

Colorado Off-Exchange Individual Plans and Benefits | 2026



Ready to Shop?
Contact your agent, visit selecthealth.org/shop, or call **855-442-0220**.

Plan Name ►	Select Health Colorado Option Silver - X	Select Health Colorado Option Silver Enhanced 94% (OmniSalud)
Participating Networks	V	V
Deductible (Single / Family)	\$4,400 / \$8,800	\$100 / \$200
Maximum Out-of-Pocket (Single / Family)	\$9,800 / \$19,600	\$1,375 / \$2,750
Virtual Visits ¹	\$0	\$0
Primary Care Provider (PCP) / Behavioral Health Office Visits	\$0, Unlimited	\$0, Unlimited
Specialist Care Provider (SCP)	\$90	\$40
Urgent Care Services	\$80	\$80
Inpatient Hospitalization (Facility)	40% after Deductible	20% after Deductible
Outpatient Hospital Services (Facility)	40% after Deductible	20% after Deductible
Minor Diagnostic ² (Lab)	40% after Deductible	20% after Deductible
Minor Diagnostic ² (X-ray)	40% after Deductible	20% after Deductible
Emergency Room	40% after Deductible	20% after Deductible
Emergency Transportation	45% after Deductible	20% after Deductible
Rx Deductible (Single / Family)	Combined with Medical	Combined with Medical
Tier 1 Drugs	\$0	\$0
Tier 2 Drugs	\$20	\$0
Tier 3 Drugs	\$125	\$20
Tier 4 Drugs	\$300	\$40
Tier 5 Drugs	\$650	\$60
Tier 6 Drugs	Not Applicable	Not Applicable

Silver \$2000 Medical Deductible - X	Silver \$3400 Medical Deductible - X	Silver \$6000 Medical Deductible - X
V	V	V
\$2,000 / \$4,000	\$3,400 / \$6,800	\$6,000 / \$12,000
\$10,600 / \$21,200	\$10,600 / \$21,200	\$9,800 / \$19,900
\$0	\$0	\$0
\$35	\$35	\$15
\$120	\$80	\$75
\$45	\$60	\$60
\$3,500 per day (up to 3 day max) after Deductible	40% after Deductible	40% after Deductible
50% after Deductible	40% after Deductible	40% after Deductible
\$30	\$20	\$25
50% after Deductible	40% after Deductible	40% after Deductible
\$2,000	\$850 after Deductible	40% after Deductible
\$225	\$875 after Deductible	45% after Deductible
\$3,000 / \$6,000	\$1,500 / \$4,500	Combined with Medical
\$0	\$0	\$0
\$15	\$15	\$10
\$25	\$25	\$25
\$150 after Rx Deductible	25% after Rx Deductible	\$150
50% after Rx Deductible	50% after Rx Deductible	\$735
50% after Rx Deductible	50% after Rx Deductible	\$815

1. Virtual visits with an in-network primary care provider, mental health provider, Intermountain Health Virtual Care (urgent care only), and UCHealth Virtual Urgent Care providers are covered at no additional cost to you (except HDHPs).
2. Some minor diagnostic services may be covered as part of the office visit cost share.
Preauthorization is required for certain services, and visit limits may apply. This chart is not a complete list of benefits.
If you have questions, visit selecthealth.org or call Member Services at **800-538-5038**.

V Value Network

