

Individual plans and benefits | 2025 Idaho plans.



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Value Added Benefits



Plan Name ▶	Traditional Bronze 8000	Traditional Expanded Bronze 9200	Expanded Bronze 7900 HSA-Qualified ¹	Traditional Expanded Bronze 6000	Traditional Expanded Bronze 4500	Traditional Silver 4500	Traditional Silver 4000	Traditional Silver 3000	Silver 0 Copay Plan	Traditional Gold 1500	Traditional Gold 1000
Participating Networks	S	S	M, 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	S	M, B, A
Deductible											
Single/Family	\$8,000 / \$16,000	\$9,200 / \$18,400	\$7,900 / \$15,800	\$6,000 / \$12,000	\$4,500 / \$9,000	\$4,500 / \$9,000	\$4,000 / \$8,000	\$3,000 / \$6,000	\$0 / \$0	\$1,500 / \$3,000	\$1,000 / \$2,000
Out-of-Pocket Max											
Single/Family	\$9,100 / \$18,200	\$9,200 / \$18,400	\$7,900 / \$15,800	\$9,100 / \$18,200	\$9,200 / \$18,400	\$9,000 / \$18,000	\$8,900 / \$17,800	\$8,700 / \$17,400	\$9,000 / \$18,000	\$8,000 / \$16,000	\$9,000 / \$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	\$60	\$40	\$40
Urgent Care Services	\$70 after Deductible	\$90	Covered 100% after Deductible	\$70	\$60 after Deductible	\$50	\$50	\$60	\$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 (up to 5-day copay max)	40% after Deductible	50% after Deductible	\$1,500 per day (up to 3-day copay max)	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	\$1,000	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											
Single	\$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 Rx Deductible	Covered 100% after Deductible	Covered 100% after Deductible	25% after Rx Deductible	25% after Rx Deductible	\$45 after Rx Deductible	25% after Rx Deductible	25% after Rx Deductible	\$100 after Rx Deductible	25% after Rx Deductible	25% after Rx Deductible
Tier 4 Drugs	50% after Rx Deductible	Covered 100% after Deductible	Covered 100% after Deductible	50% after Rx Deductible	50% after Rx Deductible	\$55 after Rx Deductible	50% after Rx Deductible	50% after Rx Deductible	50% after Rx Deductible	50% after Rx Deductible	50% after Rx Deductible
Tier 5 Drugs	50% after Rx Deductible	Covered 100% after Deductible	Covered 100% after Deductible	50% after Rx Deductible	50% after Rx Deductible	50% after Rx Deductible	50% after Rx Deductible	50% after Rx Deductible	50% after Rx Deductible	50% after Rx Deductible	50% after Rx Deductible

1 When two or more are enrolled on a HSA-Qualified plan, the family deductible applies and no single person in the family will pay more than the single embedded 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 (except HSA-Qualified plans).
 3 Some minor diagnostic services may 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 Select Health SAHA—Saint Alphonsus Health Alliance Network
 M Select Health Med Network



Cost-Sharing Reduction (CSR) Plans | 2025 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 or Alaska Native tribes may also qualify for additional cost-sharing benefits. Contact your agent or call Select Health Individual Sales at **855-442-0220**.

Plan Name ▶	Traditional Silver 4500	73% CSR	87% CSR	94% CSR	Traditional Silver 4000	73% CSR	87% CSR	94% CSR	Traditional Silver 3000	73% CSR	87% CSR	94% CSR	Silver 0 Copay Plan	73% CSR	87% CSR	94% CSR
Deductible	\$4,500 / \$9,000	\$4,500 / \$9,000	\$1,200 / \$2,400	\$0 / \$0	\$4,000 / \$8,000	\$3,600 / \$7,200	\$700 / \$1,400	\$0 / \$0	\$3,000 / \$6,000	\$3,000 / \$6,000	\$500 / \$1,000	\$0 / \$0	\$0	\$0	\$0	\$0
Out-of-Pocket Max	\$9,000 / \$18,000	\$7,350 / \$14,700	\$3,050 / \$6,100	\$1,500 / \$3,000	\$8,900 / \$17,800	\$7,250 / \$14,500	\$3,000 / \$6,000	\$1,800 / \$3,600	\$8,700 / \$17,400	\$7,100 / \$14,200	\$2,600 / \$5,200	\$1,500 / \$3,000	\$9,000 / \$18,000	\$7,350 / \$14,700	\$3,000 / \$6,000	\$1,500 / \$3,000
Primary Care Provider (PCP)	\$30	\$15	\$0	\$0	\$0	\$0	\$0	\$0	\$20	\$20	\$10	\$0	\$20	\$15	\$5	\$0
Secondary Care Provider (SCP)	\$50	\$40	\$35	\$20	\$50	\$50	\$40	\$30	\$60	\$60	\$30	\$20	\$60	\$60	\$25	\$20
Urgent Care Services	\$50	\$50	\$40	\$20	\$50	\$50	\$30	\$30	\$60	\$60	\$30	\$20	\$30	\$20	\$10	\$5
Virtual Visits¹	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	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%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Minor Diagnostic Tests²	\$0	\$0	\$0	\$50	\$60	\$60	\$60	\$60	\$30	\$30	\$15	\$10	\$15	\$15	\$15	\$15
Inpatient Hospital Services	\$650 per day after Deductible (up to 5-day copay max)	\$650 per day after Deductible (up to 5-day copay max)	\$500 per day after Deductible (up to 5-day copay max)	\$250 per day (up to 5-day copay max)	40% after Deductible	40% after Deductible	30% after Deductible	20%	50% after Deductible	40% after Deductible	30% after Deductible	20%	\$1,500 per day (up to 3-day copay max)	\$1,500 per day (up to 3-day copay max)	\$850 per day (up to 3-day copay max)	\$450 per day (up to 3-day copay max)
Outpatient Services	30% after Deductible	30% after Deductible	30% after Deductible	20%	40% after Deductible	40% after Deductible	30% after Deductible	20%	50% after Deductible	40% after Deductible	30% after Deductible	20%	\$1,000	\$450	\$350	\$250
Emergency Room	\$600 after Deductible	\$400 after Deductible	\$350 after Deductible	\$150	\$400 after Deductible	\$350 after Deductible	\$300 after Deductible	\$150	\$500 after Deductible	\$450 after Deductible	\$350 after Deductible	\$150	\$1,200	\$1,200	\$400	\$150
Rx Deductible	\$2,500	\$2,500	\$250	\$0	\$1,500	\$1,400	\$250	\$150	\$1,500	\$1,100	\$200	\$0	\$3,500	\$3,000	\$700	\$0
Tier 1 Drugs	\$5	\$15	\$0	\$0	\$5	\$15	\$0	\$0	\$5	\$15	\$10	\$10	\$5	\$15	\$5	\$0
Tier 2 Drugs	\$25	\$25	\$10	\$10	\$25	\$25	\$10	\$5	\$25	\$25	\$20	\$5	\$25	\$25	\$15	\$5
Tier 3 Drugs	\$45 after Pharmacy Deductible	\$40 after Pharmacy Deductible	\$30 after Pharmacy Deductible	\$30	25% after Rx Deductible	25% after Rx Deductible	15% after Rx Deductible	5%	25% after Rx Deductible	25% after Rx Deductible	15% after Rx Deductible	5%	\$100 after Rx Deductible	\$100 after Rx Deductible	\$50 after Rx Deductible	\$20
Tier 4 Drugs	\$55 after Pharmacy Deductible	\$50 after Pharmacy Deductible	\$50 after Pharmacy Deductible	\$40	50% after Rx Deductible	50% after Rx Deductible	25% after Rx Deductible	15%	50% after Rx Deductible	40% after Rx Deductible	30% after Rx Deductible	15%	50% after Rx Deductible	25% after Rx Deductible	15% after Rx Deductible	5%
Tier 5 Drugs	50% after Pharmacy Deductible	40% after Pharmacy Deductible	40% after Pharmacy Deductible	30%	50% after Rx Deductible	50% after Rx Deductible	40% after Rx Deductible	30%	50% after Rx Deductible	50% after Rx Deductible	40% after Rx Deductible	30%	50% after Rx Deductible	50% after Rx Deductible	40% after Rx Deductible	20%

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