

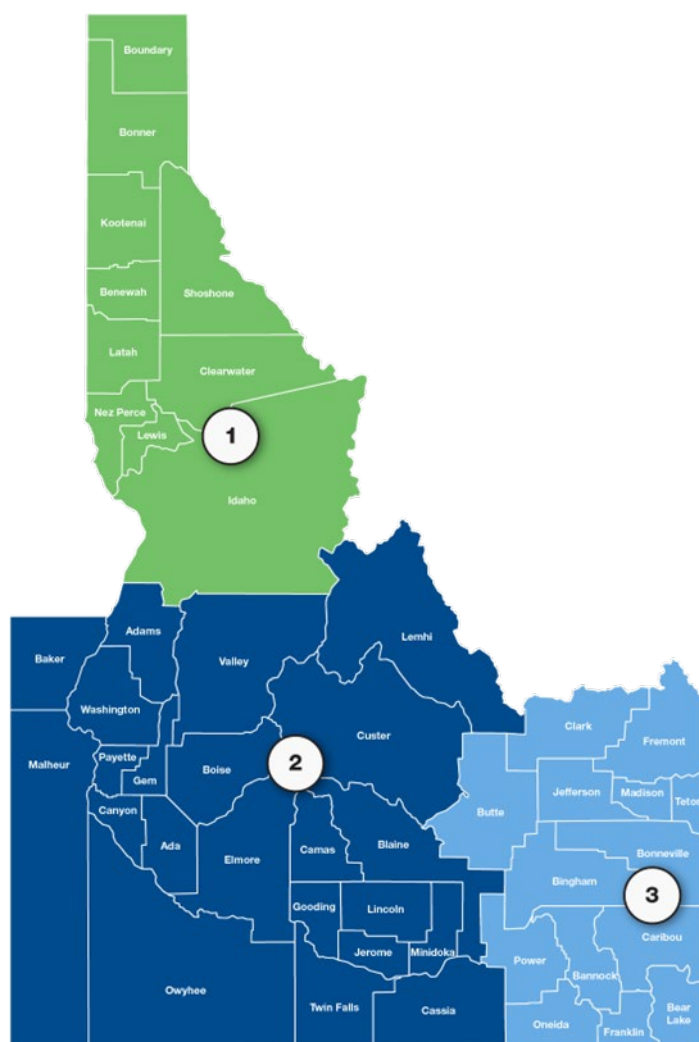
Introduction

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

Navigators: 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

Blue Cross of Idaho		CarePoint™ ST. LUKE'S HEALTH PARTNERS	
Member Name / Number Brianna Allen		PCP Office Visit	\$30
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			

Blue Cross of Idaho	
For Customer Service, visit bcidaho.com or call the appropriate number below:	
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

Blue Cross of Idaho		Boise Municipal Health Care Trust	
Enrollee Name / Number John Doe		In-Network Office Visit	\$20
CIJ123456789		In-Network Specialist Visit	\$40
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
PPO®			

Blue Cross of Idaho	
For Customer Service, visit bcidaho.com or call the appropriate number below:	
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



Link

Catastrophic

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)
U 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
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).

		GROUP: Group Name NETWORK: Navigator CARD ISSUED: 01/02/25	<table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">DEDUCTIBLE</th> <th colspan="2">OUT OF POCKET MAX</th> </tr> <tr> <th>In-Net.</th> <th>Out-of-Net.</th> <th>In-Net.</th> <th>Out-of-Net.</th> </tr> </thead> <tbody> <tr> <td>Medical, Rx, and Vision</td> <td>\$4,500</td> <td>\$10,000</td> <td>\$9,100</td> <td>\$15,000</td> </tr> </tbody> </table>		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
	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													
MEMBER ID: 123456789 GROUP ID: G0000000 SUBSCRIBER: Member Name ID MEMBER 00 Member EFFECTIVE DATE 01/01/25 COVERAGE M V		DRUG LIST RXBIN 004336 RXGROUP RX6155 RXPCN ADV PAYOR ID 93029	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. 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)

		NETWORK ID: SLHP PAYOR ID: 20377 CARD ISSUED: 01/01/25 ISSUER: 80840 CONTRACT: H3864_024	Show this card to your provider each time you receive care.						
PLAN: MyCare Choice Rx 24 (HMO-POS) NAME: Member Name MEMBER ID: 123456789 ☒ MEDICAL ☒ PART D RX ☒ DENTAL		RX ID: 123456789 RXBIN: 004336 RXGROUP: RX8631 RXPCN: MEDDADV Prescription Drug Coverage	<table border="1"> <tr> <td>CUSTOMER SERVICE:</td> <td>888-863-3637, TTY: 711</td> </tr> <tr> <td>PROVIDERS:</td> <td>888-863-3637, TTY: 711</td> </tr> <tr> <td>PHARMACISTS:</td> <td>888-437-7728</td> </tr> </table>	CUSTOMER SERVICE:	888-863-3637, TTY: 711	PROVIDERS:	888-863-3637, TTY: 711	PHARMACISTS:	888-437-7728
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

Select Health

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:**

UnitedHealthcare[®]
Options PPO Network
 Provider Services: **888-830-0179**
 Preauthorization: **844-749-7833**

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

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

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
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 Primary Care: 20%*/30%*
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 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: **Urgent or Emergency Services Outside of Idaho, Nevada, and Utah:**

UnitedHealthcare[®]
Options PPO Network
 Provider Services: **888-830-0179**
 Preauthorization: **844-749-7833**

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

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

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



Commercial

This includes Individual/Small Group QHP and Large Group.

St Luke's + Health Plan		Plan: Ind Expanded Bronze Off Exchange Group #: 33
Subscriber: GIBBONS TAPESTRY		Subscriber ID: 834000032
Pharmacy Benefits: Rx Group: JD229 Rx PCN #: CHM Rx BIN #: 610852 Issuer: 9151014609	Max Out of Pocket (MOOP) & Deductible Amounts: Individual/Family In-Network MOOP: \$9450 / \$18900 In-Network Deductible: \$7750 / \$15500 Out-of-Network MOOP: \$94500 / \$189000 Out-of-Network Deductible: \$18900 / \$37800	
Suffix 01 03 04	Name Gibbons Tapestry Hopscotch Tapestry Twentyfive Tapestry	Effective Date 9/1/2024 9/1/2024 9/1/2024

In-Network: St. Luke's Health Partners	EDI Payer ID: 92170
Out-of-Area Preferred: 	Contact information: Stlukeshealthplan.org 800 E. Park Blvd Boise, ID 83712 Customer Service: (833) 840-3600 Prior Authorizations: (833) 840-1222 Pharmacy Help Desk: (833) 975-1281
To locate an in-network provider scan QR code or visit www.stlukeshealthplan.org/find-a-doctor	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.

St. Luke's Employee Plan

An employer-sponsored health plan

St Luke's + Health Plan		Plan: HealthSave Group #: 1641000106	
Subscriber: EmployeeTest Tapestry		Subscriber ID: 834000125	
Administered by St. Luke's Health Plan			
Pharmacy Benefits: Rx BIN: 610858 Rx PCN: CHM Rx Group: JD243	Deductible & Max Out of Pocket (MOOP) Amounts: Individual/Family Deductible: \$1800 / \$1800 In-Network MOOP: \$4500 / \$4500		
Suffix 01	Name EmployeeTest Tapestry	Effective Date 02/01/2025	

In-Network: St. Luke's Health Partners	EDI Payer ID: 92170
Out-of-Area Preferred: 	Contact information: Stlukeshealthplan.org P.O. Box 1739 Boise, ID 83702-5809 Customer Service: (833) 840-1212 Prior Authorizations: (833) 840-7333 Pharmacy Help Desk: (833) 975-1282 Pharmacy support available 24 hours a day, 7 days a week
To locate an in-network provider, visit stlukeshealthplan.org/find-a-doctor .	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.



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

