

Colorado Individual Plans and Benefits | 2026



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

Plan Name ►	Expanded Bronze \$6900 Medical Deductible ⁴	Expanded Bronze \$8500 Medical Deductible ⁴	Silver \$2000 Medical Deductible (New PY 2026)	Silver \$3400 Medical Deductible
Participating Networks	V	V	V	V
Deductible (Single / Family)	\$6,900 / \$13,800	\$8,500 / \$17,000	\$2,000 / \$4,000	\$3,400 / \$6,800
Maximum Out-of-Pocket (Single / Family)	\$10,600 / \$21,200	\$10,600 / \$21,200	\$10,600 / \$21,200	\$10,600 / \$21,200
Virtual Visits ²	\$0	\$0	\$0	\$0
PCP / Behavioral Health Office Visits	\$35	\$35	\$35	\$35
Specialist Care Provider (SCP)	\$90 after Deductible	50% after Deductible	\$120	\$80
Urgent Care Services	\$65	\$75	\$45	\$60
Inpatient Hospitalization (Facility)	40% after Deductible	50% after Deductible	\$3,500 per day (up to 3-day max) after Deductible	40% after Deductible
Outpatient Hospital Services (Facility)	40% after Deductible	50% after Deductible	50% after Deductible	40% after Deductible
Minor Diagnostic ³ (Lab)	\$50	50% after Deductible	\$30	\$20
Minor Diagnostic ³ (X-ray)	5% after Deductible	50% after Deductible	50% after Deductible	40% after Deductible
Emergency Room	40% after Deductible	50% after Deductible	\$2,000	\$850 after Deductible
Rx Deductible	\$2,000 / \$4,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$1,500 / \$4,500
Tier 1 Drugs	\$0	\$0	\$0	\$0
Tier 2 Drugs	\$15	\$15	\$15	\$15
Tier 3 Drugs	\$40	\$30	\$25	\$25
Tier 4 Drugs	\$55 after Rx Deductible	45% after Rx Deductible	\$150 after Rx Deductible	25% after Rx Deductible
Tier 5 Drugs	50% after Rx Deductible	50% after Rx Deductible	50% after Rx Deductible	50% after Rx Deductible
Tier 6 Drugs	50% after Rx Deductible	50% after Rx Deductible	50% after Rx Deductible	50% after Rx Deductible

Silver \$3750 Medical Deductible HSAQ-X ¹	Silver \$6000 Medical Deductible Rx Copay	Gold \$0 Medical Deductible	Gold \$1500 Medical Deductible	Gold \$2500 Medical Deductible HSAQ ¹
V	V	V	V	V
\$3,750 / \$7,500	\$6,000 / \$12,000	\$0 / \$0	\$1,500 / \$3,000	\$2,500 / \$5,000
\$8,500 / \$17,000	\$9,800 / \$19,900	\$10,200 / \$20,400	\$9,000 / \$18,000	\$8,500 / \$17,000
\$0 after Deductible	\$0	\$0	\$0	\$0 after Deductible
\$0 after Deductible	\$15	\$20	\$15	\$0 after Deductible
\$0 after Deductible	\$75	\$90	\$50	\$0 after Deductible
\$0 after Deductible	\$60	\$70	\$40	\$0 after Deductible
25% after Deductible	40% after Deductible	30%	25% after Deductible	20% after Deductible
25% after Deductible	40% after Deductible	30%	25% after Deductible	20% after Deductible
\$0 after Deductible	\$25	\$15	\$0	\$0 after Deductible
5% after Deductible	40% after Deductible	10%	5% after Deductible	5% after Deductible
25% after Deductible	40% after Deductible	30%	25% after Deductible	20% after Deductible
Combined with Medical	Combined with Medical	\$1,200 / \$3,600	\$600 / \$1,800	Combined with Medical
\$0	\$0	\$0	\$0	\$0
\$0 after Deductible	\$10	\$10	\$10	\$0 after Deductible
\$0 after Deductible	\$25	\$25	\$25	\$0 after Deductible
15% after Deductible	\$150	25% after Rx Deductible	25% after Rx Deductible	20% after Deductible
50% after Deductible	\$735	50% after Rx Deductible	50% after Rx Deductible	50% after Deductible
50% after Deductible	\$815	50% after Rx Deductible	50% after Rx Deductible	50% after Deductible

1. When two or more are enrolled on an HDHP, only the family deductible applies and no single person in a family will pay more than the single embedded out-of-pocket maximum.

2. 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).

3. Some minor diagnostic services may be covered as part of the office visit cost share.

4. 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.

V Value Network



Colorado Cost-Sharing Reduction (CSR) Plans | 2026

Plan Name ►	Silver \$2000 Medical Deductible		
	73% CSR	87% CSR	94% CSR
Participating Networks	V	V	V
Deductible (Single / Family)	\$2,000 / \$4,000	\$450 / \$900	\$0 / \$0
Maximum Out-of-Pocket (Single / Family)	\$8,000 / \$16,000	\$3,500 / \$7,000	\$3,500 / \$7,000
Virtual Visits ¹	\$0	\$0	\$0
Primary Care Provider (PCP) / Behavioral Health Office Visits	\$30	\$0	\$0
Specialist Care Provider (SCP)	\$70	\$30	\$10
Urgent Care Services	\$45	\$15	\$10
Inpatient Hospitalization (Facility)	\$3,150 per day (up to 3-day copay max) after Deductible	\$1,500 per day (up to 3-day copay max) after Deductible	\$500 per day (up to 3-day copay max)
Outpatient Hospital Services (Facility)	50% after Deductible	40% after Deductible	20%
Minor Diagnostic ² (Lab)	\$20	\$20	\$0
Minor Diagnostic ² (X-ray)	50% after Deductible	40% after Deductible	20%
Emergency Room	\$1,000	\$600	\$200
Rx Deductible	\$1,850 / \$5,550	\$450 / \$900	\$0 / \$0
Tier 1 Drugs	\$0	\$0	\$0
Tier 2 Drugs	\$15	\$10	\$0
Tier 3 Drugs	\$25	\$15	\$10
Tier 4 Drugs	\$100 after Rx Deductible	\$75 after Rx Deductible	\$15
Tier 5 Drugs	50% after Rx Deductible	15% after Rx Deductible	10%
Tier 6 Drugs	50% after Rx Deductible	40% after Rx Deductible	30%

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**.

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**.

Silver \$3400 Medical Deductible			Silver \$6000 Medical Deductible Rx Copay		
73% CSR	87% CSR	94% CSR	73% CSR	87% CSR	94% CSR
V	V	V	V	V	V
\$3,000 / \$6,000	\$100 / \$200	\$0 / \$0	\$6,000 / \$12,000	\$350 / \$700	\$0 / \$0
\$7,500 / \$15,000	\$3,300 / \$6,600	\$3,200 / \$6,400	\$7,650 / \$15,300	\$3,150 / \$6,300	\$3,150 / \$6,300
\$0	\$0	\$0	\$0	\$0	\$0
\$30	\$10	\$0	\$0	\$0	\$0
\$50	\$40	\$10	\$50	\$25	\$0
\$60	\$35	\$10	\$60	\$30	\$5
40% after Deductible	30% after Deductible	15%	40% after Deductible	30% after Deductible	15%
40% after Deductible	30% after Deductible	15%	40% after Deductible	30% after Deductible	15%
\$20	\$20	\$0	\$20	\$20	\$10
40% after Deductible	30% after Deductible	15%	40% after Deductible	30% after Deductible	15%
\$600 after Deductible	\$350 after Deductible	\$150	40% after Deductible	30% after Deductible	15%
\$1,500 / \$4,500	\$950 / \$2,850	\$200 / \$600	Combined with Medical	Combined with Medical	Combined with Medical
\$0	\$0	\$0	\$0	\$0	\$0
\$15	\$15	\$0	\$10	\$10	\$0
\$25	\$20	\$5	\$25	\$25	\$0
25% after Rx Deductible	15% after Rx Deductible	5% after Rx Deductible	\$125	\$60	\$20
50% after Rx Deductible	25% after Rx Deductible	15% after Rx Deductible	\$570	\$235	\$235
50% after Rx Deductible	50% after Rx Deductible	50% after Rx Deductible	\$635	\$260	\$260

V Value Network

