

Level Funded plans and benefits | 2025 Utah plans

2025 level funded Utah plans	\$0	\$500	\$1,000	\$2,000	\$4,000	\$1,700 HSA-Qualified ¹	\$3,500 HSA-Qualified EMB	\$4,000 HSA-Qualified EMB	\$6,350 HSA-Qualified EMB
Participating Networks	Value / Med	Value / Med	Value / Med	Value / Med	Value / Med	Value / Med	Value / Med	Value / Med	Value / Med
Deductible									
Individual	\$0	\$500	\$1,000	\$2,000	\$4,000	\$1,700 ¹	\$3,500 ²	\$4,000 ²	\$6,350 ²
Family	\$0	\$1,000	\$2,000	\$4,000	\$8,000	\$3,400 ¹	\$7,000 ²	\$8,000 ²	\$12,700 ²
Out-of-Pocket Max									
Individual	\$2,500	\$4,000	\$8,000	\$8,000	\$6,000	\$3,200 ¹	\$3,500 ²	\$6,000 ²	\$6,350 ²
Family	\$5,000	\$8,000	\$16,000	\$16,000	\$12,000	\$6,400 ¹	\$7,000 ²	\$12,000 ²	\$12,700 ²
Inpatient / Outpatient Services									
Primary Care Provider (PCP)	\$25	\$25	\$25	\$25	\$25	20% After Deductible	Covered 100% After Deductible	30% After Deductible	Covered 100% After Deductible
Secondary Care Provider (SCP)	\$75	\$75	\$75	\$75	\$75	20% After Deductible	Covered 100% After Deductible	30% After Deductible	Covered 100% After Deductible
Urgent Care Services	\$75	\$75	\$75	\$75	\$75	20% After Deductible	Covered 100% After Deductible	30% After Deductible	Covered 100% After Deductible
Virtual Visits ³	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100% After Deductible	Covered 100% After Deductible	Covered 100% After Deductible	Covered 100% After Deductible
Preventive Care	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Minor Diagnostic Tests	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100% After Deductible	Covered 100% After Deductible	Covered 100% After Deductible	Covered 100% After Deductible
Outpatient Services	20%	20% After Deductible	20% After Deductible	30% After Deductible	30% After Deductible	20% After Deductible	Covered 100% After Deductible	30% After Deductible	Covered 100% After Deductible
Inpatient Hospital Services	20%	20% After Deductible	20% After Deductible	30% After Deductible	30% After Deductible	20% After Deductible	Covered 100% After Deductible	30% After Deductible	Covered 100% After Deductible
Emergency Room	\$300	\$300 After Deductible	\$300 After Deductible	\$300 After Deductible	\$300 After Deductible	20% After Deductible	Covered 100% After Deductible	30% After Deductible	Covered 100% After Deductible
PT/ST/OT	\$75	\$75 After Deductible	\$75 After Deductible	\$75 After Deductible	\$75 After Deductible	20% After Deductible	Covered 100% After Deductible	30% After Deductible	Covered 100% After Deductible
Chiropractic	\$25	\$25	\$25	\$25	\$25	20% After Deductible	Covered 100% After Deductible	30% After Deductible	Covered 100% After Deductible
Rx Deductible	No Deductible	No Deductible	No Deductible	No Deductible	No Deductible	No Deductible	No Deductible	No Deductible	No Deductible
Tier 1 Drugs	\$10	\$10	\$10	\$15	\$20	20% After Deductible	Covered 100% After Deductible	30% After Deductible	Covered 100% After Deductible
Tier 2 Drugs	\$30	\$30	\$30	\$35	\$50	20% After Deductible	Covered 100% After Deductible	30% After Deductible	Covered 100% After Deductible
Tier 3 Drugs	\$70	\$70	\$70	\$75	30%	20% After Deductible	Covered 100% After Deductible	30% After Deductible	Covered 100% After Deductible
Tier 4 Drugs	\$100	\$100	\$100	\$150	30%	20% After Deductible	Covered 100% After Deductible	30% After Deductible	Covered 100% After Deductible

1. When two or more are enrolled on this HSA-qualified plan, only the family deductible and family out-of-pocket maximum applies.
 2. When two or more family members are enrolled on this HSA-qualified plan, no single person in the family will pay more than the single deductible or 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 (except HSA-qualified plans).
 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.



2025 Utah level funded plan administration requirements and exclusions.

Employer monthly contribution

Level funded employers must contribute an amount equivalent to at least 90% of the employee cost or 50% across all tiers of the lowest cost plan offered by the employer. This contribution must be consistent for all employees.

Required minimum employee enrollment

Minimum employee participation is 75% of eligible employees after valid waivers are removed. Increased participation will normally result in improved rates. Valid waivers include having coverage through another carrier, valid individual medical coverage, coverage through Medicare or another government program, or coverage through a spouse or parent.

Select Health does not allow another health plan to be offered alongside a level funded plan. If a group receives level funded plan services from Select Health, they are only allowed to offer the plan we service without another plan serviced or insured by another carrier / TPA. This includes participating in Healthcare Sharing Ministries (HCSM), a self- or level funded plan, etc. Even if the other carrier / service provider allows this, Select Health does not.

Excluded services

All plans are subject to exclusions and limitations. A complete list of exclusions will be included in your employees' member materials. A list of exclusions can be found in the Summary Plan Document.

Qualifications for a level funded group.

To be considered for a level funded plan, there must be at least 15 employees enrolling and no more than 99. Eligible employees are those that work 30 or more hours per week for the insured group.

Network options.

Your care options may vary depending on where you live or travel. Remember: It is best to go to an in-network doctor and facility. This saves you money by keeping your cost of care lower. Review the network options below to understand what may be best for you and your employees.

Select Health Value® Network

Select Health Value is a great option for members living in Box Elder, Davis, Morgan, Salt Lake, Summit, Tooele, Utah, Wasatch, and Weber Counties and includes access to Huntsman Cancer Institute for a cancer-related diagnosis.

Select Health Med® Network

Select Health Med encompasses the state of Utah with more hospitals and providers than Select Health Value, including Huntsman Cancer Institute for a cancer-related diagnoses and Moran Eye Center. Benefits are available at out-of-network hospitals and providers for most services. This plan option also includes national access.

UnitedHealthcare® options PPO network

To ensure you and your employees have access to the same great customer service and benefits, we provide in-network access across the United States for those on Select Health Med plans. Select Health utilizes the UnitedHealthcare Options PPO network for those accessing care outside of Utah, Idaho, and Nevada.

Visit [SelectHealth.org/find-a-doctor](https://selecthealth.org/find-a-doctor) or use our mobile app to search for in-network doctors and facilities. Scroll to **Important Information** at the bottom of the page and select **UnitedHealthcare Options PPO**.

Benefits of choosing Select Health as your level funded partner.

- Wellness Tools & Rewards
- Expanded Virtual Care Options
- Intermountain Employee Assistance Program (IEAP)
- Mineral HR Platform
- Rx Savings Tools
- Member Discounts
- Cost Transparency with Cost Estimator Tool
- Digital and Plan Management Tools
- UnitedHealthcare Options PPO National Network

