Utah Plan Changes | 2027

Select Health

Individual and Family Plan Changes

Members enrolled on a Bronze plan can be eligible to open and contribute to a health savings account (HSA). Some restrictions may apply.

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

Plan	Benefit	2026	2027
BRONZE			
Expanded Bronze Standardized Plan - HSA Eligible	Plan name change	Expanded Bronze Standardized Plan	Expanded Bronze Standardized Plan - HSA Eligible
	Maximum out-of-pocket (single / family)	$10,000 / $20,000	$12,000 / $24,000
Benchmark Expanded Bronze Select Copay Plan - HSA Eligible	Plan name change	Benchmark Expanded Bronze Select Copay Plan	Benchmark Expanded Bronze Select Copay Plan - HSA Eligible
	Maximum out-of-pocket (single / family)	$10,500 / $21,000	$12,000 / $24,000
	Outpatient rehab	$25	$45
Expanded Bronze 6900 Medical Deductible - HSA Eligible	Plan name change	Expanded Bronze 6900 Medical Deductible	Expanded Bronze 6900 Medical Deductible - HSA Eligible
	Maximum out-of-pocket (single / family)	$10,000 / $20,000	$12,000 / $24,000
	Outpatient rehab	$25 after deductible	$45
SILVER			
Benchmark Silver Standardized Plan	Maximum out-of-pocket (single / family)	$8,900 / $17,800	$10,300 / $20,600
	Deductible (single/family)	$6,000 / $12,000	$6,400 / $12,800
Silver 3500 Medical Deductible	Plan name change	Silver 3000 Medical Deductible	Silver 3500 Medical Deductible
	Deductible (single / family)	$3,000 / $6,000	$3,500 / $7,000
	Maximum out-of-pocket (single / family)	$9,500 / $19,000	$10,000 / $20,000
	PCP / Behavioral health office visits	$35	$40
	Minor diagnostic (lab and x-ray)	$20 / $50	$25 / $50
	Outpatient rehab	$25	$40
	Rx deductible (single / family)	$750 / $2,250	$1,250 / $3,750

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Plan	Benefit	2026	2027
Benchmark Silver 5900 Medical Deductible	Maximum out-of-pocket (single / family)	$9,500 / $19,000	$10,000 / $20,000
	PCP / Behavioral health office visits	$20	$25
	SCP office visits	$40	$50
	Minor diagnostic (lab and x-ray)	$30 / $50	$35 / $50
	Rx deductible (single / family)	$750 / $2,250	$1,500 / $4,500
Benchmark Silver 6000 Medical Deductible w/ Vision	Maximum out-of-pocket (single / family)	$9,500 / $19,000	$10,000 / $20,000
	PCP / Behavioral health office visits	$20	$25
	SCP office visits	$40	$50
	Minor diagnostic (lab and x-ray)	$30 / $50	$35 / $50
	Rx deductible (single / family)	$825 / $2,475	$1,500 / $4,500
Silver 5500 Medical Deductible	Maximum out-of-pocket (single / family)	$9,200 / $18,400	$10,000 / $20,000
	PCP / Behavioral health office visits	$20	$25
	SCP office visits	$40	$50
	Minor diagnostic (lab and x-ray)	$20 / $50	$25 / $50
	Routine dental services (adult / pediatric)	$40	$50
Benchmark Silver 4000 Deductible HDHP / HSA Qualified	Plan name change	Benchmark Silver 3750 Deductible - HSA Qualified	Benchmark Silver 4000 Deductible HDHP / HSA Qualified
	Deductible (single / family)	$3,750 / $7,500	$4,000 / $8,000
	Maximum out-of-pocket (single / family)	$7,500 / $15,000	$8,000 / $16,000
GOLD			
Benchmark Gold	PCP / Behavioral health office visits	$0	$20
	Outpatient rehab	$25	$20
Benchmark Gold Standardized Plan	Maximum out-of-pocket (single/family)	$8,200 / $16,400	$8,600 / $17,200
	Deductible (single/family)	$2,000 / $4,000	$2,500 / $5,000
Gold 1500 Medical Deductible	PCP / Behavioral health office visits	$0	$20
	Outpatient rehab	$25	$20

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Plan	Benefit	2026	2027
PLATINUM			
Benchmark Platinum Standardized Plan	Maximum out-of-pocket (single / family)	$5,200 / $10,400	$5,900 / $11,800
	Outpatient rehab	$35	$20
	PCP / Behavioral health office visits	$10	$20
	SCP office visits	$20	$40
	Urgent care	$15	$30
	Inpatient hospitalization (facility)	$350 per stay	$400 per stay
	Outpatient hospital services (facility)	$150	$250
	Minor diagnostic (lab and x-ray)	$30	$60
	Major diagnostic	$100	$250
	Outpatient rehab	$35	$20
	Tier 2 drugs	$5	$10
	Tier 3 drugs	$10	$20
	Tier 4 drugs	$50	$60
	Tier 5 drugs	$150	$250
Benchmark Platinum	PCP / Behavioral health office visits	$0	$10
	SCP office visits	$0	$20
	Outpatient rehab	$25	$10

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.