35	279.50	346.11	321.88	395.26	370.56	408.04	379.07	252.09	234.67
52	298.43	277.73	292.54	362.26	336.90	413.69	387.85	427.08	396.75	263.85	245.62
53	311.89	290.25	305.73	378.59	352.08	432.34	405.33	446.33	414.64	275.74	256.69
54	326.41	303.76	319.97	396.22	368.48	452.48	424.21	467.12	433.95	288.58	268.65
55	340.94	317.28	334.21	413.85	384.88	472.61	443.09	487.90	453.26	301.42	280.60
56	356.68	331.93	349.64	432.97	402.65	494.44	463.55	510.44	474.19	315.34	293.56
57	372.58	346.73	365.23	452.27	420.60	516.48	484.22	533.19	495.33	329.40	306.65
58	389.55	362.52	381.86	472.87	439.76	540.01	506.27	557.48	517.89	344.40	320.61
59	397.96	370.35	390.11	483.08	449.25	551.66	517.20	569.51	529.07	351.84	327.54
60	414.93	386.14	406.74	503.68	468.41	575.19	539.25	593.80	551.63	366.84	341.50
61	429.61	399.80	421.13	521.49	484.98	595.53	558.33	614.80	571.14	379.82	353.58
62	439.24	408.76	430.57	533.18	495.85	608.88	570.85	628.58	583.95	388.33	361.51
63	451.32	420.00	442.41	547.84	509.49	625.63	586.54	645.87	600.01	399.01	371.45
64	458.67	426.84	449.61	556.74	517.77	635.79	596.07	656.37	609.75	405.51	377.49
65 and over	458.67	426.84	449.61	556.74	517.77	635.79	596.07	656.37	609.75	405.51	377.49

2014 Tobacco User Rates

Area 1: Zip codes that begin with 832

AGE	BRONZE CHOICE	BRONZE CONNECT	BRONZE HSA SAVER	SILVER CHOICE	SILVER CONNECT	SILVER CHOICE NO DEDUCTIBLE	SILVER CONNECT NO DEDUCTIBLE	GOLD CHOICE	GOLD CONNECT	COVERED CHOICE	COVERED CONNECT
0-20	116.50	108.42	114.20	141.42	131.51	161.49	151.40	166.72	154.88	103.00	95.88
21	183.46	170.73	179.84	222.70	207.11	254.32	238.43	262.55	243.90	162.20	151.00
22	183.46	170.73	179.84	222.70	207.11	254.32	238.43	262.55	243.90	162.20	151.00
23	183.46	170.73	179.84	222.70	207.11	254.32	238.43	262.55	243.90	162.20	151.00
24	183.46	170.73	179.84	222.70	207.11	254.32	238.43	262.55	243.90	162.20	151.00
25	184.20	171.42	180.56	223.59	207.94	255.34	239.39	263.60	244.88	162.85	151.60
26	187.87	174.83	184.16	228.05	212.08	260.42	244.15	268.85	249.76	166.09	154.62
27	192.27	178.93	188.47	233.39	217.05	266.53	249.88	275.15	255.61	169.99	158.24
28	199.42	185.59	195.49	242.08	225.13	276.45	259.18	285.39	265.12	176.31	164.13
29	205.30	191.05	201.24	249.20	231.75	284.58	266.81	293.79	272.93	181.50	168.96
30	208.23	193.78	204.12	252.77	235.07	288.65	270.62	297.99	276.83	184.10	171.38
31	212.63	197.88	208.44	258.11	240.04	294.76	276.34	304.29	282.69	187.99	175.00
32	217.04	201.98	212.75	263.46	245.01	300.86	282.06	310.59	288.54	191.88	178.63
33	219.79	204.54	215.45	266.80	248.12	304.68	285.64	314.53	292.20	194.32	180.89
34	222.72	207.27	218.33	270.36	251.43	308.74	289.46	318.73	296.10	196.91	183.31
35	224.19	208.64	219.77	272.14	253.09	310.78	291.36	320.83	298.05	198.21	184.52
36	225.66	210.00	221.21	273.92	254.74	312.81	293.27	322.93	300.00	199.51	185.73
37	227.13	211.37	222.64	275.70	256.40	314.85	295.18	325.03	301.95	200.80	186.93
38	228.60	212.73	224.08	277.49	258.06	316.88	297.09	327.13	303.91	202.10	188.14
39	231.53	215.47	226.96	281.05	261.37	320.95	300.90	331.34	307.81	204.70	190.56
40	234.47	218.20	229.84	284.61	264.68	325.02	304.72	335.54	311.71	207.29	192.97
41	238.87	222.30	234.15	289.96	269.65	331.12	310.44	341.84	317.56	211.18	196.60
42	243.09	226.22	238.29	295.08	274.42	336.97	315.92	347.88	323.17	214.91	200.07
43	248.96	231.69	244.05	302.21	281.05	345.11	323.55	356.28	330.98	220.11	204.90
44	256.30	238.51	251.24	311.11	289.33	355.29	333.09	366.78	340.73	226.59	210.94
45	264.92	246.54	259.69	321.58	299.06	367.24	344.30	379.12	352.20	234.22	218.04
46	275.20	256.10	269.76	334.05	310.66	381.48	357.65	393.82	365.86	243.30	226.49
47	286.75	266.86	281.09	348.08	323.71	397.50	372.67	410.36	381.22	253.52	236.01
48	299.96	279.15	294.04	364.12	338.62	415.81	389.84	429.27	398.78	265.20	246.88
49	312.99	291.27	306.81	379.93	353.33	433.87	406.76	447.91	416.10	276.71	257.60
50	327.67	304.93	321.20	397.74	369.89	454.22	425.84	468.91	435.61	289.69	269.68
51	342.16	318.42	335.41	415.34	386.26	474.31	444.68	489.65	454.88	302.50	281.61
52	358.12	333.27	351.05	434.71	404.27	496.43	465.42	512.49	476.10	316.61	294.74
53	374.27	348.30	366.88	454.31	422.50	518.81	486.40	535.60	497.57	330.89	308.03
54	391.69	364.52	383.96	475.47	442.18	542.97	509.05	560.54	520.74	346.30	322.38
55	409.12	380.74	401.05	496.62	461.85	567.13	531.70	585.48	543.91	361.71	336.72
56	428.02	398.32	419.57	519.56	483.18	593.33	556.26	612.52	569.03	378.41	352.27
57	447.10	416.08	438.27	542.72	504.72	619.78	581.06	639.83	594.40	395.28	367.98
58	467.47	435.03	458.24	567.44	527.71	648.01	607.52	668.97	621.47	413.29	384.74
59	477.56	444.42	468.13	579.69	539.10	662.00	620.64	683.41	634.88	422.21	393.04
60	497.92	463.37	488.09	604.41	562.09	690.22	647.10	712.55	661.96	440.21	409.80
61	515.53	479.76	505.36	625.79	581.97	714.64	669.99	737.76	685.37	455.78	424.30
62	527.09	490.52	516.69	639.82	595.02	730.66	685.01	754.30	700.74	466.00	433.81
63	541.58	504.01	530.89	657.41	611.38	750.75	703.85	775.04	720.01	478.81	445.74
64	550.38	512.19	539.52	668.10	621.33	762.96	715.29	787.65	731.70	486.60	453.00
65 and over	550.38	512.19	539.52	668.10	621.33	762.96	715.29	787.65	731.70	486.60	453.00

2014 Non-tobacco User Rates

Area 2: Zip codes that begin with 833

AGE	BRONZE CHOICE	BRONZE HSA SAVER	SILVER CHOICE	SILVER CHOICE NO DEDUCTIBLE	GOLD CHOICE	COVERED CHOICE
0-20	101.94	99.92	123.74	141.31	145.88	90.12
21	160.53	157.36	194.86	222.53	229.73	141.92
22	160.53	157.36	194.86	222.53	229.73	141.92
23	160.53	157.36	194.86	222.53	229.73	141.92
24	160.53	157.36	194.86	222.53	229.73	141.92
25	161.17	157.99	195.64	223.42	230.65	142.49
26	164.38	161.14	199.54	227.87	235.24	145.33
27	168.24	164.92	204.22	233.21	240.76	148.74
28	174.50	171.05	211.82	241.89	249.72	154.27
29	179.63	176.09	218.05	249.01	257.07	158.81
30	182.20	178.61	221.17	252.57	260.74	161.08
31	186.05	182.38	225.85	257.91	266.26	164.49
32	189.91	186.16	230.52	263.25	271.77	167.90
33	192.32	188.52	233.45	266.59	275.22	170.03
34	194.88	191.04	236.56	270.15	278.89	172.30
35	196.17	192.30	238.12	271.93	280.73	173.43
36	197.45	193.55	239.68	273.71	282.57	174.57
37	198.74	194.81	241.24	275.49	284.40	175.70
38	200.02	196.07	242.80	277.27	286.24	176.84
39	202.59	198.59	245.92	280.83	289.92	179.11
40	205.16	201.11	249.04	284.39	293.59	181.38
41	209.01	204.88	253.71	289.73	299.11	184.79
42	212.70	208.50	258.19	294.85	304.39	188.05
43	217.84	213.54	264.43	301.97	311.74	192.59
44	224.26	219.83	272.22	310.87	320.93	198.27
45	231.81	227.23	281.38	321.33	331.73	204.94
46	240.80	236.04	292.30	333.80	344.59	212.89
47	250.91	245.96	304.57	347.81	359.07	221.83
48	262.47	257.29	318.60	363.84	375.61	232.05
49	273.87	268.46	332.44	379.64	391.92	242.12
50	286.71	281.05	348.03	397.44	410.30	253.48
51	299.39	293.48	363.42	415.02	428.44	264.69
52	313.36	307.17	380.37	434.38	448.43	277.04
53	327.48	321.02	397.52	453.96	468.65	289.53
54	342.73	335.97	416.03	475.10	490.47	303.01
55	357.98	350.92	434.55	496.24	512.30	316.49
56	374.52	367.12	454.62	519.16	535.96	331.11
57	391.21	383.49	474.88	542.31	559.85	345.87
58	409.03	400.96	496.51	567.01	585.35	361.62
59	417.86	409.61	507.23	579.25	597.98	369.43
60	435.68	427.08	528.86	603.95	623.48	385.18
61	451.09	442.19	547.57	625.31	645.54	398.81
62	461.20	452.10	559.84	639.33	660.01	407.75
63	473.89	464.53	575.24	656.91	678.16	418.96
64	481.59	472.08	584.58	667.59	689.19	425.76
65 and over	481.59	472.08	584.58	667.59	689.19	425.76

2014 Tobacco User Rates

Area 2: Zip codes that begin with 833

AGE	BRONZE CHOICE	BRONZE HSA SAVER	SILVER CHOICE	SILVER CHOICE NO DEDUCTIBLE	GOLD CHOICE	COVERED CHOICE
0-20	122.32	119.91	148.49	169.57	175.05	108.15
21	192.64	188.83	233.84	267.04	275.67	170.31
22	192.64	188.83	233.84	267.04	275.67	170.31
23	192.64	188.83	233.84	267.04	275.67	170.31
24	192.64	188.83	233.84	267.04	275.67	170.31
25	193.41	189.59	234.77	268.10	276.78	170.99
26	197.26	193.37	239.45	273.45	282.29	174.40
27	201.88	197.90	245.06	279.85	288.91	178.48
28	209.40	205.26	254.18	290.27	299.66	185.13
29	215.56	211.31	261.66	298.81	308.48	190.58
30	218.64	214.33	265.40	303.09	312.89	193.30
31	223.27	218.86	271.02	309.49	319.51	197.39
32	227.89	223.39	276.63	315.90	326.12	201.48
33	230.78	226.22	280.14	319.91	330.26	204.03
34	233.86	229.24	283.88	324.18	334.67	206.76
35	235.40	230.76	285.75	326.32	336.87	208.12
36	236.94	232.27	287.62	328.45	339.08	209.48
37	238.48	233.78	289.49	330.59	341.29	210.84
38	240.03	235.29	291.36	332.73	343.49	212.21
39	243.11	238.31	295.10	337.00	347.90	214.93
40	246.19	241.33	298.84	341.27	352.31	217.66
41	250.81	245.86	304.45	347.68	358.93	221.74
42	255.24	250.21	309.83	353.82	365.27	225.66
43	261.41	256.25	317.32	362.37	374.09	231.11
44	269.11	263.80	326.67	373.05	385.12	237.92
45	278.17	272.68	337.66	385.60	398.07	245.93
46	288.96	283.25	350.75	400.55	413.51	255.46
47	301.09	295.15	365.49	417.38	430.88	266.19
48	314.96	308.74	382.32	436.60	450.73	278.46
49	328.64	322.15	398.92	455.56	470.30	290.55
50	344.05	337.26	417.63	476.93	492.36	304.17
51	359.27	352.18	436.10	498.02	514.13	317.63
52	376.03	368.60	456.45	521.25	538.12	332.45
53	392.98	385.22	477.03	544.75	562.38	347.43
54	411.28	403.16	499.24	570.12	588.57	363.61
55	429.58	421.10	521.45	595.49	614.76	379.79
56	449.42	440.55	545.54	623.00	643.15	397.33
57	469.46	460.19	569.86	650.77	671.82	415.05
58	490.84	481.15	595.81	680.41	702.42	433.95
59	501.43	491.54	608.68	695.10	717.58	443.32
60	522.82	512.50	634.63	724.74	748.18	462.22
61	541.31	530.62	657.08	750.37	774.65	478.57
62	553.45	542.52	671.81	767.19	792.01	489.30
63	568.66	557.44	690.28	788.29	813.79	502.76
64	577.92	566.49	701.52	801.12	827.01	510.93
65 and over	577.92	566.49	701.52	801.12	827.01	510.93

2014 Non-tobacco User Rates

Area 3: Zip codes that begin with 834

AGE	BRONZE CHOICE	BRONZE HSA SAVER	SILVER CHOICE	SILVER CHOICE NO DEDUCTIBLE	GOLD CHOICE	COVERED CHOICE
0-20	101.94	99.92	123.74	141.31	145.88	90.12
21	160.53	157.36	194.86	222.53	229.73	141.92
22	160.53	157.36	194.86	222.53	229.73	141.92
23	160.53	157.36	194.86	222.53	229.73	141.92
24	160.53	157.36	194.86	222.53	229.73	141.92
25	161.17	157.99	195.64	223.42	230.65	142.49
26	164.38	161.14	199.54	227.87	235.24	145.33
27	168.24	164.92	204.22	233.21	240.76	148.74
28	174.50	171.05	211.82	241.89	249.72	154.27
29	179.63	176.09	218.05	249.01	257.07	158.81
30	182.20	178.61	221.17	252.57	260.74	161.08
31	186.05	182.38	225.85	257.91	266.26	164.49
32	189.91	186.16	230.52	263.25	271.77	167.90
33	192.32	188.52	233.45	266.59	275.22	170.03
34	194.88	191.04	236.56	270.15	278.89	172.30
35	196.17	192.30	238.12	271.93	280.73	173.43
36	197.45	193.55	239.68	273.71	282.57	174.57
37	198.74	194.81	241.24	275.49	284.40	175.70
38	200.02	196.07	242.80	277.27	286.24	176.84
39	202.59	198.59	245.92	280.83	289.92	179.11
40	205.16	201.11	249.04	284.39	293.59	181.38
41	209.01	204.88	253.71	289.73	299.11	184.79
42	212.70	208.50	258.19	294.85	304.39	188.05
43	217.84	213.54	264.43	301.97	311.74	192.59
44	224.26	219.83	272.22	310.87	320.93	198.27
45	231.81	227.23	281.38	321.33	331.73	204.94
46	240.80	236.04	292.30	333.80	344.59	212.89
47	250.91	245.96	304.57	347.81	359.07	221.83
48	262.47	257.29	318.60	363.84	375.61	232.05
49	273.87	268.46	332.44	379.64	391.92	242.12
50	286.71	281.05	348.03	397.44	410.30	253.48
51	299.39	293.48	363.42	415.02	428.44	264.69
52	313.36	307.17	380.37	434.38	448.43	277.04
53	327.48	321.02	397.52	453.96	468.65	289.53
54	342.73	335.97	416.03	475.10	490.47	303.01
55	357.98	350.92	434.55	496.24	512.30	316.49
56	374.52	367.12	454.62	519.16	535.96	331.11
57	391.21	383.49	474.88	542.31	559.85	345.87
58	409.03	400.96	496.51	567.01	585.35	361.62
59	417.86	409.61	507.23	579.25	597.98	369.43
60	435.68	427.08	528.86	603.95	623.48	385.18
61	451.09	442.19	547.57	625.31	645.54	398.81
62	461.20	452.10	559.84	639.33	660.01	407.75
63	473.89	464.53	575.24	656.91	678.16	418.96
64	481.59	472.08	584.58	667.59	689.19	425.76
65 and over	481.59	472.08	584.58	667.59	689.19	425.76

2014 Tobacco User Rates

Area 3: Zip codes that begin with 834

AGE	BRONZE CHOICE	BRONZE HSA SAVER	SILVER CHOICE	SILVER CHOICE NO DEDUCTIBLE	GOLD CHOICE	COVERED CHOICE
0-20	122.32	119.91	148.49	169.57	175.05	108.15
21	192.64	188.83	233.84	267.04	275.67	170.31
22	192.64	188.83	233.84	267.04	275.67	170.31
23	192.64	188.83	233.84	267.04	275.67	170.31
24	192.64	188.83	233.84	267.04	275.67	170.31
25	193.41	189.59	234.77	268.10	276.78	170.99
26	197.26	193.37	239.45	273.45	282.29	174.40
27	201.88	197.90	245.06	279.85	288.91	178.48
28	209.40	205.26	254.18	290.27	299.66	185.13
29	215.56	211.31	261.66	298.81	308.48	190.58
30	218.64	214.33	265.40	303.09	312.89	193.30
31	223.27	218.86	271.02	309.49	319.51	197.39
32	227.89	223.39	276.63	315.90	326.12	201.48
33	230.78	226.22	280.14	319.91	330.26	204.03
34	233.86	229.24	283.88	324.18	334.67	206.76
35	235.40	230.76	285.75	326.32	336.87	208.12
36	236.94	232.27	287.62	328.45	339.08	209.48
37	238.48	233.78	289.49	330.59	341.29	210.84
38	240.03	235.29	291.36	332.73	343.49	212.21
39	243.11	238.31	295.10	337.00	347.90	214.93
40	246.19	241.33	298.84	341.27	352.31	217.66
41	250.81	245.86	304.45	347.68	358.93	221.74
42	255.24	250.21	309.83	353.82	365.27	225.66
43	261.41	256.25	317.32	362.37	374.09	231.11
44	269.11	263.80	326.67	373.05	385.12	237.92
45	278.17	272.68	337.66	385.60	398.07	245.93
46	288.96	283.25	350.75	400.55	413.51	255.46
47	301.09	295.15	365.49	417.38	430.88	266.19
48	314.96	308.74	382.32	436.60	450.73	278.46
49	328.64	322.15	398.92	455.56	470.30	290.55
50	344.05	337.26	417.63	476.93	492.36	304.17
51	359.27	352.18	436.10	498.02	514.13	317.63
52	376.03	368.60	456.45	521.25	538.12	332.45
53	392.98	385.22	477.03	544.75	562.38	347.43
54	411.28	403.16	499.24	570.12	588.57	363.61
55	429.58	421.10	521.45	595.49	614.76	379.79
56	449.42	440.55	545.54	623.00	643.15	397.33
57	469.46	460.19	569.86	650.77	671.82	415.05
58	490.84	481.15	595.81	680.41	702.42	433.95
59	501.43	491.54	608.68	695.10	717.58	443.32
60	522.82	512.50	634.63	724.74	748.18	462.22
61	541.31	530.62	657.08	750.37	774.65	478.57
62	553.45	542.52	671.81	767.19	792.01	489.30
63	568.66	557.44	690.28	788.29	813.79	502.76
64	577.92	566.49	701.52	801.12	827.01	510.93
65 and over	577.92	566.49	701.52	801.12	827.01	510.93

2014 Non-tobacco User Rates

Area 4: Zip codes that begin with 835

AGE	BRONZE CHOICE	BRONZE HSA SAVER	SILVER CHOICE	SILVER CHOICE NO DEDUCTIBLE	GOLD CHOICE	COVERED CHOICE
0-20	104.85	102.78	127.27	145.34	150.05	92.70
21	165.12	161.86	200.43	228.89	236.29	145.98
22	165.12	161.86	200.43	228.89	236.29	145.98
23	165.12	161.86	200.43	228.89	236.29	145.98
24	165.12	161.86	200.43	228.89	236.29	145.98
25	165.78	162.51	201.23	229.80	237.24	146.56
26	169.08	165.74	205.24	234.38	241.96	149.48
27	173.04	169.63	210.05	239.87	247.63	152.99
28	179.48	175.94	217.87	248.80	256.85	158.68
29	184.77	181.12	224.28	256.13	264.41	163.35
30	187.41	183.71	227.49	259.79	268.19	165.69
31	191.37	187.59	232.30	265.28	273.86	169.19
32	195.33	191.48	237.11	270.77	279.53	172.69
33	197.81	193.91	240.12	274.21	283.08	174.88
34	200.45	196.50	243.32	277.87	286.86	177.22
35	201.77	197.79	244.93	279.70	288.75	178.39
36	203.09	199.09	246.53	281.53	290.64	179.56
37	204.42	200.38	248.13	283.36	292.53	180.72
38	205.74	201.67	249.74	285.19	294.42	181.89
39	208.38	204.26	252.94	288.86	298.20	184.23
40	211.02	206.85	256.15	292.52	301.98	186.56
41	214.98	210.74	260.96	298.01	307.65	190.07
42	218.78	214.46	265.57	303.28	313.09	193.42
43	224.06	219.64	271.98	310.60	320.65	198.09
44	230.67	226.12	280.00	319.76	330.10	203.93
45	238.43	233.72	289.42	330.51	341.21	210.80
46	247.68	242.79	300.65	343.33	354.44	218.97
47	258.08	252.98	313.27	357.75	369.33	228.17
48	269.97	264.64	327.70	374.23	386.34	238.68
49	281.69	276.13	341.94	390.48	403.12	249.04
50	294.90	289.08	357.97	408.79	422.02	260.72
51	307.94	301.86	373.80	426.88	440.69	272.25
52	322.31	315.95	391.24	446.79	461.24	284.95
53	336.84	330.19	408.88	466.93	482.04	297.80
54	352.53	345.57	427.92	488.68	504.49	311.67
55	368.21	360.94	446.96	510.42	526.93	325.54
56	385.22	377.61	467.61	534.00	551.27	340.57
57	402.39	394.45	488.45	557.80	575.85	355.75
58	420.72	412.41	510.70	583.21	602.07	371.96
59	429.80	421.32	521.72	595.80	615.07	379.99
60	448.13	439.28	543.97	621.20	641.30	396.19
61	463.98	454.82	563.21	643.18	663.98	410.20
62	474.38	465.02	575.84	657.60	678.87	419.40
63	487.43	477.80	591.67	675.68	697.54	430.93
64	495.36	485.58	601.29	686.67	708.87	437.94
65 and over	495.36	485.58	601.29	686.67	708.87	437.94

2014 Tobacco User Rates

Area 4: Zip codes that begin with 835

AGE	BRONZE CHOICE	BRONZE HSA SAVER	SILVER CHOICE	SILVER CHOICE NO DEDUCTIBLE	GOLD CHOICE	COVERED CHOICE
0-20	125.82	123.34	152.73	174.41	180.06	111.24
21	198.14	194.23	240.52	274.67	283.55	175.18
22	198.14	194.23	240.52	274.67	283.55	175.18
23	198.14	194.23	240.52	274.67	283.55	175.18
24	198.14	194.23	240.52	274.67	283.55	175.18
25	198.93	195.01	241.48	275.76	284.69	175.88
26	202.90	198.89	246.29	281.26	290.36	179.38
27	207.65	203.55	252.06	287.85	297.16	183.58
28	215.38	211.13	261.44	298.56	308.22	190.42
29	221.72	217.34	269.14	307.35	317.29	196.02
30	224.89	220.45	272.99	311.75	321.83	198.82
31	229.65	225.11	278.76	318.34	328.64	203.03
32	234.40	229.77	284.53	324.93	335.44	207.23
33	237.37	232.69	288.14	329.05	339.69	209.86
34	240.54	235.79	291.99	333.44	344.23	212.66
35	242.13	237.35	293.91	335.64	346.50	214.07
36	243.71	238.90	295.84	337.84	348.77	215.47
37	245.30	240.46	297.76	340.04	351.04	216.87
38	246.88	242.01	299.68	342.23	353.31	218.27
39	250.05	245.12	303.53	346.63	357.84	221.07
40	253.22	248.23	307.38	351.02	362.38	223.87
41	257.98	252.89	313.15	357.61	369.18	228.08
42	262.54	257.35	318.69	363.93	375.71	232.11
43	268.88	263.57	326.38	372.72	384.78	237.71
44	276.80	271.34	336.00	383.71	396.12	244.72
45	286.12	280.47	347.31	396.62	409.45	252.95
46	297.21	291.34	360.78	412.00	425.33	262.76
47	309.69	303.58	375.93	429.30	443.19	273.80
48	323.96	317.56	393.25	449.08	463.61	286.41
49	338.03	331.36	410.32	468.58	483.74	298.85
50	353.88	346.89	429.56	490.55	506.42	312.86
51	369.53	362.24	448.56	512.25	528.82	326.70
52	386.77	379.14	469.49	536.15	553.49	341.94
53	404.21	396.23	490.65	560.32	578.44	357.36
54	423.03	414.68	513.50	586.41	605.38	374.00
55	441.85	433.13	536.35	612.50	632.32	390.64
56	462.26	453.14	561.13	640.80	661.53	408.69
57	482.87	473.34	586.14	669.36	691.01	426.90
58	504.86	494.90	612.84	699.85	722.49	446.35
59	515.76	505.58	626.07	714.95	738.08	455.98
60	537.75	527.14	652.76	745.44	769.56	475.43
61	556.78	545.78	675.85	771.81	796.78	492.24
62	569.26	558.02	691.01	789.11	814.64	503.28
63	584.91	573.36	710.01	810.81	837.04	517.12
64	594.42	582.69	721.56	824.01	850.65	525.54
65 and over	594.42	582.69	721.56	824.01	850.65	525.54



2014 Tobacco User Rates

Area 5-6: Zip codes that begin with 836 and 837

AGE	BRONZE CHOICE	BRONZE CONNECT	BRONZE HSA SAVER	SILVER CHOICE	SILVER CONNECT	SILVER CHOICE NO DEDUCTIBLE	SILVER CONNECT NO DEDUCTIBLE	GOLD CHOICE	GOLD CONNECT	PLATINUM CONNECT	COVERED CHOICE	COVERED CONNECT
0-20	116.50	105.46	114.20	141.42	129.90	161.49	148.73	166.72	150.94	188.16	103.00	93.26
21	183.46	166.08	179.84	222.70	204.56	254.32	234.21	262.55	237.70	296.32	162.20	146.86
22	183.46	166.08	179.84	222.70	204.56	254.32	234.21	262.55	237.70	296.32	162.20	146.86
23	183.46	166.08	179.84	222.70	204.56	254.32	234.21	262.55	237.70	296.32	162.20	146.86
24	183.46	166.08	179.84	222.70	204.56	254.32	234.21	262.55	237.70	296.32	162.20	146.86
25	184.20	166.74	180.56	223.59	205.38	255.34	235.15	263.60	238.65	297.50	162.85	147.45
26	187.87	170.07	184.16	228.05	209.47	260.42	239.84	268.85	243.41	303.43	166.09	150.39
27	192.27	174.05	188.47	233.39	214.38	266.53	245.46	275.15	249.11	310.54	169.99	153.91
28	199.42	180.53	195.49	242.08	222.36	276.45	254.59	285.39	258.38	322.10	176.31	159.64
29	205.30	185.84	201.24	249.20	228.90	284.58	262.09	293.79	265.99	331.58	181.50	164.34
30	208.23	188.50	204.12	252.77	232.18	288.65	265.83	297.99	269.79	336.32	184.10	166.69
31	212.63	192.49	208.44	258.11	237.09	294.76	271.45	304.29	275.50	343.43	187.99	170.21
32	217.04	196.47	212.75	263.46	242.00	300.86	277.08	310.59	281.20	350.55	191.88	173.74
33	219.79	198.96	215.45	266.80	245.06	304.68	280.59	314.53	284.77	354.99	194.32	175.94
34	222.72	201.62	218.33	270.36	248.34	308.74	284.34	318.73	288.57	359.73	196.91	178.29
35	224.19	202.95	219.77	272.14	249.97	310.78	286.21	320.83	290.47	362.10	198.21	179.46
36	225.66	204.28	221.21	273.92	251.61	312.81	288.08	322.93	292.37	364.47	199.51	180.64
37	227.13	205.61	222.64	275.70	253.25	314.85	289.96	325.03	294.27	366.84	200.80	181.81
38	228.60	206.94	224.08	277.49	254.88	316.88	291.83	327.13	296.18	369.21	202.10	182.99
39	231.53	209.59	226.96	281.05	258.16	320.95	295.58	331.34	299.98	373.95	204.70	185.34
40	234.47	212.25	229.84	284.61	261.43	325.02	299.33	335.54	303.78	378.70	207.29	187.69
41	238.87	216.24	234.15	289.96	266.34	331.12	304.95	341.84	309.49	385.81	211.18	191.21
42	243.09	220.06	238.29	295.08	271.04	336.97	310.33	347.88	314.95	392.62	214.91	194.59
43	248.96	225.37	244.05	302.21	277.59	345.11	317.83	356.28	322.56	402.11	220.11	199.29
44	256.30	232.01	251.24	311.11	285.77	355.29	327.20	366.78	332.07	413.96	226.59	205.17
45	264.92	239.82	259.69	321.58	295.39	367.24	338.21	379.12	343.24	427.89	234.22	212.07
46	275.20	249.12	269.76	334.05	306.84	381.48	351.32	393.82	356.55	444.48	243.30	220.29
47	286.75	259.58	281.09	348.08	319.73	397.50	366.08	410.36	371.53	463.15	253.52	229.54
48	299.96	271.54	294.04	364.12	334.46	415.81	382.94	429.27	388.64	484.48	265.20	240.12
49	312.99	283.33	306.81	379.93	348.98	433.87	399.57	447.91	405.52	505.52	276.71	250.55
50	327.67	296.62	321.20	397.74	365.35	454.22	418.31	468.91	424.54	529.23	289.69	262.29
51	342.16	309.74	335.41	415.34	381.51	474.31	436.81	489.65	443.31	552.64	302.50	273.90
52	358.12	324.19	351.05	434.71	399.30	496.43	457.19	512.49	463.99	578.42	316.61	286.67
53	374.27	338.80	366.88	454.31	417.31	518.81	477.80	535.60	484.91	604.49	330.89	299.60
54	391.69	354.58	383.96	475.47	436.74	542.97	500.05	560.54	507.49	632.64	346.30	313.55
55	409.12	370.36	401.05	496.62	456.17	567.13	522.30	585.48	530.08	660.79	361.71	327.50
56	428.02	387.46	419.57	519.56	477.24	593.33	546.42	612.52	554.56	691.31	378.41	342.63
57	447.10	404.74	438.27	542.72	498.52	619.78	570.78	639.83	579.28	722.13	395.28	357.90
58	467.47	423.17	458.24	567.44	521.22	648.01	596.78	668.97	605.66	755.02	413.29	374.20
59	477.56	432.31	468.13	579.69	532.47	662.00	609.66	683.41	618.74	771.32	422.21	382.28
60	497.92	450.74	488.09	604.41	555.18	690.22	635.66	712.55	645.12	804.21	440.21	398.58
61	515.53	466.68	505.36	625.79	574.82	714.64	658.14	737.76	667.94	832.66	455.78	412.68
62	527.09	477.15	516.69	639.82	587.70	730.66	672.90	754.30	682.92	851.33	466.00	421.93
63	541.58	490.27	530.89	657.41	603.87	750.75	691.40	775.04	701.70	874.73	478.81	433.53
64	550.38	498.24	539.52	668.10	613.68	762.96	702.63	787.65	713.10	888.96	486.60	440.58
65 and over	550.38	498.24	539.52	668.10	613.68	762.96	702.63	787.65	713.10	888.96	486.60	440.58

2014 Non-tobacco User Rates

Area 5-6: Zip codes that begin with 836 and 837

AGE	BRONZE CHOICE	BRONZE CONNECT	BRONZE HSA SAVER	SILVER CHOICE	SILVER CONNECT	SILVER CHOICE NO DEDUCTIBLE	SILVER CONNECT NO DEDUCTIBLE	GOLD CHOICE	GOLD CONNECT	PLATINUM CONNECT	COVERED CHOICE	COVERED CONNECT
0-20	97.08	87.88	95.17	117.85	108.25	134.58	123.94	138.93	125.78	156.80	85.83	77.71
21	152.89	138.40	149.87	185.58	170.47	211.93	195.18	218.79	198.08	246.93	135.17	122.38
22	152.89	138.40	149.87	185.58	170.47	211.93	195.18	218.79	198.08	246.93	135.17	122.38
23	152.89	138.40	149.87	185.58	170.47	211.93	195.18	218.79	198.08	246.93	135.17	122.38
24	152.89	138.40	149.87	185.58	170.47	211.93	195.18	218.79	198.08	246.93	135.17	122.38
25	153.50	138.95	150.47	186.33	171.15	212.78	195.96	219.66	198.88	247.92	135.71	122.87
26	156.56	141.72	153.47	190.04	174.56	217.02	199.86	224.04	202.84	252.86	138.41	125.32
27	160.22	145.04	157.06	194.49	178.65	222.11	204.55	229.29	207.59	258.79	141.65	128.26
28	166.19	150.44	162.91	201.73	185.30	230.37	212.16	237.82	215.32	268.42	146.93	133.03
29	171.08	154.87	167.70	207.67	190.75	237.15	218.40	244.83	221.66	276.32	151.25	136.95
30	173.53	157.08	170.10	210.64	193.48	240.54	221.53	248.33	224.83	280.27	153.41	138.91
31	177.20	160.41	173.70	215.09	197.57	245.63	226.21	253.58	229.58	286.20	156.66	141.84
32	180.86	163.73	177.29	219.55	201.66	250.72	230.90	258.83	234.33	292.12	159.90	144.78
33	183.16	165.80	179.54	222.33	204.22	253.90	233.82	262.11	237.31	295.83	161.93	146.62
34	185.60	168.02	181.94	225.30	206.95	257.29	236.95	265.61	240.48	299.78	164.09	148.57
35	186.83	169.12	183.14	226.78	208.31	258.98	238.51	267.36	242.06	301.75	165.17	149.55
36	188.05	170.23	184.34	228.27	209.68	260.68	240.07	269.11	243.64	303.73	166.25	150.53
37	189.27	171.34	185.54	229.75	211.04	262.37	241.63	270.86	245.23	305.70	167.34	151.51
38	190.50	172.45	186.74	231.24	212.40	264.07	243.19	272.61	246.81	307.68	168.42	152.49
39	192.94	174.66	189.13	234.21	215.13	267.46	246.32	276.11	249.98	311.63	170.58	154.45
40	195.39	176.88	191.53	237.18	217.86	270.85	249.44	279.61	253.15	315.58	172.74	156.41
41	199.06	180.20	195.13	241.63	221.95	275.94	254.12	284.86	257.91	321.51	175.99	159.34
42	202.57	183.38	198.58	245.90	225.87	280.81	258.61	289.90	262.46	327.19	179.10	162.16
43	207.47	187.81	203.37	251.84	231.32	287.59	264.86	296.90	268.80	335.09	183.42	166.08
44	213.58	193.34	209.37	259.26	238.14	296.07	272.66	305.65	276.72	344.97	188.83	170.97
45	220.77	199.85	216.41	267.98	246.16	306.03	281.84	315.93	286.03	356.57	195.18	176.72
46	229.33	207.60	224.80	278.38	255.70	317.90	292.77	328.18	297.13	370.40	202.75	183.58
47	238.96	216.32	234.24	290.07	266.44	331.25	305.06	341.97	309.61	385.96	211.27	191.29
48	249.97	226.28	245.03	303.43	278.71	346.51	319.12	357.72	323.87	403.74	221.00	200.10
49	260.82	236.11	255.68	316.61	290.82	361.56	332.97	373.26	337.93	421.27	230.59	208.79
50	273.05	247.18	267.66	331.45	304.46	378.51	348.59	390.76	353.78	441.02	241.41	218.58
51	285.13	258.12	279.50	346.11	317.92	395.26	364.01	408.04	369.43	460.53	252.09	228.25
52	298.43	270.16	292.54	362.26	332.75	413.69	380.99	427.08	386.66	482.01	263.85	238.89
53	311.89	282.34	305.73	378.59	347.75	432.34	398.16	446.33	404.09	503.74	275.74	249.66
54	326.41	295.48	319.97	396.22	363.95	452.48	416.71	467.12	422.91	527.20	288.58	261.29
55	340.94	308.63	334.21	413.85	380.14	472.61	435.25	487.90	441.73	550.66	301.42	272.92
56	356.68	322.89	349.64	432.97	397.70	494.44	455.35	510.44	462.13	576.09	315.34	285.52
57	372.58	337.28	365.23	452.27	415.43	516.48	475.65	533.19	482.73	601.78	329.40	298.25
58	389.55	352.64	381.86	472.87	434.35	540.01	497.31	557.48	504.72	629.18	344.40	311.84
59	397.96	360.26	390.11	483.08	443.73	551.66	508.05	569.51	515.61	642.77	351.84	318.57
60	414.93	375.62	406.74	503.68	462.65	575.19	529.71	593.80	537.60	670.18	366.84	332.15
61	429.61	388.90	421.13	521.49	479.01	595.53	548.45	614.80	556.62	693.88	379.82	343.90
62	439.24	397.62	430.57	533.18	489.75	608.88	560.75	628.58	569.10	709.44	388.33	351.61
63	451.32	408.56	442.41	547.84	503.22	625.63	576.17	645.87	584.75	728.95	399.01	361.28
64	458.67	415.20	449.61	556.74	511.41	635.79	585.54	656.37	594.24	740.79	405.51	367.14
65 and over	458.67	415.20	449.61	556.74	511.41	635.79	585.54	656.37	594.24	740.79	405.51	367.14

2014 Tobacco User Rates

Area 7: Zip codes that begin with 838

AGE	BRONZE CHOICE	BRONZE HSA SAVER	SILVER CHOICE	SILVER CHOICE NO DEDUCTIBLE	GOLD CHOICE	COVERED CHOICE
0-20	107.18	105.06	130.10	148.57	153.38	94.76
21	168.79	165.45	204.88	233.97	241.54	149.22
22	168.79	165.45	204.88	233.97	241.54	149.22
23	168.79	165.45	204.88	233.97	241.54	149.22
24	168.79	165.45	204.88	233.97	241.54	149.22
25	169.46	166.12	205.70	234.91	242.51	149.82
26	172.84	169.43	209.80	239.59	247.34	152.81
27	176.89	173.40	214.72	245.21	253.14	156.39
28	183.47	179.85	222.71	254.33	262.56	162.21
29	188.87	185.14	229.27	261.82	270.29	166.98
30	191.57	187.79	232.54	265.56	274.15	169.37
31	195.62	191.76	237.46	271.18	279.95	172.95
32	199.67	195.73	242.38	276.79	285.75	176.53
33	202.21	198.21	245.45	280.30	289.37	178.77
34	204.91	200.86	248.73	284.05	293.23	181.16
35	206.26	202.19	250.37	285.92	295.17	182.35
36	207.61	203.51	252.01	287.79	297.10	183.55
37	208.96	204.83	253.65	289.66	299.03	184.74
38	210.31	206.16	255.29	291.53	300.96	185.93
39	213.01	208.80	258.56	295.28	304.83	188.32
40	215.71	211.45	261.84	299.02	308.69	190.71
41	219.76	215.42	266.76	304.63	314.49	194.29
42	223.64	219.23	271.47	310.02	320.05	197.72
43	229.04	224.52	278.03	317.50	327.77	202.50
44	235.79	231.14	286.22	326.86	337.44	208.47
45	243.73	238.92	295.85	337.86	348.79	215.48
46	253.18	248.18	307.33	350.96	362.32	223.84
47	263.81	258.61	320.24	365.70	377.53	233.24
48	275.97	270.52	334.99	382.55	394.92	243.98
49	287.95	282.27	349.53	399.16	412.07	254.58
50	301.45	295.50	365.92	417.88	431.40	266.51
51	314.79	308.57	382.11	436.36	450.48	278.30
52	329.47	322.97	399.94	456.72	471.49	291.29
53	344.32	337.53	417.97	477.31	492.75	304.42
54	360.36	353.25	437.43	499.54	515.70	318.59
55	376.39	368.96	456.89	521.76	538.64	332.77
56	393.78	386.01	478.00	545.86	563.52	348.14
57	411.33	403.21	499.30	570.20	588.64	363.66
58	430.07	421.58	522.05	596.17	615.45	380.22
59	439.35	430.68	533.32	609.04	628.74	388.43
60	458.09	449.04	556.06	635.01	655.55	404.99
61	474.29	464.93	575.73	657.47	678.74	419.32
62	484.92	475.35	588.63	672.21	693.96	428.72
63	498.26	488.42	604.82	690.69	713.04	440.51
64	506.37	496.35	614.64	701.91	724.62	447.66
65 and over	506.37	496.35	614.64	701.91	724.62	447.66

2014 Non-tobacco User Rates

Area 7: Zip codes that begin with 838

AGE	BRONZE CHOICE	BRONZE HSA SAVER	SILVER CHOICE	SILVER CHOICE NO DEDUCTIBLE	GOLD CHOICE	COVERED CHOICE
0-20	89.32	87.55	108.42	123.81	127.82	78.96
21	140.66	137.88	170.74	194.98	201.29	124.35
22	140.66	137.88	170.74	194.98	201.29	124.35
23	140.66	137.88	170.74	194.98	201.29	124.35
24	140.66	137.88	170.74	194.98	201.29	124.35
25	141.22	138.43	171.42	195.76	202.09	124.85
26	144.03	141.19	174.84	199.66	206.12	127.34
27	147.41	144.50	178.93	204.34	210.95	130.32
28	152.89	149.87	185.59	211.94	218.80	135.17
29	157.39	154.29	191.06	218.18	225.24	139.15
30	159.64	156.49	193.79	221.30	228.46	141.14
31	163.02	159.80	197.88	225.98	233.29	144.13
32	166.40	163.11	201.98	230.66	238.12	147.11
33	168.51	165.18	204.54	233.58	241.14	148.98
34	170.76	167.38	207.28	236.70	244.36	150.96
35	171.88	168.49	208.64	238.26	245.97	151.96
36	173.01	169.59	210.01	239.82	247.58	152.95
37	174.13	170.69	211.37	241.38	249.19	153.95
38	175.26	171.80	212.74	242.94	250.80	154.94
39	177.51	174.00	215.47	246.06	254.02	156.93
40	179.76	176.21	218.20	249.18	257.24	158.92
41	183.13	179.52	222.30	253.86	262.08	161.91
42	186.37	182.69	226.23	258.35	266.70	164.77
43	190.87	187.10	231.69	264.59	273.15	168.75
44	196.50	192.62	238.52	272.39	281.20	173.72
45	203.11	199.10	246.54	281.55	290.66	179.57
46	210.98	206.82	256.11	292.47	301.93	186.53
47	219.84	215.50	266.86	304.75	314.61	194.36
48	229.97	225.43	279.16	318.79	329.10	203.32
49	239.96	235.22	291.28	332.63	343.39	212.15
50	251.21	246.25	304.94	348.23	359.50	222.10
51	262.32	257.14	318.43	363.64	375.40	231.92
52	274.56	269.14	333.28	380.60	392.91	242.74
53	286.94	281.27	348.30	397.76	410.62	253.68
54	300.30	294.37	364.52	416.28	429.75	265.49
55	313.66	307.47	380.74	434.80	448.87	277.31
56	328.15	321.67	398.33	454.89	469.60	290.12
57	342.78	336.01	416.09	475.16	490.54	303.05
58	358.39	351.32	435.04	496.81	512.88	316.85
59	366.13	358.90	444.43	507.53	523.95	323.69
60	381.74	374.20	463.38	529.17	546.29	337.49
61	395.24	387.44	479.77	547.89	565.62	349.43
62	404.10	396.13	490.53	560.17	578.30	357.27
63	415.21	407.02	504.02	575.58	594.20	367.09
64	421.98	413.64	512.22	584.94	603.87	373.05
65 and over	421.98	413.64	512.22	584.94	603.87	373.05

BridgeSpan – Issuer Information



A list of the plans available from BridgeSpan can be found below with descriptions on the pages that follow.

Bronze	BridgeSpan	BridgeSpan Exchange Bronze HSA
Silver	BridgeSpan	BridgeSpan Exchange Silver
Gold	BridgeSpan	BridgeSpan Exchange Gold
Catastrophic	BridgeSpan	BridgeSpan Exchange Catastrophic

For additional information on BridgeSpan of Idaho, please visit the website below.

Bridgespan Website: BridgeSpanHealth.com

Bridgespan Phone Number: 855-857-9943

Bridgespan of Idaho Rates

For additional information on Bridgespan Rates please [click HERE](#). Please remember that the rates you will see displayed may be different from what you will actually pay.

Bridgespan Bronze Plan

BridgeSpan Health Company: BridgeSpan Exchange Bronze HSA

Coverage Period: Beginning on or after 01/01/2014

Summary of Benefits and Coverage: What this Plan Covers & What it Costs **Coverage for:** Individual & Eligible Family | **Plan Type:** PPO



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.BridgeSpanHealth.com or by calling 1 (855) 857-9956. (Note: the Uniform Glossary can be accessed at: www.cciio.cms.gov.)

Important Questions	Answers	Why this Matters:
What is the overall deductible ?	In-network: \$5,000 per insured/ \$10,000 per family per calendar year. Out-of-network: \$10,000 per insured / \$20,000 per family per calendar year. Doesn't apply to certain preventive care. Amounts in excess of the allowed amount do not count toward the deductible .	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out-of-pocket limit on my expenses?	Yes. In-network: \$6,250 per insured / \$12,500 per family per calendar year. Out-of-network: \$12,500 / \$25,000 per insured per calendar year.	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit ?	Premiums , balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Does this plan use a network of providers ?	Yes. See www.myRegence.com or call 1 (855) 857-9956 for lists of in-network or out-of-network providers .	If you use an in-network doctor or other health care provider , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred , or participating for providers in their network . See the chart starting on page 2 for how this plan pays different kinds of providers .
Do I need a referral to see a specialist ?	No. You don't need a referral to see a specialist .	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about excluded services .

Questions: Call 1 (855) 857-9956 or visit us at www.BridgeSpanHealth.com.

If you aren't clear about any of the bolded terms used in this form, see the Glossary.

You can view the Glossary at www.cciio.cms.gov or call 1 (855) 857-9956 to request a copy.



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use in-network **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	30% coinsurance	50% coinsurance	_____none_____
	Specialist visit	30% coinsurance	50% coinsurance	
	Other practitioner office visit	30% coinsurance for chiropractic care	50% coinsurance for chiropractic care	Coverage is limited to 12 chiropractic visits / year.
	Preventive care/ screening/immunization	No charge	50% coinsurance	_____none_____
If you have a test	Diagnostic test (x-ray, blood work)	30% coinsurance	50% coinsurance	_____none_____
	Imaging (CT/PET scans, MRIs)	30% coinsurance	50% coinsurance	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.bridgespanhealth.com	Generic drugs	25% coinsurance / category 1 retail prescription 35% coinsurance / category 2 retail prescription 20% coinsurance / category 1 mail order prescription 30% coinsurance / category 2 mail order prescription		No coverage for prescription drugs from an out-of-network pharmacy. No coverage for medications not on the Essential Formulary. Coverage is limited to a 30-day supply retail, 90-day supply mail order or 30-day supply for injectable and specialty medications.
	Preferred brand drugs	35% coinsurance / category 1 retail prescription 30% coinsurance / category 1 mail order prescription		You are responsible for the difference in cost between a dispensed brand-name drug and the equivalent

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
	Non-preferred brand drugs	50% coinsurance / category 2 retail prescription 40% coinsurance / category 2 mail order prescription		generic drug, in addition to the copayment and/or coinsurance . The first fill for specialty medications may be provided at a retail pharmacy, additional refills must be provided at a specialty pharmacy.
	Specialty drugs	40% coinsurance		
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	30% coinsurance	50% coinsurance	—————none—————
	Physician/surgeon fees	30% coinsurance	50% coinsurance	—————none—————
If you need immediate medical attention	Emergency room services	30% coinsurance	30% coinsurance	—————none—————
	Emergency medical transportation	30% coinsurance	30% coinsurance	—————none—————
	Urgent care	30% coinsurance	50% coinsurance	—————none—————
If you have a hospital stay	Facility fee (e.g., hospital room)	30% coinsurance	50% coinsurance	—————none—————
	Physician/surgeon fee	30% coinsurance	50% coinsurance	—————none—————
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	30% coinsurance	50% coinsurance	—————none—————
	Mental/Behavioral health inpatient services	30% coinsurance	50% coinsurance	
	Substance use disorder outpatient services	30% coinsurance	50% coinsurance	
	Substance use disorder inpatient services	30% coinsurance	50% coinsurance	
If you are pregnant	Prenatal and postnatal care	30% coinsurance	50% coinsurance	Maternity care complications are covered the same as any injury or illness.
	Delivery and all inpatient services	30% coinsurance	50% coinsurance	
If you need help	Home health care	30% coinsurance	50% coinsurance	—————none—————

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
recovering or have other special health needs	Rehabilitation services	30% coinsurance	50% coinsurance	Coverage is limited to 20 outpatient visits / year for rehabilitation and habilitation services combined.
	Habilitation services	30% coinsurance	50% coinsurance	Coverage is limited to 20 outpatient visits / year for rehabilitation and habilitation services combined.
	Skilled nursing care	30% coinsurance	50% coinsurance	Coverage is limited to 30 inpatient days / year.
	Durable medical equipment	30% coinsurance	50% coinsurance	—————none—————
	Hospice service	30% coinsurance	50% coinsurance	Coverage is limited to 14 respite days / lifetime.
If your child needs dental or eye care	Eye exam	No charge	No charge	Coverage is limited to members under the age of 19. Coverage is limited to one routine exam / year.
	Glasses	50% coinsurance	50% coinsurance	Coverage is limited to members under the age of 19. Coverage is limited to one pair of lenses (2 lenses) and one standard frame / calendar year.
	Dental check-up	No charge	No charge	Coverage for preventive and diagnostic examinations is limited to 2 each per member / year for members under the age of 19.

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Acupuncture
- Bariatric surgery
- Cosmetic surgery, except congenital anomalies
- Dental care (Adult)
- Hearing aids
- Infertility treatment
- Long-term care
- Private-duty nursing
- Routine eye care (Adult)
- Routine foot care except for diabetic patients
- Weight loss programs
- Vision hardware (Adult)

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Chiropractic care
- Non-emergency care when traveling outside the U.S.

Your Rights to Continue Coverage:

Federal and State laws may provide protections that allow you to keep this health insurance coverage as long as you pay your **premium**. There are exceptions, however, such as if:

- You commit fraud
- The insurer stops offering services in the State
- You move outside the coverage area

For more information on your rights to continue coverage, contact the plan at 1 (855) 857-9956. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1 (866) 444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1 (877) 267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

Contact the Idaho Department of Insurance at 1 (800) 721-3272 or www.doi.idaho.gov.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

In order for certain types of health coverage (for example, individually purchased insurance or job-based coverage) to qualify as minimum essential coverage, the plan must pay, on average, at least 60 percent of allowed charges for covered services. This is called the “minimum value standard.” **This health coverage does meet the minimum value standard for the benefits it provides.**

Language Access Services:

SPANISH (Español): Para obtener asistencia en Español, llame al 1 (855) 857-9956.

—————*To see examples of how this plan might cover costs for a sample medical situation, see the next page.*—————

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby

(normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$1,170
- Patient pays \$5,830

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductibles	\$5,000
Copays	\$0
Coinsurance	\$680
Limits or exclusions	\$150
Total	\$5,830

Managing type 2 diabetes

(routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$250
- Patient pays \$5,150

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	\$5,000
Copays	\$0
Coinsurance	\$70
Limits or exclusions	\$80
Total	\$5,150

“Patient pays” amounts in this coverage example are based on Individual coverage. Different amounts may apply in Family coverage. Consult your plan documents for more information about your cost-sharing.

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

- ✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

- ✗ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

- ✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

- ✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 1 (855) 857-9956 or visit us at www.BridgeSpanHealth.com.

If you aren't clear about any of the bolded terms used in this form, see the Glossary.

You can view the Glossary at www.cciio.cms.gov or call 1 (855) 857-9956 to request a copy.

Bridgespan Silver Plan

BridgeSpan Health Company: BridgeSpan Exchange Silver

Coverage Period: Beginning on or after 01/01/2014

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual & Eligible Family | Plan Type: PPO



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.BridgeSpanHealth.com or by calling 1 (855) 857-9956. (Note: the Uniform Glossary can be accessed at: www.cciio.cms.gov.)

Important Questions	Answers	Why this Matters:
What is the overall deductible ?	In-network: \$3,000 per insured/ \$6,000 per family per calendar year. Out-of-network: \$10,000 per insured per calendar year. Doesn't apply to certain preventive care or in-network primary care and urgent care office visits. Amounts in excess of the allowed amount do not count toward the deductible .	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out-of-pocket limit on my expenses?	Yes. In-network: \$4,900 per insured / \$9,800 per family per calendar year. Out-of-network: \$12,500 per insured per calendar year.	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit ?	Premiums , balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Does this plan use a network of providers ?	Yes. See www.BridgeSpanHealth.com or call 1 (855) 857-9956 for lists of in-network or out-of-network providers .	If you use an in-network doctor or other health care provider , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred , or participating for providers in their network . See the chart starting on page 2 for how this plan pays different kinds of providers .
Do I need a referral to see a specialist ?	No. You don't need a referral to see a specialist .	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about excluded services .

Questions: Call 1 (855) 857-9956 or visit us at www.BridgeSpanHealth.com.

If you aren't clear about any of the bolded terms used in this form, see the Glossary.

You can view the Glossary at www.cciio.cms.gov or call 1 (855) 857-9956 to request a copy.



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use in-network **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	20% coinsurance	50% coinsurance	Deductible waived for in-network primary care provider office visits.
	Specialist visit	20% coinsurance	50% coinsurance	
	Other practitioner office visit	20% coinsurance for chiropractic care	50% coinsurance for chiropractic care	Coverage is limited to 12 chiropractic visits / year.
	Preventive care/ screening/immunization	No charge	50% coinsurance	—————none—————
If you have a test	Diagnostic test (x-ray, blood work)	20% coinsurance	50% coinsurance	—————none—————
	Imaging (CT/PET scans, MRIs)	20% coinsurance	50% coinsurance	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.bridgespanhealth.com	Generic drugs	\$10 copay / category 1 retail prescription 30% coinsurance / category 2 retail prescription \$20 copay / category 1 mail order prescription 25% coinsurance / category 2 mail order prescription		No coverage for prescription drugs from an out-of-network pharmacy. No coverage for medications not on the Essential Formulary. Coverage is limited to a 30-day supply retail, 90-day supply mail order or 30-day supply for injectable and specialty medications. Deductible does not apply to Category 1 generic drugs. You are responsible for the difference in cost between a dispensed brand-name drug and the equivalent
	Preferred brand drugs	30% coinsurance / category 1 retail prescription 25% coinsurance / category 1 mail order prescription		
	Non-preferred brand drugs	50% coinsurance / category 2 retail prescription 40% coinsurance / category 2 mail order prescription		

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
	Specialty drugs	40% coinsurance		generic drug, in addition to the copayment and/or coinsurance . The first fill for specialty medications may be provided at a retail pharmacy, additional refills must be provided at a specialty pharmacy.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	50% coinsurance	—————none—————
	Physician/surgeon fees	20% coinsurance	50% coinsurance	—————none—————
If you need immediate medical attention	Emergency room services	20% coinsurance after \$200 copay	20% coinsurance after \$200 copay	Copayment applies to the facility charge for each visit (waived if admitted), whether or not the in-network deductible has been met.
	Emergency medical transportation	20% coinsurance	20% coinsurance	—————none—————
	Urgent care	20% coinsurance	50% coinsurance	Deductible waived for in-network provider office visits.
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance	50% coinsurance	—————none—————
	Physician/surgeon fee	20% coinsurance	50% coinsurance	—————none—————
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	20% coinsurance	50% coinsurance	—————none—————
	Mental/Behavioral health inpatient services	20% coinsurance	50% coinsurance	
	Substance use disorder outpatient services	20% coinsurance	50% coinsurance	
	Substance use disorder inpatient services	20% coinsurance	50% coinsurance	
If you are pregnant	Prenatal and postnatal care	20% coinsurance	50% coinsurance	Maternity care complications are covered the same as any injury or illness.
	Delivery and all inpatient services	20% coinsurance	50% coinsurance	

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you need help recovering or have other special health needs	Home health care	20% coinsurance	50% coinsurance	—————none—————
	Rehabilitation services	20% coinsurance	50% coinsurance	Coverage is limited to 20 outpatient visits / year for rehabilitation and habilitation services combined.
	Habilitation services	20% coinsurance	50% coinsurance	Coverage is limited to 20 outpatient visits / year for rehabilitation and habilitation services combined.
	Skilled nursing care	20% coinsurance	50% coinsurance	Coverage is limited to 30 inpatient days / year.
	Durable medical equipment	20% coinsurance	50% coinsurance	—————none—————
	Hospice service	20% coinsurance	50% coinsurance	Coverage is limited to 14 respite days / lifetime.
If your child needs dental or eye care	Eye exam	No charge	No charge	Coverage is limited to members under the age of 19. Coverage is limited to one routine exam / year.
	Glasses	50% coinsurance	50% coinsurance	Coverage is limited to members under the age of 19. Coverage is limited to one pair of lenses (2 lenses) and one standard frame / calendar year.
	Dental check-up	No charge	No charge	Coverage for preventive and diagnostic examinations is limited to 2 each per member / year for members under the age of 19.

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Acupuncture
- Bariatric surgery
- Cosmetic surgery, except congenital anomalies
- Dental care (Adult)
- Hearing aids
- Infertility treatment
- Long-term care
- Private-duty nursing
- Routine eye care (Adult)
- Routine foot care except for diabetic patients
- Weight loss programs
- Vision hardware (Adult)

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Chiropractic care
- Non-emergency care when traveling outside the U.S.

Your Rights to Continue Coverage:

Federal and State laws may provide protections that allow you to keep this health insurance coverage as long as you pay your **premium**. There are exceptions, however, such as if:

- You commit fraud
- The insurer stops offering services in the State
- You move outside the coverage area

For more information on your rights to continue coverage, contact the plan at 1 (855) 857-9956. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1 (866) 444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1 (877) 267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

Contact the Idaho Department of Insurance at 1 (800) 721-3272 or www.doi.idaho.gov.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

In order for certain types of health coverage (for example, individually purchased insurance or job-based coverage) to qualify as minimum essential coverage, the plan must pay, on average, at least 60 percent of allowed charges for covered services. This is called the “minimum value standard.” **This health coverage does meet the minimum value standard for the benefits it provides.**

Language Access Services:

SPANISH (Español): Para obtener asistencia en Español, llame al 1 (855) 857-9956.

To see examples of how this plan might cover costs for a sample medical situation, see the next page.

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$3,520
- Patient pays \$4,020

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductibles	\$3,000
Copays	\$20
Coinsurance	\$850
Limits or exclusions	\$150
Total	\$4,020

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$1,930
- Patient pays \$3,470

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	\$3,000
Copays	\$200
Coinsurance	\$190
Limits or exclusions	\$80
Total	\$3,470

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

- ✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

- ✗ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

- ✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

- ✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 1 (855) 857-9956 or visit us at www.BridgeSpanHealth.com.

If you aren't clear about any of the bolded terms used in this form, see the Glossary.

You can view the Glossary at www.cciio.cms.gov or call 1 (855) 857-9956 to request a copy.

Bridgespan Gold Plan

BridgeSpan Health Company: BridgeSpan Exchange Gold

Coverage Period: Beginning on or after 01/01/2014

Summary of Benefits and Coverage: What this Plan Covers & What it Costs **Coverage for:** Individual & Eligible Family | **Plan Type:** PPO



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.BridgeSpanHealth.com or by calling 1 (855) 857-9956. (Note: the Uniform Glossary can be accessed at: www.cciio.cms.gov.)

Important Questions	Answers	Why this Matters:
What is the overall deductible ?	In-network: \$1,000 per insured/ \$2,000 per family per calendar year. Out-of-network: \$5,000 per insured per calendar year. Doesn't apply to certain preventive care or in-network primary care and urgent care office visits. Amounts in excess of the allowed amount do not count toward the deductible .	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out-of-pocket limit on my expenses?	Yes. In-network: \$3,600 per insured / \$7,200 per family per calendar year. Out-of-network: \$12,500 per insured per calendar year.	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit ?	Premiums , balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Does this plan use a network of providers ?	Yes. See www.BridgeSpanHealth.com or call 1 (855) 857-9956 for lists of in-network or out-of-network providers .	If you use an in-network doctor or other health care provider , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred , or participating for providers in their network . See the chart starting on page 2 for how this plan pays different kinds of providers .
Do I need a referral to see a specialist ?	No. You don't need a referral to see a specialist .	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about excluded services .

Questions: Call 1 (855) 857-9956 or visit us at www.BridgeSpanHealth.com.

If you aren't clear about any of the bolded terms used in this form, see the Glossary.

You can view the Glossary at www.cciio.cms.gov or call 1 (855) 857-9956 to request a copy.



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use in-network **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	20% coinsurance	50% coinsurance	Deductible waived for in-network primary care provider office visits.
	Specialist visit	20% coinsurance	50% coinsurance	
	Other practitioner office visit	20% coinsurance for chiropractic care	50% coinsurance for chiropractic care	Coverage is limited to 12 chiropractic visits / year.
	Preventive care/ screening/immunization	No charge	50% coinsurance	—————none—————
If you have a test	Diagnostic test (x-ray, blood work)	20% coinsurance	50% coinsurance	—————none—————
	Imaging (CT/PET scans, MRIs)	20% coinsurance	50% coinsurance	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.bridgespanhealth.com	Generic drugs	\$10 copay / category 1 retail prescription 30% coinsurance / category 2 retail prescription \$20 copay / category 1 mail order prescription 25% coinsurance / category 2 mail order prescription		No coverage for prescription drugs from an out-of-network pharmacy. No coverage for medications not on the Essential Formulary. Coverage is limited to a 30-day supply retail, 90-day supply mail order or 30-day supply for injectable and specialty medications. Deductible does not apply to Category 1 generic drugs. You are responsible for the difference in cost between a dispensed brand-name drug and the equivalent
	Preferred brand drugs	30% coinsurance / category 1 retail prescription 25% coinsurance / category 1 mail order prescription		
	Non-preferred brand drugs	50% coinsurance / category 2 retail prescription 40% coinsurance / category 2 mail order prescription		

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
	Specialty drugs	40% coinsurance		generic drug, in addition to the copayment and/or coinsurance . The first fill for specialty medications may be provided at a retail pharmacy, additional refills must be provided at a specialty pharmacy.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	50% coinsurance	—————none—————
	Physician/surgeon fees	20% coinsurance	50% coinsurance	—————none—————
If you need immediate medical attention	Emergency room services	20% coinsurance after \$200 copay	20% coinsurance after \$200 copay	Copayment applies to the facility charge for each visit (waived if admitted), whether or not the in-network deductible has been met.
	Emergency medical transportation	20% coinsurance	20% coinsurance	—————none—————
	Urgent care	20% coinsurance	50% coinsurance	Deductible waived for in-network provider office visits.
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance	50% coinsurance	—————none—————
	Physician/surgeon fee	20% coinsurance	50% coinsurance	—————none—————
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	20% coinsurance	50% coinsurance	—————none—————
	Mental/Behavioral health inpatient services	20% coinsurance	50% coinsurance	
	Substance use disorder outpatient services	20% coinsurance	50% coinsurance	
	Substance use disorder inpatient services	20% coinsurance	50% coinsurance	
If you are pregnant	Prenatal and postnatal care	20% coinsurance	50% coinsurance	Maternity care complications are covered the same as any injury or illness.

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
	Delivery and all inpatient services	20% coinsurance	50% coinsurance	
If you need help recovering or have other special health needs	Home health care	20% coinsurance	50% coinsurance	—————none—————
	Rehabilitation services	20% coinsurance	50% coinsurance	Coverage is limited to 20 outpatient visits / year for rehabilitation and habilitation services combined.
	Habilitation services	20% coinsurance	50% coinsurance	Coverage is limited to 20 outpatient visits / year for rehabilitation and habilitation services combined.
	Skilled nursing care	20% coinsurance	50% coinsurance	Coverage is limited to 30 inpatient days / year.
	Durable medical equipment	20% coinsurance	50% coinsurance	—————none—————
	Hospice service	20% coinsurance	50% coinsurance	Coverage is limited to 14 respite days / lifetime.
If your child needs dental or eye care	Eye exam	No charge	No charge	Coverage is limited to members under the age of 19. Coverage is limited to one routine exam / year.
	Glasses	50% coinsurance	50% coinsurance	Coverage is limited to members under the age of 19. Coverage is limited to one pair of lenses (2 lenses) and one standard frame / calendar year.
	Dental check-up	No charge	No charge	Coverage for preventive and diagnostic examinations is limited to 2 each per member / year for members under the age of 19.

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Acupuncture
- Bariatric surgery
- Cosmetic surgery, except congenital anomalies
- Dental care (Adult)
- Hearing aids
- Infertility treatment
- Long-term care
- Private-duty nursing
- Routine eye care (Adult)
- Routine foot care except for diabetic patients
- Weight loss programs
- Vision hardware (Adult)

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Chiropractic care
- Non-emergency care when traveling outside the U.S.

Your Rights to Continue Coverage:

Federal and State laws may provide protections that allow you to keep this health insurance coverage as long as you pay your **premium**. There are exceptions, however, such as if:

- You commit fraud
- The insurer stops offering services in the State
- You move outside the coverage area

For more information on your rights to continue coverage, contact the plan at 1 (855) 857-9956. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1 (866) 444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1 (877) 267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

Contact the Idaho Department of Insurance at 1 (800) 721-3272 or www.doi.idaho.gov.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

In order for certain types of health coverage (for example, individually purchased insurance or job-based coverage) to qualify as minimum essential coverage, the plan must pay, on average, at least 60 percent of allowed charges for covered services. This is called the “minimum value standard.” **This health coverage does meet the minimum value standard for the benefits it provides.**

Language Access Services:

SPANISH (Español): Para obtener asistencia en Español, llame al 1 (855) 857-9956.

To see examples of how this plan might cover costs for a sample medical situation, see the next page.

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$5,120
- Patient pays \$2,420

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductibles	\$1,000
Copays	\$20
Coinsurance	\$1,250
Limits or exclusions	\$150
Total	\$2,420

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$3,600
- Patient pays \$1,800

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	\$1,000
Copays	\$360
Coinsurance	\$360
Limits or exclusions	\$80
Total	\$1,800

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

- ✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

- ✗ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

- ✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

- ✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 1 (855) 857-9956 or visit us at www.BridgeSpanHealth.com.

If you aren't clear about any of the bolded terms used in this form, see the Glossary.

You can view the Glossary at www.cciio.cms.gov or call 1 (855) 857-9956 to request a copy.

Bridgespan Catastrophic Plan

BridgeSpan Health Company: BridgeSpan Exchange Catastrophic

Coverage Period: Beginning on or after 01/01/2014

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual & Eligible Family | Plan Type: PPO



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.BridgeSpanHealth.com or by calling 1 (855) 857-9956. (Note: the Uniform Glossary can be accessed at: www.cciio.cms.gov.)

Important Questions	Answers	Why this Matters:
What is the overall deductible ?	In-network: \$6,350 per insured / \$12,700 per family per calendar year. Out-of-network: \$12,500 per insured per calendar year. Doesn't apply to certain preventive care or upfront office visits benefits. Amounts in excess of the allowed amount do not count toward the deductible .	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out-of-pocket limit on my expenses?	Yes. In-network: \$6,350 per insured / \$12,700 per family per calendar year. Out-of-network: \$12,500 per insured per calendar year.	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit ?	Premiums , balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Does this plan use a network of providers ?	Yes. See www.BridgeSpanHealth.com or call 1 (855) 857-9956 for lists of in-network or out-of-network providers .	If you use an in-network doctor or other health care provider , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred , or participating for providers in their network . See the chart starting on page 2 for how this plan pays different kinds of providers .
Do I need a referral to see a specialist ?	No. You don't need a referral to see a specialist .	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about excluded services .

Questions: Call 1 (855) 857-9956 or visit us at www.BridgeSpanHealth.com.

If you aren't clear about any of the bolded terms used in this form, see the Glossary.

You can view the Glossary at www.cciio.cms.gov or call 1 (855) 857-9956 to request a copy.



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use in-network **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 copay / each upfront visit, other services 0% co-insurance; 0% coinsurance each additional visit	0% coinsurance	Copayment applies to each in-network upfront visit only, deductible waived (limit of 3 upfront visits per year).
	Specialist visit	\$20 copay / each upfront visit, other services 0% co-insurance; 0% coinsurance each additional visit	0% coinsurance	
	Other practitioner office visit	0% coinsurance for chiropractic care	0% coinsurance for chiropractic care	Coverage is limited to 12 chiropractic visits / year.
	Preventive care/ screening/immunization	No charge	0% coinsurance	————— none —————
If you have a test	Diagnostic test (x-ray, blood work)	0% coinsurance	0% coinsurance	————— none —————
	Imaging (CT/PET scans, MRIs)	0% coinsurance	0% coinsurance	
If you need drugs to treat your illness or	Generic drugs	0% coinsurance		Coverage is limited to a 30-day supply retail or 90-day supply mail order.
	Preferred brand drugs	0% coinsurance		

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
condition More information about prescription drug coverage is available at www.RegenceRx.com .	Non-preferred brand drugs	Not covered		You are responsible for the difference in cost between a dispensed brand-name drug and the equivalent generic drug, in addition to the copayment and/or coinsurance . After you meet the in-network deductible , you are not responsible for any copayment and/or coinsurance when you fill the following covered prescription medications which are on the essential formulary, at a participating pharmacy: category 1 generic, category 2 generic, category 1 brand-name, category 2 brand-name, and specialty medications. The first fill for specialty medications may be provided at a retail pharmacy, additional refills must be provided at a specialty pharmacy.
	Specialty drugs	0% coinsurance		
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% coinsurance	0% coinsurance	—————none—————
	Physician/surgeon fees	0% coinsurance	0% coinsurance	—————none—————
If you need immediate medical attention	Emergency room services	0% coinsurance	0% coinsurance	—————none—————
	Emergency medical transportation	0% coinsurance	0% coinsurance	—————none—————
	Urgent care	0% coinsurance	0% coinsurance	—————none—————
If you have a hospital stay	Facility fee (e.g., hospital room)	0% coinsurance	0% coinsurance	—————none—————
	Physician/surgeon fee	0% coinsurance	0% coinsurance	—————none—————
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	0% coinsurance	0% coinsurance	—————none—————
	Mental/Behavioral health inpatient services	0% coinsurance	0% coinsurance	

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
	Substance use disorder outpatient services	0% coinsurance	0% coinsurance	
	Substance use disorder inpatient services	0% coinsurance	0% coinsurance	
If you are pregnant	Prenatal and postnatal care	0% coinsurance	0% coinsurance	Maternity care complications are covered the same as any injury or illness.
	Delivery and all inpatient services	0% coinsurance	0% coinsurance	
If you need help recovering or have other special health needs	Home health care	0% coinsurance	0% coinsurance	—————none—————
	Rehabilitation services	0% coinsurance	0% coinsurance	Coverage is limited to 20 outpatient visits / year for rehabilitation and habilitation services combined.
	Habilitation services	0% coinsurance	0% coinsurance	Coverage is limited to 20 outpatient visits / year for rehabilitation and habilitation services combined.
	Skilled nursing care	0% coinsurance	0% coinsurance	Coverage is limited to 30 inpatient days / year.
	Durable medical equipment	0% coinsurance	0% coinsurance	—————none—————
	Hospice service	0% coinsurance	0% coinsurance	Coverage is limited to 14 respite days / lifetime.
If your child needs dental or eye care	Eye exam	0% coinsurance	0% coinsurance	Coverage is limited to insureds under the age of 19. Coverage is limited to one routine exam / year.
	Glasses	0% coinsurance	0% coinsurance	Coverage is limited to insureds under the age of 19. Coverage is limited to one pair of lenses (2 lenses) and one standard frame / calendar year. Contacts may be selected instead of frames and lenses.
	Dental check-up	0% coinsurance	0% coinsurance	Coverage is limited to insureds under the age of 19.

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Acupuncture
- Bariatric surgery
- Cosmetic surgery, except congenital anomalies
- Dental care (Adult)
- Hearing aids
- Infertility treatment
- Long-term care
- Private-duty nursing
- Routine eye care (Adult)
- Routine foot care except for diabetic patients
- Weight loss programs except for nutritional counseling
- Vision hardware (Adult)

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Chiropractic care
- Non-emergency care when traveling outside the U.S.

Your Rights to Continue Coverage:

Federal and State laws may provide protections that allow you to keep this health insurance coverage as long as you pay your **premium**. There are exceptions, however, such as if:

- You commit fraud
- The insurer stops offering services in the State
- You move outside the coverage area

For more information on your rights to continue coverage, contact the plan at 1 (855) 857-9956. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1 (866) 444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1 (877) 267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

Contact the Idaho Department of Insurance at 1 (800) 721-3272 or www.doi.idaho.gov.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

In order for certain types of health coverage (for example, individually purchased insurance or job-based coverage) to qualify as minimum essential coverage, the plan must pay, on average, at least 60 percent of allowed charges for covered services. This is called the “minimum value standard.” **This health coverage does meet the minimum value standard for the benefits it provides.**

Language Access Services:

SPANISH (Español): Para obtener asistencia en Español, llame al 1 (855) 857-9956.

To see examples of how this plan might cover costs for a sample medical situation, see the next page.

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$1,040
- Patient pays \$6,500

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductibles	\$6,350
Copays	\$0
Coinsurance	\$0
Limits or exclusions	\$150
Total	\$6,500

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$50
- Patient pays \$5,350

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	\$5,270
Copays	\$0
Coinsurance	\$0
Limits or exclusions	\$80
Total	\$5,350

Note: These numbers assume the patient is participating in our diabetes wellness program. If you have diabetes and do not participate in the wellness program, your costs may be higher. For more information about the diabetes wellness program, please contact: 1 (855) 857-9956.

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

- ✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

- ✗ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

- ✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

- ✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 1 (855) 857-9956 or visit us at www.BridgeSpanHealth.com.

If you aren't clear about any of the bolded terms used in this form, see the Glossary.

You can view the Glossary at www.cciio.cms.gov or call 1 (855) 857-9956 to request a copy.

BridgeSpan Rate Cards

***Note these rate cards are for reference only and subject to change.**



Rating Area 1 is all zipcodes beginning with 832

	Idaho Exchange Gold Plan	Idaho Exchange Silver Plan	Idaho Exchange Bronze HSA Plan	Idaho Exchange Catastrophic
	Non-Tobacco Rating Area 1	Non-Tobacco Rating Area 1	Non-Tobacco Rating Area 1	Non-Tobacco Rating Area 1
Age	Monthly Premium Rate	Monthly Premium Rate	Monthly Premium Rate	Monthly Premium Rate
0-20	155.45	135.72	107.43	120.58
21	244.81	213.73	169.17	189.88
22	244.81	213.73	169.17	189.88
23	244.81	213.73	169.17	189.88
24	244.81	213.73	169.17	189.88
25	245.79	214.59	169.85	190.65
26	250.68	218.87	173.23	194.44
27	256.56	224.00	177.28	199.00
28	266.10	232.33	183.88	206.39
29	273.95	239.16	189.30	212.48
30	277.86	242.58	192.01	215.51
31	283.74	247.71	196.06	220.07
32	289.61	252.85	200.13	224.63
33	293.27	256.05	202.66	227.48
34	297.20	259.48	205.37	230.51
35	299.15	261.18	206.72	232.04
36	301.12	262.90	208.08	233.55
37	303.08	264.60	209.44	235.08
38	305.02	266.32	210.79	236.59
39	308.95	269.74	213.48	239.63
40	312.87	273.15	216.19	242.67
41	318.74	278.28	220.26	247.22
42	324.37	283.20	224.14	251.59
43	332.20	290.04	229.57	257.67
44	342.00	298.59	236.32	265.26
45	353.50	308.64	244.28	274.19
46	367.21	320.60	253.75	284.82
47	382.64	334.07	264.41	296.78
48	400.27	349.45	276.58	310.46
49	417.65	364.63	288.61	323.94
50	437.23	381.73	302.13	339.12
51	456.57	398.61	315.49	354.13
52	477.86	417.21	330.22	370.64
53	499.40	436.02	345.10	387.35
54	522.66	456.32	361.17	405.39
55	545.91	476.62	377.24	423.43
56	571.14	498.64	394.66	442.99
57	596.59	520.87	412.26	462.73
58	623.76	544.59	431.04	483.81
59	637.23	556.34	440.34	494.26
60	664.41	580.07	459.11	515.33
61	687.91	600.59	475.37	533.57
62	703.33	614.05	486.02	545.53
63	722.67	630.94	499.37	560.52
64	734.41	641.19	507.49	569.63
65+	734.41	641.19	507.49	569.63



Rating Area 1 is all zipcodes beginning with 832

	Idaho Exchange Gold Plan	Idaho Exchange Silver Plan	Idaho Exchange Bronze HSA Plan	Idaho Exchange Catastrophic
	Tobacco Rating Area 1	Tobacco Rating Area 1	Tobacco Rating Area 1	Tobacco Rating Area 1
Age	Monthly Premium Rate	Monthly Premium Rate	Monthly Premium Rate	Monthly Premium Rate
0-20	155.45	135.72	107.43	120.58
21	281.53	245.79	194.54	218.36
22	281.53	245.79	194.54	218.36
23	281.53	245.79	194.54	218.36
24	281.53	245.79	194.54	218.36
25	282.66	246.78	195.32	219.25
26	288.28	251.70	199.21	223.60
27	295.04	257.60	203.88	228.85
28	306.02	267.18	211.47	237.35
29	315.04	275.03	217.69	244.35
30	319.53	278.97	220.81	247.84
31	326.30	284.87	225.47	253.08
32	333.05	290.77	230.14	258.32
33	337.26	294.46	233.06	261.60
34	341.78	298.40	236.18	265.09
35	344.03	300.35	237.73	266.84
36	346.28	302.33	239.29	268.58
37	348.54	304.29	240.85	270.34
38	350.78	306.27	242.41	272.08
39	355.29	310.20	245.50	275.57
40	359.80	314.12	248.62	279.07
41	366.55	320.03	253.29	284.30
42	373.02	325.68	257.76	289.33
43	382.03	333.54	264.00	296.32
44	393.30	343.38	271.77	305.05
45	406.52	354.94	280.93	315.32
46	422.29	368.70	291.81	327.54
47	440.03	384.18	304.08	341.30
48	460.31	401.87	318.07	357.03
49	480.30	419.32	331.90	372.53
50	502.81	438.99	347.45	389.99
51	525.05	458.40	362.82	407.25
52	549.54	479.79	379.75	426.24
53	574.31	501.42	396.86	445.45
54	601.06	524.76	415.34	466.20
55	627.80	548.11	433.83	486.95
56	656.81	573.43	453.86	509.44
57	686.08	599.00	474.10	532.14
58	717.33	626.28	495.70	556.38
59	732.82	639.80	506.39	568.40
60	764.07	667.08	527.98	592.64
61	791.10	690.68	546.67	613.61
62	808.83	706.16	558.92	627.35
63	831.07	725.59	574.28	644.60
64	844.58	737.37	583.61	655.08
65+	844.58	737.37	583.61	655.08



Rating Area 2 is all zipcodes beginning with 833

	Idaho Exchange Gold Plan	Idaho Exchange Silver Plan	Idaho Exchange Bronze HSA Plan	Idaho Exchange Catastrophic
	Non-Tobacco Rating Area 2	Non-Tobacco Rating Area 2	Non-Tobacco Rating Area 2	Non-Tobacco Rating Area 2
Age	Monthly Premium Rate	Monthly Premium Rate	Monthly Premium Rate	Monthly Premium Rate
0-20	159.61	139.35	110.30	123.80
21	251.36	219.45	173.69	194.96
22	251.36	219.45	173.69	194.96
23	251.36	219.45	173.69	194.96
24	251.36	219.45	173.69	194.96
25	252.36	220.33	174.39	195.75
26	257.38	224.72	177.86	199.64
27	263.42	229.99	182.03	204.32
28	273.22	238.54	188.80	211.92
29	281.28	245.56	194.36	218.16
30	285.29	249.07	197.14	221.28
31	291.33	254.34	201.31	225.96
32	297.35	259.61	205.48	230.64
33	301.12	262.90	208.08	233.56
34	305.15	266.42	210.87	236.68
35	307.15	268.16	212.25	238.24
36	309.17	269.93	213.64	239.80
37	311.19	271.68	215.04	241.37
38	313.18	273.44	216.43	242.92
39	317.21	276.95	219.19	246.04
40	321.24	280.46	221.98	249.16
41	327.26	285.73	226.15	253.83
42	333.04	290.78	230.14	258.32
43	341.09	297.79	235.71	264.56
44	351.15	306.58	242.64	272.35
45	362.95	316.89	250.82	281.53
46	377.03	329.18	260.54	292.43
47	392.87	343.00	271.49	304.72
48	410.98	358.80	283.98	318.76
49	428.82	374.38	296.33	332.60
50	448.92	391.94	310.21	348.19
51	468.78	409.27	323.93	363.60
52	490.65	428.37	339.05	380.56
53	512.76	447.68	354.33	397.71
54	536.64	468.52	370.83	416.24
55	560.52	489.37	387.33	434.76
56	586.41	511.97	405.22	454.84
57	612.55	534.80	423.29	475.11
58	640.45	559.16	442.57	496.75
59	654.28	571.23	452.11	507.48
60	682.18	595.59	471.40	529.12
61	706.31	616.65	488.08	547.84
62	722.14	630.48	499.02	560.12
63	742.00	647.82	512.73	575.52
64	754.06	658.34	521.07	584.87
65+	754.06	658.34	521.07	584.87



Rating Area 2 is all zipcodes beginning with 833

	Idaho Exchange Gold Plan	Idaho Exchange Silver Plan	Idaho Exchange Bronze HSA Plan	Idaho Exchange Catastrophic
	Tobacco Rating Area 2	Tobacco Rating Area 2	Tobacco Rating Area 2	Tobacco Rating Area 2
Age	Monthly Premium Rate	Monthly Premium Rate	Monthly Premium Rate	Monthly Premium Rate
0-20	159.61	139.35	110.30	123.80
21	289.06	252.37	199.75	224.20
22	289.06	252.37	199.75	224.20
23	289.06	252.37	199.75	224.20
24	289.06	252.37	199.75	224.20
25	290.22	253.38	200.55	225.11
26	295.99	258.43	204.54	229.59
27	302.94	264.49	209.33	234.97
28	314.21	274.32	217.12	243.70
29	323.47	282.39	223.51	250.89
30	328.08	286.43	226.72	254.47
31	335.03	292.49	231.50	259.85
32	341.96	298.55	236.30	265.23
33	346.28	302.34	239.30	268.60
34	350.92	306.38	242.50	272.18
35	353.23	308.39	244.09	273.98
36	355.55	310.42	245.69	275.77
37	357.86	312.43	247.29	277.57
38	360.16	314.46	248.89	279.36
39	364.80	318.50	252.07	282.94
40	369.42	322.53	255.27	286.53
41	376.35	328.59	260.07	291.91
42	383.00	334.39	264.66	297.07
43	392.25	342.46	271.06	304.24
44	403.82	352.56	279.04	313.21
45	417.40	364.43	288.44	323.75
46	433.59	378.56	299.62	336.30
47	451.80	394.45	312.21	350.43
48	472.62	412.62	326.58	366.58
49	493.14	430.54	340.78	382.49
50	516.26	450.74	356.74	400.42
51	539.10	470.66	372.52	418.14
52	564.24	492.63	389.91	437.64
53	589.68	514.84	407.48	457.37
54	617.14	538.80	426.45	478.67
55	644.59	562.77	445.43	499.97
56	674.38	588.77	466.00	523.06
57	704.44	615.02	486.79	546.37
58	736.51	643.03	508.96	571.27
59	752.42	656.91	519.93	583.61
60	784.51	684.92	542.10	608.49
61	812.26	709.15	561.29	630.02
62	830.46	725.05	573.87	644.14
63	853.30	745.00	589.64	661.84
64	867.17	757.09	599.23	672.60
65+	867.17	757.09	599.23	672.60



Rating Area 3 is all zipcodes beginning with 834

	Idaho Exchange Gold Plan Non-Tobacco Rating Area 3	Idaho Exchange Silver Plan Non-Tobacco Rating Area 3	Idaho Exchange Bronze HSA Plan Non-Tobacco Rating Area 3	Idaho Exchange Catastrophic Non-Tobacco Rating Area 3
Age	Monthly Premium Rate	Monthly Premium Rate	Monthly Premium Rate	Monthly Premium Rate
0-20	166.33	145.22	114.94	129.01
21	261.93	228.69	181.00	203.16
22	261.93	228.69	181.00	203.16
23	261.93	228.69	181.00	203.16
24	261.93	228.69	181.00	203.16
25	262.98	229.60	181.73	203.99
26	268.22	234.18	185.35	208.04
27	274.51	239.67	189.69	212.92
28	284.72	248.58	196.75	220.83
29	293.11	255.89	202.54	227.34
30	297.29	259.55	205.44	230.59
31	303.59	265.04	209.78	235.47
32	309.87	270.54	214.13	240.34
33	313.79	273.97	216.84	243.39
34	317.99	277.63	219.74	246.64
35	320.08	279.45	221.19	248.27
36	322.18	281.29	222.63	249.89
37	324.28	283.11	224.09	251.52
38	326.36	284.95	225.53	253.15
39	330.56	288.61	228.42	256.39
40	334.76	292.26	231.32	259.65
41	341.04	297.75	235.66	264.51
42	347.06	303.01	239.82	269.19
43	355.44	310.33	245.63	275.69
44	365.92	319.48	252.86	283.82
45	378.23	330.23	261.37	293.37
46	392.90	343.03	271.50	304.74
47	409.41	357.44	282.91	317.54
48	428.27	373.90	295.93	332.18
49	446.87	390.14	308.80	346.60
50	467.81	408.44	323.26	362.85
51	488.51	426.49	337.56	378.90
52	511.30	446.40	353.32	396.57
53	534.34	466.52	369.24	414.45
54	559.23	488.24	386.43	433.75
55	584.11	509.96	403.63	453.06
56	611.09	533.52	422.27	473.98
57	638.33	557.30	441.11	495.10
58	667.40	582.69	461.20	517.66
59	681.81	595.26	471.14	528.84
60	710.89	620.65	491.23	551.39
61	736.04	642.61	508.62	570.90
62	752.53	657.01	520.02	583.69
63	773.23	675.08	534.31	599.74
64	785.79	686.05	542.99	609.48
65+	785.79	686.05	542.99	609.48



Rating Area 3 is all zipcodes beginning with 834

	Idaho Exchange Gold Plan	Idaho Exchange Silver Plan	Idaho Exchange Bronze HSA Plan	Idaho Exchange Catastrophic
	Tobacco Rating Area 3	Tobacco Rating Area 3	Tobacco Rating Area 3	Tobacco Rating Area 3
Age	Monthly Premium Rate	Monthly Premium Rate	Monthly Premium Rate	Monthly Premium Rate
0-20	166.33	145.22	114.94	129.01
21	301.22	262.99	208.15	233.64
22	301.22	262.99	208.15	233.64
23	301.22	262.99	208.15	233.64
24	301.22	262.99	208.15	233.64
25	302.43	264.04	208.99	234.58
26	308.45	269.30	213.15	239.25
27	315.68	275.62	218.14	244.86
28	327.43	285.87	226.26	253.96
29	337.08	294.28	232.92	261.45
30	341.89	298.49	236.26	265.18
31	349.12	304.80	241.25	270.79
32	356.35	311.12	246.24	276.40
33	360.86	315.06	249.37	279.90
34	365.69	319.27	252.70	283.63
35	368.09	321.37	254.37	285.51
36	370.51	323.48	256.03	287.37
37	372.92	325.58	257.70	289.25
38	375.32	327.69	259.36	291.12
39	380.15	331.90	262.68	294.85
40	384.97	336.10	266.01	298.59
41	392.19	342.41	271.01	304.19
42	399.12	348.47	275.80	309.57
43	408.76	356.87	282.47	317.05
44	420.81	367.40	290.78	326.39
45	434.96	379.77	300.58	337.38
46	451.84	394.49	312.23	350.45
47	470.82	411.05	325.35	365.17
48	492.51	429.99	340.32	382.00
49	513.90	448.66	355.12	398.59
50	537.98	469.71	371.75	417.27
51	561.79	490.47	388.20	435.74
52	587.99	513.36	406.32	456.06
53	614.49	536.50	424.63	476.62
54	643.11	561.47	444.40	498.82
55	671.72	586.46	464.18	521.01
56	702.76	613.55	485.61	545.08
57	734.08	640.90	507.27	569.37
58	767.51	670.09	530.38	595.31
59	784.09	684.55	541.81	608.17
60	817.53	713.75	564.92	634.10
61	846.45	739.00	584.92	656.53
62	865.41	755.56	598.02	671.24
63	889.21	776.35	614.46	689.70
64	903.66	788.95	624.44	700.90
65+	903.66	788.95	624.44	700.90



Rating Area 4 is all zipcodes beginning with 835

	Idaho Exchange Gold Plan Non-Tobacco Rating Area 4	Idaho Exchange Silver Plan Non-Tobacco Rating Area 4	Idaho Exchange Bronze HSA Plan Non-Tobacco Rating Area 4	Idaho Exchange Catastrophic Non-Tobacco Rating Area 4
Age	Monthly Premium Rate	Monthly Premium Rate	Monthly Premium Rate	Monthly Premium Rate
0-20	164.41	143.54	113.61	127.52
21	258.91	226.05	178.91	200.82
22	258.91	226.05	178.91	200.82
23	258.91	226.05	178.91	200.82
24	258.91	226.05	178.91	200.82
25	259.95	226.95	179.63	201.63
26	265.12	231.47	183.21	205.64
27	271.34	236.90	187.50	210.46
28	281.44	245.71	194.48	218.29
29	289.73	252.94	200.20	224.72
30	293.86	256.56	203.07	227.93
31	300.08	261.99	207.36	232.75
32	306.29	267.41	211.65	237.57
33	310.17	270.81	214.34	240.58
34	314.32	274.42	217.21	243.79
35	316.39	276.22	218.64	245.40
36	318.46	278.04	220.06	247.01
37	320.54	279.84	221.50	248.62
38	322.60	281.66	222.93	250.23
39	326.75	285.28	225.78	253.43
40	330.89	288.89	228.65	256.65
41	337.10	294.32	232.94	261.46
42	343.05	299.52	237.06	266.09
43	351.34	306.74	242.79	272.51
44	361.70	315.79	249.94	280.54
45	373.86	326.42	258.36	289.99
46	388.37	339.08	268.37	301.22
47	404.68	353.31	279.65	313.88
48	423.33	369.59	292.52	328.34
49	441.71	385.63	305.23	342.60
50	462.41	403.73	319.53	358.66
51	482.87	421.57	333.67	374.53
52	505.40	441.25	349.24	392.00
53	528.18	461.14	364.98	409.67
54	552.78	482.60	381.97	428.75
55	577.37	504.08	398.98	447.83
56	604.04	527.36	417.40	468.51
57	630.97	550.87	436.02	489.39
58	659.70	575.97	455.88	511.69
59	673.95	588.40	465.70	522.74
60	702.69	613.49	485.57	545.03
61	727.55	635.19	502.75	564.31
62	743.85	649.43	514.02	576.95
63	764.31	667.30	528.15	592.82
64	776.73	678.13	536.73	602.45
65+	776.73	678.13	536.73	602.45



Rating Area 4 is all zipcodes beginning with 835

	Idaho Exchange Gold Plan Tobacco Rating Area 4	Idaho Exchange Silver Plan Tobacco Rating Area 4	Idaho Exchange Bronze HSA Plan Tobacco Rating Area 4	Idaho Exchange Catastrophic Tobacco Rating Area 4
Age	Monthly Premium Rate	Monthly Premium Rate	Monthly Premium Rate	Monthly Premium Rate
0-20	164.41	143.54	113.61	127.52
21	297.75	259.95	205.75	230.94
22	297.75	259.95	205.75	230.94
23	297.75	259.95	205.75	230.94
24	297.75	259.95	205.75	230.94
25	298.94	260.99	206.58	231.88
26	304.89	266.20	210.69	236.49
27	312.04	272.44	215.62	242.03
28	323.65	282.57	223.65	251.03
29	333.19	290.88	230.23	258.43
30	337.94	295.04	233.53	262.12
31	345.10	301.28	238.46	267.66
32	352.24	307.53	243.40	273.21
33	356.69	311.43	246.49	276.67
34	361.47	315.59	249.79	280.36
35	363.85	317.66	251.43	282.21
36	366.23	319.75	253.07	284.06
37	368.62	321.82	254.73	285.92
38	370.99	323.91	256.37	287.76
39	375.76	328.07	259.65	291.45
40	380.53	332.22	262.94	295.15
41	387.67	338.46	267.89	300.68
42	394.51	344.45	272.62	306.00
43	404.04	352.76	279.21	313.39
44	415.96	363.16	287.43	322.62
45	429.94	375.38	297.11	333.49
46	446.62	389.94	308.63	346.41
47	465.38	406.31	321.59	360.96
48	486.83	425.02	336.40	377.59
49	507.97	443.48	351.02	393.99
50	531.78	464.29	367.46	412.46
51	555.30	484.81	383.72	430.71
52	581.20	507.44	401.63	450.80
53	607.40	530.31	419.73	471.12
54	635.69	555.00	439.27	493.06
55	663.97	579.69	458.82	515.00
56	694.65	606.47	480.01	538.79
57	725.61	633.51	501.42	562.80
58	758.65	662.36	524.26	588.44
59	775.04	676.66	535.56	601.15
60	808.09	705.51	558.40	626.78
61	836.68	730.47	578.17	648.96
62	855.43	746.84	591.12	663.50
63	878.95	767.39	607.37	681.74
64	893.23	779.85	617.24	692.82
65+	893.23	779.85	617.24	692.82



Rating Area 5 is all zipcodes beginning with 836

	Idaho Exchange Gold Plan Non-Tobacco Rating Area 5	Idaho Exchange Silver Plan Non-Tobacco Rating Area 5	Idaho Exchange Bronze HSA Plan Non-Tobacco Rating Area 5	Idaho Exchange Catastrophic Non-Tobacco Rating Area 5
Age	Monthly Premium Rate	Monthly Premium Rate	Monthly Premium Rate	Monthly Premium Rate
0-20	164.09	143.26	113.39	127.28
21	258.41	225.61	178.57	200.43
22	258.41	225.61	178.57	200.43
23	258.41	225.61	178.57	200.43
24	258.41	225.61	178.57	200.43
25	259.44	226.51	179.28	201.24
26	264.61	231.02	182.85	205.24
27	270.81	236.44	187.13	210.05
28	280.89	245.23	194.10	217.86
29	289.17	252.45	199.81	224.28
30	293.29	256.06	202.68	227.48
31	299.50	261.48	206.95	232.30
32	305.70	266.89	211.24	237.11
33	309.56	270.28	213.92	240.11
34	313.71	273.89	216.78	243.32
35	315.77	275.69	218.21	244.93
36	317.84	277.50	219.64	246.53
37	319.92	279.30	221.07	248.14
38	321.97	281.11	222.50	249.74
39	326.11	284.73	225.34	252.94
40	330.25	288.33	228.20	256.15
41	336.45	293.74	232.49	260.95
42	342.39	298.94	236.60	265.57
43	350.66	306.15	242.32	271.98
44	361.00	315.18	249.45	280.00
45	373.14	325.79	257.85	289.42
46	387.61	338.42	267.85	300.64
47	403.90	352.63	279.10	313.27
48	422.51	368.87	291.95	327.70
49	440.85	384.88	304.64	341.94
50	461.52	402.94	318.91	357.96
51	481.93	420.75	333.02	373.80
52	504.41	440.39	348.56	391.23
53	527.15	460.24	364.27	408.87
54	551.70	481.67	381.23	427.91
55	576.24	503.10	398.20	446.96
56	602.87	526.34	416.59	467.60
57	629.74	549.80	435.17	488.44
58	658.41	574.85	454.99	510.69
59	672.64	587.25	464.80	521.72
60	701.32	612.30	484.62	543.96
61	726.13	633.96	501.78	563.21
62	742.40	648.17	513.02	575.83
63	762.82	666.00	527.12	591.66
64	775.21	676.81	535.68	601.28
65+	775.21	676.81	535.68	601.28



Rating Area 5 is all zipcodes beginning with 836

Idaho Exchange Gold Plan

Idaho Exchange Silver Plan

Idaho Exchange Bronze HSA Plan

Idaho Exchange Catastrophic

Tobacco
Rating Area 5

Tobacco
Rating Area 5

Tobacco
Rating Area 5

Tobacco
Rating Area 5

Age	Monthly Premium Rate	Monthly Premium Rate	Monthly Premium Rate	Monthly Premium Rate
0-20	164.09	143.26	113.39	127.28
21	297.17	259.45	205.35	230.49
22	297.17	259.45	205.35	230.49
23	297.17	259.45	205.35	230.49
24	297.17	259.45	205.35	230.49
25	298.36	260.49	206.18	231.43
26	304.30	265.68	210.28	236.03
27	311.43	271.91	215.20	241.56
28	323.02	282.02	223.21	250.54
29	332.54	290.31	229.79	257.93
30	337.29	294.47	233.08	261.61
31	344.42	300.70	238.00	267.14
32	351.55	306.93	242.93	272.67
33	356.00	310.82	246.01	276.13
34	360.77	314.97	249.30	279.81
35	363.14	317.04	250.94	281.67
36	365.52	319.13	252.58	283.51
37	367.90	321.19	254.23	285.36
38	370.26	323.28	255.87	287.20
39	375.03	327.43	259.14	290.88
40	379.79	331.58	262.43	294.57
41	386.91	337.81	267.37	300.10
42	393.74	343.78	272.08	305.41
43	403.25	352.07	278.67	312.78
44	415.15	362.45	286.87	321.99
45	429.11	374.65	296.53	332.84
46	445.75	389.18	308.02	345.73
47	464.48	405.52	320.97	360.26
48	485.88	424.20	335.74	376.86
49	506.98	442.62	350.34	393.23
50	530.74	463.38	366.75	411.66
51	554.22	483.87	382.97	429.87
52	580.07	506.45	400.85	449.92
53	606.22	529.28	418.91	470.20
54	634.46	553.92	438.42	492.10
55	662.68	578.56	457.93	514.00
56	693.30	605.29	479.07	537.74
57	724.20	632.27	500.44	561.70
58	757.18	661.07	523.24	587.30
59	773.53	675.34	534.52	599.98
60	806.52	704.14	557.31	625.56
61	835.05	729.05	577.04	647.69
62	853.76	745.39	589.97	662.21
63	877.24	765.90	606.19	680.41
64	891.50	778.33	616.04	691.47
65+	891.50	778.33	616.04	691.47



Rating Area 6 is all zipcodes beginning with 837

Idaho Exchange Gold Plan

Idaho Exchange Silver Plan

Idaho Exchange Bronze HSA Plan

Idaho Exchange Catastrophic

Non-Tobacco
Rating Area 6

Non-Tobacco
Rating Area 6

Non-Tobacco
Rating Area 6

Non-Tobacco
Rating Area 6

Age	Monthly Premium Rate	Monthly Premium Rate	Monthly Premium Rate	Monthly Premium Rate
0-20	164.09	143.26	113.39	127.28
21	258.41	225.61	178.57	200.43
22	258.41	225.61	178.57	200.43
23	258.41	225.61	178.57	200.43
24	258.41	225.61	178.57	200.43
25	259.44	226.51	179.28	201.24
26	264.61	231.02	182.85	205.24
27	270.81	236.44	187.13	210.05
28	280.89	245.23	194.10	217.86
29	289.17	252.45	199.81	224.28
30	293.29	256.06	202.68	227.48
31	299.50	261.48	206.95	232.30
32	305.70	266.89	211.24	237.11
33	309.56	270.28	213.92	240.11
34	313.71	273.89	216.78	243.32
35	315.77	275.69	218.21	244.93
36	317.84	277.50	219.64	246.53
37	319.92	279.30	221.07	248.14
38	321.97	281.11	222.50	249.74
39	326.11	284.73	225.34	252.94
40	330.25	288.33	228.20	256.15
41	336.45	293.74	232.49	260.95
42	342.39	298.94	236.60	265.57
43	350.66	306.15	242.32	271.98
44	361.00	315.18	249.45	280.00
45	373.14	325.79	257.85	289.42
46	387.61	338.42	267.85	300.64
47	403.90	352.63	279.10	313.27
48	422.51	368.87	291.95	327.70
49	440.85	384.88	304.64	341.94
50	461.52	402.94	318.91	357.96
51	481.93	420.75	333.02	373.80
52	504.41	440.39	348.56	391.23
53	527.15	460.24	364.27	408.87
54	551.70	481.67	381.23	427.91
55	576.24	503.10	398.20	446.96
56	602.87	526.34	416.59	467.60
57	629.74	549.80	435.17	488.44
58	658.41	574.85	454.99	510.69
59	672.64	587.25	464.80	521.72
60	701.32	612.30	484.62	543.96
61	726.13	633.96	501.78	563.21
62	742.40	648.17	513.02	575.83
63	762.82	666.00	527.12	591.66
64	775.21	676.81	535.68	601.28
65+	775.21	676.81	535.68	601.28



Rating Area 6 is all zipcodes beginning with 837

	Idaho Exchange Gold Plan Tobacco Rating Area 6	Idaho Exchange Silver Plan Tobacco Rating Area 6	Idaho Exchange Bronze HSA Plan Tobacco Rating Area 6	Idaho Exchange Catastrophic Tobacco Rating Area 6
Age	Monthly Premium Rate	Monthly Premium Rate	Monthly Premium Rate	Monthly Premium Rate
0-20	164.09	143.26	113.39	127.28
21	297.17	259.45	205.35	230.49
22	297.17	259.45	205.35	230.49
23	297.17	259.45	205.35	230.49
24	297.17	259.45	205.35	230.49
25	298.36	260.49	206.18	231.43
26	304.30	265.68	210.28	236.03
27	311.43	271.91	215.20	241.56
28	323.02	282.02	223.21	250.54
29	332.54	290.31	229.79	257.93
30	337.29	294.47	233.08	261.61
31	344.42	300.70	238.00	267.14
32	351.55	306.93	242.93	272.67
33	356.00	310.82	246.01	276.13
34	360.77	314.97	249.30	279.81
35	363.14	317.04	250.94	281.67
36	365.52	319.13	252.58	283.51
37	367.90	321.19	254.23	285.36
38	370.26	323.28	255.87	287.20
39	375.03	327.43	259.14	290.88
40	379.79	331.58	262.43	294.57
41	386.91	337.81	267.37	300.10
42	393.74	343.78	272.08	305.41
43	403.25	352.07	278.67	312.78
44	415.15	362.45	286.87	321.99
45	429.11	374.65	296.53	332.84
46	445.75	389.18	308.02	345.73
47	464.48	405.52	320.97	360.26
48	485.88	424.20	335.74	376.86
49	506.98	442.62	350.34	393.23
50	530.74	463.38	366.75	411.66
51	554.22	483.87	382.97	429.87
52	580.07	506.45	400.85	449.92
53	606.22	529.28	418.91	470.20
54	634.46	553.92	438.42	492.10
55	662.68	578.56	457.93	514.00
56	693.30	605.29	479.07	537.74
57	724.20	632.27	500.44	561.70
58	757.18	661.07	523.24	587.30
59	773.53	675.34	534.52	599.98
60	806.52	704.14	557.31	625.56
61	835.05	729.05	577.04	647.69
62	853.76	745.39	589.97	662.21
63	877.24	765.90	606.19	680.41
64	891.50	778.33	616.04	691.47
65+	891.50	778.33	616.04	691.47



Rating Area 7 is all zipcodes beginning with 838

	Idaho Exchange Gold Plan Non-Tobacco Rating Area 7	Idaho Exchange Silver Plan Non-Tobacco Rating Area 7	Idaho Exchange Bronze HSA Plan Non-Tobacco Rating Area 7	Idaho Exchange Catastrophic Non-Tobacco Rating Area 7
Age	Monthly Premium Rate	Monthly Premium Rate	Monthly Premium Rate	Monthly Premium Rate
0-20	150.49	131.39	104.00	116.73
21	237.00	206.92	163.77	183.82
22	237.00	206.92	163.77	183.82
23	237.00	206.92	163.77	183.82
24	237.00	206.92	163.77	183.82
25	237.95	207.74	164.43	184.57
26	242.68	211.88	167.71	188.24
27	248.38	216.85	171.63	192.65
28	257.62	224.92	178.02	199.81
29	265.21	231.53	183.26	205.70
30	268.99	234.85	185.89	208.64
31	274.69	239.81	189.81	213.05
32	280.37	244.78	193.74	217.47
33	283.92	247.89	196.20	220.22
34	287.72	251.20	198.82	223.16
35	289.61	252.85	200.13	224.64
36	291.51	254.51	201.44	226.10
37	293.41	256.16	202.76	227.58
38	295.30	257.82	204.07	229.05
39	299.10	261.14	206.67	231.98
40	302.89	264.44	209.30	234.93
41	308.57	269.41	213.23	239.33
42	314.02	274.17	216.99	243.57
43	321.61	280.78	222.25	249.45
44	331.09	289.07	228.79	256.80
45	342.22	298.80	236.49	265.45
46	355.50	310.38	245.66	275.73
47	370.43	323.41	255.98	287.32
48	387.50	338.31	267.76	300.56
49	404.33	353.00	279.40	313.61
50	423.28	369.56	292.49	328.31
51	442.01	385.89	305.43	342.83
52	462.62	403.91	319.69	358.82
53	483.48	422.11	334.09	375.00
54	505.99	441.76	349.65	392.46
55	528.50	461.42	365.21	409.93
56	552.92	482.73	382.07	428.86
57	577.57	504.25	399.12	447.97
58	603.87	527.22	417.30	468.38
59	616.91	538.60	426.29	478.50
60	643.22	561.57	444.47	498.90
61	665.97	581.43	460.21	516.55
62	680.90	594.47	470.52	528.13
63	699.62	610.82	483.45	542.65
64	710.99	620.74	491.31	551.46
65+	710.99	620.74	491.31	551.46



Rating Area 7 is all zipcodes beginning with 838

	Idaho Exchange Gold Plan	Idaho Exchange Silver Plan	Idaho Exchange Bronze HSA Plan	Idaho Exchange Catastrophic
	Tobacco Rating Area 7	Tobacco Rating Area 7	Tobacco Rating Area 7	Tobacco Rating Area 7
Age	Monthly Premium Rate	Monthly Premium Rate	Monthly Premium Rate	Monthly Premium Rate
0-20	150.49	131.39	104.00	116.73
21	272.55	237.95	188.34	211.40
22	272.55	237.95	188.34	211.40
23	272.55	237.95	188.34	211.40
24	272.55	237.95	188.34	211.40
25	273.64	238.91	189.09	212.25
26	279.09	243.67	192.86	216.47
27	285.63	249.38	197.37	221.55
28	296.26	258.66	204.72	229.78
29	304.99	266.26	210.75	236.56
30	309.34	270.07	213.77	239.93
31	315.89	275.79	218.28	245.01
32	322.43	281.50	222.80	250.08
33	326.51	285.07	225.63	253.26
34	330.88	288.88	228.65	256.63
35	333.05	290.77	230.15	258.33
36	335.24	292.69	231.66	260.02
37	337.43	294.58	233.17	261.72
38	339.59	296.50	234.68	263.41
39	343.96	300.31	237.67	266.78
40	348.32	304.11	240.69	270.17
41	354.86	309.82	245.22	275.23
42	361.12	315.30	249.54	280.10
43	369.85	322.90	255.58	286.87
44	380.75	332.43	263.10	295.32
45	393.56	343.62	271.97	305.26
46	408.83	356.94	282.51	317.09
47	426.00	371.92	294.38	330.41
48	445.63	389.05	307.93	345.64
49	464.98	405.95	321.31	360.65
50	486.77	424.99	336.36	377.55
51	508.31	443.78	351.24	394.26
52	532.02	464.49	367.64	412.65
53	556.00	485.43	384.21	431.25
54	581.89	508.03	402.09	451.33
55	607.78	530.63	419.99	471.42
56	635.86	555.14	439.39	493.19
57	664.20	579.89	458.98	515.17
58	694.45	606.31	479.89	538.64
59	709.45	619.39	490.24	550.27
60	739.70	645.81	511.14	573.73
61	765.87	668.65	529.24	594.04
62	783.03	683.64	541.10	607.35
63	804.57	702.45	555.97	624.04
64	817.64	713.85	565.00	634.18
65+	817.64	713.85	565.00	634.18

PacificSource – Issuer Information



A list of the plans available from PacificSource can be found below with descriptions on the pages that follow.

Bronze	PacificSource	BrightIdea Balance Bronze 6350
Bronze	PacificSource	BrightIdea Value Bronze 3000
Bronze	PacificSource	BrightIdea Value Bronze 6250
Bronze	PacificSource	SmartAlliance Balance Bronze 6350
Bronze	PacificSource	SmartAlliance Value Bronze 3000
Bronze	PacificSource	SmartAlliance Value Bronze 6250
Bronze	PacificSource	SmartHealth Balance Bronze 6350
Bronze	PacificSource	SmartHealth Value Bronze 3000
Bronze	PacificSource	SmartHealth Value Bronze 6250
Silver	PacificSource	BrightIdea Balance Silver 2500
Silver	PacificSource	BrightIdea Value Silver 3600
Silver	PacificSource	SmartAlliance Balance Silver 2500
Silver	PacificSource	SmartAlliance Value Silver 3600
Silver	PacificSource	SmartHealth Balance Silver 2500
Silver	PacificSource	SmartHealth Value Silver 3600
Gold	PacificSource	BrightIdea Balance Gold 1000
Gold	PacificSource	SmartAlliance Balance Gold 1000
Gold	PacificSource	SmartHealth Balance Gold 500
Catastrophic	PacificSource	BrightIdea Catastrophic
Catastrophic	PacificSource	SmartAlliance Catastrophic
Catastrophic	PacificSource	SmartHealth Catastrophic

For additional information on PacificSource, please visit the website below.

PacificSource Website: <http://www.pacificsource.com/find-an-individual-plan/>

PacificSource Phone Number: (855) 330-2792

PacificSource Rates

For additional information on PacificSource Rates please [click HERE](#). Please remember that the rates you will see displayed may be different from what you will actually pay.

PacificSource SmartAlliance Balance Plans

SmartAlliance 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
Boise
Canyon
Elmore

Gem
Owyhee
Payette
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.

PacificSource SmartAlliance Value Plans

SmartAlliance Value 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
Boise
Canyon
Elmore

Gem
Owyhee
Payette
Valley
Washington



		Value			
		Bronze 6250	Bronze 3000	Silver 3600	Catastrophic*
Annual Deductible	The amount you pay each calendar year before the plan pays for covered services.	Deductible Individual / Family \$6,250 / \$12,500	Deductible Individual / Family \$3,000 / \$6,000	Deductible Individual / Family \$3,600 / \$7,200	Deductible Individual / Family \$6,350 / \$12,700
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 \$6,250 / \$12,500	Out-of-Pocket Limit Individual / Family \$6,350 / \$12,700	Out-of-Pocket Limit Individual / Family \$3,600 / \$7,200	Out-of-Pocket Limit Individual / Family \$6,350 / \$12,700
Co-insurance	The amount you pay after your deductible is met.	0%	50%	0%	0%
Preventive Care	Includes physicals, women's health exams, immunizations, and well-baby exams.	Covered in full	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.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Primary care: First 3 visits covered in full; additional visits subject to deductible, then co-insurance Specialists: Deductible, then co-insurance
Office Procedures and Supplies		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Prescription Drugs		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Alternative Care	Includes chiropractic and acupuncture care. 15 visits per calendar year.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Emergency Room Visits		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Urgent Care		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Ambulance Service		Deductible, then co-insurance	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	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	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	Deductible, then co-insurance
Advanced Imaging	Includes PET, CT, MRA, and MRI.	Deductible, then co-insurance	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	Deductible, then co-insurance
Medical Equipment	Includes prosthetics.	Deductible, then co-insurance	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	Deductible, then co-insurance
Transplant Services		Deductible, then co-insurance	Deductible	Deductible, then co-insurance	Deductible, then co-insurance
Pediatric Vision	Through age 18. Once every calendar year, including exam and hardware.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance

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

* Only for those under age 30 or who meet federal income eligibility requirements and have a certificate of exemption through Your Health Idaho.

PacificSource BrightIdea Balance Plans

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.

PacificSource BrightIdea Value & Catastrophic Plans

BrightIdea Value and Catastrophic 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



		Value			
		Bronze 6250	Bronze 3000	Silver 3600	Catastrophic*
Annual Deductible	The amount you pay each calendar year before the plan pays for covered services.	Deductible Individual / Family \$6,250 / \$12,500	Deductible Individual / Family \$3,000 / \$6,000	Deductible Individual / Family \$3,600 / \$7,200	Deductible Individual / Family \$6,350 / \$12,700
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 \$6,250 / \$12,500	Out-of-Pocket Limit Individual / Family \$6,350 / \$12,700	Out-of-Pocket Limit Individual / Family \$3,600 / \$7,200	Out-of-Pocket Limit Individual / Family \$6,350 / \$12,700
Co-insurance	The amount you pay after your deductible is met.	0%	50%	0%	0%
Preventive Care	Includes physicals, women's health exams, immunizations, and well-baby exams.	Covered in full	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.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Primary care: First 3 visits covered in full; additional visits subject to deductible, then co-insurance Specialists: Deductible, then co-insurance
Office Procedures and Supplies		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Prescription Drugs		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Alternative Care	Includes chiropractic and acupuncture care. 15 visits per calendar year.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Emergency Room Visits		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Urgent Care		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Ambulance Service		Deductible, then co-insurance	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	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	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	Deductible, then co-insurance
Advanced Imaging	Includes PET, CT, MRA, and MRI.	Deductible, then co-insurance	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	Deductible, then co-insurance
Medical Equipment	Includes prosthetics.	Deductible, then co-insurance	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	Deductible, then co-insurance
Transplant Services		Deductible, then co-insurance	Deductible	Deductible, then co-insurance	Deductible, then co-insurance
Pediatric Vision	Through age 18. Once every calendar year, including exam and hardware.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance

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

* Only for those under age 30 or who meet federal income eligibility requirements and have a certificate of exemption through Your Health Idaho.

PacificSource SmartHealth Balance Plans

SmartHealth 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.

Bannock
Bear Lake
Benewah
Bingham
Bonner
Bonneville
Boundary
Caribou

Clark
Clearwater
Franklin
Fremont
Idaho
Jefferson
Kootenai
Latah

Lewis
Madison
Nez Perce
Oneida
Power
Shoshone
Teton



		Balance		
		Bronze 6350	Silver 2500	Gold 500
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 Tier 1: \$2,500 / \$5,000 Tier 2: \$3,000 / \$6,000	Deductible Individual / Family Tier 1: \$500 / \$1,000 Tier 2: \$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%	Tier 1 provider: 30% Tier 2 provider: 40%	Tier 1 provider: 20% Tier 2 provider: 30%
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.	Tier 1 provider: \$50 co-pay§ Tier 2 provider: Deductible, then co-insurance	Tier 1 provider: \$20 co-pay§ Tier 2 provider: Deductible, then co-insurance	Tier 1 provider: \$25 co-pay Tier 2 provider: Deductible, then co-insurance
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 Tier 1 provider: \$50 co-pay§ Tier 2 provider: Deductible, then co-insurance	Deductible, then co-insurance Tier 1 provider: \$20 co-pay§ Tier 2 provider: Deductible, then co-insurance	Deductible, then co-insurance Tier 1 provider: \$25 co-pay Tier 2 provider: Deductible, then co-insurance
Urgent Care		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Ambulance Service		Deductible, then co-insurance	Deductible, then 30% co-insurance	Deductible, then 20% 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

What are two tier networks?

PacificSource is partnering with providers in a whole new way to give you more choice, ensure you receive the highest quality of care, and help you keep your costs as low as possible. Our SmartHealth network includes plans with two tiers of participating doctors. You'll get the most value out of your SmartHealth plan when you see a tier 1 doctor. You'll pay slightly more to see a tier 2 doctor. You can also see a doctor who isn't in the SmartHealth network (nonparticipating), but your costs will be higher and some services may not be covered. You'll need to choose a primary doctor (PCP) from tier 1. To check if your doctor is tier 1 or tier 2, visit our Provider Directory at PacificSource.com/find-a-provider.

Doctor/Facility	Your share
Tier 1 Participating	\$
Tier 2 Participating	\$\$
Non-participating	\$\$\$

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.

PacificSource SmartHealth Value Plans

SmartHealth Value 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.

Bannock
Bear Lake
Benewah
Bingham
Bonner
Bonneville
Boundary
Caribou

Clark
Clearwater
Franklin
Fremont
Idaho
Jefferson
Kootenai
Latah

Lewis
Madison
Nez Perce
Oneida
Power
Shoshone
Teton



		Value		
		Bronze 6250	Bronze 3000	Silver 3600
Annual Deductible	The amount you pay each calendar year before the plan pays for covered services.	Deductible Individual / Family \$6,250 / \$12,500	Deductible Individual / Family Tier 1: \$3,000 / \$6,000 Tier 2: \$6,350 / \$12,700	Deductible Individual / Family Tier 1: \$3,600 / \$7,200 Tier 2: \$4,000 / \$8,000
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 \$6,250 / \$12,500	Out-of-Pocket Limit Individual / Family \$6,350 / \$12,700	Out-of-Pocket Limit Individual / Family Tier 1: \$3,600 / \$7,200 Tier 2: \$4,000 / \$8,000
Co-insurance	The amount you pay after your deductible is met.	0%	Tier 1 provider: 50% Tier 2 provider: 0%	0%
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.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Office Procedures and Supplies		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Prescription Drugs		Deductible, then co-insurance	Deductible, then 50% co-insurance	Deductible, then co-insurance
Alternative Care	Includes chiropractic and acupuncture care. 15 visits per calendar year.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Emergency Room Visits		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Urgent Care		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Ambulance Service		Deductible, then co-insurance	Deductible, then 50% 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, then co-insurance	Deductible, then co-insurance
Pediatric Vision	Through age 18. Once every calendar year, including exam and hardware.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance

What are two tier networks?

PacificSource is partnering with providers in a whole new way to give you more choice, ensure you receive the highest quality of care, and help you keep your costs as low as possible. Our SmartHealth network includes plans with two tiers of participating doctors. You'll get the most value out of your SmartHealth plan when you see a tier 1 doctor. You'll pay slightly more to see a tier 2 doctor. You can also see a doctor who isn't in the SmartHealth network (nonparticipating), but your costs will be higher and some services may not be covered. You'll need to choose a primary doctor (PCP) from tier 1. To check if your doctor is tier 1 or tier 2, visit our Provider Directory at PacificSource.com/find-a-provider.

Doctor/Facility	Your share
Tier 1 Participating	\$
Tier 2 Participating	\$\$
Non-participating	\$\$\$

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

PacificSource SmartHealth Catastrophic Plan

SmartHealth Catastrophic Plan

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.

		Catastrophic*
Annual Deductible	The amount you pay each calendar year before the plan pays for covered services.	Deductible Individual / Family \$6,350 / \$12,700
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
Co-insurance	The amount you pay after your deductible is met.	0%
Preventive Care	Includes physicals, women's health exams, immunizations, and well-baby exams.	Covered in full
Office and Specialist Visits	Includes visits to your doctor, nurse practitioner, gynecologist, pediatrician, internist, mental health, and obstetrician.	Primary care: First 3 visits covered in full; additional visits subject to deductible, then co-insurance Specialists: Deductible, then co-insurance
Office Procedures and Supplies		Deductible, then co-insurance
Prescription Drugs		Deductible, then co-insurance
Alternative Care	Includes chiropractic and acupuncture care. 15 visits per calendar year.	Deductible, then co-insurance
Emergency Room Visits		Deductible, then co-insurance
Urgent Care		Deductible, then co-insurance
Ambulance Service		Deductible, then co-insurance
Hospital Services and Surgery	Includes inpatient room and board, rehabilitative care, and skilled nursing care.	Deductible, then co-insurance
Outpatient Services	Includes hospital care and professional/rehabilitative services.	Deductible, then co-insurance
Diagnostic and Therapeutic Radiology and Lab	Includes basic X-ray.	Deductible, then co-insurance
Advanced Imaging	Includes PET, CT, MRA, and MRI.	Deductible, then co-insurance
Maternity Care	Includes prenatal office visits and delivery.	Deductible, then co-insurance
Medical Equipment	Includes prosthetics.	Deductible, then co-insurance
Inpatient Mental Health Care and Residential Programs		Deductible, then co-insurance
Transplant Services		Deductible, then co-insurance
Pediatric Vision	Through age 18. Once every calendar year, including exam and hardware.	Deductible, then co-insurance

- Bannock
- Bear Lake
- Benewah
- Bingham
- Bonner
- Bonneville
- Boundary
- Caribou
- Clark
- Clearwater
- Franklin
- Fremont
- Idaho
- Jefferson
- Kootenai
- Latah
- Lewis
- Madison
- Nez Perce
- Oneida
- Power
- Shoshone
- Teton



What are two tier networks?

PacificSource is partnering with providers in a whole new way to give you more choice, ensure you receive the highest quality of care, and help you keep your costs as low as possible. Our SmartHealth network includes plans with two tiers of participating doctors. You'll get the most value out of your SmartHealth plan when you see a tier 1 doctor. You'll pay slightly more to see a tier 2 doctor. You can also see a doctor who isn't in the SmartHealth network (nonparticipating), but your costs will be higher and some services may not be covered. You'll need to choose a primary doctor (PCP) from tier 1. To check if your doctor is tier 1 or tier 2, visit our Provider Directory at PacificSource.com/find-a-provider.

Doctor/Facility	Your share
Tier 1 Participating	\$
Tier 2 Participating	\$\$
Non-participating	\$\$\$



* Only for those under age 30 or who meet federal income eligibility requirements and have a certificate of exemption through Your Health Idaho.

What's Not Covered

Medical Plan Excluded Services*

The following treatments, situations, and conditions are not covered under PacificSource individual and family plans. A full explanation of benefits, including limitations and exclusions, will be provided in your policy. You're welcome to contact us if you have questions.

Abdominoplasty

Academic skills training

Admission prior to coverage – Services and supplies for an admission to a hospital, skilled nursing facility or specialized facility that began before the patient's coverage under this plan

Any amounts in excess of the allowable fee for a given service or supply

Aversion therapy

Benefits not stated or specifically described as benefits under the health policy and/or any endorsement

Biofeedback (except as specifically provided for in the policy)

Care and related maintenance services for daily living

Charges for inpatient stays that begin before you were covered by this plan

Charges for phone consultations, missed appointments, get acquainted visits, completion of claim forms, or reports PacificSource needs to process claims

Charges over the usual, customary, and reasonable fee (UCR) – Any amount in excess of the UCR for a given service or supply

Charges that are the responsibility of a third party who may have caused the illness, injury, or disease or other insurers covering the incident (such as workers' compensation insurers, automobile insurers, and general liability insurers)

Chelation therapy

Computer or electronic equipment for monitoring asthmatic, diabetic, or similar medical conditions or related data

Cosmetic/reconstructive services and supplies (except as specifically provided for in the policy)

Court-ordered screenings or treatment programs

Criminal conduct

Day care or custodial care – Care and related services designed essentially to assist a person in maintaining activities of daily living

Dental examinations and treatment

Drugs and biologicals that can be self administered (including injectables), other than those provided in a hospital emergency room, or other institutional setting, or as outpatient chemotherapy and dialysis, which are covered

Drugs, homeopathic medicines, or homeopathic supplies furnished by an alternative care provider.

Drugs or medications not prescribed for inborn errors of metabolism, diabetic insulin, or autism spectrum disorder that can be self-administered (including prescription drugs, injectable drugs, and biologicals), unless given during a visit for outpatient chemotherapy or dialysis or during a medically necessary hospital, emergency room or other institutional stay.

Educational or correctional services or sheltered living provided by a school or halfway house

Elective abortions, except to save the life of the mother, or if the pregnancy is a result of rape or incest

Electronic Beam Tomography (EBT)

Equine/animal therapy

Equipment commonly used for nonmedical purposes or used primarily in athletic or recreational activities

Experimental or investigational procedures

Eye examinations (routine) members age 19 and older

Eye glasses/Contact Lenses members age 19 and older

Eye exercises, therapy, and procedures

Eye refraction procedures, orthoptics, vision therapy, or other services to correct refractive error (except as specifically provided for in the policy)

Family planning

Fitness or exercise programs and health or fitness club memberships

Foot care (routine) and foot orthotics, including related charges for evaluation and casting

Genetic (DNA) testing (except as specifically provided for in the policy)

Growth hormone injections or treatments, except to treat documented growth hormone deficiencies

Hearing Aids including the fitting, provision or replacement of hearing aids

Homeopathic treatment

Hypnotherapy except in the treatment of mental or nervous conditions

Immunizations when recommended for or in anticipation of exposure through travel or work

Ineligible providers and their services

Infertility

Instructional or educational programs, except diabetes self-management programs unless medically necessary

Jaw procedures, services, supplies, and surgery (except as specifically provided for in the policy)

Learning disorders

Marital/partner counseling

Massage, massage therapy or neuromuscular re-education, even as part of a physical therapy program

Mental health (except as specifically provided for in the policy), including for V-code condition treatment

Modifications to vehicles or structures to prevent, treat, or accommodate a medical condition

Motion analysis

Myeloablative high dose chemotherapy (except as specifically provided for in the policy)

Narcosynthesis

Naturopathic treatment

Nicotine related disorders

Obesity or weight control (except as specifically provided for in the policy)

Oral/facial motor therapy for strengthening and coordination of speech-producing musculature and structures

Orthognathic surgery (except as specifically provided for in the policy)

Osteopathic manipulation, except for treatment of disorders of the musculoskeletal system

Over-the-counter or nonprescription medications

Panniculectomy

Paraphilias

Personal items such as telephones, televisions, and guest meals during a stay at a hospital or other inpatient facility

Physical or eye examinations required for administrative purposes such as participation in athletics, admission to school, or by an employer

Private nursing service

Programs that teach a person to use medical equipment, care for family members, or self administer drugs or nutrition (except for diabetic education benefit)

Psychoanalysis or psychotherapy received as part of an educational or training program, regardless of diagnosis or symptoms that may be present

Recreation therapy

Rehabilitation

Replacement costs for worn or damaged durable medical equipment that would otherwise be replaceable without charges under warranty or other agreement

Routine services, supplies, and equipment not involved in diagnosis or treatment

Scheduled and/or non-emergent medical care outside of the United States

Screening tests (except as specifically provided for in the policy)

Self-help or training programs

Sensory integration training

Services for individuals 18 years of age or older with intellectual disabilities which are generally provided by your State Dept. of Health and Welfare for those with Developmental Disabilities.

Services or supplies (except as specifically provided for in the policy):

- Available to you from another source, including those available through a government agency
- For which no charge is made, for which the member is not legally required to pay, or for which a provider or facility is not licensed to provide
- For which you are not willing to release the medical or eligibility information PacificSource needs to determine the benefits paid under this plan.
- Received after enrollment in this policy ends

Sexual disorders (except as specifically provided for in the policy)

Sex reassignment

Snoring

Social skill training

Speech therapy (except as specifically provided for in the policy)

Support groups

Surgery to reverse voluntary sterilization

Temporomandibular joint related services or treatment

Training or self-help programs (except as specifically provided for in the policy)

Transplants (except as specifically provided for in the policy)

Treatment after insurance ends, prior to enrollment, while incarcerated

Treatment not medically necessary

Unwilling to release information – Charges for services or supplies for which you are unwilling to release medical or eligibility information necessary to determine the benefits payable under this plan

Vocational rehabilitation, evaluations, and training, except as medically necessary in the restoration or improvement of speech following a traumatic brain injury or for a child 17 years or younger diagnosed with a pervasive development disorder.

War-related conditions

Work-related conditions – Work-related illness or injury treatment (services typically covered by workers' compensation insurance)

*Please note: Full descriptions will be provided in your policy. Only the language of the actual policy is final and binding.

PacificSource Rate Cards

***Note these rate cards are for reference only and subject to change.**



2014 Idaho Individual and Family Plan Rates Available Through Your Health Idaho

For plans beginning January 1, 2014.

Non-Smoker Rates

Area 1 Rates:	ZIP codes that begin with 832
Area 2 Rates:	ZIP codes that begin with 833
Area 3 Rates:	ZIP codes that begin with 834
Area 4 Rates:	ZIP codes that begin with 835
Area 5 Rates:	ZIP codes that begin with 836
Area 6 Rates:	ZIP codes that begin with 837
Area 7 Rates:	ZIP codes that begin with 838

Smoker Rates

Rates for smokers age 21 and over are 50% higher than non-smoker rates.

To determine smoker rate, multiply the monthly non-smoker rate shown in the rate table by 1.5.

For example:

The monthly rate for a SmartHealth Value Silver 3000 plan for a 26 year-old individual in Area 4 is \$223.00. The smoker rate for this individual would be \$334.50 ($\$223.00 \times 1.5 = \334.50).

2014 Non-tobacco User Rates

Area 1: ZIP codes that begin with 832*

Age	BrightIdea Catastrophic	SmartHealth Catastrophic	BrightIdea Value Bronze 6250	BrightIdea Value Bronze 3000	BrightIdea Value Silver 3600	BrightIdea Value Silver 3000	SmartHealth Value Bronze 6250	SmartHealth Value Bronze 3000	SmartHealth Value Silver 3600	SmartHealth Value Silver 3000
0-20	108.00	100.00	116.00	122.00	144.00	151.00	109.00	119.00	136.00	138.00
21	170.00	157.00	182.00	193.00	228.00	238.00	172.00	187.00	214.00	218.00
22	170.00	157.00	182.00	193.00	228.00	238.00	172.00	187.00	214.00	218.00
23	170.00	157.00	182.00	193.00	228.00	238.00	172.00	187.00	214.00	218.00
24	170.00	157.00	182.00	193.00	228.00	238.00	172.00	187.00	214.00	218.00
25	171.00	158.00	183.00	193.00	228.00	239.00	173.00	188.00	215.00	218.00
26	174.00	161.00	187.00	197.00	233.00	244.00	176.00	192.00	220.00	223.00
27	178.00	165.00	191.00	202.00	238.00	250.00	180.00	196.00	225.00	228.00
28	185.00	171.00	198.00	209.00	247.00	259.00	187.00	204.00	233.00	237.00
29	190.00	176.00	204.00	215.00	255.00	267.00	193.00	210.00	240.00	244.00
30	193.00	179.00	207.00	219.00	258.00	271.00	195.00	213.00	243.00	247.00
31	197.00	182.00	211.00	223.00	264.00	276.00	200.00	217.00	249.00	252.00
32	201.00	186.00	215.00	228.00	269.00	282.00	204.00	222.00	254.00	257.00
33	204.00	188.00	218.00	231.00	273.00	286.00	206.00	225.00	257.00	261.00
34	207.00	191.00	221.00	234.00	276.00	290.00	209.00	228.00	260.00	264.00
35	208.00	192.00	223.00	235.00	278.00	291.00	210.00	229.00	262.00	266.00
36	209.00	193.00	224.00	237.00	280.00	293.00	212.00	231.00	264.00	268.00
37	211.00	195.00	226.00	238.00	282.00	295.00	213.00	232.00	266.00	269.00
38	212.00	196.00	227.00	240.00	284.00	297.00	214.00	234.00	267.00	271.00
39	215.00	199.00	230.00	243.00	287.00	301.00	217.00	237.00	271.00	275.00
40	217.00	201.00	233.00	246.00	291.00	305.00	220.00	240.00	274.00	278.00
41	222.00	205.00	237.00	251.00	296.00	311.00	224.00	244.00	279.00	283.00
42	225.00	208.00	241.00	255.00	302.00	316.00	228.00	248.00	284.00	288.00
43	231.00	213.00	247.00	261.00	309.00	324.00	234.00	254.00	291.00	295.00
44	238.00	220.00	254.00	269.00	318.00	333.00	240.00	262.00	300.00	304.00
45	246.00	227.00	263.00	278.00	329.00	344.00	249.00	271.00	310.00	314.00
46	255.00	236.00	273.00	289.00	341.00	358.00	258.00	281.00	322.00	326.00
47	266.00	246.00	285.00	301.00	356.00	373.00	269.00	293.00	335.00	340.00
48	278.00	257.00	298.00	315.00	372.00	390.00	281.00	306.00	351.00	356.00
49	290.00	268.00	311.00	328.00	388.00	407.00	294.00	320.00	366.00	371.00
50	304.00	281.00	325.00	344.00	406.00	426.00	307.00	335.00	383.00	389.00
51	317.00	293.00	340.00	359.00	424.00	445.00	321.00	350.00	400.00	406.00
52	332.00	307.00	356.00	376.00	444.00	466.00	336.00	366.00	419.00	425.00
53	347.00	321.00	372.00	393.00	464.00	487.00	351.00	382.00	438.00	444.00
54	363.00	336.00	389.00	411.00	486.00	509.00	368.00	400.00	458.00	465.00
55	379.00	351.00	406.00	429.00	507.00	532.00	384.00	418.00	478.00	485.00
56	397.00	367.00	425.00	449.00	531.00	556.00	402.00	437.00	500.00	508.00
57	415.00	383.00	444.00	469.00	555.00	581.00	420.00	457.00	523.00	530.00
58	434.00	401.00	464.00	491.00	580.00	608.00	439.00	478.00	546.00	555.00
59	443.00	409.00	474.00	501.00	592.00	621.00	448.00	488.00	558.00	566.00
60	462.00	427.00	494.00	522.00	618.00	647.00	467.00	509.00	582.00	591.00
61	478.00	442.00	512.00	541.00	639.00	670.00	484.00	527.00	603.00	612.00
62	489.00	452.00	523.00	553.00	654.00	685.00	495.00	539.00	616.00	625.00
63	502.00	464.00	538.00	568.00	672.00	704.00	508.00	553.00	633.00	642.00
64	510.00	471.00	546.00	579.00	684.00	714.00	516.00	561.00	642.00	654.00
65 and over	510.00	471.00	546.00	579.00	684.00	714.00	516.00	561.00	642.00	654.00

*Some plans are not available in all counties.

2014 Non-tobacco User Rates

Area 1: ZIP codes that begin with 832*

Age	BrightIdea	BrightIdea	BrightIdea	BrightIdea	SmartHealth	SmartHealth	SmartHealth	SmartHealth
	Balance Bronze 6350	Balance Silver 2500	Balance Silver 1500	Balance Gold 1000	Balance Bronze 6350	Balance Silver 2500	Balance Silver 1500	Balance Gold 500
0-20	126.00	144.00	154.00	180.00	117.00	134.00	143.00	179.00
21	199.00	226.00	242.00	283.00	184.00	211.00	226.00	281.00
22	199.00	226.00	242.00	283.00	184.00	211.00	226.00	281.00
23	199.00	226.00	242.00	283.00	184.00	211.00	226.00	281.00
24	199.00	226.00	242.00	283.00	184.00	211.00	226.00	281.00
25	200.00	227.00	243.00	284.00	184.00	212.00	227.00	282.00
26	204.00	232.00	248.00	289.00	188.00	216.00	231.00	288.00
27	208.00	237.00	254.00	296.00	193.00	221.00	237.00	295.00
28	216.00	246.00	263.00	307.00	200.00	229.00	245.00	306.00
29	222.00	253.00	271.00	316.00	206.00	236.00	253.00	315.00
30	226.00	257.00	275.00	321.00	209.00	239.00	256.00	319.00
31	230.00	262.00	281.00	328.00	213.00	244.00	262.00	326.00
32	235.00	268.00	286.00	334.00	217.00	249.00	267.00	333.00
33	238.00	271.00	290.00	339.00	220.00	252.00	270.00	337.00
34	241.00	275.00	294.00	343.00	223.00	256.00	274.00	341.00
35	243.00	277.00	296.00	345.00	225.00	258.00	276.00	344.00
36	244.00	278.00	298.00	348.00	226.00	259.00	278.00	346.00
37	246.00	280.00	300.00	350.00	227.00	261.00	279.00	348.00
38	248.00	282.00	302.00	352.00	229.00	263.00	281.00	350.00
39	251.00	286.00	306.00	357.00	232.00	266.00	285.00	355.00
40	254.00	289.00	309.00	361.00	235.00	269.00	288.00	359.00
41	259.00	295.00	315.00	368.00	239.00	274.00	294.00	366.00
42	263.00	300.00	321.00	375.00	243.00	279.00	299.00	373.00
43	270.00	307.00	329.00	384.00	249.00	286.00	306.00	382.00
44	278.00	316.00	338.00	395.00	257.00	294.00	315.00	393.00
45	287.00	327.00	350.00	408.00	265.00	304.00	326.00	406.00
46	298.00	339.00	363.00	424.00	276.00	316.00	339.00	422.00
47	311.00	354.00	378.00	442.00	287.00	329.00	353.00	440.00
48	325.00	370.00	396.00	462.00	300.00	345.00	369.00	460.00
49	339.00	386.00	413.00	482.00	313.00	360.00	385.00	480.00
50	355.00	404.00	432.00	505.00	328.00	376.00	403.00	502.00
51	371.00	422.00	452.00	527.00	343.00	393.00	421.00	525.00
52	388.00	442.00	473.00	552.00	359.00	411.00	441.00	549.00
53	405.00	462.00	494.00	577.00	375.00	430.00	460.00	574.00
54	424.00	483.00	517.00	604.00	392.00	450.00	482.00	600.00
55	443.00	505.00	540.00	630.00	410.00	470.00	503.00	627.00
56	464.00	528.00	565.00	660.00	429.00	492.00	527.00	656.00
57	484.00	551.00	590.00	689.00	448.00	514.00	550.00	685.00
58	506.00	577.00	617.00	720.00	468.00	537.00	575.00	717.00
59	517.00	589.00	630.00	736.00	478.00	549.00	588.00	732.00
60	539.00	614.00	657.00	767.00	499.00	572.00	613.00	763.00
61	559.00	636.00	680.00	794.00	516.00	592.00	634.00	790.00
62	571.00	650.00	696.00	812.00	528.00	605.00	648.00	808.00
63	587.00	668.00	715.00	835.00	542.00	622.00	666.00	830.00
64	597.00	678.00	726.00	849.00	552.00	633.00	678.00	843.00
65 and over	597.00	678.00	726.00	849.00	552.00	633.00	678.00	843.00

*Some plans are not available in all counties.

2014 Non-tobacco User Rates

Area 2: ZIP codes that begin with 833*

Age	BrightIdea Catastrophic	BrightIdea Value Bronze 6250	BrightIdea Value Bronze 3000	BrightIdea Value Silver 3600	BrightIdea Value Silver 3000	BrightIdea Balance Bronze 6350	BrightIdea Balance Silver 2500	BrightIdea Balance Silver 1500	BrightIdea Balance Gold 1000
0-20	110.00	118.00	125.00	147.00	155.00	129.00	147.00	157.00	183.00
21	174.00	186.00	196.00	232.00	243.00	203.00	231.00	247.00	288.00
22	174.00	186.00	196.00	232.00	243.00	203.00	231.00	247.00	288.00
23	174.00	186.00	196.00	232.00	243.00	203.00	231.00	247.00	288.00
24	174.00	186.00	196.00	232.00	243.00	203.00	231.00	247.00	288.00
25	174.00	187.00	197.00	233.00	244.00	204.00	232.00	248.00	290.00
26	178.00	190.00	201.00	238.00	249.00	208.00	236.00	253.00	295.00
27	182.00	195.00	206.00	243.00	255.00	213.00	242.00	259.00	302.00
28	189.00	202.00	214.00	252.00	265.00	220.00	251.00	269.00	314.00
29	194.00	208.00	220.00	260.00	272.00	227.00	258.00	276.00	323.00
30	197.00	211.00	223.00	264.00	276.00	230.00	262.00	280.00	327.00
31	201.00	215.00	228.00	269.00	282.00	235.00	268.00	286.00	334.00
32	205.00	220.00	232.00	275.00	288.00	240.00	273.00	292.00	341.00
33	208.00	223.00	235.00	278.00	292.00	243.00	277.00	296.00	346.00
34	211.00	226.00	238.00	282.00	295.00	246.00	280.00	300.00	350.00
35	212.00	227.00	240.00	284.00	297.00	248.00	282.00	302.00	353.00
36	214.00	229.00	242.00	286.00	299.00	249.00	284.00	304.00	355.00
37	215.00	230.00	243.00	287.00	301.00	251.00	286.00	306.00	357.00
38	216.00	232.00	245.00	289.00	303.00	253.00	288.00	308.00	359.00
39	219.00	235.00	248.00	293.00	307.00	256.00	291.00	312.00	364.00
40	222.00	238.00	251.00	297.00	311.00	259.00	295.00	316.00	369.00
41	226.00	242.00	256.00	302.00	317.00	264.00	301.00	322.00	376.00
42	230.00	246.00	260.00	308.00	322.00	269.00	306.00	327.00	382.00
43	236.00	252.00	267.00	315.00	330.00	275.00	313.00	335.00	391.00
44	243.00	260.00	274.00	324.00	340.00	283.00	323.00	345.00	403.00
45	251.00	268.00	284.00	335.00	351.00	293.00	333.00	357.00	417.00
46	260.00	279.00	295.00	348.00	365.00	304.00	346.00	371.00	433.00
47	271.00	291.00	307.00	363.00	380.00	317.00	361.00	386.00	451.00
48	284.00	304.00	321.00	380.00	398.00	332.00	378.00	404.00	472.00
49	296.00	317.00	335.00	396.00	415.00	346.00	394.00	421.00	492.00
50	310.00	332.00	351.00	415.00	435.00	362.00	412.00	441.00	515.00
51	324.00	347.00	366.00	433.00	454.00	378.00	431.00	461.00	538.00
52	339.00	363.00	383.00	453.00	475.00	396.00	451.00	482.00	563.00
53	354.00	379.00	401.00	474.00	496.00	414.00	471.00	504.00	589.00
54	371.00	397.00	419.00	496.00	520.00	433.00	493.00	527.00	616.00
55	387.00	415.00	438.00	518.00	543.00	452.00	515.00	551.00	643.00
56	405.00	434.00	458.00	542.00	568.00	473.00	539.00	576.00	673.00
57	423.00	453.00	479.00	566.00	593.00	494.00	563.00	602.00	703.00
58	442.00	474.00	501.00	592.00	620.00	517.00	588.00	629.00	735.00
59	452.00	484.00	511.00	604.00	633.00	528.00	601.00	643.00	751.00
60	471.00	504.00	533.00	630.00	660.00	550.00	627.00	670.00	783.00
61	488.00	522.00	552.00	652.00	684.00	570.00	649.00	694.00	811.00
62	499.00	534.00	564.00	667.00	699.00	583.00	663.00	710.00	829.00
63	513.00	549.00	580.00	685.00	718.00	599.00	682.00	729.00	852.00
64	522.00	558.00	588.00	696.00	729.00	609.00	693.00	741.00	864.00
65 and over	522.00	558.00	588.00	696.00	729.00	609.00	693.00	741.00	864.00

*Some plans are not available in all counties.

2014 Non-tobacco User Rates

Area 3: ZIP codes that begin with 834*

Age	BrightIdea Catastrophic	SmartHealth Catastrophic	BrightIdea Value Bronze 6250	BrightIdea Value Bronze 3000	BrightIdea Value Silver 3600	BrightIdea Value Silver 3000	SmartHealth Value Bronze 6250	SmartHealth Value Bronze 3000	SmartHealth Value Silver 3600
0-20	110.00	101.00	117.00	124.00	147.00	154.00	111.00	121.00	138.00
21	173.00	160.00	185.00	195.00	231.00	242.00	175.00	190.00	218.00
22	173.00	160.00	185.00	195.00	231.00	242.00	175.00	190.00	218.00
23	173.00	160.00	185.00	195.00	231.00	242.00	175.00	190.00	218.00
24	173.00	160.00	185.00	195.00	231.00	242.00	175.00	190.00	218.00
25	173.00	160.00	186.00	196.00	232.00	243.00	175.00	191.00	219.00
26	177.00	164.00	189.00	200.00	237.00	248.00	179.00	195.00	223.00
27	181.00	167.00	194.00	205.00	242.00	254.00	183.00	199.00	228.00
28	188.00	174.00	201.00	212.00	251.00	263.00	190.00	207.00	237.00
29	193.00	179.00	207.00	219.00	259.00	271.00	196.00	213.00	244.00
30	196.00	181.00	210.00	222.00	262.00	275.00	198.00	216.00	247.00
31	200.00	185.00	214.00	227.00	268.00	281.00	203.00	221.00	252.00
32	204.00	189.00	219.00	231.00	273.00	286.00	207.00	225.00	258.00
33	207.00	191.00	222.00	234.00	277.00	290.00	209.00	228.00	261.00
34	210.00	194.00	225.00	237.00	280.00	294.00	212.00	231.00	264.00
35	211.00	195.00	226.00	239.00	282.00	296.00	214.00	233.00	266.00
36	213.00	196.00	227.00	240.00	284.00	298.00	215.00	234.00	268.00
37	214.00	198.00	229.00	242.00	286.00	300.00	216.00	236.00	270.00
38	215.00	199.00	230.00	244.00	288.00	302.00	218.00	237.00	271.00
39	218.00	202.00	233.00	247.00	292.00	306.00	221.00	240.00	275.00
40	221.00	204.00	236.00	250.00	295.00	309.00	223.00	243.00	278.00
41	225.00	208.00	241.00	254.00	301.00	315.00	228.00	248.00	284.00
42	229.00	212.00	245.00	259.00	306.00	321.00	232.00	252.00	289.00
43	234.00	217.00	251.00	265.00	314.00	329.00	237.00	258.00	295.00
44	241.00	223.00	258.00	273.00	323.00	338.00	244.00	266.00	304.00
45	249.00	231.00	267.00	282.00	334.00	350.00	252.00	275.00	314.00
46	259.00	240.00	277.00	293.00	347.00	363.00	262.00	285.00	327.00
47	270.00	250.00	289.00	306.00	361.00	378.00	273.00	297.00	340.00
48	282.00	261.00	302.00	320.00	378.00	396.00	286.00	311.00	356.00
49	295.00	272.00	316.00	333.00	394.00	413.00	298.00	325.00	371.00
50	309.00	285.00	330.00	349.00	413.00	432.00	312.00	340.00	389.00
51	322.00	298.00	345.00	365.00	431.00	452.00	326.00	355.00	406.00
52	337.00	312.00	361.00	382.00	451.00	473.00	341.00	371.00	425.00
53	352.00	326.00	377.00	399.00	471.00	494.00	357.00	388.00	444.00
54	369.00	341.00	395.00	417.00	493.00	517.00	373.00	406.00	465.00
55	385.00	356.00	412.00	436.00	515.00	540.00	390.00	424.00	486.00
56	403.00	373.00	431.00	456.00	539.00	565.00	408.00	444.00	508.00
57	421.00	389.00	451.00	476.00	563.00	590.00	426.00	464.00	531.00
58	440.00	407.00	471.00	498.00	589.00	617.00	445.00	485.00	555.00
59	450.00	416.00	481.00	509.00	601.00	630.00	455.00	495.00	567.00
60	469.00	433.00	502.00	530.00	627.00	657.00	474.00	517.00	591.00
61	486.00	449.00	520.00	549.00	649.00	680.00	491.00	535.00	612.00
62	496.00	459.00	531.00	562.00	664.00	696.00	502.00	547.00	626.00
63	510.00	471.00	546.00	577.00	682.00	715.00	516.00	562.00	643.00
64	519.00	480.00	555.00	585.00	693.00	726.00	525.00	570.00	654.00
65 and over	519.00	480.00	555.00	585.00	693.00	726.00	525.00	570.00	654.00

*Some plans are not available in all counties.

2014 Non-tobacco User Rates

Area 3: ZIP codes that begin with 834*

Age	SmartHealth Value Silver 3000	BrightIdea Balance Bronze 6350	BrightIdea Balance Silver 2500	BrightIdea Balance Silver 1500	BrightIdea Balance Gold 1000	SmartHealth Balance Bronze 6350	SmartHealth Balance Silver 2500	SmartHealth Balance Silver 1500	SmartHealth Balance Gold 500
0-20	140.00	128.00	146.00	156.00	182.00	118.00	136.00	146.00	181.00
21	221.00	202.00	230.00	246.00	287.00	187.00	214.00	229.00	286.00
22	221.00	202.00	230.00	246.00	287.00	187.00	214.00	229.00	286.00
23	221.00	202.00	230.00	246.00	287.00	187.00	214.00	229.00	286.00
24	221.00	202.00	230.00	246.00	287.00	187.00	214.00	229.00	286.00
25	222.00	203.00	231.00	247.00	288.00	187.00	215.00	230.00	287.00
26	226.00	207.00	235.00	252.00	294.00	191.00	219.00	235.00	292.00
27	232.00	211.00	241.00	258.00	301.00	195.00	224.00	240.00	299.00
28	240.00	219.00	250.00	267.00	312.00	203.00	233.00	249.00	310.00
29	247.00	226.00	257.00	275.00	321.00	209.00	239.00	256.00	320.00
30	251.00	229.00	261.00	279.00	326.00	212.00	243.00	260.00	324.00
31	256.00	234.00	266.00	285.00	333.00	216.00	248.00	266.00	331.00
32	261.00	239.00	272.00	291.00	340.00	221.00	253.00	271.00	338.00
33	265.00	242.00	275.00	294.00	344.00	223.00	256.00	275.00	342.00
34	268.00	245.00	279.00	298.00	348.00	226.00	260.00	278.00	347.00
35	270.00	247.00	281.00	300.00	351.00	228.00	261.00	280.00	349.00
36	272.00	248.00	283.00	302.00	353.00	229.00	263.00	282.00	351.00
37	274.00	250.00	284.00	304.00	355.00	231.00	265.00	284.00	354.00
38	275.00	251.00	286.00	306.00	358.00	232.00	267.00	286.00	356.00
39	279.00	255.00	290.00	310.00	362.00	235.00	270.00	289.00	360.00
40	282.00	258.00	294.00	314.00	367.00	238.00	273.00	293.00	365.00
41	288.00	263.00	299.00	320.00	374.00	243.00	279.00	298.00	372.00
42	293.00	267.00	304.00	326.00	380.00	247.00	283.00	304.00	378.00
43	300.00	274.00	312.00	334.00	390.00	253.00	290.00	311.00	388.00
44	309.00	282.00	321.00	343.00	401.00	261.00	299.00	320.00	399.00
45	319.00	291.00	332.00	355.00	414.00	269.00	309.00	331.00	412.00
46	331.00	303.00	345.00	369.00	431.00	280.00	321.00	344.00	428.00
47	345.00	315.00	359.00	384.00	449.00	292.00	334.00	358.00	446.00
48	361.00	330.00	376.00	402.00	469.00	305.00	350.00	375.00	467.00
49	377.00	344.00	392.00	419.00	490.00	318.00	365.00	391.00	487.00
50	395.00	360.00	410.00	439.00	513.00	333.00	382.00	409.00	510.00
51	412.00	376.00	428.00	458.00	535.00	348.00	399.00	427.00	533.00
52	431.00	394.00	448.00	480.00	560.00	364.00	418.00	447.00	557.00
53	451.00	412.00	469.00	501.00	586.00	381.00	436.00	467.00	583.00
54	472.00	431.00	490.00	525.00	613.00	398.00	457.00	489.00	610.00
55	493.00	450.00	512.00	548.00	640.00	416.00	477.00	511.00	637.00
56	515.00	471.00	536.00	573.00	670.00	435.00	499.00	535.00	666.00
57	538.00	492.00	560.00	599.00	700.00	455.00	521.00	558.00	696.00
58	563.00	514.00	585.00	626.00	731.00	475.00	545.00	584.00	728.00
59	575.00	525.00	598.00	640.00	747.00	486.00	557.00	597.00	743.00
60	600.00	548.00	624.00	667.00	779.00	506.00	581.00	622.00	775.00
61	621.00	567.00	646.00	691.00	807.00	524.00	601.00	644.00	802.00
62	635.00	580.00	660.00	706.00	825.00	536.00	615.00	658.00	820.00
63	652.00	596.00	678.00	726.00	847.00	551.00	632.00	676.00	843.00
64	663.00	606.00	690.00	738.00	861.00	561.00	642.00	687.00	858.00
65 and over	663.00	606.00	690.00	738.00	861.00	561.00	642.00	687.00	858.00

*Some plans are not available in all counties.

2014 Non-tobacco User Rates

Area 4: ZIP codes that begin with 835*

Age	SmartHealth	SmartHealth Value	SmartHealth Value	SmartHealth Value	SmartHealth Value	SmartHealth	SmartHealth	SmartHealth	SmartHealth
	Catastrophic	Bronze 6250	Bronze 3000	Silver 3600	Silver 3000	Balance Bronze 6350	Balance Silver 2500	Balance Silver 1500	Balance Gold 500
0-20	100.00	109.00	119.00	136.00	138.00	117.00	134.00	143.00	179.00
21	157.00	172.00	187.00	214.00	218.00	184.00	211.00	226.00	281.00
22	157.00	172.00	187.00	214.00	218.00	184.00	211.00	226.00	281.00
23	157.00	172.00	187.00	214.00	218.00	184.00	211.00	226.00	281.00
24	157.00	172.00	187.00	214.00	218.00	184.00	211.00	226.00	281.00
25	158.00	173.00	188.00	215.00	218.00	184.00	212.00	227.00	282.00
26	161.00	176.00	192.00	220.00	223.00	188.00	216.00	231.00	288.00
27	165.00	180.00	196.00	225.00	228.00	193.00	221.00	237.00	295.00
28	171.00	187.00	204.00	233.00	237.00	200.00	229.00	245.00	306.00
29	176.00	193.00	210.00	240.00	244.00	206.00	236.00	253.00	315.00
30	179.00	195.00	213.00	243.00	247.00	209.00	239.00	256.00	319.00
31	182.00	200.00	217.00	249.00	252.00	213.00	244.00	262.00	326.00
32	186.00	204.00	222.00	254.00	257.00	217.00	249.00	267.00	333.00
33	188.00	206.00	225.00	257.00	261.00	220.00	252.00	270.00	337.00
34	191.00	209.00	228.00	260.00	264.00	223.00	256.00	274.00	341.00
35	192.00	210.00	229.00	262.00	266.00	225.00	258.00	276.00	344.00
36	193.00	212.00	231.00	264.00	268.00	226.00	259.00	278.00	346.00
37	195.00	213.00	232.00	266.00	269.00	227.00	261.00	279.00	348.00
38	196.00	214.00	234.00	267.00	271.00	229.00	263.00	281.00	350.00
39	199.00	217.00	237.00	271.00	275.00	232.00	266.00	285.00	355.00
40	201.00	220.00	240.00	274.00	278.00	235.00	269.00	288.00	359.00
41	205.00	224.00	244.00	279.00	283.00	239.00	274.00	294.00	366.00
42	208.00	228.00	248.00	284.00	288.00	243.00	279.00	299.00	373.00
43	213.00	234.00	254.00	291.00	295.00	249.00	286.00	306.00	382.00
44	220.00	240.00	262.00	300.00	304.00	257.00	294.00	315.00	393.00
45	227.00	249.00	271.00	310.00	314.00	265.00	304.00	326.00	406.00
46	236.00	258.00	281.00	322.00	326.00	276.00	316.00	339.00	422.00
47	246.00	269.00	293.00	335.00	340.00	287.00	329.00	353.00	440.00
48	257.00	281.00	306.00	351.00	356.00	300.00	345.00	369.00	460.00
49	268.00	294.00	320.00	366.00	371.00	313.00	360.00	385.00	480.00
50	281.00	307.00	335.00	383.00	389.00	328.00	376.00	403.00	502.00
51	293.00	321.00	350.00	400.00	406.00	343.00	393.00	421.00	525.00
52	307.00	336.00	366.00	419.00	425.00	359.00	411.00	441.00	549.00
53	321.00	351.00	382.00	438.00	444.00	375.00	430.00	460.00	574.00
54	336.00	368.00	400.00	458.00	465.00	392.00	450.00	482.00	600.00
55	351.00	384.00	418.00	478.00	485.00	410.00	470.00	503.00	627.00
56	367.00	402.00	437.00	500.00	508.00	429.00	492.00	527.00	656.00
57	383.00	420.00	457.00	523.00	530.00	448.00	514.00	550.00	685.00
58	401.00	439.00	478.00	546.00	555.00	468.00	537.00	575.00	717.00
59	409.00	448.00	488.00	558.00	566.00	478.00	549.00	588.00	732.00
60	427.00	467.00	509.00	582.00	591.00	499.00	572.00	613.00	763.00
61	442.00	484.00	527.00	603.00	612.00	516.00	592.00	634.00	790.00
62	452.00	495.00	539.00	616.00	625.00	528.00	605.00	648.00	808.00
63	464.00	508.00	553.00	633.00	642.00	542.00	622.00	666.00	830.00
64	471.00	516.00	561.00	642.00	654.00	552.00	633.00	678.00	843.00
65 and over	471.00	516.00	561.00	642.00	654.00	552.00	633.00	678.00	843.00

*Some plans are not available in all counties.

2014 Non-tobacco User Rates

Area 5: ZIP codes that begin with 836*

Age	SmartAlliance Catastrophic	BrightIdea Catastrophic	SmartHealth Catastrophic	SmartAlliance Value Bronze 6250	SmartAlliance Value Bronze 3000	SmartAlliance Value Silver 3600	SmartAlliance Value Silver 3000	BrightIdea Value Bronze 6250	BrightIdea Value Bronze 3000	BrightIdea Value Silver 3600
0-20	95.00	111.00	102.00	101.00	108.00	127.00	133.00	119.00	125.00	148.00
21	149.00	175.00	161.00	160.00	169.00	200.00	209.00	187.00	197.00	233.00
22	149.00	175.00	161.00	160.00	169.00	200.00	209.00	187.00	197.00	233.00
23	149.00	175.00	161.00	160.00	169.00	200.00	209.00	187.00	197.00	233.00
24	149.00	175.00	161.00	160.00	169.00	200.00	209.00	187.00	197.00	233.00
25	150.00	175.00	162.00	160.00	170.00	200.00	210.00	188.00	198.00	234.00
26	153.00	179.00	165.00	164.00	174.00	204.00	214.00	191.00	202.00	239.00
27	156.00	183.00	169.00	167.00	178.00	209.00	219.00	196.00	207.00	245.00
28	162.00	190.00	175.00	174.00	184.00	217.00	227.00	203.00	215.00	254.00
29	167.00	195.00	181.00	179.00	190.00	223.00	234.00	209.00	221.00	261.00
30	169.00	198.00	183.00	181.00	192.00	227.00	237.00	212.00	224.00	265.00
31	173.00	202.00	187.00	185.00	196.00	231.00	242.00	217.00	229.00	270.00
32	177.00	206.00	191.00	189.00	200.00	236.00	248.00	221.00	234.00	276.00
33	179.00	209.00	193.00	191.00	203.00	239.00	251.00	224.00	237.00	280.00
34	181.00	212.00	196.00	194.00	206.00	242.00	254.00	227.00	240.00	283.00
35	182.00	213.00	197.00	195.00	207.00	244.00	256.00	228.00	241.00	285.00
36	184.00	215.00	198.00	197.00	208.00	246.00	257.00	230.00	243.00	287.00
37	185.00	216.00	200.00	198.00	210.00	247.00	259.00	231.00	244.00	289.00
38	186.00	217.00	201.00	199.00	211.00	249.00	261.00	233.00	246.00	291.00
39	188.00	220.00	204.00	202.00	214.00	252.00	264.00	236.00	249.00	294.00
40	191.00	223.00	206.00	204.00	217.00	255.00	267.00	239.00	252.00	298.00
41	194.00	227.00	210.00	208.00	221.00	260.00	272.00	243.00	257.00	304.00
42	198.00	231.00	214.00	212.00	225.00	265.00	277.00	248.00	262.00	309.00
43	203.00	237.00	219.00	217.00	230.00	271.00	284.00	254.00	268.00	317.00
44	209.00	244.00	225.00	223.00	237.00	279.00	292.00	261.00	276.00	326.00
45	216.00	252.00	233.00	231.00	245.00	288.00	302.00	270.00	285.00	337.00
46	224.00	262.00	242.00	240.00	254.00	299.00	314.00	280.00	296.00	350.00
47	233.00	273.00	252.00	250.00	265.00	312.00	327.00	292.00	309.00	365.00
48	244.00	285.00	264.00	261.00	277.00	326.00	342.00	305.00	323.00	382.00
49	255.00	298.00	275.00	273.00	289.00	341.00	357.00	319.00	337.00	398.00
50	267.00	312.00	288.00	285.00	303.00	357.00	374.00	334.00	353.00	417.00
51	278.00	325.00	301.00	298.00	316.00	372.00	390.00	348.00	368.00	435.00
52	291.00	341.00	315.00	312.00	331.00	390.00	408.00	365.00	385.00	456.00
53	305.00	356.00	329.00	326.00	346.00	407.00	427.00	381.00	403.00	476.00
54	319.00	373.00	344.00	341.00	362.00	426.00	447.00	399.00	422.00	498.00
55	333.00	389.00	360.00	356.00	378.00	445.00	467.00	417.00	440.00	520.00
56	348.00	407.00	376.00	373.00	395.00	466.00	488.00	436.00	461.00	544.00
57	364.00	425.00	393.00	389.00	413.00	487.00	510.00	455.00	481.00	569.00
58	380.00	445.00	411.00	407.00	432.00	509.00	533.00	476.00	503.00	595.00
59	389.00	454.00	420.00	416.00	441.00	520.00	545.00	486.00	514.00	607.00
60	405.00	474.00	438.00	434.00	460.00	542.00	568.00	507.00	536.00	633.00
61	420.00	490.00	453.00	449.00	476.00	561.00	588.00	525.00	555.00	656.00
62	429.00	501.00	463.00	459.00	487.00	574.00	601.00	537.00	567.00	670.00
63	441.00	515.00	476.00	472.00	500.00	589.00	618.00	551.00	583.00	689.00
64	447.00	525.00	483.00	480.00	507.00	600.00	627.00	561.00	591.00	699.00
65 and over	447.00	525.00	483.00	480.00	507.00	600.00	627.00	561.00	591.00	699.00

*Some plans are not available in all counties.

2014 Non-tobacco User Rates

Area 5: ZIP codes that begin with 836*

Age	BrightIdea Value Silver 3000	SmartHealth Value Bronze 6250	SmartHealth Value Bronze 3000	SmartHealth Value Silver 3600	SmartHealth Value Silver 3000	SmartAlliance Balance Bronze 6350	SmartAlliance Balance Silver 2500	SmartAlliance Balance Silver 1500	SmartAlliance Balance Gold 1000	BrightIdea Balance Bronze 6350
0-20	155.00	112.00	122.00	140.00	142.00	111.00	126.00	135.00	158.00	129.00
21	245.00	177.00	192.00	220.00	223.00	174.00	199.00	212.00	248.00	204.00
22	245.00	177.00	192.00	220.00	223.00	174.00	199.00	212.00	248.00	204.00
23	245.00	177.00	192.00	220.00	223.00	174.00	199.00	212.00	248.00	204.00
24	245.00	177.00	192.00	220.00	223.00	174.00	199.00	212.00	248.00	204.00
25	246.00	177.00	193.00	221.00	224.00	175.00	199.00	213.00	249.00	205.00
26	250.00	181.00	197.00	225.00	229.00	179.00	203.00	217.00	254.00	209.00
27	256.00	185.00	201.00	230.00	234.00	183.00	208.00	223.00	260.00	214.00
28	266.00	192.00	209.00	239.00	243.00	190.00	216.00	231.00	270.00	222.00
29	274.00	198.00	215.00	246.00	250.00	195.00	222.00	238.00	278.00	228.00
30	278.00	200.00	218.00	250.00	253.00	198.00	225.00	241.00	282.00	231.00
31	283.00	205.00	223.00	255.00	259.00	202.00	230.00	246.00	287.00	236.00
32	289.00	209.00	227.00	260.00	264.00	206.00	235.00	251.00	293.00	241.00
33	293.00	211.00	230.00	263.00	267.00	209.00	238.00	254.00	297.00	244.00
34	297.00	214.00	233.00	267.00	271.00	212.00	241.00	258.00	301.00	247.00
35	299.00	216.00	235.00	269.00	273.00	213.00	243.00	260.00	303.00	249.00
36	301.00	217.00	236.00	271.00	275.00	214.00	244.00	261.00	305.00	251.00
37	303.00	219.00	238.00	272.00	276.00	216.00	246.00	263.00	307.00	252.00
38	305.00	220.00	240.00	274.00	278.00	217.00	247.00	265.00	309.00	254.00
39	309.00	223.00	243.00	278.00	282.00	220.00	251.00	268.00	313.00	257.00
40	313.00	226.00	246.00	281.00	285.00	223.00	254.00	271.00	317.00	261.00
41	318.00	230.00	250.00	286.00	291.00	227.00	258.00	277.00	323.00	265.00
42	324.00	234.00	255.00	291.00	296.00	231.00	263.00	281.00	329.00	270.00
43	332.00	240.00	261.00	298.00	303.00	237.00	269.00	288.00	337.00	277.00
44	342.00	247.00	269.00	307.00	312.00	244.00	277.00	297.00	347.00	285.00
45	353.00	255.00	278.00	318.00	322.00	252.00	287.00	307.00	358.00	294.00
46	367.00	265.00	288.00	330.00	335.00	262.00	298.00	319.00	372.00	306.00
47	382.00	276.00	300.00	344.00	349.00	273.00	310.00	332.00	388.00	319.00
48	400.00	289.00	314.00	360.00	365.00	285.00	325.00	347.00	406.00	333.00
49	417.00	301.00	328.00	375.00	381.00	298.00	339.00	362.00	423.00	348.00
50	437.00	315.00	343.00	393.00	399.00	311.00	355.00	379.00	443.00	364.00
51	456.00	329.00	359.00	410.00	416.00	325.00	370.00	396.00	463.00	380.00
52	477.00	345.00	375.00	429.00	436.00	340.00	388.00	415.00	484.00	398.00
53	499.00	360.00	392.00	449.00	455.00	356.00	405.00	433.00	506.00	416.00
54	522.00	377.00	410.00	470.00	476.00	372.00	424.00	453.00	530.00	435.00
55	545.00	394.00	429.00	490.00	498.00	389.00	443.00	474.00	553.00	455.00
56	571.00	412.00	448.00	513.00	521.00	407.00	463.00	496.00	579.00	476.00
57	596.00	430.00	468.00	536.00	544.00	425.00	484.00	518.00	604.00	497.00
58	623.00	450.00	490.00	560.00	569.00	444.00	506.00	541.00	632.00	519.00
59	637.00	460.00	500.00	573.00	581.00	454.00	517.00	553.00	646.00	531.00
60	664.00	479.00	522.00	597.00	606.00	473.00	539.00	576.00	673.00	553.00
61	687.00	496.00	540.00	618.00	627.00	490.00	558.00	597.00	697.00	573.00
62	703.00	507.00	552.00	632.00	641.00	501.00	570.00	610.00	713.00	586.00
63	722.00	521.00	567.00	649.00	659.00	515.00	586.00	627.00	732.00	602.00
64	735.00	531.00	576.00	660.00	669.00	522.00	597.00	636.00	744.00	612.00
65 and over	735.00	531.00	576.00	660.00	669.00	522.00	597.00	636.00	744.00	612.00

*Some plans are not available in all counties.

2014 Non-tobacco User Rates

Area 5: ZIP codes that begin with 836*

Age	BrightIdea	BrightIdea	BrightIdea	SmartHealth	SmartHealth	SmartHealth	SmartHealth
	Balance Silver 2500	Balance Silver 1500	Balance Gold 1000	Balance Bronze 6350	Balance Silver 2500	Balance Silver 1500	Balance Gold 500
0-20	147.00	158.00	184.00	120.00	137.00	147.00	183.00
21	232.00	248.00	290.00	188.00	216.00	231.00	288.00
22	232.00	248.00	290.00	188.00	216.00	231.00	288.00
23	232.00	248.00	290.00	188.00	216.00	231.00	288.00
24	232.00	248.00	290.00	188.00	216.00	231.00	288.00
25	233.00	249.00	291.00	189.00	217.00	232.00	290.00
26	238.00	254.00	297.00	193.00	221.00	237.00	295.00
27	243.00	260.00	304.00	197.00	226.00	243.00	302.00
28	252.00	270.00	315.00	205.00	235.00	252.00	314.00
29	260.00	278.00	324.00	211.00	242.00	259.00	323.00
30	263.00	282.00	329.00	214.00	245.00	263.00	327.00
31	269.00	288.00	336.00	218.00	250.00	268.00	334.00
32	275.00	294.00	343.00	223.00	256.00	274.00	341.00
33	278.00	297.00	347.00	226.00	259.00	277.00	346.00
34	282.00	301.00	352.00	229.00	262.00	281.00	350.00
35	284.00	303.00	354.00	230.00	264.00	283.00	352.00
36	285.00	305.00	357.00	232.00	266.00	285.00	355.00
37	287.00	307.00	359.00	233.00	268.00	287.00	357.00
38	289.00	309.00	361.00	235.00	269.00	288.00	359.00
39	293.00	313.00	366.00	238.00	273.00	292.00	364.00
40	297.00	317.00	371.00	241.00	276.00	296.00	369.00
41	302.00	323.00	377.00	245.00	281.00	301.00	376.00
42	307.00	329.00	384.00	250.00	286.00	307.00	382.00
43	315.00	337.00	393.00	256.00	293.00	314.00	391.00
44	324.00	347.00	405.00	263.00	302.00	323.00	403.00
45	335.00	359.00	419.00	272.00	312.00	334.00	416.00
46	348.00	372.00	435.00	283.00	324.00	347.00	433.00
47	363.00	388.00	453.00	294.00	338.00	362.00	451.00
48	379.00	406.00	474.00	308.00	353.00	378.00	472.00
49	396.00	424.00	495.00	321.00	369.00	395.00	492.00
50	414.00	443.00	518.00	337.00	386.00	413.00	515.00
51	433.00	463.00	541.00	351.00	403.00	432.00	538.00
52	453.00	485.00	566.00	368.00	422.00	452.00	563.00
53	473.00	506.00	591.00	384.00	441.00	472.00	588.00
54	495.00	530.00	619.00	402.00	461.00	494.00	616.00
55	517.00	554.00	647.00	420.00	482.00	516.00	643.00
56	541.00	579.00	676.00	440.00	504.00	540.00	673.00
57	566.00	605.00	707.00	459.00	527.00	564.00	703.00
58	591.00	633.00	739.00	480.00	551.00	590.00	735.00
59	604.00	646.00	755.00	490.00	563.00	602.00	751.00
60	630.00	674.00	787.00	511.00	587.00	628.00	783.00
61	652.00	698.00	815.00	529.00	607.00	650.00	810.00
62	667.00	713.00	833.00	541.00	621.00	665.00	829.00
63	685.00	733.00	856.00	556.00	638.00	683.00	851.00
64	696.00	744.00	870.00	564.00	648.00	693.00	864.00
65 and over	696.00	744.00	870.00	564.00	648.00	693.00	864.00

*Some plans are not available in all counties.

2014 Non-tobacco User Rates

Area 6: ZIP codes that begin with 837*

Age	SmartAlliance Catastrophic	BrightIdea Catastrophic	SmartAlliance Value Bronze 6250	SmartAlliance Value Bronze 3000	SmartAlliance Value Silver 3600	SmartAlliance Value Silver 3000	BrightIdea Value Bronze 6250	BrightIdea Value Bronze 3000	BrightIdea Value Silver 3600
0-20	95.00	111.00	101.00	108.00	127.00	133.00	119.00	125.00	148.00
21	149.00	175.00	160.00	169.00	200.00	209.00	187.00	197.00	233.00
22	149.00	175.00	160.00	169.00	200.00	209.00	187.00	197.00	233.00
23	149.00	175.00	160.00	169.00	200.00	209.00	187.00	197.00	233.00
24	149.00	175.00	160.00	169.00	200.00	209.00	187.00	197.00	233.00
25	150.00	175.00	160.00	170.00	200.00	210.00	188.00	198.00	234.00
26	153.00	179.00	164.00	174.00	204.00	214.00	191.00	202.00	239.00
27	156.00	183.00	167.00	178.00	209.00	219.00	196.00	207.00	245.00
28	162.00	190.00	174.00	184.00	217.00	227.00	203.00	215.00	254.00
29	167.00	195.00	179.00	190.00	223.00	234.00	209.00	221.00	261.00
30	169.00	198.00	181.00	192.00	227.00	237.00	212.00	224.00	265.00
31	173.00	202.00	185.00	196.00	231.00	242.00	217.00	229.00	270.00
32	177.00	206.00	189.00	200.00	236.00	248.00	221.00	234.00	276.00
33	179.00	209.00	191.00	203.00	239.00	251.00	224.00	237.00	280.00
34	181.00	212.00	194.00	206.00	242.00	254.00	227.00	240.00	283.00
35	182.00	213.00	195.00	207.00	244.00	256.00	228.00	241.00	285.00
36	184.00	215.00	197.00	208.00	246.00	257.00	230.00	243.00	287.00
37	185.00	216.00	198.00	210.00	247.00	259.00	231.00	244.00	289.00
38	186.00	217.00	199.00	211.00	249.00	261.00	233.00	246.00	291.00
39	188.00	220.00	202.00	214.00	252.00	264.00	236.00	249.00	294.00
40	191.00	223.00	204.00	217.00	255.00	267.00	239.00	252.00	298.00
41	194.00	227.00	208.00	221.00	260.00	272.00	243.00	257.00	304.00
42	198.00	231.00	212.00	225.00	265.00	277.00	248.00	262.00	309.00
43	203.00	237.00	217.00	230.00	271.00	284.00	254.00	268.00	317.00
44	209.00	244.00	223.00	237.00	279.00	292.00	261.00	276.00	326.00
45	216.00	252.00	231.00	245.00	288.00	302.00	270.00	285.00	337.00
46	224.00	262.00	240.00	254.00	299.00	314.00	280.00	296.00	350.00
47	233.00	273.00	250.00	265.00	312.00	327.00	292.00	309.00	365.00
48	244.00	285.00	261.00	277.00	326.00	342.00	305.00	323.00	382.00
49	255.00	298.00	273.00	289.00	341.00	357.00	319.00	337.00	398.00
50	267.00	312.00	285.00	303.00	357.00	374.00	334.00	353.00	417.00
51	278.00	325.00	298.00	316.00	372.00	390.00	348.00	368.00	435.00
52	291.00	341.00	312.00	331.00	390.00	408.00	365.00	385.00	456.00
53	305.00	356.00	326.00	346.00	407.00	427.00	381.00	403.00	476.00
54	319.00	373.00	341.00	362.00	426.00	447.00	399.00	422.00	498.00
55	333.00	389.00	356.00	378.00	445.00	467.00	417.00	440.00	520.00
56	348.00	407.00	373.00	395.00	466.00	488.00	436.00	461.00	544.00
57	364.00	425.00	389.00	413.00	487.00	510.00	455.00	481.00	569.00
58	380.00	445.00	407.00	432.00	509.00	533.00	476.00	503.00	595.00
59	389.00	454.00	416.00	441.00	520.00	545.00	486.00	514.00	607.00
60	405.00	474.00	434.00	460.00	542.00	568.00	507.00	536.00	633.00
61	420.00	490.00	449.00	476.00	561.00	588.00	525.00	555.00	656.00
62	429.00	501.00	459.00	487.00	574.00	601.00	537.00	567.00	670.00
63	441.00	515.00	472.00	500.00	589.00	618.00	551.00	583.00	689.00
64	447.00	525.00	480.00	507.00	600.00	627.00	561.00	591.00	699.00
65 and over	447.00	525.00	480.00	507.00	600.00	627.00	561.00	591.00	699.00

*Some plans are not available in all counties.

2014 Non-tobacco User Rates

Area 6: ZIP codes that begin with 837*

Age	BrightIdea Value Silver 3000	SmartAlliance Balance Bronze 6350	SmartAlliance Balance Silver 2500	SmartAlliance Balance Silver 1500	SmartAlliance Balance Gold 1000	BrightIdea Balance Bronze 6350	BrightIdea Balance Silver 2500	BrightIdea Balance Silver 1500	BrightIdea Balance Gold 1000
0-20	155.00	111.00	126.00	135.00	158.00	129.00	147.00	158.00	184.00
21	245.00	174.00	199.00	212.00	248.00	204.00	232.00	248.00	290.00
22	245.00	174.00	199.00	212.00	248.00	204.00	232.00	248.00	290.00
23	245.00	174.00	199.00	212.00	248.00	204.00	232.00	248.00	290.00
24	245.00	174.00	199.00	212.00	248.00	204.00	232.00	248.00	290.00
25	246.00	175.00	199.00	213.00	249.00	205.00	233.00	249.00	291.00
26	250.00	179.00	203.00	217.00	254.00	209.00	238.00	254.00	297.00
27	256.00	183.00	208.00	223.00	260.00	214.00	243.00	260.00	304.00
28	266.00	190.00	216.00	231.00	270.00	222.00	252.00	270.00	315.00
29	274.00	195.00	222.00	238.00	278.00	228.00	260.00	278.00	324.00
30	278.00	198.00	225.00	241.00	282.00	231.00	263.00	282.00	329.00
31	283.00	202.00	230.00	246.00	287.00	236.00	269.00	288.00	336.00
32	289.00	206.00	235.00	251.00	293.00	241.00	275.00	294.00	343.00
33	293.00	209.00	238.00	254.00	297.00	244.00	278.00	297.00	347.00
34	297.00	212.00	241.00	258.00	301.00	247.00	282.00	301.00	352.00
35	299.00	213.00	243.00	260.00	303.00	249.00	284.00	303.00	354.00
36	301.00	214.00	244.00	261.00	305.00	251.00	285.00	305.00	357.00
37	303.00	216.00	246.00	263.00	307.00	252.00	287.00	307.00	359.00
38	305.00	217.00	247.00	265.00	309.00	254.00	289.00	309.00	361.00
39	309.00	220.00	251.00	268.00	313.00	257.00	293.00	313.00	366.00
40	313.00	223.00	254.00	271.00	317.00	261.00	297.00	317.00	371.00
41	318.00	227.00	258.00	277.00	323.00	265.00	302.00	323.00	377.00
42	324.00	231.00	263.00	281.00	329.00	270.00	307.00	329.00	384.00
43	332.00	237.00	269.00	288.00	337.00	277.00	315.00	337.00	393.00
44	342.00	244.00	277.00	297.00	347.00	285.00	324.00	347.00	405.00
45	353.00	252.00	287.00	307.00	358.00	294.00	335.00	359.00	419.00
46	367.00	262.00	298.00	319.00	372.00	306.00	348.00	372.00	435.00
47	382.00	273.00	310.00	332.00	388.00	319.00	363.00	388.00	453.00
48	400.00	285.00	325.00	347.00	406.00	333.00	379.00	406.00	474.00
49	417.00	298.00	339.00	362.00	423.00	348.00	396.00	424.00	495.00
50	437.00	311.00	355.00	379.00	443.00	364.00	414.00	443.00	518.00
51	456.00	325.00	370.00	396.00	463.00	380.00	433.00	463.00	541.00
52	477.00	340.00	388.00	415.00	484.00	398.00	453.00	485.00	566.00
53	499.00	356.00	405.00	433.00	506.00	416.00	473.00	506.00	591.00
54	522.00	372.00	424.00	453.00	530.00	435.00	495.00	530.00	619.00
55	545.00	389.00	443.00	474.00	553.00	455.00	517.00	554.00	647.00
56	571.00	407.00	463.00	496.00	579.00	476.00	541.00	579.00	676.00
57	596.00	425.00	484.00	518.00	604.00	497.00	566.00	605.00	707.00
58	623.00	444.00	506.00	541.00	632.00	519.00	591.00	633.00	739.00
59	637.00	454.00	517.00	553.00	646.00	531.00	604.00	646.00	755.00
60	664.00	473.00	539.00	576.00	673.00	553.00	630.00	674.00	787.00
61	687.00	490.00	558.00	597.00	697.00	573.00	652.00	698.00	815.00
62	703.00	501.00	570.00	610.00	713.00	586.00	667.00	713.00	833.00
63	722.00	515.00	586.00	627.00	732.00	602.00	685.00	733.00	856.00
64	735.00	522.00	597.00	636.00	744.00	612.00	696.00	744.00	870.00
65 and over	735.00	522.00	597.00	636.00	744.00	612.00	696.00	744.00	870.00

*Some plans are not available in all counties.

2014 Non-tobacco User Rates

Area 7: ZIP codes that begin with 838*

Age	SmartHealth Catastrophic	SmartHealth Value Bronze 6250	SmartHealth Value Bronze 3000	SmartHealth Value Silver 3600	SmartHealth Value Silver 3000	SmartHealth Balance Bronze 6350	SmartHealth Balance Silver 2500	SmartHealth Balance Silver 1500	SmartHealth Balance Gold 500
0-20	102.00	112.00	121.00	139.00	141.00	120.00	137.00	147.00	183.00
21	161.00	176.00	191.00	219.00	222.00	188.00	216.00	231.00	288.00
22	161.00	176.00	191.00	219.00	222.00	188.00	216.00	231.00	288.00
23	161.00	176.00	191.00	219.00	222.00	188.00	216.00	231.00	288.00
24	161.00	176.00	191.00	219.00	222.00	188.00	216.00	231.00	288.00
25	161.00	176.00	192.00	220.00	223.00	189.00	217.00	232.00	290.00
26	164.00	180.00	196.00	224.00	227.00	193.00	221.00	237.00	295.00
27	168.00	184.00	200.00	229.00	233.00	197.00	226.00	243.00	302.00
28	174.00	191.00	208.00	238.00	241.00	205.00	235.00	252.00	314.00
29	180.00	197.00	214.00	245.00	248.00	211.00	242.00	259.00	323.00
30	182.00	199.00	217.00	248.00	252.00	214.00	245.00	263.00	327.00
31	186.00	204.00	222.00	254.00	257.00	218.00	250.00	268.00	334.00
32	190.00	208.00	226.00	259.00	263.00	223.00	256.00	274.00	341.00
33	192.00	210.00	229.00	262.00	266.00	226.00	259.00	277.00	346.00
34	195.00	213.00	232.00	266.00	270.00	229.00	262.00	281.00	350.00
35	196.00	215.00	234.00	267.00	271.00	230.00	264.00	283.00	352.00
36	197.00	216.00	235.00	269.00	273.00	232.00	266.00	285.00	355.00
37	199.00	217.00	237.00	271.00	275.00	233.00	268.00	287.00	357.00
38	200.00	219.00	238.00	273.00	277.00	235.00	269.00	288.00	359.00
39	203.00	222.00	241.00	276.00	280.00	238.00	273.00	292.00	364.00
40	205.00	224.00	244.00	280.00	284.00	241.00	276.00	296.00	369.00
41	209.00	229.00	249.00	285.00	289.00	245.00	281.00	301.00	376.00
42	213.00	233.00	253.00	290.00	294.00	250.00	286.00	307.00	382.00
43	218.00	238.00	260.00	297.00	301.00	256.00	293.00	314.00	391.00
44	224.00	245.00	267.00	306.00	310.00	263.00	302.00	323.00	403.00
45	232.00	254.00	276.00	316.00	321.00	272.00	312.00	334.00	416.00
46	241.00	263.00	287.00	328.00	333.00	283.00	324.00	347.00	433.00
47	251.00	275.00	299.00	342.00	347.00	294.00	338.00	362.00	451.00
48	262.00	287.00	313.00	358.00	363.00	308.00	353.00	378.00	472.00
49	274.00	300.00	326.00	373.00	379.00	321.00	369.00	395.00	492.00
50	287.00	314.00	342.00	391.00	397.00	337.00	386.00	413.00	515.00
51	299.00	328.00	357.00	408.00	414.00	351.00	403.00	432.00	538.00
52	313.00	343.00	373.00	427.00	433.00	368.00	422.00	452.00	563.00
53	327.00	358.00	390.00	446.00	453.00	384.00	441.00	472.00	588.00
54	343.00	375.00	408.00	467.00	474.00	402.00	461.00	494.00	616.00
55	358.00	392.00	427.00	488.00	495.00	420.00	482.00	516.00	643.00
56	374.00	410.00	446.00	511.00	518.00	440.00	504.00	540.00	673.00
57	391.00	428.00	466.00	533.00	541.00	459.00	527.00	564.00	703.00
58	409.00	448.00	487.00	558.00	566.00	480.00	551.00	590.00	735.00
59	418.00	457.00	498.00	570.00	578.00	490.00	563.00	602.00	751.00
60	436.00	477.00	519.00	594.00	603.00	511.00	587.00	628.00	783.00
61	451.00	494.00	537.00	615.00	624.00	529.00	607.00	650.00	810.00
62	461.00	505.00	550.00	629.00	638.00	541.00	621.00	665.00	829.00
63	474.00	519.00	565.00	646.00	656.00	556.00	638.00	683.00	851.00
64	483.00	528.00	573.00	657.00	666.00	564.00	648.00	693.00	864.00
65 and over	483.00	528.00	573.00	657.00	666.00	564.00	648.00	693.00	864.00

*Some plans are not available in all counties.

SelectHealth – Issuer Information



A list of the plans available from SelectHealth can be found below with descriptions on the pages that follow.

Bronze	SelectHealth	SelectHealth HealthSave Bronze 3500 (HSA Qualified)
Bronze	SelectHealth	SelectHealth HealthSave Bronze 5500 (HSA Qualified and no coinsurance after deductible)
Bronze	SelectHealth	SelectHealth Preference Bronze 5000
Bronze	SelectHealth	SelectHealth Preference Bronze 5350 w/4 deductible-free office visits
Silver	SelectHealth	SelectHealth HealthSave Silver 1500 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 2000 (HSA Qualified)
Silver	SelectHealth	SelectHealth HealthSave Silver 3500 (HSA Qualified and no coinsurance after deductible)
Silver	SelectHealth	SelectHealth Preference Silver 1000
Silver	SelectHealth	SelectHealth Preference Silver 2500
Silver	SelectHealth	SelectHealth Preference Silver 2500 w/4 deductible-free office visits
Silver	SelectHealth	SelectHealth Preference Silver 3800 Copay Plan
Gold	SelectHealth	SelectHealth Preference Gold 1000
Gold	SelectHealth	SelectHealth Preference Gold 1000 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 250
Gold	SelectHealth	SelectHealth Preference Gold 250 w/no deductible for office visits
Gold	SelectHealth	SelectHealth Preference Gold 500
Gold	SelectHealth	SelectHealth Preference Gold 500 w/no deductible for office visits
Platinum	SelectHealth	SelectHealth Preference Platinum No Deductible Copay Plan
Catastrophic	SelectHealth	SelectHealth Millennial 6350 (Catastrophic Plan)

SelectHealth

For additional information on SelectHealth please visit the website below.

SelectHealth Website: www.selecthealth.org

SelectHealth Phone Number: 800-538-5038

SelectHealth Rates For additional information on SelectHealth Rates please [click HERE](#).

Please remember that the rates you will see displayed may be different from what you will actually pay.

SelectHealth Plans

CHOOSING AN INDIVIDUAL PLAN THAT'S RIGHT FOR YOU AND YOUR FAMILY

We offer several plan designs to fit your needs and budget. As you shop, it's important to understand how our plans are categorized. Each plan has a designated metal tier—Bronze, Silver, Gold, or Platinum—that represents the plan's value. In addition, you may qualify for assistance from the federal government called an Advanced Premium Tax Credit. This credit helps you pay for your health insurance premiums and is only available if you purchase individual insurance; it will not apply to health insurance offered through your employer. To find out how much you and your family could save on coverage, visit selecthealth.org/calculator. For immediate questions, call Individual Sales at 855-442-0220. Effective October 1st, return to this site to confirm your Advanced Premium Tax Credit eligibility and to obtain a personalized quote.

SelectHealth HealthsaveSM

These plans conform to the U.S. Treasury Department guidelines for a high deductible health plan and are designed to be paired with a tax-advantaged Health Savings Account (HSA). With a HealthSave plan, you have more control over your healthcare dollars.

SelectHealth PreferenceSM

These traditional plans offer comprehensive coverage with a variety of deductible options and flexible benefit features. There are two variations: standard cost-sharing plans that have coinsurance after deductible on most services and copay plans that require a copay for most services.

Rates based on Individual's age ³	Millennial Plan	SelectHealth HealthSave					SelectHealth Preference												
29 and younger	\$93-\$163	\$102-\$183		\$115-\$210			\$99-\$182		\$115-\$212			\$131-\$242			\$149-\$262				
30-39	-----	\$183-\$207		\$206-\$237			\$176-\$206		\$205-\$239			\$235-\$272			\$265-\$295				
40-49	-----	\$206-\$279		\$231-\$321			\$198-\$278		\$231-\$323			\$264-\$368			\$299-\$399				
50-64	-----	\$288-\$491		\$323-\$564			\$277-\$489		\$322-\$568			\$369-\$648			\$418-\$701				
Benefits ⁴	Catastrophic \$6,350	Bronze \$3,500	Bronze \$5,500	Silver \$1,500	Silver \$2,000	Silver \$3,500	Bronze \$5,000	Bronze \$5,350	Silver \$1,000	Silver \$2,500	Silver \$2,500	Silver \$3,800	Gold \$250	Gold \$250	Gold \$500	Gold \$500	Gold \$1,000	Gold \$1,000	Platinum \$0
Deductible																			
Single	\$6,350	\$3,500	\$5,500	\$1,500	\$2,000	\$3,500	\$5,000	\$5,350	\$1,000	\$2,500	\$2,500	\$3,800	\$250	\$250	\$500	\$500	\$1,000	\$1,000	\$0
Family	\$12,700	\$7,000	\$11,000	\$3,000	\$4,000	\$7,000	\$10,000	\$10,700	\$2,500	\$5,000	\$5,000	\$7,600	\$750	\$750	\$1,500	\$1,500	\$2,500	\$2,500	\$0
Out-of-Pocket Max																			
Single	\$6,350	\$6,350	\$5,500	\$5,000	\$5,000	\$3,500	\$6,350	\$6,350	\$5,800	\$5,000	\$6,000	\$6,350	\$5,000	\$5,000	\$4,000	\$5,000	\$2,900	\$2,500	\$1,500
Family	\$12,700	\$12,700	\$11,000	\$10,000	\$10,000	\$7,000	\$12,700	\$12,700	\$11,600	\$10,000	\$12,000	\$12,700	\$10,000	\$10,000	\$8,000	\$10,000	\$5,800	\$5,000	\$3,000
Primary Care Provider (PCP)	\$25 for first 3 visits, then \$0 after deductible	\$25 after deductible	\$0 after deductible	\$25 after deductible	\$25 after deductible	\$0 after deductible	\$50 after deductible	\$50 after deductible w/4 deductible-free office visits ²	\$25 after deductible	\$25 after deductible	\$25 after deductible w/4 deductible-free office visits ²	\$25	\$25 after deductible	\$25	\$25 after deductible	\$25	\$25 after deductible	\$25	\$35
Secondary Care Provider (SCP)	\$0 after deductible	\$40 copay after deductible	\$0 after deductible	\$40 after deductible	\$40 after deductible	\$0 after deductible	\$65 after deductible	\$65 after deductible w/4 deductible-free office visits ²	\$50 after deductible	\$40 after deductible	\$40 after deductible w/4 deductible-free office visits ²	\$50	\$40 after deductible	\$40	\$40 after deductible	\$40	\$40 after deductible	\$40	\$50
Preventive Care and Immunizations	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Inpatient Services ¹	\$0 after deductible	30% after deductible	\$0 after deductible	20% after deductible	20% after deductible	\$0 after deductible	10% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	\$500 per day after deductible (up to five days)	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	\$500 per day after deductible (up to five days)
Outpatient Services	\$0 after deductible	30% after deductible	\$0 after deductible	20% after deductible	20% after deductible	\$0 after deductible	10% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Rx Deductible Single	Included in the Medical Deductible						\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$2,500	\$100	\$100	\$250	\$250	\$100	\$500	\$100

1. Preauthorization is required for the following services: (a) all inpatient services, (b) certain injectable drugs and specialty medications, (c) certain prescription drugs, (d) certain DME items, (e) certain mental health and chemical dependency services, (f) home health nursing, and (g) pain management services. Benefits may be reduced or denied if you do not preauthorize certain services. Refer to your contract or call Member Services for more information.

2. The first four office visits are waived for the PCP, SCP, and urgent care visits combined.

3. These are individual, non-tobacco user rates. Rates may vary by age, geography, tobacco use, and family size.

4. SelectHealth offers nonparticipating benefits on all plans. This table only shows participating benefits.



Select Health Rate Cards

***Note these rate cards are for reference only and subject to change.**

SELECTHEALTH INDIVIDUAL RATES - IDAHO (NONTOBACCO USER)

EFFECTIVE JANUARY 1, 2014

	SelectHealth Millennial 6350 (Catastrophic Plan)	SelectHealth Preference Bronze 5000	SelectHealth Preference Bronze 5350 w/4 deductible-free office visits	SelectHealth HealthSave Bronze 3500 (HSA Qualified)	SelectHealth HealthSave Bronze 5500 (HSA Qualified and no coinsurance after deductible)	SelectHealth Preference Silver 1000	SelectHealth Preference Silver 2500	SelectHealth Preference Silver 2500 w/4 deductible-free office visits	SelectHealth HealthSave Silver 1500 (HSA Qualified)	SelectHealth Preference Silver 3800 Copay Plan	SelectHealth HealthSave Silver 2000 (HSA Qualified)	SelectHealth HealthSave Silver 3500 (HSA Qualified and no coinsurance after deductible)	SelectHealth Preference Gold 250	SelectHealth Preference Gold 250 w/no deductible for office visits	SelectHealth Preference Gold 500	SelectHealth Preference Gold 500 w/no deductible for office visits	SelectHealth Preference Gold 1000	SelectHealth Preference Gold 1000 w/no deductible for office visits	SelectHealth Preference Platinum No Deductible Copay Plan
Age	Catastrophic	Bronze	Bronze	Bronze	Bronze	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Gold	Gold	Gold	Gold	Gold	Gold	Platinum
0-20	\$92.62	\$98.56	\$103.42	\$103.92	\$102.25	\$114.65	\$115.49	\$116.49	\$119.34	\$120.35	\$114.99	\$115.32	\$134.76	\$135.93	\$132.08	\$133.08	\$131.24	\$137.11	\$148.51
21	\$145.86	\$155.21	\$162.86	\$163.65	\$161.02	\$180.55	\$181.87	\$183.45	\$187.94	\$189.52	\$181.08	\$181.60	\$212.22	\$214.07	\$208.00	\$209.58	\$206.68	\$215.92	\$233.87
22	\$145.86	\$155.21	\$162.86	\$163.65	\$161.02	\$180.55	\$181.87	\$183.45	\$187.94	\$189.52	\$181.08	\$181.60	\$212.22	\$214.07	\$208.00	\$209.58	\$206.68	\$215.92	\$233.87
23	\$145.86	\$155.21	\$162.86	\$163.65	\$161.02	\$180.55	\$181.87	\$183.45	\$187.94	\$189.52	\$181.08	\$181.60	\$212.22	\$214.07	\$208.00	\$209.58	\$206.68	\$215.92	\$233.87
24	\$145.86	\$155.21	\$162.86	\$163.65	\$161.02	\$180.55	\$181.87	\$183.45	\$187.94	\$189.52	\$181.08	\$181.60	\$212.22	\$214.07	\$208.00	\$209.58	\$206.68	\$215.92	\$233.87
25	\$146.44	\$155.83	\$163.51	\$164.30	\$161.66	\$181.27	\$182.60	\$184.18	\$188.69	\$190.28	\$181.80	\$182.33	\$213.07	\$214.93	\$208.83	\$210.42	\$207.51	\$216.78	\$234.81
26	\$149.36	\$158.94	\$166.77	\$167.58	\$164.88	\$184.88	\$186.23	\$187.85	\$192.45	\$194.07	\$185.43	\$185.96	\$217.31	\$219.21	\$212.99	\$214.61	\$211.64	\$221.10	\$239.48
27	\$152.86	\$162.66	\$170.68	\$171.51	\$168.75	\$189.22	\$190.60	\$192.26	\$196.96	\$198.62	\$189.77	\$190.32	\$222.41	\$224.35	\$217.98	\$219.64	\$216.60	\$226.28	\$245.10
28	\$158.55	\$168.71	\$177.03	\$177.89	\$175.03	\$196.26	\$197.69	\$199.41	\$204.29	\$206.01	\$196.83	\$197.40	\$230.68	\$232.69	\$226.10	\$227.81	\$224.66	\$234.71	\$254.22
29	\$163.22	\$173.68	\$182.24	\$183.12	\$180.18	\$202.04	\$203.51	\$205.28	\$210.30	\$212.07	\$202.63	\$203.21	\$237.47	\$239.54	\$232.75	\$234.52	\$231.27	\$241.61	\$261.70
30	\$165.55	\$176.16	\$184.85	\$185.74	\$182.76	\$204.92	\$206.42	\$208.22	\$213.31	\$215.11	\$205.53	\$206.12	\$240.87	\$242.97	\$236.08	\$237.87	\$234.58	\$245.07	\$265.44
31	\$169.05	\$179.89	\$188.75	\$189.67	\$186.62	\$209.26	\$210.79	\$212.62	\$217.82	\$219.65	\$209.87	\$210.47	\$245.96	\$248.11	\$241.07	\$242.90	\$239.54	\$250.25	\$271.06
32	\$172.55	\$183.61	\$192.66	\$193.60	\$190.49	\$213.59	\$215.15	\$217.02	\$222.33	\$224.20	\$214.22	\$214.83	\$251.06	\$253.24	\$246.06	\$247.93	\$244.50	\$255.43	\$276.67
33	\$174.74	\$185.94	\$195.11	\$196.05	\$192.90	\$216.30	\$217.88	\$219.77	\$225.15	\$227.04	\$216.93	\$217.56	\$254.24	\$256.46	\$249.18	\$251.08	\$247.60	\$258.67	\$280.18
34	\$177.07	\$188.42	\$197.71	\$198.67	\$195.48	\$219.19	\$220.79	\$222.71	\$228.16	\$230.08	\$219.83	\$220.46	\$257.64	\$259.88	\$252.51	\$254.43	\$250.91	\$262.13	\$283.92
35	\$178.24	\$189.67	\$199.01	\$199.98	\$196.77	\$220.63	\$222.25	\$224.18	\$229.66	\$231.59	\$221.28	\$221.92	\$259.33	\$261.59	\$254.18	\$256.11	\$252.56	\$263.85	\$285.79
36	\$179.41	\$190.91	\$200.32	\$201.29	\$198.05	\$222.08	\$223.70	\$225.64	\$231.17	\$233.11	\$222.73	\$223.37	\$261.03	\$263.31	\$255.84	\$257.78	\$254.22	\$265.58	\$287.66
37	\$180.57	\$192.15	\$201.62	\$202.60	\$199.34	\$223.52	\$225.16	\$227.11	\$232.67	\$234.63	\$224.18	\$224.82	\$262.73	\$265.02	\$257.50	\$259.46	\$255.87	\$267.31	\$289.53
38	\$181.74	\$193.39	\$202.92	\$203.91	\$200.63	\$224.97	\$226.61	\$228.58	\$234.17	\$236.14	\$225.63	\$226.27	\$264.43	\$266.73	\$259.17	\$261.14	\$257.52	\$269.04	\$291.40
39	\$184.08	\$195.88	\$205.53	\$206.53	\$203.21	\$227.85	\$229.52	\$231.51	\$237.18	\$239.17	\$228.52	\$229.18	\$267.82	\$270.16	\$262.50	\$264.49	\$260.83	\$272.49	\$295.14
40	\$186.41	\$198.36	\$208.14	\$209.14	\$205.78	\$230.74	\$232.43	\$234.45	\$240.19	\$242.21	\$231.42	\$232.08	\$271.22	\$273.58	\$265.82	\$267.84	\$264.14	\$275.95	\$298.89
41	\$189.91	\$202.08	\$212.04	\$213.07	\$209.65	\$235.08	\$236.79	\$238.85	\$244.70	\$246.76	\$235.77	\$236.44	\$276.31	\$278.72	\$270.82	\$272.87	\$269.10	\$281.13	\$304.50
42	\$193.26	\$205.65	\$215.79	\$216.84	\$213.35	\$239.23	\$240.98	\$243.07	\$249.02	\$251.11	\$239.93	\$240.62	\$281.19	\$283.64	\$275.60	\$277.69	\$273.85	\$286.09	\$309.88
43	\$197.93	\$210.62	\$221.00	\$222.07	\$218.50	\$245.01	\$246.80	\$248.94	\$255.03	\$257.18	\$245.73	\$246.43	\$287.98	\$290.49	\$282.26	\$284.40	\$280.46	\$293.00	\$317.36
44	\$203.77	\$216.83	\$227.52	\$228.62	\$224.94	\$252.23	\$254.07	\$256.28	\$262.55	\$264.76	\$252.97	\$253.70	\$296.47	\$299.06	\$290.58	\$292.78	\$288.73	\$301.64	\$326.72
45	\$210.62	\$224.12	\$235.17	\$236.31	\$232.51	\$260.71	\$262.62	\$264.90	\$271.39	\$273.67	\$261.48	\$262.23	\$306.45	\$309.12	\$300.35	\$302.63	\$298.45	\$311.79	\$337.71
46	\$218.79	\$232.82	\$244.29	\$245.48	\$241.53	\$270.83	\$272.81	\$275.18	\$281.91	\$284.28	\$271.62	\$272.40	\$318.33	\$321.11	\$312.00	\$314.37	\$310.02	\$323.88	\$350.81
47	\$227.98	\$242.59	\$254.55	\$255.78	\$251.67	\$282.20	\$284.26	\$286.73	\$293.75	\$296.22	\$283.03	\$283.84	\$331.70	\$334.59	\$325.10	\$327.57	\$323.04	\$337.48	\$365.54
48	\$238.48	\$253.77	\$266.28	\$267.57	\$263.27	\$295.20	\$297.36	\$299.94	\$307.28	\$309.87	\$296.07	\$296.92	\$346.98	\$350.00	\$340.08	\$342.66	\$337.92	\$353.03	\$382.38
49	\$248.84	\$264.79	\$277.84	\$279.19	\$274.70	\$308.02	\$310.27	\$312.97	\$320.63	\$323.32	\$308.92	\$309.81	\$362.05	\$365.20	\$354.85	\$357.54	\$352.60	\$368.36	\$398.98
50	\$260.51	\$277.21	\$290.87	\$292.28	\$287.58	\$322.46	\$324.82	\$327.64	\$335.66	\$338.48	\$323.41	\$324.34	\$379.02	\$382.33	\$371.49	\$374.31	\$369.13	\$385.63	\$417.69
51	\$272.03	\$289.47	\$303.73	\$305.21	\$300.30	\$336.73	\$339.19	\$342.13	\$350.51	\$353.45	\$337.71	\$338.68	\$395.79	\$399.24	\$387.92	\$390.87	\$385.46	\$402.69	\$436.17
52	\$284.72	\$302.97	\$317.90	\$319.44	\$314.31	\$352.43	\$355.01	\$358.09	\$366.86	\$369.94	\$353.47	\$354.48	\$414.25	\$417.86	\$406.02	\$409.10	\$403.44	\$421.48	\$456.51
53	\$297.55	\$316.63	\$332.23	\$333.85	\$328.48	\$368.32	\$371.01	\$374.24	\$383.40	\$386.62	\$369.40	\$370.46	\$432.93	\$436.70	\$424.32	\$427.54	\$421.63	\$440.48	\$477.09
54	\$311.41	\$331.37	\$347.71	\$349.39	\$343.78	\$385.47	\$388.29	\$391.67	\$401.25	\$404.63	\$386.61	\$387.72	\$453.09	\$457.04	\$444.08	\$447.45	\$441.26	\$460.99	\$499.31
55	\$325.27	\$346.12	\$363.18	\$364.94	\$359.07	\$402.63	\$405.57	\$409.09	\$419.11	\$422.63	\$403.81	\$404.97	\$473.25	\$477.38	\$463.84	\$467.36	\$460.90	\$481.50	\$521.53
56	\$340.29	\$362.10	\$379.95	\$381.80	\$375.66	\$421.22	\$424.30	\$427.99	\$438.46	\$442.15	\$422.46	\$423.67	\$495.11	\$499.43	\$485.26	\$488.95	\$482.18	\$503.74	\$545.62
57	\$355.46	\$378.25	\$396.89	\$398.82	\$392.41	\$440.00	\$443.22	\$447.07	\$458.01	\$461.86	\$441.29	\$442.56	\$517.18	\$521.69	\$506.90	\$510.75	\$503.68	\$526.20	\$569.94
58	\$371.65	\$395.48	\$414.97	\$416.98	\$410.28	\$460.04	\$463.40	\$467.43	\$478.87	\$482.90	\$461.39	\$462.72	\$540.74	\$545.45	\$529.98	\$534.01	\$526.62	\$550.16	\$595.90
59	\$379.67	\$404.01	\$423.92	\$425.98	\$419.14	\$469.97	\$473.41	\$477.52	\$489.21	\$493.32	\$471.35	\$472.70	\$552.41	\$557.22	\$541.42	\$545.54	\$537.99	\$562.04	\$608.76
60	\$395.86	\$421.24	\$442.00	\$444.15	\$437.01	\$490.01	\$493.60	\$497.88	\$510.07	\$514.36	\$491.45	\$492.86	\$575.97	\$580.99	\$564.51	\$568.80	\$560.93	\$586.01	\$634.72
61	\$409.87	\$436.14	\$457.64	\$459.86	\$452.47	\$507.35	\$511.05	\$515.49	\$528.11	\$532.55	\$508.83	\$510.30	\$596.34	\$601.54	\$584.48	\$588.92	\$580.77	\$606.74	\$657.17
62	\$419.06	\$445.92	\$467.90	\$470.17	\$462.61	\$518.72	\$522.51	\$527.05	\$539.95	\$544.49	\$520.24	\$521.74	\$609.71	\$615.02	\$597.58	\$602.12	\$593.79	\$620.34	\$671.91
63	\$430.58	\$458.18	\$480.76	\$483.09	\$475.33	\$532.98	\$536.88	\$541.54	\$554.80	\$559.46	\$534.55	\$536.08	\$626.47	\$631.93	\$614.02	\$618.68	\$610.12	\$637.40	\$690.38
64	\$437.51	\$465.55	\$488.50	\$490.87	\$482.98	\$541.56	\$545.52	\$550.26	\$563.73	\$568.47	\$543.15	\$544.71	\$636.55	\$642.10	\$623.90	\$628.64	\$619.94	\$647.65	\$701.49
65+	\$437.51	\$465.55	\$488.50	\$490.87	\$482.98	\$541.56	\$545.52	\$550.26	\$563.73	\$568.47	\$543.15	\$544.71	\$636.55	\$642.10	\$623.90	\$628.64	\$619.94	\$647.65	\$701.49

These are individual, non-tobacco user rates. Rates may vary by age, geography, tobacco use, and family size.

SELECTHEALTH INDIVIDUAL RATES - IDAHO (TOBACCO USER)

EFFECTIVE JANUARY 1, 2014

	SelectHealth Millennium 6350 (Catastrophic Plan)	SelectHealth Preference Bronze 5000	SelectHealth Preference Bronze 5000 w/4 deductible-free office visits	SelectHealth HealthSave Bronze 3500 (HSA Qualified)	SelectHealth HealthSave Bronze 5500 (HSA Qualified and no coinsurance after deductible)	SelectHealth Preference Silver 1000	SelectHealth Preference Silver 2500	SelectHealth Preference Silver 2500 w/4 deductible-free office visits	SelectHealth HealthSave Silver 1500 (HSA Qualified)	SelectHealth Preference Silver 2500 Copay Plan	SelectHealth HealthSave Silver 2000 (HSA Qualified)	SelectHealth HealthSave Silver 3500 (HSA Qualified and no coinsurance after deductible)	SelectHealth Preference Gold 250	SelectHealth Preference Gold 250 w/no deductible for office visits	SelectHealth Preference Gold 500	SelectHealth Preference Gold 500 w/no deductible for office visits	SelectHealth Preference Gold 1000	SelectHealth Preference Gold 1000 w/no deductible for office visits	SelectHealth Preference Platinum No Deductible Copay Plan
Age	Catastrophic	Bronze	Bronze	Bronze	Bronze	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Gold	Gold	Gold	Gold	Gold	Gold	Platinum
0-20	\$92.62	\$98.56	\$103.42	\$103.92	\$102.25	\$114.65	\$115.49	\$116.49	\$119.34	\$120.35	\$114.99	\$115.32	\$134.76	\$135.93	\$132.08	\$133.08	\$131.24	\$137.11	\$148.51
21	\$160.45	\$170.73	\$179.15	\$180.02	\$177.12	\$198.61	\$200.06	\$201.80	\$206.73	\$208.47	\$199.19	\$199.76	\$233.44	\$235.48	\$228.80	\$230.54	\$227.35	\$237.51	\$257.26
22	\$160.45	\$170.73	\$179.15	\$180.02	\$177.12	\$198.61	\$200.06	\$201.80	\$206.73	\$208.47	\$199.19	\$199.76	\$233.44	\$235.48	\$228.80	\$230.54	\$227.35	\$237.51	\$257.26
23	\$160.45	\$170.73	\$179.15	\$180.02	\$177.12	\$198.61	\$200.06	\$201.80	\$206.73	\$208.47	\$199.19	\$199.76	\$233.44	\$235.48	\$228.80	\$230.54	\$227.35	\$237.51	\$257.26
24	\$160.45	\$170.73	\$179.15	\$180.02	\$177.12	\$198.61	\$200.06	\$201.80	\$206.73	\$208.47	\$199.19	\$199.76	\$233.44	\$235.48	\$228.80	\$230.54	\$227.35	\$237.51	\$257.26
25	\$161.08	\$171.41	\$179.86	\$180.73	\$177.83	\$199.40	\$200.86	\$202.60	\$207.56	\$209.31	\$199.98	\$200.56	\$234.38	\$236.42	\$229.71	\$231.46	\$228.26	\$238.46	\$258.29
26	\$164.30	\$174.83	\$183.45	\$184.34	\$181.37	\$203.37	\$204.85	\$206.64	\$211.70	\$213.48	\$203.97	\$204.56	\$239.04	\$241.13	\$234.29	\$236.07	\$232.80	\$243.21	\$263.43
27	\$168.15	\$178.93	\$187.75	\$188.66	\$185.63	\$208.14	\$209.66	\$211.49	\$216.66	\$218.48	\$208.75	\$209.35	\$244.65	\$246.79	\$239.78	\$241.60	\$238.26	\$248.91	\$269.61
28	\$174.41	\$185.58	\$194.73	\$195.68	\$192.53	\$215.89	\$217.46	\$219.35	\$224.72	\$226.61	\$216.51	\$217.14	\$253.75	\$255.96	\$248.71	\$250.59	\$247.13	\$258.18	\$279.64
29	\$179.54	\$191.05	\$200.46	\$201.43	\$198.20	\$222.24	\$223.86	\$225.81	\$231.33	\$233.28	\$222.89	\$223.53	\$261.22	\$263.49	\$256.03	\$257.97	\$254.40	\$265.77	\$287.87
30	\$182.11	\$193.78	\$203.34	\$204.31	\$201.04	\$225.41	\$227.06	\$229.04	\$234.64	\$236.62	\$226.08	\$226.73	\$264.96	\$267.27	\$259.69	\$261.66	\$258.04	\$269.58	\$291.98
31	\$185.96	\$197.88	\$207.63	\$208.64	\$205.28	\$230.19	\$231.87	\$233.88	\$239.60	\$241.62	\$230.86	\$231.52	\$270.56	\$272.92	\$265.18	\$267.19	\$263.49	\$275.28	\$298.17
32	\$189.81	\$201.97	\$211.93	\$212.96	\$209.54	\$234.95	\$236.67	\$238.72	\$244.56	\$246.62	\$235.64	\$236.31	\$276.17	\$278.56	\$270.67	\$272.72	\$268.95	\$280.97	\$304.34
33	\$192.21	\$204.53	\$214.62	\$215.66	\$212.19	\$237.93	\$239.67	\$241.75	\$247.67	\$249.74	\$238.62	\$239.32	\$279.66	\$282.11	\$274.10	\$276.19	\$272.36	\$284.54	\$308.20
34	\$194.78	\$207.26	\$217.48	\$218.54	\$215.03	\$241.11	\$242.87	\$244.98	\$250.98	\$253.09	\$241.81	\$242.51	\$283.40	\$285.87	\$277.76	\$279.87	\$276.00	\$288.34	\$312.31
35	\$196.06	\$208.64	\$218.91	\$219.98	\$216.45	\$242.69	\$244.48	\$246.60	\$252.63	\$254.75	\$243.41	\$244.11	\$285.26	\$287.75	\$279.60	\$281.72	\$277.82	\$290.24	\$314.37
36	\$197.35	\$210.00	\$220.35	\$221.42	\$217.86	\$244.29	\$246.07	\$248.20	\$254.29	\$256.42	\$245.00	\$245.71	\$287.13	\$289.64	\$281.42	\$283.56	\$279.64	\$292.14	\$316.43
37	\$198.63	\$211.37	\$221.78	\$222.86	\$219.27	\$245.87	\$247.68	\$249.82	\$255.94	\$258.09	\$246.60	\$247.30	\$289.00	\$291.52	\$283.25	\$285.41	\$281.46	\$294.04	\$318.48
38	\$199.91	\$212.73	\$223.21	\$224.30	\$220.69	\$247.47	\$249.27	\$251.44	\$257.59	\$259.75	\$248.19	\$248.90	\$290.87	\$293.40	\$285.09	\$287.25	\$283.27	\$295.94	\$320.54
39	\$202.49	\$215.47	\$226.08	\$227.18	\$223.53	\$250.64	\$252.47	\$254.66	\$260.90	\$263.09	\$251.37	\$252.10	\$294.60	\$297.18	\$288.75	\$290.94	\$286.91	\$299.74	\$324.65
40	\$205.05	\$218.20	\$228.95	\$230.05	\$226.36	\$253.81	\$255.67	\$257.90	\$264.21	\$266.43	\$254.56	\$255.29	\$298.34	\$300.94	\$292.40	\$294.62	\$290.55	\$303.55	\$328.78
41	\$208.90	\$222.29	\$233.24	\$234.38	\$230.62	\$258.59	\$260.47	\$262.74	\$269.17	\$271.44	\$259.35	\$260.08	\$303.94	\$306.59	\$297.90	\$300.16	\$296.01	\$309.24	\$334.95
42	\$212.59	\$226.22	\$237.37	\$238.52	\$234.69	\$263.15	\$265.08	\$267.38	\$273.92	\$276.22	\$263.92	\$264.68	\$309.31	\$312.00	\$303.16	\$305.46	\$301.24	\$314.70	\$340.87
43	\$217.72	\$231.68	\$243.10	\$244.28	\$240.35	\$269.51	\$271.48	\$273.83	\$280.53	\$282.90	\$270.30	\$271.07	\$316.78	\$319.54	\$310.49	\$312.84	\$308.51	\$322.30	\$349.10
44	\$224.15	\$238.51	\$250.27	\$251.48	\$247.43	\$277.45	\$279.48	\$281.91	\$288.81	\$291.24	\$278.27	\$279.07	\$326.12	\$328.97	\$319.64	\$322.06	\$317.60	\$331.80	\$359.39
45	\$231.68	\$246.53	\$258.69	\$259.94	\$255.76	\$286.78	\$288.88	\$291.39	\$298.53	\$301.04	\$287.63	\$288.45	\$337.10	\$340.03	\$330.39	\$332.89	\$328.30	\$342.97	\$371.48
46	\$240.67	\$256.10	\$268.72	\$270.03	\$265.68	\$297.91	\$300.09	\$302.70	\$310.10	\$312.71	\$298.78	\$299.64	\$350.16	\$353.22	\$343.20	\$345.81	\$341.02	\$356.27	\$385.89
47	\$250.78	\$266.85	\$280.01	\$281.36	\$276.84	\$310.42	\$312.69	\$315.40	\$323.13	\$325.84	\$311.33	\$312.22	\$364.87	\$368.05	\$357.61	\$360.33	\$355.34	\$371.23	\$402.09
48	\$262.33	\$279.15	\$292.91	\$294.33	\$289.60	\$324.72	\$327.10	\$329.93	\$338.01	\$340.86	\$325.68	\$326.61	\$381.68	\$385.00	\$374.09	\$376.93	\$371.71	\$388.33	\$420.62
49	\$273.72	\$291.27	\$305.62	\$307.11	\$302.17	\$338.82	\$341.30	\$344.27	\$352.69	\$355.65	\$339.81	\$340.79	\$398.26	\$401.72	\$390.34	\$393.29	\$387.86	\$405.20	\$438.88
50	\$286.56	\$304.93	\$319.96	\$321.51	\$316.34	\$354.71	\$357.30	\$360.40	\$369.23	\$372.33	\$355.75	\$356.77	\$416.92	\$420.56	\$408.64	\$411.74	\$406.04	\$424.19	\$459.46
51	\$299.23	\$318.42	\$334.10	\$335.73	\$330.33	\$370.40	\$373.11	\$376.34	\$385.56	\$388.80	\$371.48	\$372.55	\$435.37	\$439.16	\$426.71	\$429.96	\$424.01	\$442.96	\$479.79
52	\$313.19	\$333.27	\$349.69	\$351.38	\$345.74	\$387.67	\$390.51	\$393.90	\$403.55	\$406.93	\$388.82	\$389.93	\$455.68	\$459.65	\$446.62	\$450.01	\$443.78	\$463.63	\$502.16
53	\$327.31	\$348.29	\$365.45	\$367.24	\$361.33	\$405.15	\$408.11	\$411.66	\$421.74	\$425.28	\$406.34	\$407.51	\$476.22	\$480.37	\$466.75	\$470.29	\$463.79	\$484.53	\$524.80
54	\$342.55	\$364.51	\$382.48	\$384.33	\$378.16	\$424.02	\$427.12	\$430.84	\$441.38	\$445.09	\$425.27	\$426.49	\$498.40	\$502.74	\$488.49	\$492.20	\$485.39	\$507.09	\$549.24
55	\$357.80	\$380.73	\$399.50	\$401.43	\$394.98	\$442.89	\$446.13	\$450.00	\$461.02	\$464.89	\$444.19	\$445.47	\$520.58	\$525.12	\$510.22	\$514.10	\$506.99	\$529.65	\$573.68
56	\$374.32	\$398.31	\$417.95	\$419.98	\$413.23	\$463.34	\$466.73	\$470.79	\$482.31	\$486.37	\$464.71	\$466.04	\$544.62	\$549.37	\$533.79	\$537.85	\$530.40	\$554.11	\$600.18
57	\$391.01	\$416.08	\$436.58	\$438.70	\$431.65	\$484.00	\$487.54	\$491.78	\$503.81	\$508.05	\$485.42	\$486.82	\$568.90	\$573.86	\$557.59	\$561.83	\$554.05	\$578.82	\$626.93
58	\$408.82	\$435.03	\$456.47	\$458.68	\$451.31	\$506.04	\$509.74	\$514.17	\$526.76	\$531.19	\$507.53	\$508.99	\$594.81	\$600.00	\$582.98	\$587.41	\$579.28	\$605.18	\$655.49
59	\$417.64	\$444.41	\$466.31	\$468.58	\$461.05	\$516.97	\$520.75	\$525.27	\$538.13	\$542.65	\$518.49	\$519.97	\$607.65	\$612.94	\$595.56	\$600.09	\$591.79	\$618.24	\$669.64
60	\$435.45	\$463.36	\$486.20	\$488.57	\$480.71	\$539.01	\$542.96	\$547.67	\$561.08	\$565.80	\$540.60	\$542.15	\$633.57	\$639.09	\$620.96	\$625.68	\$617.02	\$644.61	\$698.19
61	\$450.86	\$479.75	\$503.40	\$505.85	\$497.72	\$558.09	\$562.16	\$567.04	\$580.92	\$585.81	\$559.71	\$561.33	\$655.97	\$661.69	\$642.93	\$647.81	\$638.85	\$667.41	\$722.89
62	\$460.97	\$490.51	\$514.69	\$517.19	\$508.87	\$570.59	\$574.76	\$579.76	\$593.95	\$598.94	\$572.26	\$573.91	\$670.68	\$676.52	\$657.34	\$662.33	\$653.17	\$682.37	\$739.10
63	\$473.64	\$504.00	\$528.84	\$531.40	\$522.86	\$586.28	\$590.57	\$595.69	\$610.28	\$615.41	\$588.01	\$589.69	\$689.12	\$695.12	\$675.42	\$680.55	\$671.13	\$701.14	\$759.42
64	\$481.26	\$512.11	\$537.35	\$539.96	\$531.28	\$595.72	\$600.07	\$605.29	\$620.10	\$625.32	\$597.47	\$599.18	\$700.21	\$706.31	\$686.29	\$691.50	\$681.93	\$712.42	\$771.64
65+	\$481.26	\$512.11	\$537.35	\$539.96	\$531.28	\$595.72	\$600.07	\$605.29	\$620.10	\$625.32	\$597.47	\$599.18	\$700.21	\$706.31	\$686.29	\$691.50	\$681.93	\$712.42	\$771.64

Rates may vary by age, geography, tobacco use, and family size.