

# Utah ACA Small Employer Plans and Benefits | 2026

Savings  
and Perks



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Contact your agent or call  
Select Health Sales at **844-442-6294**.

Plan Name ►	Expanded Bronze Max HSA-qualified <sup>2</sup>	Bronze 7500	Silver 5000	Silver 4000 HSA-qualified <sup>2</sup>	Silver 3500 HSA-qualified <sup>2</sup>	Silver 2750	Silver Copay	Gold 2000	Gold 1750 HSA-qualified <sup>1</sup>	Gold 1000	Gold 750	Gold 250	Gold Copay	Platinum
Participating Networks	Value / Med	Value / Med	Value / Med	Value / Med	Value / Med	Value / Med	Value / Med	Value / Med	Value / Med	Value / Med	Value / Med	Value / Med	Value / Med	Value / Med

Deductible / Out-of-Pocket Max

Deductible (Single / Family)	\$8,500 / \$17,000	\$7,500 / \$15,000	\$5,000 / \$10,000	\$4,000 / \$8,000	\$3,500 / \$7,000	\$2,750 / \$5,500	\$0	\$2,000 / \$4,000	\$1,750 / \$3,500	\$1,000 / \$3,000	\$750 / \$2,250	\$250 / \$750	\$0	\$0
Out-of-Pocket Maximum (Single / Family)	\$8,500 / \$17,000	\$10,000 / \$20,000	\$9,500 / \$19,000	\$8,500 / \$17,000	\$8,000 / \$16,000	\$9,100 / \$18,200	\$9,000 / \$18,000	\$9,200 / \$18,400	\$7,500 / \$15,000	\$8,950 / \$17,900	\$8,950 / \$17,900	\$8,950 / \$17,900	\$8,950 / \$17,900	\$7,000 / \$14,000

General Benefits

Virtual Visits <sup>3</sup>	\$0 after Deductible	\$0	\$0	\$0 after Deductible	\$0 after Deductible	\$0	\$0	\$0	\$0 after Deductible	\$0	\$0	\$0	\$0	\$0
Preventive Care and Immunizations	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Provider (PCP)	\$0 after Deductible	\$40	\$30	\$0 after Deductible	\$25 after Deductible	\$25	\$25	\$20	\$0 after Deductible	\$25	\$25	\$25	\$20	\$0
Secondary Care Provider (SCP)	\$0 after Deductible	\$75	\$60	\$0 after Deductible	\$45 after Deductible	\$50	\$75	\$45	\$0 after Deductible	\$50	\$50	\$50	\$35	\$20
Urgent Care Services	\$0 after Deductible	\$75	\$60	\$0 after Deductible	\$50 after Deductible	\$50	\$75	\$45	\$0 after Deductible	\$50	\$50	\$50	\$45	\$30
Minor Diagnostic Tests	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$50	\$0	\$0 after Deductible	\$0	\$0	\$0	\$0	\$0
Inpatient Hospital Services	\$0 after Deductible	50% after Deductible	40% after Deductible	20% after Deductible	30% after Deductible	30% after Deductible	30%	20% after Deductible	10% after Deductible	25% after Deductible	20% after Deductible	30% after Deductible	20%	20%
Outpatient Services	\$0 after Deductible	50% after Deductible	40% after Deductible	20% after Deductible	30% after Deductible	30% after Deductible	\$500	20% after Deductible	10% after Deductible	25% after Deductible	20% after Deductible	30% after Deductible	\$500	20%
Emergency Room	\$0 after Deductible	\$350 after Deductible	\$350 after Deductible	\$0 after Deductible	\$350 after Deductible	\$350 after Deductible	\$1,200	\$350 after Deductible	\$350 after Deductible	\$350 after Deductible	\$350 after Deductible	\$350 after Deductible	\$750	\$250

Pharmacy Benefits

Rx Deductible (Single / Family)	Combined with Medical Deductible	\$1,500 / \$3,000	\$1,250 / \$2,500	Combined with Medical Deductible	Combined with Medical Deductible	\$1,000 / \$2,000	\$2,500 / \$5,000	\$250 / \$750	Combined with Medical Deductible	\$0	\$250 / \$750	\$50 / \$150	\$250 / \$750	\$0
Tier 1 Drugs	\$0 after Deductible	\$15	\$5	\$0 after Deductible	\$5 after Deductible	\$5	\$5	\$5	\$5 after Deductible	\$5	\$5	\$5	\$5	\$0
Tier 2 Drugs	\$0 after Deductible	\$30	\$30	\$0 after Deductible	\$30 after Deductible	\$30	\$30	\$30	\$30 after Deductible	\$30	\$30	\$30	\$20	\$10
Tier 3 Drugs	\$0 after Deductible	25% after Rx Deductible	25% after Rx Deductible	\$0 after Deductible	25% after Deductible	25% after Rx Deductible	\$100 after Rx Deductible	\$75 after Rx Deductible	25% after Deductible	25%	25% after Rx Deductible	25% after Rx Deductible	25% after Rx Deductible	\$50
Tier 4 Drugs	\$0 after Deductible	50% after Rx Deductible	50% after Rx Deductible	50% after Deductible	50% after Deductible	50% after Rx Deductible	50% after Rx Deductible	\$125 after Rx Deductible	50% after Deductible	50%	50% after Rx Deductible	50% after Rx Deductible	50% after Rx Deductible	20%
Tier 5 Drugs	\$0 after Deductible	50% after Rx Deductible	50% after Rx Deductible	50% after Deductible	50% after Deductible	50% after Rx Deductible	50% after Rx Deductible	50% after Rx Deductible	50% after Deductible	50%	50% after Rx Deductible	50% after Rx Deductible	50% after Rx Deductible	50%



Find a  
Doctor



Rx  
Search

<sup>1</sup>**Embedded OOP:** When two or more are enrolled on this HSA-qualified plan, only the family deductible applies and no single person will pay more than the single out-of-pocket maximum.

<sup>2</sup>**Embedded ded and OOP:** When two or more family members are enrolled on this HSA-qualified plan, no single person in the family will pay more than the single deductible or single out-of-pocket maximum.

<sup>3</sup>Virtual visits with an in-network primary care provider, mental health provider, and Intermountain Health virtual care providers are covered at no additional cost (except HSA-qualified plans).

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 Utah Medical Plan Administration Requirements and Exclusions

## EMPLOYER MONTHLY CONTRIBUTION

Small employers must contribute an amount equivalent to at least 50% of the employee-only rate of the lowest cost plan they offer. This contribution must be consistent for all employees in a given class.

## REQUIRED MINIMUM EMPLOYEE ENROLLMENT

Employees waiving coverage will not be counted toward participation if they have other comprehensive medical coverage. For employers with up to four eligible employees after valid waivers, 100% must participate. For employers with five or more eligible employees after valid waivers, 75% must participate. Valid waivers include having coverage through another carrier, valid individual medical coverage, coverage through Medicare or another government program, or coverage through a spouse or parent.

New groups enrolling for a January 1 effective date that submit their enrollment no later than December 15 are not subject to participation or contribution requirements.

Select Health does not allow another health plan to be offered in addition to a Small Employer plan. If a group is insured under the Select Health Small Employer 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.

## EXCLUDED SERVICES

All plans are subject to exclusions and limitations. A complete list of exclusions will be included in your employees’ member materials. A list of common exclusions can be found at: [selecthealth.org/employers/plan-documents](https://selecthealth.org/employers/plan-documents).

### WHAT IS A SMALL GROUP?

The group must have at least two full-time eligible employees. To be considered full-time eligible, the employee must work at least 30 or more hours per week. This can be an owner and/or husband and wife both working 30 or more hours per week.

# 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 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](https://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

