



Here's to a
healthy future.



When doctors and insurance work together, **patients win.**

That's the idea behind St. Luke's Health Plan. Now, your employees can access seamless care and coverage from a healthcare name trusted by Idahoans for 125 years. Choosing a doctor, filling prescriptions, connecting with convenient care options – it's all easier with St. Luke's Health Plan.

This is quality healthcare for Idahoans, from Burley to Boise and beyond. Better for Idaho. Better for employees. Better for our future.

Healthy network. Healthy team.

Great network. Great benefits.

St. Luke's Health Plan has the most sought-after network of doctors and specialists in the state. Our health plan expands your employees' current options by partnering with independent care practitioners and out-of-state health partners to ensure they're covered wherever life takes them.

Skip prior-authorization stress.

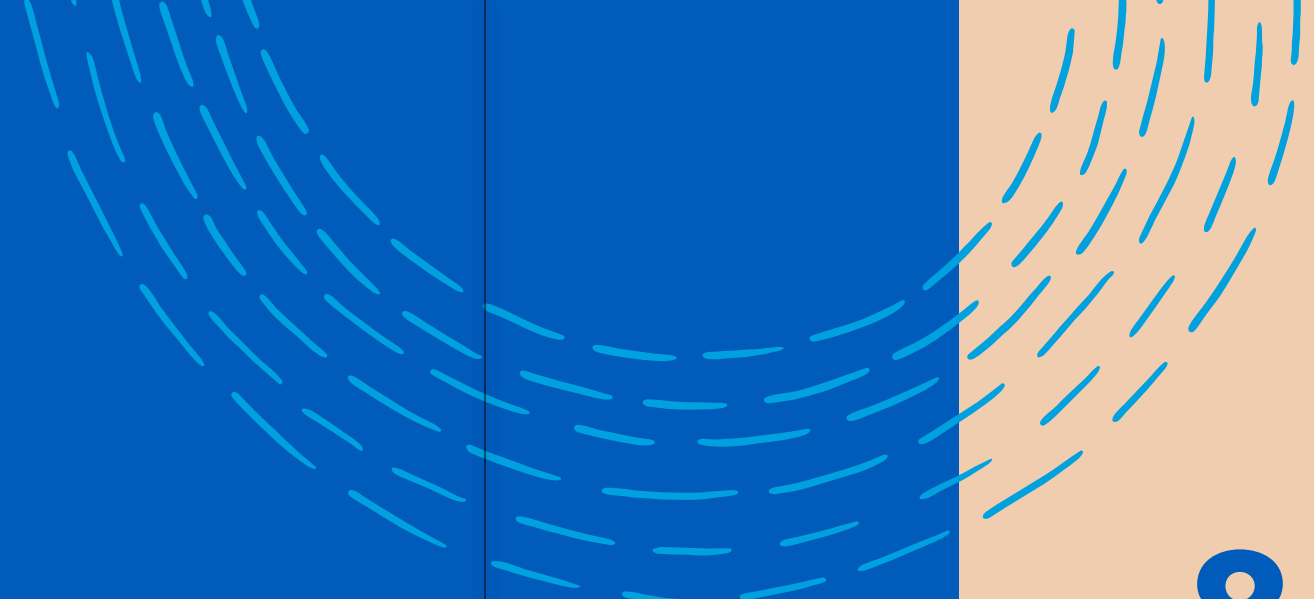
No more waiting games. With St. Luke's Health Plan, your employees won't have to seek medical prior authorizations for most in-network care (so long, dreaded "on hold" music).*

*Reference Certificate of Coverage for details regarding prior authorizations.

Get care without leaving home.

Carving out time for health can be a hassle. We make St. Luke's On-Demand Virtual Care appointments available for urgent care and other services, and telehealth for regular checkups with a provider, so your employees can save gas money and precious time.





Idaho is amazing. So is our network.

8,700+
providers

1,400+
primary care physicians

7,300+
specialists

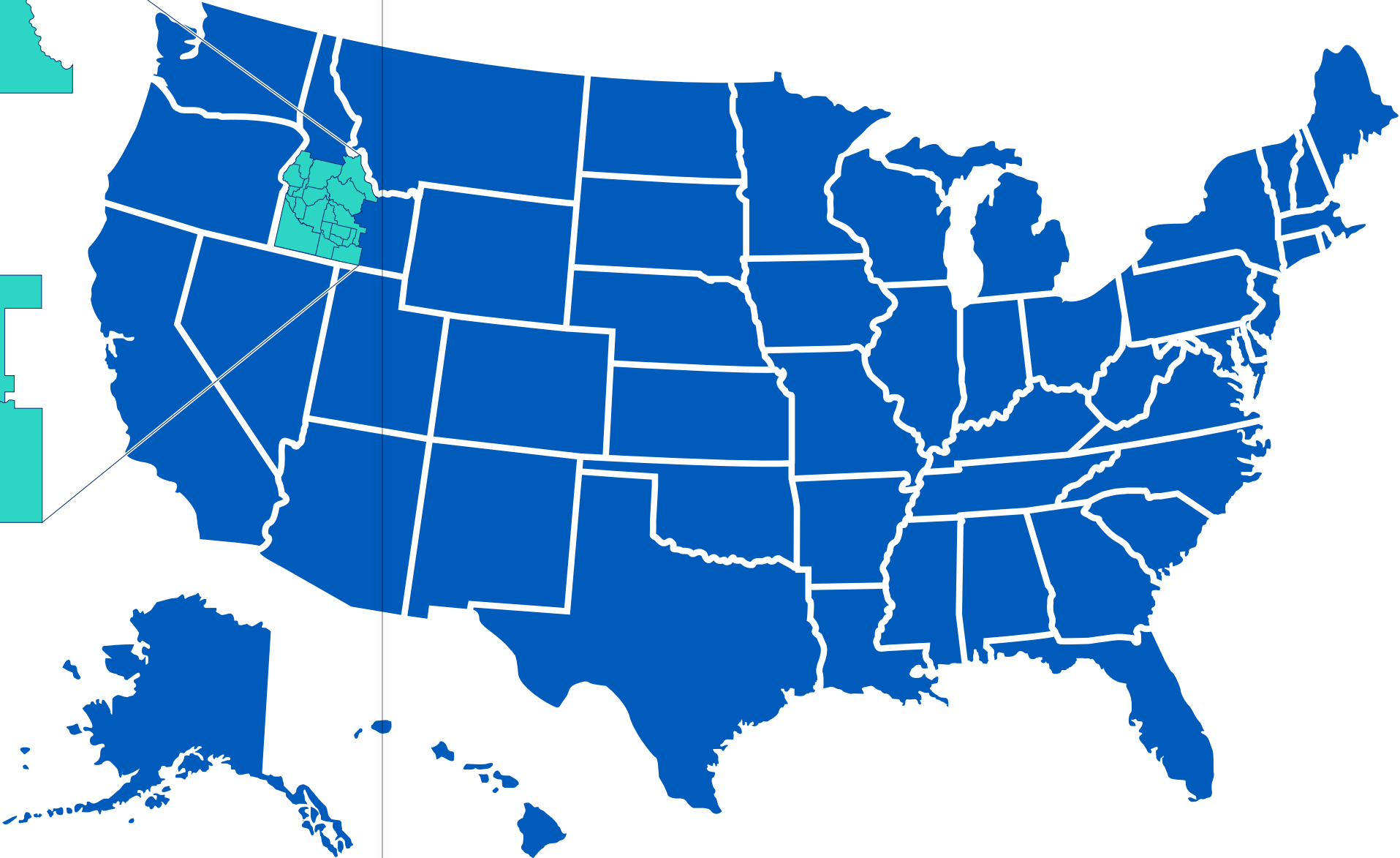
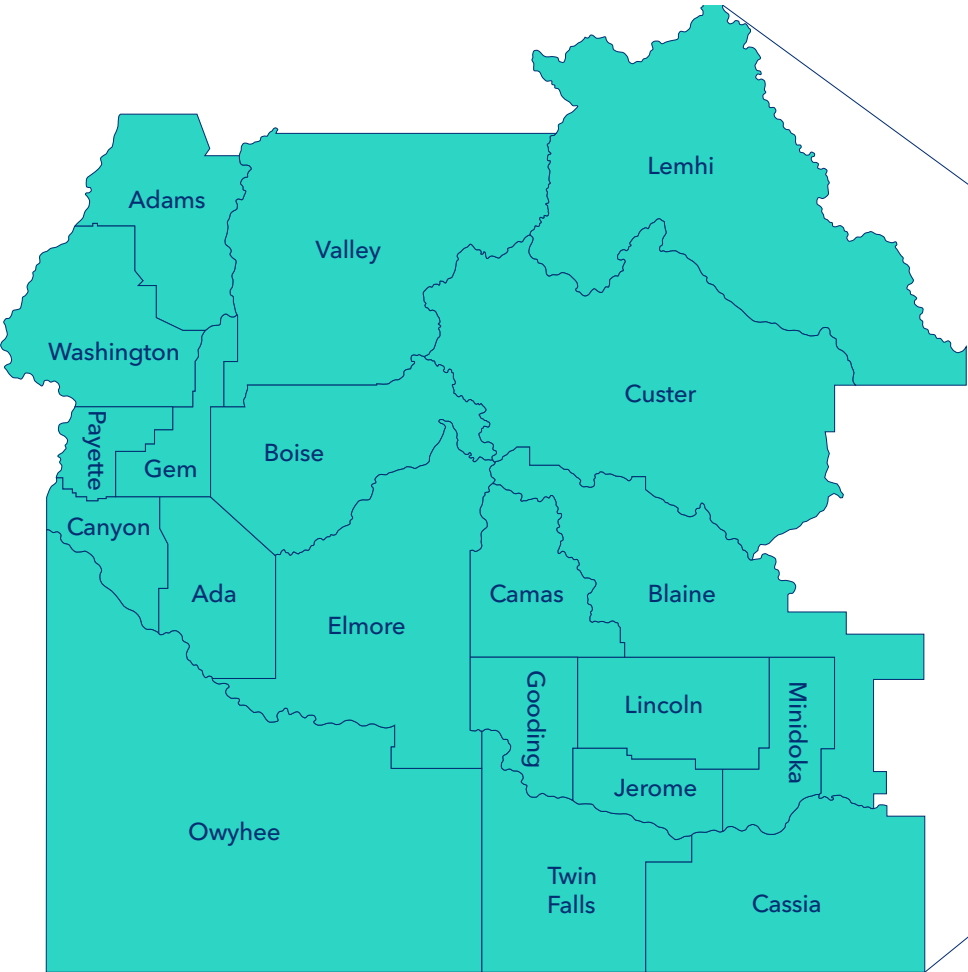
500+
facilities

We offer access to a broad network of trusted doctors and specialists across our 20-county footprint. While our members can see the exceptional healthcare professionals within St. Luke's, our network is composed of **nearly three-quarters independent providers**, which gives your employees the flexibility to choose the care that's right for them.

Find care close to home –
or wherever you might go nationwide.

Members and dependents who live, work or travel outside the St. Luke's Health Plan areas of coverage have nationwide care.

To find in-network care, scan the QR code or search for doctors at stlukeshealthplan.org/find-a-doctor.



St. Luke's Health Network	National Network Wrap
8,700+ doctors and specialists available across the primary coverage area, including both St. Luke's and independent practitioners.	Extended regional and national networks offer in-network care for members when and where they need it.



St. Luke's Health Network



National Network Wrap

Map denotes areas where provider networks are located; not all facilities and doctors within that area are in-network. Please use the search tool on the website to find in-network care, or call 833-840-3600 for assistance.



Prescription for success.

Your team deserves personalized care with national reach. Our pharmacy team works directly with doctors and pharmacies nationwide to ensure our members have the medication they rely on to live their healthiest lives. Whether they're at home or traveling, we've got them covered.

For a listing of all in-network pharmacies, visit stlukeshealthplan.org.

Accessing prescriptions is a snap.

Take advantage of the only health plan in the state that partners with an Idaho-based specialty pharmacy to dispense specialty medications for complex conditions like cancer.

Never miss a refill again.

Your employees can scratch one more errand off their to-do lists with St. Luke's Pharmacy - Home Delivery. In just a few minutes, they can arrange medication deliveries directly to their doors. Your employees can also get up to a 100-day supply of certain medications through the mail or through a St. Luke's Retail Pharmacy or Medication Locker. That saves time and money. Some exceptions apply.

Pay less out of pocket.

All our members have access to Affordable Care Act preventive medications, offered at no cost. Your team will pay \$0* for many qualifying medications, such as:

- Statins
- Vaccines
- Female contraceptives
- Tobacco cessation drugs
- HIV prevention drugs

*Coverage is based on the Affordable Care Act's preventive health guidelines. For a full list of covered items, visit HealthCare.gov.

Seamless care, wherever you are.

Your employees have a number of smart options available for receiving care. Here’s where to go and how to receive care for whatever health issue they’re experiencing.

The quickest way to see a doctor.

Our members can access St. Luke’s On-Demand Virtual Care* services seven days a week for extended hours, if appropriate for symptoms and health status. Your employees can simply log in to their MyChart account, answer a few questions about their symptoms and, after a short wait, begin a virtual visit with the next available St. Luke’s primary care practitioner.

Common conditions for virtual care visits include:

- Back pain
- Cough
- Stomach flu
- Eye irritation and redness
- Rash
- Sinus symptoms
- Sore throat
- Urinary tract infection (UTI)
- COVID-19
- New pregnancy
- And more!

Please note: Chest pain and severe headache require in-person evaluation.

Learn more about On-Demand Virtual Care options at stlukesonline.org/mychart/on-demand-virtual-care or find additional care options at stlukeshealthplan.org/find-a-doctor.

ST. LUKE’S ON-DEMAND VIRTUAL CARE*	PRIMARY CARE	URGENT CARE	EMERGENCY ROOM
COST:	COST:	COST:	COST:
\$0	\$	\$\$	\$\$\$\$
APPOINTMENT REQUIRED?	APPOINTMENT REQUIRED?	APPOINTMENT REQUIRED?	APPOINTMENT REQUIRED?
No	Yes	No	No
TREATMENT	TREATMENT	TREATMENT	TREATMENT
• Video chat with a doctor or therapist from the comfort of home or on-the-go • Send a visit summary to your primary doctor • Care provided by U.S. board-certified doctors or therapists through smartphone, tablet or computer	• High-quality, comprehensive care • Knows you and your medical history and coordinates all your care	• Evening and weekend hours • Convenient locations • Lab and X-rays • Care provided by U.S. board-certified doctors, nurses and nurse practitioners, depending on severity of symptoms	• When your symptoms are life-threatening and you need care immediately • Available 24/7

*Patients must be physically located in Arizona, California, Idaho, Montana, Nevada, Oregon, Utah or Washington at the time of their virtual care call.

Health and wellness benefits.

We want our members to be as healthy as possible – that’s why we cover many wellness services at no additional cost. Getting recommended preventive care and screenings promotes healthier living and can catch problems earlier when they are easier to treat.

RECOMMENDED AGE	SERVICE	FREQUENCY	COST
All	Wellness visits	At least once per year, and more frequently for infants and children under age 3.	\$0*
All	Flu vaccines	Yearly.	
0-24 months	Childhood immunizations	As needed or when recommended by your doctor.	
All	Care management	As needed or when recommended by your doctor.	
21-64	Cervical cancer screenings	Once every 3-5 years. Some individuals should get cervical cancer screenings more frequently.**	
40+	Breast cancer screenings	Yearly. Members are encouraged to make an informed decision about if 40 is the right age for them to start breast cancer screenings. Individuals at higher risk for breast cancer might also qualify for one supplemental breast screening per year.**	
45+	Colorectal cancer screenings	Yearly. The recommended frequency of colorectal cancer screenings varies depending on risks for this type of cancer and the type of test used.**	

*Please call customer service at **833-840-3600**, Monday-Friday, 8 a.m.-5 p.m. (MT), to verify benefits and coverage before proceeding with services.
**These are basic recommendations, but they aren’t right for everyone. Please talk with your doctor about what is right for you.

Smile. You have great dental coverage.

If you offer your employees dental care through Delta Dental of Idaho alongside your St. Luke’s Health Plan, we have great news: your dental benefits will be automatically enhanced at no additional charge. Together, we know that better overall health leads to healthier communities and healthier employees.

Through thoughtful collaboration, your employees get next-level patient care and additional health-sustaining benefits. More than 90% of all systemic diseases are linked to oral health, and with collaborative care, existing or new conditions can be recognized and treated more comprehensively.

Enhanced benefits.

Delta Dental of Idaho coverage combined with St. Luke’s Health Plan includes Enhanced Dental Benefits (EDB), so employees who have certain medical conditions, including cancer, diabetes, heart disease and pregnancy, qualify for enhanced dental benefits, like additional cleanings or fluoride treatments, to help combat oral health issues associated with these conditions.



Plan exclusions and limitations.

In addition to limits and exclusions stated elsewhere in this Agreement, coverage is specifically excluded for each of the following items and any related services and charges:

GENERAL EXCLUSIONS

Any service not Medically Necessary for the diagnosis, treatment, or prevention of illness or injury, even if it is not specifically listed as an exclusion (except for specific services offered through the Preventive Care Medical Benefit); services requiring Prior Authorization for which Prior Authorization is not obtained; care in a setting when another setting of care is more cost-effective or appropriate for the treatment; services in excess of the maximum number of units or days specified in the Policy; services, devices, or medications prescribed by or performed by a practitioner without appropriate licensure or training; services that are experimental, investigational or unproven; acupuncture; charges for failure to keep a scheduled visit, for the copying of medical records, or for the completion of a Claim or administrative forms; services or supplies primarily for personal convenience or comfort, including but not limited to phones, televisions, guest services, deluxe or suite hospital rooms, air conditioners, diapers or hygiene items; private duty nursing; respite care, except as expressly covered by this Agreement; and transportation, except ambulance services to the nearest appropriate facility, if medically necessary and other forms of transportation would likely endanger the Member's health (emergent air ambulance services are reviewed retrospectively).

Amounts for services provided by In-Network Providers in excess of the Allowed Amount, although In-Network Providers are not permitted to bill the Member for the amount in excess of the Allowed Amount. For Out-of-Network Providers, unless provided for otherwise under the No Surprises Act, amounts charged in excess of the Usual, Customary and Reasonable (UCR) rate are not covered and the Member may be billed by the Provider for the amount in excess of UCR.

Services received before their effective date of coverage or after the coverage termination date; services related to complications arising from non-covered services, including those services that would not have been covered by St. Luke's Health Plan at the time the complication arose; services received outside the United States, except for services that qualify as Emergency Services or Urgent Care, in which case the Member may qualify to be repaid only under specific circumstances; services resulting from participation in declared or undeclared acts of terrorism, war, military service, participation in a riot or civil disobedience; services that are the result of any illness or injury incurred by Member while they are participating in the commission of a felony, unless the illness or injury is the result of domestic violence or a physical or mental health condition; treatment of any illness or injury arising out of an illegal act or occupation or participation in a felony; and autopsies.

Amounts for which the covered person has no obligation to pay, including (but not limited to) any charges by a facility owned or operated by the United States or any state or local government unless they are legally obligated to pay (excluding: (i) covered expenses rendered by a medical facility owned or operated by the United States Veterans Health Administration when the services are provided to them for a non-service related illness or injury, and (ii) covered expenses rendered by a United States military medical facility to Member and they are not on active military duty); services for which they receive compensation or reimbursement through another contractual arrangement or Medical Benefit, other than employer-based disability payments; services for any condition, illness or injury that arises from or during the course of work for wages or profit that is covered by state insurance workers' compensation and federal act or similar law; services or supplies payable under a contract or insurance for uninsured or underinsured (UIM) coverage; services or supplies payable under insurance for motor vehicle, motor vehicle no-fault, or personal injury protection (PIP) coverage; services or supplies payable under insurance for commercial premises or homeowner's medical premise coverage or other similar type of contract or insurance; services or supplies received without charge from a medical department maintained by an employer, a mutual benefit association, labor union, trustee or similar group; treatment furnished without charge or paid directly or indirectly by any government or for which a government prohibits payment of benefits; services provided by a Family Member (spouse, parent or child); services provided by clergy; and services provided by a staff member of a school.

Physical examinations, reports or related services or supplies for the purpose of obtaining or maintaining employment, insurance, or licenses or permits of any kind; school admission; school sports clearances; immigration; foreign travel; medical research; camps; government licensure; other reasons not related to medical needs; and court-ordered examinations or treatment of any kind, except when Medically Necessary.

Care provided by phone, fax, email, Internet, or Telemedicine, except as expressly covered under this Agreement; follow-up phone calls from Provider for test results, referrals, prescription refills or reminders that occur within seven (7) days of an in-person office visit; and calls to nurse line or to obtain educational material.

ALTERNATIVE MEDICINE

Services, treatments, procedures, supplies or medications that are considered alternative, complementary, holistic or nontraditional in nature are not covered under the Health Plan. This exclusion includes but is not limited to: acupuncture; dry needling; massage therapy; hypnosis; holistic or homeopathic treatment; naturopathic services; and alternative or naturopathic drugs or supplements. These services and products are excluded regardless of provider type, diagnosis or therapeutic intent.

DENTAL SERVICES

Dental, oral surgery or orthodontic related services (unless accident-related or otherwise specifically covered by St. Luke's Health Plan); care of the teeth or dental structures; tooth damage due to biting or chewing; dental X-rays; extractions of teeth, impacted or otherwise (except as covered under St. Luke's Health Plan); orthodontia treatment, appliances or services; procedures in preparation for dental implants, except as covered under the Dental Trauma Medical Benefits; services to correct malposition of teeth; treatments for Temporomandibular Joint Dysfunction (TMJ)/orthographic treatment; or dentures or related services.

DURABLE MEDICAL EQUIPMENT (DME)

Biofeedback equipment; equipment or supplies whose primary purpose is preventing illness or injury; exercise equipment; items not manufactured exclusively for the direct therapeutic treatment of an illness or injury; items used outside the home primarily for sports/recreational activities; oral appliances, except to treat obstructive sleep apnea; over-the-counter items (except Medically Necessary crutches, walkers, standard wheelchairs, diabetic supplies and ostomy supplies); personal comfort items including but not limited to air conditioners, lumbar rolls, heating pads, diapers or personal hygiene items; phototherapy devices related to seasonal affective disorder; supportive equipment/environmental adaptive items including, but not limited to, handrails, chair lifts, ramps, shower chairs, commodes, car lifts, elevators, and modifications made to the patient's home, place of work or vehicle; standard car seats or strollers; push chairs; air filtration/purifier systems or supplies; water purifiers; allergenic mattresses; orthopedic or other special chairs; pillows; bed-wetting training equipment; corrective shoes; whirlpool baths; vaporizers; room humidifiers; hot tubs or other types of tubs; home UV or other light units (light boxes or specialized lamps or bulbs); home blood testing equipment and supplies (except diabetic equipment and supplies, and home anticoagulation meters); repair or replacement of items not used in accordance with manufacturer's instructions or recommendations; or items lost or stolen.

FAMILY PLANNING AND REPRODUCTIVE SERVICES

Abortion (voluntary termination of pregnancy) unless the life of the mother is endangered by the continued pregnancy, although complications of a non-covered abortion are covered; adoption expenses; birthing in a home setting; infertility services or treatments to achieve pregnancy (regardless of the cause) including but not limited to artificial insemination, in vitro fertilization (IVF) or gamete intra-fallopian transplant (GIFT); reversal of sterilization; services or supplies for the treatment of sexual dysfunction such as, but not limited to, treatment of erectile dysfunction (including penile implants), anorgasmia and premature ejaculation; however, medications for erectile dysfunction may be covered under the pharmacy benefit (please refer to the Prescription Drug List to determine coverage).

HOME HEALTH AND HOSPICE

When provided through home health benefits: custodial care; housekeeping or meal services; maintenance care; and shift or hourly care services. When provided through hospice care: custodial care or maintenance care, except palliative care to the terminally ill patient subject to the stated limits; financial or legal counseling services; housekeeping or meal services; services by Member or their family or volunteers; services not specifically listed as covered hospice services under St. Luke's Health Plan; supportive equipment such as handrails or ramps; room and board while Member resides in a skilled nursing facility, adult family home or assisted living facility; and transportation.

MENTAL HEALTH AND REHABILITATION SERVICES

Benefits for counseling in the absence of illness or injury, including, but not limited to, premarital or marital counseling; family counseling; education, social, behavioral or recreational therapy; sex or interpersonal relationship counseling; or counseling with Member's friends, employer, school counselor, or school teacher, except as specified herein.

Alcoholics Anonymous or other similar Chemical Dependency programs or support groups; care necessary to obtain shelter, to deter antisocial behavior, to deter runaway or truant behavior; court-ordered or other assessments to determine the medical necessity of court-ordered treatments; court-ordered treatments or treatments related to deferral of prosecution, deferral of sentencing, or suspended sentencing or treatments ordered as a condition of retaining driving rights, when no medical necessity exists; custodial care, including housing that is not integral to a Medically Necessary level of care, such as care necessary to obtain shelter, to deter antisocial behavior, to deter runaway or truant behavior or to achieve family respite; emergency patrol services; housing for individuals in a Partial Hospital Program or Intensive Outpatient Program; information or referral services; information schools; long-term or custodial care; non-substance-related disorders; therapeutic group homes, residential community homes, therapeutic schools, adventure-based and/or wilderness programs, or other similar programs; and treatment without ongoing concurrent review to ensure that treatment is being provided in the least restrictive setting required.

Learning disabilities and related services, educational testing or associated training; special education for the developmentally disabled; day habilitation services designed to provide training, structured activities and specialized assistance to adults; chore services to assist with basic needs; vocational and custodial services; vocational rehabilitation, work hardening or training programs regardless of diagnosis or symptoms that may be present; or for non-Medically Necessary education.

Providers accompanying children or family members to health care appointments that are not part of the direct provision of Applied Behavior Analysis (ABA) services; ABA services by more than one program manager for each child/family (program development, treatment planning, supervision); training of therapy assistants and family members (as distinct from supervision); parent/Provider training or classes, except for one-on-one or one-on-two direct training of the parents of one identified patient; and services provided in a home school or public/private school environment that are part of a child's schooling as distinct from specific ABA treatment services (e.g., acting as the "Teacher's Aide," or helping a child with homework).

PHARMACY BENEFIT

Any medication not included in the St. Luke's Health Plan formulary; any over-the-counter products, except as expressly covered by this Agreement; anorectics (any drug used for the purpose of weight loss); any prescription refilled in excess of the number specified by the physician, or any refill dispensed after one year from the physician's original order; diagnostic tests; medications labeled "Caution: Limited by federal law to investigational use" or that are otherwise Experimental or Investigational; medications used for cosmetic purposes, including but not limited to medications such as Botox, Minoxidil (Rogaine), Tretinoin (Retin A, covered through age 25); FDA Approved High Dollar Non-Essential Medications (new drug formulations and derivatives of similar agents already marketed, or combinations of agents that provide no additional clinical benefit to the currently available medications); high dollar kits and non-FDA approved patches; fluoride, except as required under the Patient Protection and Affordable Care Act; immunological agents, biological sera, blood or blood plasma; infertility medications; with certain exceptions, medication that are to be taken by or administered to an individual, in whole or in part, while he or she is a patient in a licensed medical facility, rest home, sanitarium, extended care facility, convalescent medical facility, nursing home, or similar institution that operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals; non-legend medications other than insulin and certain over-the-counter medications required under the Patient Protection and Affordable Care Act or as otherwise determined to be Medically Necessary; non-systemic contraceptives and implants, such as diaphragms, IUDs and cervical caps, which would be covered through the Medical Benefits, or

condoms, which are over the counter; nutritional supplements; prescriptions that an eligible individual is entitled to receive without charge from any workers' compensation laws; therapeutic devices or appliances, including support garments and other non-medical substances, regardless of intended use, except those listed above; and vitamins, singly or in combination, except prenatal and federal legend vitamins to treat covered medical conditions, or as required by the Patient Protection and Affordable Care Act (PPACA); certain narcotic analgesics or other addictive or potentially addictive medications that St. Luke's Health Plan determines not to cover; medications prescribed in quantities, dosages or usages that are outside the usual standard of care for the medication in question or for the practitioner prescribing the drug; serum for allergies not administered in a Provider's office; prescriptions dispensed in a Provider's office unless expressly approved by St. Luke's Health Plan; compounded medications; botanical or herbal medicines; FDA-approved medications, medications or other items for non-approved indications, except when an FDA-approved drug has been proven clinically effective to treat such indication and is supported in peer-reviewed scientific medical literature; vitamin B-12 injections except to treat Vitamin B-12 deficiency; costs associated with expedited shipping of home delivery or specialty medications, if requested by a Member; delivery costs for medications that are delivered; and medications that are repackaged. Prescriptions billed with a DAW code of 3,4,5,6, and 9 are not covered unless clinical review ("Concurrent Review") deems them Medically Necessary.

PERSONAL CARE AND COSMETIC SERVICES

Services, supplies or surgery to repair, modify or reshape a functioning body structure for improvement of the patient's appearance or self-esteem (except for gender affirming surgery), including reduction of adipose tissue, abdominoplasty/panniculectomy and liposuction; dermabrasion, chemical peels or skin procedures to improve appearance or to remove scars or tattoos; athletic training, bodybuilding, fitness training or related expenses; gym memberships (unless expressly set forth in this Agreement); prescription or nonprescription diets, nutritional and/or food supplements, vitamins, minerals or other dietary formulas or supplements, including weight loss shakes, unless expressly covered by this Agreement; exercise programs and equipment; bariatric surgery and other gastric restrictive procedures, or the revision or reversals of these procedures; services provided by a spa, health club or fitness center, except covered Medically Necessary services provided within the scope of the Provider's license; massage therapy, even as part of a physical therapy or chiropractic program; and routine foot care, except as covered by St. Luke's Health Plan if Member has peripheral vascular disease or diabetes.

WAR AND ARMED CONFLICT

Services, treatment or supplies for illness, injury or disability arising out of or related to: war, whether declared or undeclared; acts of war; armed conflict; or service in the armed forces of any country. This exclusion applies except to the extent coverage is required under applicable federal or state law.

TRANSPLANT SERVICES

Animal-to-human transplants; artificial or mechanical devices designed to permanently replace human organs; complications arising from the donation procedure if the donor is not a Plan Member; donor expenses for Member if they donate an organ or bone marrow, however complications arising from the donation would be covered as any other illness to the extent they are not covered under the recipient's health plan; and transplants considered experimental and investigational.

CLINICAL TRIALS

Investigational items, services, tests or devices that are the object of the clinical trial; interventions, services, tests or devices provided by the trial sponsor without charge; data collection or recordkeeping costs that would not be required absent the clinical trial; any activity or service (e.g., imaging, lab tests, biopsies) necessary only to satisfy the data collection needs of the trial; services or interventions clearly not consistent with widely accepted and established standards of care; and interventions associated with treatment for conditions not covered by St. Luke's Health Plan.

VISION CARE

Nonprescription sunglasses or safety glasses; radial keratotomy, Lasik or any other refractive surgery; orthoptics; pleoptics; vision therapy; visual analysis therapy or training related to muscular imbalance of the eye; optometric therapy; services or supplies received principally for cosmetic purposes other than contact lenses selected in place of eyeglasses; adult vision care including routine eye exams and hardware; additional vision hardware services including, but not limited to, scratch resistant coating, tinting and the like; and specialized intraocular lenses associated with cataract surgery that correct vision disorders, such as Multifocal and Toric intraocular lenses.

THESE EXCLUSIONS WERE LAST UPDATED JULY 20, 2026.

Let's do this.

Call us to discuss plans that fit your business's needs.

Look, we know that no two businesses are alike. When you meet with us, we'll take the time to get to know your company and help you choose a plan that works perfectly for you and your employees.

Call us at: 208-385-3777

Email us at: sales@slhealthplan.org

Learn more at: stlukeshealthplan.org

INFORMATION	LOCATION
Find a doctor	Find care by visiting stlukeshealthplan.org/find-a-doctor
Obtain primary, specialty, behavioral health and hospital services – including after-hours care	
Find urgent care	
Find regional and nationwide care options	
View our privacy practices	Review at stlukeshealthplan.org/legal/privacy
Review covered benefits (included and excluded)	Learn more about healthcare and pharmacy benefits at stlukeshealthplan.org/members/resources
View prescription drug benefits	
Submit an appeal	Review your rights at stlukeshealthplan.org/members/appeal
Dispute a claims decision and review your right to external independent review	
Understand your rights and responsibilities	Review your rights at stlukeshealthplan.org/members/rights
Learn how to file a grievance	Review information at stlukeshealthplan.org/faqs
Learn more about prior authorization and utilization management	

Is St. Luke's Health Plan right for your business?



Still have questions? Want to walk through plans?
Get in touch – we're ready to help.
stlukeshealthplan.org

St Luke's

HEALTH PLAN