

**2018  
UTAH PLAN**

|                                   | Catastrophic  | SelectHealth HealthSave <sup>3, 4</sup> |                        |                        |                        | Benchmark <sup>1</sup>        |                               | Standard Deductible           | Limited Office Visit Waiver <sup>2</sup>            |   | No Deductible for Office Visits                  |                               |                                 |                               |
|-----------------------------------|---|---|------------------------|------------------------|------------------------|-------------------------------|-------------------------------|-------------------------------|---|---|--|-------------------------------|---------------------------------|-------------------------------|
|                                   | Catastrophic 7350   | Bronze 6650 - Rewards (Value Only)      | Bronze 6650 (Med Only) | Expanded Bronze 3175   | Silver 3100            | Bronze 6350                   | Expanded Bronze 2450          | Silver 1800                   | Bronze 6700   | Expanded Bronze 4600 - Copay                        | Silver 4000 - Copay                              | Silver 2500                   | Silver 2250 (Off Exchange Only) | Gold 1500                     |
| Deductible                        |   |   |                        |                        |                        |                               |                               |                               |   |   |  |                               |                                 |                               |
| Single                            | \$7,350   | \$6,650                                 | \$6,650                | \$3,175                | \$3,100                | \$6,350                       | \$2,450                       | \$1,800                       | \$6,700   | \$4,600   | \$4,000  | \$2,500                       | \$2,250                         | \$1,500                       |
| Family                            | \$14,700  | \$13,300 <sup>5</sup>                   | \$13,300 <sup>3</sup>  | \$6,350 <sup>3</sup>   | \$6,200 <sup>5</sup>   | \$12,700                      | \$4,900                       | \$3,600                       | \$13,400  | \$9,200   | \$8,000  | \$5,000                       | \$4,500                         | \$3,000                       |
| Out-of-Pocket Max                 |   |   |                        |                        |                        |                               |                               |                               |   |   |  |                               |                                 |                               |
| Single                            | \$7,350   | \$6,650                                 | \$6,650                | \$6,650                | \$6,650                | \$7,350                       | \$7,350                       | \$7,350                       | \$7,350   | \$7,350   | \$7,350  | \$7,350                       | \$7,350                         | \$6,000                       |
| Family                            | \$14,700  | \$13,300 <sup>4</sup>                   | \$13,300 <sup>4</sup>  | \$13,300 <sup>4</sup>  | \$13,300 <sup>4</sup>  | \$14,700                      | \$14,700                      | \$14,700                      | \$14,700  | \$14,700  | \$14,700   | \$14,700                      | \$14,700                        | \$12,000                      |
| Primary Care Provider (PCP)       | \$35 for first 3 PCP and/or mental health office visits, then covered 100% after deductible | 100% after deductible                   | 100% after deductible  | \$25 after deductible  | \$25 after deductible  | \$50 after deductible         | \$35 after deductible         | \$35 after deductible         | \$50 for first 3 visits, then \$50 after deductible | \$35 for first 3 visits, then \$35 after deductible | \$25   | \$35                          | \$35                            | \$25                          |
| Secondary Care Provider (SCP)     | 100% after deductible   | 100% after deductible                   | 100% after deductible  | \$40 after deductible  | \$40 after deductible  | \$65 after deductible         | \$60 after deductible         | \$60 after deductible         | \$65 after deductible                               | \$60 after deductible                               | \$60   | \$60                          | \$60                            | \$40                          |
| 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%                  | Covered 100%                    | Covered 100%                  |
| Minor Diagnostic Tests            | 100% after deductible   | 100% after deductible                   | 100% after deductible  | 100% after deductible  | 100% after deductible  | 100% after deductible         | 100% after deductible         | 100% after deductible         | 100% after deductible                               | Covered 100%  | Covered 100%                                     | 100% after deductible         | 100% after deductible           | Covered 100%                  |
| Inpatient Hospital Services       | 100% after deductible   | 100% after deductible                   | 100% after deductible  | 30% after deductible   | 20% after deductible   | 40% after deductible          | 50% after deductible          | 50% after deductible          | 40% after deductible                                | \$550 per day after deductible (up to five days)    | \$550 per day after deductible (up to five days) | 50% after deductible          | 50% after deductible            | 20% after deductible          |
| Outpatient Services               | 100% after deductible   | 100% after deductible                   | 100% after deductible  | 30% after deductible   | 20% after deductible   | 40% after deductible          | 50% after deductible          | 50% after deductible          | 40% after deductible                                | 40% after deductible                                | 30% after deductible                             | 50% after deductible          | 50% after deductible            | 20% after deductible          |
| Emergency Room                    | 100% after deductible   | 100% after deductible                   | 100% after deductible  | \$600 after deductible | \$600 after deductible | \$600 after deductible        | \$600 after deductible        | \$600 after deductible        | \$600 after deductible                              | \$600 after deductible                              | \$600 after deductible                           | \$600 after deductible        | \$600 after deductible          | \$350 after deductible        |
| Rx Deductible Per Person          |   |   |                        |                        | \$0                    | \$1,000                       | \$1,000                       | \$1,000                       | \$1,250   | \$2,500   | \$2,500  | \$1,000                       | \$1,000                         | \$500                         |
| Tier 1 Drugs                      | 100% after deductible   | 100% after deductible                   | 100% after deductible  | \$15 after deductible  | \$15 after deductible  | \$20                          | \$15                          | \$15                          | \$20  | \$25  | \$25   | \$15                          | \$15                            | \$15                          |
| Tier 2 Drugs                      | 100% after deductible   | 100% after deductible                   | 100% after deductible  | 25% after deductible   | 25% after deductible   | 25% after pharmacy deductible | 25% after pharmacy deductible | 25% after pharmacy deductible | 30% after pharmacy deductible                       | \$45 after pharmacy deductible                      | \$45 after pharmacy deductible                   | 25% after pharmacy deductible | 25% after pharmacy deductible   | 25% after pharmacy deductible |
| Tier 3 Drugs                      | 100% after deductible   | 100% after deductible                   | 100% after deductible  | 50% after deductible   | 50% after deductible   | 50% after pharmacy deductible | 50% after pharmacy deductible | 50% after pharmacy deductible | 50% after pharmacy deductible                       | \$55 after pharmacy deductible                      | \$55 after pharmacy deductible                   | 50% after pharmacy deductible | 50% after pharmacy deductible   | 50% after pharmacy deductible |
| Tier 4 Drugs                      | 100% after deductible   | 100% after deductible                   | 100% after deductible  | 40% after deductible   | 30% after deductible   | 50% after pharmacy deductible | 50% after pharmacy deductible | 50% after pharmacy deductible | 50% after pharmacy deductible                       | 50% after pharmacy deductible                       | 40% after pharmacy deductible                    | 50% after pharmacy deductible | 50% after pharmacy deductible   | 30% after pharmacy deductible |

1 Benchmark plans cover only Essential Health Benefits (EHBs) as defined by the State of Utah. Some non-EHBs like prosthetics and crutches are not covered under these plans. For more information, call Individual Sales at 855-442-0220 or visit [healthcare.gov](http://healthcare.gov).

2 The deductible is waived for the first three **Primary Care Provider** and **Mental Health office visits** combined per year. Each of these three visits is subject to a copayment only. Starting with the fourth visit, the deductible and copay will apply.

3 When two or more are enrolled on a HealthSave plan, only the family deductible applies.

4 If two or more are enrolled on a HealthSave plan, no enrolled individual in the family will pay more than the single out-of-pocket maximum.

**DEFINITIONS**

**DEDUCTIBLE**

An amount a member must pay to providers or facilities before the plan begins to pay for eligible charges.

**COINSURANCE**

An amount that is calculated as a percentage of the allowed amount for a service. For example, a member pays 30% and the plan pays 70%.

**COPAY**

A fixed amount that members must pay for covered services to providers or facilities.

**OUT-OF-POCKET MAXIMUM**

An amount a member will pay for services covered by the plan. Amounts paid toward the deductible, coinsurance, and copays apply to the out-of-pocket maximum.

**PRESCRIPTION (Rx) DEDUCTIBLE**

A separate deductible that only applies to prescription drug coverage. Members must pay this amount before their plan begins to pay for prescriptions.

**PRESCRIPTION (Rx) COPAY**

The fixed dollar amount members pay for certain tiers of drugs.

# Selecthealth Preference and Healthsave Cost-Sharing Reduction (CSR) Plans

Preauthorization is required for certain services. This chart is not a complete list of benefits. If you have questions, visit [selecthealth.org](http://selecthealth.org) or call Member Services at **800-538-5038**.

In addition to a tax credit, you may be eligible for a cost-sharing reduction plan that lowers the amount you pay out-of-pocket for deductibles, coinsurance, and copays.

Members of federally recognized American Indian tribes may also qualify for additional cost-sharing benefits.

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| Plan  | Deductible Single/Family | Out-of-Pocket Max Single/Family | Rx Deductible Single | Primary Care Visit    | Secondary Care Visit  | Preventive Care | Inpatient Hospital Services | Outpatient Services  | Emergency Room         | Tier 1 Drugs          | Tier 2 Drugs                   | Tier 3 Drugs                   | Tier 4 Drugs                  |
|---|--------------------------|---------------------------------|----------------------|-----------------------|-----------------------|-----------------|-----------------------------|----------------------|------------------------|-----------------------|--------------------------------|--------------------------------|-------------------------------|
| <b>Silver 4000 Copay Plan - No Deductible for Office Visits (Base Plan)</b> | \$4,000/\$8,000          | \$7,350/\$14,700                | \$2,500              | \$25                  | \$60                  | No Charge       | \$550 per day up to 5 days  | 30% after deductible | \$600 after deductible | \$25                  | \$45 after pharmacy deductible | \$55 after pharmacy deductible | 40% after pharmacy deductible |
| 73% CSR   | \$3,500/\$7,000          | \$5,850/\$11,700                | \$600                | \$25                  | \$60                  | No Charge       | \$500 per day up to 5 days  | 30% after deductible | \$500 after deductible | \$15                  | \$40 after pharmacy deductible | \$50 after pharmacy deductible | 40% after pharmacy deductible |
| 87% CSR   | \$350/\$700              | \$2,000/\$4,000                 | \$300                | \$15                  | \$25                  | No Charge       | \$500 per day up to 5 days  | 15% after deductible | \$250 after deductible | \$15                  | \$40 after pharmacy deductible | \$50 after pharmacy deductible | 25% after pharmacy deductible |
| 94% CSR   | \$0/\$0                  | \$1,000/\$2,000                 | \$0                  | \$10                  | \$15                  | No Charge       | \$150 per day up to 5 days  | 5%                   | \$100                  | \$10                  | \$30                           | \$40                           | 15%                           |
| <b>HealthSave Silver 3100 (Base Plan)<sup>1,2</sup></b>                     | \$3,100/\$6,200          | \$6,650/\$13,300                | \$0                  | \$25 after deductible | \$40 after deductible | No Charge       | 20% after deductible        | 20% after deductible | \$600 after deductible | \$15 after deductible | 25% after deductible           | 50% after deductible           | 30% after deductible          |
| 73% CSR (HSA Qualified)   | \$1,500/\$3,000          | \$5,700/\$11,400                | \$0                  | \$25 after deductible | \$40 after deductible | No Charge       | 20% after deductible        | 20% after deductible | \$500 after deductible | \$15 after deductible | 25% after deductible           | 50% after deductible           | 30% after deductible          |
| 87% CSR   | \$400/\$800              | \$2,200/\$4,400                 | \$0                  | \$10 after deductible | \$25 after deductible | No Charge       | 20% after deductible        | 20% after deductible | \$250 after deductible | \$10 after deductible | 15% after deductible           | 25% after deductible           | 25% after deductible          |
| 94% CSR   | \$100/\$200              | \$1,400/\$2,800                 | \$0                  | \$5 after deductible  | \$15 after deductible | No Charge       | 5% after deductible         | 5% after deductible  | \$100 after deductible | \$5 after deductible  | 5% after deductible            | 15% after deductible           | 15% after deductible          |
| <b>Silver 2500 - No Deductible for Office Visits (Base Plan)</b>            | \$2,500/\$5,000          | \$7,350/\$14,700                | \$1,000              | \$35                  | \$60                  | No Charge       | 50% after deductible        | 50% after deductible | \$600 after deductible | \$15                  | 25% after pharmacy deductible  | 50% after pharmacy deductible  | 50% after pharmacy deductible |
| 73% CSR   | \$2,000/\$4,000          | \$5,850/\$11,700                | \$600                | \$25                  | \$60                  | No Charge       | 30% after deductible        | 30% after deductible | \$500 after deductible | \$15                  | 25% after pharmacy deductible  | 50% after pharmacy deductible  | 40% after pharmacy deductible |
| 87% CSR   | \$350/\$700              | \$2,000/\$4,000                 | \$300                | \$15                  | \$25                  | No Charge       | 15% after deductible        | 15% after deductible | \$250 after deductible | \$15                  | 15% after pharmacy deductible  | 25% after pharmacy deductible  | 30% after pharmacy deductible |
| 94% CSR   | \$100/\$200              | \$1,000/\$2,000                 | \$0                  | \$10                  | \$15                  | No Charge       | 5% after deductible         | 5% after deductible  | \$100 after deductible | \$10                  | 5%                             | 15%                            | 15%                           |
| <b>Silver 1800 (Base Plan)</b>  | \$1,800/\$3,600          | \$7,350/\$14,700                | \$1,000              | \$35 after deductible | \$60 after deductible | No Charge       | 50% after deductible        | 50% after deductible | \$600 after deductible | \$15                  | 25% after pharmacy deductible  | 50% after pharmacy deductible  | 50% after pharmacy deductible |
| 73% CSR   | \$1,300/\$2,600          | \$5,100/\$10,200                | \$500                | \$35 after deductible | \$60 after deductible | No Charge       | 30% after deductible        | 30% after deductible | \$500 after deductible | \$15                  | 25% after pharmacy deductible  | 50% after pharmacy deductible  | 40% after pharmacy deductible |
| 87% CSR   | \$300/\$600              | \$1,750/\$3,500                 | \$150                | \$15 after deductible | \$25 after deductible | No Charge       | 20% after deductible        | 20% after deductible | \$250 after deductible | \$15                  | 15% after pharmacy deductible  | 25% after pharmacy deductible  | 30% after pharmacy deductible |
| 94% CSR   | \$0/\$0                  | \$1,000/\$2,000                 | \$100                | \$10 after deductible | \$15 after deductible | No Charge       | 5%                          | 5%                   | \$100                  | \$10                  | 5% after pharmacy deductible   | 15% after pharmacy deductible  | 15% after pharmacy deductible |

1 When two or more are enrolled on a HealthSave plan, only the family deductible applies.

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