Utah Individual Standardized 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 ▶	Expanded Bronze Standardized Plan - HSA Eligible[5]	Benchmark[1] Silver Standardized Plan	Benchmark[1] Gold Standardized Plan	Benchmark[1] Platinum Standardized Plan
Participating networks	M	S V M	S V M	V M
Deductible (single / family)	$7,500 / $15,000	$6,400 / $12,800	$2,500 / $5,000	$0
Maximum out-of-pocket (single / family)	$12,000 / $24,000	$10,300 / $20,600	$8,600 / $17,200	$5,900 / $11,800
Medical virtual visits[3]	$0	$0	$0	$0
PCP / Behavioral health office and virtual visits	$50	$40	$30	$20
SCP office visits	$100	$80	$60	$40
Urgent care	$75	$60	$45	$30
Inpatient hospitalization (facility)	50% after deductible	40% after deductible	25% after deductible	$400 per stay
Outpatient hospital services (facility)	50% after deductible	40% after deductible	25% after deductible	$250
Minor diagnostic[4] (lab and x-ray)	50% after deductible	40% after deductible	25% after deductible	$60
Major diagnostic	50% after deductible	40% after deductible	25% after deductible	$250
Emergency room	50% after deductible	40% after deductible	25% after deductible	$250
Outpatient rehab	$50	$40	$30	$20
Routine dental services (adult / pediatric)	Not covered	Not covered	Not covered	Not covered
Rx deductible (single / family)	Combined with medical	Combined with medical	Combined with medical	Combined with medical
Tier 1 drugs	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Tier 2 drugs	$25	$20	$15	$10
Tier 3 drugs	$50 after deductible	$40	$30	$20
Tier 4 drugs	$100 after deductible	$80 after deductible	$60	$60
Tier 5 drugs	$500 after deductible	$350 after deductible	$250 after deductible	$250

[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]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.** This information is available for free in other languages and alternate formats by contacting Select Health Medicare: **855-442-9900** (TTY: **711**) / Select Health: **800-538-5038.**

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) Standardized plans | 2027

	Silver Standardized		
Plan name ▶	**Benchmark[1] Silver Standardized Plan**	**Benchmark[1] Silver Standardized Plan**	**Benchmark[1] Silver Standardized Plan**
CSR	94%	87%	73%
Participating networks	S V M	S V M	S V M
Deductible (single / family)	$0 / $0	$800 / $1,600	$2,900 / $5,800
Maximum out-of-pocket (single / family)	$3,500 / $7,000	$3,600 / $7,200	$9,000 / $18,000
Medical virtual visits[2]	$0	$0	$0
PCP / Behavioral health office and virtual visits	$0	$20	$40
SCP office visits	$10	$40	$80
Urgent care	$5	$30	$60
Inpatient hospitalization (facility)	25%	30% after deductible	40% after deductible
Outpatient hospital services (facility)	25%	30% after deductible	40% after deductible
Minor diagnostic[3] (lab and x-ray)	25%	30% after deductible	40% after deductible
Major diagnostic	25%	30% after deductible	40% after deductible
Emergency room	25%	30% afterdeductible	40% after deductible
Outpatient rehab	$0	$20	$40
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	Covered 100%	Covered 100%	Covered 100%
Tier 2 drugs	$0	$10	$20
Tier 3 drugs	$15	$20	$40
Tier 4 drugs	$50	$60 after deductible	$80 after deductible
Tier 5 drugs	$150	$250 after deductible	$350 after 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]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.

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

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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**.

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