

# Standard Utah plans vs. Benchmark plans.

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

We offer two plan variations that satisfy this mandate. Our Benchmark plans only cover EHBs, while our Standard plans cover EHBs as well as additional services. Below is a list of some similarities and the most common benefit differences for plans renewing on or after January 1.\*

BENEFIT	STANDARD PLANS	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.	Not covered.
Preventive eye exams for adults age 19 and older.	Not covered.	Not 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.	Not covered.
Canes, crutches, and walkers (incl. attachments).	Covered.	Not covered.
Wheelchairs.	Covered.	Not 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 Standard and Benchmark plans, call Individual Sales at **855-442-0220** or visit [selecthealth.org/EHB](https://selecthealth.org/EHB).



## ADDITIONAL BENCHMARK PLAN EXCLUSIONS\*.

BENEFIT	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.
Crutches.	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	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.
Protonic knee orthosis.	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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