

# Small Employer plans and benefits. | 2025 Utah ACA plans.

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Contact a sales team member,  
call **844-442-6294**.

Value added  
benefits.



Plan Name	HSA-Qualified				Traditional						Copay Plans	
	Embedded				No-Deductible Office Visits						No-Deductible Office Visits	
	Expanded Bronze <sub>2</sub>	Silver 4000 <sub>2</sub>	Silver 3300 <sub>2</sub>	Gold 1750 <sub>1</sub>	Silver 2600	Gold 2000	Gold 1000	Gold 750	Gold 250	Platinum	Gold Copay	Silver Copay
Participating Networks	Value / Med	Value / Med	Value / Med	Value / Med	Value / Med	Value / Med	Value / Med	Value / Med	Value / Med	Value / Med	Value / Med	Value / Med
<b>Deductible</b>												
Single / Family	\$8,250 / \$16,500	\$4,000 / \$8,000	\$3,300 / \$6,600	\$1,750 / \$3,500	\$2,600 / \$5,200	\$2,000 / \$4,000	\$1,000 / \$2,500	\$750 / \$2,250	\$250 / \$750	\$0 / \$0	\$0 / \$0	\$0 / \$0
<b>Out-of-Pocket Max</b>												
Single / Family	\$8,250 / \$16,500	\$7,500 / \$15,000	\$7,500 / \$15,000	\$7,500 / \$15,000	\$9,100 / \$18,200	\$8,950 / \$17,900	\$8,950 / \$17,900	\$8,500 / \$17,000	\$8,950 / \$17,900	\$7,000 / \$14,000	\$8,950 / \$17,900	\$8,750 / \$17,500
Primary Care Provider (PCP)	Covered 100% after deductible	Covered 100% after deductible	\$15 after deductible	Covered 100% after deductible	\$25	\$15	\$20	\$25	\$25	\$0	\$15	\$20
Secondary Care Provider (SCP)	Covered 100% after deductible	Covered 100% after deductible	\$35 after deductible	Covered 100% after deductible	\$50	\$35	\$40	\$50	\$50	\$20	\$25	\$75
Urgent Care Services	Covered 100% after deductible	Covered 100% after deductible	\$40 after deductible	Covered 100% after deductible	\$50	\$35	\$40	\$50	\$50	\$30	\$35	\$75
Virtual Visits	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible	Covered 100%	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%
Minor Diagnostic Tests	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	\$50
Inpatient Hospital Services	Covered 100% after deductible	20% after deductible	30% after deductible	10% after deductible	30% after deductible	20% after deductible	25% after deductible	20% after deductible	30% after deductible	20%	20%	30%
Outpatient Services	Covered 100% after deductible	20% after deductible	30% after deductible	10% after deductible	30% after deductible	20% after deductible	25% after deductible	20% after deductible	30% after deductible	20%	\$500	\$500
Emergency Room	Covered 100% after deductible	Covered 100% after deductible	\$350 after deductible	\$350 after deductible	\$350 after deductible	\$350 after deductible	\$350 after deductible	\$350 after deductible	\$350 after deductible	\$250	\$750	\$1,200
<b>Rx Deductible</b>												
Single / Family	Combined with medical deductible	Combined with medical deductible	Combined with medical deductible	Combined with medical deductible	\$900 / \$1,800	\$0	\$0	\$250 / \$750	\$50 / \$150	\$0	\$0	\$2,500 / \$5,000
Tier 1 Drugs	Covered 100% after deductible	Covered 100% after deductible	\$5 after deductible	\$5 after deductible	\$5	\$5	\$5	\$5	\$5	\$0	\$5	\$5
Tier 2 Drugs	Covered 100% after deductible	Covered 100% after deductible	\$30 after deductible	\$30 after deductible	\$30	\$30	\$30	\$30	\$30	\$10	\$20	\$30
Tier 3 Drugs	Covered 100% after deductible	Covered 100% after deductible	25% after deductible	25% after deductible	25% after Rx deductible	\$75	25%	25% after Rx deductible	25% after Rx deductible	\$50	25%	\$100 after Rx deductible
Tier 4 Drugs	Covered 100% after deductible	30% after deductible	50% after deductible	50% after deductible	50% after Rx deductible	\$125	50%	50% after Rx deductible	50% after Rx deductible	20%	50%	50% after Rx deductible
Tier 5 Drugs	Covered 100% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after Rx deductible	50%	50%	50% after Rx deductible	50% after Rx deductible	50%	50%	50% after Rx deductible

1. **Non-Embedded:** When two or more are enrolled on this HSA Qualified plan, only the family deductible applies and no single person will pay more than the single out-of-pocket maximum.  
 2. **Embedded:** 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.  
 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**.



# 2025 Utah Medical Plans Requirements and Exclusions.

## EMPLOYER MONTHLY CONTRIBUTION

Small employers must contribute an amount equivalent to at least 50% of the lowest-cost plan offered by the employer. This contribution must be consistent for all employees in a given class.

## REQUIRED MINIMUM EMPLOYEE ENROLLMENT

Employees waiving coverage will not be counted toward participation if they have other comprehensive medical coverage. For employers with up to four eligible employees after valid waivers, 100% must participate. For employers with five or more eligible employees after valid waivers, 75% must participate. 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.

New groups enrolling for a January 1 effective date that submit their enrollment no later than December 15 are not subject to participation or contribution requirements.

Select Health does not allow another health plan offered alongside a Small Employer plan. If a group is insured under the Small Employer line of business with Select Health, they are only allowed to offer our insurance and no other carrier, this includes participating in Healthcare Sharing Ministries (HCSM), a self- or level-funded plan, etc. Even if the other carrier 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 common exclusions can be found at [SelectHealth.org/resources/member-support](https://selecthealth.org/resources/member-support).

## What is a Small Group?

The group must have at least 2 full time eligible employees. To be considered full-time eligible, the employee must work at least 30 or more hours per week. This can be an owner and/or husband and wife both working 30 or more hours per week.

## Network Options.

In Utah, there are options for care, depending on where you live or travel. Remember: It is best to go to an in-network doctor and facility to keep your price for care lower and save you the most money. 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 employees along the Wasatch Front and in other key areas throughout the state and includes Huntsman Cancer Institute for cancer related diagnoses. This network provides access to all Intermountain facilities in Box Elder, Cache, Weber, Davis, Morgan, Salt Lake, Summit, Wasatch, Utah, Tooele, Iron, and Washington Counties — including over 700 facilities, and more than 11,000 doctors.

### 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 cancer related diagnoses, and Moran Eye Center.” Additionally, a swing-out option provides benefits 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.

To find a UnitedHealthcare Options PPO network provider or facility, your employees can call Member services at **800-538-5038** or visit [SelectHealth.org/find-care](https://selecthealth.org/find-care). From here, scroll to Other States and click Search our National Directories, and then click the Search Options PPO Providers link.

