

Individual plans and benefits | 2024 Idaho plans



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Plan Type	Traditional	Traditional / No-Deductible Office Visits	HSA-Qualified ¹	Traditional / No-Deductible PCP/Office Visits	Traditional	Traditional / No Deductible Office Visits	Traditional / \$0 PCP Office Visits	Traditional / Lowest-Cost Silver	Copay Plan	Traditional / No Deductible Office Visits	Traditional / No Deductible Office Visits
Plan Name	Bronze 8000	Expanded Bronze 9400	Expanded Bronze 8000	Expanded Bronze 6000	Expanded Bronze 4500	Silver 4500	Silver 4000	Silver 3000	Silver 0	Gold 1500	Gold 1000
Participating Networks	S	S	S B M	S B A M	S B M	S B A M	S B A M	S B A M	S B A M	S	B A M
Deductible											
Single	\$8,000	\$9,400	\$8,000	\$6,000	\$4,500	\$4,500	\$4,000	\$3,000	\$0	\$1,500	\$1,000
Family	\$16,000	\$18,800	\$16,000	\$12,000	\$9,000	\$9,000	\$8,000	\$6,000	\$0	\$3,000	\$2,000
Out-of-Pocket Max											
Single	\$9,100	\$9,400	\$8,000	\$9,100	\$9,450	\$9,000	\$8,900	\$8,700	\$9,100	\$8,000	\$9,000
Family	\$18,200	\$18,800	\$16,000	\$18,200	\$18,900	\$18,000	\$17,800	\$17,400	\$18,200	\$16,000	\$18,000
Primary Care Provider (PCP)	\$30 after Deductible	\$45	Covered 100% after Deductible	\$40	\$45	\$30	\$0	\$20	\$20	\$10	\$15
Secondary Care Provider (SCP)	\$70 after Deductible	\$100	Covered 100% after Deductible	\$90 after Deductible	\$70 after Deductible	\$50	\$50	\$60 after Deductible	\$60	\$40	\$40
Urgent Care Services	\$70 after Deductible	\$90	Covered 100% after Deductible	\$70	\$60 after Deductible	\$50	\$50	\$60 after Deductible	\$30	\$40	\$40
Virtual Visits²	Covered 100%	Covered 100%	Covered 100% after Deductible	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Preventive Care and Immunizations	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Minor Diagnostic Tests³	\$75 after Deductible	\$75	Covered 100% after Deductible	\$75	Covered 100% after deductible	\$0	\$60	\$30	\$15	Covered 100%	Covered 100%
Inpatient Hospital Services	50% after Deductible	Covered 100% after Deductible	Covered 100% after Deductible	50% after Deductible	50% after Deductible	\$650 per day after Deductible	40% after Deductible	50% after Deductible	\$1,500 per day	20% after Deductible	20% after Deductible
Outpatient Services	50% after Deductible	Covered 100% after Deductible	Covered 100% after Deductible	50% after Deductible	50% after Deductible	30% after Deductible	40% after Deductible	50% after Deductible	\$600	20% after Deductible	20% after Deductible
Emergency Room	\$600 after Deductible	Covered 100% after Deductible	Covered 100% after Deductible	\$600 after Deductible	\$600 after Deductible	\$600 after Deductible	\$400 after Deductible	\$500 after Deductible	\$1,200	\$400 after Deductible	\$400 after Deductible
Rx Deductible Per Person	\$1,700	Medical and Rx Combined	Medical and Rx Combined	\$2,000	\$1,700	\$2,500	\$1,500	\$1,500	\$3,500	\$400	\$500
Tier 1 Drugs	\$15	\$15	Covered 100% after Deductible	\$15	\$15	\$5	\$5	\$5	\$5	\$5	\$5
Tier 2 Drugs	\$35	\$35	Covered 100% after Deductible	\$35	\$35	\$25	\$25	\$25	\$25	\$25	\$25
Tier 3 Drugs	30% after pharmacy Deductible	Covered 100% after Deductible	Covered 100% after Deductible	25% after pharmacy Deductible	25% after pharmacy Deductible	\$45 after pharmacy Deductible	25% after pharmacy Deductible	25% after pharmacy Deductible	\$100 after pharmacy Deductible	25% after pharmacy Deductible	25% after pharmacy Deductible
Tier 4 Drugs	50% after pharmacy Deductible	Covered 100% after Deductible	Covered 100% after Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	\$55 after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible
Tier 5 Drugs	50% after pharmacy Deductible	Covered 100% after Deductible	Covered 100% after Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	Covered 100%	50% after pharmacy Deductible	50% after pharmacy Deductible

¹ When two or more are enrolled on a HSA-Qualified plan, only the family deductible applies and no single person in a family will pay more than the single out-of-pocket maximum.
² Virtual Visits with an in-network Primary Care Provider, Mental Health Provider, and Intermountain Connect Care providers are covered at no additional cost to you.
³ Some minor diagnostic services will be covered as part of the office visit cost share. Please note: The coverage and benefit details presented here do not include out-of-network cost-share details.

Preauthorization is required for certain services. Visit limits apply to certain services. This chart is not a complete list of benefits. If you have questions, visit selecthealth.org or call Member Services at 800-538-5038.
S Select Health SLHP—Select Health St. Luke's Health Partner Network
B BrightPath Network
A SAHA—Saint Alphonsus Health Alliance Network
M Select Health Med



Select Health Cost-Sharing Reduction (CSR) Plans | 2024 Idaho plans

In addition to a tax credit, you may be eligible for a cost-sharing reduction plan that lowers the amount you pay out-of-pocket for deductibles, coinsurance, and copays. Members of federally recognized American Indian and Alaska Native tribes may also qualify for additional cost-sharing benefits.

Plan	Deductible Single/Family	Out-of-Pocket Max Single/Family	Rx Deductible Single	Primary Care Visit	Secondary Care Visit	Urgent Care Services	Virtual Visits ¹	Preventive Care	Inpatient Hospital Services	Outpatient Services	Emergency Room	Tier 1 Drugs	Tier 2 Drugs	Tier 3 Drugs	Tier 4 Drugs	Tier 5 Drugs
Silver 4500	\$4,500/\$9,000	\$9,000/\$18,000	\$2,500	\$30	\$50	\$50	Covered 100%	Covered 100%	\$650 per day after Deductible	30% after Deductible	\$600 after Deductible	\$5	\$25	\$45 after pharmacy Deductible	\$55 after pharmacy Deductible	50% after pharmacy Deductible
73% CSR	\$4,500/\$9,000	\$7,550/\$15,100	\$2,500	\$15	\$40	\$50	Covered 100%	Covered 100%	\$650 per day after Deductible	30% after Deductible	\$400 after Deductible	\$5	\$25	\$40 after pharmacy Deductible	\$50 after pharmacy Deductible	40% after pharmacy Deductible
87% CSR	\$1,100/\$2,200	\$3,150/\$6,300	\$250	\$0	\$30	\$20	Covered 100%	Covered 100%	\$500 per day after Deductible	30% after Deductible	\$350 after Deductible	\$5	\$10	\$30 after pharmacy Deductible	\$50 after pharmacy Deductible	40% after pharmacy Deductible
94% CSR	\$0/\$0	\$1,500/\$3,000	\$0	\$0	\$15	\$10	Covered 100%	Covered 100%	\$150 per day	20%	\$150	\$0	\$10	\$30	\$40	30%
Silver 4000	\$4,000/\$8,000	\$8,900/\$17,800	\$1,500	\$0	\$50	\$50	Covered 100%	Covered 100%	40% after Deductible	40% after Deductible	\$400 after Deductible	\$5	\$25	25% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible
73% CSR	\$3,600/\$7,200	\$7,250/\$14,500	\$1,400	\$0	\$50	\$50	Covered 100%	Covered 100%	40% after Deductible	40% after Deductible	\$350 after Deductible	\$5	\$25	25% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible
87% CSR	\$700/\$1,400	\$3,000/\$6,000	\$250	\$0	\$40	\$30	Covered 100%	Covered 100%	30% after Deductible	30% after Deductible	\$300 after Deductible	\$5	\$10	15% after pharmacy Deductible	25% after pharmacy Deductible	40% after pharmacy Deductible
94% CSR	\$0/\$0	\$1,800/\$3,600	\$0	\$0	\$15	\$15	Covered 100%	Covered 100%	20%	20%	\$150	\$0	\$5	5%	15%	30%
Silver 3000	\$3,000/\$6,000	\$8,700/\$17,400	\$1,500	\$20	\$60 after Deductible	\$60 after Deductible	Covered 100%	Covered 100%	50% after Deductible	50% after Deductible	\$500 after Deductible	\$5	\$25	25% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible
73% CSR	\$3,000/\$6,000	\$7,100/\$14,200	\$1,100	\$20	\$60	\$60	Covered 100%	Covered 100%	40% after Deductible	40% after Deductible	\$450 after Deductible	\$5	\$25	25% after pharmacy Deductible	40% after pharmacy Deductible	50% after pharmacy Deductible
87% CSR	\$500/\$1,000	\$2,600/\$5,200	\$200	\$10	\$30	\$30	Covered 100%	Covered 100%	30% after Deductible	30% after Deductible	\$350 after Deductible	\$5	\$20	15% after pharmacy Deductible	30% after pharmacy Deductible	40% after pharmacy Deductible
94% CSR	\$0/\$0	\$1,200/\$2,400	\$0	\$0	\$15	\$5	Covered 100%	Covered 100%	20%	20%	\$150	\$0	\$10	5%	15%	30%
Silver 0	\$0/\$0	\$9,100/\$18,200	\$3,500	\$20	\$60	\$30	Covered 100%	Covered 100%	\$1,500 per day	\$600	\$1,200	\$5	\$25	\$100 after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible
73% CSR	\$0/\$0	\$7,550/\$15,100	\$3,000	\$15	\$60	\$20	Covered 100%	Covered 100%	\$1,500 per day	\$450	\$1,200	\$5	\$25	\$100 after pharmacy Deductible	25% after pharmacy Deductible	50% after pharmacy Deductible
87% CSR	\$0/\$0	\$3,000/\$6,000	\$700	\$5	\$25	\$10	Covered 100%	Covered 100%	\$750 per day	\$250	\$400	\$5	\$15	\$50 after pharmacy Deductible	15% after pharmacy Deductible	40% after pharmacy Deductible
94% CSR	\$0/\$0	\$1,500/\$3,000	\$0	\$0	\$15	\$5	Covered 100%	Covered 100%	\$350 per day	\$150	\$150	\$0	\$5	\$20	5%	20%

¹ Virtual Visits with an in-network Primary Care Provider, Mental Health Provider, and Intermountain Connect Care providers are covered at no additional cost to you. Preauthorization is required for certain services. Visit limits apply to certain services. This chart is not a complete list of benefits. If you have questions, visit selecthealth.org or call Member Services at 800-538-5038.