Western Idaho Level Funded Plans and Benefits | 2026





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

Plan Name ▶	\$1,000	\$3,000	\$4,000	\$5,000	\$7,000	\$3500 HSA-Qualified EMB	\$6350 HSA-Qualified EMB
Participating Network	Med	Med	Med	Med	Med	Med	Med
Deductible							
Individual	\$1,000	\$3,000	\$4,000	\$5,000	\$7,000	\$3,500¹	\$6,350¹
Family	\$2,000	\$6,000	\$8,000	\$10,000	\$14,000	\$7,000¹	\$12,700¹
Out-of-Pocket Max							
Individual	\$5,000	\$6,000	\$8,000	\$9,000	\$10,000	\$3,500¹	\$6,350¹
Family	\$10,000	\$12,000	\$16,000	\$18,000	\$20,000	\$7,000¹	\$12,700¹
Inpatient / Outpatient Services							
Virtual Visits	\$0	\$0	\$0	\$0	\$0	\$0 after Deductible	\$0 after Deductible
Preventive Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Provider (PCP)	\$25	\$25	\$25	\$25	\$25	\$0 after Deductible	\$0 after Deductible
Secondary Care Provider (SCP)	\$75	\$75	\$75	\$75	\$75	\$0 after Deductible	\$0 after Deductible
Urgent Care Services	\$75	\$75	\$75	\$75	\$75	\$0 after Deductible	\$0 after Deductible
Minor Diagnostic Tests	\$0	\$0	\$0	\$0	\$0	\$0 after Deductible	\$0 after Deductible
Inpatient Hospital Services	30% after Deductible	30% after Deductible	30% after Deductible	30% after Deductible	40% after Deductible	\$0 after Deductible	\$0 after Deductible
Outpatient Services	30% after Deductible	30% after Deductible	30% after Deductible	30% after Deductible	40% after Deductible	\$0 after Deductible	\$0 after Deductible
Emergency Room	\$500 after Deductible	\$500 after Deductible	\$500 after Deductible	\$500 after Deductible	\$500 after Deductible	\$0 after Deductible	\$0 after Deductible
PT/ST/OT	\$75 after Deductible	\$75 after Deductible	\$75 after Deductible	\$75 after Deductible	\$75 after Deductible	\$0 after Deductible	\$0 after Deductible
Chiropractic	\$25	\$25	\$25	\$25	\$25	\$0 after Deductible	\$0 after Deductible
Pharmacy Benefits							
Rx Deductible	\$100	\$300	\$400	\$500	\$1,000	Combined with Medical Deductible	Combined with Medical Deductible
Tier 1 Drugs	\$10	\$15	\$20	\$20	\$20	\$0 after Deductible	\$0 after Deductible
Tier 2 Drugs	\$35 after Rx Deductible	\$35 after Rx Deductible	\$50 after Rx Deductible	\$50 after Rx Deductible	\$50 after Rx Deductible	\$0 after Deductible	\$0 after Deductible
Tier 3 Drugs	\$70 after Rx Deductible	\$70 after Rx Deductible	30% after Rx Deductible	30% after Rx Deductible	30% after Rx Deductible	\$0 after Deductible	\$0 after Deductible
Tier 4 Drugs	\$250 after Rx Deductible	\$250 after Rx Deductible	30% after Rx Deductible	30% after Rx Deductible	40% after Rx Deductible	\$0 after Deductible	\$0 after Deductible









2026 Idaho Level Funded Plan Administration Requirements and Exclusions

EMPLOYER MONTHLY CONTRIBUTION

To secure the best possible rates, Level Funded employers should contribute an amount equivalent to at least 75% of the employee cost or 50% across all tiers of the lowest-cost plan they offer. This contribution must be consistent for all employees.

MINIMUM EMPLOYEE ENROLLMENT

Minimum employee participation is 75% of eligible employees after valid waivers are removed. Increased participation will normally result in improved rates. 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.

Select Health does not allow another health plan to be offered alongside a Level Funded plan. If a group is contracted for the Select Health Level Funded 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 other another carrier does.

EXCLUDED SERVICES

All plans are subject to exclusions and limitations. A complete list of exclusions will be included in the Summary Plan Document and in your employees' member materials.

OUALIFICATIONS FOR A SMALL EMPLOYER LEVEL FUNDED GROUP

To be considered for a level funded plan, there must be at least 15 to 99 employees enrolling. Eligible employees are those who work 30 or more hours per week for the plan sponsor.

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.

SELECT HEALTH MED® NETWORK

Select Health Med is available in Bannock, Bear Lake, Bingham, Bonneville, Cassia, Caribou, Franklin, Fremont, Jefferson, Madison, Minidoka, Oneida, Power, and Teton counties. With the addition of St. Alphonsus Health System, Select Health has expanded the coverage area to include Ada, Boise, Canyon, Gem, Owyhee, Payette, and Washington counties. Benefits are also available at out-of-network hospitals and providers for most services. This plan option also includes national access.

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 Med 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**.

BENEFITS OF CHOOSING SELECT HEALTH AS A LEVEL FUNDED PARTNER

- Wellness Tools & Rewards
- Expanded Virtual Care Options
- Mitratech's Mineral HR and Compliance Platform
- Rx Savings Tools

- Member Discounts
- Cost Transparency with Cost Estimator Tool
- Digital and Plan Management Tools
- UnitedHealthcare Options PPO National Network

