

Idaho Level Funded Med MV plans and benefits | 2027

Plan name ►	\$1,000	\$3,000	\$4,000
Participating network	Med	Med	Med
Deductible			
Individual	\$1,000	\$3,000	\$4,000
Family	\$2,000	\$6,000	\$8,000
Out-of-pocket maximum			
Individual	\$5,000	\$6,000	\$8,000
Family	\$10,000	\$12,000	\$16,000
Inpatient / outpatient services			
Medical virtual visits	\$0	\$0	\$0
Preventive care	\$0	\$0	\$0
Primary care provider (PCP)	\$25	\$25	\$25
Specialty care provider (SCP)	\$75	\$75	\$75
Urgent care services	\$75	\$75	\$75
Minor diagnostic tests	\$0	\$0	\$0
Inpatient hospital services	30% after deductible	30% after deductible	30% after deductible
Inpatient hospital services received at Mountain View Hospital and Idaho Falls Community Hospital	20% after deductible	20% after deductible	20% after deductible
Outpatient services	30% after deductible	30% after deductible	30% after deductible
Outpatient services received at Mountain View Hospital	20% after deductible	20% after deductible	20% after deductible
Emergency room	\$500 after deductible	\$500 after deductible	\$500 after deductible
PT / ST / OT	\$75 after deductible	\$75 after deductible	\$75 after deductible
Chiropractic	\$25	\$25	\$25
Pharmacy benefits			
Rx deductible	\$100	\$300	\$400
Tier 1 drugs	\$10	\$15	\$20
Tier 2 drugs	\$35 after Rx deductible	\$35 after Rx deductible	\$50 after Rx deductible
Tier 3 drugs	\$70 after Rx deductible	\$70 after Rx deductible	30% after Rx deductible
Tier 4 drugs	\$250 after Rx deductible	\$250 after Rx deductible	30% after Rx deductible

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.

Savings and Perks



Ready to shop?

Contact your agent or call Select Health Sales at 844-442-6294.

\$5,000	\$7,000	\$3,500 HDHP / HSA-Qualified EMB ¹	\$4,500 HDHP / HSA-Qualified EMB ¹	\$6,350 HDHP / HSA-Qualified EMB ¹
Med	Med	Med	Med	Med
\$5,000	\$7,000	\$3,500 ¹	\$4,500 ¹	\$6,350 ¹
\$10,000	\$14,000	\$7,000 ¹	\$9,000 ¹	\$12,700 ¹
\$9,000	\$10,000	\$3,500 ¹	\$6,500	\$6,350 ¹
\$18,000	\$20,000	\$7,000 ¹	\$13,000	\$12,700 ¹
\$0	\$0	\$0 after deductible	20% after deductible	\$0 after deductible
\$0	\$0	\$0	\$0	\$0
\$25	\$25	\$0 after deductible	20% after deductible	\$0 after deductible
\$75	\$75	\$0 after deductible	20% after deductible	\$0 after deductible
\$75	\$75	\$0 after deductible	20% after deductible	\$0 after deductible
\$0	\$0	\$0 after deductible	20% after deductible	\$0 after deductible
30% after deductible	40% after deductible	\$0 after deductible	20% after deductible	\$0 after deductible
20% after deductible	20% after deductible	\$0 after deductible	10% after deductible	\$0 after deductible
30% after deductible	40% after deductible	\$0 after deductible	20% after deductible	\$0 after deductible
20% after deductible	20% after deductible	\$0 after deductible	10% after deductible	\$0 after deductible
\$500 after deductible	\$500 after deductible	\$0 after deductible	20% after deductible	\$0 after deductible
\$75 after deductible	\$75 after deductible	\$0 after deductible	20% after deductible	\$0 after deductible
\$25	\$25	\$0 after deductible	20% after deductible	\$0 after deductible
\$500	\$1,000	Combined with medical deductible	Combined with medical deductible	Combined with medical deductible
\$20	\$20	\$0 after Rx deductible	20% after deductible	\$0 after Rx deductible
\$50 after Rx deductible	\$50 after Rx deductible	\$0 after Rx deductible	20% after deductible	\$0 after Rx deductible
30% after Rx deductible	30% after Rx deductible	\$0 after Rx deductible	20% after deductible	\$0 after Rx deductible
30% after Rx deductible	40% after Rx deductible	\$0 after Rx deductible	20% after deductible	\$0 after Rx deductible

Find a doctor

Rx search



Idaho Level Funded plan administration requirements and exclusions | 2027

Employer monthly contribution

To secure the best possible rates, 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 recommended participation is 75% of eligible employees after valid waivers are removed. Increased participation will normally result in improved rates. Valid waivers include having minimum essential coverage (MEC) 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 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 Small Employer groups

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.

Benefits of choosing Select Health

- Wellness tools and rewards
- Expanded virtual care options
- Mitratesch’s Mineral HR and Compliance Platform
- Rx savings resources

- Member discounts
- Cost transparency with cost estimator
- Digital and plan management resources
- UnitedHealthcare Options PPO National network

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 whenever possible.

Select Health Med MV Network

The Med Mountain View (MV) product is available for groups in Bingham, Bonneville, Fremont, Jefferson, Madison, and Teton counties.

Employees located outside of these counties can access care through the full Select Health Med network. 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

Select Health utilizes the UnitedHealthcare Options PPO network to ensure you and your employees on Select Health Med plans have access to the same great customer service and benefits when accessing care outside the states of Colorado, Idaho, Nevada, and Utah.

Note: Select Health cannot enroll subscribers with a primary residence in Hawaii and US territories such as American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and the Virgin Islands due to specific state and local laws.

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

STATE	NETWORK
Colorado	Select Health Value Network and MultiPlan/PHCS in any gap areas
Idaho	Select Health Med Network, Select Health St. Luke’s Hospital Network (SLHN), BrightPath, Select Health Saint Alphonsus Health Alliance (SAHA), Select Health Standard
Nevada	Select Health Med Network, Beech Street Network (outside Clark and Nye Counties)
Utah	Select Health Med Network
All other states	UnitedHealthcare Options PPO Network