Utah Level Funded plans and benefits | 2027

Savings and Perks

Ready to shop?
Contact your agent or call
Select Health Sales at **844-442-6294.**

Plan name ▶	$0	$500	$1,000	$1,500	$2,000	$4,000	$5,000	$6,000	$1,750 HDHP / HSA-Qualified	$3,500 HDHP / HSA-Qualified EMB	$4,000 HDHP / HSA-Qualified EMB	$6,350 HDHP / HSA-Qualified EMB
Preference product 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
Deductible												
Individual / family	$0 / $0	$500 / $1,000	$1,000 / $2,000	$1,500 / $3,000	$2,000 / $4,000	$4,000 / $8,000	$5,000 / $10,000	$6,000 / $12,000	$1,750 / $3,500[1]	$3,500 / $7,000[2]	$4,000 / $8,000[2]	$6,350 / $12,700[2]
Out-of-pocket maximum												
Individual / family	$2,500 / $5,000	$4,000 / $8,000	$5,000 / $10,000	$5,000 / $10,000	$6,000 / $12,000	$6,000 / $12,000	$8,000 / $16,000	$8,000 / $16,000	$3,500 / $7,000[1]	$3,500 / $7,000[2]	$6,000 / $12,000[2]	$6,350 / $12,700[2]
Inpatient / outpatient services												
Medical virtual visits[3]	$0	$0	$0	$0	$0	$0	$0	$0	$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
Primary care provider (PCP)	$25	$25	$25	$25	$25	$25	$25	$25	20% after deductible	$0 after deductible	30% after deductible	$0 after deductible
Specialty care provider (SCP)	$75	$75	$75	$75	$75	$75	$75	$75	20% after deductible	$0 after deductible	30% after deductible	$0 after deductible
Urgent care services	$75	$75	$75	$75	$75	$75	$75	$75	20% after deductible	$0 after deductible	30% after deductible	$0 after deductible
Minor diagnostic tests	$0	$0	$0	$0	$0	$0	$0	$0	$0 after deductible	$0 after deductible	$0 after deductible	$0 after deductible
Outpatient services	20%	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	20% after deductible	$0 after deductible	30% after deductible	$0 after deductible
Inpatient hospital services	20%	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	20% after deductible	$0 after deductible	30% after deductible	$0 after deductible
Emergency room	$300	$300 after deductible	$300 after deductible	$300 after deductible	$300 after deductible	$300 after deductible	$300 after deductible	$300 after deductible	20% after deductible	$0 after deductible	30% after deductible	$0 after deductible
PT / ST / OT	$25	$25	$25	$25	$25	$25	$25	$25	20% after deductible	$0 after deductible	30% after deductible	$0 after deductible
Chiropractic	$25	$25	$25	$25	$25	$25	$25	$25	20% after deductible	$0 after deductible	30% after eductible	$0 after deductible
Pharmacy benefits												
Rx deductible	$0	$0	$0	$0	$0	$0	$0	$0	Combined with medical deductible	Combined with medical deductible	Combined with medical deductible	Combined with medical deductible
Tier 1 drugs	$10	$10	$10	$15	$15	$20	$20	$20	20% after deductible	$0 after deductible	30% after deductible	$0 after deductible
Tier 2 drugs	$30	$30	$30	$35	$35	$50	$50	$50	20% after deductible	$0 after deductible	30% after deductible	$0 after deductible
Tier 3 drugs	$70	$70	$70	$75	$75	30%	30%	30%	20% after deductible	$0 after deductible	30% after deductible	$0 after deductible
Tier 4 drugs	$100	$100	$100	$100	$150	30%	30%	30%	20% after deductible	$0 after deductible	30% after deductible	$0 after deductible

[1] When two or more are enrolled on this HSA-qualified plan, only the family deductible and family out-of-pocket maximum applies.

[2] 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.

[3] Medical virtual visits with an in-network primary care provider and Intermountain Health virtual care providers are covered at no additional cost (except HSA-qualified plans). Mental health virtual visits will follow the mental health office visit copay.

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**.

Find a doctor | **Rx search**

Select Health

Utah Level Funded plan administration requirements and exclusions | 2027

Employer monthly contribution

To secure the best possible rates, employers should contribute an amount equivalent to at least 75% of the employee cost or 50% across all tiers of the lowest cost plan they offer. This contribution must be consistent for all employees.

Minimum employee enrollment

Minimum recommended participation is 75% of eligible employees after valid waivers are removed. Increased participation will normally result in improved rates. 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 a Level Funded plan. If a group is contracted for the Select Health Level Funded 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 the summary plan document and in your employees' member materials.

Qualifications for Level Funded groups

To be considered for a Level Funded plan, there must be at least 15 employees enrolling and no more than 50. Eligible employees are those who work 30 or more hours per week for the plan sponsor.

Benefits of choosing Select Health

- Wellness tools and rewards
- Expanded virtual care options
- Mitratech's Mineral HR and Compliance Platform
- Rx savings tools
- Member discounts
- Cost transparency with cost estimator
- Digital and plan management resources
- UnitedHealthcare Options PPO National network

Select Health Preference

Select Health Preference gives you and your employees access to both Select Health Value and Select Health Med. Employees who reside outside the states of Colorado, Idaho, Nevada, and Utah can access the UnitedHealthcare Options PPO network.

Select Health Value® Network

Select Health Value is for members living in Box Elder, Cache, Davis, Iron, Morgan, Salt Lake, Summit, Tooele, Utah, Wasatch, Washington, and Weber Counties and includes access to Huntsman Cancer Institute for a cancer-related diagnosis.

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. Select Health Med also includes national access.

UnitedHealthcare® Options PPO Network

Select Health utilizes the UnitedHealthcare Options PPO network to ensure you and your employees on Select Health Med plans have access to the same great customer service and benefits when accessing care outside the states of Colorado, Idaho, Nevada, and Utah.

Note: Select Health cannot enroll subscribers with a primary residence in Hawaii and US territories such as American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and the Virgin Islands due to specific state and local laws.

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
Colorado	Select Health Value Network
Idaho	Select Health Med Network, Select Health St. Luke's Hospital Network (SLHN), BrightPath, Select Health Saint Alphonsus Health Alliance (SAHA), Select Health Standard
Nevada	Select Health Med Network
Utah	Select Health Med Network
All other states	UnitedHealthcare Options PPO Network

To see the full fair treatment notice, visit **selecthealth.org/disclaimers/non-discrimination**. This information is available for free in other languages and alternate formats by contacting Select Health Medicare: **855-442-9900** (TTY: **711**) / Select Health: **800-538-5038**.

Your contract is the final authority on your plan's benefits and coverage. If there are differences between the contract, the summary of benefits and coverage (SBC), or other materials, the contract will apply.

Select Health