

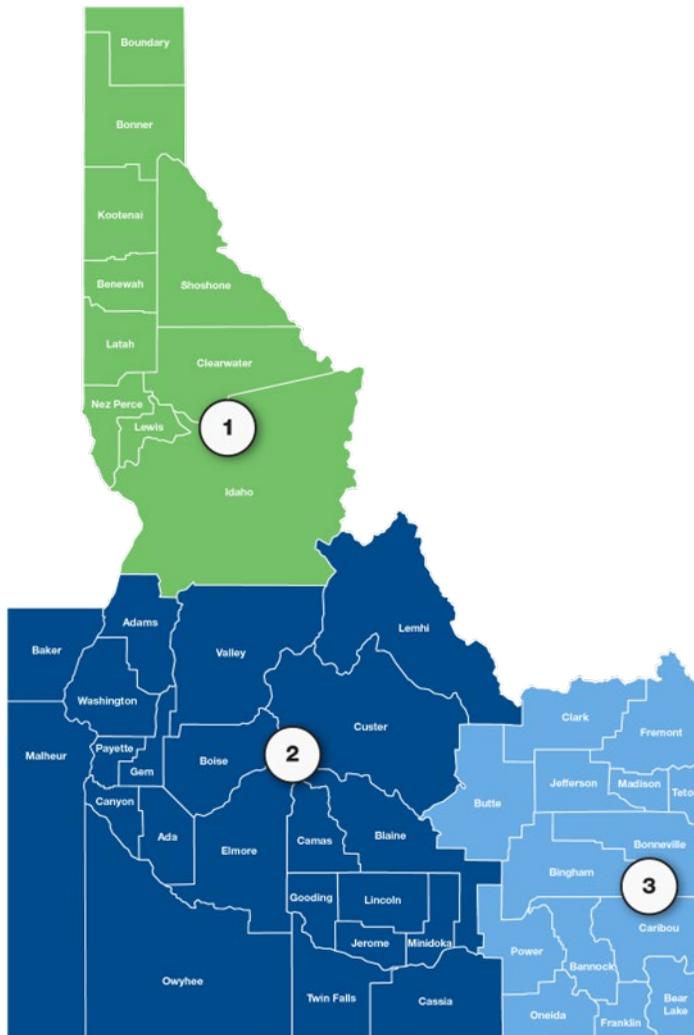
Introduction

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: 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: 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

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	20000001 IRXCOMM	Deductible(Individual/Family)	
RXGRP Provider Directory Medical	RXBCID SLHP POS	In-Network Out-of-Network	\$8000/\$16000 \$21200/\$42400
		Out-of-Pocket(Individual/Family)	
		In-Network Out-of-Network	\$10600/\$21200 \$106000/\$212000
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.		Members:	(208) 286-3828 (855) 230-6862
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.		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)	
<hr/> 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 John Doe		In-Network Office Visit In-Network Specialist Visit	\$20 \$40
CIJ123456789			
Group Number RXBIN 020123 RXPCN	10031331 IRXCOMM	Deductible(Individual/Family)	
RXGRP Medical Vision	RXBCID PPO Yes	Out-of-Pocket(Individual/Family) In-Network Out-of-Network	\$350/\$700 \$2500/\$5000 \$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.		Members:	(986) 224-4145 (833) 591-2755
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.		Providers:	(208) 286-3656 (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.		Prior Authorization:	(208) 331-7535 (800) 743-1871
		Blue Cross of Idaho Rx:	(855) 839-5205
		BlueCard® Access:	(844) 348-0848
		(To find a provider)	(800) 810-2583
<hr/> 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

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
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 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 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 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, 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: CustomTextCustomTextCustomTextCustomTextCustomTextCusto
PlaceHolder-CustomText2: CustomTextCustomTextCustomTextCustomTextCustomTextCusto

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: 888-830-0179
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: CustomTextCustomTextCustomTextCustomTextCustomTextCusto
PlaceHolder-CustomText2: CustomTextCustomTextCustomTextCustomTextCustomTextCusto

Additional Idaho Network:
SLHP Standard

Select Health Network:
Utah Network: Nevada Networks:

Outside of Idaho, Nevada, and Utah:

UnitedHealthcare®
Options PPO Network
Provider Services: 888-830-0179
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: CustomTextCustomTextCustomTextCustomTextCustomTextCusto
PlaceHolder-CustomText2: CustomTextCustomTextCustomTextCustomTextCustomTextCusto

Additional Idaho network:
BRIGHT PATH

Select Health Network:
Utah Network: Nevada Networks:

Outside of Idaho, Nevada, and Utah:

UnitedHealthcare®
Options PPO Network
Provider Services: 888-830-0179
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: **UnitedHealthcare[®] Options PPO Network:**
Provider Services: 888-830-0179
Pres authorization: 844-749-7833
UnitedHealthcare Shared Services | PO Box 30783, Salt Lake City, UT 84130

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

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: **UnitedHealthcare[®] Options PPO Network:**
Provider Services: 888-830-0179
Pres authorization: 844-749-7833
UnitedHealthcare Shared Services | PO Box 30783, Salt Lake City, UT 84130

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



Commercial

This includes Individual/Small Group QHP and Large Group.

StLuke's
HEALTH PLAN

Plan: SG Silver 3300
Group #: 1641000229

Subscriber: SHANNON G TAPESTRY Subscriber ID: 834000001

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: \$9200 / \$18400
In-Network Deductible: \$3300 / \$6600
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

Out-of-Area Preferred:

cigna
Group Administration
PPO

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

Out-of-Area Cigna Claims Submissions:
EDI Payer ID: 62308
Cigna Group #: P.O. Box 188061
Chattanooga, TN 37422-8061

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

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

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	Name	Effective Date
01	EmployeeTest Tapestry	02/01/2025

In-Network:

St. Luke's Health Partners
BRIGHT PATH
2025

Out-of-Area Preferred:

FirstChoice Health **First Health Network**

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

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

EDI Payer ID: 92170

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

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.