

Utah Plan Changes | 2026



Individual and Family Plan Changes

Members on an on-exchange Bronze plan or High Deductible Health Plan (HDHP) are eligible to open and contribute to a Health Savings Account (HSA). Excludes off-exchange only plans.

Plan	Benefit	2025	2026
BRONZE			
Expanded Bronze Standardized Plan	Maximum Out-of-Pocket (Single / Family)	\$9,200 / \$18,400	\$10,000 / \$20,000
Benchmark Expanded Bronze Select Copay Plan	Maximum Out-of-Pocket (Single / Family)	\$9,200 / \$18,400	\$10,500 / \$21,000
	Inpatient Hospitalization (Facility)	\$2,950 per day	50%
	Outpatient Hospital Services (Facility)	\$1,200	\$1,500
	Minor Diagnostic (Lab and X-ray)	\$75	\$75 / \$100
	Rx Deductible	\$3,500 / \$7,000	\$4,000 / \$8,000
Expanded Bronze 6900 Medical Deductible	Maximum Out-of-Pocket (Single / Family)	\$9,200/\$18,400	\$10,000 / \$20,000
SILVER			
Benchmark Silver Standardized Plan	Deductible (Single / Family)	\$5,000 / \$10,000	\$6,000 / \$12,000
	Maximum Out-of-Pocket (Single / Family)	\$8,000 / \$16,000	\$8,900 / \$17,800
Silver 3000 Medical Deductible	Maximum Out-of-Pocket (Single / Family)	\$8,750 / \$17,500	\$9,500 / \$19,000
	Minor Diagnostic (Lab and X-ray)	\$20	\$20 / \$50
Benchmark Silver 5900 Medical Deductible	Maximum Out-of-Pocket (Single / Family)	\$8,500 / \$17,000	\$9,500 / \$19,000
	PCP / Behavioral Health Office Visits	\$0	\$20
	Minor Diagnostic (Lab and X-ray)	\$30	\$30 / \$50
Benchmark Silver 6000 Medical Deductible w/ Vision	Maximum Out-of-Pocket (Single / Family)	\$8,600 / \$17,200	\$9,500 / \$19,000
	PCP / Behavioral Health Office Visits	\$0	\$20
	Minor Diagnostic (Lab and X-ray)	\$30	\$30 / \$50
Silver 5500 Medical Deductible	PCP / Behavioral Health Office Visits	\$0	\$20
	SCP Office Visits	\$25	\$40
	Minor Diagnostic (Lab and X-ray)	\$15	\$20 / \$50
	Tier 3 Drugs	50% after Rx Deductible	45% after Rx Deductible

continued

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Plan		Benefit	2025	2026
GOLD				
Benchmark Gold Standardized Plan	Deductible (Single / Family)	\$1,500 / \$3,000	\$2,000 / \$4,000	
	Maximum Out-of-Pocket (Single / Family)	\$7,800 / \$15,600	\$8,200 / \$16,400	
PLATINUM				
Benchmark Platinum Standardized Plan	Maximum Out-of-Pocket (Single / Family)	\$4,300 / \$8,600	\$5,200 / \$10,400	

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.