

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 <i>Includes deductible</i>	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 <i>Costs for prescription drugs count toward the member's out-of-pocket maximum</i>	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.