



Idaho Individual Plans, 2024

** For Internal Use Only **

*Catastrophic Plans only available on the Exchange for individuals under 30 years of age.
AD = After Deductible
+ Established list of Prescriptions

www.mountainhealth.coop
855-447-2900

Plan Name	Link PLATINUM	LINK GOLD	LINK SILVER OPTION 2	LINK SILVER	LINK BRONZE HDHP	LINK BRONZE	LINK CATASTROPHIC	ENGAGE GOLD	ENGAGE SILVER	ENGAGE SILVER OPTION 2	ENGAGE BRONZE HDHP	ENGAGE BRONZE	ENGAGE CATASTROPHIC	ACCESS GOLD	ACCESS SILVER	ACCESS BRONZE HDHP	ACCESS BRONZE	ACCESS CATASTROPHIC
On/Off	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both
Ded Ind	\$500	\$1,000	\$8,000	\$6,000	\$7,500	\$8,900	\$9,450	\$1,000	\$5,700	\$7,500	\$7,500	\$8,700	\$9,450	\$1,000	\$6,500	\$7,500	\$8,900	\$9,450
Ded Family	\$1,000	\$2,000	\$16,000	\$12,000	\$15,000	\$17,800	\$18,900	\$2,000	\$11,400	\$15,000	\$15,000	\$17,400	\$18,900	\$2,000	\$13,000	\$15,000	\$17,800	\$18,900
OOP Max Ind	\$1,500	\$7,000	\$9,000	\$8,150	\$7,500	\$8,900	\$9,450	\$6,500	\$8,150	\$9,000	\$7,500	\$8,700	\$9,450	\$6,500	\$8,500	\$7,500	\$8,900	\$9,450
OOP Max Family	\$3,000	\$14,000	\$18,000	\$16,300	\$15,000	\$17,800	\$18,900	\$13,000	\$16,300	\$18,000	\$15,000	\$17,400	\$18,900	\$13,000	\$17,000	\$15,000	\$17,800	\$18,900
Co-insurance	10%	30%	40%	30%	0%	0%	0%	30%	30%	40%	0%	0%	0%	30%	40%	0%	0%	0%
OON Ded Ind	\$2,000	\$2,000	\$19,500	\$17,100	\$21,000	\$25,000	\$27,300	\$2,250	\$17,100	\$19,500	\$21,000	\$17,100	\$27,300	\$2,250	\$9,000	\$21,000	\$25,000	\$27,300
OON Ded Family	\$4,000	\$4,000	\$39,000	\$34,200	\$42,000	\$50,000	\$54,600	\$4,500	\$34,200	\$39,000	\$42,000	\$34,200	\$54,600	\$4,500	\$18,000	\$42,000	\$50,000	\$54,600
OON OOP Max Ind	\$4,000	\$14,000	\$24,000	\$24,450	\$21,000	\$25,000	\$27,300	\$18,000	\$24,450	\$24,000	\$21,000	\$17,100	\$27,300	\$18,000	\$17,000	\$21,000	\$25,000	\$27,300
OON OOP Max Family	\$8,000	\$28,000	\$48,000	\$48,900	\$42,000	\$50,000	\$54,600	\$36,000	\$48,900	\$48,000	\$42,000	\$34,200	\$54,600	\$36,000	\$34,000	\$42,000	\$50,000	\$54,600
OON Coinsurance	50%	50%	50%	50%	0%	0%	0%	50%	50%	50%	0%	0%	0%	50%	50%	0%	0%	0%
PCP Office Visit	\$0	\$0	\$0	\$0	0% AD	\$0	0% (3 visits before ded)	\$30	\$40	\$40	0% AD	\$50	0% (3 visits before ded)	\$30	\$30	0% AD	\$40	0% (3 visits before ded)
Mental Health Office Visit	\$0	\$0	\$0	\$0	0% AD	\$0	0% (3 visits before ded)	\$30 (First Visit \$0)	\$40 (First visit \$0)	\$40 (First visit \$0)	0% AD	\$50 (First Visit \$0)	0% (3 visits before ded)	\$30 (First Visit \$0)	\$30 (First visit \$0)	0% AD	\$40 (First visit \$0)	0% (3 visits before ded)
Specialist	\$40	\$50	\$75	\$75 AD	0% AD	0% AD	0% AD	\$50	\$75 AD	\$75	0% AD	\$100	0% AD	\$50	\$60	0% AD	\$100	0% AD
Emergency Room	20% AD	40% AD	50% AD	50% AD	0% AD	0% AD	0% AD	40% AD	50% AD	50% AD	0% AD	0% AD	0% AD	40% AD	50% AD	0% AD	0% AD	0% AD
Urgent Care	\$40	\$75	\$110	\$110	0% AD	\$110	0% AD	\$75	\$110	\$110	0% AD	\$75	0% AD	\$75	\$75	0% AD	\$110	0% AD
Pharmacy Tier 1 (Generic)	\$5	\$5	\$10	\$10	0% AD	0% AD	0% AD	\$5	\$10	\$5	0% AD	0% AD	0% AD	\$5	\$10	0% AD	\$0 AD	0% AD
Pharmacy Tier 2 (Preferred Brand)	\$40	\$40	\$60	\$60	0% AD	0% AD	0% AD	\$40	\$60	\$40	0% AD	0% AD	0% AD	\$40	\$60	0% AD	\$0 AD	0% AD
Pharmacy Tier 3 (non-pref Brand)	100 AD	\$100	\$150	\$150	0% AD	0% AD	0% AD	\$100	\$150	\$100	0% AD	0% AD	0% AD	\$100	\$150	0% AD	\$0 AD	0% AD
Pharmacy Tier 4 (Specialty)	150 AD	\$150	\$200	\$200	0% AD	0% AD	0% AD	\$150	\$200	\$150	0% AD	0% AD	0% AD	\$150	\$200	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	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	\$60	\$60	\$60	\$60	0% AD	\$60	0% AD	\$10	\$10	\$10	0% AD	\$10	\$10	\$10	\$10	0% AD	\$10	\$10
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	NA	No Deductible	No Deductible	No Deductible	No Deductible	No Deductible	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

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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!



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Plan Name	LINK GOLD OPTION 2	LINK GOLD	LINK SILVER HDHP	LINK SILVER OPTION 2	LINK SILVER	Link PLATINUM	Link Bronze Expanded	LINK BRONZE HDHP	ENGAGE GOLD OPTION 2	ENGAGE GOLD	ENGAGE SILVER HDHP	ENGAGE SILVER OPTION 2	ENGAGE SILVER	ENGAGE BRONZE HDHP	ENGAGE BRONZE EXPANDED
On/Off	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both
Ded Ind	\$1,800	\$1,000	\$5,700	\$8,000	\$6,400	\$500	\$8,900	\$7,500	\$1,800	\$1,000	\$5,700	\$7,500	\$4,900	\$7,500	\$9,100
Ded Family	\$3,600	\$2,000	\$11,400	\$16,000	\$12,800	\$1,000	\$17,200	\$15,000	\$3,600	\$2,000	\$11,400	\$15,000	\$9,800	\$15,000	\$18,200
OOP Max Ind	\$6,500	\$7,000	\$5,700	\$9,000	\$8,150	\$1,500	\$8,900	\$7,500	\$6,500	\$6,500	\$5,700	\$9,000	\$9,000	\$7,500	\$9,100
OOP Max Family	\$13,000	\$14,000	\$11,400	\$18,000	\$16,300	\$3,000	\$17,200	\$15,000	\$13,000	\$13,000	\$11,400	\$18,000	\$18,000	\$15,000	\$18,200
Co-insurance	30%	30%	0%	40%	30%	10%	0%	0%	30%	30%	0%	40%	40%	0%	0%
OON Ded Ind	\$3,200	\$2,250	\$15,000	\$19,500	\$17,100	\$2,000	\$25,000	\$21,000	\$3,200	\$2,250	\$15,000	\$19,500	\$15,600	\$21,000	\$25,000
OON Ded Family	\$6,400	\$4,500	\$30,000	\$39,000	\$34,200	\$4,000	\$50,000	\$42,000	\$6,400	\$4,500	\$30,000	\$39,000	\$31,200	\$42,000	\$50,000
OON OOP Max Ind	\$13,000	\$18,000	\$15,000	\$24,000	\$24,450	\$4,000	\$25,000	\$21,000	\$13,000	\$18,000	\$15,000	\$24,000	\$24,450	\$21,000	\$25,000
OON OOP Max Family	\$26,000	\$36,000	\$30,000	\$48,000	\$48,900	\$8,000	\$50,000	\$42,000	\$26,000	\$36,000	\$30,000	\$48,000	\$48,900	\$42,000	\$50,000
OON Coinsurance	50%	50%	0%	50%	50%	50%	0%	0%	50%	50%	0%	50%	60%	0%	0%
PCP Office Visit	\$0	\$0	0% AD	\$0	\$0	\$0	\$0	0% AD	\$25	\$30	0% AD	\$40	\$40	0% AD	\$40
Mental Health Office Visit	\$0	\$0	0% AD	\$0	\$0	\$0	\$0	0% AD	\$25 (First Visit \$0)	\$30 (First Visit \$0)	0% AD	\$40 (First Visit \$0)	\$40 (First Visit \$0)	0% AD	\$40 (First Visit \$0)
Specialist	\$50	\$50	0% AD	\$75	\$75 AD	\$40	0% AD	0% AD	\$50	\$50	0% AD	\$75	\$75	0% AD	\$80
Emergency Room	40% AD	40% AD	0% AD	50% AD	50% AD	20% AD	0% AD	0% AD	40% AD	40% AD	0% AD	50% AD	50% AD	0% AD	0% AD
Urgent Care	\$75	\$75	0% AD	\$110	\$110	\$40	\$110	0% AD	\$75	\$75	0% AD	\$110	\$110	0% AD	\$110
Pharmacy Tier 1 (Generic)	\$10	\$5	0% AD	\$10	\$10	\$5	0% AD	0% AD	\$10	\$5	0% AD	\$5	\$10	0% AD	0% AD
Pharmacy Tier 2 (Preferred Brand)	\$60	\$40	0% AD	\$60	\$60	\$40	0% AD	0% AD	\$60	\$40	0% AD	\$40	\$60	0% AD	0% AD
Pharmacy Tier 3 (non-pref Brand)	\$150	\$100	0% AD	\$150	\$150	\$100	0% AD	0% AD	\$150	\$100 AD	0% AD	\$100	\$150 AD	0% AD	0% AD
Pharmacy Tier 4 (Specialty)	\$200	\$150	0% AD	\$200	\$200	\$150	0% AD	0% AD	\$200	\$150 AD	0% AD	\$150	\$200 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
Preventive Medical	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	\$60	\$60	0% AD	\$60	\$60	\$60	\$60	0% AD	\$10	\$10	0% AD	\$10	\$10	0% AD	\$10
Vision Reimbursement	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
Center of Excellence	NA	NA	NA	NA	NA	NA	No Deductible	NA	No Deductible	No Deductible	AD	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	\$10,000

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