Plan Year: August 1, 2024 – July 31, 2025

**BRONZE PLAN** 

IN-NETWORK - SelectHealth HSA Plan

**SILVER PLAN** 

**GOLD PLAN** 

IN-NETWORK – SelectHealth	HSA Plan	HSA Plan	
<b>DEDUCTIBLE</b> (your deductible re	esets on January 1)		
Individual / Family	\$8,050 / \$16,100*	\$3,200 / \$6,400*	\$1,000 / \$2,500*
*if you are enrolled with a family member, each person is capped at the individual deductible			
MAXIMUM OUT-OF-POCKET			
Individual / Family	\$8,050 / \$16,100	\$7,500 / \$15,000	\$8,950 / \$17,900
PREVENTIVE CARE			
Annual Well Check, Immunizations, and Other Related Services	\$0	\$0	\$0
FACILITY VISITS			
Primary Care	\$0 after deductible	\$15 after deductible	\$20 copay
Specialist Visits	\$0 after deductible	\$35 after deductible	\$40 copay
Telemedicine – Connect Care	\$0	\$0	\$0
Inpatient Hospital	\$0 after deductible	30% after deductible	25% after deductible
Outpatient Surgery	\$0 after deductible	30% after deductible	25% after deductible
Emergency Room	\$0 after deductible	\$350 after deductible	\$350 after deductible
Urgent Care	\$0 after deductible	\$40 after deductible	\$40 copay
OUTPATIENT DIAGNOSTIC SER	VICES		
X-Ray Services	\$0 after deductible	\$0 after deductible	\$0
CT/PET Scan, MRI	\$0 after deductible	30% after deductible	25% after deductible
PRESCRIPTIONS			
Tier 1	\$0 after deductible	\$5 after deductible	\$5 copay
Tier 2	\$0 after deductible	\$30 after deductible	\$30 copay
Tier 3	\$0 after deductible	25% after deductible	25%
Tier 4	\$0 after deductible	50% after deductible	50%

## Choose your plan, then choose your network: Value or Med

The Value Network is a local network created to serve Utah, Salt Lake, Davis and Weber Counties. The Med Network provides national coverage.

Login to your benefit election portal to see your bi-weekly rates.

WholesomeCo pays 60% of your total medical premium!