

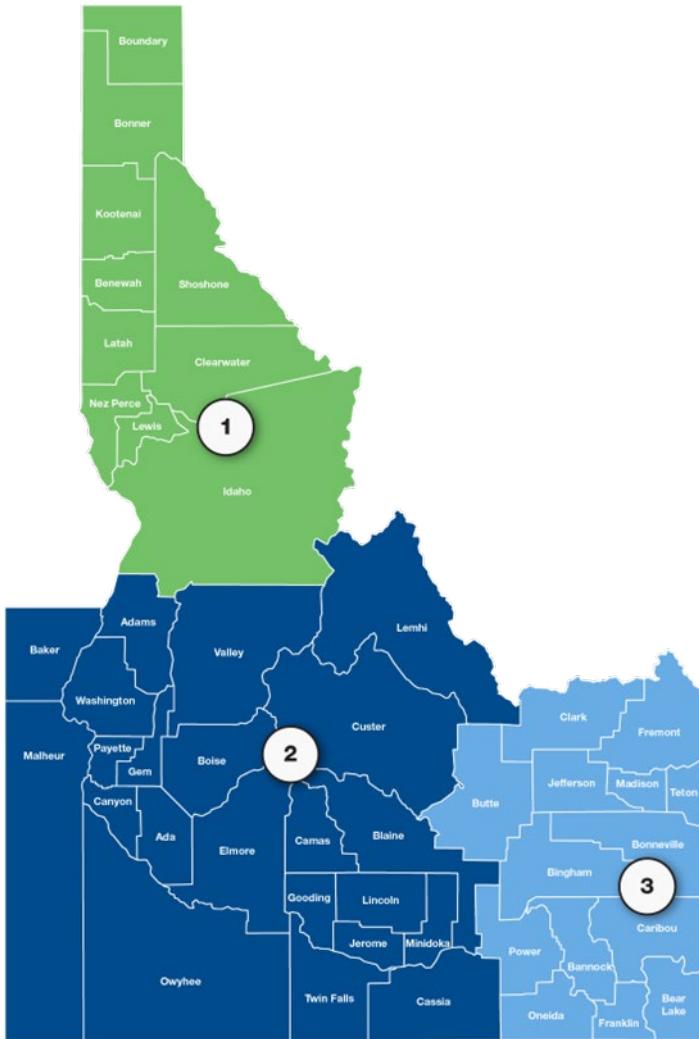
Introduction

SLHP Contracted Payer Products

Following is a listing of payers and products in the St. Luke's Health Partners (SLHP) market area for 2026 (see Region 2 below). These value-based, accountable arrangements allow SLHP to demonstrate the delivery of quality care in a cost-effective manner. Use this list to quickly identify patients who may be participating 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**

Region 3 Payers

10. Mountain Health CO-OP: Engage
11. 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](#)

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, St. Luke's Health System Employee Plan and Self-Insured](#)

SLHP Messengered Payer Products

Products listed below are sold in Northern and Eastern Idaho, and members are not included in value-based arrangements

Mountain Health CO-OP

Commercial Products

[Engage: Individual and small group](#)

Select Health

Commercial Products

[Select Health Standard: Self-Insured](#)

Commercial

CarePoint

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



Blue Cross of Idaho

Member Name / Number
John Doe

IDM123456789

Group Number	20000001	Deductible(Individual/Family)			
RXBIN	020123	RXPCN	IRXCOMM	In-Network	\$8000/\$16000
RXGRP			RXBCID	Out-of-Network	\$21200/\$42400
Provider Directory			SLHP	Out-of-Pocket(Individual/Family)	
Medical			POS	In-Network	\$10600/\$21200
				Out-of-Network	\$106000/\$212000

ST. LUKE'S HEALTH PARTNERS NETWORK



StLuke's
HEALTH PARTNERS



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

*Card examples current for 2025



Blue Cross of Idaho

Enrollee Name / Number
John Doe

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

Boise Municipal Health Care Trust

In-Network Office Visit	\$20
In-Network Specialist Visit	\$40





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 2025

 <p>Link Group #: 1641810283</p> <p>Catastrophic</p> <p>Jacob Sasser ID: 3930067605</p> <p>Copay: In-Network PCP: \$0 (First 3 visits) / \$0* Spec/ER/Urgent: \$0* / \$0* / \$0* RX: \$0* *After Deductible</p> <p>Deductible: In/Out-of-Network Ind: \$9,450 / \$27,300 MD&RX Fam: \$18,900 / \$54,600 MD&RX</p> <p>MOOP**: In/Out-of-Network Ind: \$9,450 / \$27,300 Fam: \$18,900 / \$54,600 **Maximum Out-of-Pocket</p> <p>Pharmacy RXBIN/PCN: 610830/REALRXMHC</p>	<p>Mountain Health Co-Op administered by University of Utah Health Plans 1-855-447-2900 / www.mountainhealth.coop</p> <p>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</p> <p>Doctor on Demand: 1-800-997-6196 (available 24/7)</p> <p> U HEALTH PLANS UNIVERSITY OF UTAH</p> <p>Individual Marketplace On</p> <p>Locate an In-Network Provider www.mountainhealth.coop visit website or call customer service</p> <p>St. Luke's Health Partners  MHC proprietary primary network Aetna outside of MHC primary network</p> <p> Aetna Signature Administrators® PPO</p> <p>Notify MHC for all inpatient hospitalizations.</p> <p>This card does not guarantee coverage</p>
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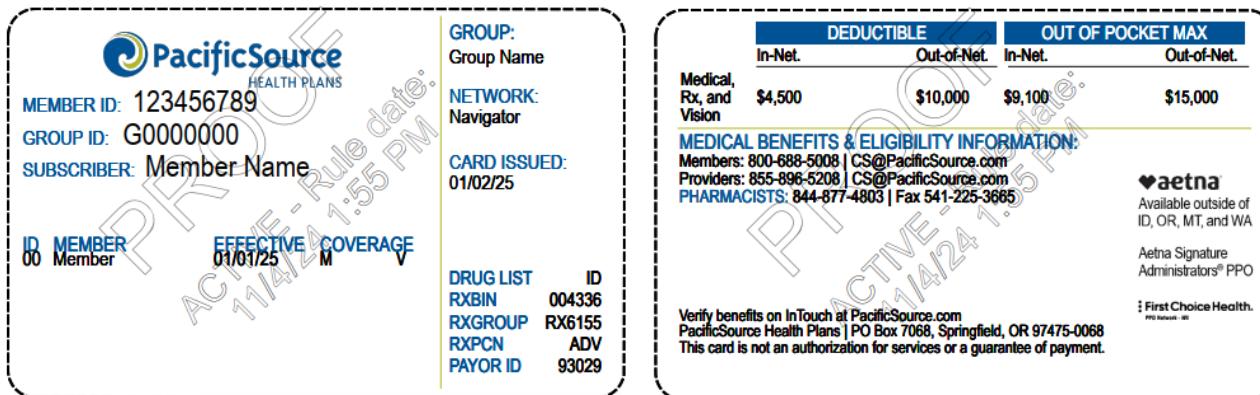
Mountain Health CO-OP also markets a product called Engage Network, but SLHP has no financial accountability for this product. Engage members may access the BrightPath providers under agreement, when providers have agreed to participate, including reimbursement rates for that product established under the Messenger Model.



Commercial

Navigator

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



Medicare Advantage

MyCare Choice Rx24 (HMO-POS) (H3864_024)



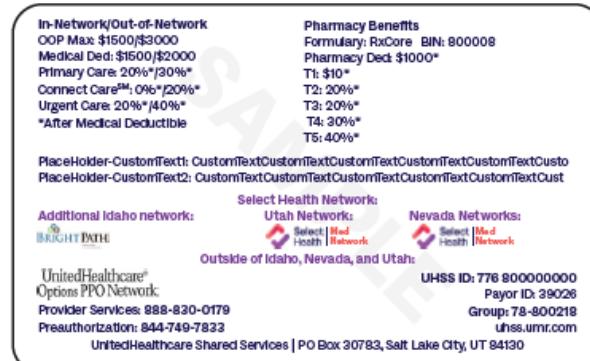


Commercial

These include Individual, Small Group, and Large Group



Idaho Domiciled - Small Employer - Select Health Network with MED or CARE² Access (70/71) - Western Idaho Counties





Commercial

Idaho Domiciled - Individual - Select Health Network POS with MED or CARE² Access (70C/71C) - Western Idaho Counties

Select Health

SLHP NETWORK
PLUS OUT-OF-NETWORK ACCESS

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

ID: 800000000
INDIVIDUAL AND FAMILY

In-Network/Out-of-Network
OOP Max: \$1500/\$3000
Medical Ded: \$1500/\$2000
Primary Care: 20%*/30%*
Connect CareTM: 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: CustomTextCustomTextCustomTextCustomTextCustomTextCustomTextCusto
PlaceHolder-CustomText2: CustomTextCustomTextCustomTextCustomTextCustomTextCustomTextCusto

Select Health Network
Additional Idaho Network:
BRIGHT PATH:

Utah Networks:
Urgent or Emergency Services Outside of Idaho, Nevada, and Utah:
UnitedHealthcare[®]
Options PPO Network
Provider Services: 888-820-0179
Preauthorization: 844-749-7823

Nevada Networks:
UHSS ID: 776 800000000
Payor ID: 39026
Group: 78-800218
uhss.umr.com

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

Select Health Standard / SLHP Standard

These include Individual; Small Group, Self-Insured.

Idaho Domiciled - Large Employer - Select Health Standard Network POS with MED Access (73C)

Select Health

SELECT HEALTH STANDARD NETWORK ID: 800000000
PLUS OUT-OF-NETWORK ACCESS

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 CareTM: 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: CustomTextCustomTextCustomTextCustomTextCustomTextCustomTextCusto
PlaceHolder-CustomText2: CustomTextCustomTextCustomTextCustomTextCustomTextCustomTextCusto

Select Health Network
Idaho:
SLHP Standard:
BRIGHT PATH:

Utah
Outside of Idaho, Nevada, and Utah:
UnitedHealthcare[®]
Options PPO Network
Provider Services: 888-820-0179
Preauthorization: 844-749-7823

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

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

St Luke's™
+ Health Plan

Commercial

This includes Individual/Small Group QHP and Large Group.

StLuke's
HEALTH PLAN

Subscriber: SHANNON G TAPESTRY **Subscriber ID:** 834000001

Pharmacy Benefits:	Max Out of Pocket (MOOP) & Deductible Amounts:
Rx Group: JD229	Individual/Family
Rx PCN #: CHM	In-Network MOOP: \$9200 / \$18400
Rx BIN #: 610852	In-Network Deductible: \$3300 / \$6600
Issuer: 9151014609	Out-of-Network MOOP: \$18400 / \$36800
	Out-of-Network Deductible: \$6600 / \$13200

Suffix	Name	Effective Date
01	Shannon G Tapestry	8/1/2025
02	Joseph Tapestry	8/1/2025
04	New Test Tapestry	8/1/2025
05	BBB Shannon Tapestry	8/1/2025
06	BGC Shannon Tapestry	8/1/2025

In St. Luke's Service Area:

StLuke's
HEALTH PARTNERS

To locate an in-network provider visit stlukeshealthplan.org/find-a-doctor

Claims Submissions:
EDI Payer ID: 92170
P.O. Box 1739
Boise, ID 83702-5809

Prior authorization: Inpatient admissions and certain outpatient services require prior authorization. Please refer to your Summary Plan Document for details.

For all inquiries:
Customer Service: 833-840-3600
Prior Authorizations: 833-840-1222
Pharmacy Help Desk: 833-975-1281

AWAY FROM HOME CARE

An employer-sponsored health plan
*Card examples current for 2025

St Luke's™
+ Health Plan

Subscriber: EmployeeTest Tapestry **Subscriber ID:** 834000125

Administered by St. Luke's Health Plan

Pharmacy Benefits:	Deductible & Max Out of Pocket (MOOP) Amounts:
Rx BIN: 610858	Individual/Family
Rx PCN: CHM	Deductible: \$1800 / \$1800
Rx Group: JD243	In-Network MOOP: \$4500 / \$4500

Suffix	Name	Effective Date
01	EmployeeTest Tapestry	02/01/2025

In-Network:

St. Luke's Health Partners

BRIGHT PATH

Out-of-Area Preferred:

First Choice Health **First Health Network**

To locate an in-network provider, visit stlukeshealthplan.org/find-a-doctor.

To find a pharmacy, log in to the pharmacy portal at pharmacy.stlukeshealthplan.org.

Prior authorization: Inpatient admissions and certain outpatient services require prior authorization. Please refer to your Summary Plan Document for details.

This card does not guarantee coverage.