Utah ACA Small Employer plans and benefits | 2027

Savings and Perks

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

Plan name ▶	Bronze 7500 Medical Deductible	Expanded Bronze Max HDHP / HSA Qualified[2]	Silver 5000 Medical Deductible	Silver 2750 Medical Deductible	Silver 3500 HDHP / HSA Qualified[2]	Silver Copay Plan	Silver 4500 HDHP/HSA Qualified[2]	Gold 750 Medical Deductible	Gold 2000 Medical Deductible	Gold 1000 Medical Deductible	Gold 250 Medical Deductible	Gold 1750 HDHP / HSA Qualified[1]	Gold Copay Plan	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 maximum														
Deductible (single / family)	$7,500 / $15,000	$8,700 / $17,400	$5,000 / $10,000	$2,750 / $5,500	$3,500 / $7,000	$0	$4,500 / $9,000	$750 / $2,250	$2,000 / $4,000	$1,000 / $3,000	$250 / $750	$1,750 / $3,500	$0	$0
Out-of-pocket maximum (single / family)	$10,000 / $20,000	$8,700 / $17,400	$8,700 / $17,400	$9,100 / $18,200	$8,000 / $16,000	$9,000 / $18,000	$8,700 / $17,400	$8,950 / $17,900	$8,950 / $17,900	$8,950 / $17,900	$8,950 / $17,900	$7,500 / $15,000	$8,500 / $17,000	$7,000 / $14,000
General benefits														
Medical virtual visits[3]	$0	$0 after deductible	$0	$0	$0 after deductible	$0	$0 after deductible	$0	$0	$0	$0	$0 after deductible	$0	$0
Preventive care and immunizations	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Primary care provider (PCP) / Behavioral health	$40	$0 after deductible	$30	$25	$25 after deductible	$25	$0 after deductible	$25	$25	$25	$25	$0 after deductible	$25	$20
Specialty care provider (SCP)	$75	$0 after deductible	$60	$50	$45 after deductible	$75	$0 after deductible	$50	$45	$50	$50	$0 after deductible	$35	$30
Urgent care services	$75	$0 after deductible	$60	$50	$50 after deductible	$75	$0 after deductible	$50	$45	$50	$50	$0 after deductible	$45	$30
Inpatient hospital services (facility)	50% after deductible	$0 after deductible	40% after deductible	30% after deductible	30% after deductible	30%	20% after deductible	20% after deductible	20% after deductible	25% after deductible	30% after deductible	10% after deductible	20%	20%
Outpatient services (facility)	50% after deductible	$0 after deductible	40% after deductible	30% after deductible	30% after deductible	$500	20% after deductible	20% after deductible	20% after deductible	25% after deductible	30% after deductible	10% after deductible	$500	20%
Minor diagnostic (lab and x-ray)	$0 after deductible	$0 after deductible	$0 after deductible	$0 after deductible	$0 after deductible	$50	$0 after deductible	$0	$0	$0	$0	$0 after deductible	$0	$0
Emergency room	$350 after deductible	$0 after deductible	$350 after deductible	$350 after deductible	$350 after deductible	$1,200	$0 after deductible	$350 after deductible	$350 after deductible	$350 after Ddeductible	$350 after deductible	$350 after deductible	$750	$250
Pharmacy benefits														
Rx deductible (single / family)	$1,500 / $3,000	Combined with medical deductible	$500 / $1,000	$1,000 / $2,000	Combined with medical deductible	$2,500 / $5,000	Combined with medical deductible	$500 / $1,500	$250 / $750	$250 / $750	$50 / $150	Combined with medical deductible	$500 / $1,500	$0
Tier 1 drugs[4]	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Tier 2 drugs	$15	$0 after deductible	$5	$5	$5 after deductible	$5	$0 after deductible	$5	$5	$5	$5	$5 after deductible	$5	$0
Tier 3 drugs	$30	$0 after deductible	$30	$30	$30 after deductible	$30	$0 after deductible	$30	$30	$30	$30	$30 after deductible	$20	$10
Tier 4 drugs	25% after Rx deductible	$0 after deductible	25% after Rx deductible	25% after Rx deductible	25% after deductible	$100 after Rx deductible	$0 after deductible	25% after Rx deductible	$75 after Rx deductible	25% after Rx deductible	25% after Rx deductible	25% after deductible	25% after Rx deductible	$50
Tier 5 drugs	50% after Rx deductible	$0 after deductible	50% after Rx deductible	50% after Rx deductible	50% after deductible	50% after Rx deductible	50% after deductible	50% after Rx deductible	$125 after Rx deductible	50% after Rx deductible	50% after Rx deductible	50% after deductible	50% after Rx deductible	20%
Tier 6 drugs	50% after Rx deductible	$0 after deductible	50% after Rx deductible	50% after Rx deductible	50% after deductible	50% after Rx deductible	50% after deductible	50% after Rx deductible	50% after Rx deductible	50% after Rx deductible	50% after Rx deductible	50% after deductible	50% after Rx deductible	50%

[1] **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.

[2] **Embedded deductible 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.

[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.

[4] Drugs on this tier may be covered at no cost or before you meet your deductible, depending on your plan.

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 medical plan administration requirements and exclusions | 2027

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.

Minimum employee enrollment

Employees waiving coverage will not be counted toward participation if they have other comprehensive medical coverage. For employers with up to 4 eligible employees after valid waivers, 100% must participate. For employers with 5 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**.

What is a small group?

The group must have at least 2 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.

To see the full fair treatment notice, visit **selecthealth.org/disclaimers/non-discrimination**.

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.

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, Davis, Iron, Morgan, Salt Lake, Summit, Tooele, Utah, Wasatch, Washington, and Weber 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

Select Health utilizes the UnitedHealthcare Options PPO network for those on Select Health Med plans who need care outside the states of Colorado, Idaho, Nevada, and Utah. This allows you and your employees to access the same great customer service and benefits wherever you need care.

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, Multiplan/PHCS in gap areas
Idaho	Select Health Med Network, Select Health St. Luke's Hospital Network (SLHN), BrightPath, Select Health St. Alphonsus Health Alliance (SAHA), Select Health Standard
Nevada	Select Health Med Network, Beech Street Network (outside Clark and Nye Counties)
Utah	Select Health Med Network
All other states	UnitedHealthcare Options PPO Network

Select Health