

Individual and Family Plans

Plan	Benefit	2025	2026
SILVER			
Benchmark Silver Standardized Plan			
Benchmark Silver Standardized Plan (94% CSR)	Maximum Out-of-Pocket (Single / Family)	\$2,000 / \$4,000	\$2,200 / \$4,400
Benchmark Silver Standardized Plan (87% CSR)	Deductible (Single / Family)	\$500 / \$1,000	\$700 / \$1,400
	Maximum Out-of-Pocket (Single / Family)	\$3,000 / \$6,000	\$3,300 / \$6,600
Benchmark Silver Standardized Plan (73% CSR)	Maximum Out-of-Pocket (Single / Family)	\$6,400 / \$12,800	\$7,400 / \$14,800
Silver 3000 Medical Deductible			
Silver 0 Medical Deductible (94% CSR)	Maximum Out-of-Pocket (Single / Family)	\$2,750 / \$5,500	\$3,000 / \$6,000
Silver 0 Medical Deductible (87% CSR)	Maximum Out-of-Pocket (Single / Family)	\$2,750 / \$5,500	\$3,250 / \$6,500
	Minor Diagnostic (Lab and X-ray)	\$10	\$10 / \$20
Silver 3000 Medical Deductible (73% CSR)	Maximum Out-of-Pocket (Single / Family)	\$6,750 / \$13,500	\$7,750 / \$15,500
	SCP Office Visits	\$50	\$55
	Urgent Care	\$45	\$50
	Minor Diagnostic (Lab and X-ray)	\$20	\$20 / \$50
	Routine Dental Services (Adult / Pediatric)	\$50	\$55
	Rx Deductible	\$600 / \$1,800	\$750 / \$2,250
Benchmark Silver 5900 Medical Deductible			
Benchmark Silver 0 Medical Deductible (94% CSR)	PCP / Behavioral Health Office Visits	\$0	\$5
	SCP Office Visits	\$0	\$15
	Minor Diagnostic (Lab and X-ray)	\$0	\$5
	Major Diagnostic	\$95	\$115
	Outpatient Rehab	\$0	\$10
Benchmark Silver 100 Medical Deductible (87% CSR)	Name Change	Benchmark Silver 0 Medical Deductible	Benchmark Silver 100 Medical Deductible
	Deductible (Single / Family)	\$0 / \$0	\$100 / \$300
	Maximum Out-of-Pocket (Single / Family)	\$3,000 / \$6,000	\$3,500 / \$7,000
	PCP / Behavioral Health Office Visits	\$0	\$5
	Inpatient Hospitalization (Facility)	25%	25% after Deductible
	Outpatient Hospital Services (Facility)	25%	25% after Deductible
	Emergency Room	\$350	\$350 after Deductible

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Plan	Benefit	2025	2026
Benchmark Silver 5000 Medical Deductible (73% CSR)	Name Change	Benchmark Silver 4800 Medical Deductible	Benchmark Silver 5000 Medical Deductible
	Deductible (Single / Family)	\$4,800 / \$9,600	\$5,000 / \$10,000
	Maximum Out-of-Pocket (Single / Family)	\$7,000 / \$14,000	\$8,450 / \$16,900
	PCP / Behavioral Health Office Visits	\$0	\$15
	Minor Diagnostic (Lab and X-ray)	\$30	\$30 / \$35
Benchmark Silver 6000 Medical Deductible w/ Vision			
Benchmark Silver 0 Medical Deductible w / Vision (94% CSR)	PCP / Behavioral Health Office Visits	\$0	\$5
	SCP Office Visits	\$0	\$15
	Minor Diagnostic (Lab and X-ray)	\$0	\$5
	Major Diagnostic	\$95	\$115
	Outpatient Rehab	\$0	\$10
Benchmark Silver 100 Medical Deductible (87% CSR)	Name Change	Benchmark Silver 0 Medical Deductible	Benchmark Silver 100 Medical Deductible w/ Vision
	Deductible (Single / Family)	\$0 / \$0	\$100 / \$300
	Maximum Out-of-Pocket (Single / Family)	\$3,000 / \$6,000	\$3,500 / \$7,000
	PCP / Behavioral Health Office Visits	\$0	\$5
	Inpatient Hospitalization (Facility)	25%	25% after Deductible
	Outpatient Hospital Services (Facility)	25%	25% after Deductible
	Emergency Room	\$350	\$350 after Deductible
Benchmark Silver 5000 Medical Deductible (73% CSR)	Name Change	Benchmark Silver 4800 Medical Deductible	Benchmark Silver 5000 Medical Deductible w/ Vision
	Deductible (Single / Family)	\$4,800 / \$9,600	\$5,000 / \$10,000
	Maximum Out-of-Pocket (Single / Family)	\$7,000 / \$14,000	\$8,450 / \$16,900
	PCP / Behavioral Health Office Visits	\$0	\$15
	Minor Diagnostic (Lab and X-ray)	\$30	\$30 / \$40

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.