

Association Plan Benefits

2023 UTAH PLANS	\$500	\$1,000	\$1,500	\$2,000	\$2,500	\$1,500 HSA Qualified	\$2,500 HSA Qualified	\$3,500 HSA Qualified	\$6,450 HSA Qualified
DEDUCTIBLE									
Individual	\$500	\$1,000	\$1,500	\$2,000	\$2,500	\$1,500	\$2,500	\$3,500	\$6,450
Family	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$3,000 ¹	\$5,000 ¹	\$7,000 ¹	\$12,900 ¹
Out-of-Pocket Max									
Individual	\$2,000	\$3,000	\$3,000	\$4,000	\$4,000	\$3,000	\$4,000 ²	\$4,500 ²	\$6,450 ²
Family	\$4,000	\$6,000	\$6,000	\$8,000	\$8,000	\$6,000	\$8,000	\$9,000	\$12,900
Primary Care Provider (PCP)	\$20	\$25	\$25	\$25	\$25	\$15 after deductible	\$15 after deductible	\$15 after deductible	Covered 100% after deductible
Secondary Care Provider (SCP)	\$40	\$45	\$45	\$45	\$45	\$25 after deductible	\$25 after deductible	\$25 after deductible	Covered 100% after deductible
Urgent Care	\$40	\$50	\$50	\$50	\$50	\$35 after deductible	\$35 after deductible	\$35 after deductible	Covered 100% after deductible
Virtual Visits	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
Inpatient/Outpatient Services	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	Covered 100% after deductible
Emergency Room	\$100 after deductible	\$100 after deductible	\$125 after deductible	\$125 after deductible	\$150 after deductible	\$75 after deductible	\$75 after deductible	\$75 after deductible	Covered 100% after deductible
PT/ST/OT	\$40 after deductible	\$45 after deductible	\$45 after deductible	\$45 after deductible	\$45 after deductible	\$25 after deductible	\$25 after deductible	\$25 after deductible	Covered 100% after deductible
Chiropractic	\$20	\$25	\$25	\$25	\$25	\$15 after deductible	\$15 after deductible	\$15 after deductible	Covered 100% after deductible
PRESCRIPTION (RX) DEDUCTIBLE									
Per Person	\$50	\$50	\$50	\$50	\$200	Medical and Rx Combined	Medical and Rx Combined	Medical and Rx Combined	Medical and Rx Combined
PRESCRIPTION DRUG COVERAGE									
Tier 1	\$7	\$10	\$10	\$10	\$10	\$7 ⁴	\$7 ⁴	\$7 ⁴	Covered 100% after med deductible
Tier 2	\$21 ³	\$25 ³	\$25 ³	\$25 ³	\$25 ³	\$21 ⁴	\$21 ⁴	\$21 ⁴	Covered 100% after med deductible
Tier 3	\$42 ³	\$45 ³	\$45 ³	\$45 ³	\$45 ³	\$42 ⁴	\$42 ⁴	\$42 ⁴	Covered 100% after med deductible
Tier 4	\$100 ³	\$100 ³	\$100 ³	\$100 ³	\$100 ³	\$100 ⁴	\$100 ⁴	\$100 ⁴	Covered 100% after med deductible

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.

1 When two or more are enrolled, only the family deductible applies.

2 When two or more are enrolled, no single person in a family will pay more than the single out-of-pocket maximum.

3 After pharmacy deductible.

4 After medical deductible.