

2026 Idaho Plan Changes



Small Employer ACA Plan Changes

FKA indicates former plan name.

PLAN	Benefit	2025	2026
GOLD			
Gold Copay	Out-of-Pocket Maximum (Single / Family)	\$6,500 / \$13,000	\$7,500 / \$15,000
	Inpatient Hospitalization (Facility)	\$1,000 per day (3-day max)	\$1,500 per day (3-day max)
	Outpatient Hospital Services (Facility)	\$1,000	\$1,500
	Pharmacy — Tier 3	\$75	25%
SILVER			
Silver 6000 HSA-Qualified (FKA 5500)	Deductible (Single / Family)	\$5,500 / \$11,000	\$6,000 / \$12,000
	Out-of-Pocket Maximum (Single / Family)	\$5,500 / \$11,000	\$6,000 / \$12,000
	Virtual Visits	Not covered before Deductible	\$0 before Deductible
Silver 3400 HSA-Qualified (FKA 3000)	Deductible (Single / Family)	\$3,000 / \$6,000	\$3,400 / \$6,800
	Deductible (Single / Family)	not embedded	embedded
	Virtual Visits	Not covered before Deductible	\$0 before Deductible
Silver 5500	Out-of-Pocket Maximum (Single/Family)	\$8,500 / \$17,000	\$9,500 / \$19,000
Silver 4500	Out-of-Pocket Maximum (Single/Family)	\$8,500 / \$17,000	\$9,500 / \$19,000
BRONZE			
Expanded Bronze 10150 (FKA 9200)	Deductible (Single / Family)	\$9,200 / \$18,400	\$10,150 / \$20,300
	Out-of-Pocket Maximum (Single / Family)	\$9,200 / \$18,400	\$10,150 / \$20,300
Expanded Bronze 7800 HSA-Qualified	Virtual Visits	Not covered before Deductible	\$0 before Deductible

This document shows the applicable plan changes for 2026. Please note that this list is not all inclusive of each change. Refer to the member materials for all updates.