

Idaho Individual Plans, 2023

** For Internal Use Only **

+ Established list of Prescriptions

AD= After Deductible

* Indicates HSA-Compatible Plans

5995 W. State St., Ste. A

Boise, ID 83703

www.mountainhealth.coop

855-447-2900

Plan Name	LINK SILVER OPTION 2	LINK SILVER	LINK GOLD	LINK CATASTROPHIC	* LINK BRONZE HD	LINK BRONZE	ENGAGE SILVER OPTION 2	ENGAGE SILVER	ENGAGE GOLD	ENGAGE CATASTROPHIC	ENGAGE BRONZE EXPANDED	*ENGAGE BRONZE HD	ENGAGE BRONZE	ACCESS SILVER	ACCESS GOLD	ACCESS CATASTROPHIC	*ACCESS BRONZE HD	ACCESS BRONZE
On/Off	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both
QHPID	38128ID0100009-01	38128ID0100003-01	38128ID0100002-01	38128ID0100011-01	38128ID0100007-01	38128ID0100004-01	38128ID0140004-01	38128ID0140002-01	38128ID0140001-01	38128ID0140005-01	38128ID0140007-01	38128ID0140006-01	38128ID0140003-01	38128ID0160002-01	38128ID0160001-01	38128ID0160005-01	38128ID0160004-01	38128ID0160003-01
Deductible Individual	\$5,000	\$4,500	\$1,050	\$9,100	\$7,000	\$9,100	\$4,500	\$3,700	\$900	\$9,100	\$8,100	\$7,000	\$8,550	\$4,100	\$1,050	\$9,100	\$7,000	\$8,550
Deductible Family	\$10,000	\$9,000	\$2,100	\$18,200	\$14,000	\$18,200	\$9,000	\$7,400	\$1,800	\$18,200	\$16,200	\$14,000	\$17,100	\$8,200	\$2,100	\$18,200	\$14,000	\$17,100
Out of Pocket Max Individual	\$8,100	\$8,500	\$6,000	\$9,100	\$7,000	\$9,100	\$7,450	\$7,500	\$6,000	\$9,100	\$8,550	\$7,000	\$8,550	\$8,000	\$6,000	\$9,100	\$7,000	\$8,550
Out of Pocket Max Family	\$16,200	\$17,000	\$12,000	\$18,200	\$14,000	\$18,200	\$14,900	\$15,000	\$12,000	\$18,200	\$17,100	\$14,000	\$17,100	\$16,000	\$12,000	\$18,200	\$14,000	\$17,100
Co-insurance	40%	40%	30%	0%	0%	0%	40%	40%	30%	0%	40%	0%	0%	40%	30%	0%	0%	0%
Out of Network Deductible Individual	\$10,000	\$9,000	\$2,100	\$18,200	\$14,000	\$18,200	\$9,000	\$7,400	\$1,800	\$18,200	\$16,200	\$14,000	\$17,100	\$8,200	\$2,100	\$18,200	\$14,000	\$17,100
Out of Network Deductible Family	\$20,000	\$18,000	\$4,200	\$36,400	\$28,000	\$36,400	\$18,000	\$14,800	\$3,600	\$36,400	\$32,400	\$28,000	\$34,200	\$16,400	\$4,200	\$36,400	\$28,000	\$34,200
Out of Network Out of Pocket Max Individual	\$16,200	\$17,000	\$12,000	\$18,200	\$14,000	\$18,200	\$14,900	\$15,000	\$12,000	\$18,200	\$17,100	\$14,000	\$17,100	\$16,000	\$12,000	\$18,200	\$14,000	\$17,100
Out of Network Out of Pocket Max Family	\$32,400	\$34,000	\$24,000	\$36,400	\$28,000	\$36,400	\$29,800	\$30,000	\$24,000	\$36,400	\$34,200	\$28,000	\$34,200	\$32,000	\$24,000	\$36,400	\$28,000	\$34,200
Out of Network Coinsurance	50%	50%	50%	0%	0%	0%	50%	50%	50%	0%	50%	0%	0%	50%	50%	0%	0%	0%
PCP Office Visit	\$0	\$0	\$0	0% (3 visits before ded)	0% AD	0% (3 visits before ded)	\$60	\$55	\$25	0% (3 visits before ded)	\$40 (3 visits before ded)	0% AD	\$50 (3 visits before ded)	\$25	\$10	0% (3 visits before ded)	0% AD	\$50 (3 visits before ded)
Mental Health Office Visit	\$0	\$0	\$0	0% (3 visits before ded)	0% AD	0% (3 visits before ded)	\$60	\$55	\$25	0% (3 visits before ded)	\$40 (3 visits before ded)	0% AD	0% (3 visits before ded)	\$25	\$10	0% (3 visits before ded)	0% AD	0% (3 visits before ded)
Specialist	\$90	\$85	\$45	0% AD	0% AD	0% AD	\$90	\$85	\$45	0% AD	\$60 AD	0% AD	0% AD	\$85	\$45	0% AD	0% AD	0% AD
Emergency Room	50% AD	50% AD	40% AD	0% AD	0% AD	0% AD	50% AD	50% AD	40% AD	0% AD	50% AD	0% AD	0% AD	50% AD	40% AD	0% AD	0% AD	0% AD
Urgent Care	\$135	\$125	\$65	0% AD	0% AD	0% AD	\$135	\$125	\$65	0% AD	\$90	0% AD	\$75	\$125	\$65	0% AD	0% AD	0% AD
Pharmacy Tier 1	\$10	\$10	\$5	0% AD	0% AD	\$10	\$10	\$10	\$5	0% AD	\$15	0% AD	0% AD	\$10	\$5	0% AD	0% AD	\$10
Pharmacy Tier 2	30% AD	30% AD	25% AD	0% AD	0% AD	0% AD	30% AD	30% AD	25% AD	0% AD	35% AD	0% AD	0% AD	30% AD	25% AD	0% AD	0% AD	0% AD
Pharmacy Tier 3	50% AD	50% AD	40% AD	0% AD	0% AD	0% AD	50% AD	50% AD	40% AD	0% AD	50% AD	0% AD	0% AD	50% AD	40% AD	0% AD	0% AD	0% AD
Pharmacy Tier 4	50% AD	50% AD	40% AD	0% AD	0% AD	0% AD	50% AD	50% AD	40% AD	0% AD	50% AD	0% AD	0% AD	50% AD	40% AD	0% AD	0% AD	0% AD
+ \$0 Out of Pocket Prescriptions	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Preventive Medical/Dental	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Doctor on Demand	\$135	\$125	\$65	0% AD	0% AD	0% AD	\$20	\$20	\$20	\$20	\$20	0% AD	\$20	\$20	\$20	0% AD	0% AD	\$20
Vision Reimbursement	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Dental Exam and Cleaning	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Center of Excellence	NA	NA	NA	NA	NA	NA	No Deductible	No Deductible	No Deductible	No Deductible	No Deductible	AD	No Deductible	NA	NA	NA	NA	NA
Travel Benefit	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000

Visit us online at mountainhealth.coop to compare plans and discover the CO-OP difference today.

Your Signature Benefits

We are committed to helping you make the most of your health insurance plan. The CO-OP has added new and exciting benefits for you, and each is designed to promote wellness and protect your health. The benefits available include...

- \$100 Dental Exam Reimbursement*
- Hundreds of Medications for \$0 Out-of-Pocket
- \$60 Vision Exam Reimbursement*
- 24/7 Telehealth
- Travel Benefit

*Available with or without a standalone policy.



These benefits are easy to use - scan this code with your phone's camera and follow the link to learn more!



Idaho Small Group Plans, 2023

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+ Established list of Prescriptions

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Plan Name	* LINK SILVER HD	LINK SILVER OPTION 2	LINK SILVER	LINK GOLD OPTION 2	LINK GOLD	* LINK BRONZE HD	LINK BRONZE EXPANDED	* ENGAGE SILVER HD	ENGAGE SILVER OPTION 2	ENGAGE SILVER	ENGAGE GOLD OPTION 2	ENGAGE GOLD	* ENGAGE BRONZE HD	ENGAGE BRONZE EXPANDED
On/Off	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both
QHPID	38128ID0130006-01	38128ID0130009-01	38128ID0130003-01	38128ID0130008-01	38128ID0130002-01	38128ID0130007-01	38128ID0130010-01	38128ID0150004-01	38128ID0150006-01	38128ID0150002-01	38128ID0150007-01	38128ID0150001-01	38128ID0150005-01	38128ID0150008-01
Deductible Individual	\$5,000	\$7,550	\$6,900	\$1,600	\$1,000	\$7,000	\$9,100	\$5,000	\$6,300	\$5,300	\$1,600	\$1,000	\$7,000	\$8,550
Deductible Family	\$10,000	\$15,100	\$13,800	\$3,200	\$2,000	\$14,000	\$18,200	\$10,000	\$12,600	\$10,600	\$3,200	\$2,000	\$14,000	\$17,100
Out of Pocket Max Individual	\$5,000	\$8,400	\$8,550	\$6,500	\$7,000	\$7,000	\$9,100	\$5,000	\$8,000	\$8,550	\$6,000	\$6,500	\$7,000	\$8,550
Out of Pocket Max Family	\$10,000	\$16,800	\$17,100	\$13,000	\$14,000	\$14,000	\$18,200	\$10,000	\$16,000	\$17,100	\$12,000	\$13,000	\$14,000	\$17,100
Co-insurance	0%	40%	40%	30%	30%	0%	0%	0%	40%	40%	30%	30%	0%	0%
Out of Network Deductible Individual	\$10,000	\$15,100	\$13,800	\$3,200	\$2,000	\$14,000	\$18,200	\$10,000	\$12,600	\$10,600	\$3,200	\$2,000	\$14,000	\$17,100
Out of Network Deductible Family	\$20,000	\$30,200	\$27,600	\$6,400	\$4,000	\$28,000	\$36,400	\$20,000	\$25,200	\$21,200	\$6,400	\$4,000	\$28,000	\$34,200
Out of Network Out of Pocket Max Individual	\$10,000	\$16,800	\$17,100	\$13,000	\$14,000	\$14,000	\$18,200	\$10,000	\$16,000	\$17,100	\$12,000	\$13,000	\$14,000	\$17,100
Out of Network Out of Pocket Max Family	\$20,000	\$33,600	\$34,200	\$26,000	\$28,000	\$28,000	\$36,400	\$20,000	\$32,000	\$34,200	\$24,000	\$26,000	\$28,000	\$34,200
Out of Network Coinsurance	0%	50%	50%	50%	50%	0%	0%	0%	50%	50%	50%	50%	0%	0%
PCP Office Visit	0% AD	\$0	\$0	\$0	\$0	0% AD	\$0 (3 visits before ded)	0% AD	\$40	\$30	\$25	\$25	0% AD	\$50 (3 visits before ded)
Mental Health Office Visit	0% AD	\$0	\$0	\$0	\$0	0% AD	\$0 (3 visits before ded)	0% AD	\$60	\$50	\$50	\$45	0% AD	0% AD
Specialist	0% AD	\$60	\$50	\$40	\$45	0% AD	0% AD	0% AD	\$60	\$50	\$50	\$45	0% AD	0% AD
Emergency Room	0% AD	50% AD	50% AD	40% AD	40% AD	0% AD	0% AD	0% AD	50% AD	50% AD	40% AD	40% AD	0% AD	0% AD
Urgent Care	0% AD	\$90	\$75	\$60	\$65	0% AD	\$75	0% AD	\$90	\$75	\$75	\$65	0% AD	\$75
Pharmacy Tier 1	0% AD	\$5	\$10	\$10	\$5	0% AD	\$10	0% AD	\$5	\$10	\$10	\$5	0% AD	\$15
Pharmacy Tier 2	0% AD	\$85	\$75	\$55	\$50	0% AD	0% AD	0% AD	\$60	\$60	\$55	\$50	0% AD	0% AD
Pharmacy Tier 3	0% AD	35% AD	35% AD	30% AD	30% AD	0% AD	0% AD	0% AD	35% AD	35% AD	30% AD	30% AD	0% AD	0% AD
Pharmacy Tier 4	0% AD	40% AD	40% AD	35% AD	35% AD	0% AD	0% AD	0% AD	40% AD	40% AD	35% AD	35% AD	0% AD	0% AD
+ \$0 Out of Pocket Prescriptions	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Preventive Medical/Dental	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Doctor on Demand	0% AD	\$90	\$75	\$60	\$65	0% AD	\$75	0% AD	\$20	\$20	\$20	\$20	0% AD	\$20
Vision Reimbursement	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Dental Exam and Cleaning	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Center of Excellence	NA	NA	NA	NA	NA	NA	No Deductible	AD	No Deductible	No Deductible	No Deductible	No Deductible	AD	No Deductible
Travel Benefit	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000

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- \$60 Vision Exam Reimbursement*
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- Travel Benefit

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