

Utah Individual Standardized Plans and Benefits | 2026

Savings
and Perks



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Contact your agent, visit selecthealth.org/shop, or call **855-442-0220**.

Plan Name ▶	Expanded Bronze Standardized ³ Plan ⁵	Benchmark ⁴ Silver Standardized ³ Plan	Benchmark ⁴ Silver Standardized ³ Plan - 94% CSR	Benchmark ⁴ Silver Standardized ³ Plan - 87% CSR	Benchmark ⁴ Silver Standardized ³ Plan - 73% CSR	Benchmark ⁴ Gold Standardized ³ Plan	Benchmark ⁴ Platinum Standardized ³ Plan
Participating Networks	M	S V M	S V M	S V M	S V M	S V M	V M
Deductible (Single / Family)	\$7,500 / \$15,000	\$6,000 / \$12,000	\$0 / \$0	\$700 / \$1,400	\$3,000 / \$6,000	\$2,000 / \$4,000	\$0
Maximum Out-of-Pocket (Single / Family)	\$10,000 / \$20,000	\$8,900 / \$17,800	\$2,200 / \$4,400	\$3,300 / \$6,600	\$7,400 / \$14,800	\$8,200 / \$16,400	\$5,200 / \$10,400
Virtual Visits ¹	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PCP / Behavioral Health Office Visits	\$50	\$40	\$0	\$20	\$40	\$30	\$10
SCP Office Visits	\$100	\$80	\$10	\$40	\$80	\$60	\$20
Urgent Care	\$75	\$60	\$5	\$30	\$60	\$45	\$15
Inpatient Hospitalization (Facility)	50% after Deductible	40% after Deductible	25%	30% after Deductible	40% after Deductible	25% after Deductible	\$350 per stay
Outpatient Hospital Services (Facility)	50% after Deductible	40% after Deductible	25%	30% after Deductible	40% after Deductible	25% after Deductible	\$150
Minor Diagnostic ² (Lab and X-ray)	50% after Deductible	40% after Deductible	25%	30% after Deductible	40% after Deductible	25% after Deductible	\$30
Major Diagnostic	50% after Deductible	40% after Deductible	25%	30% after Deductible	40% after Deductible	25% after Deductible	\$100
Emergency Room	50% after Deductible	40% after Deductible	25%	30% after Deductible	40% after Deductible	25% after Deductible	\$100
Outpatient Rehab	\$50	\$40	\$0	\$20	\$30	\$30	\$35
Routine Dental Services (Adult / Pediatric)	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Rx Deductible	Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical
Tier 1 Drugs	\$25	\$20	\$0	\$10	\$20	\$15	\$5
Tier 2 Drugs	\$25	\$20	\$0	\$10	\$20	\$15	\$5
Tier 3 Drugs	\$50 after Deductible	\$40	\$15	\$20	\$40	\$30	\$10
Tier 4 Drugs	\$100 after Deductible	\$80 after Deductible	\$50	\$60 after Deductible	\$80 after Deductible	\$60	\$50
Tier 5 Drugs	\$500 after Deductible	\$350 after Deductible	\$150	\$250 after Deductible	\$350 after Deductible	\$250	\$150

1. Virtual visits with an in-network primary care provider, mental health provider, and Intermountain Health virtual urgent care providers are covered at no additional cost to you (except HSA-Qualified plans).
 2. Some minor diagnostic services will be covered as part of the office visit cost share.
 3. These plans are designed by CMS. Benefits will be the same or similar to other standardized plans from other carriers.
 4. Benchmark plans only cover Essential Health Benefits (EHBs) as defined by the state of Utah. Some non-EHBs are covered under these plans. For more information, call Individual Sales at **855-442-0220** or visit selecthealth.org/individual-family/resources/utah-ehb.
 5. 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.
 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**.

S Signature Network
 V Value Network
 M Med Network

