

# Utah Level Funded Plans and Benefits | 2026

Savings  
and Perks



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Select Health Sales at **844-442-6294**.

Plan Name ►	\$0	\$500	\$1,000	\$2,000	\$4,000	\$5,000	\$6,000	\$1,700 HSA-Qualified	\$3,500 HSA-Qualified EMB	\$4,000 HSA-Qualified EMB	\$6,350 HSA-Qualified EMB
Preference Product Participating Networks	Value / Med	Value / Med	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	\$5,000	\$6,000	\$1,700 <sup>1</sup>	\$3,500 <sup>2</sup>	\$4,000 <sup>2</sup>	\$6,350 <sup>2</sup>
Family	\$0	\$1,000	\$2,000	\$4,000	\$8,000	\$10,000	\$12,000	\$3,400 <sup>1</sup>	\$7,000 <sup>2</sup>	\$8,000 <sup>2</sup>	\$12,700 <sup>2</sup>
Out-of-Pocket Maximum											
Individual	\$2,500	\$4,000	\$5,000	\$6,000	\$6,000	\$8,000	\$8,000	\$3,200 <sup>1</sup>	\$3,500 <sup>2</sup>	\$6,000 <sup>2</sup>	\$6,350 <sup>2</sup>
Family	\$5,000	\$8,000	\$10,000	\$12,000	\$12,000	\$16,000	\$16,000	\$6,400 <sup>1</sup>	\$7,000 <sup>2</sup>	\$12,000 <sup>2</sup>	\$12,700 <sup>2</sup>
Inpatient / Outpatient Services											
Virtual Visits <sup>3</sup>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible
Preventive Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Provider (PCP)	\$25	\$25	\$25	\$25	\$25	\$25	\$25	20% after Deductible	\$0 after Deductible	30% after Deductible	\$0 after Deductible
Secondary Care Provider (SCP)	\$75	\$75	\$75	\$75	\$75	\$75	\$75	20% after Deductible	\$0 after Deductible	30% after Deductible	\$0 after Deductible
Urgent Care Services	\$75	\$75	\$75	\$75	\$75	\$75	\$75	20% after Deductible	\$0 after Deductible	30% after Deductible	\$0 after Deductible
Minor Diagnostic Tests	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible
Outpatient Services	20%	20% after Deductible	20% after Deductible	30% after Deductible	30% after Deductible	30% after Deductible	30% after Deductible	20% after Deductible	\$0 after Deductible	30% after Deductible	\$0 after Deductible
Inpatient Hospital Services	20%	20% after Deductible	20% after Deductible	30% after Deductible	30% after Deductible	30% after Deductible	30% after Deductible	20% after Deductible	\$0 after Deductible	30% after Deductible	\$0 after Deductible
Emergency Room	\$300	\$300 after Deductible	\$300 after Deductible	\$300 after Deductible	\$300 after Deductible	\$300 after Deductible	\$300 after Deductible	20% after Deductible	\$0 after Deductible	30% after Deductible	\$0 after Deductible
PT / ST / OT	\$75	\$75 after Deductible	\$75 after Deductible	\$75 after Deductible	\$75 after Deductible	\$75 after Deductible	\$75 after Deductible	20% after Deductible	\$0 after Deductible	30% after Deductible	\$0 after Deductible
Chiropractic	\$25	\$25	\$25	\$25	\$25	\$25	\$25	20% after Deductible	\$0 after Deductible	30% after Deductible	\$0 after Deductible
Pharmacy Benefits											
Rx Deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Combined with Medical Deductible	Combined with Medical Deductible	Combined with Medical Deductible	Combined with Medical Deductible
Tier 1 Drugs	\$10	\$10	\$10	\$15	\$20	\$20	\$20	20% after Deductible	\$0 after Deductible	30% after Deductible	\$0 after Deductible
Tier 2 Drugs	\$30	\$30	\$30	\$35	\$50	\$50	\$50	20% after Deductible	\$0 after Deductible	30% after Deductible	\$0 after Deductible
Tier 3 Drugs	\$70	\$70	\$70	\$75	30%	30%	30%	20% after Deductible	\$0 after Deductible	30% after Deductible	\$0 after Deductible
Tier 4 Drugs	\$100	\$100	\$100	\$150	30%	30%	30%	20% after Deductible	\$0 after Deductible	30% after Deductible	\$0 after Deductible



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<sup>1</sup>When two or more are enrolled on this HSA-qualified plan, only the family deductible and family out-of-pocket maximum applies.

<sup>2</sup>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.

<sup>3</sup>Virtual visits with an in-network primary care provider, mental health provider, and Intermountain Health virtual care providers are covered at no additional cost to you (except HSA-qualified plans).

Preauthorization is required for certain services, and visit limits may apply. This chart is not a complete list of benefits. If you have questions, visit **selecthealth.org** or call Member Services at **800-538-5038**.



# 2026 Utah Level Funded Plan Administration Requirements and Exclusions

## EMPLOYER MONTHLY CONTRIBUTION

To secure the best possible rates, Level Funded employers should contribute an amount equivalent to at least 75% of the employee cost or 50% across all tiers of the lowest cost plan they offer. This contribution must be consistent for all employees.

## MINIMUM EMPLOYEE ENROLLMENT

Minimum recommended participation is 75% of eligible employees after valid waivers are removed. Increased participation will normally result in improved rates. Valid waivers include having Minimum Essential Coverage (MEC) 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 in addition to a Level Funded plan. If a group is contracted for the Select Health Level Funded line of business, they are only allowed to offer the Select Health plan and no other carrier. This includes participating in Healthcare Sharing Ministries (HCSMs), a self or level funded plan, etc. Select Health does not allow additional carrier coverage even if another carrier does.

## EXCLUDED SERVICES

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

### QUALIFICATIONS FOR A SMALL EMPLOYER LEVEL FUNDED GROUP

To be considered for a level funded plan, there must be at least 15 employees enrolling and no more than 50. Eligible employees are those that work 30 or more hours per week for the plan sponsor.

### BENEFITS OF CHOOSING SELECT HEALTH AS A LEVEL FUNDED PARTNER

- Wellness Tools & Rewards
  - Expanded Virtual Care Options
  - Mitratesch’s Mineral HR and Compliance Platform
  - Rx Savings Tools
- Member Discounts
  - Cost Transparency with Cost Estimator Tool
  - Digital and Plan Management Tools
  - UnitedHealthcare Options PPO National Network

# Select Health Preference

Select Health Preference gives you and your employees access to both Select Health Value and Select Health Med. Employees who reside outside of Utah, Idaho, Nevada, and Colorado can access the UnitedHealthcare Options PPO network.

## SELECT HEALTH VALUE® NETWORK

Select Health Value is for members living in Box Elder, Cache, Davis, Iron, Morgan, Salt Lake, Summit, Tooele, Utah, Wasatch, Washington, 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 diagnosis and Moran Eye Center. Benefits are available at out-of-network hospitals and providers for most services. Select Health Med 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, Nevada, and Colorado.

To find a UnitedHealthcare Options PPO network provider or facility, call Member Services at **800-538-5038** or visit [selecthealth.org/find-care#uhc](https://selecthealth.org/find-care#uhc).

STATE	NETWORK
Utah	Select Health Med Network
Idaho	Southwest Idaho Select Health Med Network, Eastern Idaho Select Health Med and BrightPath Network, Northern Idaho BrightPath Network
Nevada	Select Health Med Network, Beech Street Network (outside Clark and Nye Counties)
Colorado	Select Health Value Network
All Other States	UnitedHealthcare Options PPO Network



To see the full fair treatment notice, visit [selecthealth.org/disclaimers/non-discrimination](https://selecthealth.org/disclaimers/non-discrimination).

Your contract is the final authority on your plan’s benefits and coverage. If there are differences between the contract, the Summary of Benefits and Coverage (SBC), or other materials, the contract will apply.