

# 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*
<b>Annual Deductible</b>	The amount you pay each calendar year before the plan pays for covered services.	<b>Deductible</b> Individual / Family \$6,250 / \$12,500	<b>Deductible</b> Individual / Family \$3,000 / \$6,000	<b>Deductible</b> Individual / Family \$3,600 / \$7,200	<b>Deductible</b> Individual / Family \$6,350 / \$12,700
<b>Out-of-Pocket Limit</b>	The most you'll pay out of pocket for covered services. Out-of-pocket includes co-payments, deductibles, and co-insurance.	<b>Out-of-Pocket Limit</b> Individual / Family \$6,250 / \$12,500	<b>Out-of-Pocket Limit</b> Individual / Family \$6,350 / \$12,700	<b>Out-of-Pocket Limit</b> Individual / Family \$3,600 / \$7,200	<b>Out-of-Pocket Limit</b> Individual / Family \$6,350 / \$12,700
<b>Co-insurance</b>	The amount you pay after your deductible is met.	0%	50%	0%	0%
<b>Preventive Care</b>	Includes physicals, women's health exams, immunizations, and well-baby exams.	Covered in full	Covered in full	Covered in full	Covered in full
<b>Office and Specialist Visits</b>	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	<b>Primary care:</b> First 3 visits covered in full; additional visits subject to deductible, then co-insurance <b>Specialists:</b> Deductible, then co-insurance
<b>Office Procedures and Supplies</b>		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
<b>Prescription Drugs</b>		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
<b>Alternative Care</b>	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
<b>Emergency Room Visits</b>		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
<b>Urgent Care</b>		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
<b>Ambulance Service</b>		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
<b>Hospital Services and Surgery</b>	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
<b>Outpatient Services</b>	Includes hospital care and professional/rehabilitative services.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
<b>Diagnostic and Therapeutic Radiology and Lab</b>	Includes basic X-ray.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
<b>Advanced Imaging</b>	Includes PET, CT, MRA, and MRI.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
<b>Maternity Care</b>	Includes prenatal office visits and delivery.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
<b>Medical Equipment</b>	Includes prosthetics.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
<b>Inpatient Mental Health Care and Residential Programs</b>		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
<b>Transplant Services</b>		Deductible, then co-insurance	Deductible	Deductible, then co-insurance	Deductible, then co-insurance
<b>Pediatric Vision</b>	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](mailto: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.