

BrightIdea Plans



## Well-Balanced Health Plans for Individuals and Families in Idaho



# What's **Inside**

We've included detailed information about our BrightIdea plans in this brochure. However, health insurance by nature is intricate.

If you have specific questions about our plans, please contact one of our Individual Service Representatives at 866.695.8684 or by e-mail at [individual@pacificsource.com](mailto:individual@pacificsource.com).

<b>Choosing Your Plan</b> .....	<b>4</b>
The Basics of Our BrightIdea Plans	
<b>BrightIdea Plans at a Glance</b> .....	<b>5</b>
<b>How to Save on Healthcare Expenses</b> .....	<b>6</b>
BrightPath Provider Network	
Caremark® Prescription Discount Program	
AlternaCare Savings Program	
<b>Value Added Services</b> .....	<b>7</b>
Online Tools at PacificSource.com	
Wellness and Health Management	
<b>BrightIdea Preferred</b> .....	<b>8</b>
BrightIdea Preferred Features	
BrightIdea Preferred Benefits Overview	
<b>BrightIdea Value</b> .....	<b>10</b>
BrightIdea Value Features	
BrightIdea Value Benefits Overview	
<b>BrightIdea HSA</b> .....	<b>12</b>
BrightIdea HSA Features	
BrightIdea HSA Benefits Overview	
<b>Coverage When You Travel</b> .....	<b>14</b>
<b>Frequently Asked Questions</b> .....	<b>15</b>
<b>How to Apply</b> .....	<b>16</b>
<b>Glossary</b> .....	<b>18</b>
<b>Benefit Exclusions</b> .....	<b>20</b>
<b>Benefit Limitations</b> .....	<b>22</b>
<b>Where Do Your Insurance Dollars Go?</b> .....	<b>23</b>

# Why **We're the Right Fit**

At PacificSource, we're committed to helping people get the healthcare they need.

## Who We Are

PacificSource is an independent, not-for-profit health plan serving the Pacific Northwest. Founded in 1933, PacificSource provides medical and dental benefits to more than 136,000 people with its group and individual health insurance plans.

To better serve our customers and accommodate enrollment increases, PacificSource has regional offices in Portland, Bend, and Medford, Oregon.

In 2007, PacificSource entered the Idaho market, opening a regional office in downtown Boise, Idaho. PacificSource is now positioned to pursue its vision of becoming the leading independent health plan in the Pacific Northwest.



*Our members appreciate our personal service and commitment to quality healthcare. That's what our customers tell us through our ongoing customer surveys.*

### *As a PacificSource member, you'll enjoy:*

- Phone contact with a live representative, not voice mail
- Toll-free phone numbers
- Fast, accurate claims payment

## Our Customer Service

We're known for taking good care of people. Members can call our toll-free number to speak with a customer service representative for friendly, professional benefits and claims assistance. In everything we do, we will always maintain the friendly, personal manner that lets you know serving you is our pleasure.

## Our Community Service

At PacificSource, we strive to improve the communities we serve, with a particular emphasis on increasing access to healthcare services. Healthy Communities, our community giving program, provides financial support, in-kind donations, and employee volunteer assistance to nonprofit organizations that strive to increase healthy behaviors and lifestyle choices and to provide a safe and nurturing environment for children to develop into healthy adults.

Every year, our employees also take part as active donors and volunteers in the American Cancer Society's Relay for Life, local United Way campaigns, the March of Dimes March for Babies campaign. You will also find our employees involved with local literacy, food bank, and youth education programs.

PacificSource has a customer satisfaction rating of 93% — a number that's virtually unheard of in our industry.



# Choose the Perfect Plan for You

***PacificSource offers an array of health plans to meet the needs of Idaho individuals and families.***

All BrightIdea plans cover treatment for illness and injury, as well as prescription drugs.

Coverage levels differ from plan to plan. All plans cover preventive care and immunizations. Some plans also cover chiropractic care.

All plans have a lifetime maximum benefit of \$1 million per person.

*For more details, please see the Benefit Comparison on the following page.*



## Eligibility

You may apply for a PacificSource BrightIdea policy if you are an Idaho resident and you are not covered by Medicare. Your legal spouse and unmarried dependent children under age 25 and who receive more than one-half (1/2) of their financial support from you, and your unmarried children of any age who are medically certified as disabled and dependent upon you, may also apply for coverage on your policy.

## Coverage effective dates

Your policy will become effective on the first day of the month following approval.

## Premiums

PacificSource reviews its BrightIdea rates quarterly. However, rates are guaranteed and will not increase for the duration of your plan period. If rate adjustments are necessary, they will be applied on your next plan renewal date. We will notify you 30 days in advance if your rate will change.

Compare plans, view rates, and apply online! Visit our Web site at [PacificSource.com](http://PacificSource.com) and find the health plan that best fits your budget and needs in one easy location.

# BrightIdea Plans

## At-a-Glance

	BrightIdea Preferred	BrightIdea Value	BrightIdea HSA	
Annual Deductible (individual)	\$2,500, \$5,000, or \$7,500	\$2,500, \$5,000, \$7,500, or \$10,000	\$1,500 or \$3,000	\$5,000
Accident Benefit	100% of first \$1,000 if treatment occurs within 90 days of accident,* then deductible and coinsurance apply.	100% of first \$500 if treatment occurs within 90 days of accident,* then deductible and coinsurance apply.	100% of first \$500 if treatment occurs within 90 days of accident,* then deductible and coinsurance apply.	
<b>Preferred Provider Benefit</b>				
<b>Preventive Care</b>				
Well Baby Care	100% after \$25 copay*	60%*	100% after \$30 copay*	100%
Preventive Care	Combined \$500 max. per cal. year. 100% after \$25 copay* on routine physicals and gynecological exams.	Combined \$300 max. per cal. year. 100% after \$25 copay* on routine physicals and gynecological exams.	Combined \$500 max. per cal. year. 100% after \$30 copay* on routine physicals and gynecological exams.	Combined \$500 max. per cal. year. 100% on routine physicals and gynecological exams.
Immunizations	100%*	100%*	100%*	100%
<b>Professional Services</b>				
Office and Home Visits	100% after \$25 copay*	60% after \$25 copay <sup>▲</sup>	80%	100%
Chiropractic Manipulation	100% after \$25 copay*	Not covered	80%	100%
Maternity Care	70% after separate \$5,000 deductible	60% after separate \$5,000 deductible	Not covered	
Hospital Services	70%	60%	80%	100%
Outpatient Services	70%	60%	80%	100%
Emergency Room Visits	70% after \$100 copay <sup>●</sup>	60% after \$100 copay <sup>●</sup>	80% after \$100 copay <sup>●</sup>	100% after \$100 copay <sup>●</sup>
Urgent Care Visits	100% after \$25 copay*	60%	80%	100%
<b>Other Covered Services</b>				
Prescription Drugs	Generics: \$10 copay Preferred brand name drugs: 50% up to \$2,500 max. per calendar year*	Generics: \$15 copay Preferred brand name drugs: 50% up to \$1,500 max. per calendar year*	Generics: 50% Preferred brand name drugs: 50% up to \$2,000 max. per calendar year	Generics: 100% Preferred brand name drugs: 100% up to \$2,000 max. per calendar year
Outpatient Therapy	70%	60%	80%	100%
Inpatient/Outpatient Mental Health	70%	60%	80%	100%
Vision	Eye exam: 100% after \$25 copay* Hardware: \$100 per cal. year*	Not covered	Not covered	

\* Not subject to the annual deductible.

● Copayment waived if admitted into hospital.

▲ Four visits annually at copay not subject to deductible, then deductible and coinsurance apply.

All benefits shown here apply for participating providers. Services rendered by nonparticipating providers will be paid at a lower percentage. For more details, see the summary of benefits on pages 9, 11, and 13.

# Save on Your Healthcare Expenses

*Our BrightIdea plans are not HMO plans, so you don't have to choose a primary care physician or seek referrals for specialist care*

Provider Payment Example		
The following shows how payment might be made for a covered service billed at \$120. This example is based on the BrightIdea Preferred plan, and assumes the deductible has been satisfied.		
	Participating Provider	Nonparticipating Provider
Provider's usual charge	\$120	\$120
Negotiated provider discount	\$20	- 0 -
Fee allowance	\$100	\$100
Benefit percent (from Benefit Comparison)	70%	50%
PacificSource's payment	\$70	\$50
Your amount of allowable fee	\$30	\$50
Charges above fee allowance	- 0 -	\$20
Your total payment	\$30	\$70

## BrightPath Health Network

PacificSource has partnered with BrightPath Health Network in Idaho. BrightPath shares our commitment to helping employers, providers, and patients reform healthcare at the community level. BrightPath brings healthcare providers to the table to help control costs, promote health initiatives, and re-invest in local communities.

You're free to use doctors or hospitals that aren't in the BrightPath network, but you will save money by using one of the more than 3,000 BrightPath providers throughout Idaho. Participating providers are reimbursed at a higher percentage than nonparticipating providers. Participating providers accept benefits paid under the policy as full payment, and will not bill you for the balance (other than for deductibles, coinsurance, or copayments).

For specific provider information, please refer to the BrightPath Participating Provider Directory at [PacificSource.com](http://PacificSource.com).

## Caremark® Prescription Discount Program

Our Prescription Discount Program saves you money on qualifying prescription drugs not covered by your plan, and it is available to you and any family members enrolled in your health plan's coverage.

Just show your PacificSource Member ID card anytime you purchase a prescription drug for which you would normally pay the full price. A discount is automatically taken off the cash price of the prescription, and you pay the discounted price. It's that simple!

## AlternaCare Savings Program

Through the AlternaCare Savings Program, you can save up to 30 percent on chiropractic, acupuncture, and massage therapy services. The program also offers discounts on professional grade vitamins and natural supplements as well as gym memberships for yoga, Pilates, tai chi, and Qigong.

# Value-Added Services

Take advantage of these member programs, available to you at no additional cost.

## Online Tools available at PacificSource.com

### InTouch for Members

Through our secure Web site, InTouch for Members, you can view your claims, the status of preauthorizations, the accumulated expenses towards your plan's deductible, and more, at your convenience.

You can also access our online health and wellness center through InTouch. One of the many features of this Web site is Health Manager. Powered by WebMD®, Health Manager includes personalized wellness information and a variety of helpful, easy-to-use tools including a health risk assessment.

***24/7 access to online services and health information through InTouch for Members at PacificSource.com.***

## Wellness and Health Management

### Hospital-Based Education Classes

Receive a reimbursement of up to \$50 per eligible health and wellness class or series offered by hospitals (up to \$150 per member per calendar year).

### Expectations Prenatal Care Program

Expectations helps expectant mothers reduce their risk of premature birth. Participants receive educational materials and toll-free telephone access to a nurse consultant. High-risk members receive additional nurse support.

### Free & Clear® Quit For Life™ Program

One-on-one treatment sessions with a professional Quit Coach to help you quit tobacco use for good. Receive a Quit Kit with nicotine replacement therapy supplies (nicotine gum or patches) to help keep you on track.



***These value-added services are not insurance, but are offered in addition to your medical plan to help you take charge of your health.***



# BrightIdea Preferred

comprehensive coverage

*This plan offers our most extensive coverage, including chiropractic and vision care.*



## BrightIdea Preferred Features

- \$25 copayments for preventive care services and physician office visits
- Annual deductibles from \$2,500 to \$7,500
- First-dollar accident benefit
- Vision coverage
- Prescription drug coverage
- Chiropractic care benefits

### Features you want.

Coverage for chiropractic and vision care and an accident benefit round out our most comprehensive plan, BrightIdea Preferred. This plan offers first-dollar preventive care, illness, accident, and prescription drug coverage, as well as immunizations.



## BrightIdea Preferred

Maximum Lifetime Benefit	\$1 million	
Annual Deductible & Participating Provider Out-of-Pocket Limit <i>Deductible applies to out-of-pocket limit.</i>	<i>Deductible (individual/family)</i> \$2,500/\$5,000 \$5,000/\$10,000 \$7,500/\$15,000	<i>Out-of-Pocket Limit (individual/family)</i> \$8,000/\$16,000 \$9,000/\$18,000 \$10,000/\$20,000
Out-of-Pocket Limit, Nonparticipating Provider	Twice the out-of-pocket limit (per person) for participating providers (no family cap)	
Accident Benefit	100% benefit for first \$1,000 if treatment occurs within 90 days of accident,* then deductible and coinsurance apply.	
	<b>Participating Providers</b>	<b>Nonparticipating Providers ❖</b>
<b>Preventive Care</b>		
<i>Combined \$500 maximum per calendar year for routine physicals and gynecological exams.</i>		
Well Baby Care	100% after \$25 copay*	Not covered
Routine Physicals and Preventive Care Exams	100% after \$25 copay*	50% after \$25 copay*
Routine Gynecological Exams	100% after \$25 copay*	50% after \$25 copay*
Immunizations	100% *	Not covered
<b>Professional Services</b>		
Office and Home Visits	100% after \$25 copay*	50% after \$25 copay*
Urgent Care Center Visits	100% after \$25 copay*	50% after \$25 copay*
Chiropractic Manipulation	100% after \$25 copay*	50% after \$25 copay*
Surgery	70%	50%
<b>Maternity Care</b>		
Practitioner Services & Hospital Stay	70% after separate \$5,000 deductible	50% after separate \$5,000 deductible
<b>Hospital Services</b>		
Inpatient Room and Board	70%	50%
Inpatient Rehabilitative Care	70%	50%
Skilled Nursing Facility Care	70%	50%
<b>Outpatient Services</b>		
Outpatient Hospital/Facility	70%	50%
Diagnostic & Therapeutic Radiology and Lab	70%	50%
Advanced Imaging	70%	50%
Emergency Room Visits	70% after \$100 copay●	50% after \$100 copay●
<b>Other Covered Services</b>		
Prescription Drugs	Generics: \$10 copay Preferred brand name drugs: 50% up to \$2,500 maximum per calendar year *	Covered up to 5-day emergency supply*
Outpatient Therapy	70%	50%
Allergy Injections	70%	50%
Ambulance Service	70%	70%
Durable Medical Equipment	70%	50%
Home Health Care	70%	50%
Inpatient/Outpatient Mental Health Services	70%	Not covered
Inpatient/Outpatient Chemical Dependency	70%	Not covered
Transplant Services	70%	Lesser of 50% of billed amount or \$100,000
Vision	Eye exam: 100% after \$25 copay* Hardware: \$100 per calendar year*	Eye exam: 50% after \$25 copay* Hardware: \$100 per calendar year*

See page 22 for a list of benefit limitations.

\* Not subject to the annual deductible.

● Copayment waived if admitted into hospital.

❖ Payment to providers is based on the negotiated fee allowance. While participating providers accept the fee allowance as payment in full, nonparticipating providers may not, which could result in out-of-pocket expense in addition to the percentage indicated.

# BrightIdea Value

low-cost coverage

*Get peace of mind with this basic coverage, provided at a low monthly rate.*



## BrightIdea Value Features

- \$25 copayments for routine physicals and gynecological exams
- Four office visits annually at copay, not subject to the deductible
- Annual deductibles from \$2,500 to \$10,000
- First-dollar accident benefit
- Prescription drug coverage

## You have options.

Why go without health insurance? With four deductibles to choose from, our BrightIdea Value plans give you peace of mind with basic health insurance. It's all about options.

## BrightIdea Value

Maximum Lifetime Benefit	\$1 million	
Annual Deductible & Participating Provider Out-of-Pocket Limit <i>Deductible applies to out-of-pocket limit.</i>	<i>Deductible (individual/family)</i> \$2,500/\$5,000 \$5,000/\$10,000 \$7,500/\$15,000 \$10,000/\$20,000	<i>Out-of-Pocket Limit (individual/family)</i> \$10,000/\$20,000 \$10,000/\$20,000 \$10,000/\$20,000 \$12,500/\$25,000
Out-of-Pocket Limit, Nonparticipating Provider	Twice the out-of-pocket limit (per person) for participating providers (no family cap)	
Accident Benefit	100% benefit for first \$500 if treatment occurs within 90 days of accident,* then deductible and coinsurance apply.	
	<b>Participating Providers</b>	<b>Nonparticipating Providers ❖</b>
<b>Preventive Care</b>		
<i>Combined \$300 maximum per calendar year for routine physicals and gynecological exams.</i>		
Well Baby Care	60% ★	Not covered
Routine Physicals and Preventive Care Exams	100% after \$25 copay ★	50% after \$25 copay ★
Routine Gynecological Exams	100% after \$25 copay ★	50% after \$25 copay ★
Immunizations	100% ★	Not covered
<b>Professional Services</b>		
Office and Home Visits	60% after \$25 copay ▲	50% after \$25 copay ▲
Urgent Care Center Visits	60%	50%
Chiropractic Manipulation	Not covered	Not covered
Surgery	60%	50%
<b>Maternity Care</b>		
Practitioner Services	60% after separate \$5,000 deductible	50% after separate \$5,000 deductible
Hospital Stay		
<b>Hospital Services</b>		
Inpatient Room and Board	60%	50%
Inpatient Rehabilitative Care	60%	50%
Skilled Nursing Facility Care	60%	50%
<b>Outpatient Services</b>		
Outpatient Hospital/Facility	60%	50%
Diagnostic and Therapeutic Radiology and Lab	60%	50%
Advanced Imaging	60%	50%
Emergency Room Visits	60% after \$100 copay ●	50% after \$100 copay ●
<b>Other Covered Services</b>		
Prescription Drugs	Generics: \$15 copay Preferred brand name drugs: 50% up to \$1,500 maximum per calendar year ★	Covered up to 5-day emergency supply ★
Outpatient Therapy	60%	50%
Allergy Injections	60%	50%
Ambulance Service	60%	60%
Durable Medical Equipment	60%	50%
Home Health Care	60%	50%
Inpatient/Outpatient Mental Health Services	60%	Not covered
Inpatient/Outpatient Chemical Dependency	60%	Not covered
Transplant Services	60%	Lesser of 50% of billed amount or \$100,000
Vision	Not covered	Not covered

See page 22 for a list of benefit limitations.

★ Not subject to the annual deductible.

● Copayment waived if admitted into hospital.

▲ Four visits annually at copay not subject to deductible, then deductible and coinsurance apply.

❖ Payment to providers is based on the negotiated fee allowance. While participating providers accept the fee allowance as payment in full, nonparticipating providers may not, which could result in out-of-pocket expense in addition to the percentage indicated.

# BrightIdea HSA

HSA-qualified high deductible plan

*Save money on your healthcare expenses and your taxes at the same time with this HSA-qualified plan.*



## BrightIdea HSA Features

- \$30 copayments for preventive care services
- Annual deductibles from \$1,500 to \$5,000
- First-dollar accident benefit
- Prescription drug coverage
- Chiropractic coverage

## What's an HSA?

A Health Savings Account (HSA) is an account that you own containing money to pay for medical expenses for you and your family members. It may help to think of your HSA as a "healthcare IRA."

An HSA gives you more control over your healthcare costs. You decide how to spend your healthcare dollars. You decide which doctors to see, what procedures are best for you, and how your money is spent. Best of all, you can save your money for future healthcare needs. It's a smart health plan for empowered consumers like you.

Health Savings Accounts are combined with a qualified High Deductible Health Plan (HDHP), such as BrightIdea HSA, to offer a more affordable approach to healthcare.



## BrightIdea HSA (HSA-Qualified)

Maximum Lifetime Benefit	\$1 million			
Annual Deductible & Participating Provider Out-of-Pocket Limit <i>Deductible applies to out-of-pocket limit.</i>	<i>Deductible (individual/family)</i> \$1,500/\$3,000 \$3,000/\$6,000 \$5,000/\$10,000		<i>Out-of-Pocket Limit (individual/family)</i> \$5,000/\$10,000 \$5,800/\$11,600 \$5,000/\$10,000	
Out-of-Pocket Limit, Nonparticipating Provider (Minus the amount of the plan's deductible)	Twice the out-of-pocket limit (per person) for participating providers (no family cap)			
Accident Benefit	100% benefit for first \$500 if treatment occurs within 90 days of accident,* then deductible and coinsurance apply.			
<i>Deductible Option:</i>	<b>\$1,500 or \$3,000</b>		<b>\$5,000</b>	
<i>Provider Type:</i>	<b>Participating</b>	<b>Nonpar ❖</b>	<b>Participating</b>	<b>Nonpar ❖</b>
<b>Preventive Care</b> <i>Combined \$500 maximum per calendar year for routine physicals and gynecological exams.</i>				
Well Baby Care	100% after \$30 copay★	Not covered	100%	Not covered
Routine Physicals and Preventive Care Exams	100% after \$30 copay★	50% after \$30 copay★	100%	50%
Routine Gynecological Exams	100% after \$30 copay★	50% after \$30 copay★	100%	50%
Immunizations	100%★	Not covered	100%	Not covered
<b>Professional Services</b>				
Office and Home Visits	80%	50%	100%	50%
Urgent Care Center Visits	80%	50%	100%	50%
Chiropractic Manipulation	80%	Not covered	100%	Not covered
Surgery	80%	50%	100%	50%
<b>Maternity Care</b>				
Practitioner Services and Hospital Stay	Not covered		Not covered	
<b>Hospital Services</b>				
Inpatient Room and Board	80%	50%	100%	50%
Inpatient Rehabilitative Care	80%	50%	100%	50%
Skilled Nursing Facility Care	80%	50%	100%	50%
<b>Outpatient Services</b>				
Outpatient Hospital/Facility	80%	50%	100%	50%
Diagnostic & Therapeutic Radiology and Lab	80%	50%	100%	50%
Advanced Imaging	80%	50%	100%	50%
Emergency Room Visits	80% after \$100 copay●	50% after \$100 copay●	100% after \$100 copay●	50% after \$100 copay●
<b>Other Covered Services</b>				
Prescription Drugs	Generics: 50% Preferred brand name drugs: 50% up to \$2,000 max. per cal. year	Covered up to 5-day emergency supply	Generics: 100% Preferred brand name drugs: 100% up to \$2,000 max. per cal. year	Covered up to 5-day emergency supply
Outpatient Therapy	80%	50%	100%	50%
Allergy Injections	80%	50%	100%	50%
Ambulance Service	80%	80%	100%	100%
Durable Medical Equipment	80%	50%	100%	50%
Home Health Care	80%	50%	100%	50%
Inpatient/Outpatient Mental Health Services	80%	Not covered	100%	Not covered
Inpatient/Outpatient Chemical Dependency	80%	Not covered	100%	Not covered
Transplant Services	80%	Lesser of 50% of billed amount or \$100,000	100%	Lesser of 50% of billed amount or \$100,000
Vision	Not covered		Not covered	

See page 22 for a list of benefit limitations.

★ Not subject to the annual deductible.

● Copayment waived if admitted into hospital.

❖ Payment to providers is based on the negotiated fee allowance. While participating providers accept the fee allowance as payment in full, nonparticipating (nonpar) providers may not, which could result in out-of-pocket expense in addition to the percentage indicated.

# Quality Medical Coverage No Matter **Where You Travel**

*It's comforting to know that if you need medical attention while you're away, we'll do our best to help you find a participating provider, simplify the paperwork, and possibly save you significant out-of-pocket expense.*

## **Need medical care outside of Idaho?**

### **The PacificSource Network and First Health® Network**

When you are traveling outside of Idaho, you have access to medical professionals and services through the PacificSource Network (PSN) and the First Health Network.

When you are traveling into Oregon or southwest Washington, use our online PSN directory to find a provider. Use the First Health Network when traveling outside of Oregon, southwest Washington and Idaho. You will receive your plan's participating provider benefits when using these networks when you are outside the BrightPath Network service area.

## **Need emergency medical services when traveling 100 miles from home or outside the United States?**

### **Assist America®**

This global medical emergency assistance company provides medical assistance when you are traveling 100 miles or more away from home or in a foreign country. With one simple phone call to Assist America, you can access medical care anywhere in the world.

Assist America's Operations Center is staffed 24 hours a day, 365 days a year with trained multilingual and medical personnel, including nurses and doctors, to advise and assist quickly and professionally in a medical emergency.



# Frequently Asked Questions

The following questions highlight important issues that frequently affect consumers.

## Can my employer pay my premium?

No. We cannot accept premium for individual policies from employers.

## Will you send me a bill?

Yes. You'll receive your first month's bill once you are offered coverage. After that, we will bill monthly, and premium is due on the first of each month.

We accept payment by electronic funds transfer (EFT). Automatically deduct your monthly premium from your checking or savings account. To sign up for this free service, return the EFT Authorization with your application or acceptance letter and attach a voided check (for checking account transfers) or voided savings withdrawal slip (for savings account transfers). Please note: you must make the first premium payment by check.

## What if I need medical care while I'm traveling or I relocate?

BrightIdea plans are not transportable. If you move outside the state of Idaho, you are no longer eligible to be on the plan.

When traveling in Oregon and southwest Washington, the PacificSource Network is available to you.

First Health is a nationwide healthcare provider network. When you are outside our service area, First Health providers' services will be paid at your plan's higher participating provider level. If it's a medical emergency and you are more than 100 miles from home, Assist America can help you find medical assistance.

## Does the policy contain benefits or limitations for pregnancy?

BrightIdea Preferred and BrightIdea Value plans cover maternity care, but have a separate deductible and are subject to the 12-month exclusion period for pre-existing conditions. Maternity care is not available on the BrightIdea HSA Plan.

## If I replace my current policy with this one without a break in coverage, will my time under the previous policy count toward the exclusion periods under this policy?

If this policy replaces other comprehensive health coverage, you will receive credit toward any exclusion periods for the amount of time you were covered under the previous policy. You must have remained covered under the prior plan to within 63 days of the new policy's effective date to receive credit. The credit will then apply to this policy's exclusion periods for pre-existing conditions, specified conditions, and transplants.

To receive prior coverage credit, please supply PacificSource with a Certificate of Creditable Coverage. If a Certificate is not available, you may provide the dates of your prior coverage, the policy or group number, the policyholder's name (the employer, if it was group coverage), and the names of all family members covered under the prior policy. We will then verify that information before granting credit.

## Will my medical expenses during the current policy year be credited toward this policy's deductible?

You will receive deductible credit only if your current policy is also a PacificSource BrightIdea plan and there is no break in coverage. Deductible credit is not given for expenses incurred under another insurer's policy, or expenses you paid yourself if you did not have previous coverage.

## Are on-the-job injuries covered?

Yes. If you are self-employed and are not covered by workers' compensation, you are eligible for on-the-job health coverage at no extra cost.

## Are mental health medications covered?

No. Medications used primarily to treat mental health conditions are not covered.

## Is counseling and other mental illness treatment covered?

Outpatient and inpatient treatment for mental health conditions is a covered expense. Residential programs are not covered.

## Is alcoholism and chemical dependency treatment covered?

Yes. Alcoholism and chemical dependency treatment is covered on all BrightIdea plans.

## Are oral contraceptives covered?

Yes. Oral contraceptives are covered on all BrightIdea plans.

# How to **Apply**

***If you have any questions throughout the process, please feel free to contact our Individual Sales staff toll-free at 866.695.8684, or by e-mail at individual@pacifsource.com.***

## **Below are a few tips to make the application process easier.**

### **Complete the entire cover sheet and application:**

- On the cover sheet, choose your plan, deductible, method of payment, and complete the parent or guardian consent if applicable. Complete an EFT Authorization form and attach a voided check if you are selecting the automatic bank deduction.
- On the application, enter complete name, e-mail, date of birth, height, and weight for all applicants. If the application is for a minor only, use the minor's information as "applicant" (the name of the parent or guardian is required on the signature page).
- Also on the application, complete the Idaho Standard Health Statement. Clearly mark all questions either "yes" or "no." Applications for PacificSource BrightIdea policies are health underwritten, and coverage is offered or declined based on health.

**Sign and date the application:** If a spouse or dependent over the age of 18 is also applying for coverage, they must sign and date the application, too.

**Return a copy of your application:** Send a copy of your application to your insurance agent or directly to PacificSource if you do not have an agent.

Our fax number is (208) 342-4508.

Our mailing address is:

PacificSource Health Plans  
Attn: Individual Department  
PO Box 7068  
Eugene OR 97401-0068

## ***Need help finding the right plan?***

**Let our Individual Sales staff help you find the best plan for your needs and budget.**

We're here to help you! Contact us toll-free at (866) 695-8684, or by e-mail at individual@pacifsource.com.





***To apply, or for more information,  
visit us online at [PacificSource.com](http://PacificSource.com).***

## **If you decide to apply for BrightIdea coverage...**

Be sure to fill out all sections of the application completely and truthfully. Misstatements or missing information may void the policy or result in denied claims. If your age is misstated, your benefits may be reduced.

Read your policy! If you purchase a PacificSource policy, read it carefully as soon as you receive it. Because it is an individual policy, you will have an opportunity to send it back and receive a premium refund within 10 days.

## **It is also important that you *read the policy carefully* and understand the following:**

This outline of coverage provides a very brief description of the important features of your policy. Please note that this outline is not intended to be part of the insurance contract. Only the actual policy provisions are final and binding. The policy itself sets forth in detail your rights and obligations as well as those of the insurance company.

Major medical expense coverage: Policies of this category are designated to provide, to persons insured, coverage for major hospital, medical, and surgical expenses incurred as a result of a covered accident or illness. Coverage is provided for daily hospital room and board, miscellaneous hospital services, surgical services, anesthesia services, in-hospital medical services, and out-of-hospital care, subject to any deductibles, copayments, coinsurance, or other limitations that may be set forth in the policy.

Please refer to the summary of benefits on pages 9, 11, and 13 for information about benefits.

*Use this glossary of insurance-related terms to help you better understand your policy's benefits.*



**Chiropractic Care:** Diagnosis, treatment and prevention of mechanical disorders of the musculoskeletal system, with special emphasis on the spine.

**Benefits:** Your plan's covered services, copayments, or deductibles, as well as limitations and exclusions.

**Case management:** Case managers may monitor your care in order to reduce your healthcare costs while providing high-quality medical services.

**Certificate of Creditable Coverage (COC):** Under HIPAA, health insurance issuers must give you this certificate if you lose coverage under your employer-provided group health plan and under certain individual policies. The certificate documents your creditable coverage.

**Coinsurance:** The percentage of medical expenses for which you are responsible. For example, on a BrightIdea Value plan, your coinsurance for office visits with participating providers is 40%.

**Copayment:** The fixed dollar amount for which you are responsible. For example, on a BrightIdea Preferred plan, your copayment for office visits is \$25.

**Creditable coverage:** If you remain covered under a prior plan to within 63 days of a new policy's effective date, your prior plan is considered creditable. This credit is applied to the new policy's exclusion periods for pre-existing conditions.

**Deductible:** The fixed dollar amount you pay out-of-pocket toward covered expenses prior to PacificSource paying for services. For example, on a BrightIdea Preferred plan with a \$2,500 deductible, you are responsible for the first \$2,500 of covered expenses each calendar year before benefits that are "subject to the deductible" will be paid.

**Dependent:** A spouse, or an unmarried child under the age of 25 years, who is financially dependent upon the parent, or an unmarried child of any age who is medically certified as disabled and dependent upon the parent. A dependent child also includes an unmarried brother, sister, niece, nephew or grandchild under the age of 21 if the subscriber is designated by a court as a legal guardian with the expectation that the child will live in the subscriber's household for at least one year.

**Electronic Funds Transfer (EFT):** Premium payments that are automatically withdrawn from your bank account.

**Exclusions:** Conditions, treatments, situations, or classes of individuals not covered under your plan.

**Health Insurance Portability and Accountability Act (HIPAA):** Federal legislation designed to improve health coverage portability, reduce healthcare costs, and increase the security and privacy of your healthcare information.

# Glossary of terms

**Health Savings Account (HSA):** An HSA is a tax-advantaged medical savings account to be used with a qualified high-deductible health plan, such as BrightIdea HSA, to pay for noncovered healthcare expenses.

**Inpatient care:** When you are admitted as a registered bed patient to a hospital, nursing home, or medical or psychiatric institution, and you receive physician-directed care for at least 24 hours.

**Medical emergency:** An injury or sudden illness so severe that you would expect that failure to receive immediate medical attention would seriously risk damaging your health.

**Medically necessary services:** Services that are appropriate for, and are provided for, your medical condition. Services must be provided within standards of good medical practice, and not be primarily for your or your provider's convenience, in order to be covered.

**Nonparticipating (nonpar) provider:** A provider who is not part of the participating provider network. Services for these providers are paid at a lower level than those from a participating provider or not covered at all in some cases.

**Out-of-pocket (OOP) expenses:** Deductibles and medical expenses that are not covered by your plan.

**Outpatient care:** When you visit a clinic, emergency room, or health facility and receive healthcare without being admitted as an overnight patient.

**Over-the-counter (OTC) drug or medicine:** A drug or medicine that is sold lawfully without a prescription.

**Participating (par) provider:** A provider who is part of the BrightPath participating provider network. Services for these providers are paid

at a higher level than those from a nonparticipating provider.

**Preauthorization:** Some services require prior approval to be covered. The current list of such services can be found on our Web site, PacificSource.com.

**Pre-existing condition:** A preexisting condition means any condition that would have caused an ordinarily prudent person to seek medical advice, diagnosis, care or treatment during the six month period immediately preceding the effective date of coverage. A preexisting condition also includes a condition for which medical advice, diagnosis, care, or treatment was recommended or received during the six months immediately preceding the effective date of coverage, or a pregnancy existing on the effective date of coverage.

**Premium:** Rate that you pay monthly for your healthcare insurance.

**Preventive care:** Healthcare emphasizing early detection and intervention, such as routine physical and gynecological exams, well baby care and immunizations.

**Provider:** A person licensed, certified, or otherwise authorized to administer medical or mental health services, including physicians, dentists, nurses, and pharmacists. This term also applies to other healthcare facilities or entities.

**Provider network:** A group of healthcare professionals that contract with PacificSource directly or indirectly to set lower rates for covered services. You'll save money and eliminate paperwork by seeing these participating providers.

**Wellness program:** A program of health promotion and/or disease prevention.

***If you have questions that are not addressed here, please talk with your insurance agent, or contact one of our representatives toll free at 866.695.8684 or e-mail us at individual@pacificsource.com.***



# Benefit Exclusions

*The following exclusions are an overview of treatments, situations, and conditions that are not covered under BrightIdea plans.*

**Cosmetic/reconstructive services and supplies:** Except for congenital anomalies and other services specified under Other Covered Services, Supplies and Treatments in the Covered Expenses section of the policy, services, supplies, and drugs, primarily for cosmetic or reconstructive purposes and any complications as a result of non-covered cosmetic or reconstructive surgery are excluded. Cosmetic or reconstructive services and supplies are performed primarily to improve appearance and not to restore impaired function of the body, regardless of whether the area to be treated is normal or abnormal.

**Family planning:** Except for the purpose for diagnosing possible infertility, services and supplies for family planning (except sterilization), artificial insemination, in vitro fertilization, diagnosis/treatment of infertility, frigidity, erectile dysfunction, or surgery to reverse voluntary sterilization are excluded.

**Hearing aids:** Fitting, provision, or replacement of hearing aids are excluded.

**Immunizations:** Immunizations recommended for, or in anticipation of, exposure through travel or work are not covered in any event.

**Infertility:** Except for the purpose for diagnosing possible infertility, services and supplies, diagnostic laboratory and x-ray studies, surgery, treatment, or prescriptions to prevent, or treat infertility or to induce fertility (including Gamete and/or Zygote Interfallopian Transfer; i.e. GIFT or ZIFT). Medically necessary medication to preserve fertility during treatment with cytotoxic chemotherapy is covered. For purposes of this policy, infertility is defined as:

• **Male:** Low sperm counts or the inability to fertilize an egg.

• **Female:** The inability to conceive or carry a pregnancy to 12 weeks.

**Massage, massage therapy, or neuromuscular re-education:** excluded.

**Mental health:** Except for the initial diagnostic exam, PacificSource will not pay for services and supplies from a mental health or other healthcare provider for the following diagnoses and/or diagnostic categories: mental retardation, learning disorders, motor skills disorders, communication disorders, pervasive developmental disorders, disruptive behavior disorders, factitious disorders, sexual and gender identity disorders, impulse control disorders, paraphilias except for pedophilia, relational problems, caffeine or nicotine-related disorders, and the category of "additional conditions that may be a focus of clinical attention." This exclusion applies to developmental delays and disorders, learning disorders, sensory integration disorders, and conduct disorders.

The following treatment types are excluded: neurodevelopmental therapy, sensory integration training, biofeedback, hypnotherapy, academic skills training, narcosynthesis, and social skills training. Recreation therapy is covered only as a part of mental health inpatient or admission.

The following are also excluded: court-mandated diversion and chemical dependency education classes; court-mandated psychological evaluations for child custody determinations; mental examinations for the purpose of legal rights adjudication; psychological testing and evaluations not provided as an adjunct to treatment or diagnosis of a mental

*Please note: This is not a complete listing. Only the language of the actual policy is final and binding.*



disorder; voluntary support groups such as Alcoholics Anonymous; adolescent wilderness treatment programs; treatments or services for career counseling, personal growth, relaxation, stress management, parenting skills, or family education; assertiveness training; image therapy; marathon group therapy; sensory movement group therapy; sensitivity training; and psychological evaluation for sexual dysfunction or inadequacy.

**Screening tests:** Services and supplies, including imaging and screening exams performed for the sole purpose of screening (including but not limited to total body CT imaging, CT colonography, genetic (DNA) testing, and bone density testing) are excluded, except as medically necessary in the treatment or diagnosis of a condition or to the extent covered under the policy's preventive care benefits.

**Sexual disorders:** Services or supplies for the treatment of sexual dysfunction or inadequacy, as well as those related to sex change procedures, are excluded.



***This is not a complete listing of benefit exclusions. Only the language of the actual policy is binding.***

# Benefit Limitations

## BrightIdea Plan Dollar Limitations on Specific Benefits

To help you understand your coverage limitations, the table below provides an overview of dollar limitations on specific benefits by plan. This is not a complete list. Please refer to the complete policy for the plan of your choice for specific information. Contact us directly toll-free at (866) 695-8684, or by e-mail at [individual@pacificsource.com](mailto:individual@pacificsource.com) if you have questions.

Benefit	BrightIdea Preferred	BrightIdea Value	BrightIdea HSA
Ambulance service	Ground nearest facility; air \$6,000 per calendar year	Ground nearest facility; air \$6,000 per calendar year	Ground nearest facility; air \$6,000 per calendar year
Cardiac rehabilitation (phase II)	\$1,000 maximum lifetime	\$1,000 maximum lifetime	\$1,000 maximum lifetime
Chiropractic manipulation	\$1,000 per calendar year	Not covered	\$1,000 per calendar year
Diabetic education	\$400 maximum	\$400 maximum	\$400 maximum
Durable medical equipment	\$7,500 maximum lifetime	\$7,500 maximum lifetime	\$7,500 maximum lifetime
Flu vaccine	\$30 per calendar year	\$30 per calendar year	\$30 per calendar year
Hospice care	No limitation	No limitation	No limitation
Inpatient Rehabilitation	\$150,000 maximum lifetime	\$150,000 maximum lifetime	\$150,000 maximum lifetime
Mental health treatment	20 visits per calendar year (outpatient); 8 days per calendar year (inpatient)	20 visits per calendar year (outpatient); 8 days per calendar year (inpatient)	20 visits per calendar year (outpatient); 8 days per calendar year (inpatient)
Chemical dependency			
Physical, occupational, speech and respiratory therapy	\$800 per calendar year for each type of therapy	\$800 per calendar year for each type of therapy	\$800 per calendar year for each type of therapy
Prescription drug expense	\$2,500 max per calendar year for brand name drugs	\$1,500 max per calendar year for brand name drugs	\$2,000 max per calendar year for brand name drugs
Pulmonary rehabilitation	\$1,000 maximum lifetime	\$1,000 maximum lifetime	\$1,000 maximum lifetime
Routine physical and gynecological exams	\$500 per calendar year combined	\$300 per calendar year combined	\$500 per calendar year combined
Skilled nursing facility	30 days per calendar year	30 days per calendar year	30 days per calendar year
Sleep apnea	\$500 maximum lifetime	\$500 maximum lifetime	\$500 maximum lifetime
TMJ	\$2,000 maximum lifetime	\$2,000 maximum lifetime	\$2,000 maximum lifetime
Transplants	\$250,000 maximum lifetime	\$250,000 maximum lifetime	\$250,000 maximum lifetime
Transplants, travel/housing for recipient	\$5,000 per transplant	\$5,000 per transplant	\$5,000 per transplant
Transplants, nonpar providers	Lessor of 50% of billed amount or \$100,000	Lessor of 50% of billed amount or \$100,000	Lessor of 50% of billed amount or \$100,000
Vision	1 eye exam per calendar year; Hardware—\$100 per calendar year	Not covered	Not covered
Well baby exams	9 exams in the first 24 months of life, including standard in-hospital exam at birth and related lab tests.	9 exams in the first 24 months of life, including standard in-hospital exam at birth and related lab tests.	9 exams in the first 24 months of life, including standard in-hospital exam at birth and related lab tests.

# Where do your **Insurance Dollars** go?

## What is behind the rising cost of healthcare?

New technology in prescription drugs and healthcare services has the largest impact on the cost of healthcare. Rapid advancements produce new, more effective diagnostic tools and treatments—at higher costs.

That, in turn, produces a wave among the other contributing factors. As Medicare reduces reimbursement rates, providers shift their costs to insurance companies and patients to compensate. Malpractice insurance premiums for physicians have increased dramatically. And there are now more laws than ever dictating how health plans must do business.

When you add these items to an already struggling economy, a picture begins to emerge about why we are feeling the strain in the healthcare system.

## What is PacificSource doing to control costs?

PacificSource doesn't have all the answers, but we are constantly working to reduce costs that are within our control.

- We are partnering with providers to negotiate reasonable rates and offer you more—and more flexible—health plan choices.
- Our prescription drug preauthorization program helps us keep tabs on certain expensive drugs. Our goal is to ensure that members receive the care they need through cost-effective means.
- Medical and disease management allow us to help members through complicated and often expensive treatment. Our medical staff with clinical expertise can streamline the process and trim costs.
- Process and quality improvement helps us keep our administrative expenses low. That means our employees are constantly evaluating and streamlining processes to control costs.

Most of the main healthcare cost drivers, such as general inflation, are not within our power to control. However, we can and do find ways to work together with employers and members to manage these costs. We also are working to educate consumers so that they can make more informed decisions about their care, and we're working to design health plans that engage you in better managing your care to maximize the effectiveness of your healthcare dollars.

## Experts attribute the high cost of healthcare to the factors listed here:

- 27%: General inflation
- 14%: Increased consumer demand
- 13%: Broader networks and provider consolidation
- 11%: More expensive technologies
- 11%: New treatments
- 9%: More intensive diagnostic testing
- 6%: Cost shifting from public providers and the uninsured to private payers
- 6%: Aging—advancements are helping to extend the length and quality of life
- 3%: Lifestyle choices

From "The Factors Fueling Rising Healthcare Costs," PricewaterhouseCoopers, 2006.



If you have questions about our BrightIdea individual and family health plans, please contact your insurance agent or a PacificSource Individual Service Representative at 866.695.8684 or by e-mail at [individual@pacificsource.com](mailto:individual@pacificsource.com).

**PacificSource Health Plans is a not-for-profit company based in Springfield, Oregon, with local offices throughout Oregon and in Boise, Idaho. Founded in 1933, we provide our customers with affordable coverage and the best possible service. PacificSource covers more than 136,000 people with its group and individual health insurance plans. For more information, visit [PacificSource.com](http://PacificSource.com).**

