Select Health

Individual and Family plan changes

Non-Standardized plans moved to a six tier drug formulary with preventive drugs as tier 1.

Plan	Benefit	2026	2027
SILVER			
Benchmark Silver Standardized Plan			
Benchmark Silver Standardized Plan – 94%	Maximum out-of-pocket (single / family)	$2,200 / $4,400	$3,500 / $7,000
Benchmark Silver Standardized Plan – 87%	Deductible (single / family)	$700 / $1,400	$800 / $1,600
	Maximum out-of-pocket (single / family)	$3,300 / $6,600	$3,600 / $7,200
Benchmark Silver Standardized Plan – 73%	Deductible (single / family)	$3,000 / $6,000	$2,900 / $5,800
	Maximum out-of-pocket (single / family)	$7,400 / $14,800	$9,000 / $18,000
	Outpatient rehab	$30	$40
Silver 3500 Medical Deductible			
Silver 0 Medical Deductible – 94%	Maximum out-of-pocket (single / family)	$3,000 / $6,000	$3,250 / $6,500
	PCP / Behavioral health office visits	$0	$5
	Minor diagnostic (lab and x-ray)	$0	$5 / $10
	Outpatient rehab	$10	$5
Silver 0 Medical Deductible – 87%	Maximum out-of-pocket (single / family)	$3,250 / $6,500	$3,500 / $7,000
	PCP / Behavioral health office visits	$0	$10
	Outpatient rehab	$25	$10
	Rx deductible (single / family)	$400 / $1,200	$500 / $1,500
Silver 3500 Medical Deductible – 73%	Plan name change	Silver 3000 Medical Deductible – 73%	Silver 3500 Medical Deductible – 73%
	Deductible (single / family)	$3,000 / $6,000	$3,500 / $7,000
	Maximum out-of-pocket (single / family)	$7,750 / $15,500	$9,000 / $18,000
	Outpatient rehab	$25	$30
Benchmark Silver 5900 Medical Deductible			
Benchmark Silver 0 Medical Deductible – 94%	Maximum out-of-pocket (single / family)	$3,000 / $6,000	$3,250 / $6,500
	Minor diagnostic (lab and x-ray)	$5	$5 / $10
	Outpatient rehab	$10	$5
Benchmark Silver 100 Medical Deductible – 87%	PCP / Behavioral health office visits	$5	$10
	Minor diagnostic (lab and x-ray)	$10	$10 / $20
	Outpatient rehab	$25	$10

continued

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Plan	Benefit	2026	2027
Benchmark Silver 5000 Medical Deductible – 73%	Maximum out-of-pocket (single / family)	$8,450 / $16,900	$9,000 / $18,000
	PCP / Behavioral health office visits	$15	$20
	SCP office visits	$40	$50
	Minor diagnostic (lab and x-ray)	$30 / $35	$35 / $50
	Outpatient rehab	$25	$20
	Rx deductible (single / family)	$400 / $1,200	$750 / $2,250
Benchmark Silver 6000 Medical Deductible w/ Vision			
Benchmark Silver 0 Medical Deductible w/ Vision – 94%	Maximum out-of-pocket (single / family)	$3,000 / $6,000	$3,250 / $6,500
	Minor diagnostic (lab and x-ray)	$5	$5 / $10
	Outpatient rehab	$10	$5
Benchmark Silver 100 Medical Deductible w/ Vision – 87%	PCP / Behavioral health office visits	$5	$10
	Minor diagnostic (lab and x-ray)	$10	$10 / $20
	Outpatient rehab	$25	$10
Benchmark Silver 5000 Medical Deductible w/Vision – 73%	Maximum out-of-pocket (single / family)	$8,450 / $16,900	$9,000 / $18,000
	PCP / Behavioral health office visits	$15	$20
	SCP office visits	$40	$50
	Minor diagnostic (lab and x-ray)	$30 / $40	$35 / $50
	Outpatient rehab	$25	$20
	Rx deductible (single / family)	$400 / $1,200	$750 / $2,250

This document shows the applicable plan changes for 2027.

Please note that this list is not all inclusive of each change. Refer to the member materials for all updates.