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October 27, 2025

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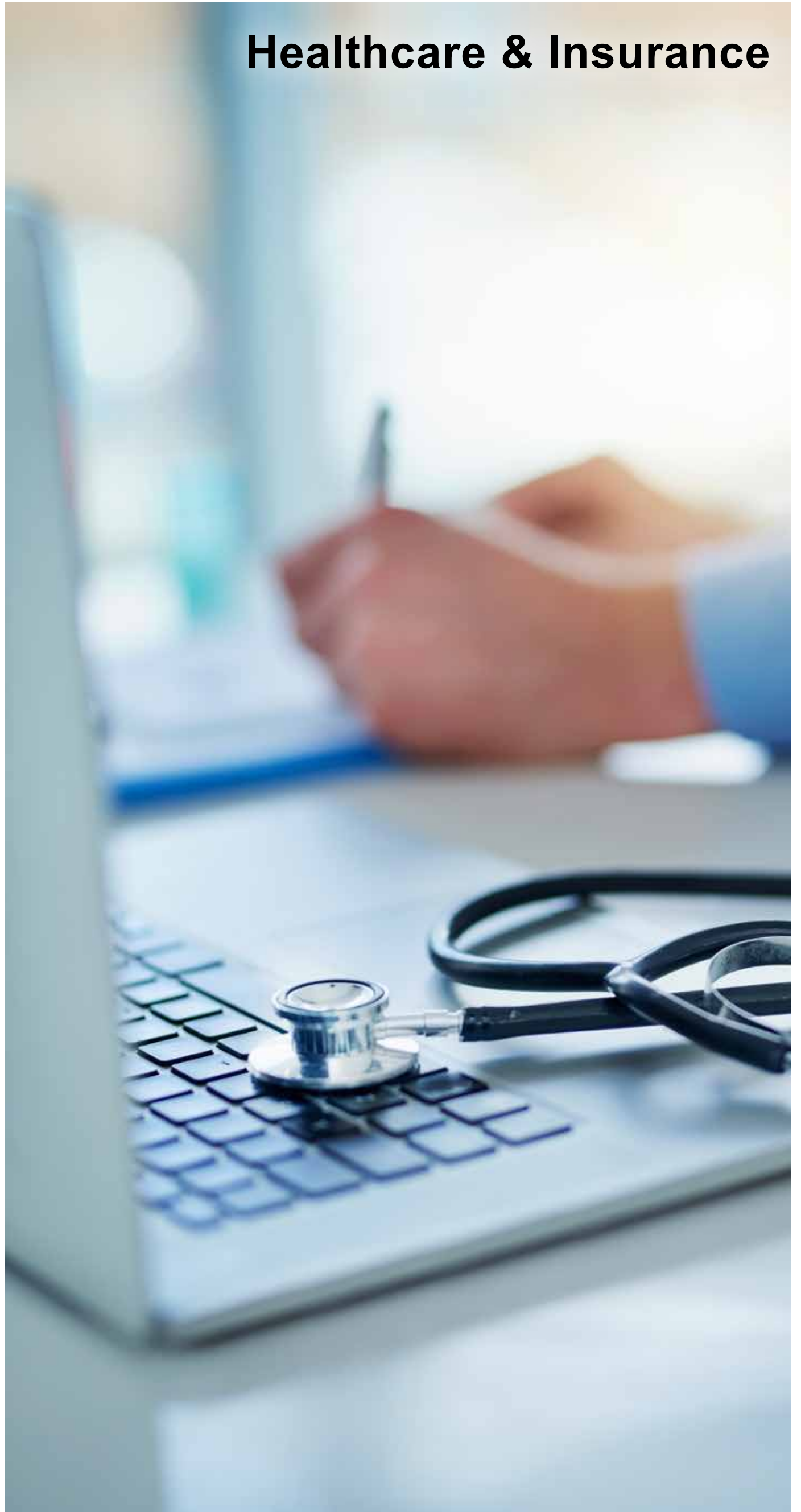
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Healthcare & Insurance

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The State of the Industry

A MEDICAL DEVICES INDUSTRY ROUNDTABLE

A *Salt Lake Business Journal* event hosted at Maschoff Brennan in Salt Lake City



Rick Gilmore
Registered patent attorney and partner, Maschoff Brennan
Moderator

PARTICIPANTS:

Dustin Williams, founder and chief science officer at Purgo Scientific and professor at the University of Utah’s Bone and Biochem Research Lab within the Department of Orthopedics.

Amanda LeMatty, program manager and engineer at the Center for Medical Innovation, the University of Utah.

Nate Gibby, director of marketing, BioUtah.

Jessica Brown, practice development manager, Neuronetics.

Derek Sakata, anesthesiologist at the University of Utah, vice chair of Perioperative Innovation, executive medical director for the southern service delivery area for University Health, and founder of two medical device companies.

Faith Chamas, research and development manager, Stryker Neurovascular.



Dustin Williams



Amanda LeMatty



Nate Gibby



Jessica Brown



Derek Sakata



Faith Chamas

Looking to the future of medical devices

The Business Journal recently convened a gathering of medical device industry leaders for a roundtable discussion at Maschoff Brennan in Salt Lake City. The following text was edited for clarity and length.

What does the future for healthcare and medical devices look like in Utah?

Dustin Williams: We're in the thick of developing drug-led combination products now, because you have to go with the primary method of action. There's an interesting trend and push, a heavy push in big companies, device companies, they want to know 510(k) first — where are they going to put their money? And that's basically their portfolios now — a huge focus on devices.

But there are these outstanding needs. Antibiotics are a good example. I launched Curza 13 years ago. The antibiotic space has been a bear to find funding, although there's a massive need with antimicrobial resistance going on, getting funding for it is nigh impossible. We've actually had quite a challenge here in Utah getting people in medtech, med devices, to give investments in the life science space, because everybody's so interested in Silicon Slopes. So I see a lot of these things that play and I think it'll be an interesting next 10 years to see what the FDA does. Are they going to continue with a lot of the regulations as they are, or will they help things get through?

I think [Utah] is a wonderful place to do business. There is a great community, tremendous support. If you are seeking it, people are willing to help you find the person you need. But if you're in software and tech, go for it. If you're in medtech, make sure you're ready for it.

Nate Gibby: You think in terms of where Utah stacks up nationally when it comes to med devices, we're No. 8 in terms of total employees in the med device space. And that's not per capita, that is No. 8. And you think about our population being somewhere in the mid-30s, we punch well above our weight in terms of number of employees. We have Stryker Neurovascular, we have Edwards Life Sciences and Merit Medical, and so we've got some pretty big medical device manufacturers.

In terms of where the future is, we also have a lot of great innovation that's occurring between what's happening at our universities — CMI is a huge development, BYU is getting more into the game — so we get a lot of these innovations coming out of our universities. One of our challenges is how to match this innovation with the capital that is required to take it to market and successfully commercialize that technology. In terms of geography, we have more going on here in real estate developments dedicated to the life sciences than potentially anywhere in the country, between what's going on at our universities, between the inland port, between the Medical Innovation Technology Research campus, the Point, and a couple of our labs, we've got a lot going on to try to help build and develop this ecosystem.

Part of the challenge is, how do we match the investment sources with the right opportunity? Do we have the right talent in place? What's the addressable

market? What's the team like? And sometimes you'll find that the inventors are not great operators, and vice versa. And so that's always a challenge, trying to get the right talent in place.

Derek Sakata: If you take the 100,000-foot view of what we need to achieve with medical devices, there's a futurist by the name of Buckminster Fuller. He states that we need to do more and more with less and less until we can do everything with nothing. So, asymptotically, we've got to get to this point where we help our clinicians do this. The statistics are a little concerning because the American Academy of Medical Colleges states that in the next 10 to 20 years, we'll have a shortage of 110,000 physicians in this country. In my profession alone as an anesthesiologist, in the next 10 years, half of all anesthesiologists in this country will be 55 years and older.

Faith Chamas: Some of the challenge is, how can we get those individuals? Utah, we know there's capital here, but for them to back that and that runway, knowing it may be 10 to 15 years before that ROI comes in or potentially doesn't, but taking that risk and showing that there's still an appetite. Now we have a lot of tech companies coming up with AI — that's what we're competing against. Sometimes, time to market or time to fail is faster for them.

What are some of the pros and cons that you see with artificial intelligence and generative AI in the medical device field?

Sakata: AI only knows what it knows from the past. That's the issue, right?. If you're extrapolating in the future, it can somewhat come up with that concept a little bit. But it does depend on those of us who are working in these fields to be able to see the future. And especially with something like the Center for Medical Innovation at the University of Utah, very rapid de-risking is kind of what we need to be able to do, and AI probably isn't quite there yet. ... We need small language models, so more specific to what we're working on.

Williams: I just appreciate the University of Utah having a responsible AI initiative. There are a lot of concerns out there, and I think some of them are valid. You can use AI for good or bad. So, I like that there's an initiative and a push to say, "Let's improve life. Let's improve all aspects of our workflow." I think it's great.

What are the biggest areas for growth in Utah in the next five to 10 years?

Gibby: I can tell you that we've got a lot coming in terms of AI with drug discovery. ... We need to continue to make these connections happen so that we can not only de-risk on the medical side of things, but also on the commercial and business side of things. Can we do things to connect these device startups with business resources? Between investors, mentoring, and legal resources, earlier on in the process, so that we can kill ideas that need to be killed sooner and/or give resources to the ideas that we really think can succeed?



Chamas: We have the recipe that we should be able to incubate these medical devices. But if you look from a medical device standpoint, there are the Becton Dickinsons, Strykers, already existing large medical device companies that have brought manufacturing here. We have great talent ... and we have capital. But the challenge is, why is that not developing that pool? I was involved with the startup last year and the feedback we're getting is that you need to go to California if you want a medical device to be funded.

And the question for us is, why? We have capital. We have talent. There's no lack of infrastructure. So I think the question there is, what is that missing link? And maybe we've been waiting for CMI to get going so that it can champion that. But that's what I ask myself, as even I look at opportunities within Utah, is a medical device similar to a Recursion from a therapeutic standpoint. We don't have that yet, a homegrown medical device.

I think we have all the ingredients; it just hasn't come together.

Sakata: And these engineers on campus here, the students, they're super-bright and they want to work on things that matter. We need to reach out to them to get those ideas going. I graduated from Loma Linda University. It does not have anything but medical there. So there again, it's separate. The University of Utah, I think the way we sell it is, we've got everything there. We have a law school. It's all right there, and you can basically walk to the different areas. It's like Utah, New Mexico, Colorado — there are all of these square flyover states. You don't stop here, but it's become more of a place that people stop. I think getting the word out and the lifestyle we have here ... are some of the things that we could do.

Williams: Health care, life sciences and AI are going to have this really big integration over the next five to 10 years.

The DOD so far has given us \$14 million to fund this product, and is filling the gap of having capital. If we didn't have the DOD funding and that's what the university's helping to make a big push of this scale — we've got to make sure we get more of this if we can — but they are very product-driven..

What misconceptions do people have about the medical industry in Utah?

Gibby: There are several broken links in the chain. ... And one of them is a

marketing problem. When Utah is mentioned, everyone has a similar reaction: "Well, why would we expand or invest in Utah?" I think we have to do a better job of telling our story of all of these resources that we have available to us, some of which we've already mentioned today.

So one part of it is telling our story. The other part is bridging the gap between capital that's there and having investable companies and not only do we have to get investors to look at them, but also we have to better train our early-stage startup companies and Series A and B so that they look more investable. From a policy standpoint, the good news is our state has really focused on life sciences as one of its core industries of focus. There are four or five of them; we're one of them. So they're starting to invest in things like the Utah Innovation Fund, now the Nucleus Grow. The state has put in \$4 or \$5 million in several different funds.

And I think the last one — this is certainly not exhaustive — but can we find ways to help leverage companies like Stryker to get involved with our small and mid-sized companies to help raise them up. And what does that look like? I don't know yet. But those are some of the conversations that we've got to have to achieve our goal of making Utah the most nutritive place for a life-sciences and/or medical device-specific company.

Chamas: I think Utah has engineers. We're not very good at marketing ourselves. We could be the smartest engineer, but we just want to sit in the lab, tinker and maybe we miss opportunities because we're not really talking about the cool things we're doing. In reaching out to individuals, I'm looking for a niche talent and a lot of the individuals who have the skill set are in Pennsylvania, so I'll reach out and most of them say, "The role sounds great, but I don't want to move to Utah." It goes back to marketing. It's how do we show the benefits of Utah?

Gibby: With BYU's medical school also coming online, that's a big deal. ... The president of BYU ... talked about how they're collaborating, how the University of Utah is reaching out to BYU to help them bring that up to speed. And that's going to play a significant role as well in terms of what we've got going on here in the state of Utah to help bring med devices online. Again, the medical school's part, but can we bridge the gap between what's going on from a business standpoint and our company and formation and commercialization

with what's going on in academia and really have a center where we may turn Utah into the foremost innovator when it comes to medical innovation. It's a big challenge. ...

And if I might also go back to the FDA, because it has its place and we need it. We all benefit from the FDA. And with cuts earlier this year, a lot of their regulators or account managers ... being cut, it's created a real problem for device manufacturers trying to get their stuff through the FDA. I think some of that's starting to come back, but we also have the head of the FDA Center for Devices and Radiological Health, CDHR, who is coming to our event in the fall, and we've had the person in that chair participate in Utah events for the past four or five years. ...

Amanda LeMatty: I moved to Utah five years ago and ... chose to come here for a variety of reasons. But I do think that there's this sentiment of, if you're not on a coast, you're somehow living 10 years behind everyone else. With time, the growth that Utah has and then being able to market that to some of these areas that are known as life sciences hubs, Utah will end up being another great place in the U.S. for that.

How do we spread awareness and get startups more involved?

Chamas: I think we need to create more roundtables. I know we're all busy, but we make time for what's important. I think we need to find a forum where we bring the interested parties in and show them the importance of this, because the impact of influencing policy is transformational for an organization.

Williams: I had the pleasure of being in the trenches with my students, with development, with the engineers, with our regulatory consultants drafting documents, strategizing, and then I've also been on that other side of, what's the business strategy, what's the market? So, I am grateful that I'm now getting this experience on all fronts, and I think really moving the needle, the regulatory consultants, I think having some of them at a table or learning, because they're just in the thick of face-to-face interactions with the FDA.

Sakata: You mentioned getting time; that's the issue. And I think that's the issue with CMI with us, because I work 50 hours a week in the operating room. I'm doing all this stuff on the weekends, when I get home, and as I get older, it gets harder to keep my mind going that much. Breaking things into bite-sized pieces. So you've got that surgeon who says, "I've got this idea." The way they approached him is the way that Jim McDonald did with me and said, "Hey, we've got this DOD grant. It's due in three weeks." I'm like, "No way, man. There's no way we're going to get that done." "What I need you to write today is this paragraph. This is what needs to be done. Send that to me. Tomorrow, we're going to address this [other part]."

Williams: The partnership. I have multiple clinicians. I basically never ask them to write anything other than just to review, but the Ph.D./M.D. partnership has been huge for us, because you need that expertise. As a Ph.D., I don't appreciate what happens in the clinic first-

hand, so I need to have their knowledge base, but they don't have time to write.

LeMatty: I think that a way to help [startups] and what we're trying to do at CMI is create a community within the building. So that's why we have these incubator spaces, these other resources. I think that that's a big thing that Utah, in particular, does have. With BioUtah and then the events that they host, I've gone to every single one since I've been here. It's been a great way to meet different companies, hear about what other people in Utah are doing, and then, with BioHive, it's another great way to build community.

When do questions about intellectual property come up?

LeMatty: I think it depends on the person. I know for the students I work with, it's either something they're thinking about before they even have a device and they just want to have their name on a patent, or it's something that they don't



really consider until it's time to make sure that their device is protected before they have a public disclosure. I find it happens at either end. At least for what I do in our program and try to talk about it throughout, IP should be something you are thinking about throughout the development of your design, then figure out the exact time when you need to file to give yourself the most protection for your ideas.

Williams: The University of Utah has a fairly good system. They're good at getting you a little bit of groundwork laid. But then you basically have to launch a company to license the technology and catalyze it forward. But I think the university does have a mindset of making sure your IP is at the forefront, because if you have an idea and if you're going to publicly disclose, you need to make sure you've got coverage.

Sakata: I think that's where interfacing with you and others who are in this space is really beneficial. Another thing that was interesting when I first came here was, I explicitly said I wanted to train in anesthesiology, but my main goal is to develop medical devices, so I developed the first one in my senior residency. ... The thing about academic promotion, it's gotten better, but putting stuff into the public domain, as an academic, you're like, "I got published, I've got to speak about this." It's like, "No, no, no. No, you don't. Not yet." That's not well known to a lot of our faculty. And to get promoted, they look at, still, how many

promotions do you have? How many speaking agents do you have? I don't have as many as my colleagues who are purely in the educational realm, because even now with their devices, we're looking for publications, but my name is better not to be on there for any conflict of interest. So, a lot of times, most of the stuff we're publishing does not have my name on it, and that is counterintuitive to an academic institution.

Williams: I spent 16 years at the VA, and I'm as transparent as can be. I was religious with my conflict-of-interest submissions to the VA and UofU. And nine years after beginning to submit, I got a message from the central office of VA, Washington, D.C.: "Hey, looks like you're developing a product, and that's a conflict of interest that we in essence are unwilling to waive. So you either need to get rid of all your equity and all your companies, or you need to no longer do the research you're doing and shift your focus so you can maintain your equity in your product, or you need to leave the VA." I left the VA.

The University of Utah is very unique, and kudos to Utah that has built this kind of fusion of being able to invent, create and develop, but also from an R&D perspective, academic faculty perspective, because they allow you to, for as long as you give the conflict of interest, you make it public and it's known and you have a management plan, which I do, we all do. But I speak with so many of my colleagues elsewhere — I won't list off places — but they cannot do this. They have to cut their time. If you're going to be working on that product that has commercialization potential, you cannot be on campus.

Sakata: The patent on the industry side is as important to us on the academic side. It's like, "Do you have a hypothesis?" Because sometimes people submit stuff, it's like, "So what's your hypothesis? Can you build a power analysis on this?" And that on the academic side is hard, so it's like the same thing in two different realms.

If you were ever king or queen for the day, what would you change about the regulatory environment here in Utah to make it better for you?

Williams: Strongly consider making it a safety-based review instead of having to prove efficacy. Your product, if it's effective, you can show that, you can publish on it, you can make that happen. Great. But it shouldn't necessarily be a major hinge point, as far as if the company has something that's better or if they

think they have something that's better, the market will pan that out. But safety should be a major concern, which it is to a large degree, but you still have to flesh out both. But that safety aspect is, I think, what should be the bigger focus.

Sakata: Ours is more of an issue on the federal rather than the state level that we've noticed more than anything else. I do think Utah could probably take a prominent role in discussing things. Mike Leavitt and others passed out of HHS that even with the things that are happening in HHS right now, it's like, "Could we have a voice from Utah state that, yeah, here's some of the ideas that we have?" I think that could be really helpful to help influence regulations on the federal side.

Williams: I don't know that there are grants in this space. I'm not saying the FDA should give grants, but what if there's a federal grant that can be given to the FDA to remove the cost burden to startups? Because just for a new drug application, it's \$5 million. And that's just to have the FDA review the NDA. Where in the world do you come up with \$5 million from an investor here? The NIH is not going to pay that. They don't support regulatory fees.

Chamas: I think one of the gaps we have is the lack of cross-pollination between our various industries that we have in Utah. We have a lot of diversity, we have therapeutics, we have medical devices, we have startups, we have tech companies. But there isn't really a hub where we come and talk about the problems that we have, because that's really where we are going to get those disruptive technologies coming out of it.

If I were a king or queen one day, I would develop a platform where, IP aside, companies can just have 10 minutes and say, "This is what's keeping me awake." It's not a place for a solution, but this is the problem. And hopefully from that, there's breakout rooms. If we had a platform like that, amazing things would come out of that. We have a lot of smart people here, a lot of people are doing amazing, cool things across the street from each other, but we're not sharing those ideas. And just imagine what could come from that.

We have such strong life sciences and medical device technologies here in Utah. What are some of the unique advantages and disadvantages in the state?

Gibby: Our workforce and the talent we have to make it happen [is an advantage], especially with what's coming out of our universities. We need to do a better job of connecting that talent with real opportunities within businesses. I know several people who are Ph.D.s who can't get a job here and so we need to fix that. ... Lifestyle is huge, but we also need to continue to say, "We have all of the resources for you to be successful. Look at all these innovative things that are going on." ... Connecting the innovation to capital is huge.

I think one of the things that defines Utah is our spirit of collaboration. This goes back to pioneers, when they were trying to get people across the plains and they used the people who were already

BENEFIT BROKERS

Ranked by Number of Utah Employees 2024

BUSINESS JOURNAL List

	Company Name Address	Phone Web	No. of UT Employees	Premium Volume UT 2024	Year Est.	No. of Licensed Agents UT	No. of UT Offices	No. of Worldwide Offices	Specialties	Owner/Local Executive
1	GBS Benefits, A Leavitt Group Company 2200 S. Main St., Ste. 600 SLC, UT 84115	801-364-7233 gbsbenefits.com	211	*	1989	46	4	10	Employee benefits, consulting services, highlighting population health strategies, compliance & providing a superior employee experience	Gordon Brown Consultant, SVP
2	Moreton & Company 101 S. 200 E., Ste. 300 SLC, UT 84111	801-531-1234 moreton.com	190	\$585M	1910	180	3	5	Commercial insurance, group employee benefits, voluntary benefits, surety, public entity, construction, healthcare	Todd Smith President
3	HUB International 75 W. Towne Ridge Pkwy. Tower 2, Ste. 400 Sandy, UT 84070	801-727-6000 hubinternational.com	180	\$400M*	2002	44	2	570+	Employee benefits, self-funding, renewal forecasting, data analytics, benefit communications	Marc I. Cohen Chairman & CEO
4	Gallagher 6967 S. River Gate Drive Ste. 200 SLC, UT 84047	801-924-1400 ajg.com	135*	\$300M*	1927	14*	2	150	Insurance, health insurance, employee benefits, risk management, consulting	J. Patrick Gallagher Jr. CEO
5	Beehive Insurance Agency Inc. 4393 S. Riverboat Rd., Ste. 200 SLC, UT 84123	801-685-6860 beehiveinsurance.com	62	\$156M	1961	60	3	3	Association health plans, data analytics, comprehensive group benefits, alternate funding	Tyson Perkes President
6	CUI Employee Benfits 7730 S. Union Park Ave., Ste. 250 Midvale, Utah 84047	385-202-4704 cuibenefits.com	51	*	1969	14	1	1	Medical, dental, vision	Tanner Owens Jason Knight Michael Sayre
7	Brown & Brown 257 E. 200 S., Ste. 700 SLC, UT 84111	801-505-6500 bbrown.com	39	*	1994	10*	1	508	Employeee benefits, risk management, data analytics, consulting, communications, technology wellness	Melody Jensen Senior Account Mgr.
8	Utah Business Insurance Company 10421 South Jordan Gateway Blvd. Ste. 400 South Jordan, UT 84095	801-889-1300 utahbic.com	26	*	2006	80*	1	1	Workers' compensation insurance, loss control consulting/training, claims management—helping you keep everyone safe	Ronald E. Nielsen President & CEO
9	NFP 489 W. South Jordan Pkwy. Ste. 310 South Jordan, UT 84095	385-237-4000 nfp.com	23	\$250M*	1987	14	1	350	Benefit & retirement plan consulting, wealth management, risk management, HR solutions	Sam North SVP
10	Altura Benefits 428 E. Winchester, Ste. 200 SLC, UT 84107	801-263-2900 alturabenfits.com	15	*	2005	14	1	1	Providing group employee benefits, personal health, life & medicare insurance plans	Craig Paulson President
11	DPW Benefits LLC 5525 S. 900 E., Ste. 100 SLC, UT 84117	801-355-3535 dwpbenefits.com	11*	*	1980	5	1	1	Major medical health, dental & vision, Medicare gap & advantage plans, life insurance, disability protection	Clair Naylor Principal
12	Ark Insurance Solutions 655 E. 4500 S., Ste. 210 SLC, UT 84107	801-901-7800 ark-ins.com	4	\$11M	2010	8	1	1	Individual & family health insurance plans, employee benefit plans, dental plans, vision plans, life insurance, Medicare	Rebecca Yates CEO



*Did not disclose. Please note that some firms chose not to respond, or failed to respond in time to our inquiries. All rights reserved. Copyright 2025 by Salt Lake Business Journal. The Business Journal strives for accuracy in its list publications. If you see errors or omissions in this list, please contact us at lists@slbusinessjournal.com.

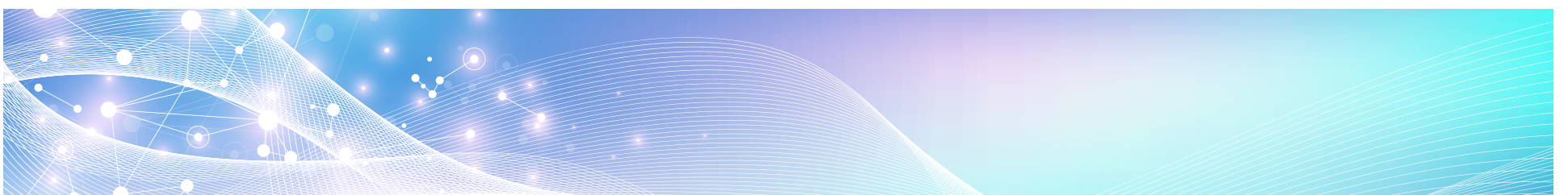


COMMERCIAL INSURANCE COMPANIES

Listed by Premium Volume in Utah 2024

BUSINESS JOURNAL **List**

	Company Name Address	Phone Web	Premium Volume in Utah 2024	No. of Utah Licenced Agents	No. of Utah Employees	No. of Utah Offices	Number of Worldwide Offices	Specialties	Year Est.	Owner/Officer
1	IMA 95 S. State St., Ste. 1300 SLC, UT 84111	801-325-5000 imacorp.com	\$1.4B	100	125	1	26	Focus on working with high-growth companies at all stages from startup through IPO to mature industry leader	2001	Spence Hoole
2	The Leavitt Group 136 S. University Blvd. Cedar City, UT 84720	435-586-6553 leavitt.com	\$956M	245	720	26	280	All lines of insurance including commercial, personal, life, health & benefits	1952	Eric O. Leavitt CEO
3	Marsh USA Inc. / Mercer Health & Benefits 15 W. South Temple, Ste. 700 SLC, UT 84101	801-533-3600 marsh.com mercercorp.com	\$740M*	51*	45	1	400	Property, casualty, health & benefits brokerage & consulting	1923	Cherie Wood Richard Valenzuela
4	Moreton & Company 101 S. 200 E., Ste. 300 SLC, UT 84111	801-531-1234 moreton.com	\$585M	180	190	3	3	Commercial insurance, group employee benefits, voluntary benefits, surety, public entity, construction, healthcare	1910	Todd Smith President & CEO
5	Arthur J. Gallagher Risk Management Services Inc. 6967 S. River Gate Drive, Ste. 200 Midvale, UT 84047	801-924-1400 ajg.com	\$325M	18	65	1	700	Risk management, loss-sensitive programs	1927	Michael Wade Regional EVP
6	The Buckner Co. Inc. 6550 S. Millrock Drive, Ste. 300 SLC, UT 84121	801-937-6700 buckner.com	\$214.1M	25	125	3	8	Construction, habitation, bonding, trucking, healthcare, medical benefits	1936	Terry Buckner CEO
7	Beehive Insurance Agency Inc. 4393 S. Riverboat Rd., Ste. 200 Salt Lake City, UT 84123	801-685-6860 beehiveinsurance.com	\$122M	60	62	3	3	Trucking, construction, manufacturing, nonprofits, employee benefits	1961	Tyson Perkes President
8	American Insurance & Investment 448 S. 400 E. SLC, UT 84111	801-364-3434 american-ins.com	\$80M	12	35	1	2	Commercial, personal, employee benefits, professional liability	1950	Kendall A. Nelson President & CEO
9	Summit Risk Management & Insurance 7430 S. Creek Rd. Sandy, UT 84093	801-563-1131 summit-risk.com	*	10	18	1	2	Contractors, bonds, manufacturing, trucking, healthcare, property	2000	Brent Koplin Managing Partner
10	Reliance Risk Mgmt. & Insurance 13894 S. Bangerter Pkwy. Ste. 200 Draper, UT 84020	385-722-2240 reliancermi.com	\$25.2M	4	8	1	1	Business insurance: workers compensation, general liability, property, contractor bonds	1986	Matthew D. Hunter President
11	Goldenwest Insurance Services 5025 S. Adams Ave. South Ogden, UT 84403	801-621-4550 gwcu.org/insurance	\$17.4M	10	10	1	1	Auto dealer & service; aviation; contractors; farm & crop; homeowners' associations; manufacturing; medical practice; restaurants & retail; workers' compensation	2013	Kerry H. Wahlen President & CEO
12	USI Insurance Services 1100 E. 6600 S., Ste., 280 SLC, UT 84121	801-713-4550 usi.com	*	30*	32*	1*	180*	Risk management, alternative risk, loss control, claims management	1994	Shea Christensen VP Property & Casualty Select Real Estate Producer
13	Trustco 2735 E. Parleys Way, Ste. 305 SLC, UT 84109	801-278-5341 trustcoinc.com	*	25	35	2	2	Commercial lines, personal lines, small business, workers compensation, employee benefits, flood, earthquake, landslide, life and health, etc..	1973	Nathaniel Wayman Regional Select Practice Leader
14	Poulton Insurance Services 2137 E. 3300 S. SLC, UT 84109	801-484-4477 poulton insurance.com	*	9	18	1	1	P&C insurance, commercial insurance, workers compensation insurance, personal lines	1956	Michael Poulton
15	SentryWest Insurance Services 3860 S. 2300 E. SLC, UT 84109	801-272-8468 sentrywest.com	*	12	54	6	6	Commercial & personal insurance, property & casualty, condo, HOA, apartments, lessor's risk, manufacturing, realtors	1976	Brayden Jessen CEO



HEALTH INSURANCE COMPANIES

Ranked by Number of Utah Individuals Covered in 2024

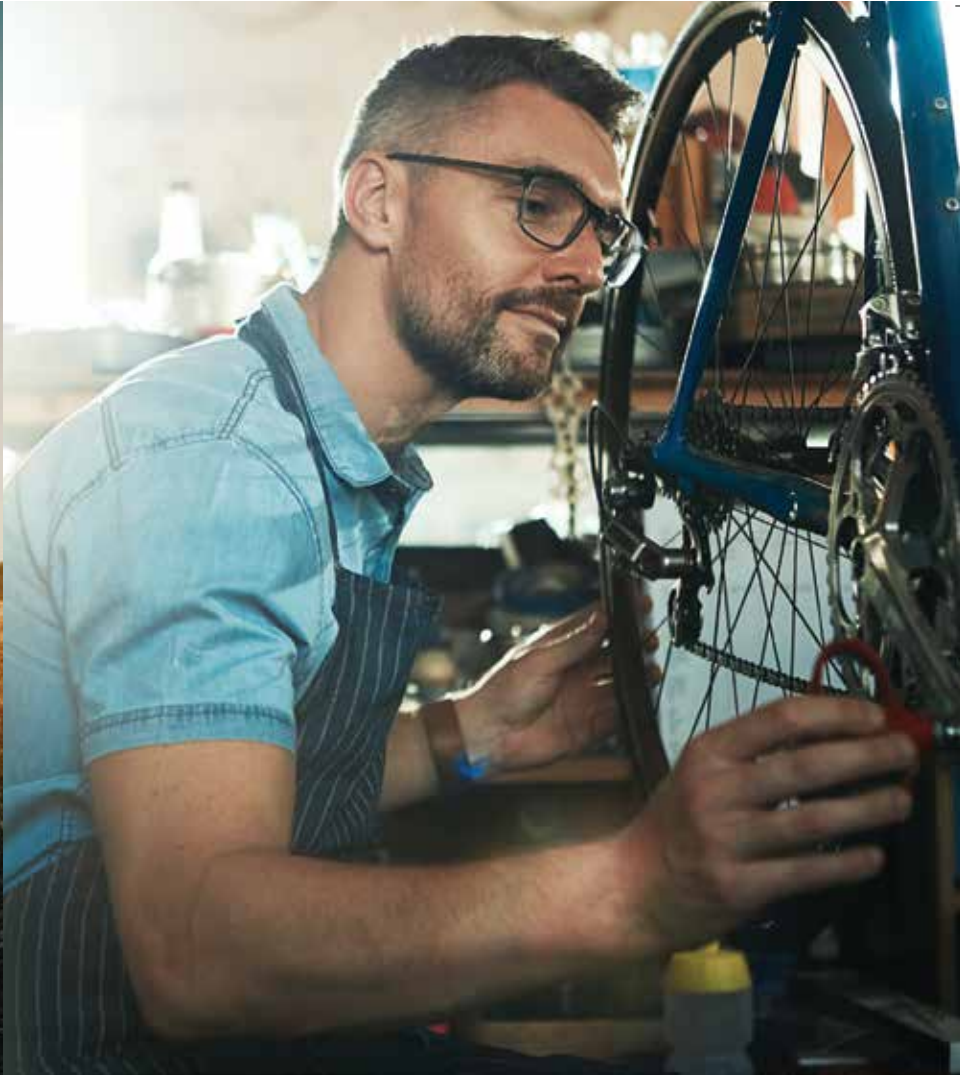
BUSINESS JOURNAL List

Company Name Address	Phone Web	Number of Utah Individuals Covered in 2024	2024 Utah Premium Volume	No. of Utah Employees	No. of Utah Offices	No. of Offices Worldwide	Year Est.	Insurance Products Offered	Top Local Executive
1 SelectHealth Inc. 5381 Green St. Murray, UT 84123	800-538-5038 selecthealth.org	916,729	*	2,000	1	4	1983	Individual and group medical plans, dental, vision, pharmacy benefit management, Medicare Advantage, Medicaid enrollees, Children's Health Insurance Plan (CHIP), Federal Employee Health Benefits (FEHB) plan	Robert Hitchcock President/CEO
2 Regence BlueCross BlueShield of Utah 2890 E. Cottonwood Parkway SLC, UT 84121	888-367-2119 regence.com	734,000	\$1.4B	447	1	1	1944	A full suite of scalable wellness & health insurance products, as well as options for life, dental and vision	Jim Guemple Utah Market President
3 United Healthcare P.O. Box 30769 SLC, UT 84130	877-632-0221 uhc.com	470,000	\$6.6M	1,391	*	*	1977	HMO, PPO, Level Funded, dental, vision, life, disability, critical illness	Kim Sonerholm, CEO at United Healthcare for Nevada/Utah/Idaho
4 EMI Health 5101 S. Commerce Drive Murray, UT 84107	800-662-5850 emihealth.com	300,000	\$277M*	242*	1	2	1935	Medical, dental, vision	Ryan Lowther Executive VP
5 University of Utah Health Plans 6053 Fashion Square Drive Ste. 110 Murray, UT 84107	833-981-0214 uhealthplan .utah.edu	203,810	\$715M	380	1	1	1998	Commercial group (fully insured, self-insured & level-funded), marketplace individual plans (on and off the exchange), Medicaid & Medicare Advantage	Chad Westover CEO
6 Humana *	855-579-1976 humana.com	183,806	*	152	*	1	1980	Medicare Advantage, dental, vision, life, wellness (Go365)	Catherine Field SVP & Medicare Division Leader- West Division
7 Molina Healthcare of Utah 7050 S. Union Park Ave. Ste. 200 Midvale, UT 84047	888-483-0760 molina healthcare.com	20,000	*	350*	1	15 States	1997	Medicaid, Molina Medicare, Integrated Medicaid/Medicare (Duals), Molina Marketplace	Brandon Hendrickson President, Molina Healthcare of Utah & Idaho
8 Goldenwest Financial Services dba Goldenwest Health Insurance 315 N. Marketplace Drive Centerville, Utah 84014	801-786-8160 gwcu.org/protect/ employee-benefits/ corporate-health	5,231*	\$38.2M*	10	1	1	2017	Group Health Insurance; Group Dental Insurance; Group Vision Insurance; Group Life, Accidental Death & Dismemberment, and Disability; Group Supplemental Products; COBRA Administration; HRAs; HSAs; FSAs; DCFASAs; Section 125	Kerry Wahlen President & CEO
9 Aetna 10150 Centennial Parkway Ste. 450 Sandy, UT 84070	801-256-7000 aetna.com	*	\$60.2M*	1,000+	1	40	1953	Group health, individual health, group dental, group vision, group life & group disability	Sean Liedtke Director of Account Management Utah, Nevada, and Wyoming



*Did not disclose. Please note that some firms chose not to respond, or failed to respond in time to our inquiries. All rights reserved. Copyright 2025 by Salt Lake Business Journal. The Business Journal strives for accuracy in its list publications. If you see errors or omissions in this list, please contact us at lists@slbusinessjournal.com.





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Successful leadership built on relationships and connection leads to superior patient care

Becky Ginos
The City Journals

Whether it's a hospital or a business, both face some of the same challenges. Tariffs, higher costs and difficulty keeping good people are across the board. The approach might be different but the end goal is the same: making the patient or customer No. 1.

"Most hospitals have an excellent playbook and we have consultants advising us on where to pivot," said Lakeview Hospital CEO Troy Wood. "Most businesses also have a great playbook. The question is, why do some succeed at execution and why do most fail? It's engaging your people. We know what to do, but why do some do it and others don't? This comes down to relationships."

The key to managing change and solving problems is engagement, he said. "When people are engaged, it leads to superior patient care."

Leadership is all about relationships, Wood said. "When relationships are strong then the leader can share the vision and set goals. Only then will that matter because the team is buying into the vision because it's being set by someone they trust."

Trust is built when leaders see their people as people, not cogs in a wheel or objects, he said. "At Lakeview, we do not have an organizational chart. We have a 'Chart of Supporting Relationships' where the patient is at the top, not the CEO."

The CEO is at the bottom, supporting the immediate team that supports the larger team that then supports the patients at the top, said Wood. "When they're all collaborating and working together rather than conflicting and fighting for resources, then we can stay focused on what matters: the patient."

If they understand those needs, the objectives and the challenges that the other department has, they can jump in to help them, which ultimately helps their department achieve goals as well, he said. "So that to us is building this team whose ulti-



Lakeview Hospital will be impacted by the One Big Beautiful Bill, as will all health care in general. (Becky Ginos/The City Journals)

mate responsibility is to the patient."

Health care is changing rapidly. Some of the trends Wood sees in health care are:

Value over volume: Payers and providers are aligning around outcomes and quality, not just procedures.

Technology-enabled care: Telehealth remote monitoring and AI-driven diagnostics are becoming the standard rather than supplemental.

Workforce well-being: Focus on burn-out prevention, flexible staffing models and supporting caregivers is becoming just as important as patient care.

With growth comes challenges. Wood said he is facing some of the same problems as businesses:

Staffing shortages: Nursing and specialty shortages remain the No. 1 challenge. Recruiting and retaining talent, while managing burnout, is critical.

Financial pressures: Rising costs for labor, supplies and pharmaceuticals while reimbursement often lags behind.

The One Big Beautiful Bill is not kind to health care in general, he said. "There are major reimbursement cuts coming. We have always been cost-conscious but this will take it to another level."

Behavioral health demand: Hospitals

are caring for more patients with behavioral health needs. "Lakeview has two psychiatric units that service our 18-plus population, inpatient detox services, ECT and an outpatient mental health and substance abuse therapy program."

Aging infrastructure: Many hospitals need capital investments in technology and facilities to keep up with modern medicine.

Wood sees new innovations in the industry on the horizon and some are already here. "Artificial intelligence and predictive analytics help clinicians spot problems earlier, streamline documentation and improve workflows," he said. "Minimally invasive procedures are allowing patients to recover faster, reduce length of stay and return home more quickly."

There's a lot of technology coming that has enhanced care, said Wood. "Some of it could be implemented immediately today but won't because there's a lot of regulatory factors that would go into them."

There's a lot of AI that could immediately transform health care, he said. "There's elements of health care already being supported by AI but when the regulatory bodies approve certain things

you'll see it really take off."

For example, a patient can go to a physician's office today and they might have their cell phone in their pocket, said Wood. "If you notice it there, you could ask, 'Oh, is that helpful to your medical record?' And the answer would be, 'Yes, this transcribes our conversation in AI.'"

It takes the conversation and it creates a diagnosis, he said. "The doctor has to confirm it. It's not like AI is going to finish it off. It decides 'OK it looks like we're aiming at this. The patient's follow-up needs to be this.'"

When the doctor leaves the office or that particular room, they can go to the computer and check that it's right instead of creating it, he said. "That might be 15 more minutes in that doctor's day, they can see that many more patients and the accuracy is phenomenal."

That's not happening in hospitals yet, said Wood. "It will. Where a nurse spends a great deal of their time charting, they could walk out of a patient's room and not have to worry about that part. That's amazing. They can go onto the next patient so that's definitely on its way and I hope sooner than later."

Other advancements in patient care include:

Patient-centered design: More hospitals designing care models around the patient journey — from ER through discharge — to reduce stress and improve safety.

Enhanced imaging and cath lab technology: Lakeview is purchasing the new Philips Azurion cath lab, a \$2 million investment to bring state-of-the-art technology locally.

Interdisciplinary care teams: Physicians, nurses, pharmacists, therapists working more collaboratively to improve outcomes.

Everything the hospital does is for the patient, said Wood. "When everyone shares a common goal, which is to care for our patients like our closest loved ones and to focus on the care and improvement of human life, we are able to execute our strategies which ultimately result in measurable success."

Open enrollment for health insurance beginning

Open enrollment for 2025 health insurance, which will cover 2026, runs from Nov. 1, 2025, to Jan. 15, 2026, for most states. Enrolling by Dec. 15, 2025, guarantees coverage that starts on Jan. 1, 2026. If you miss this period, you can enroll only if you qualify for a Special Enrollment Period (SEP) due to a qualifying life event, such as moving, getting married, or losing other coverage.

Health Insurance Marketplace (ACA)

For most states using HealthCare.gov, the key dates are:

- **Nov. 1, 2025:** Open enrollment begins. This is the first day to enroll in, renew or change a health plan for 2026.
- **Dec. 15, 2025:** Last day to enroll for coverage to start on Jan. 1, 2026.
- **Jan. 15, 2026:** Open enrollment ends. If you enroll between Dec. 16 and Jan. 15, your coverage will begin on Feb. 1, 2026.

Some states have their own marketplaces with different deadlines. For

example, Idaho's enrollment period is from Oct. 15 to Dec. 15, 2025, for 2026 coverage.

Medicare

Medicare's annual enrollment period for people already on Medicare is from Oct. 15, 2025, to Dec. 7, 2025. During this time, you can:

- Switch to a Medicare Advantage Plan.
- Join a Medicare Prescription Drug Plan.
- Switch from a Medicare Advantage Plan to Original Medicare.

Special Enrollment Periods (SEPs)

If you miss the standard open enrollment period, you may still be able to get coverage if you qualify for a Special Enrollment Period (SEP). A qualifying life event could include:

- Losing your health coverage.
- Getting married.
- Having a baby.
- Moving.

Where to enroll

- For most individuals and families: Use HealthCare.gov or your state's health insurance marketplace if your state has one.
- For federal employees: The "Open Season" period is a separate enrollment period for federal employees.
- Through an employer: The open enrollment period is determined by your employer. You should contact your supervisor or human resources representative for details.

What to do during open enrollment

- Update your application: It is important to update your application, even if you had coverage for 2025 to reflect any changes in income or household, and to explore new plans.
- Compare plans and prices: Make sure you have the right savings and coverage for the upcoming year.
- Gather documents: Have necessary information ready, such as names,

dates of birth and Social Security numbers for everyone on your plan.

Important considerations for 2025-26

- **Check for changes:** Your current plan may change its coverage, providers and costs for the new year. Reviewing your options allows you to find a plan that better fits your needs or saves you money.
- **Tax credits may expire:** Extended and enhanced tax credits that have made Marketplace coverage more affordable since 2022 are set to expire at the end of 2025. Congressional action is needed to extend them.
- **Subsidies for low-income individuals:** You may be eligible for a subsidy to help pay for health insurance. Update your financial information during enrollment to confirm eligibility.
- **Coverage changes:** For 2026 plans, you can review new benefits, including a cap on out-of-pocket costs for prescription drugs under all Medicare plans.

ROUNDTABLE

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here to fund those coming across. And so, we think, “How can we facilitate a collaborative environment where we help each other out?” And that’s one of the big questions that we’re wrestling with now, is what does that really look like and how do we do that? ...

We need to change that notion of competition versus abundance, scarcity and abundance, because I hear what you’re saying and that’s a real issue, but we think there are enough investors out there, and investors know investors that if it’s not this particular VC firm or private equity group, whatever, that there are others out there that we need to bring to the table. I think one of the big challenges is that we have to let capital sources know that first, we’re on the map and we have these resources. On the flip side, not only do we need to get the capital here, but then we also have to do a better job of preparing our companies to pitch to them and look at the criteria that they’ve got. ... I won’t mention names, but we had this happen just two months ago, where we had a company here in Utah that could change the landscape, big time. And their CEO stands up, and he’s talking about very minute scientific issues in front of a bunch of business and government folks, and he’s comparing it to Russia. And we’re listening to this, thinking, “What does this have to do with anything?” You’re better than Russia. Great. I want to be better than Russia, but how is this going to affect us? How will this impact the market? And this company has the potential to do tremendous things, not only in Utah but in the global health care environment. ... But short of it is that his inability to talk about the real-world applications in people’s lives is what’s going to continue to cost us and cause us problems. ...

Williams: I’ve been on at least 150 pitch calls in the past two to three years. I was part of the MedTech Innovator program ... and it is like pulling teeth to get capital here in Utah for medtech. And we haven’t been able to specifically identify why or what, but I’ve asked every possible connection I can. ... It’s a challenge. ...

Jessica Brown: We’ve talked a lot about innovation and startups and getting these

companies going. OK, great, now that you have it, it’s FDA-cleared. What are the challenges that you’re facing getting it to the actual patient and to the consumer? Because that’s what we face a lot. We have this amazing technology, it is FDA-cleared, yet we can’t get every patient to get it because of different regulations ... insurance paying for it. So, what has been your guys’ experience with that and how do you regulate that, monitor that, and set those expectations so that you don’t feel defeated when it comes down to actually getting it to the person who, the whole purpose behind this and the whole purpose that you spoke about was to give this to the patient? And you’ve created it, then now what? How do we get it to them?

We had FDA clearance in 2008 for a device as a second line of treatment for adults. We got FDA-cleared last year for kids, 15-to-21-year-olds, as a first line of treatment to treat depression. And yet kids can’t get it and paid for by insurance. We have all this amazing technology and all these wonderful things that we’ve created, but we’ve created them for who? Why can’t we get it to them? ...

[Insurances are] requiring a patient to fail four medications before they can get a non-invasive, non-drug treatment that works and is safe. That’s a big struggle in the medical device industry is actually getting it to the patient.

I’ve had an opportunity to actually sit down with Senator Kwan and she hears it, she sees all these things. But, I think, to your point, it’s just having more roundtable discussions about technology and what it is going to do for people. That’s the ultimate thing that we’re trying to do here: It’s for the person. It’s for that kid. So, that’s the underlying thing for me.

Sakata: We’re going through that with our fourth device right now. Price point? Who’s going to buy this? Why would they buy this? And luckily, I’m the hospital administrator, plus I’m a clinician. So, with my colleague, I’ll say, “OK, let me put my clinician hat on. Safety? Love it. Yeah. Preservation? Love it.” “Now let me put my administrator hat on. So, you want to sell this device to me? Is it safer, but are we having a problem? Why do I need to spend more on this? I’m not hearing anything from the anesthesiologist that we’ve got a problem.” That’s where you kind of get this interplay, which is good. AI is kind of good for that, too. I

still think at the University of Utah, I’ve talked about this with my colleagues at the department, one of the gaps we need to [address] is some place where companies that have products can come in and just showcase it, right?

It’s like, “We understand ... it’s your company, but we want you to come in with your competitors [and] show it to us. And show it up against Prozac, or whatever else you’re going to do.” And I get half a dozen emails a day of people trying to sell me stuff on the hospital administrator side. I was like, “Next, next, next, next.” But, these are all people who are trying to get the products in. And for all I know there’s some sort of goldmine there, but there is no way in my role at University Health that I can even vet any of this stuff. No idea.

LeMatty: We actually have a new program that is specifically focused on that, which we’ve started in the past six months. It’s called the Clinical Learning and Immersion Program, where companies can come and then actually choose different areas in UofU Health to talk about their devices if they are currently used, and they can come in and ask the people using them, “Hey, tell me what you don’t like. Where can we improve this?” Or if their company is creating devices, come in and do some of those interviews. So, that is something that we are trying to improve specifically at UofU Health.

What are your final comments and suggestions?

Gibby: I just think if we can continue to foster a spirit of collaboration, then we can make a lot of noise and do a lot of good to help patients. And the beautiful thing about our industry is that it’s all about helping the patients, and we can’t lose sight of that. And improving people’s lives. And so long as we do that and we can find innovative ways to work together, we’re going to do a lot of great things.

LeMatty: And Nate said it better than I will, but I think Utah is a great place to be, especially for life sciences, for medical devices. I think we have a lot of growth in the near future and have had growth for the previous years. So, I think that we’re in a good spot. I think that there’s going to be great opportuni-

ties in the future and I hope that groups like ours can help people who are trying to do that.

Williams: My thoughts are honestly just, thank you, I’m grateful, first of all, to be here. It’s a good learning experience, good to meet everybody. And good to see what’s going on. As we’ve been part of BioUtah, it’s been wonderful to see the technologies coming out. And I give credit and am super-grateful for our students, my students all in the past, and technicians, and also the business experts. There’s no way you can do this alone. ...

Brown: I think the thing that I recognize the most today is the effort that’s made in this industry and the “why” behind it. Sure, there’s money that can be made from a medical device, but everybody who’s kind of been speaking today has always brought it back to the patient, and that’s really been the ultimate goal for today. And I’ve been inspired to hear people talk, because that’s where it’s coming from, which is a place of caring and compassion. Opportunities like this that have been created to have this open forum, a collaboration to help the overall patient, are a pretty cool thing to be a part of.

Sakata: I’m just lucky being here in Utah in the many years I’ve been here. This group is a small subset of what needs to happen. ... I’d say the state of Utah is just amazing from the standpoint of both business and innovation. And it’s small enough that you can get to know people, which is really nice. It’s collaborative. ... I’m extremely lucky to be here.

Chamas: It’s a license plate: “Life Elevated.” I really believe that we make transformative technologies here. We’re saving lives every day. If we can get better about beating that drum, to really show and champion what we do every day, it’ll really grow us and be a big champion for that cross-pollination. I really want to preach that, let’s start talking to each other, let’s pick up phone calls, let’s grab tea and understand what problems you’re all having, because we don’t have to go anywhere else. We have all the tools we need here to be successful and change Utah and change the globe.

ARUP & UofU’s Medical Laboratory Sciences open training center

The University of Utah’s Division of Medical Laboratory Sciences (MLS) and ARUP Laboratories, a nonprofit, academic reference laboratory based on the university’s campus, have partnered to open the Practice Clinical Laboratory Training Center (APL).

This new lab bolsters educational opportunities for MLS students and helps address a critical need for highly trained laboratory professionals nationwide, ARUP said in its announcement.

In 2023, ARUP and the UofU secured \$3 million in federal funding to build the training center and equip it with state-of-the-art instrumentation. The collaboration enables students to gain experience in specialized testing in clinical chemistry, hematology, hemostasis,

immuno-hematology, microbiology, immunology and body fluids analysis.

The APL is a small hospital laboratory with the core elements and instruments that any individual working in a hospital lab will use. Students will rotate through it as required curriculum in the MLS program, conduct lab tests and receive instruction in a dedicated classroom. There is also a phlebotomy room and faculty office.

“Medical laboratory scientists and technicians are often called the ‘hidden heroes of health care’ because they work behind the scenes using sophisticated equipment and techniques to provide essential data that inform up to 70 percent of all patient diagnosis and treatment decisions,” read a statement from ARUP. “The United States

is facing a shortage of these professionals due to an aging workforce, fewer training programs and increased demand for laboratory services.”

“One of the limitations to growing the [MLS] program at the U was availability of sufficient Biosafety Level 2 laboratory space for students,” said Diana Wilkins, division chief of Medical Laboratory Sciences and C. Scott and Dorothy E. Watkins Endowed Professor of Pathology at the Spencer Fox Eccles School of Medicine at the UofU. “Collaborating with ARUP gives students the space and experience they need to be successful in the workforce.”

The training center, which is located inside ARUP’s Building 4 at University of Utah Research Park, will enable the

university to reach its goal of doubling the number of annual graduates to 80.

“For the past several years, we’ve had a 100 percent employment rate with students having offers of employment before they graduate,” said Wilkins. “Many of them work in clinical laboratories across the Salt Lake Valley.”

“This is a novel way to increase the number of medical laboratory scientists, and eventually, we want to replicate the program in other parts of the country,” said Tracy George, ARUP chief scientific officer and Innovation Business Unit president.

Founded in 1984, ARUP offers more than 3,000 tests and test combinations, ranging from routine screening tests to molecular and genetic assays.

HOSPITALS

Listed by Number of Beds



	Company Name Address	Phone Web	Total Number of Beds	Number of Employees	Number of Providers	For Profit?	Specialties	Admin.	Owner
1	U of U Hospitals and Clinics 50 N. Medical Drive SLC, UT 84132	801-581-2121 healthcare.utah.edu	680	24K+	1,400+	No	Multiple	Gordon Crabtree	University of Utah
2	Intermountain Medical Ctr. 5121 S. Cottonwood St. Murray, UT 84107	801-507-7000 intermountainhealthcare. org/locations/inter mountain-medical-center	504	4,969*	1,778*	No	Level 1 Trauma Center, Cardiovascular, neurosciences, oncology, trauma, women's, newborn ICU, medical, surgical, emergency medicine, 5 adult ICUs, transplant, orthopedics, kidney services, air ambulance services	Ralph Jean-Mary	Intermountain Health
3	Utah Valley Hospital 1034 N. 500 W. Provo, UT 84604	801-357-7850 intermountain healthcare.org/locations/ utah-valley-hospital	395	3,561*	1,137*	No	Level II Trauma Center, newborn ICU, heart cancer care, obstetrics, surgery	Kyle Hansen	Intermountain Health
4	St. Mark's Hospital 1200 E. 3900 S. SLC, UT 84124	801-268-7111 stmarkshospital.com	325	1,650+	827+	Yes	ER, heart services, cancer services, imaging & surgery centers	Jeremy Bradshaw	Mountainstar Medical Group
5	McKay-Dee Hospital 4401 Harrison Blvd. Ogden, UT 84403	801-627-2800 intermountain healthcare.org/locations/ mckay-dee-hospital	310	2,900*	701*	No	Level II Trauma Center, heart & cancer care, newborn ICU, obstetrics, surgery, behavioral health	Judy Williamson	Intermountain Health
6	Primary Children's Hospital 100 N. Mario Capecchi Drive SLC, UT 84113	801-662-1000 intermountainhealthcare. org/locations/primary- childrens-salt-lake-city	289	3,599*	*	No	Pediatric Level I Trauma Center, heart services, cancer services, brain & spine services, organ transplants	Dustin Lipson	Intermountain Health
7	St. George Regional Hospital 1380 E. Medical Drive St. George, UT 84790	435-251-1000 intermountainhealthcare. org/locations/st-george- regional-hospital	284	2,600*	350*	No	Level II Trauma Center, neurosurgery, heart surgery, newborn ICU, surgery, cancer therapy, LiVe Well Center	Natalie Ashby	Intermountain Health
8	LDS Hospital 8th Avenue & C Street SLC, UT 84143	801-408-1100 intermountainhealthcare. org/locations/lds-hospital	262	1,574*	1,153*	No	Medical, surgical, blood cancer, bone marrow transplant, orthopedics, women & newborn, special care nursery, psychiatry, chemical dependency, bariatrics	Heather Wall	Intermountain Health
9	Ogden Regional Medical Ctr. 5475 S. 500 E. Ogden, UT 84405	801-479-2111 ogdenregional.com	239	900*	300+	Yes	Level II trauma center, certified stroke center, cardiac services, cancer care, maternity care, pediatrics, behavioral health	Mark Adams	HCA Healthcare
10	Holy Cross Hospital–Davis 1600 W. Antelope Dr. Layton UT 84041	801-807-1100 mountain.commonspirit. org/location/holy-cross- hospital-davis	221	*	600	Yes	Birth center, breast cancer care, cancer center, cardiology, emergency department, orthopedics, wound care	Kyle Brostrom	CommonSpirit
11	Holy Cross Hospital– Jordan Valley 3580 W. 9000 S. West Jordan, UT 84088	801-561-8888 mountain.commonspirit. org/location/holy-cross- hospital-jordan-valley	172	669*	451	Yes	Cancer, woman's services, orthopedics, general surgery, weight loss, cardiology, breast care	Christine McSweeney	CommonSpirit
12	Holy Cross Hospital– Salt Lake 1050 E. South Temple SLC, UT 84102	801-350-4111 mountain.commonspirit. org/location/holy-cross- hospital-salt-lake	158	500*	286	Yes	Emergency medicine, heart care, orthopedics, general surgery, diagnostic imaging, neurology, womens' services	Bryan McKinley	CommonSpirit
13	Logan Regional Hospital 1400 N. 500 E. Logan, UT 84341	435-716-1000 intermountainhealthcare. org/locations/logan- regional-hospital	148	1,190*	285	No	ER, obstetrics, surgery, cancer center	Brandon McBride	Intermountain Health
14	Lakeview Hospital 630 E. Medical Drive Bountiful, UT 84010	801-299-2200 mountainstar.com/ locations/lakeview- hospital	128	600	297*	Yes	Orthopedics, chest pain, women's services, behavioral health, wound care & ER	Troy Wood	HCA/ Mountainstar Medical Group
15	Holy Cross Hospital– Jordan Valley West 3460 S. 4155 W. West Valley City, UT 54120	801-964-3100 mountain.commonspirit. org/location/holy-cross- hospital-west-valley	102	375*	285	Yes	Orthopedics, general surgery, women's services, behavioral health, hernia	Christine McSweeney	CommonSpirit
16	Riverton Hospital 3741 W. 12600 S. Riverton, UT 84065	801-285-4000 intermountainhealthcare. org/locations/riverton- hospital	97	1,085*	250+	No	Women & newborns, ER, pediatric services, medical, surgical, outpatient, diagnostic imaging	Todd Neubert	Intermountain Health
17	American Fork Hospital 170 N. 1100 E. American Fork, UT 84003	801-855-3300 intermountainhealthcare. org/locations/american- fork-hospital	90	800*	300+	No	Women & newborn care, special care nursery, cancer care, surgical, endoscopy, ICU, Imaging, ER, Physical Therapy and Rehab, Wound Care, Sleep Center	Jason Wilson	Intermountain Health
18	Alta View Hospital 9660 S. 1300 E. Sandy, UT 84094	801-501-2600 intermountain healthcare.org/locations/ alta-view-hospital	72	550	306	No	Women & newborn care, medical & surgical services, imaging, ER	Scott T. Roberson	Intermountain Health
19	Brigham City Comm. Hospital 950 S. Medical Drive Brigham City, UT 84302	435-734-9471 brighamcityhospital.com	49	245	*	Yes	Acute care hospital	Richard Spuhler	HCA/ Mountainstar Medical Group
20	Cedar City Hospital 1303 N. Main St. Cedar City, UT 84721	435-868-5000 intermountain healthcare.org/locations/ cedar-city-hospital	48	459*	84*	No	ER, obstetrics, surgery, cancer services, cardiology, spine & pain services, diagnostic imaging	Jamison Robinett	Intermountain Health
21	Layton Hospital 201 W. Layton Parkway Layton, UT 84041	801-543-6000 intermountain healthcare.org/locations/ layton-hospital	43	395*	168*	No	ER, obstetrics, surgery	Kelly Duffin	Intermountain Health
22	Holy Cross–Mountain Point 3000 N. Triumph Blvd. Lehi, UT 84043	801-345-3000 mountain.commonspirit. org/location/holy-cross- hospital-mountain-point	40	*	*	*	Cancer care, heart & vascular, neurosciences, orthopedics, primary care, ER	Chris Stines	CommonSpirit

One can jump.
Two can soar.



Intermountain
Health

The Power of We

SPORTS MEDICINE FACILITIES

Listed Alphabetically



Company Name Address	Phone Web	Primary Services	Owner/Operator
Alpine Sports Medicine UHealth 2645 E. Parleys Way SLC, UT 84109	435-645-9095 healthcare.utah.edu	Orthopedic, sports rehab, back & neck, concussions, hand therapy	University of Utah Health
Alta View Orthopedics & Sports Medicine 9450 S. 1300 E., Ste.120 Sandy, UT 84094	801-501-2113 intermountainhealthcare.org/locations/alta-view-clinic/orthopedics	Orthopedics, sports-related injury treatment, physical medical rehab	Intermountain Health
Alta View Sports Medicine 9844 S. 1300 E., Ste. 100, Sandy, UT 84094	801-571-9433 grangermedical.com/locations/granger-medical-alta-view-sports-medicine-sandy	Complete coverage of all orthopedic conditions & work-related injuries, leading-edge treatments for chronic pain & acute injuries	Granger Medical
American Fork Orthopedic & Sports Medicine 98 N. 1100 E., Ste. 103 American Fork, UT 84003	801-492-2663 intermountainhealthcare.org/locations/american-fork-specialty-clinic/orthopedics	Orthopedic surgery and nonsurgical sports medicine	Intermountain Health
Avenues Specialty Clinic—LDS Hospital 324 10th Ave., Ste. 100 SLC, UT 84103	801-408-8700 intermountainhealthcare.org/locations/avenues-specialty-clinic/orthopedics	Orthopedic treatment & supervision of sports-related injuries	Intermountain Health
Heiden Orthopedics 6360 S. 3000 E., Ste. 210 SLC, UT 84121	435-615-8822 heidenortho.com	Knee, shoulder, hand, wrist & elbow, spine, hip, foot & ankle care	Dr. Eric Heiden
Layton Parkway Clinic 201 W. Layton Pkwy, Ste. 1A Layton, UT 84041	801-543-6775 intermountainhealthcare.org/locations/layton-parkway-clinic/orthopedic-sports-medicine	Orthopedic surgery and nonsurgical sports medicine	Intermountain Health
Lifestyle Medicine & Wellness Center—Park City 900 Round Valley Dr. Park City, UT	435-333-3535 intermountainhealthcare.org/locations/lifestyle-medicine-wellness-center	Services focused on improving the health & wellness of every individual, regardless of age or condition	Intermountain Health
McKay-Dee Orthopedics & Sports Medicine 3895 Medical Dr. Ogden, UT 84403	801-387-7678 intermountainhealthcare.org/locations/mckay-dee-surgery-center-orthopedics/orthopedics-sports-medicine	Orthopedics & sports medicine clinic	Intermountain Health
Mountainland Physical Therapy 12197 S. Draper Gate Dr., Ste B, Draper, UT 84020	801-523-3415 mlrehab.com	General physical therapy & pain management, joint reconstruction, post-surgical rehabilitation, sports injuries, outpatient orthopedics, neck & back pain, general joint pain, chronic pain	Zach Weber Director
Orthopedic Specialty Group-IMC 5169 Cottonwood St., Ste. 430 Murray, UT 84107	801-507-3475 intermountainhealthcare.org/locations/intermountain-medical-center/orthopedic-specialty-group	Hand, Knee & Hip, Oncology treatment	Intermountain Health
Orthopedics & Sports Medicine—Riverton Hospital 3423 W. 12600 S., Ste 460 Riverton, Ut 84065	801-285-4650 intermountainhealthcare.org/locations/riverton-hospital/orthopedics-sports-medicine	Knee & shoulder surgery; fracture care; sports injury care, non-operative	Intermountain Health
Orthopedic & Sports Medicine—TOSH 5848 S. Fashion Blvd., Ste. 120 Murray, UT 84107	801-314-4900 intermountainhealthcare.org/locations/tosh/orthopedics-sports-medicine	Wide variety of orthopedic, physical therapy, sports medicine, & sports training services,	Intermountain Health
Peak Orthopedics Clinic 96 Kimballs Ln. Building 3, Ste. 207 Draper, UT 84020	801-576-2300 peakorthoclinic.com	Dedicated to utilizing the best technology available for treatment of orthopedic problems	Mountain Star Medical Group
Peak Physical Therapy & Sports Medicine 77 S. 400 W. Spanish Fork, UT 84660	801-798-1626 physicaltherapyspanishfork.com	Orthopedic rehabilitation, back and neck care, hand therapy, sports acceleration, etc.	Von Hill
Professional Physical Therapy & Sports Medicine 155 W. Canyon Crest Road, Ste. 100 Alpine, UT 84004	801-756-7061 proptutah.com	Sports injury, joint pain, back pain, car accident, etc.	Orrock & Mendenhall Sports Medicine & Physical Therapy
Professional Physical Therapy & Sports Medicine 680 E. Main, Ste. 101 Lehi, UT 84043	801-768-2723 proptutah.com	Sports injury, joint pain, back pain, car accident, etc.	Orrock & Mendenhall Sports Medicine & Physical Therapy
Professional Physical Therapy & Sports Medicine 1325 S. 800 E., Ste. 215 Orem, UT 84097	801-373-1053 proptutah.com	Sports injury, joint pain, back pain, car accident, etc.	Orrock & Mendenhall Sports Medicine & Physical Therapy
Salt Lake Clinic Orthopedics 389 S. 900 E. SLC, UT 84102	385-282-2450 intermountainhealthcare.org/locations/riverton-hospital/orthopedics-sports-medicine	Orthopedic care & treatment	Intermountain Health
University Orthopaedic Center 590 S. Wakara Way SLC, UT 84108	801-587-7109 healthcare.utah.edu/locations/university-orthopaedic-center	Sports medicine; total joint, knee & hip replacement; physical therapy & complete range of orthopedic services	Bart Adams Executive Director
Utah Valley Orthopedics—Provo 1157 N. 300 W. Provo, UT 84604	801-357-1200 intermountainhealthcare.org/locations/utah-valley-orthopedics-provo	Wide variety of care, including everyday injuries, concussions, total joint replacement, etc.	Intermountain Health
Saratoga Springs Sports & Orthopedic Clinic 354 W. Crossroads Blvd. Saratoga Springs, UT 84045	801-492-2663 intermountainhealthcare.org/locations/saratoga-springs-clinic/ortho-sports-med	Orthopedic surgery and nonsurgical sports medicine	Intermountain Health
Spanish Fork Orthopedics & Sports Medicine 819 E. Market Place Dr. Spanish Fork, UT 84604	385-344-6770 intermountainhealthcare.org/locations/spanish-fork-clinic/orthopedics-sports-medicine	Orthopedic surgery and nonsurgical sports medicine	Intermountain Health

VISION CENTERS

Listed Alphabetically

BUSINESS JOURNAL **List**

Company Name Address	Phone Web	Number Full- Time Utah Employees	On-Site Optical Shop?	Services Offered	Owner/Officer
Alpine Vision Center 3435 N. Center St., Ste. 1 Lehi, UT 84043	801-756-7150 alpinevisioncenter.com	25	Yes	Comprehensive vision & eye health, peripheral vision, intra-ocular pressure evaluations and treatment	Dr. Carlan Reese Dr. Steven Weaver
Broadway Eye Clinic 250 E. Broadway, Ste. 380 SLC, UT 84111	801-322-0467 visionsource-broadway.com	10	Yes	Eye disease, eye conditions, contact lenses, eyewear, vision therapy, dry-eye care, biocular vision disorders	Dr. Karri Buresh
Clair Optical 1025 E. 3300 S. SLC, UT 84106	801-466-3937 N/A	5	Yes	Contacts, eyeglasses, sunglasses	Alan Seyboldt Owner
Cottonwood Eye & Laser Center 201 E. 5900 S., Ste. 101 Murray, UT 84107	801-268-6600 cottonwoodeye.com	7	Yes	Eye exams, tear duct procedures, chalazion and pterygium removals, cataract surgery and LASIK	Dr. Alan E. Jackson
The Eye Institute of Utah 755 E. 3900 S. SLC, UT 84107	801-266-2283 theeyeinstitute.com	50	No	Cataracts, LASIK/PRK, ICL surgery, corneal inlays, glaucoma, retina, dry eye, cornea, eyelid & facial plastics, comprehensive eye care	Samuel Passi Randy Carter Kristin Bretz
Hoopes Vision 11820 S. State St. Draper, UT 84020	801-568-0200 hoopesvision.com	70	No	LASIK, PRK, cataract surgery & many other vision correction procedures	Phillip C. Hoopes Sr.
John A. Moran Eye Centers 65 S. Mario Capecchi Drive SLC, UT 84132	801-581-2352 healthcare.utah.edu/moran/	700	Yes	Cataract, corneal disease & refractive surgery, LASIK, glaucoma, pediatric ophthalmology, retinal diseases & surgery, urgent care, etc.	Randall J Olson CEO
LASIK Plus Vision Center 5241 So. State St., 2nd floor Murray, UT 84107	800-983-9741 lasikvisioninstitute.com	413	No	Traditional LASIK, custom wavefront LASIK, PRK laser eye surgery, Bleph-Ex, eye exams	LCA Vision LLC
Ogden Vision Center 3475 Harrison Blvd. Ogden, UT 84403	801-394-8885 ogdenvision.com	10	Yes	Routine eye exams, medical eye care co-manage surgery care	Lincoln J. Dygert, OD
Progressive Eye Care 10654 S. River Heights Drive South Jordan, UT 84095	801-676-2020 progressive-eyecare.net	15*	Yes	Treatment of eye conditions, ambliopia, astigmatism, blepharitis, cataracts, conjunctivitis, diabetic retinopathy, emmetriopia, glaucoma, macular degeneration, myopia, presbyopia, retinal detachment	Dr. Jeff Broadhead
Rocky Mountain Eye Care Associates 4400 S. 700 E., Ste. 100 SLC, UT 84107	801-264-4450 rmeyecare.com	26	Yes	Eye exams and care, LASIK, glaucoma, cornea, pediatrics, cataracts, etc.	Ryan McMurtrey Practice Administrator & Certified Orthoptist
Standard Optical 1901 Parkway Blvd. SLC, UT 84119	801-886-2020 standardoptical.net	94+ at 22 UT locations	Yes	Routine eye care, glasses, contacts, medical eye care, LASIK, cataracts, general ophthalmology	Steven Schubach CEO
Utah Eye Centers 4360 Washington Blvd. South Ogden, 84403	801-476-0494 utaheyecenters.com	90+ at 5 UT locations	Yes	General ophthalmology, LASIK, laser cataract surgery, retina specialists, pediatric specialists, cosmetic , glaucoma specialists, cornea specialists	Dr. Mark Ballif



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