

Boise State University Voluntary SHIP

**Who is eligible?** All domestic undergraduate and graduate students enrolled in 6 or more credits.

Student Classification	Monthly
	8/1/18 – 7/31/19
Per covered person	\$306.43

**This plan has an Actuarial Value of 70.03% which satisfies the silver metal level of the ACA.**

**Provider Network:** PSN

**Student Health Center:** Boise State University Health Services

**If the member is a student of Boise State University, the Student Health Center listed above is considered a participating provider for covered services.**

Annual Deductible	Per Person, Per Contract Year	Per Family, Per Contract Year
Boise State University Health Services	None	None
Participating Providers	\$1,500	\$3,000
Non-participating Providers	\$3,000	\$6,000
Out-of-Pocket Limit	Per Person, Per Contract Year	Per Family, Per Contract Year
Boise State University Health Services	None	None
Participating Providers	\$7,150	\$14,300
Non-participating Providers	\$14,300	\$28,600

**Please note:** Participating provider deductible and out-of-pocket limit accumulates separately from the non-participating provider deductible and out-of-pocket limit. Even though you may have the same benefit for participating and non-participating providers, your actual costs for services provided by a non-participating provider may exceed this plan’s out-of-pocket limit for non-participating services. In addition, non-participating providers can bill you for the difference between the amount charged by the provider and the amount allowed by the insurance company, and this amount is not counted toward the non-participating out-of-pocket limit. Please see ‘allowable fee’ in the definitions section of your student guide.

**The member is responsible for the above deductible and the following amounts:**

Service	Boise State University Health Services:	Participating Providers:	Non-participating Providers:
<b>Preventive Care</b>			
Well child exams, ages birth - 21	Not available	No charge*	Deductible then 50% co-insurance
Routine physicals	No charge*	No charge*	Deductible then 50% co-insurance
Routine STD screening	No charge*	No charge*	Deductible then 50% co-insurance

<b>Service</b>	<b>Boise State University Health Services:</b>	<b>Participating Providers:</b>	<b>Non-participating Providers:</b>
Well woman visits	No charge*	No charge*	Deductible then 50% co-insurance
Routine mammograms	Not available	No charge*	Deductible then 50% co-insurance
Immunizations	No charge*	No charge*	Deductible then 50% co-insurance
Routine colonoscopy	Not available	No charge*	Deductible then 50% co-insurance
<b>Professional Services</b>			
Office and home visits	No charge*	Deductible then 40% co-insurance	Deductible then 50% co-insurance
Specialist office and home visits	No charge*	Deductible then 40% co-insurance	Deductible then 50% co-insurance
Telemedicine visits	No charge*	Deductible then 40% co-insurance	Deductible then 50% co-insurance
Office procedures and supplies	No charge*	Deductible then 40% co-insurance	Deductible then 50% co-insurance
Surgery	Not available	Deductible then 40% co-insurance	Deductible then 50% co-insurance
Outpatient habilitation services (20 visits per year) for physical, occupational, and speech therapy	Not available	Deductible then 40% co-insurance	Deductible then 50% co-insurance
Outpatient rehabilitation services (20 visits per year) for physical, occupational, and speech therapy	Not available	Deductible then 40% co-insurance	Deductible then 50% co-insurance
<b>Hospital Services</b>			
Inpatient room and board	Not available	Deductible then 40% co-insurance	Deductible then 50% co-insurance
Inpatient habilitation services	Not available	Deductible then 40% co-insurance	Deductible then 50% co-insurance
Inpatient rehabilitation services	Not available	Deductible then 40% co-insurance	Deductible then 50% co-insurance
Skilled nursing facility care (60 days per year)	Not available	Deductible then 40% co-insurance	Deductible then 50% co-insurance
<b>Outpatient Services</b>			
Outpatient surgery/services	Not available	Deductible then 40% co-insurance	Deductible then 50% co-insurance
Advanced diagnostic imaging	Not available	Deductible then 40% co-insurance	Deductible then 50% co-insurance
Diagnostic and therapeutic radiology/lab	Not available	Deductible then 40% co-insurance	Deductible then 50% co-insurance
<b>Urgent and Emergency Services</b>			

<b>Service</b>	<b>Boise State University Health Services:</b>	<b>Participating Providers:</b>	<b>Non-participating Providers:</b>
Urgent care center visits	No charge*	Deductible then 40% co-insurance	Deductible then 50% co-insurance
Emergency room visits – medical emergency	Not available	Deductible then \$100 co-pay/visit plus 40% co-insurance^	Deductible then \$100 co-pay/visit plus 40% co-insurance^
Emergency room visits – non-emergency	Not available	Deductible then \$100 co-pay/visit plus 40% co-insurance^	Deductible then \$100 co-pay/visit plus 50% co-insurance^
Ambulance, ground	Not available	Deductible then 40% co-insurance	Deductible then 40% co-insurance
Ambulance, air	Not available	Deductible then 40% co-insurance	Deductible then 40% co-insurance+
<b>Maternity Services</b>			
Physician/Provider services (global charge)	Not available	Deductible then 40% co-insurance	Deductible then 50% co-insurance
Hospital/Facility services	Not available	Deductible then 40% co-insurance	Deductible then 50% co-insurance
<b>Mental Health/Chemical Dependency Services</b>			
Office visits	No charge*	Deductible then 40% co-insurance	Deductible then 50% co-insurance
Inpatient care	Not available	Deductible then 40% co-insurance	Deductible then 50% co-insurance
Residential programs	Not available	Deductible then 40% co-insurance	Deductible then 50% co-insurance
<b>Other Covered Services</b>			
Allergy injections	No charge*	Deductible then 40% co-insurance	Deductible then 50% co-insurance
Durable medical equipment	No charge*	Deductible then 40% co-insurance	Deductible then 50% co-insurance
Home health services	Not available	Deductible then 40% co-insurance	Deductible then 50% co-insurance
Chiropractic manipulation and Acupuncture (18 visits per year)	Not available	Deductible then 40% co-insurance	Deductible then 50% co-insurance
Massage therapy	No charge*	Deductible then 40% co-insurance	Deductible then 50% co-insurance
Certain transplant services	Not available	Deductible then 40% co-insurance	Deductible then 50% co-insurance

**This is a brief summary of benefits. Refer to your student guide for additional information or a further explanation of benefits, limitations, and exclusions.**

^ Co-pay applies to ER physician and facility charges only. Co-pay waived if admitted into hospital.

\* Not subject to annual deductible.

+ Non-participating air ambulance coverage is covered at 200 percent of the Medicare allowance. You may be held responsible for the amount billed in excess. Please see your policy for additional information or contact our Customer Service team with questions.

# Additional Information

## What is the annual deductible?

Your plan's deductible is the amount of money that you pay first, before your plan starts to pay. You'll see that many services, especially preventive care, are covered by the plan without you needing to meet the deductible. The individual deductible applies if you enroll without dependents. If you and one or more dependents enroll, the individual deductible applies for each member only until the family deductible has been met. There is no deductible when you use the Boise State University Health Services.

Note that there is a separate category for participating and non-participating providers when it comes to meeting your deductible. Only participating provider expense applies to the participating provider deductible only non-participating provider expense applies to the non-participating provider deductible.

## What is the out-of-pocket limit?

The out-of-pocket limit is the most you'll pay for covered medical expenses during the plan year. Once the out-of-pocket limit has been met, the plan will pay 100 percent of covered charges for the rest of that year. The individual out-of-pocket limit applies only if you enroll without dependents. If you and one or more dependents enroll, the individual out-of-pocket limit applies for each member only until the family out-of-pocket limit has been met. Be sure to check your student guide, as there are some charges, such as non-essential health benefits, penalties and balance billed amounts that do not count toward the out-of-pocket limit.

Note that there is a separate category for participating and non-participating providers when it comes to meeting your out-of-pocket limit. Only participating provider expense applies to the participating provider out-of-pocket limit and only non-participating provider expense applies to the non-participating provider out-of-pocket limit.

## Payments to providers

Payment to providers is based on the prevailing or contracted PacificSource fee allowance for covered services. Participating providers accept the fee allowance as payment in full. Non-participating providers are allowed to balance bill any remaining balance that your plan did not cover. Services of non-participating providers could result in out-of-pocket expense in addition to the percentage indicated above.

## Preauthorization

Coverage of certain medical services and surgical procedures requires a benefit determination by PacificSource before the services are performed. This process is called 'preauthorization'. Preauthorization is necessary to determine if certain services and supplies are covered under this plan, and if you meet the plan's eligibility requirements. Preauthorization does not change your out-of-pocket expense for participating and non-participating providers. You'll find the most current preauthorization list on our website, [PacificSource.com/member/preauthorization.aspx](https://www.pacificsource.com/member/preauthorization.aspx).

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This PacificSource health plan includes coverage for prescription drugs and certain other pharmaceuticals, subject to the information below. This plan complies with federal healthcare reform. To check which tier your prescription falls under, call Customer Service or visit [PacificSource.com/drug-list](http://PacificSource.com/drug-list).

**PRESCRIPTION DRUG DEDUCTIBLE** \$250 per person

The deductible is an amount of covered pharmacy expenses the member pays for Tier two, Tier three, and Tier four prescriptions drugs each contract year before the following benefits begin. Co-payments, cost difference between brand and generic drugs, drugs obtained without using the PacificSource member ID card, and non-participating pharmacy charges do not accumulate toward the deductible. The deductible does not apply to Tier one or PacificSource Preventive Rx drugs.

The amount you pay for covered prescriptions at participating and non-participating pharmacies applies toward your plan’s participating medical out-of-pocket limit, which is shown on the Medical Schedule of Benefits. The co-payment and/or co-insurance for prescription drugs obtained from a participating or non-participating pharmacy are waived during the remainder of the contract year in which you have satisfied the medical out-of-pocket limit.

**PACIFICSOURCE PREVENTIVE RX**

Your prescription benefit includes certain outpatient drugs as a preventive benefit at no charge\*. This includes specific drugs that are taken regularly to prevent a disease or to keep a specific disease or condition from progressing. Preventive drugs are taken to help avoid many illnesses and conditions. Preventive drugs are taken to help avoid many illnesses and conditions. Preventive drugs are not subject to the deductible

**CONTRACEPTIVES**

Any deductible, co-payment, and/or co-insurance amounts are waived for Food and Drug Administration (FDA) approved contraceptive methods for all women with reproductive capacity, as supported by the Health Resources and Services Administration (HRSA), when provided by a participating pharmacy. If a generic exists, brand name contraceptives will remain subject to regular pharmacy plan benefits unless deemed medically necessary by your attending provider. Requests for formulary exceptions can be made by the member or practitioner by contacting our Pharmacy Services team. When no generic exists, brand name contraceptives are covered at no cost. If a generic becomes available, the brand name contraceptive will no longer be covered under the preventive care benefit unless deemed medically necessary by your attending provider.

**Each time a covered pharmaceutical is dispensed, you are responsible for the amounts below:**

	Tier 1:	Tier 2:	Tier 3:
<b>Participating Retail Pharmacy<sup>^</sup></b>			
Up to a 30 day supply:	\$15 co-pay*	Deductible then \$45 co-pay	Deductible then \$75 co-pay
<b>Participating Mail Order Pharmacy</b>			
Up to a 30 day supply:	\$15 co-pay*	Deductible then \$45 co-pay	Deductible then \$75 co-pay
31 – 90 day supply:	\$15 co-pay*	Deductible then \$135 co-pay	Deductible then \$225 co-pay

<b>Non-participating Pharmacy</b>	
30 day max fill, no more than three fills allowed per year:	Deductible then 90% co-insurance
<b>Tier 4 Specialty Drugs – Participating Specialty Pharmacy</b>	
Up to a 30 day supply:	Deductible then \$250 co-pay
<b>Tier 4 Specialty Drugs – Not filled through Participating Specialty Pharmacy</b>	
30 day max fill, no more than three fills allowed per year:	Deductible then 90% co-insurance
<b>Compound Drugs**</b>	
Up to a 30 day supply:	Deductible then \$75 co-pay

*^Remember to show your PacificSource member ID card each time you fill a prescription at a retail pharmacy. If your ID card is not used, your benefits cannot be applied and may result in higher out-of-pocket cost.*

*\*Not subject to annual prescription drug and/or medical deductible.*

*\*\*Compounded medications are subject to a preauthorization process. Compounds are generally covered only when all commercially available formulary products have been exhausted and all the ingredients in the compounded medications are on the applicable formulary.*

*MAC B - Unless the prescribing provider requires the use of a brand name drug, the prescription will automatically be filled with a generic drug when available and permissible by state law. If you receive a brand name drug when a generic is available, you will be responsible for the brand name drug's co-payment and/or co-insurance plus the difference in cost between the brand name drug and its generic equivalent after the prescription deductible is met. If your prescribing provider requires the use of a brand name drug, the prescription will be filled with the brand name drug and you will be responsible for the brand name drug's co-payment and/or co-insurance after the prescription deductible is met. The cost difference between the brand name and generic drug does not apply toward the prescription plan's deductible or medical plan's out-of-pocket limit. This does not apply to tobacco cessation medications covered under USPSTF guidelines.*

*If your physician prescribes a brand name contraceptive due to medical necessity it may be subject to preauthorization for coverage at no charge.*

**See your student guide for important information about your prescription drug benefit, including which drugs are covered, limitations, and more.**

**Boise State University Voluntary SHIP**

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The following shows the vision benefits (including vision exams, lenses, and frames when applicable) available under this plan for enrolled members when performed or prescribed by a licensed ophthalmologist or licensed optometrist. Coverage for pediatric services will end on the last day of the month in which the enrolled member turns 19. Medical deductible, co-payment and/or co-insurance for covered charges apply to the medical plan’s out-of-pocket limit.

If charges for a service or supply are less than the amount allowed, the benefit will be equal to the actual charge. If charges for a service or supply are greater than the amount allowed, the expense above the allowed amount is the member’s responsibility and will not apply toward the member’s medical plan deductible or out-of-pocket limit.

**Member Responsibility**

Service/Supply	Participating Providers	Non-Participating Providers
<b>Enrolled Members Age 18 and Younger</b>		
Eye exam	\$20 co-pay/visit*	50% co-insurance*
Vision hardware	\$40 co-pay/pair*	50% co-insurance*

\* Not subject to annual medical deductible.

**Benefit Limitations: enrolled members age 18 and younger**

- One vision exam every contract year.
- One pair of glasses (frames and lenses) or contact lenses in lieu of glasses per contract year.

**Exclusions**

- Special procedures such as orthoptics or vision training.
- Special supplies such as sunglasses (plain or prescription) and subnormal vision aids, for enrolled members age 19 and older.
- Lens tint, for enrolled members age 19 and older.
- Plano contact lenses.
- Anti-reflective coating and scratch resistant coatings, for enrolled members age 19 and older.
- Replacement of lost, stolen, or broken lenses or frames.
- Duplication of spare eyeglasses or any lenses or frames.
- Nonprescription lenses.
- Visual analysis that does not include refraction.
- Services or supplies not listed as covered expenses.
- Eye exams required as a condition of an academic program, employment, required by a labor agreement or government body.
- Expenses covered under any worker’s compensation law.

- Services or supplies received before this plan's coverage begins or after it ends.
- Charges for services or supplies covered in whole or in part under any medical or vision benefits provided by an employer.
- Medical or surgical treatment of the eye.

## **Important information about your vision benefits**

Your PacificSource health plan includes coverage for vision services. To make the most of those benefits, it's important to keep in mind the following:

### **Participating Providers**

PacificSource is able to add value to your vision benefits by contracting with a network of vision providers. Those providers offer vision services at discounted rates, which are passed on to you in your benefits.

### **Paying for Services**

Please remember to show your current PacificSource member ID card whenever you use your plan's benefits. Our provider contracts require participating providers to bill us directly whenever you receive covered services and supplies. Providers will verify your vision benefits. Participating providers should not ask you to pay the full cost in advance. They may only collect your share of the expense up front, such as co-payments and amounts over your plan's allowances. If you are asked to pay the entire amount in advance, tell the provider you understand they have a contract with PacificSource and they should bill PacificSource directly.

### **Sales and Special Promotions (sales and promotions are not considered insurance)**

Vision retailers often use coupons and promotions to bring in new business, such as free eye exams, two-for-one glasses, or free lenses with purchase of frames. Because participating providers already discount their services through their contract with PacificSource, your plan's participating provider benefits cannot be combined with any other discounts or coupons. You can use your plan's participating provider benefits, or you can use your plan's non-participating provider benefits to take advantage of a sale or coupon offer.

If you do take advantage of a special offer, the participating provider may treat you as an uninsured customer and require full payment in advance. You can then send the claim to PacificSource yourself, and we will reimburse you according to your plan's non-participating provider benefits.



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This dental plan covers the following services when performed by a licensed dentist, dental hygienist or denturist to the extent that they are operating within the scope of their license as required under law in the state of issuance, and when determined to be necessary, usual, and customary by the standards of generally accepted dental practice for the prevention or treatment of oral disease or for accidental injury, including masticatory function (chewing of food).

Advantage Network dentists contract with PacificSource to furnish dental services and supplies for a set fee. That fee is called the contracted allowable fee. Participating providers agree not to collect more than the contracted allowable fee. When you use an Advantage Network provider, you will pay only the participating provider amounts below. If you choose not to use a participating provider, or don't have access to them, reimbursement is based on the contracted allowable fee. If charges exceed the allowable fee, the excess charges are your responsibility.

**This plan covers dental services for enrolled individuals age 18 and younger, as required under the Affordable Care Act. Coverage for pediatric services will end on the last day of the month in which the enrolled individual turns 19.**

Please note: Even though you may have the same benefit for participating and non-participating providers, you may still be responsible for any amounts that a non-participating provider charges that are over the PacificSource allowable fee. Please see 'allowable fee' in the definitions section of your policy.

Annual Deductible	Per Person, Per Contract Year	Per Family, Per Contract Year
Participating Providers	See your Medical Schedule of Benefits	See your Medical Schedule of Benefits
Non-participating Providers	See your Medical Schedule of Benefits	See your Medical Schedule of Benefits
Out-of-Pocket Limit	Per Person, Per Contract Year	Per Family, Per Contract Year
Participating Providers	See your Medical Schedule of Benefits	See your Medical Schedule of Benefits
Non-participating Providers	See your Medical Schedule of Benefits	See your Medical Schedule of Benefits

**Note:** Non-participating providers can bill you for the difference between the amount charged by the provider and the amount allowed by the insurance company. Non-participating charges do not count towards your out-of-pocket limit.

**The member is responsible for any amounts shown above, in addition to the following amounts.**

Service	Participating Providers:	Non-participating Providers:
<b>Class I Services</b> (Covered for enrolled individuals age 18 and younger.)		
Examinations	Deductible then 20% co-insurance	Deductible then 20% co-insurance
Bitewing films, full mouth x-rays, cone beam x-rays, and/or panorex	Deductible then 20% co-insurance	Deductible then 20% co-insurance

Service	Participating Providers:	Non-participating Providers:
Dental cleaning (prophylaxis and periodontal maintenance)	Deductible then 20% co-insurance	Deductible then 20% co-insurance
Topical fluoride	Deductible then 20% co-insurance	Deductible then 20% co-insurance
Fluoride varnish	Deductible then 20% co-insurance	Deductible then 20% co-insurance
Sealants	Deductible then 20% co-insurance	Deductible then 20% co-insurance
Space maintainers	Deductible then 20% co-insurance	Deductible then 20% co-insurance
Athletic mouth guards	Deductible then 20% co-insurance	Deductible then 20% co-insurance
Brush biopsies	Deductible then 20% co-insurance	Deductible then 20% co-insurance
<b>Class II Services (Covered for enrolled individuals age 18 and younger.)</b>		
Fillings	Deductible then 50% co-insurance	Deductible then 50% co-insurance
Simple extractions	Deductible then 50% co-insurance	Deductible then 50% co-insurance
Periodontal scaling and root planing	Deductible then 50% co-insurance	Deductible then 50% co-insurance
Full mouth debridement	Deductible then 50% co-insurance	Deductible then 50% co-insurance
<b>Class III Services (Covered for enrolled individuals age 18 and younger.)</b>		
Complicated oral surgery	Deductible then 50% co-insurance	Deductible then 50% co-insurance
Pulp capping	Deductible then 50% co-insurance	Deductible then 50% co-insurance
Pulpotomy	Deductible then 50% co-insurance	Deductible then 50% co-insurance
Root canal therapy	Deductible then 50% co-insurance	Deductible then 50% co-insurance
Periodontal surgery	Deductible then 50% co-insurance	Deductible then 50% co-insurance
Tooth desensitization	Deductible then 50% co-insurance	Deductible then 50% co-insurance
Crowns	Deductible then 50% co-insurance	Deductible then 50% co-insurance
Replacement of existing prosthetic device	Deductible then 50% co-insurance	Deductible then 50% co-insurance
Dentures	Deductible then 50% co-insurance	Deductible then 50% co-insurance
Bridges	Deductible then 50% co-insurance	Deductible then 50% co-insurance
Implants	Deductible then 50% co-insurance	Deductible then 50% co-insurance

<b>Service</b>	<b>Participating Providers:</b>	<b>Non-participating Providers:</b>
Orthodontia for medically necessary reasons for enrolled individuals age 18 and younger	Deductible then 50% co-insurance	Deductible then 50% co-insurance

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## Additional Information

### What is the annual deductible?

Your plan's deductible is the amount of money that you pay first, before your plan starts to pay. You'll see that some services are covered by the plan without you needing to meet the deductible. The individual deductible applies if you enroll without dependents. If you and one or more dependents enroll, the individual deductible applies for each member only until the family deductible has been met.

Your medical and dental deductible are combined. See your Medical Schedule of Benefits for your deductible amount.

### What is the out-of-pocket limit?

The out-of-pocket limit is the most you'll pay for approved medical and pediatric dental expenses during the contract year. Once the out-of-pocket limit has been met, the plan will pay 100 percent of covered charges for the rest of that year. Non-essential health benefits, penalties, and balance billed amounts over the allowable fee do not accumulate toward the out-of-pocket limit.

Your medical and dental out-of-pocket are combined. See your Medical Schedule of Benefits for your out-of-pocket limit.

### Preauthorization

Coverage of certain dental services and surgical procedures requires a benefit determination by PacificSource before the services are performed. This process is called 'preauthorization'. Preauthorization is necessary to determine if certain services and supplies are covered under this plan, and if you meet the plan's eligibility requirements. Preauthorization does not change your out-of-pocket expense for participating and non-participating providers. You'll find the most current preauthorization list on our website, [PacificSource.com/member/preauthorization.aspx](https://www.pacificsource.com/member/preauthorization.aspx).