

# Individual plans and benefits | 2024 Utah plans



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Plan Type	No-Deductible Office Visits	HSA-Qualified <sup>2</sup>	Benchmark <sup>1</sup>	Benchmark <sup>1</sup> / No-Deductible Office Visits	Benchmark <sup>1</sup> / HSA-Qualified <sup>2</sup> / Off-Exchange	No-Deductible Office Visits / Off-Exchange	No-Deductible Office Visits	Benchmark <sup>1</sup>	No-Deductible Office Visits	Benchmark <sup>1</sup>
Plan Name	Expanded Bronze 6900	Expanded Bronze 8050	Expanded Bronze Copay Plan	Silver 5900	Silver 3750	Silver 5500	Silver 3000	Gold	Gold 1500	Platinum
Network	V	M	M V	M V S	M V S	M V S	V	S	M V S	M V S
<b>Deductible</b>										
Single	\$6,900	\$8,050	\$0	\$5,900	\$3,750	\$5,500	\$3,000	\$0	\$1,500	\$0
Family	\$13,800	\$16,100	\$0	\$11,800	\$7,500	\$11,000	\$6,000	\$0	\$3,000	\$0
<b>Out-of-Pocket Max</b>										
Single	\$9,450	\$8,050	\$9,450	\$9,000	\$7,500	\$9,450	\$9,100	\$8,950	\$8,000	\$8,950
Family	\$18,900	\$16,100	\$18,900	\$18,000	\$15,000	\$18,900	\$18,200	\$17,900	\$16,000	\$17,900
<b>Primary Care Provider (PCP)</b>	\$45	Covered 100% after Deductible	\$45	\$0	Covered 100% after Deductible	\$0	\$35	\$0	\$0	\$0
<b>Secondary Care Provider (SCP)</b>	\$95	Covered 100% after Deductible	\$90	\$40	Covered 100% after Deductible	\$25	\$60	\$50	\$45	\$0
<b>Urgent Care Services</b>	\$95	Covered 100% after Deductible	\$70	\$50	Covered 100% after Deductible	\$60	\$60	\$50	\$45	\$25
<b>Virtual Visits<sup>3</sup></b>	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
<b>Preventive Care and Immunizations</b>	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
<b>Minor Diagnostic Tests<sup>4</sup></b>	Covered 100% after Deductible	Covered 100% after Deductible	\$75	\$30	Covered 100% after Deductible	\$15	\$20	Covered 100%	Covered 100%	Covered 100%
<b>Inpatient Hospital Services</b>	50% after Deductible	Covered 100% after Deductible	\$2,950 per day (up to 3 day copay maximum)	50% after Deductible	20% after Deductible	50% after Deductible	50% after Deductible	30%	20% after Deductible	10%
<b>Outpatient Services</b>	50% after Deductible	Covered 100% after Deductible	\$1,200	50% after Deductible	20% after Deductible	50% after Deductible	50% after Deductible	30%	20% after Deductible	10%
<b>Emergency Room</b>	\$600 after Deductible	Covered 100% after Deductible	\$1,500	\$600 after Deductible	20% after Deductible	\$600 after Deductible	\$600 after Deductible	30%	\$350 after Deductible	\$250
<b>Rx Deductible Per Person/Family</b>	\$1,500/\$4,500	Medical and Rx Combined	\$3,500/\$7,000	\$900/\$2,700	Medical and Rx Combined	\$1,500/\$4,500	\$1,000/\$3,000	\$250/\$750	\$250/\$750	\$0/\$0
<b>Tier 1 Drugs</b>	\$15	Covered 100% after Deductible	\$15	\$5	Covered 100% after Deductible	\$5	\$5	\$5	\$5	\$0
<b>Tier 2 Drugs</b>	\$30	Covered 100% after Deductible	\$30	\$25	Covered 100% after Deductible	\$15	\$25	\$20	\$25	\$10
<b>Tier 3 Drugs</b>	30% after pharmacy Deductible	Covered 100% after Deductible	\$125 after pharmacy Deductible	25% after pharmacy Deductible	20% after Deductible	50% after pharmacy Deductible	25% after pharmacy Deductible	25% after pharmacy Deductible	25% after pharmacy Deductible	\$45
<b>Tier 4 Drugs</b>	50% after pharmacy Deductible	Covered 100% after Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	50% after Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	50%
<b>Tier 5 Drugs</b>	50% after pharmacy Deductible	Covered 100% after Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	50% after Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	50%

1 Benchmark plans cover only Essential Health Benefits (EHBs) as defined by the state of Utah. Some non-EHBs like prosthetics and crutches are not covered under these plans. For more information, call Individual Sales at 855-442-0220 or visit [healthcare.gov](https://healthcare.gov).

2 When two or more are enrolled on a HSA-Qualified plan, only the family deductible applies and no single person in a family will pay more than the single out-of-pocket maximum.

3 Virtual Visits with an in-network Primary Care Provider, Mental Health Provider, and Intermountain Connect Care providers are covered at no additional cost to you.

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.

Please note: The coverage and benefit details presented here do not include out-of-network cost-share details. Preauthorization is required for certain services. Visit limits apply to certain services. This chart is not a complete list of benefits. If you have questions, visit [selecthealth.org](https://selecthealth.org) or call Member Services at 800-538-5038. Med M Value V Signature S



# Select Health Cost-Sharing Reduction (CSR) Plans | 2024 Utah Plans

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 and Alaska Native tribes may also qualify for additional cost-sharing benefits.

Plan	Deductible Single/Family	Out-of-Pocket Max Single/Family	Rx Deductible per Person/Family	Primary Care Visit	Secondary Care Visit	Urgent Care Services	Virtual Visits <sup>2</sup>	Preventive Care	Inpatient Hospital Services	Outpatient Services	Emergency Room	Tier 1 Drugs	Tier 2 Drugs	Tier 3 Drugs	Tier 4 Drugs	Tier 5 Drugs
Silver 3000	\$3,000/\$6,000	\$9,100/\$18,200	\$1,000/\$3,000	\$35	\$60	\$60	Covered 100%	Covered 100%	50% after Deductible	50% after Deductible	\$600 after Deductible	\$5	\$25	25% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible
73% CSR	\$3,000/\$6,000	\$7,250/\$14,500	\$1,000/\$3,000	\$30	\$50	\$45	Covered 100%	Covered 100%	50% after Deductible	50% after Deductible	\$600 after Deductible	\$5	\$25	25% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible
87% CSR	\$0/\$0	\$3,000/\$6,000	\$400/\$1200	\$0	\$30	\$35	Covered 100%	Covered 100%	30%	30%	\$350	\$5	\$20	15% after pharmacy Deductible	25% after pharmacy Deductible	50% after pharmacy Deductible
94% CSR	\$0/\$0	\$3,000/\$6,000	\$0/\$0	\$0	\$10	\$10	Covered 100%	Covered 100%	15%	15%	\$150	\$0	\$5	5%	15%	50%
Silver 5900	\$5,900/\$11,800	\$9,000/\$18,000	\$900/\$2,700	\$0	\$40	\$60	Covered 100%	Covered 100%	50% after Deductible	50% after Deductible	\$600 after Deductible	\$5	\$25	25% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible
73% CSR	\$4,800/\$9,600	\$7,250/\$14,500	\$500/\$1500	\$0	\$40	\$50	Covered 100%	Covered 100%	50% after Deductible	50% after Deductible	\$600 after Deductible	\$5	\$25	25% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible
87% CSR	\$0/\$0	\$3,000/\$6,000	\$250/\$750	\$0	\$30	\$30	Covered 100%	Covered 100%	25%	25%	\$350	\$5	\$25	15% after pharmacy Deductible	25% after pharmacy Deductible	50% after pharmacy Deductible
94% CSR	\$0/\$0	\$3,000/\$6,000	\$0/\$0	\$0	\$0	\$10	Covered 100%	Covered 100%	20%	20%	\$150	\$0	\$0	4%	15%	50%

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