Individual HDHP Bronze (ZCS)

2024 Benefits Outline of Coverage
Effective 1/1/2024

Important: This is an Outline of Coverage only – please consult your Master Policy for additional details on Medical Benefit descriptions, Benefit Limits and Choosing a Provider.

Annual Medical Deductible	**In-Network**	**Out-of-Network**
The total deductible you pay per calendar year.	$0 **Individual** $0 **Family**	$0 **Individual** $0 **Family**
Annual Out-of-Pocket Maximum	**In-Network**	**Out-of-Network**
The combined total for your deductible(s), coinsurance and copays per calendar year.	$0 **Individual** $0 **Family**	$0 **Individual** $0 **Family**
	When family coverage is elected, each individual will meet no more than the Individual Medical/Pharmacy Maximum Deductible amount, but the family will meet no more than the specified Family Medical/Pharmacy Maximum Deductible amount, regardless of family size.	

Professional Medical Services
Professional medical services including physical exams and Telehealth for the purpose of diagnosing, assessing or treating illness or disease. For imaging, lab and diagnostic services see applicable section.

	What you pay for in-network services*	**What you pay for out-of-network services*** **
Office and Telehealth Visits		
Primary Care Provider (PCP)	$0	$0
Obstetrics/Gynecology Provider (OBGYN)	$0	$0
Specialist	$0	$0
Telehealth Services (other than St. Luke's On-Demand Care)	Aligns with Visit Type	Aligns with Visit Type
St. Luke's On-Demand Virtual Care	$0	Out-of-Network Services Not Available
Other Visit Related Services	$0	$0
St. Luke's Lifestyle Medicine		
Specialist Visit	$0	Out-of-Network Services Not Available
Intensive Lifestyle Medicine Program	$0	Out-of-Network Services Not Available
Pivio – the Complete Health Improvement Program	$0	Out-of-Network Services Not Available

Maternity and Newborn Care Professional Services Services related to pregnancy and childbirth.		
	What you pay for in-network services*	**What you pay for out-of-network services*** **
Inpatient/Outpatient	$0	$0
Professional (OBGYN)		
Delivery and Office	$0	$0

Urgent Care and Emergency Care Emergency care is immediate medical care that is available 24 hours a day or during extended hours in an emergency room or facility that is either stand-alone, or more often, part of a hospital or medical center.		
	What you pay for in-network services*	**What you pay for out-of-network services*** **
Urgent Care	$0	$0
Emergency Care (Facility)	$0	$0
Emergency Care (Professional)	$0	$0
Ambulance	$0	$0

Mental Health Care Mental health care supports emotional, psychological and social wellbeing. Pre-Authorization required for inpatient, residential and partial hospitalization.		
	What you pay for in-network services*	**What you pay for out-of-network services*** **
Office Visit	$0	$0
Inpatient	$0	$0
Partial Day	$0	$0
Outpatient Facility	$0	$0
Outpatient Professional	$0	$0

Preventive Care Routine health care that includes screenings, check-ups and patient counseling to prevent illnesses, disease or other health problems.		
	What you pay for in-network services*	**What you pay for out-of-network services*** **
Preventive Physicals	$0	$0
Well Woman Visits	$0	$0
Pap Test	$0	$0
Well Baby/Well Child Visits	$0	$0
Preventive Mammograms	$0	$0

Preventive Colonoscopy	$0	$0
Preventive Sigmoidoscopy	$0	$0
Immunizations	$0	$0

Inpatient and Outpatient Hospital Services
Inpatient care refers to any medical service that requires admission into a hospital. Inpatient care tends to be directed toward more serious ailments and trauma that require one or more days of overnight stay at a hospital. Outpatient care refers to medical services provided that don't require a prolonged stay at a facility. Pre-Authorization required for inpatient and certain outpatient services.

	What you pay for in-network services*	What you pay for out-of-network services***
Outpatient Hospital and Ambulatory Surgical Centers	$0	$0
Inpatient Hospital	$0	$0
Medical/Surgical Professional (Physician, Surgeon Assistant, Hospitalist, Anesthesiologist, Radiologist)	$0	$0

Imaging, Lab and other Diagnostic Services
Laboratory and radiology services include blood and urine tests, CT scans, MRI and EEG which are used to diagnose and regulate conditions.

	What you pay for in-network services*	What you pay for out-of-network services***
Advanced Diagnostic Imaging (MRIs, CTs, PET)	$0	$0
Diagnostic Laboratory	$0	$0
Diagnostic X-ray	$0	$0
Cardiovascular Diagnostic	$0	$0
Infertility Diagnostic	$0	$0

Habilitative and Rehabilitation Therapy
Habilitative services help a person keep, learn or improve skills and functioning for daily living. Rehabilitation services are measures taken to promote optimum attainable levels of physical, cognitive, emotional, psychological, social and economic usefulness, and thereafter to maintain the individual at the maximal functional level Pre-Authorization required for inpatient services.

	What you pay for in-network services*	What you pay for out-of-network services***
Inpatient Physical Rehabilitation	$0	$0
Outpatient or Office		
Occupational Therapy	$0	$0
Physical Therapy	$0	$0
Speech Therapy	$0	$0

Durable Medical Equipment and Supplies Equipment and supplies ordered by a health care provider for everyday or extended use. Pre-Authorization required for certain equipment.		
	What you pay for in-network services*	**What you pay for out-of-network services*** **
Breast Pumps	$0	$0
Orthopedic Appliances/Braces	$0	$0
Prosthetic Devices	$0	$0
Wigs	$0	$0
Other Medical Equipment and Supplies	$0	$0

Vision Care Vision care is the care and treatment of eyes, eyesight conditions, and vision.		
	What you pay for in-network services*	**What you pay for out-of-network services*** **
Preventive Eye Exams		
Pediatric (ages 18 and younger) one per year	$0	$0
Adults (ages 19 and older) eye exams not covered	Not Covered	Not Covered
Medically Necessary Eye Exams (all ages)	$0	$0
Vision Hardware (limit one pair of lenses and frames or one pair of contacts per calendar year)		
Pediatric (ages 18 and younger)	$0	$0

Other Services		
	What you pay for in-network services*	**What you pay for out-of-network services*** **
Allergy Testing	$0	$0
Chiropractic Care	$0	$0
Diabetes Education	$0	$0
Hearing Aids	$0	$0
Home Health	$0	$0
Hospice	$0	$0
Nutritional Counseling	$0	$0
Transportation and Lodging for Covered Organ Transplants	$0	$0

Pediatric Dental Care****	Not Covered	Not Covered
Skilled Nursing Facilities	$0	$0
Tobacco Cessation Counseling	$0	$0
All Other Services	$0	$0

Pharmacy**	
	What you pay for in-network services*
Retail (1 to 30 Day Supply)	
Tier 1 (Preferred Generics)	$0
Tier 2 (Non-preferred Generics)	$0
Tier 3 (Preferred Brand)	$0
Tier 4 (Non-preferred Brand)	$0
Tier 5 (Specialty)	$0
Maintenance Medications (31 to 100 Day Supply)	
Tier 1 (Preferred Generics)	$0
Tier 2 (Non-preferred Generics)	$0
Tier 3 (Preferred Brand)	$0
Tier 4 (Non-preferred Brand)	$0

Footnotes

*In-network benefits apply for services rendered through St. Luke's Health Partners in the defined service area; when traveling or using care outside of the service area utilize the applicable First Choice Health or First Health networks. To determine if your provider is in network go to https://www.stlukeshealthplan.org/find-a-doctor.

** Under the Smart Co-pay program, the manufacturer will pay all or a portion of a member's Copayment or Coinsurance through the manufacturer's assistance program. When manufacturer assistance is available on select prescription medications, a Member's Copayment or Coinsurance amount may reflect up to the maximum value of any manufacturer assistance. The amount paid by the manufacturer does not apply towards the Member's outstanding Deductible or Out-of-Pocket Maximum. St. Luke's Health Plan will help coordinate these assistance programs for you.

*** All out-of-network services are subject to deductible unless otherwise noted.

****This Individual Policy does not include coverage for pediatric dental care, which is considered an essential health benefit under the Affordable Care Act. Pediatric dental care is available in the market and can be purchased as a stand-alone product. Please contact your insurance agent, a stand-alone dental insurance provider or Your Health Idaho if you wish to purchase a stand-alone dental care product.