2027 Idaho plan changes

Select Health

Small Employer ACA plan changes

FKA indicates former plan name.

Plan	Benefit	2026	2027
GOLD			
Gold Copay	Out-of-pocket maximum (single / family)	$7,500 / $15,000	$7,500 / $15,800
	Primary care provider (PCP) / Behavioral health	$25	$30
	Urgent care	$40	$50
Gold 800 (FKA 500)	Deductible (single / family)	$500 / $1,500	$800 / $1,600
	Out-of-pocket maximum (single / family)	$7,500 / $15,000	$7,900 / $15,800
	Specialty care provider (SCP)	$55	$60
	Urgent care	$55	$60
Gold 1800 (FKA 1000)	Deductible (single / family)	$1,000 / $3,000	$1,800 / $3,600
	Out-of-pocket maximum (single / family)	$7,700 / $15,400	$7,900 / $15,800
	Primary care provider (PCP) / Behavioral health	$20	$25
Gold 2800 (FKA 2000)	Deductible (single / family)	$2,000 / $4,000	$2,800 / $5,600
	Out-of-pocket maximum (single / family)	$6,200 / $12,400	$7,900 / $15,800
	Primary care provider (PCP) / Behavioral health	$20	$30 (PCP) / $30 (BH)
Gold 3500 (FKA 3000)	Deductible (single / family)	$3,000 / $6,000	$3,500 / $7,000
	Out-of-pocket maximum (single / family)	$5,500 / $11,000	$7,900 / $15,800
	Primary care provider (PCP) / Behavioral health	$20	$25 (PCP) / $30 (BH)

continued

2027 Idaho plan changes

Select Health

Plan	Benefit	2026	2027
SILVER			
Silver 3500 (FKA 3000)	Deductible (single / family)	$3,000 / $6,000	$3,500 / $7,000
	Out-of-pocket maximum (single / family)	$9,000 / $18,000	$9,500 / $19,000
	Primary care provider (PCP) / Behavioral health	$30	$40
	Urgent care	$50	$70
	Minor diagnostic (lab and x-ray)	$0 after deductible	$50 after deductible
Silver 5000 (FKA 4500)	Deductible (single / family)	$4,500 / $9,000	$5,000 / $10,000
	Primary care provider (PCP) / Behavioral health	$35	$40
	Specialty care provider (SCP)	$55	$60
	Urgent care	$55	$60
	Minor diagnostic (lab and x-ray)	$0 after deductible	$50 after deductible
Silver 6000 (FKA 5500)	Deductible (single / family)	$5,500 / $11,000	$6,000 / $12,000
	Primary care provider (PCP) / Behavioral health	$30	$40
	Urgent care	$30	$50
	Minor diagnostic (lab and x-ray)	$30	$50 after deductible
Silver 3750 HSA-Qualified (FKA 3400)	Deductible (single / family)	$3,400 / $6,800	$3,750 / $7,500
	Out-of-pocket maximum (single / family)	$7,500 / $15,000	$8,000 / $16,000
	Minor diagnostic (lab and x-ray)	$0 after deductible	$50 after deductible
Silver 6500 HSA-Qualified (FKA 5900)	Deductible (single / family)	$5,900 / $11,800	$6,500 / $13,000
	Out-of-pocket maximum (single / family)	$5,900 / $11,800	$6,500 / $13,000

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2027 Idaho plan changes

Select Health

Plan	Benefit	2026	2027
BRONZE			
Expanded Bronze 12000 (FKA 10150)	Deductible (single / family)	$10,150 / $20,300	$12,000 / $24,000
	Out-of-pocket maximum (single / family)	$10,150 / $20,300	$12,000 / $24,000
	Primary care provider (PCP) / Behavioral health	$40	$45
	Specialty care provider (SCP)	$70	$75
	Urgent care	$35	$75
	Emergency room	$400 after deductible	$0 after deductible
Expanded Bronze 8700 HSA-Qualified (FKA 7800)	Deductible (single / family)	$7,800 / $15,400	$8,700 / $17,400
	Out-of-pocket maximum (single / family)	$7,800 / $15,400	$8,700 / $17,400

This document shows the applicable plan changes for 2027. Please note that this list is not all inclusive of each change. Refer to the member materials for all updates.