

Idaho Small Employer Plans and Benefits | 2026

Savings
and Perks



Ready to Shop?
Contact your agent or call
Select Health Sales at 844-442-6294.

	HSA-Qualified			Traditional								Copay Plan
Plan Name ►	Expanded Bronze 7800	Silver 6000 ¹	Silver 3400 ¹	Expanded Bronze 10150	Silver 5500	Silver 4500	Silver 3000	Gold 3000	Gold 2000	Gold 1000	Gold 500	Gold Copay
Participating Networks	<div>L B A M</div>	<div>L B A M</div>	<div>L B A M</div>	<div>L B A M</div>	<div>L B A M</div>	<div>L B A M</div>	<div>L B A M</div>	<div>L B A M</div>	<div>L B A M</div>	<div>L B A M</div>	<div>L B A M</div>	<div>L B A M</div>
Deductible / Out-of-Pocket Maximum												
Deductible (Single / Family)	\$7,800 / \$15,400	\$6,000 / \$12,000	\$3,400 / \$6,800	\$10,150 / \$20,300	\$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
Maximum Out-of-Pocket (Single / Family)	\$7,800 / \$15,400	\$6,000 / \$12,000	\$7,500 / \$15,000	\$10,150 / \$20,300	\$9,500 / \$19,000	\$9,500 / \$19,000	\$9,000 / \$18,000	\$5,500 / \$11,000	\$6,200 / \$12,400	\$7,700 / \$15,400	\$7,500 / \$15,000	\$7,500 / \$15,000
General Benefits												
Virtual Visits ²	\$0 before Deductible	\$0 before Deductible	\$0 before Deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive Care and Immunizations	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Provider (PCP)/ Behavioral Health	\$0 after Deductible	\$0 after Deductible	\$30 after Deductible	\$40	\$30	\$35	\$35	\$20	\$20	\$20	\$30	\$25
Secondary Care Provider (SCP)	\$0 after Deductible	\$0 after Deductible	\$50 after Deductible	\$70	\$50	\$55	\$70	\$50	\$50	\$60	\$55	\$50
Urgent Care Services	\$0 after Deductible	\$0 after Deductible	\$50 after Deductible	\$35	\$30	\$55	\$50	\$50	\$50	\$60	\$55	\$40
Inpatient Hospital Services (Facility)	\$0 after Deductible	\$0 after Deductible	30% after Deductible	\$0 after Deductible	30% after Deductible	30% after Deductible	30% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	30% after Deductible	\$1,500 per day (3-day max)
Outpatient Hospital Services (Facility)	\$0 after Deductible	\$0 after Deductible	30% after Deductible	\$0 after Deductible	30% after Deductible	30% after Deductible	30% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	30% after Deductible	\$1,500
Minor Diagnostic (Lab and X-ray)	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$30	\$0 after Deductible	\$0 after Deductible	\$0	\$0	\$0	\$0	\$0
Emergency Room	\$0 after Deductible	\$0 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
Pharmacy Benefits												
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	\$0
Tier 1 Drugs	\$0 after Deductible	\$0 after Deductible	\$5 after Deductible	\$0 after Deductible	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5
Tier 2 Drugs	\$0 after Deductible	\$0 after Deductible	\$30 after Deductible	\$0 after Deductible	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30
Tier 3 Drugs	\$0 after Deductible	\$0 after Deductible	25% after Deductible	\$0 after Deductible	30% after Rx Deductible	30% after Rx Deductible	30% after Rx Deductible	25% after Rx Deductible	25% after Rx Deductible	25% after Rx Deductible	25% after Rx Deductible	25%
Tier 4 Drugs	\$0 after Deductible	\$0 after Deductible	50% after Deductible	\$0 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
Tier 5 Drugs	\$0 after Deductible	\$0 after Deductible	40% after Deductible	\$0 after Deductible	35% after Rx Deductible	50% after Rx Deductible	50% after Rx Deductible	30% after Rx Deductible	30% after Rx Deductible	30% after Rx Deductible	40% after Rx Deductible	30%



Find a
Doctor

- Select Health SLHP—Select Health St. Luke's Health Partner Network
- BrightPath Network
- SAHA — Saint Alphonsus Health Alliance Network
- Select Health Med



Rx
Search

¹When two or more are enrolled, no single person in a family will pay more than the single deductible or single out-of-pocket maximum.

²Virtual visits with an in-network primary care provider, mental health provider, and Intermountain Health virtual care services are covered at no additional cost.

Preauthorization is required for certain services, and visit limits may apply. This chart is not a complete list of benefits. If you have questions, visit selecthealth.org or call Member Services at 800-538-5038.



2026 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.

Select Health does not allow another health plan to be offered in addition to a Small Employer plan. If a group is insured under the Select Health Small Employer line of business, they are only allowed to offer the Select Health plan and no other carrier. This includes participating in Healthcare Sharing Ministries (HCSMs), a self or Level Funded plan, etc. Select Health does not allow additional carrier coverage even if another carrier does.

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/employers/plan-documents.

WHAT IS A SMALL GROUP?

The group must have at least two 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.

Network Options

A network is a combination of contracted doctors and facilities where you and your employees can receive care. It is important to seek care from in-network providers.

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. Residents of Eastern Idaho also have access to the Select Health Med network.No matter where you are in Idaho, Select Health has you covered with a 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 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.

UNITEDHEALTHCARE® OPTIONS PPO NETWORK

To ensure you and your employees have access to the same great customer service and benefits, we provide in-network access across the United States for those on Select Health Idaho plans. Select Health utilizes the UnitedHealthcare Options PPO network for those accessing care outside of Utah, Idaho, Nevada, and Colorado.

To find a UnitedHealthcare Options PPO network provider or facility, call Member Services at **800-538-5038** or visit selecthealth.org/find-care#uhc.

2026 SELECT HEALTH IDAHO NETWORKS

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

