Utah Individual plans and benefits | 2027

Savings and Perks

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

Plan name ▶	Benchmark[1] Expanded Bronze Select Copay Plan - HSA Eligible[6]	Expanded Bronze 6900 Medical Deductible - HSA Eligible[6]	Silver 3500 Medical Deductible	Benchmark[1] Silver 5900 Medical Deductible	Benchmark[1] Silver 6000 Medical Deductible w/Vision	Silver 5500 Medical Deductible[5]	Benchmark[1] Silver 4000 Deductible HDHP/HSA Qualified[2,5]	Benchmark[1] Gold	Gold 1500 Medical Deductible	Benchmark[1] Platinum
Participating networks	V M	V	V	S V	M	S V M	S V M	S	V M	V M
Deductible (single / family)	$0	$6,900 / $13,800	$3,500 / $7,000	$5,900 / $11,800	$6,000 / $12,000	$5,500 / $11,000	$4,000 / $8,000	$0	$1,500 / $3,000	$0
Maximum out-of-pocket (single / family)	$12,000 / $24,000	$12,000 / $24,000	$10,000 / $20,000	$10,000 / $20,000	$10,000 / $20,000	$10,000 / $20,000	$8,000 / $16,000	$8,950 / $17,900	$8,000 / $16,000	$8,950 / $17,900
Medical virtual visits[3]	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
PCP / Behavioral health office and virtual visits	$45	$45	$40	$25	$25	$25	Covered 100% after deductible	$20	$20	$10
SCP office visits	$90	$95	$60	$50	$50	$50	Covered 100% after deductible	$50	$45	$20
Urgent care	$70	$95	$60	$50	$50	$60	Covered 100% after deductible	$50	$45	$25
Inpatient hospitalization (facility)	50%	50% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible	20% after deductible	30%	20% after deductible	10%
Outpatient hospital services (facility)	$1,500	50% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible	20% after deductible	30%	20% after deductible	10%
Minor diagnostic[4] (lab and x-ray)	$75 / $100	Covered 100% after deductible	$25 / $50	$35 / $50	$35 / $50	$25 / $50	Covered 100% after deductible	Covered 100%	Covered 100%	Covered 100%
Major diagnostic	$750	50% after deductible	40% after deductible	$350	$350	$350	20% after deductible	30%	20% after deductible	$150
Emergency room	$1,500	$600 after deductible	$600 after deductible	$600 after deductible	$600 after deductible	$600 after deductible	20% after deductible	30%	$350 after deductible	$250
Outpatient rehab	$45	$45	$40	$25	$25	$25	Covered 100% after deductible	$20	$20	$10
Routine dental services (adult / pediatric)	Not covered	$95	$60	Not covered	Not covered	$50	Not covered	Not covered	$45	Not covered
Rx deductible (single / family)	$4,000 / $8,000	$1,500 / $4,500	$1,250 / $3,750	$1,500 / $4,500	$1,500 / $4,500	$1,500 / $4,500	Combined with medical	$250 / $750	$250 / $750	$0
Tier 1 drugs	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Tier 2 drugs	$15	$15	$5	$5	$5	$5	Covered 100% after deductible	$5	$5	$0
Tier 3 drugs	$30	$30	$25	$25	$25	$15	Covered 100% after deductible	$20	$25	$10
Tier 4 drugs	$125 after Rx deductible	30% after Rx deductible	25% after Rx deductible	25% after Rx deductible	25% after Rx deductible	45% after Rx deductible	20% after deductible	25% after Rx deductible	25% after Rx deductible	$45
Tier 5 drugs	50% after Rx deductible	50% after Rx deductible	50% after Rx deductible	50% after Rx deductible	50% after Rx deductible	50% after Rx deductible	50% after deductible	50% after Rx deductible	50% after Rx deductible	50%
Tier 6 drugs	50% after Rx deductible	50% after Rx deductible	50% after Rx deductible	50% after Rx deductible	50% after Rx deductible	50% after Rx deductible	50% after deductible	50% after Rx deductible	50% after Rx deductible	50%

[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]Medical virtual visits with an in-network primary care provider and Intermountain Health virtual urgent care providers are covered at no additional cost (except HSA-qualified plans). Behavioral health virtual visits will follow the behavioral health office visit copay.

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

[5]Off marketplace-only plans.

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

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 Select Health Signature Network
V Select Health Value Network
M Select Health Med Network

To see the full fair treatment notice, visit **selecthealth.org/disclaimers/non-discrimination.**

Your contract is the final authority on your plan's benefits and coverage. If there are differences between the contract, the summary of benefits and coverage (SBC), or other materials, the contract will apply.

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Utah cost-sharing reduction (CSR) plans | 2027

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 3500			Silver 5900		Silver 6000			
Plan name ▶	**Silver 0 Medical Deductible**	**Silver 0 Medical Deductible**	**Silver 3500 Medical Deductible**	**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**
CSR	94%	87%	73%	94%	87%	73%	94%	87%	73%
Participating networks	V	V	V	S V	S V	S V	M	M	M
Deductible (single / family)	$0 / $0	$0 / $0	$3,500 / $7,000	$0 / $0	$100 / $300	$5,000 / $10,000	$0 / $0	$100 / $300	$5,000 / $10,000
Maximum out-of-pocket (single / family)	$3,250 / $6,500	$3,500 / $7,000	$9,000 / $18,000	$3,250 / $6,500	$3,500 / $7,000	$9,000 / $18,000	$3,250 / $6,500	$3,500 / $7,000	$9,000 / $18,000
Medical virtual visits[2]	$0	$0	$0	$0	$0	$0	$0	$0	$0
PCP / Behavioral health office and virtual visits	$5	$10	$30	$5	$10	$20	$5	$10	$20
SCP office visits	$10	$30	$55	$15	$30	$50	$15	$30	$50
Urgent care	$10	$35	$50	$10	$30	$50	$10	$30	$50
Inpatient hospitalization (facility)	15%	30%	40% after deductible	20%	25% after deductible	50% after deductible	20%	25% after deductible	50% after deductible
Outpatient hospital services (facility)	15%	30%	40% after deductible	20%	25% after deductible	50% after deductible	20%	25% after deductible	50% after deductible
Minor diagnostic[3] (lab and x-ray)	$5 / $10	$10 / $20	$20 / $50	$5 / $10	$10 / $20	$35 / $50	$5 / $10	$10 / $20	$35 / $50
Major diagnostic	15%	30%	40% after deductible	$115	$125	$350	$115	$125	$350
Emergency room	$150	$350	$600 after deductible	$150	$350 after deductible	$600 after deductible	$150	$350 after deductible	$600 after deductible
Outpatient rehab	$5	$10	$30	$5	$10	$20	$5	$10	$20
Routine dental services (adult / pediatric)	$10	$30	$55	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Rx deductible	$0	$500 / $1,500	$750 / $2,250	$0	$200 / $600	$750 / $2,250	$0	$200 / $600	$750 / $2,250
Tier 1 drugs	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Tier 2 drugs	$0	$5	$5	$0	$5	$5	$0	$5	$5
Tier 3 drugs	$5	$20	$25	$0	$25	$25	$0	$25	$25
Tier 4 drugs	5%	15% after Rx deductible	25% after Rx deductible	4%	15% after Rx deductible	25% after Rx deductible	4%	15% after Rx deductible	25% after Rx deductible
Tier 5 drugs	15%	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
Tier 6 drugs	50%	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

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