

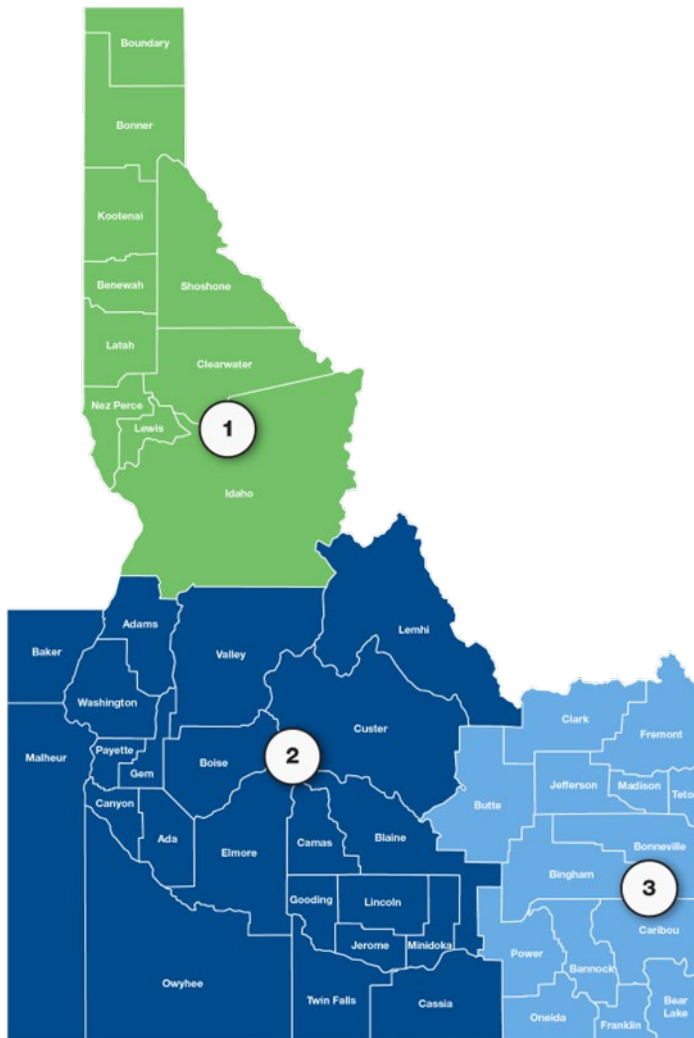
Introduction

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: Peak
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: Peak
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: Peak
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

Peak: 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

Member Name / Number John Doe	PCP Office Visit Non-PCP Office Visit		\$50 \$80
IDM123456789			
Group Number RXBIN 020123 RXPCN IRXCOMM	20000001	Deductible(Individual/Family)	
RXGRP Provider Directory Medical	RXBCID SLHP POS	In-Network Out-of-Network Out-of-Pocket(Individual/Family) In-Network Out-of-Network	\$8000/\$16000 \$21200/\$42400 \$10600/\$21200 \$106000/\$212000
ST. LUKE'S HEALTH PARTNERS NETWORK			

		<p>For Customer Service, visit bcidaho.com or call the appropriate number below:</p>	
<p>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.</p>		Members:	(208) 286-3828 (855) 230-6862
<p>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.</p>		Providers:	(208) 286-3656 (866) 482-2250
		Prior Authorization:	(208) 331-7535 (800) 743-1871
		Blue Cross of Idaho Rx: BlueCard® Access: (To find a provider)	(855) 839-5205 (800) 810-2583
		<p>Blue Cross of Idaho P.O. Box 7408 Boise, Idaho 83707</p> <p>An independent licensee of the Blue Cross and Blue Shield Association.</p>	

Boise Municipal Health Care Trust

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

Member Policy Prefixes: IDE

Member Name / Number John Doe	PCP Office Visit In-Network Specialist Visit		\$0 \$30
IDE123456789			
Group Number RXBIN 020123 RXPCN IRXCOMM	10031331	Deductible(Individual/Family)	
RXGRP Provider Directory Medical Vision	RXBCID CCOSLHP POS Yes	Out-of-Pocket(Individual/Family) In-Network Out-of-Network	\$300/\$600 \$2500/\$5000 \$3000

		<p>For Customer Service, visit bcidaho.com or call the appropriate number below:</p>	
<p>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.</p>		Members:	(986) 224-4145 (833) 591-2755
<p>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.</p>		Providers:	(208) 286-3656 (866) 482-2250
		Prior Authorization:	(208) 331-7535 (800) 743-1871
		Blue Cross of Idaho Rx: Vision: BlueCard® Access: (To find a provider)	(855) 839-5205 (844) 348-0848 (800) 810-2583
		<p>Blue Cross of Idaho P.O. Box 7408 Boise, Idaho 83707</p> <p>An independent licensee of the Blue Cross and Blue Shield Association.</p>	



Commercial

Link

These include Individual and Small Group QHP

MOUNTAIN HEALTH CO-OP LINK Group #:7112153

Copay/Coinsurance: In-Network
 PCP / Specialist: \$0/\$75*
 ER / Urgent Care: 50%*/\$110
 RX: \$10/\$60/\$150/\$200
 *After Deductible

Deductible: In/Out-of-Network
 IND: \$7,500/\$15,000 MD&RX

MOOP: In/Out-of-Network**
 IND: \$8,150/\$16,300 MD&RX

**Maximum Out-of-Pocket

Pharmacy
 RXBIN: 610830
 RXPCN: REALRXMHC

Mountain Health Co-Op
 1-800-299-6080 / www.mountainhealth.coop

Claim Submission:
Medical & Behavioral Health
 Mountain Health Co-Op
 Po Box 30311
 Salt Lake City, UT 84130
 EDI Payer ID: MHC01

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

StLuke's
 HEALTH PARTNERS

All other states only if urgent, emergent

Pharmacy Customer Service
 RealRx: 1-855-885-7695
 (available 24/7, 365 days a year)

Doctor on Demand: 1-800-997-6196
 (available 24/7)

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 Peak Network, but SLHP has no financial accountability for this product. Peak 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).

 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	<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												
DRUG LIST ID 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)

 PLAN: MyCare Choice Rx 24 (HMO-POS) NAME: Member Name MEMBER ID: 123456789 <input checked="" type="checkbox"/> MEDICAL <input checked="" type="checkbox"/> PART D RX <input checked="" type="checkbox"/> 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	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
	MedicareRx Prescription Drug Coverage	<p>Bill PacificSource Medicare directly, not Original Medicare. Some services may require prior authorization. Medicare limiting charges apply. Contact plan for details.</p> <p>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.</p>



Commercial

These include Individual, Small Group, and Large Group

Select Health
BRIGHTPATH 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 Care™: 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: CustomTextCustomTextCustomTextCustomTextCustomTextCustomText
PlaceHolder-CustomText2: CustomTextCustomTextCustomTextCustomTextCustomTextCustomText

Additional Idaho Network:
SLHP Standard

Select Health Network:
Utah Network:

Nevada Networks:

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

UnitedHealthcare®
Options PPO Network
Provider Services: 888-820-0179
Preauthorization: 844-749-7823

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
BRIGHTPATH NETWORK
PLUS OUT-OF-NETWORK ACCESS

ID: 800000000
SMALL EMPLOYER

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 Care™: 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: CustomTextCustomTextCustomTextCustomTextCustomTextCustomText
PlaceHolder-CustomText2: CustomTextCustomTextCustomTextCustomTextCustomTextCustomText

Additional Idaho Network:
SLHP Standard

Select Health Network:
Utah Network:

Nevada Networks:

Outside of Idaho, Nevada, and Utah:

UnitedHealthcare®
Options PPO Network
Provider Services: 888-820-0179
Preauthorization: 844-749-7823

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

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

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

Select Health
SLHP NETWORK
PLUS OUT-OF-NETWORK ACCESS

ID: 800000000
SMALL EMPLOYER

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 Care™: 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: CustomTextCustomTextCustomTextCustomTextCustomTextCustomText
PlaceHolder-CustomText2: CustomTextCustomTextCustomTextCustomTextCustomTextCustomText

Additional Idaho network:
BRIGHT PATH

Select Health Network:
Utah Network:

Nevada Networks:

Outside of Idaho, Nevada, and Utah:

UnitedHealthcare®
Options PPO Network
Provider Services: 888-820-0179
Preauthorization: 844-749-7823

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

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



Commercial

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

Select Health

SLHP NETWORK ID: 80000000
PLUS OUT-OF-NETWORK ACCESS 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

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

Select Health Network: **Urgent or Emergency Services Outside of Idaho, Nevada, and Utah:**

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

UnitedHealthcare[®] Options PPO Network: UHSS ID: 776 800000000
Provider Services: 888-830-0179 Payor ID: 39026
Pres authorization: 844-749-7833 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: 80000000
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 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

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

Select Health Network: **Urgent or Emergency Services Outside of Idaho, Nevada, and Utah:**

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


UnitedHealthcare[®] Options PPO Network: UHSS ID: 776 800000000
Provider Services: 888-830-0179 Payor ID: 39026
Pres authorization: 844-749-7833 Group: 78-800218
uhss.umr.com

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

StLuke's
HEALTH PLAN

Commercial

This includes Individual/Small Group QHP and Large Group.



Plan: Ind Expanded Bronze On Exchange
Group #: 1641000002

Subscriber: JUAN PEREZ


Subscriber ID: 834000173

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: \$10150 / \$20300
In-Network Deductible: \$7750 / \$15500
Out-of-Network MOOP: \$101500 / \$203000
Out of Network Deductible: \$20300 / \$40600

Suffix	Name	Effective Date
01	Juan Pérez	4/1/2026
02	Juanita Pérez	4/1/2026
03	Luna Pérez	4/1/2026

In St. Luke's Service Area:




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

Out-of-Area Preferred:



To find a Cigna Healthcare provider, please visit Cigna.com


Out-of-Area Cigna Claims Submissions:
EDI Payer ID: 62308
Cigna Group #: 0261802
P.O. Box 18061
Chattanooga, TN 37422-0061

Benefits are not insured by Cigna Healthcare or affiliates. See plan description for details. Penalty may apply for failure to prior authorize according to requirements.


Possession of this card or obtaining prior authorization does not guarantee coverage or payment for the service or procedure reviewed.

AWAY FROM HOME CARE

St. Luke's Health System Employee Plan member ID Card



Plan: PPO
Group #: 702190213



Subscriber: JANE EVELYN SMITH-JONES

Subscriber ID: 834007914

Administered by St. Luke's Health Plan

Pharmacy Benefits:
Rx BIN #: 610852
Rx PCN #: CHM
Rx Group: JD243

Deductible & Max Out of Pocket (MOOP) Amounts:
Individual/Family
Deductible: \$1050 / \$2100
In-Network MOOP: \$4500 / \$9000

Suffix	Name	Effective Date
01	Jane Evelyn Smith-Jones	4/1/2026
02	John Doe Jones	4/1/2026
03	Jack Joseph Smith Jones	4/1/2026

In St. Luke's Service Area:



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: 833-840-1212
Prior Authorizations: 833-840-7333
Pharmacy Help Desk: 833-975-1282

Out-of-Area Preferred:



To find a Cigna Healthcare provider, please visit Cigna.com

Out-of-Area Cigna Claims Submissions:
EDI Payer ID: 62308
Cigna Group #: 0261804
P.O. Box 18061
Chattanooga, TN 37422-0061

Benefits are not insured by Cigna Healthcare or affiliates. See plan description for details. Penalty may apply for failure to prior authorize according to requirements.

Possession of this card or obtaining prior authorization does not guarantee coverage or payment for the service or procedure reviewed.

AWAY FROM HOME CARE