



Individual Plans and Benefits | 2023 Utah Plans

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 or call **855-442-0220**.

Plan Type	NEW FOR 2023!						LOWEST COST SILVER PLAN						NEW FOR 2023!					
	Traditional	HSA-Qualified ²	Standardized Plan ⁵	Traditional	Traditional	Copay Plan	Diabetes Support Plan	Traditional	Standardized Plan ⁵	Off-Exchange Plan	Off-Exchange Plan	Traditional	Copay Plan	Standardized Plan ⁵	Traditional	Traditional	Traditional	Standardized Plan ⁵
Benefit Category	Benchmark ¹	HSA-Qualified	Benchmark ¹	No-Deductible Office Visits	No-Deductible Office Visits	Benchmark ¹	Diabetes Support Plan	Benchmark ¹ / No-Deductible Office Visits	Benchmark ¹	No-Deductible Office Visits	HSA-Qualified	No-Deductible Office Visits	Benchmark ¹	Benchmark ¹	No-Deductible Office Visits	Benchmark ¹	Benchmark ¹	Benchmark ¹
Plan Name	Bronze 9100	Expanded Bronze 7500	Expanded Bronze Standardized	Expanded Bronze 6900	Expanded Bronze 5900	Expanded Bronze 0	Silver 6500	Silver 6300	Silver Standardized	Silver 5500	Silver 3750	Silver 3000	Silver 0	Gold Standardized Plan	Gold 1500	Gold 0	Platinum 0	Platinum Standardized Plan
Participating Networks	M V S	M V	M	M V S	M V	M V S	M V S	M V S	M V S	M V S	M V S	M V S	M V S	M V S	M V S	M V S	M V S	M V S
Deductible																		
Single	\$9,100	\$7,500	\$7,500	\$6,900	\$5,900	\$0	\$6,500	\$6,300	\$5,800	\$5,500	\$3,750	\$3,000	\$0	\$2,000	\$1,500	\$0	\$0	\$0
Family	\$18,200	\$15,000	\$15,000	\$13,800	\$11,800	\$0	\$13,000	\$12,600	\$11,600	\$11,000	\$7,500	\$6,000	\$0	\$4,000	\$3,000	\$0	\$0	\$0
Out-of-Pocket Max																		
Single	\$9,100	\$7,500	\$9,000	\$9,100	\$9,100	\$9,100	\$9,100	\$9,100	\$8,900	\$9,100	\$7,500	\$9,100	\$9,100	\$8,700	\$8,000	\$8,950	\$8,950	\$3,000
Family	\$18,200	\$15,000	\$18,000	\$18,200	\$18,200	\$18,200	\$18,200	\$18,200	\$17,800	\$18,200	\$15,000	\$18,200	\$18,200	\$17,400	\$16,000	\$17,900	\$17,900	\$6,000
Primary Care Provider (PCP)	Covered 100% after deductible	Covered 100% after deductible	\$50	\$45	\$50	\$40	\$5	\$0	\$40	\$0	Covered 100% after deductible	\$35	\$15	\$30	\$15	\$15	\$0	\$10
Secondary Care Provider (SCP)	Covered 100% after deductible	Covered 100% after deductible	\$100	\$95	\$90	\$90	\$15	\$40	\$80	\$25	Covered 100% after deductible	\$60	\$60	\$60	\$40	\$45	\$0	\$20
Urgent Care Services	Covered 100% after deductible	Covered 100% after deductible	\$75	\$95	\$70	\$60	\$60	\$60	\$60	\$60	Covered 100% after deductible	\$60	\$40	\$45	\$40	\$40	\$25	\$15
Virtual Visits ³	Covered 100%	Covered 100% after deductible	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100% after deductible	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Preventive Care and Immunizations	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Minor Diagnostic Tests ⁴	Covered 100% after deductible	Covered 100% after deductible	50% after Deductible	Covered 100% after deductible	Covered 100% after deductible	\$75	\$20	\$30	40% after Deductible	\$15	Covered 100% after deductible	\$20	\$10	25% after Deductible	Covered 100%	Covered 100%	Covered 100%	\$30
Inpatient Hospital Services	Covered 100% after deductible	Covered 100% after deductible	50% after Deductible	50% after Deductible	\$650 per day after deductible (up to 5 day copay maximum)	\$2,700 per day (up to 3 day copay maximum)	50% after Deductible	50% after Deductible	40% after Deductible	50% after Deductible	20% after Deductible	50% after Deductible	\$2,000 per day (up to 3 day copay maximum)	25% after Deductible	20% after Deductible	30% after Deductible	10%	\$350 per stay
Outpatient Services	Covered 100% after deductible	Covered 100% after deductible	50% after Deductible	50% after Deductible	50% after Deductible	\$1,200	50% after Deductible	50% after Deductible	40% after Deductible	50% after Deductible	20% after Deductible	50% after Deductible	\$1,000	25% after Deductible	20% after Deductible	30% after Deductible	10%	\$150
Emergency Room	Covered 100% after deductible	Covered 100% after deductible	50% after Deductible	\$600 after Deductible	\$600 after Deductible	\$1,500	\$600 after Deductible	\$600 after Deductible	40% after Deductible	\$600 after Deductible	20% after Deductible	\$600 after Deductible	\$1,200	25% after Deductible	\$350 after Deductible	30% after Deductible	\$250	\$100
Rx Deductible Per Person	Medical and Rx Combined	Medical and Rx Combined	Medical and Rx Combined	\$1,500	\$2,500	\$3,500	\$2,000	\$1,300	Medical and Rx Combined	\$1,500	Medical and Rx Combined	\$1,000	\$3,500	Medical and Rx Combined	\$250	\$250	Medical and Rx Combined	Medical and Rx Combined
Tier 1 Drugs	Covered 100% after deductible	Covered 100% after deductible	\$25	\$20	\$20	\$20	\$5	\$15	\$20	\$5	Covered 100% after deductible	\$15	\$15	\$15	\$15	\$10	\$0	\$5
Tier 2 Drugs	Covered 100% after deductible	Covered 100% after deductible	\$25	\$30	\$30	\$30	\$15	\$25	\$20	\$15	Covered 100% after deductible	\$25	\$25	\$15	\$25	\$20	\$10	\$5
Tier 3 Drugs	Covered 100% after deductible	Covered 100% after deductible	\$50 after Deductible	30% after pharmacy Deductible	\$55 after pharmacy Deductible	\$125 after pharmacy Deductible	50% after pharmacy Deductible	25% after pharmacy Deductible	\$40	50% after pharmacy Deductible	20% after Deductible	25% after pharmacy Deductible	\$100 after pharmacy Deductible	\$30	25% after pharmacy Deductible	25% after pharmacy Deductible	\$45	\$10
Tier 4 Drugs	Covered 100% after deductible	Covered 100% after deductible	\$100 after Deductible	50% after pharmacy Deductible	\$70 after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	\$80 after Deductible	50% after pharmacy Deductible	50% after Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	\$60	50% after pharmacy Deductible	50% after pharmacy Deductible	50%	\$50
Tier 5 Drugs	Covered 100% after deductible	Covered 100% after deductible	\$500 after Deductible	50% after pharmacy Deductible	30% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	\$350 after Deductible	50% after pharmacy Deductible	50% after Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	\$250	30% after pharmacy Deductible	50% after pharmacy Deductible	50%	\$150

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.
 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 Except for HSA Qualified plans, 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.

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 or call Member Services at **800-538-5038**.

M Med Network
V Value Network
S Signature Network



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SelectHealth Cost-Sharing Reduction (CSR) 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 Single	Primary Care Visit	Secondary Care Visit	Urgent Care Services	Virtual Visits ²	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 O¹	\$0/\$0	\$9,100/\$18,200	\$3,500	\$15	\$60	\$40	Covered 100%	Covered 100%	\$2,000 per day (up to 3 day copay maximum)	\$1,000	\$1,200	\$15	\$25	\$100 after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible
73% CSR	\$0/\$0	\$7,250/\$14,500	\$2,300	\$10	\$50	\$30	Covered 100%	Covered 100%	\$1,500 per day (up to 3 day copay maximum)	\$500	\$1,200	\$15	\$25	\$100 after pharmacy Deductible	25% after pharmacy Deductible	50% after pharmacy Deductible
87% CSR	\$0/\$0	\$3,000/\$6,000	\$250	\$0	\$20	\$15	Covered 100%	Covered 100%	\$750 per day (up to 3 day copay maximum)	\$250	\$600	\$5	\$15	\$50 after pharmacy Deductible	15% after pharmacy Deductible	40% after pharmacy Deductible
94% CSR	\$0/\$0	\$1,000/\$2,000	\$0	\$0	\$15	\$10	Covered 100%	Covered 100%	\$350 per day (up to 3 day copay maximum)	\$100	\$200	\$0	\$10	\$20	5%	20%
Silver Standardized¹	\$5,800/\$11,600	\$8,900/\$17,800	Medical and Rx Combined	\$40	\$80	\$60	Covered 100%	Covered 100%	40% after Deductible	40% after Deductible	40% after Deductible	\$20	\$20	\$40	\$80 after Deductible	\$350 after Deductible
73% CSR	\$5,700/\$11,400	\$7,200/\$14,400	Medical and Rx Combined	\$30	\$60	\$45	Covered 100%	Covered 100%	40% after Deductible	40% after Deductible	40% after Deductible	\$20	\$20	\$40	\$80 after Deductible	\$350 after Deductible
87% CSR	\$800/\$1,600	\$3,000/\$6,000	Medical and Rx Combined	\$20	\$40	\$30	Covered 100%	Covered 100%	30% after Deductible	30% after Deductible	30% after Deductible	\$10	\$10	\$20	\$60 after Deductible	\$250 after Deductible
94% CSR	\$0/\$0	\$1,700/\$3,400	Medical and Rx Combined	\$0	\$10	\$5	Covered 100%	Covered 100%	25%	25%	25%	\$0	\$0	\$15	\$50	\$150
Silver 3000	\$3,000/\$6,000	\$9,100/\$18,200	\$1,000	\$35	\$60	\$60	Covered 100%	Covered 100%	50% after Deductible	50% after Deductible	\$600 after Deductible	\$15	\$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	\$30	\$50	\$40	Covered 100%	Covered 100%	50% after Deductible	50% after Deductible	\$600 after Deductible	\$15	\$25	25% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible
87% CSR	\$0/\$0	\$3,000/\$6,000	\$400	\$0	\$30	\$35	Covered 100%	Covered 100%	30% after Deductible	30% after Deductible	\$350 after Deductible	\$10	\$20	15% after pharmacy Deductible	25% after pharmacy Deductible	50% after pharmacy Deductible
94% CSR	\$0/\$0	\$2,300/\$4,600	\$0	\$0	\$10	\$10	Covered 100%	Covered 100%	20% after Deductible	20% after Deductible	\$150 after Deductible	\$0	\$5	5%	15%	50%
Silver 6300¹	\$6,300/\$12,600	\$9,100/\$18,200	\$1,300	\$0	\$40	\$60	Covered 100%	Covered 100%	50% after Deductible	50% after Deductible	\$600 after Deductible	\$15	\$25	25% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible
73% CSR	\$4,800/\$9,600	\$7,250/\$14,500	\$500	\$0	\$40	\$40	Covered 100%	Covered 100%	50% after Deductible	50% after Deductible	\$600 after Deductible	\$15	\$25	25% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible
87% CSR	\$0/\$0	\$3,000/\$6,000	\$400	\$0	\$30	\$30	Covered 100%	Covered 100%	30% after Deductible	30% after Deductible	\$350 after Deductible	\$15	\$25	15% after pharmacy Deductible	25% after pharmacy Deductible	50% after pharmacy Deductible
94% CSR	\$0/\$0	\$3,000/\$6,000	\$0	\$0	\$0	\$10	Covered 100%	Covered 100%	20% after Deductible	20% after Deductible	\$150 after Deductible	\$0	\$0	4%	15%	50%
Silver 6500 - Diabetes Support Plan	\$6,500/\$13,000	\$9,100/\$18,200	\$2,000	\$5	\$15	\$60	Covered 100%	Covered 100%	50% after Deductible	50% after Deductible	\$600 after Deductible	\$5	\$15	50% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible
73% CSR	\$6,500/\$13,000	\$7,250/\$14,500	\$2,000	\$5	\$15	\$60	Covered 100%	Covered 100%	50% after Deductible	50% after Deductible	\$600 after Deductible	\$5	\$15	50% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible
87% CSR	\$1,000/\$2,000	\$3,000/\$6,000	\$500	\$0	\$10	\$20	Covered 100%	Covered 100%	30% after Deductible	30% after Deductible	\$500 after Deductible	\$0	\$10	20% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible
94% CSR	\$0/\$0	\$1,800/\$3,600	\$0	\$0	\$5	\$20	Covered 100%	Covered 100%	10% after Deductible	10% after Deductible	\$150 after Deductible	\$0	\$10	10%	20%	50%

MEDICAID TRANSITION PLANS

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.

² Except for HSA Qualified plans, 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.