

Colorado Plan Changes | 2026



Individual and Family Plan Changes

FKA indicates former plan name.

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

Plan	Benefit	2025	2026
BRONZE			
Expanded Bronze \$6900 Medical Deductible	Out-of-Pocket Max (Single / Family)	\$9,200 / \$18,400	\$10,600 / \$21,200
	Specialist Care Provider (SCP)	\$70 after Deductible	\$90 after Deductible
SILVER			
Silver \$1500 Plan	Discontinued		Discontinued
Silver \$3400 Medical Deductible (FKA Silver \$3200 Medical Deductible)	Deductible (Single / Family)	\$3,200 / \$6,400	\$3,400 / \$6,800
	Out-of-Pocket Max (Single / Family)	\$9,200 / \$18,400	\$10,600 / \$21,200
	Specialist Care Provider (SCP)	\$50	\$80
	Emergency Room	\$600 after Deductible	\$850 after Deductible
	Emergency Transportation	\$600 after Deductible	\$850 after Deductible
	Rx Deductible (Single / Family)	\$1,000 / \$3,000	\$1,500 / \$4,500
Silver \$3750 Medical Deductible HSAQ-X (FKA Silver \$3700 Medical Deductible Off Exchange)	Deductible (Single / Family)	\$3,700 / \$7,400	\$3,750 / \$7,500
	Out-of-Pocket Max (Single / Family)	\$8,050 / \$16,100	\$8,500 / \$17,000
	Inpatient Hospitalization	15% after Deductible	25% after Deductible
	Outpatient Hospital Services (Facility)	15% after Deductible	25% after Deductible
	Emergency Room	15% after Deductible	25% after Deductible
	Emergency Transportation	15% after Deductible	25% after Deductible
Silver \$6000 Medical Deductible Rx Copay (FKA Silver \$4500 Medical Deductible)	Deductible (Single / Family)	\$4,500 / \$9,000	\$6,000 / \$12,000
	Out-of-Pocket Max (Single / Family)	\$9,000 / \$18,000	\$9,800 / \$19,900
	Primary Care Provider (PCP) / Behavioral Health Office Visits	\$0	\$15
	Specialist Care Provider (SCP)	\$50	\$75
	Minor Diagnostic – Lab	\$20	\$25
	Tier 4 Drugs	\$125	\$150
	Tier 5 Drugs	\$675	\$735
	Tier 6 Drugs	\$750	\$815

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Plan	Benefit	2025	2026
GOLD			
Gold \$0 Medical Deductible	Out-of-Pocket Max (Single / Family)	\$9,000 / \$18,000	\$10,200 / \$20,400
	Specialist Care Provider (SCP)	\$70	\$90
	Minor Diagnostic - Lab	\$5	\$15
	Minor Diagnostic - X-Ray	5%	10%
	Rx Deductible (Single / Family)	\$1,000 / \$3,000	\$1,200 / \$3,600
Gold \$1500 Medical Deductible	Out-of-Pocket Max (Single / Family)	\$8,000 / \$16,000	\$9,000 / \$18,000
	Specialist Care Provider (SCP)	\$40	\$50
	Inpatient Hospitalization (Facility)	20% after Deductible	25% after Deductible
	Outpatient Hospital Services (Facility)	20% after Deductible	25% after Deductible
	Emergency Room	20% after Deductible	25% after Deductible
	Emergency Transportation	20% after Deductible	25% after Deductible
	Rx Deductible (Single / Family)	\$250 / \$750	\$600 / \$1,800
Gold \$2500 Medical Deductible HSAQ (FKA Gold \$1750 Medical Deductible HSAQ)	Deductible (Single / Family)	\$1,750 / \$2,500	\$2,500 / \$5,000
	Out-of-Pocket Max (Single / Family)	\$8,050 / \$16,100	\$8,500 / \$17,000
	Inpatient Hospitalization	10% after Deductible	20% after Deductible
	Outpatient Hospital Services	10% after Deductible	20% after Deductible
	Emergency Room	10% after Deductible	20% after Deductible
	Emergency Transportation	10% after Deductible	20% after Deductible

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Cost-Sharing Reduction (CSR) Plan Changes

Plan	Benefit	2025	2026
SILVER			
Silver \$3400 Medical Deductible (FKA Silver \$3200 Medical Deductible)			
73% CSR	Out-of-Pocket Max (Single / Family)	\$7,000 / \$14,000	\$7,500 / \$15,000
	Rx Deductible (Single / Family)	\$875 / \$2,625	\$1,500 / \$4,500
87% CSR	Deductible (Single / Family)	\$0 / \$0	\$100 / \$200
	Out-of-Pocket Max (Single / Family)	\$3,000 / \$6,000	\$3,300 / \$6,600
	Inpatient Hospitalization (Facility)	25%	30% after Deductible
	Outpatient Hospital Services (Facility)	25%	30% after Deductible
	Minor Diagnostic - X-Ray	25%	30% after Deductible
	Emergency Room	\$350	\$350 after Deductible
	Emergency Transportation	\$350	\$350 after Deductible
	Rx Deductible (Single / Family)	\$400 / \$1200	\$950 / \$2,850
	Out-of-Pocket Max (Single / Family)	\$3,000 / \$6,000	\$3,200 / \$6,400
	Rx Deductible (Single / Family)	\$0 / \$0	\$200 / \$600
Silver \$6000 Medical Deductible Rx Copay (FKA Silver \$4500 Medical Deductible Rx Copay)			
73% CSR	Deductible (Single / Family)	\$4,000 / \$8,000	\$6,000 / \$12,000
	Out-of-Pocket Max (Single / Family)	\$7,000 / \$14,000	\$7,650 / \$15,300
	Tier 5 Drugs	\$520	\$570
	Tier 6 Drugs	\$580	\$635
87% CSR	Out-of-Pocket Max (Single / Family)	\$3,000 / \$6,000	\$3,150 / \$6,300
	Tier 5 Drugs	\$225	\$235
	Tier 6 Drugs	\$250	\$260
94% CSR	Out-of-Pocket Max (Single / Family)	\$3,000 / \$6,000	\$3,150 / \$6,300
	Inpatient Hospitalization (Facility)	10%	15%
	Outpatient Hospital Services (Facility)	10%	15%
	Minor Diagnostic - X-Ray	10%	15%
	Emergency Room	10%	15%
	Emergency Transportation	10%	15%
	Tier 5 Drugs	\$225	\$235
	Tier 6 Drugs	\$250	\$260

This document shows the applicable plan changes for 2026.
Please note that this list is not all inclusive of each change.
Refer to the member materials for all updates.