

Idaho plan changes | 2027



Individual and Family plan changes

Members enrolled on a Bronze plan can be eligible to open and contribute to a health savings account (HSA). Some restrictions may apply.

PLAN	Benefit	2026	2027
BRONZE			
Bronze 7750	Plan name change	Bronze 8000	Bronze 7750
	Deductible (single / family)	\$8,000 / \$16,000	\$7,750 / \$15,500
	Maximum out-of-pocket (single / family)	\$10,150 / \$20,300	\$11,500 / \$23,000
EXPANDED BRONZE			
Expanded Bronze 12000	Plan name change	Expanded Bronze 9950	Expanded Bronze 12000
	Deductible (single / family)	\$9,950 / \$19,900	\$12,000 / \$24,000
	Maximum out-of-pocket (single / family)	\$9,950 / \$19,900	\$12,000 / \$24,000
	Urgent care	\$90	\$125
Expanded Bronze 8700 (HDHP eligible)	Plan name change	Expanded Bronze 8600	Expanded Bronze 8700
	Deductible (single / family)	\$8,600 / \$17,200	\$8,700 / \$17,400
	Maximum out-of-pocket (single / family)	\$8,600 / \$17,200	\$8,700 / \$17,400
Expanded Bronze 7500	Plan name change	Expanded Bronze 7000	Expanded Bronze 7500
	Deductible (single / family)	\$7,000 / \$14,000	\$7,500 / \$15,000
	Maximum out-of-pocket (single / family)	\$9,900 / \$19,800	\$11,000 / \$22,000
Expanded Bronze 6000	Plan name change	Expanded Bronze 5000	Expanded Bronze 6000
	Deductible (single / family)	\$5,000 / \$10,000	\$6,000 / \$12,000
	Maximum out-of-pocket (single / family)	\$9,950 / \$19,900	\$12,000 / \$24,000

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PLAN	Benefit	2026	2027
SILVER			
Silver 5500	Plan name change	Silver 5000	Silver 5500
	Deductible (single / family)	\$5,000 / \$10,000	\$5,500 / \$11,000
	Urgent care	\$75	\$55
	Inpatient hospitalization (physician services)	30% after deductible	50% after deductible
	Outpatient hospital services (facility)	30% after deductible	50% after deductible
	Outpatient hospital services (physician services)	30% after deductible	50% after deductible
	Home health care	30% after deductible	50% after deductible
	Hospice (inpatient)	30% after deductible	50% after deductible
	Minor diagnostic (lab and x-ray)	\$20	\$40
Silver 4500	Plan name change	Silver 4000	Silver 4500
	Deductible (single / family)	\$4,000 / \$8,000	\$4,500 / \$9,000
	PCP / Behavioral health office and virtual visits	\$0	\$30
	Urgent care	\$70	\$75
	Inpatient hospitalization (facility)	40% after deductible	50% after deductible
	Inpatient hospitalization (physician services)	40% after deductible	50% after deductible
	Outpatient hospital services (facility)	40% after deductible	50% after deductible
	Outpatient hospital services (physician services)	40% after deductible	50% after deductible
	Home health care	40% after deductible	50% after deductible
	Hospice (inpatient)	40% after deductible	50% after deductible
	Minor diagnostic (lab and x-ray)	\$60	\$65
	Minor diagnostic	40% after deductible	50% after deductible

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PLAN	Benefit	2026	2027
Silver 3500	Plan name change	Silver 3000	Silver 3500
	Deductible (single / family)	\$3,000 / \$6,000	\$3,500 / \$7,000
	PCP / Behavioral health office and virtual visits	\$20	\$30
	SCP office visits	\$20	\$30
	Urgent care	\$60	\$70
	Minor diagnostic (lab and x-ray)	\$30	\$45
	Rx deductible	\$1,800	\$2,200
Silver Copay	PCP / Behavioral health office and virtual visits	\$20	\$35
	SCP office visits	\$60	\$70
	Minor Diagnostic	\$25	\$40
	Urgent care	\$60	\$70
	Emergency room	\$1,200	\$1,000
GOLD			
Gold 1500	PCP / Behavioral health office and virtual visits	\$10	\$15 PCP / \$25 BH
Gold 1450	Plan name change	Gold 1000	Gold 1450
	Deductible (single / family)	\$1,000 / \$2,000	\$1,450 / \$2,900
	Maximum out-of-pocket (single / family)	\$9,900 / \$19,800	\$9,000 / \$18,000
	PCP / Behavioral health office and virtual visits	\$15	\$20

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.

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