

Colorado Option Individual Plans and Benefits | 2026

Plan Name ►	Select Health Colorado Option Bronze ³	Select Health Colorado Option Silver
Participating Networks	V	V
Deductible (Single / Family)	\$7,500 / \$15,000	\$4,400 / \$8,800
Maximum Out-of-Pocket (Single / Family)	\$10,000 / \$20,000	\$9,800 / \$19,600
Virtual Visits ¹	\$0	\$0
Primary Care Provider (PCP) / Behavioral Health Office Visit	First 3 visits \$0, then Ded., then \$50	\$0, Unlimited
Specialist Care Provider (SCP)	50% after Deductible	\$90
Urgent Care Services	50% after Deductible	\$80
Inpatient Hospitalization (Facility)	50% after Deductible	40% after Deductible
Outpatient Hospital Services (Facility)	50% after Deductible	40% after Deductible
Minor Diagnostic ² (Lab)	50% after Deductible	40% after Deductible
Minor Diagnostic ² (X-ray)	50% after Deductible	40% after Deductible
Emergency Room	50% after Deductible	40% after Deductible
Rx Deductible (Single / Family)	Combined with Medical	Combined with Medical
Tier 1 Drugs	\$0	\$0
Tier 2 Drugs	\$30	\$20
Tier 3 Drugs	\$200	\$125
Tier 4 Drugs	\$350	\$300
Tier 5 Drugs	\$700	\$650

1. Virtual visits with an in-network primary care provider, mental health provider, Intermountain Health Virtual Care (urgent care only), and UCHealth urgent care service 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. Minor diagnostics include X-rays and diagnostic imaging as well as laboratory outpatient and professional services.

3. Members on Bronze and HDHPs are eligible to open and contribute to a Health Savings Account (HSA).

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.



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

Select Health Colorado Option Gold
V
\$2,050 / \$4,100
\$9,600 / \$19,200
\$0
\$0 Unlimited
\$55
\$50
30% after Deductible
30% after Deductible
30% after Deductible
30% after Deductible
30% after Deductible
Combined with Medical
\$0
\$10
\$50
\$200
\$600

V Value Network



Colorado Option Cost-Sharing Reduction (CSR) Plans | 2026

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 or Alaska Native tribes may also qualify for additional cost-sharing benefits. Contact your agent or call Select Health Individual Sales at **855-442-0220**.

Plan Name ►	Select Health Colorado Option Silver	Select Health Colorado Option Silver 73%
Participating Networks	V	V
Deductible (Single / Family)	\$4,400 / \$8,800	\$2,850 / \$5,700
Maximum Out-of-Pocket (Single / Family)	\$9,800 / \$19,600	\$8,000 / \$16,000
Virtual Visits ¹	\$0	\$0
Primary Care Provider (PCP) / Behavioral Health Office Visits	\$0, Unlimited	\$0, Unlimited
Specialist Care Provider (SCP)	\$90	\$90
Urgent Care	\$80	\$80
Inpatient Hospitalization (Facility)	40% after Deductible	40% after Deductible
Outpatient Hospital Services (Facility)	40% after Deductible	40% after Deductible
Minor Diagnostic ² (Lab)	40% after Deductible	40% after Deductible
Minor Diagnostic ² (X-ray)	40% after Deductible	40% after Deductible
Emergency Room	40% after Deductible	40% after Deductible
Rx Deductible (Single / Family)	Combined with Med	Combined with Med
Tier 1 Drugs	\$0	\$0
Tier 2 Drugs	\$20	\$20
Tier 3 Drugs	\$125	\$125
Tier 4 Drugs	\$300	\$300
Tier 5 Drugs	\$650	\$600

1. Virtual visits with an in-network primary care provider, mental health provider, Intermountain Health Virtual Care (urgent care only), and UCHealth urgent care service 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. Minor diagnostics include X-rays and diagnostic imaging as well as laboratory Outpatient and professional services.

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**.

Select Health Colorado Option Silver 87%	Select Health Colorado Option Silver 94%
V	V
\$950 / \$1,900	\$100 / \$200
\$3,350 / \$6,700	\$1,375 / \$2,750
\$0	\$0
\$0, Unlimited	\$0, Unlimited
\$65	\$40
\$80	\$80
30% after Deductible	20% after Deductible
30% after Deductible	20% after Deductible
30% after Deductible	20% after Deductible
30% after Deductible	20% after Deductible
30% after Deductible	20% after Deductible
Combined with Med	Combined with Med
\$0	\$0
\$0	\$0
\$60	\$20
\$120	\$40
\$180	\$60

V Value Network

