

2026 Utah Plan Changes



Small Employer ACA Plan Changes

FKA indicates former plan name.

PLAN	Benefit	2025	2026
GOLD			
Gold 750	Out-of-Pocket Maximum (Single / Family)	\$8,500 / \$17,000	\$8,950 / \$17,900
Gold 1000	Deductible (Single / Family)	\$1,000 / \$2,500	\$1,000 / \$3,000
	Primary Care Provider (PCP)	\$20	\$25
	Secondary Care Provider (SCP)	\$40	\$50
	Urgent Care Services	\$40	\$50
	Pediatric Preventive Dental	\$40	\$50
Gold 2000	Out-of-Pocket Maximum (Single / Family)	\$8,950 / \$17,900	\$9,200 / \$18,400
	Primary Care Provider (PCP)	\$15	\$20
	Secondary Care Provider (SCP)	\$35	\$45
	Urgent Care Services	\$35	\$45
	Pediatric Preventive Dental	\$35	\$45
	Rx Deductible (Single / Family)	\$0	\$250 / \$750
	Tier 3 Drugs	\$75	\$75 after Rx Deductible
	Tier 4 Drugs	\$125	\$125 after Rx Deductible
	Tier 5 Drugs	50%	50% after Rx Deductible

continued →

2026 Utah Plan Changes



PLAN	Benefit	2025	2026
GOLD CONT.			
Gold Copay	Primary Care Provider (PCP)	\$15	\$20
	Secondary Care Provider (SCP)	\$25	\$35
	Urgent Care Services	\$35	\$45
	Pediatric Preventive Dental	\$25	\$35
	Rx Deductible (Single / Family)	\$0	\$250 / \$750
	Tier 3 Drugs	25%	25% after Rx Deductible
	Tier 4 Drugs	50%	50% after Rx Deductible
	Tier 5 Drugs	50%	50% after Rx Deductible
SILVER			
Silver 2750 (FKA 2600)	Deductible (Single / Family)	\$2,600 / \$5,200	\$2,750 / \$5,500
	Rx Deductible (Single / Family)	\$900 / \$1,800	\$1,000 / \$2,000
Silver 3500 HSA-Qualified (FKA 3300)	Deductible (Single / Family)	\$3,300 / \$6,600	\$3,500 / \$7,000
	Out-of-Pocket Maximum (Single / Family)	\$7,500 / \$15,000	\$8,000 / \$16,000
	Primary Care Provider (PCP)	\$15 after Deductible	\$25 after Deductible
	Secondary Care Provider (SCP)	\$35 after Deductible	\$45 after Deductible
	Urgent Care Services	\$40 after Deductible	\$50 after Deductible
	Pediatric Preventive Dental	\$35 after Deductible	\$45 after Deductible
Silver 4000 HSA-Qualified	Out-of-Pocket Maximum (Single / Family)	\$7,500 / \$15,000	\$8,500 / \$17,000
	Tier 4 Drugs	30% after Deductible	50% after Deductible
Silver Copay	Out-of-Pocket Maximum (Single/Family)	\$8,750 / \$17,500	\$9,000 / \$18,000
	Primary Care Provider (PCP)	\$20	\$25

continued →

2026 Utah Plan Changes



PLAN	Benefit	2025	2026
BRONZE			
Expanded Bronze HSA-Qualified	Deductible (Single / Family)	\$8,250 / \$16,500	\$8,500 / \$17,000
	Out-of-Pocket Maximum (Single / Family)	\$8,250 / \$16,500	\$8,500 / \$17,000
NEW PLANS FOR 2026			
Silver 5,000			
Bronze 7,500			

This document shows the applicable plan changes for 2026. Please note that this list is not all inclusive of each change. Refer to the member materials for all updates.