

# Idaho Plan Changes | 2026



## Individual and Family Plan Changes

Members on an on-exchange Bronze plan or High Deductible Health Plan (HDHP) are eligible to open and contribute to a Health Savings Account (HSA). Excludes off-exchange only plans.

Plan	Benefit	2025	2026
<b>BRONZE</b>			
<b>Bronze 8000</b>	Networks Added	Select Health SLHP	Select Health SLHP, Select Health Med, Select Health SAHA
	Maximum Out-of-Pocket (Single / Family)	\$9,100 / \$18,200	\$10,150 / \$20,300
	Rx Deductible (Single)	\$1,700	\$1,950
<b>EXPANDED BRONZE</b>			
<b>Expanded Bronze 9950</b>	Plan Name Change	Expanded Bronze 9200	Expanded Bronze 9950
	Networks Added	Select Health SLHP	Select Health SLHP, Select Health Med, Select Health SAHA
	Deductible (Single / Family)	\$9,200 / \$18,400	\$9,950 / \$19,900
	Maximum Out-of-Pocket (Single / Family)	\$9,200 / \$18,400	\$9,950 / \$19,900
	SCP Office Visits	\$100	\$125
<b>Expanded Bronze 8600</b>	Plan Name Change	Expanded Bronze 7900 HSA-Q	Expanded Bronze 8600
	Deductible (Single / Family)	\$7,900 / \$15,800	\$8,600 / \$17,200
	Maximum Out-of-Pocket (Single / Family)	\$7,900 / \$15,800	\$8,600 / \$17,200
<b>Expanded Bronze 7000</b>	Plan Name Change	Expanded Bronze 6000	Expanded Bronze 7000
	Deductible (Single / Family)	\$6,000 / \$12,000	\$7,000 / \$14,000
	Maximum Out-of-Pocket (Single / Family)	\$9,100 / \$18,200	\$9,900 / \$19,800
	Rx Deductible	\$2,000	\$2,500
<b>Expanded Bronze 5000</b>	Plan Change Name	Expanded Bronze 4500	Expanded Bronze 5000
	Deductible (Single / Family)	\$4,500 / \$9,000	\$5,000 / \$10,000
	Maximum Out-of-Pocket (Single / Family)	\$9,200 / \$18,400	\$9,950 / \$19,900
	PCP / Behavioral Health Office Visits	\$45	\$50
	SCP Office Visits	\$70 after Deductible	\$100
	Rx Deductible	\$1,700	\$2,500

continued

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Plan	Benefit	2025	2026
<b>SILVER</b>			
<b>Silver 5000</b>	Plan Name Change	Silver 4500	Silver 5000
	Deductible (Single / Family)	\$4,500 / \$9,000	\$5,000 / \$10,000
	Maximum Out-of-Pocket (Single / Family)	\$9,000 / \$18,000	\$9,900 / \$19,800
	SCP Office Visits	\$50	\$55
	Urgent Care	\$50	\$75
	Inpatient Hospitalization (Facility)	\$650 per day after Deductible (up to 5-day copay max)	\$850 per day after Deductible (up to 5-day copay max)
	Minor Diagnostic (Lab and X-ray)	\$0	\$20
	Major Diagnostic	\$150 copay after Deductible	\$200 copay after Deductible
<b>Silver 4000</b>	Maximum Out-of-Pocket (Single / Family)	\$8,900 / \$17,800	\$9,900 / \$19,800
	SCP Office Visits	\$50	\$75
<b>Silver 3000</b>	Maximum Out-of-Pocket (Single / Family)	\$8,700 / \$17,400	\$9,900 / \$19,800
	Rx Deductible	\$1,500	\$1,800
<b>Silver Copay</b>	Maximum Out-of-Pocket (Single / Family)	\$9,000 / \$18,000	\$9,900 / \$19,800
	Urgent Care	\$30	\$60
	Inpatient Hospitalization (Facility)	\$1,500 per day (up to 3-day copay max)	\$2,000 per day (up to 3-day copay max)
	Outpatient Hospital Services (Facility)	\$1,000	\$1,500
	Minor Diagnostic (Lab and X-ray)	\$15	\$25
<b>GOLD</b>			
<b>Gold 1500</b>	Maximum Out-of-Pocket (Single / Family)	\$8,000 / \$16,000	\$9,000 / \$18,000
<b>Gold 1000</b>	Maximum Out-of-Pocket (Single / Family)	\$9,000 / \$18,000	\$9,900 / \$19,800

*This document shows the applicable plan changes for 2026.  
Please note that this list is not all inclusive of each change.  
Refer to the member materials for all updates.*