

Utah Individual 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 Plan ^{5,7}	Benchmark ¹ Expanded Bronze Select Copay Plan ⁷	Expanded Bronze 6900 Medical Deductible ⁷	Benchmark ¹ Silver Standardized Plan ⁵	Silver 3000 Medical Deductible	Benchmark ¹ Silver 5900 Medical Deductible
Participating Networks	M	V M	V	S V M	V	S V
Deductible (Single / Family)	\$7,500 / \$15,000	\$0	\$6,900 / \$13,800	\$6,000 / \$12,000	\$3,000 / \$6,000	\$5,900 / \$11,800
Maximum Out-of-Pocket (Single / Family)	\$10,000 / \$20,000	\$10,500 / \$21,000	\$10,000 / \$20,000	\$8,900 / \$17,800	\$9,500 / \$19,000	\$9,500 / \$19,000
Virtual Visits ³	\$0	\$0	\$0	\$0	\$0	\$0
PCP / Behavioral Health Office Visits	\$50	\$45	\$45	\$40	\$35	\$20
SCP Office Visits	\$100	\$90	\$95	\$80	\$60	\$40
Urgent Care	\$75	\$70	\$95	\$60	\$60	\$50
Inpatient Hospitalization (Facility)	50% after Deductible	50%	50% after Deductible	40% after Deductible	40% after Deductible	50% after Deductible
Outpatient Hospital Services (Facility)	50% after Deductible	\$1,500	50% after Deductible	40% after Deductible	40% after Deductible	50% after Deductible
Minor Diagnostic ⁴ (Lab and X-ray)	50% after Deductible	\$75 / \$100	Covered 100% after Deductible	40% after Deductible	\$20 / \$50	\$30 / \$50
Major Diagnostic	50% after Deductible	\$750	50% after Deductible	40% after Deductible	40% after Deductible	\$350
Emergency Room	50% after Deductible	\$1,500	\$600 after Deductible	40% after Deductible	\$600 after Deductible	\$600 after Deductible
Outpatient Rehab	\$50	\$25	\$25 after Deductible	\$40	\$25	\$25
Routine Dental Services (Adult / Pediatric)	Not Covered	Not Covered	\$95	Not Covered	\$60	Not Covered
Rx Deductible (Single / Family)	Combined with Medical	\$4,000 / \$8,000	\$1,500 / \$4,500	Combined with Medical	\$750 / \$2,250	\$750 / \$2,250
Tier 1 Drugs	\$25	\$15	\$15	\$20	\$5	\$5
Tier 2 Drugs	\$25	\$30	\$30	\$20	\$25	\$25
Tier 3 Drugs	\$50 after Deductible	\$125 after Rx Deductible	30% after Rx Deductible	\$40	25% after Rx Deductible	25% after Rx Deductible
Tier 4 Drugs	\$100 after Deductible	50% after Rx Deductible	50% after Rx Deductible	\$80 after Deductible	50% after Rx Deductible	50% after Rx Deductible
Tier 5 Drugs	\$500 after Deductible	50% after Rx Deductible	50% after Rx Deductible	\$350 after Deductible	50% after Rx Deductible	50% after Rx Deductible

1. 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.

2. When two or more are enrolled, the family deductible applies and no single person in the family will pay more than the single embedded out-of-pocket maximum.

3. 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).

4. Some minor diagnostic services will be covered as part of the office visit cost share.

5. These plans are designed by CMS. Benefits will be the same or similar to other standardized plans from other carriers.

6. Off marketplace only plans.

7. 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.

Benchmark ¹ Silver 6000 Medical Deductible w/ Vision	Silver 5500 Medical Deductible ⁶	Benchmark ¹ Silver 3750 Deductible - HSA Qualified ^{2,6}	Benchmark ¹ Gold Standardized Plan ⁵	Benchmark ¹ Gold	Gold 1500 Medical Deductible	Benchmark ¹ Platinum Standardized Plan ⁵	Benchmark ¹ Platinum
M	S V M	S V M	S V M	S	V M	V M	V M
\$6,000 / \$12,000	\$5,500 / \$11,000	\$3,750 / \$7,500	\$2,000 / \$4,000	\$0	\$1,500 / \$3,000	\$0	\$0
\$9,500 / \$19,000	\$9,200 / \$18,400	\$7,500 / \$15,000	\$8,200 / \$16,400	\$8,950 / \$17,900	\$8,000 / \$16,000	\$5,200 / \$10,400	\$8,950 / \$17,900
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$20	\$20	Covered 100% after Deductible	\$30	\$0	\$0	\$10	\$0
\$40	\$40	Covered 100% after Deductible	\$60	\$50	\$45	\$20	\$0
\$50	\$60	Covered 100% after Deductible	\$45	\$50	\$45	\$15	\$25
50% after Deductible	50% after Deductible	20% after Deductible	25% after Deductible	30%	20% after Deductible	\$350 per stay	10%
50% after Deductible	50% after Deductible	20% after Deductible	25% after Deductible	30%	20% after Deductible	\$150	10%
\$30 / \$50	\$20 / \$50	Covered 100% after Deductible	25% after Deductible	Covered 100%	Covered 100%	\$30	Covered 100%
\$350	\$350	20% after Deductible	25% after Deductible	30%	20% after Deductible	\$100	\$150
\$600 after Deductible	\$600 after Deductible	20% after Deductible	25% after Deductible	30%	\$350 after Deductible	\$100	\$250
\$25	\$25	Covered 100% after Deductible	\$30	\$25	\$25	\$35	\$25
Not Covered	\$25	Not Covered	Not Covered	Not Covered	\$45	Not Covered	Not Covered
\$825 / \$2,475	\$1,500 / \$4,500	Combined with Medical	Combined with Medical	\$250 / \$750	\$250 / \$750	Combined with Medical	\$0
\$5	\$5	Covered 100% after Deductible	\$15	\$5	\$5	\$5	\$0
\$25	\$15	Covered 100% after Deductible	\$15	\$20	\$25	\$5	\$10
25% after Rx Deductible	45% after Rx Deductible	20% after Deductible	\$30	25% after Rx Deductible	25% after Rx Deductible	\$10	\$45
50% after Rx Deductible	50% after Rx Deductible	50% after Deductible	\$60	50% after Rx Deductible	50% after Rx Deductible	\$50	50%
50% after Rx Deductible	50% after Rx Deductible	50% after Deductible	\$250	50% after Rx Deductible	50% after Rx Deductible	\$150	50%

- S Signature Network
- V Value Network
- M Med Network



Utah Cost-Sharing Reduction (CSR) Plans | 2026

Plan Name ►	Benchmark Silver Standardized Plan			Silver 3000 Medical Deductible	
	Benchmark ¹ Silver Standardized Plan ⁴	Benchmark ¹ Silver Standardized Plan ⁴	Benchmark ¹ Silver Standardized Plan ⁴	Silver 0 Medical Deductible	Silver 0 Medical Deductible
CSR	94%	87%	73%	94%	87%
Participating Networks	<div>SVM</div>	<div>SVM</div>	<div>SVM</div>	<div>V</div>	<div>V</div>
Deductible (Single / Family)	\$0 / \$0	\$700 / \$1,400	\$3,000 / \$6,000	\$0 / \$0	\$0 / \$0
Maximum Out-of-Pocket (Single / Family)	\$2,200 / \$4,400	\$3,300 / \$6,600	\$7,400 / \$14,800	\$3,000 / \$6,000	\$3,250 / \$6,500
Virtual Visits ²	\$0	\$0	\$0	\$0	\$0
PCP / Behavioral Health Office Visits	\$0	\$20	\$40	\$0	\$0
SCP Office Visits	\$10	\$40	\$80	\$10	\$30
Urgent Care	\$5	\$30	\$60	\$10	\$35
Inpatient Hospitalization (Facility)	25%	30% after Deductible	40% after Deductible	15%	30%
Outpatient Hospital Services (Facility)	25%	30% after Deductible	40% after Deductible	15%	30%
Minor Diagnostic ³ (Lab and X-ray)	25%	30% after Deductible	40% after Deductible	\$0	\$10 / \$20
Major Diagnostic	25%	30% after Deductible	40% after Deductible	15%	30%
Emergency Room	25%	30% after Deductible	40% after Deductible	\$150	\$350
Outpatient Rehab	\$0	\$20	\$30	\$10	\$25
Routine Dental Services (Adult / Pediatric)	Not Covered	Not Covered	Not Covered	\$10	\$30
Rx Deductible (Single / Family)	Combined with Medical	Combined with Medical	Combined with Medical	\$0	\$400 / \$1,200
Tier 1 Drugs	\$0	\$10	\$20	\$0	\$5
Tier 2 Drugs	\$0	\$10	\$20	\$5	\$20
Tier 3 Drugs	\$15	\$20	\$40	5%	15% after Rx Deductible
Tier 4 Drugs	\$50	\$60 after Deductible	\$80 after Deductible	15%	25% after Rx Deductible
Tier 5 Drugs	\$150	\$250 after Deductible	\$350 after Deductible	50%	50% after Rx Deductible

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2. 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).

3. Some minor diagnostic services may be covered as part of the office visit cost share.

4. These plans are designed by CMS. Benefits will be the same or similar to other standardized plans from other carriers.

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**.

In addition to a tax credit, you may be eligible for a cost-sharing reduction plan that lowers the amount you pay out-of-pocket for deductibles, coinsurance, and copays. Members of federally recognized American Indian or Alaska Native tribes may also qualify for additional cost-sharing benefits. Contact your agent or call Select Health Individual Sales at **855-442-0220**.

Silver 3000 Medical Deductible	Benchmark Silver 5900 Medical Deductible			Benchmark Silver 6000 Medical Deductible w/Vision		
	Benchmark ¹ Silver 0 Medical Deductible	Benchmark ¹ Silver 100 Medical Deductible	Benchmark ¹ Silver 5000 Medical Deductible	Benchmark ¹ Silver 0 Medical Deductible w/Vision	Benchmark ¹ Silver 100 Medical Deductible w/Vision	Benchmark ¹ Silver 5000 Medical Deductible w/Vision
73%	94%	87%	73%	94%	87%	73%
<div>V</div>	<div>S V</div>	<div>S V</div>	<div>S V</div>	<div>M</div>	<div>M</div>	<div>M</div>
\$3,000 / \$6,000	\$0 / \$0	\$100 / \$300	\$5,000 / \$10,000	\$0 / \$0	\$100 / \$300	\$5,000 / \$10,000
\$7,750 / \$15,500	\$3,000 / \$6,000	\$3,500 / \$7,000	\$8,450 / \$16,900	\$3,000 / \$6,000	\$3,500 / \$7,000	\$8,450 / \$16,900
\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$30	\$5	\$5	\$15	\$5	\$5	\$15
\$55	\$15	\$30	\$40	\$15	\$30	\$40
\$50	\$10	\$30	\$50	\$10	\$30	\$50
40% after Deductible	20%	25% after Deductible	50% after Deductible	20%	25% after Deductible	50% after Deductible
40% after Deductible	20%	25% after Deductible	50% after Deductible	20%	25% after Deductible	50% after Deductible
\$20 / \$50	\$5	\$10	\$30 / \$35	\$5	\$10	\$30 / \$40
40% after Deductible	\$115	\$125	\$350	\$115	\$125	\$350
\$600 after Deductible	\$150	\$350 after Deductible	\$600 after Deductible	\$150	\$350 after Deductible	\$600 after Deductible
\$25	\$10	\$25	\$25	\$10	\$25	\$25
\$55	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
\$750 / \$2,250	\$0	\$200 / \$600	\$400 / \$1,200	\$0	\$200 / \$600	\$400 / \$1,200
\$5	\$0	\$5	\$5	\$0	\$5	\$5
\$25	\$0	\$25	\$25	\$0	\$25	\$25
25% after Rx Deductible	4%	15% after Rx Deductible	25% after Rx Deductible	4%	15% after Rx Deductible	25% after Rx Deductible
50% after Rx Deductible	15%	25% after Rx Deductible	50% after Rx Deductible	15%	25% after Rx Deductible	50% after Rx Deductible
50% after Rx Deductible	50%	50% after Rx Deductible	50% after Rx Deductible	50%	50% after Rx Deductible	50% after Rx Deductible

S

Signature Network

V

Value Network

M

Med Network

