

Renewal Plan Comparison 2026

	Renewal Gold 250 - No Change	Renewal Gold 2000	\$3500 Silver HSA
	SelectHealth-G2026 250	SelectHealth-G2026 2000 RXDW	SelectHealth HealthSave 3500 - S2026
Ann. Deductible (CY)	\$250 / \$750	\$2000 / \$4000	\$3500 Single \$7000 2 or more (Embedded)
Maximum Out of Pocket	\$8950 / \$17,900 (\$20K / \$40K Out of Network) Includes All Charges	\$8950 / \$17,900 (\$20K / \$40K Out of Network) Includes All Charges	\$8000 per person / \$16,000 per family (\$20K / \$40K Out of network) (Embedded) (Ded, copays, co-ins apply)
Benefits for Network (Preferred) Providers			
Office Visit Copay (Preventive paid at 100%)	\$25 Copay (\$50 Specialist) \$0 ConnectCare	\$20 Copay (\$45 Specialist) \$0 ConnectCare	\$25 Copay (\$45 Specialist) \$0 ConnectCare - After Deductible
Emergency Room	\$350 (After Deductible)	\$350 (After Deductible)	\$350 (After Deductible)
Urgent Care Visits	\$50 Copay (IHC InstaCare) \$25 Copay (KidsCare) \$0 (ConnectCare)	\$45 Copay (IHC InstaCare) \$20 Copay (KidsCare) \$0 (ConnectCare)	\$50 Copay (IHC InstaCare) \$25 (KidsCare) \$0 (ConnectCare) - After Deductible
Inpatient & Most Other Services	70% / 30% AD	80% / 20% AD	70% / 30% AD (Ambulatory Surgical Center 85% / 15%)
Rx Drugs	Tier 1 - \$5 Copay, Tier 2 - \$30 Copay, Tier 3 - 25% Co-ins, Tier 4 - 50% Co-Ins., Tier 5 - 50% Co-Ins. *Tier 3-5 Subject to \$50/\$150 Annual Deductible	Tier 1 - \$5 Copay, Tier 2 - \$30 Copay, Tier 3 - \$75 Copay, Tier 4 - \$125 Copay, Tier 5 - 50% Co-Ins. *Tier 3-5 Subject to \$250/\$750 Annual Deductible	Tier 1 - \$5 Copay, Tier 2 - \$30 Copay, Tier 3 - 25% Co-Ins., Tier 4 - 50% Co-Ins, Tier 5 - 50% Co-Ins. AFTER MEDICAL DEDUCTIBLE
Benefits For Out Of Network Providers (Not available for SelectValue)			
Annual Deductible (CY)	\$1500 / \$4500 (Not available for SelectValue)	\$5000 / \$10,000 (Not available for SelectValue)	\$7000 Single \$14,000 2 or more (Embedded) (Not available for SelectValue)
Office Visits	50% / 50% (Eligible Expenses- No preventive)	50% / 50% (Eligible Expenses- No preventive)	50% / 50% (Eligible Expenses-No preventive)
Inpatient Hospital	50% / 50% (eligible expenses)	50% / 50% (eligible expenses)	50% / 50% (eligible expenses)
Most Other Services	50% / 50% (eligible expenses)	50% / 50% (eligible expenses)	
Other Information			
Network	IHC Hospital Network, Value Network provides access in 12 Utah Counties, Med+ Network provides access statewide with additional access to out of network providers at a reduced benefit		
* All pricing is based on information provided, please see carrier proposal for underwriting disclaimers. Actual costs will be based on the final enrollment data of employees insured under the plan on its effective date. Above			