



2024 Individual Access Plans

	ACCESS PROTECTOR™		ACCESS CLARITY™		ACCESS SAFEGUARD™		ACCESS SECURE™					
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK				
BENEFITS YOU ARE MOST LIKELY TO NEED AND WHAT YOU PAY												
Child Primary Care / Telehealth	\$0	60% after deductible	\$0	60% after deductible	\$0	60% after deductible	\$0	60% after deductible				
Primary Care / Telehealth	40% after deductible		\$40		\$40 for the first 10 visits then 30% after deductible		\$20 for the first 10 visits then 20% after deductible					
Specialist / Telehealth			\$60		\$60		\$60					
Urgent Care / Telehealth			\$40		\$40		\$40					
Telehealth Services: MDLIVE	\$10	N/A	\$10	N/A	\$10	N/A	\$10	N/A				
Preferred Generic Rx	\$10		\$10		\$10		\$10					
Non-Preferred Generic Rx	\$25		\$25		\$25		\$25					
Immunizations	\$0		\$0		\$0		\$0					
Preventative Care / Telehealth	\$0	60% after deductible	\$0	60% after deductible	\$0	60% after deductible	\$0	60% after deductible				
Outpatient Mental Health, Substance Abuse	\$0 for first 6 visits then 40% after deductible		\$0 for the first 6 visits then \$40 per visit \$0 for pediatric, under 18 years of age		\$0 for first 6 visits then 30% after deductible		\$0 for first 6 visits then 20% after deductible					
Sleep Study Services	\$250 copay then 40% after deductible		\$250 copay then 60% after deductible		\$180 in-home; \$760 attended		60% after deductible		\$250 copay then 30% after deductible	\$250 copay then 60% after deductible	\$250 copay then 20% after deductible	\$250 copay then 60% after deductible
Allergy Services	40% after deductible		60% after deductible		\$0 injections; \$180 testing \$390 serum		60% after deductible		30% after deductible	60% after deductible	20% after deductible	60% after deductible
Preventative Dental Care	No deductible; \$20 copay	\$50 deductible; 50% coinsurance	No deductible; \$20 copay	\$50 deductible; 50% coinsurance	No deductible; \$20 copay	\$50 deductible; 50% coinsurance	No deductible; \$20 copay	\$50 deductible; 50% coinsurance				
Vision Services	\$100 allowance		\$100 allowance		\$100 allowance		\$100 allowance					
OTHER BENEFITS YOU MIGHT NEED AND WHAT YOU PAY												
Emergency Room	\$350 copay after deductible	\$350 copay after deductible	\$350 copay after deductible	\$350 copay after deductible	\$350 copay after deductible	\$350 copay after deductible	\$350 copay after deductible	\$350 copay after deductible				
Imaging (e.g., MRIs, MRAs and CT Scans)	\$500 copay then 40% after deductible	\$500 copay then 60% after deductible	\$500 copay then 30% after deductible	\$500 copay then 60% after deductible	\$500 copay then 30% after deductible	\$500 copay then 60% after deductible	\$500 copay then 20% after deductible	\$500 copay then 60% after deductible				
Diagnostic Lab Work and X-Rays	40% after deductible	60% after deductible	\$40	60% after deductible	30% after deductible	60% after deductible	20% after deductible	60% after deductible				
Surgery (Doctor, Anesthesia and other Covered Charges)			30% after deductible									
Chiropractic Care (Visit Limitations Apply)			\$40						60% after deductible	30% after deductible	60% after deductible	20% after deductible
Pregnancy Care (Pre/Postnatal Care and Delivery)	40% after deductible	60% after deductible	\$40	60% after deductible	30% after deductible	60% after deductible	20% after deductible	60% after deductible				
	18 visit maximum		18 visit maximum		18 visit maximum		18 visit maximum					
	40% after maternity deductible	60% after maternity deductible	\$8,599	\$20,000	30% after maternity deductible	60% after maternity deductible	20% after maternity deductible	60% after maternity deductible				
WHAT YOU PAY FOR THE CARE YOU RECEIVE EACH YEAR												
Medical Deductible	\$10,500 (Individual)	\$21,000 (Individual)	\$5,500 (Individual)	\$11,000 (Individual)	\$5,500 (Individual)	\$11,000 (Individual)	\$3,000 (Individual)	\$6,000 (Individual)				
	\$21,000 (Family)	\$42,000 (Family)	\$11,000 (Family)	\$22,000 (Family)	\$11,000 (Family)	\$22,000 (Family)	\$6,000 (Family)	\$12,000 (Family)				
Rx Deductible	\$5,000 (Individual)		\$2,000 (Individual)		\$2,000 (Individual)		\$2,000 (Individual)					
	\$10,000 (Family)		\$4,000 (Family)		\$4,000 (Family)		\$4,000 (Family)					
Maternity Deductible	Integrated medical and maternity deductible		N/A	N/A	\$7,500	\$20,000	\$5,000	\$20,000				
Medical Coinsurance	40%	60%	30%	60%	30%	60%	20%	60%				
Plan Year Limit	\$2,000,000		\$2,000,000		\$2,000,000		\$2,000,000					
Medical Out-Of-Pocket Maximum	\$25,000 (Individual)	\$55,000 (Individual)	\$20,000 (Individual)	\$60,000 (Individual)	\$20,000 (Individual)	\$60,000 (Individual)	\$15,000 (Individual)	\$65,000 (Individual)				
	\$50,000 (Family)	\$160,000 (Family)	\$40,000 (Family)	\$160,000 (Family)	\$40,000 (Family)	\$160,000 (Family)	\$30,000 (Family)	\$160,000 (Family)				
IF YOU NEED BRAND NAME OR SPECIALTY PRESCRIPTIONS, THIS IS WHAT YOU PAY												
Preferred Brand Name Rx	20% after Rx deductible		\$35 after Rx deductible		20% after Rx deductible		20% after Rx deductible					
Non-Preferred Brand Name Rx	30% after Rx deductible		30% after Rx deductible		30% after Rx deductible		30% after Rx deductible					
Preferred Specialty Rx	40% after Rx deductible		40% after Rx deductible		40% after Rx deductible		40% after Rx deductible					
Non-Preferred Specialty Rx	50% after Rx deductible		50% after Rx deductible		50% after Rx deductible		50% after Rx deductible					

Underwriting tips

Below is a list of commonly missed items that will speed up the application and underwriting process.

This information will be needed for each person applying for coverage.

Demographics

- Name
- Relationship to applicant
- Date of birth
- Height/weight
- Residency verification
- County and ZIP code

Current/Prior Coverage

Answer this question in detail. This information is used to evaluate preexisting condition waiting periods.

Health Questions

- Make sure details are provided for questions answered “yes”
- Include both information about the condition and the medication (if applicable)
- Include onset/last-treated dates if recovery is complete

Medications

- Medication name
- Name of the condition for which the medication is prescribed
- Are you still taking the medication?

Note: Every medication must include a condition and detailed information about the prescription.

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