

* Only available on the exchange for individuals under 30 years of age.

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Plan	ACCESS BRONZE	ACCESS BRONZE HSA	ACCESS CATASTROPHIC*	ACCESS GOLD	ACCESS GOLD BASE	ACCESS SILVER	ACCESS SILVER BASE	ENGAGE BRONZE	ENGAGE BRONZE HSA	ENGAGE BRONZE - EXPANDED	ENGAGE CATASTROPHIC*	ENGAGE GOLD	ENGAGE GOLD - BASE	ENGAGE SILVER	ENGAGE SILVER - OPTION 2	ENGAGE SILVER - BASE	LINK BRONZE	LINK BRONZE - EXPANDED	LINK BRONZE HSA	LINK CATASTROPHIC*	LINK GOLD	LINK SILVER	LINK SILVER - OPTION 2
Deductible Individual	\$8,550	\$7,000	\$8,700	\$900	\$3,100	\$3,400.00	\$8,000	\$8,550	\$7,000	\$8,100	\$8,700	\$900	\$3,100	\$2,850	\$4,500	\$8,000	\$8,550	\$8,100	\$7,000	\$8,700	\$900	\$3,400	\$4,500
Deductible Family	\$17,100	\$14,000	\$17,400	\$1,800	\$6,200	\$6,800	\$16,000	\$17,100	\$14,000	\$16,200	\$17,400	\$1,800	\$6,200	\$5,700	\$9,000	\$16,000	\$17,100	\$16,200	\$14,000	\$17,400	\$1,800	\$6,800	\$9,000
Out of Pocket Max Individual	\$8,550	\$7,000	\$8,700	\$6,000	\$8,500	\$7,500	\$8,700	\$8,550	\$7,000	\$8,550	\$8,700	\$6,000	\$8,500	\$7,500	\$7,450	\$8,700	\$8,550	\$8,550	\$7,000	\$8,700	\$6,000	\$7,500	\$7,450
Out of Pocket Max Family	\$17,100	\$14,000	\$17,400	\$12,000	\$17,000	\$15,000	\$17,400	\$17,100	\$14,000	\$17,100	\$17,400	\$12,000	\$17,000	\$15,000	\$14,900	\$17,400	\$17,100	\$17,100	\$14,000	\$17,400	\$12,000	\$15,000	\$14,900
Co-insurance	0%	0%	0%	30%	20%	40%	45%	0%	0%	40%	0%	30%	20%	40%	40%	45%	0%	40%	0%	0%	30%	40%	40%
Out of Network Deductible Individual	\$17,100	\$14,000	\$17,400	\$1,800	\$9,300	\$6,800	\$24,000	\$17,100	\$14,000	\$16,200	\$17,400	\$1,800	\$9,300	\$5,700	\$9,000	\$24,000	\$17,100	\$16,200	\$14,000	\$17,400	\$1,800	\$6,800	\$9,000
Out of Network Deductible Family	\$34,200	\$28,000	\$34,800	\$3,600	\$18,600	\$13,600	\$48,000	\$34,200	\$28,000	\$32,400	\$34,800	\$3,600	\$18,600	\$11,400	\$18,000	\$48,000	\$34,200	\$32,400	\$28,000	\$34,800	\$3,600	\$13,600	\$18,000
Out of Network Out of Pocket Max Individual	\$17,100	\$14,000	\$17,400	\$12,000	\$25,500	\$15,000	\$26,100	\$17,100	\$14,000	\$17,100	\$17,400	\$12,000	\$25,500	\$15,000	\$14,900	\$26,100	\$17,100	\$17,100	\$14,000	\$17,400	\$12,000	\$15,000	\$14,900
Out of Network Out of Pocket Max Family	\$34,200	\$28,000	\$34,800	\$24,000	\$51,000	\$30,000	\$52,200	\$34,200	\$28,000	\$34,200	\$34,800	\$24,000	\$51,000	\$30,000	\$29,800	\$52,200	\$34,200	\$34,200	\$28,000	\$34,800	\$24,000	\$30,000	\$29,800
Out of Network Coinsurance	0%	0%	0%	50%	40%	50%	60%	0%	0%	50%	0%	50%	40%	50%	50%	60%	0%	50%	0%	0%	50%	50%	50%
PCP Office Visit	\$50 (3 visits before ded)	0% AD	\$0 (3 visits before ded)	\$10	\$25	\$25	\$50	\$50 (3 visits before ded)	0% AD	\$40 (3 visits before ded)	\$0 (3 visits before ded)	\$25	\$25	\$55	\$60	\$50	\$50 (3 visits before ded)	\$40 (3 visits before ded)	0% AD	\$0 (3 visits before ded)	\$10	\$25	\$30
Mental Health Office Visit	0% (3 visits before ded)	0% AD	0% (3 visits before ded)	\$10	20% AD	\$25	\$50	\$50 (3 visits before ded)	0% AD	\$40 (3 visits before ded)	\$0 (3 visits before ded)	\$25	20% AD	\$55	\$60	\$50	\$0 (3 visits before ded)	\$40 (3 visits before ded)	0% AD	\$0 (3 visits before ded)	\$10	\$25	\$30
Specialist	0% AD	0% AD	0% AD	\$45	20% AD	\$85	\$100	0% AD	0% AD	\$60 AD	0% AD	\$45	20% AD	\$85	\$90	\$100	\$0 AD	\$60 AD	0% AD	0% AD	\$45	\$85	\$90
Emergency Room	0% AD	0% AD	0% AD	40% AD	20% AD	50% AD	45% AD	0% AD	0% AD	50% AD	0% AD	40% AD	20% AD	50% AD	50% AD	45% AD	0% AD	50% AD	0% AD	0% AD	40%	50% AD	50% AD
Urgent Care	0% AD	0% AD	0% AD	\$65	20%	\$125	\$150	\$75	0% AD	\$90	\$0 AD	\$65	20%	\$125	\$135	\$150	0% AD	\$90	0% AD	0% AD	\$65	\$125	\$135
Pharmacy Tier 1	\$15	0% AD	0% AD	\$5	10%	\$10	40%	0% AD	0% AD	\$15	0% AD	\$5	10%	\$10	\$10	40%	\$15	\$15	0% AD	0% AD	\$5	\$10	\$10
Pharmacy Tier 2	0% AD	0% AD	0% AD	25% AD	20%	30% AD	50% AD	0% AD	0% AD	35% AD	0% AD	25% AD	20%	30% AD	30% AD	50% AD	0% AD	50% AD	0% AD	0% AD	25% AD	30% AD	30% AD
Pharmacy Tier 3	0% AD	0% AD	0% AD	40% AD	30%	50% AD	60% AD	0% AD	0% AD	50% AD	0% AD	40% AD	30%	50% AD	50% AD	60% AD	0% AD	50% AD	0% AD	0% AD	40% AD	50% AD	50% AD
Pharmacy Tier 4	0% AD	0% AD	0% AD	40% AD	40%	50% AD	60% AD	0% AD	0% AD	50% AD	0% AD	40% AD	40%	50% AD	50% AD	60% AD	0% AD	50% AD	0% AD	0% AD	40% AD	50% AD	50% AD
\$0 Prescriptions Available (Preset List)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Preventive Pharmacy/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	No Charge	No Charge	No Charge	No Charge	No Charge
Center of Excellence	NA	NA	NA	NA	NA	NA	NA	No Ded	AD	No Ded	No Ded	No Ded	No Ded	No Ded	No Ded	No Ded	NA	NA	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	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Doctor on Demand	\$20	0% AD	0% AD	\$20	\$20	\$20	\$20	\$20	0% AD	\$20	\$20	\$20	\$20	\$20	\$20	\$20	0% AD	\$90	0% AD	0% AD	\$65	\$125	\$135
Vision Reimbursement	Yes	Yes	Yes	Yes	Yes	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	Yes	Yes	Yes	Yes	Yes

Discover the CO-OP difference today by visiting us online at mountainhealth.coop!

SIGNATURE BENEFITS

We want you to get the most of your insurance plan. That's why we've made these signature benefits available for members on an individual or group plan. Learn more at mountainhealth.coop/benefits today!



DENTAL EXAM REIMBURSEMENT

Dental exams are important. That's why we offer a \$100 reimbursement for members like you with every plan.



24/7 TELEHEALTH

Need to see a doctor at the drop of a hat? Use your telehealth benefit to call or video chat with a provider for in-network care for your physical and mental health.



HUNDREDS OF MEDICATIONS AT NO EXTRA COST

Our pharmacy is as transparent as it gets. We offer hundreds of prescriptions for members with no out-of-pocket cost.



VISION EXAM REIMBURSEMENT

Your eyes are a great indicator of other, underlying health conditions. Your plan comes with a standard \$60 vision exam reimbursement.



TRAVEL BENEFIT

Need to travel to a specialist? We'll help cover the cost for you to reach our preferred center so you get the care you need. **Preapproval required.*

Plan	ENGAGE BRONZE	ENGAGE BRONZE - EXPANDED	ENGAGE BRONZE HSA	ENGAGE GOLD	ENGAGE GOLD - OPTION 2	ENGAGE SILVER	ENGAGE SILVER HSA	ENGAGE SILVER - OPTION 2	LINK BRONZE	LINK BRONZE - EXPANDED	LINK BRONZE HSA	LINK GOLD	LINK GOLD - OPTION 2	LINK SILVER	LINK SILVER HSA	LINK SILVER - OPTION 2
Deductible Individual	\$8,550	\$8,550	\$7,000	\$1,000	\$1,600	\$5,000	\$5,000	\$5,800	\$8,550	\$8,550	\$7,000	\$1,000	\$1,600	\$5,000	\$5,000	\$5,800
Deductible Family	\$17,100	\$17,100	\$14,000	\$2,000	\$3,200	\$10,000	\$10,000	\$11,600	\$17,100	\$17,100	\$14,000	\$2,000	\$3,200	\$10,000	\$10,000	\$11,600
Out of Pocket Max Individual	\$8,550	\$8,550	\$7,000	\$6,500	\$6,000	\$8,550	\$5,000	\$7,600	\$8,550	\$8,550	\$7,000	\$6,500	\$6,000	\$8,550	\$5,000	\$7,600
Out of Pocket Max Family	\$17,100	\$17,100	\$14,000	\$13,000	\$12,000	\$17,100	\$10,000	\$15,200	\$17,100	\$17,100	\$14,000	\$13,000	\$12,000	\$17,100	\$10,000	\$15,200
Co-insurance	0%	0%	0%	30%	30%	40%	0%	40%	0%	0%	0%	30%	30%	40%	0%	40%
Out of Network Deductible Individual	\$17,100	\$17,100	\$14,000	\$2,000	\$3,200	\$10,000	\$10,000	\$11,600	\$17,100	\$17,100	\$14,000	\$2,000	\$3,200	\$10,000	\$10,000	\$11,600
Out of Network Deductible Family	\$34,200	\$34,200	\$28,000	\$4,000	\$6,400	\$20,000	\$20,000	\$23,200	\$34,200	\$34,200	\$28,000	\$4,000	\$6,400	\$20,000	\$20,000	\$23,200
Out of Network Out of Pocket Max Individual	\$17,100	\$17,100	\$14,000	\$13,000	\$12,000	\$17,100	\$10,000	\$15,200	\$17,100	\$17,100	\$14,000	\$13,000	\$12,000	\$17,100	\$10,000	\$15,200
Out of Network Out of Pocket Max Family	\$34,200	\$34,200	\$28,000	\$26,000	\$24,000	\$34,200	\$20,000	\$30,400	\$34,200	\$34,200	\$28,000	\$26,000	\$24,000	\$34,200	\$20,000	\$30,400
Out of Network Coinsurance	0%	0%	0%	50%	50%	50%	0%	50%	0%	0%	0%	50%	50%	50%	0%	50%
PCP Office Visit	\$50 (3 visits before ded)	\$50 (3 visits before ded)	0% AD	\$25	\$25	\$30	0% AD	\$40	\$50 (3 visits before ded)	\$50 (3 visits before ded)	0% AD	\$10	\$10	\$20	0% AD	\$30
Mental Health Office Visit	0% AD	\$0 AD	0% AD	\$45	\$50	\$50	0% AD	\$60	0% AD	0% AD	0% AD	\$45	\$40	\$50	0% AD	\$60
Specialist	0% AD	0% AD	0% AD	\$45	\$50	\$50	0% AD	\$60	0% AD	0% AD	0% AD	\$45	\$40	\$50	0% AD	\$60
Emergency Room	0% AD	0% AD	0% AD	40% AD	40% AD	50% AD	0% AD	50% AD	0% AD	0% AD	0% AD	40% AD	40% AD	50% AD	0% AD	50% AD
Urgent Care	\$75	\$75	0% AD	\$65	\$75	\$75	0% AD	\$90	0% AD	\$75	0% AD	\$65	\$60	\$75	0% AD	\$90
Pharmacy Tier 1	\$15	\$15	0% AD	\$5	\$10	\$10	0% AD	\$5	\$15	\$15	0% AD	\$5	\$10	\$10	0% AD	\$5
Pharmacy Tier 2	0% AD	0% AD	0% AD	\$50	\$55	\$60	0% AD	\$60	0% AD	0% AD	0% AD	\$50	\$55	\$75	0% AD	\$85
Pharmacy Tier 3	0% AD	0% AD	0% AD	30% AD	30% AD	35% AD	0% AD	35% AD	0% AD	0% AD	0% AD	30% AD	30% AD	35% AD	0% AD	35% AD
Pharmacy Tier 4	0% AD	0% AD	0% AD	35% AD	35% AD	40% AD	0% AD	40% AD	0% AD	0% AD	0% AD	35% AD	35% AD	40% AD	0% AD	40% AD
\$0 Prescriptions Available (Preset List)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Preventive Pharmacy/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
Center of Excellence	No Deductible	No Deductible	AD	No Deductible	No Deductible	No Deductible	AD	No Deductible	NA	NA	NA	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
Doctor on Demand	\$20	\$20	0% AD	\$20	\$20	\$20	0% AD	\$20	0% AD	\$75	0% AD	\$65	\$60	\$75	0% AD	\$90
Vision Reimbursement	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

Discover the CO-OP difference today by visiting us online at mountainhealth.coop!

SIGNATURE BENEFITS

We want you to get the most of your insurance plan. That's why we've made these signature benefits available for members on an individual or group plan. Learn more at mountainhealth.coop/benefits today!



DENTAL EXAM REIMBURSEMENT

Dental exams are important. That's why we offer a \$100 reimbursement for members like you with every plan.



24/7 TELEHEALTH

Need to see a doctor at the drop of a hat? Use your telehealth benefit to call or video chat with a provider for in-network care for your physical and mental health.



HUNDREDS OF MEDICATIONS AT NO EXTRA COST

Our pharmacy is as transparent as it gets. We offer hundreds of prescriptions for members with no out-of-pocket cost.



VISION EXAM REIMBURSEMENT

Your eyes are a great indicator of other, underlying health conditions. Your plan comes with a standard \$60 vision exam reimbursement.



TRAVEL BENEFIT

Need to travel to a specialist? We'll help cover the cost for you to reach our preferred center so you get the care you need. ***Preapproval required.**