

2022 Utah Small Employer Plans and Benefits

We have many options for you to choose from.



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Contact your agent, visit selecthealth.org/shop, or call 855-442-0220.

Plan Type	NEW BENEFIT!				NEW FOR 2022!					NEW FOR 2022!		
	HSA-Qualified ¹				Traditional					Copoly Plan		
Benefit Category					No-Deductible Office Visits	No-Deductible Office Visits	No-Deductible Office Visits	No-Deductible Office Visits	No-Deductible Office Visits	No-Deductible Office Visits	No-Deductible Office Visits	Copay Plan
Plan Name	Bronze ¹	Silver 4500 ¹	Silver 2500 ¹	Silver 1750 ¹	Silver 2800	Gold 2000	Gold 1500	Gold 1000	Gold 500	Platinum 500	Gold 0	
Participating Networks	V M	V M	V M	V M	V M	V M	V M	V M	V M	V M	V M	
Deductible												
Single	\$7,000	\$4,500	\$2,500	\$1,750	\$2,800	\$2,000	\$1,500	\$1,000	\$500	\$500	\$0	
Family	\$14,000	\$9,000	\$5,000	\$3,500	\$5,600	\$4,000	\$3,500	\$2,500	\$1,500	\$1,500	\$0	
Out-of-Pocket Max												
Single	\$7,000	\$4,500	\$7,000	\$7,000	\$7,900	\$7,350	\$7,350	\$7,350	\$7,700	\$4,000	\$6,500	
Family	\$14,000	\$9,000	\$14,000	\$14,000	\$15,800	\$14,700	\$14,700	\$14,700	\$15,400	\$8,000	\$13,000	
Primary Care Provider (PCP)	Covered 100% after deductible	Covered 100% after deductible	\$25 after deductible	\$30 after deductible	\$25	\$15	\$25	\$30	\$30	\$15	\$25	
Secondary Care Provider (SCP)	Covered 100% after deductible	Covered 100% after deductible	\$40 after deductible	\$50 after deductible	\$50	\$30	\$40	\$50	\$50	\$35	\$50	
Urgent Care Services	Covered 100% after deductible	Covered 100% after deductible	\$40 after deductible	\$50 after deductible	\$50	\$30	\$40	\$50	\$50	\$35	\$40	
Virtual Visits ²	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%	
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%	
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%	
Inpatient Hospital Services	Covered 100% after deductible	Covered 100% after deductible	20% after deductible	40% after deductible	40% after deductible	15% after deductible	20% after deductible	20% after deductible	30% after deductible	20% after deductible	\$600 per day (up to 3 days)	
Outpatient Services	Covered 100% after deductible	Covered 100% after deductible	20% after deductible	40% after deductible	40% after deductible	15% after deductible	20% after deductible	20% after deductible	30% after deductible	20% after deductible	\$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	\$350 after deductible	\$750	
Chiropractic (10 visits per year)	Covered 100% after deductible	Covered 100% after deductible	\$20 after deductible	\$20 after deductible	\$20	\$20	\$20	\$20	\$20	\$15	\$25	
Rx Deductible Single/Family	Medical and Rx Combined	Medical and Rx Combined	Medical and Rx Combined	Medical and Rx Combined	\$500/\$1000	None	None	\$600/\$1200	\$50/\$150	None	None	
Tier 1 Drugs	Covered 100% after deductible	Covered 100% after deductible	\$20 after Deductible	\$20 after deductible	\$20	\$20	\$20	\$20	\$20	\$5	\$10	
Tier 2 Drugs	Covered 100% after deductible	Covered 100% after deductible	\$30 after deductible	\$30 after deductible	\$30 after deductible	\$30	\$30	\$30	\$30	\$15	\$20	
Tier 3 Drugs	Covered 100% after deductible	Covered 100% after deductible	25% after deductible	25% after deductible	25% after pharmacy deductible	25%	25%	25% after pharmacy deductible	25% after pharmacy deductible	25%	\$75	
Tier 4 Drugs	Covered 100% after deductible	Covered 100% after deductible	50% after deductible	50% after deductible	50% after pharmacy deductible	50%	50%	50% after pharmacy deductible	50% after pharmacy deductible	50%	50%	
Tier 5 Drugs	Covered 100% after deductible	Covered 100% after deductible	30% after deductible	50% after deductible	50% after pharmacy deductible	25%	30%	30% after pharmacy deductible	40% after pharmacy deductible	30%	30%	

¹ When two or more are enrolled on a Healthsave plan, only the family deductible applies and no single person will pay more than the single out-of-pocket maximum.

² Except for HSA Qualified plans, Virtual Visits with an in-network Primary Care Provider, Mental Health Provider, and Intermountain Connect Care are covered at no additional cost to you

Please note: The coverage and benefit details presented here do not include out-of-network cost-share details. Please refer to your plan materials for out-of-network cost-share information.

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.

Value Network

Med Network

