

# Individual plans and benefits | 2025 Utah plans.



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Value Added Benefits



Plan Name ▶	Benchmark <sup>1</sup> Expanded Bronze Standardized Plan <sup>5</sup>	Benchmark <sup>1</sup> Expanded Bronze Copay Plan	Expanded Bronze 6900 Medical Deductible	Benchmark <sup>1</sup> Silver Standardized Plan <sup>5</sup>	Silver 3000 Medical Deductible	Benchmark <sup>1</sup> Silver 5900 Medical Deductible	Benchmark <sup>1</sup> Silver 6000 Medical Deductible	Silver 5500 Medical Deductible <sup>6</sup>	Benchmark <sup>1</sup> Silver 3750 Deductible - HSA Qualified <sup>2,6</sup>	Benchmark <sup>1</sup> Gold Standardized Plan <sup>5</sup>	Benchmark <sup>1</sup> Gold	Gold 1500 Medical Deductible	Benchmark <sup>1</sup> Platinum Standardized Plan <sup>5</sup>	Benchmark <sup>1</sup> Platinum
Participating Networks	M	V, M	V	S, V, M	V	S, V	M	S, V, M	S, V, M	S, V, M	S	V, M	V, M	V, M
Deductible														
Single / Family	\$7,500 / \$15,000	\$0	\$6,900 / \$13,800	\$5,000 / \$10,000	\$3,000 / \$6,000	\$5,900 / \$11,800	\$6,000 / \$12,000	\$5,500 / \$11,000	\$3,750 / \$7,500	\$1,500 / \$3,000	\$0	\$1,500 / \$3,000	\$0	\$0
Out-of-Pocket Max														
Single / Family	\$9,200 / \$18,400	\$9,200 / \$18,400	\$9,200 / \$18,400	\$8,000 / \$16,000	\$8,750 / \$17,500	\$8,500 / \$17,000	\$8,600 / \$17,200	\$9,200 / \$18,400	\$7,500 / \$15,000	\$7,800 / \$15,600	\$8,950 / \$17,900	\$8,000 / \$16,000	\$4,300 / \$8,600	\$8,950 / \$17,900
Virtual Visits <sup>3</sup>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Covered 100% after Deductible	\$0	\$0	\$0	\$0	\$0
PCP / Behavioral Health Office Visits	\$50	\$45	\$45	\$40	\$35	\$0	\$0	\$0	Covered 100% after Deductible	\$30	\$0	\$0	\$10	\$0
SCP Office Visits	\$100	\$90	\$95	\$80	\$60	\$40	\$40	\$25	Covered 100% after Deductible	\$60	\$50	\$45	\$20	\$0
Urgent Care	\$75	\$70	\$95	\$60	\$60	\$50	\$50	\$60	Covered 100% after Deductible	\$45	\$50	\$45	\$15	\$25
Inpatient Hospitalization (Facility)	50% after Deductible	\$2,950 per day	50% after Deductible	40% after Deductible	40% after Deductible	50% after Deductible	50% after Deductible	50% after Deductible	20% after Deductible	25% after Deductible	30%	20% after Deductible	\$350 per stay	10%
Outpatient Hospital Services (Facility)	50% after Deductible	\$1,200	50% after Deductible	40% after Deductible	40% after Deductible	50% after Deductible	50% after Deductible	50% after Deductible	20% after Deductible	25% after Deductible	30%	20% after Deductible	\$150	10%
Minor Diagnostic <sup>4</sup> (Lab and X-ray)	50% after Deductible	\$75	Covered 100% after Deductible	40% after Deductible	\$20	\$30	\$30	\$15	Covered 100% after Deductible	25% after Deductible	Covered 100%	Covered 100%	\$30	Covered 100%
Emergency Room	50% after Deductible	\$1,500	\$600 after Deductible	40% after Deductible	\$600 after Deductible	\$600 after Deductible	\$600 after Deductible	\$600 after Deductible	20% after Deductible	25% after Deductible	30%	\$350 after Deductible	\$100	\$250
Routine Dental Services (Adult / Pediatric)	Not Covered	Not Covered	\$95	Not Covered	\$60	Not Covered	Not Covered	\$25	Not Covered	Not Covered	Not Covered	\$45	Not Covered	Not Covered
Rx Deductible														
Single / Family	Combined with Medical	\$3,500 / \$7,000	\$1,500 / \$4,500	Combined with Medical	\$750 / \$2,250	\$750 / \$2,250	\$825 / \$2,475	\$1,500 / \$4,500	Combined with Medical	Combined with Medical	\$250 / \$750	\$250 / \$750	Combined with Medical	\$0
Tier 1 Drugs	\$25	\$15	\$15	\$20	\$5	\$5	\$5	\$5	Covered 100% after Deductible	\$15	\$5	\$5	\$5	\$0
Tier 2 Drugs	\$25	\$30	\$30	\$20	\$25	\$25	\$25	\$15	Covered 100% after Deductible	\$15	\$20	\$25	\$5	\$10
Tier 3 Drugs	\$50 after Deductible	\$125 after Rx Deductible	30% after Rx Deductible	\$40	25% after Rx Deductible	25% after Rx Deductible	25% after Rx Deductible	50% after Rx Deductible	20% after Deductible	\$30	25% after Rx Deductible	25% after Rx Deductible	\$10	\$45
Tier 4 Drugs	\$100 after Deductible	50% after Rx Deductible	50% after Rx Deductible	\$80 after Deductible	50% after Rx Deductible	50% after Rx Deductible	50% after Rx Deductible	50% after Rx Deductible	50% after Deductible	\$60	50% after Rx Deductible	50% after Rx Deductible	\$50	50%
Tier 5 Drugs	\$500 after Deductible	50% after Rx Deductible	50% after Rx Deductible	\$350 after Deductible	50% after Rx Deductible	50% after Rx Deductible	50% after Rx Deductible	50% after Rx Deductible	50% after Deductible	\$250	50% after Rx Deductible	50% after Rx Deductible	\$150	50%

<sup>1</sup> 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).

<sup>2</sup> 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.

<sup>3</sup> 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 (except HSA-Qualified plans).

<sup>4</sup> Some minor diagnostic services will be covered as part of the office visit cost share.

<sup>5</sup> These plans are designed by CMS. Benefits will be the same or similar to other standardized plans from other carriers.

<sup>6</sup> Off marketplace only plans.

S - Signature Network  
V - Value Network  
M - Med Network

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.



# Cost-Sharing Reduction (CSR) Plans | 2025 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 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**.

Plan Name ▶	Benchmark <sup>1</sup> Silver Standardized Plan <sup>5</sup>	Benchmark <sup>1</sup> Silver Standardized Plan <sup>5</sup>	Benchmark <sup>1</sup> Silver Standardized Plan <sup>5</sup>	Silver 0 Medical Deductible	Silver 0 Medical Deductible	Silver 3000 Medical Deductible	Benchmark <sup>1</sup> Silver 0 Medical Deductible	Benchmark <sup>1</sup> Silver 0 Medical Deductible	Benchmark <sup>1</sup> Silver 4800 Medical Deductible	Benchmark <sup>1</sup> Silver 0 Medical Deductible	Benchmark <sup>1</sup> Silver 0 Medical Deductible	Benchmark <sup>1</sup> Silver 4800 Medical Deductible
<b>CSR</b>	94% CSR	87% CSR	73% CSR	94% CSR	87% CSR	73% CSR	94% CSR	87% CSR	73% CSR	94% CSR	87% CSR	73% CSR
<b>Deductible (Single / Family)</b>	\$0 / \$0	\$500 / \$1,000	\$3,000 / \$6,000	\$0 / \$0	\$0 / \$0	\$3,000 / \$6,000	\$0 / \$0	\$0 / \$0	\$4,800 / \$9,600	\$0 / \$0	\$0 / \$0	\$4,800 / \$9,600
<b>Maximum Out-of-Pocket (Single / Family)</b>	\$2,000 / \$4,000	\$3,000 / \$6,000	\$6,400 / \$12,800	\$2,750 / \$5,500	\$2,750 / \$5,500	\$6,750 / \$13,500	\$3,000 / \$6,000	\$3,000 / \$6,000	\$7,000 / \$14,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$7,000 / \$14,000
<b>Virtual Visits<sup>3</sup></b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>PCP / Behavioral Health Office Visits</b>	\$0	\$20	\$40	\$0	\$0	\$30	\$0	\$0	\$0	\$0	\$0	\$0
<b>SCP Office Visits</b>	\$10	\$40	\$80	\$10	\$30	\$50	\$0	\$30	\$40	\$0	\$30	\$40
<b>Urgent Care</b>	\$5	\$30	\$60	\$10	\$35	\$45	\$10	\$30	\$50	\$10	\$30	\$50
<b>Inpatient Hospitalization (Facility)</b>	25%	30% after Deductible	40% after Deductible	15%	30%	40% after Deductible	20%	25%	50% after Deductible	20%	25%	50% after Deductible
<b>Outpatient Hospital Services (Facility)</b>	25%	30% after Deductible	40% after Deductible	15%	30%	40% after Deductible	20%	25%	50% after Deductible	20%	25%	50% after Deductible
<b>Minor Diagnostic<sup>4</sup> (Lab and X-ray)</b>	25%	30% after Deductible	40% after Deductible	\$0	\$10	\$20	\$0	\$10	\$30	\$0	\$10	\$30
<b>Emergency Room</b>	25%	30% after Deductible	40% after Deductible	\$150	\$350	\$600 after Deductible	\$150	\$350	\$600 after Deductible	\$150	\$350	\$600 after Deductible
<b>Routine Dental Services (Adult / Pediatric)</b>	Not Covered	Not Covered	Not Covered	\$10	\$30	\$50	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
<b>Rx Deductible (Single / Family)</b>	Combined with medical	Combined with medical	Combined with medical	\$0	\$400 / \$1,200	\$600 / \$1,800	\$0	\$200 / \$600	\$400 / \$1,200	\$0	\$200 / \$600	\$400 / \$1,200
<b>Tier 1 Drugs</b>	\$0	\$10	\$20	\$0	\$5	\$5	\$0	\$5	\$5	\$0	\$5	\$5
<b>Tier 2 Drugs</b>	\$0	\$10	\$20	\$5	\$20	\$25	\$0	\$25	\$25	\$0	\$25	\$25
<b>Tier 3 Drugs</b>	\$15	\$20	\$40	5%	15% after Rx Deductible	25% after Rx Deductible	4%	15% after Rx Deductible	25% after Rx Deductible	4%	15% after Rx Deductible	25% after Rx Deductible
<b>Tier 4 Drugs</b>	\$50	\$60 after Deductible	\$80 after Deductible	15%	25% after Rx Deductible	50% after Rx Deductible	15%	25% after Rx Deductible	50% after Rx Deductible	15%	25% after Rx Deductible	50% after Rx Deductible
<b>Tier 5 Drugs</b>	\$150	\$250 after Deductible	\$350 after Deductible	50%	50% after Rx Deductible	50% after Rx Deductible	50%	50% after Rx Deductible	50% after Rx Deductible	50%	50% after Rx Deductible	50% after Rx Deductible

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