

Eastern Idaho Level Funded Plans and Benefits | 2026

Savings
and Perks



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	\$3,500 HSA Qualified EMB	\$6,350 HSA Qualified EMB
Participating Network	Med	Med	Med	Med	Med	Med	Med
Deductible							
Individual	\$1,000	\$3,000	\$4,000	\$5,000	\$7,000	\$3,500 ¹	\$6,350 ¹
Family	\$2,000	\$6,000	\$8,000	\$10,000	\$14,000	\$7,000 ¹	\$12,700 ¹
Out-of-Pocket Max							
Individual	\$5,000	\$6,000	\$8,000	\$9,000	\$10,000	\$3,500 ¹	\$6,350 ¹
Family	\$10,000	\$12,000	\$16,000	\$18,000	\$20,000	\$7,000 ¹	\$12,700 ¹
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
Inpatient Hospital Services Received at Mountain View Hosptial and Idaho Falls Community Hospital	20% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	20% 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
Outpatient Services Received at Mountain View Hospital	20% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	20% 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 Rx Deductible	\$0 after Rx 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 Rx Deductible	\$0 after Rx 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 Rx Deductible	\$0 after Rx 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 Rx Deductible	\$0 after Rx Deductible



Find a
Doctor



Rx
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¹When two or more family members are enrolled on an HSA Qualified plan, no single person in the family will pay more than the single deductible or single out-of-pocket maximum.

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 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 offered by the employer. 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 in addition to 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.

QUALIFICATIONS FOR A SMALL EMPLOYER LEVEL FUNDED GROUP

To be considered for a level funded plan, there must be at least 15 employees enrolling and no more than 99. 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 POS® NETWORK

Select Health Med POS 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	• Member Discounts
• Expanded Virtual Care Options	• Cost Transparency with Cost Estimator Tool
• Mitratesch’s Mineral HR and Compliance Platform	• Digital and Plan Management Tools
• Rx Savings Tools	• UnitedHealthcare Options PPO National Network

