

Idaho 1500 (60/40) Plan

Medical Deductible, Rx Deductible, and Out-of-Pocket Maximum	Individual	Family
Calendar Year Deductible	\$1,500	\$3,000
Rx Deductible is per person (no family maximum) (Optional Benefit)	\$250	N/A
Out-of-Pocket Maximum (includes deductible)	\$3,000	\$6,000
Lifetime Maximum Per Person	\$2,000,000	N/A
<b>Professional Services</b>	<b>PLAN PAYS:</b>	
	<b>PPO</b>	
	<b>Non-PPO</b>	
	<b>THE CALENDAR YEAR DEDUCTIBLE IS WAIVED UP TO A COMBINED TOTAL OF \$500 FOR ALL MEDICAL SERVICES (EXCEPT WHERE OTHERWISE SPECIFIED)</b>	
Office Visit*	60%	40%
Well Child	80% (Deductible waived, see policy for details).	60% (Deductible waived, see policy for details).
Preventive Care (Insureds 19 or older have \$300 annual maximum)*	60%	40%
Maternity Care*	60%	40%
Urgent Care Clinic/Emergency Room*	60%	40%
<b>Facility Services</b>	<b>PLAN PAYS:</b>	
	<b>PPO</b>	
	<b>Non-PPO</b>	
	<b>THE CALENDAR YEAR DEDUCTIBLE IS WAIVED UP TO A COMBINED TOTAL OF \$500 FOR ALL MEDICAL SERVICES (EXCEPT WHERE OTHERWISE SPECIFIED)</b>	
Inpatient (semi-private room accommodations, hospital services and supplies, maternity care, skilled nursing facility, etc.)*	60%	40%
Outpatient (surgery and related services, diagnostic x-ray and laboratory, etc.)*	60%	40%
Emergency Room*	60%	40%
Inpatient Mental Illness Care*	60%	40%
Outpatient Mental Illness*	60%	40%
Inpatient Treatment of Alcohol or Substance Abuse*	60%	40%
Outpatient Treatment of Alcohol or Substance Abuse*	60%	40%
	<b>PLAN PAYS:</b>	
	<b>PPO</b>	
	<b>Non-PPO</b>	
	<b>THE CALENDAR YEAR DEDUCTIBLE IS WAIVED UP TO A COMBINED TOTAL OF \$500 FOR ALL MEDICAL SERVICES (EXCEPT WHERE OTHERWISE SPECIFIED)</b>	
Prescriptions (Optional Benefit)	After the per person deductible, the member pays the greater of \$10 or 25% for generic prescription drugs and the greater of \$50 or 50% for brand prescription drugs. (For prescription deductible, please refer to deductible information listed above.) <b>Annual Prescription Drug Maximum is \$3,000. Prescription drugs are ineligible for the \$500 pre-deductible benefit.</b>	
Ambulance Services*	60%	40%
Durable Medical Equipment*	50% up to a maximum benefit of \$3,000 per Calendar Year. Certain types of Equipment are paid at 50% up to a maximum benefit of \$7,500 per Calendar Year. Please see policy for specific details.	
Prosthetics*	50% for a natural limb or eye which is lost while insured. (Only the initial prosthesis is eligible to a maximum payable amount of \$5,000 by plan.)	40%
Colonoscopies*	60%	40%
Mammograms*	60%	40%
Circumcision*	60%	40%
Sleep Studies*	50% of eligible expenses to a lifetime maximum plan payment of \$1,000.	
Sleep Apnea*	50% of eligible expenses to a lifetime maximum plan payment of \$5,000.	
Diabetes*	60% of expenses related to diagnosis, monitoring, treatment, control, and education for self-management of diabetes.	
Chiropractic*	60%	40%
Organ Transplants	Please see policy for specific details.	

\*The \$500 pre-deductible benefit for these services is per person per calendar year. Deductible applies once the \$500 benefit has been met. Amounts paid by the insured for these services prior to the satisfaction of the \$500 benefit do not apply toward the satisfaction of the deductible.

This is a partial summary of benefits only. The benefit booklet contains complete benefits, exclusions and limitations and is the governing document. Preexisting conditions are excluded from coverage for a period of 12 months (18 months for late enrollees), however, credit will be given toward the satisfaction of the preexisting condition exclusionary period for prior creditable coverage.