Utah Association Plans and Benefits | 2026





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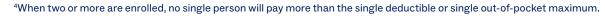
	Traditional								HSA-Qualified				
Plan Name ▶	\$500	\$1,000	\$1,500	\$2,000	\$2,000	\$2,500	\$3,500	\$4,500	\$2,000	\$2,500	\$3,500	\$5,000	\$7,500
Participating Networks	Value / Med	Value / Med	Value / Med	Value / Med	Value / Med								
Deductible													
Single / Family	\$500 / \$1,000	\$1,000 / \$2,000	\$1,500 / \$3,000	\$2,000 / \$4,000	\$2,000 / \$4,000	\$2,500 / \$5,000	\$3,500 / \$7,000	\$4,500 / \$7,000	\$2,000 / \$4,000	\$2,500 / \$5,000¹	\$3,500 / \$7,000¹	\$5,000 / \$10,000 ¹	\$7,500 / \$15,0004
Out-of-Pocket Maximur	n												
Single / Family	\$3,000 / \$6,000	\$4,000 / \$8,000	\$4,000 / \$8,000	\$5,000 / \$10,000	\$8,000 / \$16,000	\$5,000 / \$10,000	\$5,500 / \$11,000	\$7,000 / \$14,000	\$4,000 / \$8,000	\$5,000 / \$10,000 ²	\$5,500 / \$11,000 ²	\$7,000 / \$14,000 ²	\$7,500 / \$15,0004
Inpatient / Outpatient Services													
Primary Care Provider (PCP)	\$25	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$20 after Deductible	\$20 after Deductible	\$20 after Deductible	\$20 after Deductible	\$0 after Deductible
Secondary Care Provider (SCP)	\$45	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$30 after Deductible	\$30 after Deductible	\$30 after Deductible	\$30 after Deductible	\$0 after Deductible
Urgent Care Services	\$45	\$55	\$55	\$55	\$55	\$55	\$55	\$55	\$40 after Deductible	\$40 after Deductible	\$40 after Deductible	\$40 after Deductible	\$0 after Deductible
Virtual Visits	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible
Preventive Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Minor Diagnostic Tests	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible
Inpatient / Outpatient Services	20% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	30% after Deductible	20% after deductible	20% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	\$0 after Deductible
Emergency Room	\$300 after Deductible	\$150 after Deductible	\$150 after Deductible	\$150 after Deductible	\$150 after Deductible	\$0 after Deductible							
PT/ST/OT	\$45 after Deductible	\$50 after Deductible	\$30 after Deductible	\$30 after Deductible	\$30 after Deductible	\$30 after Deductible	\$0 after Deductible						
Chiropractic	\$25	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$20 after Deductible	\$20 after Deductible	\$20 after Deductible	\$20 after Deductible	\$0 after Deductible
Pharmacy Benefits													
Rx Deductible Per Person	\$50	\$50	\$50	\$50	\$200	\$200	\$200	\$200	Medical and Rx Combined	Medical and Rx Combined	Medical and Rx Combined	Medical and Rx Combined	Medical and Rx Combined
Tier 1 Drugs	\$10	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$10 after Deductible	\$10 after Deductible	\$10 after Deductible	\$10 after Deductible	\$0 after Deductible
Tier 2 Drugs	\$25 ³	\$30³	\$30³	\$30³	\$30³	\$30³	\$30³	\$30³	\$25 after Deductible	\$25 after Deductible	\$25 after Deductible	\$25 after Deductible	\$0 after Deductible
Tier 3 Drugs	\$45³	\$50³	\$50³	\$50³	\$50³	\$50³	\$50³	\$50³	\$45 after Deductible	\$45 after Deductible	\$45 after Deductible	\$45 after Deductible	\$0 after Deductible
Tier 4 Drugs	\$100³	\$100³	\$100³	\$100³	\$100³	\$100³	\$100³	\$100³	\$100 after Deductible	\$100 after Deductible	\$100 after Deductible	\$100 after Deductible	\$0 after Deductible



Find a Doctor ¹When two or more are enrolled, only the family deductible and family out-of-pocket maximum applies.

²When two or more are enrolled, no single person in a family will pay more than the single out-of-pocket maximum.

³After pharmacy deductible.



Preauthorization is required for certain services, and visit limits may apply. This chart is not a complete list of benefits. If you have questions, visit selecthealth.org or call Member Services at 800-538-5038.





2026 Association Plan Participation Requirements

REQUIRED MINIMUM EMPLOYEE ENROLLMENT

Employees waiving coverage will not be counted toward participation if they have other comprehensive medical coverage. For employers with five or more enrolled employees, 75% enrollment participation after valid waivers. Valid waivers include having Minimum Essential Coverage (MEC) through another carrier, valid individual medical coverage, coverage through Medicare or another government program, or coverage through a spouse or parent.

Select Health does not allow another health plan to be offered in addition to an Association plan. If a group is insured under the Select Health Association line of business, they are only allowed to offer the Select Health plan and no other carrier. This includes participating in Healthcare Sharing Ministries (HCSMs), a self or Level Funded plan, etc. Select Health does not allow additional carrier coverage even if another carrier does.

Q: What is an Association Health Plan (AHP)?

A: A health plan offered to member-employers of a bona fide association.

Q: How are they beneficial?

A: They allow small businesses to group together to purchase and access benefits that are typically only available to large employers.

Q: Are they well known and established?

A: Yes. AHPs have been available for many years and are a common offering in most states. Select Health insures many AHP groups.

BENEFITS OF CHOOSING SELECT HEALTH

- Wellness Tools & Rewards
- Expanded Virtual Care Options
- Mitratech's Mineral HR and Compliance Platform
- Rx Savings Tools

- Member Discounts
- Cost Transparency with Cost Estimator Tool
- Digital and Plan Management Tools
- UnitedHealthcare Options PPO National Network

Network Options

A network is a combination of contracted doctors and facilities where you and your employees can receive care. It is important to seek care from in-network providers.

SELECT HEALTH VALUE® NETWORK

Select Health Value is a great option for employees along the Wasatch Front and in other key areas throughout the state and includes Huntsman Cancer Institute for a cancer-related diagnosis. This network provides access to all Intermountain facilities in Box Elder, Cache, Weber, Davis, Morgan, Salt Lake, Summit, Wasatch, Utah, Tooele, Iron, and Washington Counties.

SELECT HEALTH MED® NETWORK

Select Health Med encompasses the state of Utah with more hospitals and providers than Select Health Value, including Huntsman Cancer Institute for a cancer-related diagnosis and Moran Eye Center. Benefits are available at out-of-network hospitals and providers for most services. The Select Health Med network also includes national access.

UNITEDHEALTHCARE® OPTIONS PPO NETWORK

To ensure you and your employees have access to the same great customer service and benefits, we provide in-network access across the United States for those on the Select Health Med plans.

Select Health utilizes the UnitedHealthcare Options PPO network for those accessing care outside of Utah, Idaho, Nevada, and Colorado.

To find a UnitedHealthcare Options PPO network provider or facility, call Member Services at **800-538-5038** or visit **selecthealth.org/find-care#uhc**.

STATE	NETWORK						
Utah	Select Health Med Network						
Idaho	Southwest Idaho Select Health Standard and Med Network, Eastern Idaho Select Health Med and BrightPath Network, Northern Idaho BrightPath Network						
Nevada	Select Health Med Network, Beech Street Network (outside Clark and Nye Counties)						
Colorado	Select Health Value Network						
All Other States	UnitedHealthcare Options PPO Network						

