

# Non-Benchmark Utah plans vs. Benchmark plans



The Affordable Care Act (ACA) mandates that any Individual plan, both on and off the Marketplace, that took effect after 2013 must cover certain Essential Health Benefits (EHBs) for new and renewing members.

To satisfy this mandate, we offer Benchmark and Standardized plans that only cover EHBs. Our Non-Benchmark plans cover EHBs alongside additional services.

Below is a list of the most common benefits and their coverage under different plans renewing on or after **January 1.** \*

BENEFIT	NON-BENCHMARK PLANS	STANDARDIZED / BENCHMARK PLANS
Office visits	Covered	Covered
Emergency room and emergency transportation	Covered	Covered
Labs and x-rays	Covered	Covered
Inpatient services	Covered	Covered
Skilled nursing facilities <sup>1</sup>	Covered	Covered
Inpatient and outpatient rehabilitation <sup>1</sup>	Covered	Covered
Circumcision	Covered	Covered
Services to diagnose infertility <sup>1</sup>	Covered	Covered
Infertility treatment	Not covered	Not covered
Private duty nursing	Covered	Not covered
Sleep studies	Covered	Not covered
Residential treatment centers	Covered	Covered
BiPAP and CPAP machines (including eligible attachments and supplies)	Covered	Covered
Canes, crutches, and walkers (incl. attachments)	Covered	Covered
Wheelchairs <sup>1</sup>	Covered	Covered
Glucometers	Covered	Not covered
Prostheses	Covered	Not covered

1. Certain limits apply.

**\*This list is not comprehensive**

If you have questions about our product offerings or would like more information about the differences between our Standardized and Benchmark plans, call Individual Sales at **855-442-0220** or visit [selecthealth.org/individual-family/resources/utah-ehb](https://selecthealth.org/individual-family/resources/utah-ehb).

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## ADDITIONAL PLAN EXCLUSIONS\*

BENEFIT	STANDARDIZED/ BENCHMARK PLANS
Ankle-foot orthotics	Not covered
Automated home blood pressure monitoring equipment	Not covered
Batteries (except when used to power an insulin pump for treatment of diabetes)	Not covered
Blood storage—autologous for future use	Not covered
Cardiac rehab; phase 4	Not covered
Chest compression vest, system generator, and hoses	Not covered
Computer-assisted interpretation of x-rays (except mammograms)	Not covered
Computer-assisted navigation for orthopedic procedures	Not covered
Dynasplint	Not covered
Electrodes and accessories for stimulators	Not covered
Enuresis alarm unit	Not covered
Face masks	Not covered
Fracture frame	Not covered
Freestanding/home cervical traction	Not covered
Home anticoagulation or hemoglobin A1C testing	Not covered
Hospital beds and related parts or equipment	Not covered
Humidifiers	Not covered

BENEFIT	STANDARDIZED/ BENCHMARK PLANS
Interferential/neuromuscular stimulators	Not covered
Lymphedema pump (pneumatic compressor), sleeves, and supplies	Not covered
Magnetic Source Imaging (MSI)	Not covered
Manipulation under anesthesia	Not covered
Mastectomy bra	Not covered
Micro phlebectomy (stab phlebectomy)	Not covered
Pediatric/infant scales	Not covered
Percussor, chest	Not covered
Postural drainage board	Not covered
Radiofrequency ablation for lateral epicondylitis	Not covered
Scooter boards	Not covered
Speech generating device	Not covered
Stander	Not covered
Stereotactic radiosurgery	Not covered
Support hose (elastic stockings, surgical stockings)	Not covered
Transcutaneous Electrical Nerve stimulator (TENS) unit	Not covered
Tracheostomy speaking valve	Not covered

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