

* HSA Compatible

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Plan	LINK SILVER OPTION 2	LINK SILVER	LINK GOLD	LINK CATASTROPHIC	*LINK BRONZE PLUS	LINK BRONZE EXPANDED	LINK BRONZE	ENGAGE SILVER OPTION 2	ENGAGE SILVER	ENGAGE GOLD	ENGAGE CATASTROPHIC	ENGAGE BROZNZE EXPANDED	*ENGAGE BRONZE PLUS	ENGAGE BRONZE	ACCESS SILVER	ACCESS GOLD	ACCESS CATASTROPHIC	*ACCESS BRONZE PLUS	ACCESS BRONZE
Deductible Individual	\$4,500	\$3,400	\$900	\$8,550	\$7,000	\$8,000	\$8,550	\$4,500	\$2,850	\$900	\$8,550	\$8,000	\$7,000	\$8,550	\$3,400	\$900	\$8,550	\$7,000	\$8,550
Deductible family	\$9,000	\$6,800	\$1,800	\$17,100	\$14,000	\$16,000	\$17,100	\$9,000	\$5,700	\$1,800	\$17,100	\$16,000	\$14,000	\$17,100	\$6,800	\$1,800	\$17,100	\$14,000	\$17,100
Out of Pocket Max Individual	\$7,450	\$7,500	\$6,000	\$8,550	\$7,000	\$8,550	\$8,550	\$7,450	\$7,500	\$6,000	\$8,550	\$8,550	\$7,000	\$8,550	\$7,500	\$6,000	\$8,550	\$7,000	\$8,550
Out of Pocket max Family	\$14,900	\$15,000	\$12,000	\$17,100	\$14,000	\$17,100	\$17,100	\$14,900	\$15,000	\$12,000	\$17,100	\$17,100	\$14,000	\$17,100	\$15,000	\$12,000	\$17,100	\$14,000	\$17,100
Co-insurance	40%	40%	30%	0%	0%	40%	0%	40%	40%	30%	0%	40%	0%	0%	40%	30%	0%	0%	0%
Out of Network Deductible Individual	\$9,000	\$6,800	\$1,800	\$17,100	\$14,000	\$16,000	\$17,100	\$9,000	\$5,700	\$1,800	\$17,100	\$16,000	\$14,000	\$17,100	\$6,800	\$1,800	\$17,100	\$14,000	\$17,100
Out of Network Deductible Family	\$18,000	\$13,600	\$3,600	\$34,200	\$28,000	\$32,000	\$34,200	\$18,000	\$11,400	\$3,600	\$34,200	\$32,000	\$28,000	\$34,200	\$13,600	\$3,600	\$34,200	\$28,000	\$34,200
Out of Network Out of Pocket Max Individual	\$14,900	\$15,000	\$12,000	\$17,100	\$14,000	\$17,100	\$17,100	\$14,900	\$15,000	\$12,000	\$17,100	\$17,100	\$14,000	\$17,100	\$15,000	\$12,000	\$17,100	\$14,000	\$17,100
Out of Network Out of Pocket Max Family	\$29,800	\$30,000	\$24,000	\$34,200	\$28,000	\$34,200	\$34,200	\$29,800	\$30,000	\$24,000	\$34,200	\$34,200	\$28,000	\$34,200	\$30,000	\$24,000	\$34,200	\$28,000	\$34,200
Out of Network Coinsurance	50%	50%	50%	0%	0%/AD	50%	0%	50%	50%	50%	0%	50%	0 %/AD	0%	50%	50%	0%	0%	0%
PCP Office Visit	\$30	\$25	\$10	\$0 (3 visits before DED)	0%/AD	\$40/AD (2 visits before DED)	\$30 (2 visits before DED)	\$60	\$55	\$25	\$0 (3 visits before DED)	\$40/AD (2 visits before DED)	0 %/AD	\$40 (3 visits before DED)	\$25	\$10	\$0 (3 visits before DED)	0 % AD	\$30 (2 visits before DED)
Mental Health Office Visit	\$30	\$25	\$10	\$0 (3 visits before DED)	0%/AD	\$40/AD (2 visits before DED)	\$30 (2 visits before DED)	\$60	\$55	\$25	\$0 (3 visits before DED)	\$40/AD (2 visits before DED)	0 %/AD	\$40 (3 visits before DED)	\$25	\$10	\$0 (3 visits before DED)	0 % AD	\$30 (2 visits before DED)
Specialist	\$90	\$85	\$45	0%/AD	0%/AD	\$60 /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	50%/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	\$90/AD	\$60	\$135	\$125	\$65	0%/AD	\$90	0%/AD	0%/AD	\$125	\$65	0%/AD	0%/AD	\$60
Pharmacy Tier 1	\$10	\$10	\$5	0%/AD	0%/AD	\$15	\$15	\$10	\$10	\$5	0%/AD	\$15	0%/AD	0%/AD	\$10	\$5	0%/AD	0%/AD	\$15
Pharmacy Tier 2	30%/AD	30%/AD	25%/AD	0%/AD	0%/AD	50%/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	50%/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	50%/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
Value Preventative Drug List	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
Center of Excellence	NA	NA	NA	NA	NA	NA	NA	No Deductible	No Deductible	No Deductible	No Deductible	No Deductible	After 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	\$10,000
Doctor on Demand	\$135	\$125	\$65	0%/AD	0%/AD	\$90/AD	\$60	\$20	\$20	\$20	\$20	\$20	0%/AD	\$20	\$20	\$20	\$20	0%/AD	\$20
Vision Reimbursement	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60
Dental Exam and Cleaning Reimbursement (Excludes x-rays)	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100

Please visit us at www.mountainhealth.coop today to compare plans and discover the CO-OP difference.

MEDICAL PLAN BASICS

We are committed to helping you optimize your health insurance plan. The CO-OP has added new and exciting benefits for you beginning January 1, 2021. These benefits are designed to promote wellness and protect your health. The benefits available to members like you include:



DENTAL EXAM REIMBURSEMENT

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



DOCTOR ON DEMAND

Video chat with an in-network doctor or mental health specialist 24/7. Download the Doctor on Demand app today.



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.**

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Plan	*LINK SILVER PLUS	LINK SILVER OPTION 2	LINK SILVER	LINK GOLD OPTION 2	LINK GOLD	*LINK BRONZE PLUS	LINK BRONZE EXPANDED	LINK BRONZE	*ENGAGE SILVER PLUS	ENGAGE SILVER OPTION 2	ENGAGE SILVER	ENGAGE GOLD OPTION 2	ENGAGE GOLD	*ENGAGE BRONZE PLUS	ENGAGE BRONZE EXPANDED	ENGAGE BRONZE
Deductible Individual	\$5,000	\$5,800	\$5,000	\$1,600	\$1,000	\$7,000	\$8,550	\$8,550	\$5,000	\$5,800	\$5,000	\$1,600	\$1,000	\$7,000	\$8,550	\$8,550
Deductible family	\$10,000	\$11,600	\$10,000	\$3,200	\$2,000	\$14,000	\$17,100	\$17,100	\$10,000	\$11,600	\$10,000	\$3,200	\$2,000	\$14,000	\$17,100	\$17,100
Out of Pocket Max Individual	\$5,000	\$7,600	\$8,550	\$6,000	\$6,500	\$7,000	\$8,550	\$8,550	\$5,000	\$7,600	\$8,550	\$6,000	\$6,500	\$7,000	\$8,550	\$8,550
Out of Pocket max Family	\$10,000	\$15,200	\$17,100	\$12,000	\$13,000	\$14,000	\$17,100	\$17,100	\$10,000	\$15,200	\$17,100	\$12,000	\$13,000	\$14,000	\$17,100	\$17,100
Co-insurance	0%	40%	40%	30%	30%	0%	0%	0%	0%	40%	40%	30%	30%	0%	0%	0%
Out of Network Deductible Individual	\$10,000	\$11,600	\$10,000	\$3,200	\$2,000	\$14,000	\$17,100	\$17,100	\$10,000	\$11,600	\$10,000	\$3,200	\$2,000	\$14,000	\$17,100	\$17,100
Out of Network Deductible Family	\$20,000	\$23,200	\$20,000	\$6,400	\$4,000	\$28,000	\$34,200	\$34,200	\$20,000	\$23,200	\$20,000	\$6,400	\$4,000	\$28,000	\$34,200	\$34,200
Out of Network Out of Pocket Max Individual	\$10,000	\$15,200	\$17,100	\$12,000	\$13,000	\$14,000	\$17,100	\$17,100	\$10,000	\$15,200	\$17,100	\$12,000	\$13,000	\$14,000	\$17,100	\$17,100
Out of Network Out of Pocket Max Family	\$20,000	\$30,400	\$34,200	\$24,000	\$26,000	\$28,000	\$34,200	\$34,200	\$20,000	\$30,400	\$34,200	\$24,000	\$26,000	\$28,000	\$34,200	\$34,200
Out of Network Coinsurance	0%/AD	50%	50%	50%	50%	0%/AD	0%/AD	0%/AD	0%/AD	50%	50%	50%	50%	0%/AD	50%	0%/AD
PCP Office Visit	0%/AD	\$30	\$20	\$10	\$10	0%/AD	\$40 (2 visits prior to deductible)	\$40 (2 visits prior to deductible)	0%/AD	\$40	\$30	\$25	\$25	0%/AD	\$40 (2 visits prior to deductible)	\$40 (2 visits prior to deductible)
Mental Health Office Visit	0%/AD	\$60	\$50	\$40	\$45	0%/AD	\$0/AD	0%/AD	0%/AD	\$60	\$50	\$50	\$45	0%/AD	0%/AD	0%/AD
Specialist	0%/AD	\$60	\$50	\$40	\$45	0%/AD	\$0/AD	0%/AD	0%/AD	\$60	\$50	\$50	\$45	0%/AD	0%/AD	0%/AD
Emergency Room	0%/AD	50%/AD	50%/AD	40%/AD	40%/AD	0%/AD	0%/AD	0%/AD	0%/AD	50%/AD	50%/AD	40%/AD	40%/AD	0%/AD	0%/AD	0%/AD
Urgent Care	0%/AD	\$90	\$75	\$60	\$65	0%/AD	\$90	0%/AD	0%/AD	\$90	\$75	\$75	\$65	0%/AD	\$90	0%/AD
Pharmacy Tier 1	0%/AD	\$5	\$10	\$10	\$5	0%/AD	\$15	\$15	0%/AD	\$5	\$10	\$10	\$5	0%/AD	\$15	\$15
Pharmacy Tier 2	0%/AD	\$85	\$75	\$55	\$50	0%/AD	0%/AD	0%/AD	0%/AD	\$60	\$60	\$55	\$50	0%/AD	0%/AD	0%/AD
Pharmacy Tier 3	0%/AD	35%/AD	35%/AD	30%/AD	30%/AD	0%/AD	0%/AD	0%/AD	0%/AD	35%/AD	35%/AD	30%/AD	30%/AD	0%/AD	0%/AD	0%/AD
Pharmacy Tier 4	0%/AD	40%/AD	40%/AD	35%/AD	35%/AD	0%/AD	0%/AD	0%/AD	0%/AD	40%/AD	40%/AD	35%/AD	35%/AD	0%/AD	0%/AD	0%/AD
Value Preventative Drug 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	NA	NA	NA	NA	NA	NA	NA	NA	No Deductible	No Deductible	No Deductible	No Deductible	No Deductible	After Deductible	No Deductible	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	\$10,000
Doctor on Demand	0%/AD	\$90	\$75	\$60	\$65	0%/AD	\$90	0%/AD	0%/AD	\$20	\$20	\$20	\$20	0%/AD	\$20	\$20
Vision Reimbursement	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60
Dental Exam and Cleaning Reimbursement (Excludes x-rays)	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100

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MEDICAL PLAN BASICS

We are committed to helping you optimize your health insurance plan. The CO-OP has added new and exciting benefits for you beginning January 1, 2021. These benefits are designed to promote wellness and protect your health. The benefits available to members like you include:



DENTAL EXAM REIMBURSEMENT

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



DOCTOR ON DEMAND

Video chat with an in-network doctor or mental health specialist 24/7. Download the Doctor on Demand app today.



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.*