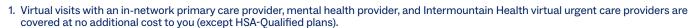
## Utah Individual Standardized Plans and Benefits | 2026

Plan Name ▶	Expanded Bronze Standardized³ Plan⁵	Benchmark⁴ Silver Standardized³ Plan	Benchmark⁴ Silver Standardized³ Plan - 94% CSR
Participating Networks	0	(I) (I) (I)	S V M
Deductible (Single / Family)	\$7,500 / \$15,000	\$6,000 / \$12,000	\$0 / \$0
Maximum Out-of-Pocket (Single / Family)	\$10,000 / \$20,000	\$8,900 / \$17,800	\$2,200 / \$4,400
Virtual Visits¹	\$0	\$0	\$0
PCP / Behavioral Health Office Visits	\$50	\$40	\$0
SCP Office Visits	\$100	\$80	\$10
Urgent Care	\$75	\$60	\$5
Inpatient Hospitalization (Facility)	50% after Deductible	40% after Deductible	25%
Outpatient Hospital Services (Facility)	50% after Deductible	40% after Deductible	25%
Minor Diagnostic <sup>2</sup> (Lab and X-ray)	50% after Deductible	40% after Deductible	25%
Major Diagnostic	50% after Deductible	40% after Deductible	25%
Emergency Room	50% after Deductible	40% after Deductible	25%
Outpatient Rehab	\$50	\$40	\$0
Routine Dental Services (Adult / Pediatric)	Not Covered	Not Covered	Not Covered
Rx Deductible	Combined with Medical	Combined with Medical	Combined with Medical
Tier 1 Drugs	\$25	\$20	\$0
Tier 2 Drugs	\$25	\$20	\$0
Tier 3 Drugs	\$50 after Deductible	\$40	\$15
Tier 4 Drugs	\$100 after Deductible	\$80 after Deductible	\$50
Tier 5 Drugs	\$500 after Deductible	\$350 after Deductible	\$150



<sup>2.</sup> Some minor diagnostic services will be covered as part of the office visit cost share.

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**.



## Ready to Shop?

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

Benchmark⁴ Silver Standardized³ Plan - 87% CSR	Benchmark⁴ Silver Standardized³ Plan - 73% CSR	Benchmark⁴ Gold Standardized³ Plan	Benchmark <sup>a</sup> Platinum Standardized <sup>a</sup> Plan
S V W	S (1) (1)	6 0 0	V M
\$700 / \$1,400	\$3,000 / \$6,000	\$2,000 / \$4,000	\$0
\$3,300 / \$6,600	\$7,400 / \$14,800	\$8,200 / \$16,400	\$5,200 / \$10,400
\$0	\$0	\$0	\$0
\$20	\$40	\$30	\$10
\$40	\$80	\$60	\$20
\$30	\$60	\$45	\$15
30% after Deductible	40% after Deductible	25% after Deductible	\$350 per stay
30% after Deductible	40% after Deductible	25% after Deductible	\$150
30% after Deductible	40% after Deductible	25% after Deductible	\$30
30% after Deductible	40% after Deductible	25% after Deductible	\$100
30% after Deductible	40% after Deductible	25% after Deductible	\$100
\$20	\$30	\$30	\$35
Not Covered	Not Covered	Not Covered	Not Covered
Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical
\$10	\$20	\$15	\$5
\$10	\$20	\$15	\$5
\$20	\$40	\$30	\$10
\$60 after Deductible	\$80 after Deductible	\$60	\$50
\$250 after Deductible	\$350 after Deductible	\$250	\$150









<sup>3.</sup> These plans are designed by CMS. Benefits will be the same or similar to other standardized plans from other carriers.

<sup>4.</sup> 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.

<sup>5.</sup> 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.