

# Idaho Individual Plans and Benefits | 2026



Ready to Shop?  
Contact your agent, visit [selecthealth.org/shop](https://selecthealth.org/shop), or call 855-442-0220.

Plan Name ►	Bronze 8000 <sup>3</sup>	Expanded Bronze 9950 <sup>3</sup>	Expanded Bronze 8600 <sup>3</sup>	Expanded Bronze 7000 <sup>3</sup>	Expanded Bronze 5000 <sup>3</sup>
Participating Networks	L A M	L A M	L B M	L B A M	L B M
Deductible (Single / Family)	\$8,000 / \$16,000	\$9,950 / \$19,900	\$8600 / \$17,200	\$7,000 / \$14,000	\$5,000 / \$10,000
Maximum Out-of-Pocket (Single / Family)	\$10,150 / \$20,300	\$9,950 / \$19,900	\$8600 / \$17,200	\$9,900 / \$19,800	\$9,950 / \$19,900
Virtual Visits <sup>1</sup>	\$0	\$0	\$0	\$0	\$0
PCP / Behavioral Health Office Visits	\$30 after Deductible	\$45	Covered 100% after Deductible	\$40	\$50
SCP Office Visits	\$70 after Deductible	\$125	Covered 100% after Deductible	\$90 after Deductible	\$100
Urgent Care	\$70 after Deductible	\$90	Covered 100% after Deductible	\$70	\$60 after Deductible
Preventive Care and Immunizations	\$0	\$0	\$0	\$0	\$0
Inpatient Hospitalization (Facility)	50% after Deductible	Covered 100% after Deductible	Covered 100% after Deductible	50% after Deductible	50% after Deductible
Outpatient Hospital Services (Facility)	50% after Deductible	Covered 100% after Deductible	Covered 100% after Deductible	50% after Deductible	50% after Deductible
Minor Diagnostic <sup>2</sup> (Lab and X-ray)	\$75 after Deductible	\$75	Covered 100% after Deductible	\$75	Covered 100% after Deductible
Major Diagnostic	50% after Deductible	Covered 100% after Deductible	Covered 100% after Deductible	50% after Deductible	50% after Deductible
Emergency Room	\$600 after Deductible	Covered 100% after Deductible	Covered 100% after Deductible	\$600 after Deductible	\$600 after Deductible
Rx Deductible	\$1,950	Combined with Medical	Combined with Medical	\$2,500	\$2,500
Tier 1 Drugs	\$15	\$15	Covered 100% after Deductible	\$15	\$15
Tier 2 Drugs	\$35	\$35	Covered 100% after Deductible	\$35	\$35
Tier 3 Drugs	30% after Rx Deductible	Covered 100% after Deductible	Covered 100% after Deductible	25% after Rx Deductible	25% after Rx Deductible
Tier 4 Drugs	50% after Rx Deductible	Covered 100% after Deductible	Covered 100% after Deductible	50% after Rx Deductible	50% after Rx Deductible
Tier 5 Drugs	50% after Rx Deductible	Covered 100% after Deductible	Covered 100% after Deductible	50% after Rx Deductible	50% after Rx Deductible

1. Virtual visits with an in-network primary care provider, mental health provider, and Intermountain Health virtual urgent care providers are covered at no additional cost to you.

2. Some minor diagnostic services may be covered as part of the office visit cost share. Please note: the coverage and benefit details presented here do not include out-of-network cost-share details.

3. 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.

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](https://selecthealth.org) or call Member Services at 800-538-5038.

Silver 5000	Silver 4000	Silver 3000	Silver Copay	Gold 1500	Gold 1000
L B A M	L B A M	L B A M	L B A M	L	B A M
\$5,000 / \$10,000	\$4,000 / \$8,000	\$3,000 / \$6,000	\$0 / \$0	\$1,500 / \$3,000	\$1,000
\$9,900 / \$19,800	\$9,900 / \$19,800	\$9,900 / \$19,800	\$9,900 / \$19,800	\$9,000 / \$18,000	\$9,900 / \$19,800
\$0	\$0	\$0	\$0	\$0	\$0
\$30	\$0	\$20	\$20	\$10	\$15
\$55	\$75	\$60	\$60	\$40	\$40
\$75	\$50	\$60	\$60	\$40	\$40
\$0	\$0	\$0	\$0	\$0	\$0
\$850 / day after Deductible (5-day max)	40% after Deductible	50% after Deductible	\$2000 / day (3-day max)	20% after Deductible	20% after Deductible
30% after Deductible	40% after Deductible	50% after Deductible	\$1,500	20% after Deductible	20% after Deductible
\$20	\$60	\$30	\$25	Covered 100% after Deductible	Covered 100% after Deductible
\$200 copay after Deductible	40% after Deductible	50% after Deductible	\$500	Covered 100% after Deductible	20% after Deductible
\$600 after Deductible	\$400 after Deductible	\$500 after Deductible	\$1,200	\$400 after Deductible	\$400 after Deductible
\$2,500	\$1,500	\$1,800	\$3,500	\$400	\$500
\$5	\$5	\$5	\$5	\$5	\$5
\$25	\$25	\$25	\$25	\$25	\$25
\$45 after Rx Deductible	25% after Rx Deductible	25% after Rx Deductible	\$100 after Rx Deductible	25% after Rx Deductible	25% after Rx Deductible
\$55 after Rx Deductible	50% after Rx Deductible	50% after Rx Deductible	50% after Rx Deductible	50% after Rx Deductible	50% after Rx Deductible
50% after Rx Deductible	50% after Rx Deductible	50% after Rx Deductible	50% after Rx Deductible	50% after Rx Deductible	50% after Rx Deductible

- L Select Health SLHP—Select Health St. Luke's Health Partner Network
- B BrightPath Network
- A Select Health SAHA—Saint Alphonsus Health Alliance Network
- M Select Health Med Network



# Idaho Cost-Sharing Reduction (CSR) Plans | 2026

In addition to a tax credit, you may be eligible for a cost-sharing reduction plan that lowers the amount you pay out-of-pocket for deductibles, coinsurance, and copays. Members of federally recognized American Indian or Alaska Native tribes may also qualify for additional cost-sharing benefits. Contact your agent or call Select Health Individual Sales at **855-442-0220**.

Plan Name ►	Silver 5000	Silver 5000	Silver 5000	Silver 4000	Silver 4000
CSR	73%	87%	94%	73%	87%
Participating Networks	L B A M	L B A M	L B A M	L B A M	L B A M
Deductible (Single / Family)	\$4,500 / \$9,000	\$1,500 / \$3,000	\$0 / \$0	\$3,600 / \$7,200	\$1,500 / \$3,000
Maximum Out-of-Pocket (Single / Family)	\$8,450 / \$16,900	\$3,500 / \$7,000	\$3,000 / \$6,000	\$8,250 / \$16,500	\$3,500 / \$7,000
Virtual Visits <sup>1</sup>	\$0	\$0	\$0	\$0	\$0
PCP / Behavioral Health Office Visits	\$25	\$15	\$10	\$0	\$0
SCP Office Visits	\$40	\$35	\$20	\$50	\$40
Urgent Care	\$50	\$40	\$20	\$50	\$40
Preventive Care and Immunizations	\$0	\$0	\$0	\$0	\$0
Inpatient Hospitalization (Facility)	\$850 per day after Deductible (5-day max)	\$500 per day after Deductible (5-day max)	\$250 per day after Deductible (5-day max)	40% after Deductible	30% after Deductible
Outpatient Hospital Services (Facility)	30% after Deductible	30% after Deductible	20% after Deductible	40% after Deductible	30% after Deductible
Minor Diagnostic <sup>2</sup> (Lab and X-ray)	\$20	\$10	\$5	\$60	\$25
Major Diagnostic	\$200 copay after Deductible	\$150 copay after Deductible	\$100	40% after Deductible	30% after Deductible
Emergency Room	\$400 after Deductible	\$350 after Deductible	\$150	\$350 after Deductible	\$300 after Deductible
Rx Deductible	\$2,500	\$250	\$0	\$1,500	\$350
Tier 1 Drugs	\$5	\$5	\$0	\$15	\$0
Tier 2 Drugs	\$25	\$10	\$10	\$25	\$10
Tier 3 Drugs	\$40 after Rx Deductible	\$30 after Rx Deductible	\$30	25% after Rx Deductible	15% after Rx Deductible
Tier 4 Drugs	\$50 after Rx Deductible	\$50 after Rx Deductible	\$40	50% after Rx Deductible	25% after Rx Deductible
Tier 5 Drugs	40% after Rx Deductible	40% after Rx Deductible	30%	50% after Rx Deductible	40% after Rx Deductible

1. Virtual visits with an in-network primary care provider, mental health provider, and Intermountain Health virtual urgent care providers are covered at no additional cost to you.

2. Some minor diagnostic services may be covered as part of the office visit cost share. Please note: the coverage and benefit details presented here do not include out-of-network cost-share details.

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](https://selecthealth.org) or call Member Services at **800-538-5038**.

Silver 4000	Silver 3000	Silver 3000	Silver 3000	Silver Copay	Silver Copay	Silver Copay
94%	73%	87%	94%	73%	87%	94%
L B A M	L B A M	L B A M	L B A M	L B A M	L B A M	L B A M
\$0 / \$0	\$3,000 / \$6,000	\$500 / \$1,000	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
\$2,000 / \$4,000	\$8,100 / \$16,200	\$3,500 / \$7,000	\$2,500 / \$5,000	\$8,450 / \$16,900	\$3,500 / \$7,000	\$3,000 / \$6,000
\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$20	\$10	\$0	\$15	\$10	\$0
\$30	\$60	\$30	\$20	\$60	\$40	\$20
\$30	\$60	\$30	\$20	\$60	\$40	\$20
\$0	\$0	\$0	\$0	\$0	\$0	\$0
20% after Deductible	40% after Deductible	30% after Deductible	20%	\$1500 per day (3-day max)	\$850 per day (3-day max)	\$450 per day (3-day max)
20% after Deductible	40% after Deductible	30% after Deductible	20%	\$450	\$400	\$250
\$15	\$30	\$15	\$10	\$25	\$20	\$0
\$0	40% after Deductible	30% after Deductible	20%	\$475	\$275	\$125
\$150	\$450 after Deductible	\$350 after Deductible	\$150	\$1,200	\$400	\$150
\$150	\$1,500	\$200	\$0	\$3,500	\$700	\$0
\$0	\$15	\$10	\$10	\$15	\$5	\$0
\$5	\$25	\$20	\$5	\$25	\$15	\$5
5%	25% after Rx Deductible	15% after Rx Deductible	5%	\$100 after Rx Deductible	\$50 after Rx Deductible	\$20
15%	40% after Rx Deductible	30% after Rx Deductible	15%	25% after Rx Deductible	15% after Rx Deductible	5%
30%	50% after Rx Deductible	40% after Rx Deductible	30%	50% after Rx Deductible	40% after Rx Deductible	20%

- L Select Health SLHP—Select Health St. Luke’s Health Partner Network
- B BrightPath Network
- A Select Health SAHA—Saint Alphonsus Health Alliance Network
- M Select Health Med Network

