

# Small Employer plans and benefits. | 2025 Idaho plans.

**Ready to shop?**  
Contact a sales team member,  
call **844-442-6294**.

**Value added  
benefits.**



Plan Name	HSA Qualified			Traditional								Copay Plan
	Expanded Bronze 7800 <sub>2</sub>	Silver 5500 <sub>2</sub>	Silver 3000 <sub>1</sub>	Expanded Bronze 9200	Silver 5500	Silver 4500	Silver 3000	Gold 3000	Gold 2000	Gold 1000	Gold 500	Gold Copay
Participating Networks	S B A M	S B A M	S B A M	S B A M	S B A M	S B A M	S B A M	S B A M	S B A M	S B A M	S B A M	S B A M
<b>Deductible</b>												
Single / Family	\$7,800 / \$15,400	\$5,500 / \$11,000	\$3,000 / \$6,000	\$9,200 / \$18,400	\$5,500 / \$11,000	\$4,500 / \$9,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$2,000 / \$4,000	\$1,000 / \$3,000	\$500 / \$1,500	\$0
<b>Out of Pocket Max</b>												
Single / Family	\$7,800 / \$15,400	\$5,500 / \$11,000	\$7,500 / \$15,000	\$9,200 / \$18,400	\$8,500 / \$17,000	\$8,500 / \$17,000	\$9,000 / \$18,000	\$5,500 / \$11,000	\$6,200 / \$12,400	\$7,700 / \$15,400	\$7,500 / \$15,000	\$6,500 / \$13,000
Primary Care Provider (PCP) / Behavioral Health	Covered 100% after deductible	Covered 100% after deductible	\$30 after deductible	\$40	\$30	\$35	\$35	\$20	\$20	\$20	\$30	\$25
Secondary Care Provider (SCP)	Covered 100% after deductible	Covered 100% after deductible	\$50 after deductible	\$70	\$50	\$55	\$70	\$50	\$50	\$60	\$55	\$50
Urgent Care Services	Covered 100% after deductible	Covered 100% after deductible	\$50 after deductible	\$35	\$30	\$55	\$50	\$50	\$50	\$60	\$55	\$40
Virtual Visits	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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%
Inpatient Hospital Services (Facility)	Covered 100% after deductible	Covered 100% after deductible	30% after deductible	Covered 100% after deductible	30% after deductible	30% after deductible	30% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	\$1,000 per day (3)
Outpatient Hospital Services (Facility)	Covered 100% after deductible	Covered 100% after deductible	30% after deductible	Covered 100% after deductible	30% after deductible	30% after deductible	30% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	\$1,000
Minor Diagnostic (lab and x-ray)	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible	\$30	Covered 100% after deductible	Covered 100% after deductible	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Emergency Room	Covered 100% after deductible	Covered 100% after deductible	\$400 after deductible	\$400 after deductible	\$400 after deductible	\$400 after deductible	\$400 after deductible	\$400 after deductible	\$400 after deductible	\$400 after deductible	\$400 after deductible	\$750
<b>Pharmacy Benefits</b>												
Rx Deductible Single / Family	Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical	\$300 / \$600	\$300 / \$600	\$300 / \$600	\$100 / \$300	\$100 / \$300	\$100 / \$300	\$100 / \$300	None
Tier 1 Drugs	Covered 100% after deductible	Covered 100% after deductible	\$5 after deductible	100% after deductible	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5
Tier 2 Drugs	Covered 100% after deductible	Covered 100% after deductible	\$30 after deductible	100% after deductible	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30
Tier 3 Drugs	Covered 100% after deductible	Covered 100% after deductible	25% after deductible	100% after deductible	30% after pharmacy deductible	30% after pharmacy deductible	30% after pharmacy deductible	25% after pharmacy deductible	25% after pharmacy deductible	25% after pharmacy deductible	25% after pharmacy deductible	\$75
Tier 4 Drugs	Covered 100% after deductible	Covered 100% after deductible	50% after deductible	100% after deductible	50% after pharmacy deductible	50% after pharmacy deductible	50% after pharmacy deductible	50% after pharmacy deductible	50% after pharmacy deductible	50% after pharmacy deductible	50% after pharmacy deductible	\$50
Tier 5 Drugs	Covered 100% after deductible	Covered 100% after deductible	40% after deductible	100% after deductible	35% after pharmacy deductible	50% after pharmacy deductible	50% after pharmacy deductible	30% after pharmacy deductible	30% after pharmacy deductible	30% after pharmacy deductible	40% after pharmacy deductible	30%

1. When two or more family members are enrolled, only the family deductible applies and no single person will pay more than the single out-of-pocket maximum.  
 2. When two or more are enrolled, no single person in a family will pay more than the single deductible or single out-of-pocket maximum.  
 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](https://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



**Find a  
doctor.**



**Rx  
search.**



# 2025 Idaho medical plans requirements and exclusions.

## Employer monthly contribution

Small employers must contribute an amount equivalent to at least 50% of the lowest-cost plan offered by the employer. This contribution must be consistent for all employees in a given class.

## Required minimum employee enrollment

Employees waiving coverage will not be counted toward participation if they have other comprehensive medical coverage. For employers with up to four eligible employees after valid waivers, 100% must participate. For employers with five or more eligible employees after valid waivers, 75% must participate. Valid waivers include having coverage through another carrier, valid individual medical coverage, coverage through Medicare or another government program, or coverage through a spouse or parent.

New groups enrolling for a January 1 effective date that submit their enrollment no later than December 15 are not subject to participation or contribution requirements.

## Excluded services

All plans are subject to exclusions and limitations. A complete list of exclusions will be included in your employees' member materials. A list of common exclusions can be found at [SelectHealth.org/resources/member-support](https://selecthealth.org/resources/member-support).

Select Health does not allow another health plan offered alongside a Small Employer plan. If a group is insured under the Small Employer line of business with Select Health, they are only allowed to offer our insurance and no other carrier, this includes participating in Healthcare Sharing Ministries (HCSM), a self or level funded plan, etc. Even if the other carrier allows this Select Health does not.

## What is a Small Group?

The group must have at least 2 full time eligible employees. To be considered full-time eligible, the employee must work at least 30 or more hours per week. This can be an owner and/or husband and wife both working 30 or more hours per week. There is an option in Idaho for a group to offer coverage to those employees that work as few as 20 hours per week.

# Our network.

A network is a combination of contracted doctors and facilities from which you can receive care. In order to save money and keep cost-of-care low, it is important that you seek care from in-network providers and facilities.

In Southwest Idaho, our networks provide access to St. Luke's (SLHP) or Saint Alphonsus (SAHA) hospitals, facilities, and providers, while our network in Eastern and Northern Idaho provides access to BrightPath providers and facilities. We also offer access to the Select Health Med network for residents of Eastern Idaho. No matter where you are in Idaho, Select Health has you covered with large network of providers and facilities.

Note: Small Employer plans are not currently available for purchase in the following counties: Benewah, Bonner, Boundary, Butte, Clark, Clearwater, Idaho, Latah, Lewis, Nez Perce, and Shoshone.

Visit <https://selecthealth.org/find-care> or use our mobile app to search for in-network doctors and facilities. Remember to choose the right network from the drop-down list.

2024 SELECT HEALTH IDAHO NETWORKS	
<b>Select Health Med Counties</b>	Bannock, Bingham, Bonneville, Caribou, Cassia, Fremont, Jefferson, Madison, Minidoka, Power, Teton.
<b>BrightPath Counties</b>	Bear Lake, Bingham, Bonneville, Franklin, Fremont, Jefferson, Kootenai, Madison, Oneida, Teton.
<b>St. Luke's Health Partners (SLHP) Counties</b>	Ada, Adams, Blaine, Boise, Camas, Canyon, Cassia, Custer, Elmore, Gem, Gooding, Jerome, Lemhi, Lincoln, Minidoka, Owyhee, Payette, Twin Falls, Valley, Washington.
<b>Saint Alphonsus (SAHA) Counties</b>	Ada, Boise, Canyon, Gem, Payette, Washington.

