

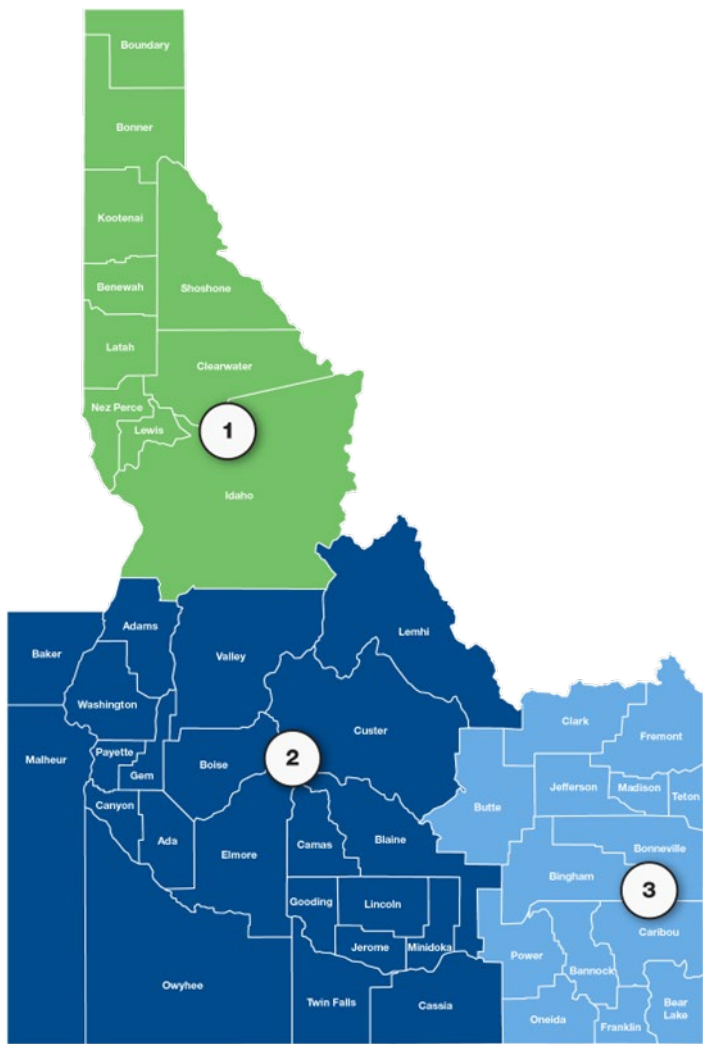
Introduction

SLHP Contracted Payer Products

Following is a listing of payers and products in the St. Luke's Health Partners (SLHP) market area for 2025 (see Region 2 below). These value-based, accountable arrangements allow SLHP to demonstrate the delivery of quality care in a cost-effective manner. This listing can help you to easily identify patients you may be seeing as a participant in one of these products.

For payers under a BrightPath agreement in either Region 1 or Region 3, see the listing of those arrangements on the map. The products and ID cards in these areas will be different but will still include a BrightPath logo.

Regions 1 & 3 are contracted by BrightPath. Region 2 is contracted by St. Luke's Health Partners and BrightPath where necessary.



Region 1 Payers

- 1. Mountain Health CO-OP: Engage
- 2. Select Health: Commercial & MA

Region 2 Payers

Note: St. Luke's Health Partners arrangements in bold.

- 3. **Blue Cross: CarePoint, BMHCT**
- 4. Mountain Health CO-OP: Engage
- 5. **Mountain Health CO-OP: Link**
- 6. **PacificSource: Navigator & MyCare MA**
- 7. **Select Health: Commercial**
- 8. Select Health: Standard Commercial
- 9. **St. Luke's Health Plan: Commercial**
- 10. **UnitedHealthcare: AARP Medicare Advantage ID-001P**
(SLHP groups only)

Region 3 Payers

- 11. Mountain Health CO-OP: Engage
- 12. Select Health: Commercial & MA

Table of Contents

SLHP Contracted Payer Products

Blue Cross of Idaho

Commercial Products

CarePoint: An individual Qualified Health Plan (QHP)

BMHCT: An employer-sponsored health plan using coordinated care (SLHP).

Mountain Health CO-OP

Commercial Products

Link: Individual and small group (QHP)

PacificSource

Commercial Products

Navigator: Individual/Small Group QHP and Large Group

Medicare Advantage

MyCare Choice Rx24 (HMO/POS)

Select Health

Commercial Products

Select Health Network: Individual/Small Group QHP, Large Group and Self-Insured

St. Luke's Health Plan

Commercial Products

St. Luke's Health Plan: Individual/Small Group, Large Group, Employee Plan and Self-Insured

United Healthcare

Medicare Advantage

AARP Medicare Advantage ID-001P (HMO)



Commercial

CarePoint

This is an individual Qualified Health Plan (QHP) product Member Policy Prefixes: IDM

CarePoint™
ST. LUKE'S HEALTH PARTNERS

Member Name / Number		PCP Office Visit	\$30
Brianna Allen			
IDM101336512			

Group Number	20000001	Deductible(Individual/Family)	
RXBIN 020123	RXPCN IRXCOMM	In-Network	\$9200/\$18400
RXGRP	RXBCID	Out-of-Network	\$18400/\$36800
Provider Directory	SLHP	Out-of-Pocket(Individual/Family)	
Medical	POS	In-Network	\$9200/\$18400
		Out-of-Network	\$92000/\$184000

ST. LUKE'S HEALTH PARTNERS NETWORK

For Customer Service, visit **bcidaho.com** or call the appropriate number below:

Call to notify us when you or an eligible dependent have a hospital inpatient admission. You should obtain prior authorization for certain hospital and non-hospital services. Failure to call may affect your benefits payment.

Providers: Please file your claims with your local BlueCross BlueShield Plan. If Medicare is primary, file Medicare claims with Medicare. For benefit and eligibility information, please call 1-866-482-2250. This member has limited benefits outside of their product service area.

Members: (208) 286-3828
(855) 230-6862

Providers: (208) 286-3656
(866) 482-2250

Prior Authorization: (208) 331-7535
(800) 743-1871

Blue Cross of Idaho Rx: (855) 839-5205
BlueCard® Access: (800) 810-2583
(To find a provider)

Blue Cross of Idaho
P.O. Box 7408
Boise, Idaho 83707

An independent licensee of the Blue Cross and Blue Shield Association.

Boise Municipal Health Care Trust

An employer-sponsored health plan. Must be an employee of BMHCT or dependent to participate.

Member Policy Prefixes: CIJ

Boise Municipal Health Care Trust

Enrollee Name / Number		In-Network Office Visit	\$20
John Doe		In-Network Specialist Visit	\$40
CIJ123456789			

Group Number	10031331	Deductible(Individual/Family)	
RXBIN 020123	RXPCN IRXCOMM		\$350/\$700
RXGRP	RXBCID	Out-of-Pocket(Individual/Family)	
Medical	PPO	In-Network	\$2500/\$5000
Vision	Yes	Out-of-Network	\$5000

For Customer Service, visit **bcidaho.com** or call the appropriate number below:

Call to notify us when you or an eligible dependent have a hospital inpatient admission. You should obtain prior authorization for certain hospital and non-hospital services. Failure to call may affect your benefits payment.

Providers: Please file your claims with your local BlueCross BlueShield Plan. If Medicare is primary, file Medicare claims with Medicare. For benefit and eligibility information, please call 1-866-482-2250.

Blue Cross of Idaho provides Medical/Vision administrative claims payment services only and does not assume financial obligation for claims. Blue Cross of Idaho may reinsure some claims.

Members: (986) 224-4145
(833) 591-2755

Providers: (208) 286-3656
(866) 482-2250

Prior Authorization: (208) 331-7535
(800) 743-1871

Blue Cross of Idaho Rx: (855) 839-5205
Vision: (844) 348-0848
BlueCard® Access: (800) 810-2583
(To find a provider)


Blue Cross of Idaho
P.O. Box 7408
Boise, Idaho 83707

An independent licensee of the Blue Cross and Blue Shield Association.



Commercial

Link
These include Individual and Small Group QHP
* Card examples current for 2024




Catastrophic

Link

Group #: 1641810283

Jacob Sasser
ID: 3930067605



Copay: In-Network
PCP: \$0(First 3 visits)/\$0*
Spec/ER/Urgent: \$0*/\$0*/\$0*
RX: \$0*
*After Deductible
Deductible: In/Out-of-Network
Ind: \$9,450/\$27,300 MD&RX
Fam: \$18,900/\$54,600 MD&RX
MOOP: In/Out-of-Network**
Ind: \$9,450/\$27,300
Fam: \$18,900/\$54,600
**Maximum Out-of-Pocket
Pharmacy
RXBIN/PCN: 610830/REALRXMHC

Mountain Health Co-Op administered by University of Utah Health Plans
1-855-447-2900 / www.mountainhealth.coop

Claims Submission
Medical & Behavioral Health
University of Utah Health Plans
Claims administrator
P.O. Box 45180 SLC, UT 84145
Pharmacy Customer Service
RealRx: 1-855-885-7695
(available 24/7, 365 days a year)
REALRx

Doctor on Demand: 1-800-997-6196
(available 24/7)
HEALTH PLANS
UNIVERSITY OF UTAH
Individual Marketplace On

Locate an In-Network Provider
www.mountainhealth.coop
visit website or call customer service

St. Luke's Health Partners  **BRIGHT PATH**
MHC proprietary primary network
Aetna outside of MHC primary network


Aetna Signature Administrators®
PPO

Notify MHC for all inpatient hospitalizations.

This card does not guarantee coverage

Mountain Health CO-OP also markets a product called Engage Network, but SLHP has no financial accountability for this product. Engage members may access the BrightPath providers under agreement, when providers have agreed to participate, including reimbursement rates for that product established under the Messenger Model.



Commercial

Navigator

These include Individual, Small Group Plans and Large Group Plans.
The Network Name will indicate Navigator (not SLHP).

MEMBER ID: 123456789

GROUP ID: G0000000

SUBSCRIBER: Member Name

ID MEMBER

00 Member

EFFECTIVE DATE

01/01/25

COVERAGE

M V

GROUP:

Group Name

NETWORK:

Navigator

CARD ISSUED:

01/02/25

DRUG LIST

ID

RXBIN

004336

RXGROUP

RX6155

RXPCN

ADV

PAYOR ID

93029

DEDUCTIBLE		OUT OF POCKET MAX		
In-Net.	Out-of-Net.	In-Net.	Out-of-Net.	
Medical, Rx, and Vision	\$4,500	\$10,000	\$9,100	\$15,000

MEDICAL BENEFITS & ELIGIBILITY INFORMATION:
Members: 800-688-5008 | CS@PacificSource.com
Providers: 855-896-5208 | CS@PacificSource.com
PHARMACISTS: 844-877-4803 | Fax 541-225-3665

Available outside of ID, OR, MT, and WA
Aetna Signature Administrators® PPO
First Choice Health.
PPO Network - ID

Verify benefits on InTouch at PacificSource.com
PacificSource Health Plans | PO Box 7068, Springfield, OR 97475-0068
This card is not an authorization for services or a guarantee of payment.

Medicare Advantage

MyCare Choice Rx24 (HMO-POS)
(H3864_024)

PLAN: MyCare Choice Rx 24 (HMO-POS)

NAME: Member Name

MEMBER ID: 123456789

☒ MEDICAL

☒ PART D RX

☒ DENTAL

NETWORK ID: SLHP

PAYOR ID: 20377

CARD ISSUED: 01/01/25

ISSUER: 80840

CONTRACT: H3864_024

RX ID: 123456789

RXBIN: 004336

RXGROUP: RX8631

RXPCN: MEDDADV

MedicareRx
Prescription Drug Coverage

Show this card to your provider each time you receive care.

CUSTOMER SERVICE:

888-863-3637, TTY: 711

PROVIDERS:

888-863-3637, TTY: 711

PHARMACISTS:

888-437-7728

Bill PacificSource Medicare directly, not Original Medicare.

Some services may require prior authorization.

Medicare limiting charges apply. Contact plan for details.

PacificSource Community Health Plans

PO Box 7068, Springfield, OR 97475-0068 | www.Medicare.PacificSource.com

Verify benefits and drug costs at Medicare.PacificSource.com/InTouch.

This card is not an authorization for services or a guarantee of payment.



Commercial

These include Individual; Small Group, Self-Insured and Large Group

SLHP NETWORK
PLUS OUT-OF-NETWORK ACCESS

ID: 800000000
INDIVIDUAL AND FAMILY

SUBSCRIBER NAME
SUBSCRIBER

Member Services: **800-538-5038**
Find a Doctor: **800-515-2220**

selecthealth.org

P.O. Box 30192
Salt Lake City, UT 84130-0192

In-Network/Out-of-Network
OOP Max: \$1500/\$3000
Medical Ded: \$1500/\$2000
Primary Care: 20%*/30%*
Connect CareSM: 0%*/20%*
Urgent Care: 20%*/40%*
*After Medical Deductible

Pharmacy Benefits
Formulary: RxCore BIN: 800008
Pharmacy Ded: \$1000*
T1: \$10*
T2: 20%*
T3: 20%*
T4: 30%*
T5: 40%*

Placeholder-CustomText1: CustomTextCustomTextCustomTextCustomTextCustomTextCusto
Placeholder-CustomText2: CustomTextCustomTextCustomTextCustomTextCustomTextCust

Select Health Network:

Additional Idaho Network:

Urgent or Emergency Services Outside of Idaho, Nevada, and Utah:
 Options PPO Network
Provider Services: **888-830-0179**
Preauthorization: **844-749-7833**

Urgent or Emergency Services Outside of Idaho, Nevada, and Utah:

Nevada Networks:

UHSS ID: 776 800000000
Payor ID: 39026
Group: 78-800218
uhss.umn.com

UnitedHealthcare Shared Services | PO Box 30783, Salt Lake City, UT 84130

SELECT HEALTH NETWORK
PLUS OUT-OF-NETWORK ACCESS

ID: 800000000

SUBSCRIBER NAME
SUBSCRIBER

Member Services: **800-538-5038**
Find a Doctor: **800-515-2220**

selecthealth.org

P.O. Box 30192
Salt Lake City, UT 84130-0192

In-Network/Out-of-Network
OOP Max: \$1500/\$3000
Medical Ded: \$1500/\$2000
Primary Care: 20%*/30%*
Connect CareSM: 0%*/20%*
Urgent Care: 20%*/40%*
*After Medical Deductible

Pharmacy Benefits
Formulary: RxCore BIN: 800008
Pharmacy Ded: \$1000*
T1: \$10*
T2: 20%*
T3: 20%*
T4: 30%*
T5: 40%*

Placeholder-CustomText1: CustomTextCustomTextCustomTextCustomTextCustomTextCusto
Placeholder-CustomText2: CustomTextCustomTextCustomTextCustomTextCustomTextCust

Select Health Network:

Idaho:

Outside of Idaho, Nevada, and Utah:
 Options PPO Network
Provider Services: **888-830-0179**
Preauthorization: **844-749-7833**

Urgent or Emergency Services Outside of Idaho, Nevada, and Utah:

Nevada:

UHSS ID: 776 800000000
Payor ID: 39026
Group: 78-800218
uhss.umn.com

UnitedHealthcare Shared Services | PO Box 30783, Salt Lake City, UT 84130



Medicare Advantage

AARP Medicare Advantage UHC ID-001P (HMO) H4604-015-000
*Card example current for 2024

Sample member ID cards

Sample member ID cards for illustration only; actual information varies depending on payer, plan and other requirements

