Colorado plan changes | 2027

Select Health

Individual and Family plan changes

Plan	Benefit	2026	2027
BRONZE			
Expanded Bronze $6900 Medical Deductible (HSA Eligible)	Maximum out-of-pocket (single / family)	$10,600 / $21,200	$12,000 / $24,000
	Primary care provider (PCP)	$35	3 visits at $50, then 0% after deductible
	Minor diagnostic (x-ray)	5% after deductible	10% after deductible
	Rx deductible (single / family)	$2,000 / $4,000	Combined with medical
	Tier 2 drugs	$15	$30
Expanded Bronze $8500 Medical Deductible (HSA Eligible)	Maximum out-of-pocket (single / family)	$10,600 / $21,200	$12,000 / $24,000
	Primary care provider (PCP) office visits	$35	3 visits at $50, then 0% after deductible
	Specialty care provider (SCP)	50% after deductible	$65 after deductible
	Rx deductible (single / family)	$2,000 / $4,000	Combined with medical
	Tier 2 drugs	$15	$30
SILVER			
Silver $1800 Medical Deductible (FKA Silver $1500 Medical Deductible)	Deductible (single / family)	$1,500 / $3,000	$1,800 / $3,600
	Maximum out-of-pocket (single / family)	$10,150 / $20,300	$11,000 / $22,000
	Minor diagnostic (lab)	$15	$20
	Rx deductible (single / family)	$2,000 / $6,000	$2,400 / $4,800
	Emergency transportation	$200	$300

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Select Health

Plan	Benefit	2026	2027
Silver $3500 Medical Deductible (FKA Silver $3400 Medical Deductible)	Deductible (single / family)	$3,400 / $6,800	$3,500 / $7,000
	Maximum out-of-pocket (single / family)	$10,000 / $20,000	$11,000 / $22,000
	Specialty care provider (SCP)	$65	$70
	Minor diagnostic (lab)	$15	$20
	Emergency room	$750 after deductible	$800 after deductible
	Emergency transportation	$750 after deductible	$800 after deductible
	Rx deductible (single / family)	$1,500 / $4,500	$2,000 / $6,000
Silver $4000 Medical Deductible HDHP / HSAQ-X (FKA Silver $3750 Medical Deductible Off Exchange)	Deductible (single / family)	$3,750 / $7,500	$4,000 / $8,000
	Maximum out-of-pocket (single / family)	$8,500 / $17,000	$8,700 / $17,400
	Minor diagnostic (x-ray)	5% after deductible	10% after deductible
Silver $6000 Medical Deductible Rx Copay (FKA Silver $5100 Medical Deductible)	Deductible (single / family)	$5,100 / $10,200	$6,000/ $12,000
	Maximum out-of-pocket (single / family)	$9,600 / $19,200	$10,500 / $21,000
	Primary care provider / Behavioral health office visits	$10	$25
	Minor diagnostic (lab)	$20	$25
	Tier 5 drugs	$720	$785
	Tier 6 drugs	$800	$875
GOLD			
Gold $0 Medical Deductible	Maximum out-of-pocket (single / family)	$10,200/ $20,400	$10,500 / $21,000
	Rx deductible (single / family)	$1,200 / $3,600	$1,800 / $5,400

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Select Health

Plan	Benefit	2026	2027
Gold $1500 Medical Deductible	Maximum out-of-pocket (single / family)	$9,000 / $18,000	$9,500 / $19,000
	Primary care provider (PCP)	$15	$20
	Minor diagnostic (lab)	$0	$10
	Minor diagnostic (x-ray)	5% after deductible	10% after deductible
	Rx deductible (single / family)	$600 / $1,800	$900 / $2,700
Gold $2200 Medical Deductible HSAQ **(FKA Gold $1750 Medical Deductible HSAQ)**	Maximum out-of-pocket (single / family)	$8,500 / $17,000	$8,700 / $17,400
	Inpatient hospitalization	15% after deductible	20% after deductible
	Outpatient hospital services	15% after deductible	20% after deductible
	Emergency room	15% after deductible	20% after deductible
	Emergency transportation	15% after deductible	20% after deductible
SILVER			
Silver $1800 Medical Deductible CSR plans			
73% CSR	Maximum out-of-pocket (single/family)	$8,000 / $16,000	$9,200 / $18,400
	Deductible (single / family)	$1,500 / $3,000	$1,800 / $3,600
	Primary care provider (PCP)	$30	$35
	Specialty care provider (SCP)	$70	$75
	Emergency room	$1,000	$1,400
	Emergency transportation	$200	$300
	Minor diagnostic (lab)	$15	$20
	Tier 4 drugs	$100 after Rx deductible	$125 after Rx deductible
	Rx deductible	$1,850 / $5,550	$2,000 / $6,000

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Plan	Benefit	2026	2027
87% CSR	Deductible (single / family)	$425 / $850	$500 / $1,000
	Maximum out-of-pocket (single / family)	$3,400 / $6,800	$4,000 / $8,000
	Primary care provider (PCP) office visits	$0	$5
	Specialty care provider (SCP)	$25	$30
	Minor diagnostic (lab)	$10	$10
	Rx deductible (single / family)	$450 / $1,350	$500 / $1,500
	Emergency transportation	$100	$150
94% CSR	Deductible (single / family)	$0 / $0	$150 / $300
	Maximum out-of-pocket (single / family)	$3,400 / $6,800	$3,800 / $7,600
	Inpatient hospitalization (facility)	$500 per day (after deductible up to 3 day copay max)	$550 per day (after deductible up to 3 day copay max)
	Emergency room	$200	$275
	Emergency transportation	$50	$100
	Rx deductible (single / family)	$0 / $0	$150 / $300
	Specialty care provider (SCP)	$5	$15
	Tier 4	$15	$15 after Rx deductible
	Tier 5	10%	10% after Rx deductible
	Tier 6	30%	30% after Rx deductible

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Plan	Benefit	2026	2027
Silver $3500 Medical Deductible (FKA Silver 3400 Medical Deductible)			
73% CSR	Deductible (single / family)	$3,000 / $6,000	$3,500 / $7,000
	Maximum out-of-pocket (single / family)	$7,500 / $15,000	$9,200 / $18,400
	Primary care provider (PCP) office visits	$30	$35
	Specialty care provider (SCP)	$50	$60
	Minor diagnostic (lab)	$15	$20
	Emergency room	$600 after deductible	$700 after deductible
	Emergency transportation	$600 after deductible	$700 after deductible
	Rx deductible (single / family)	$1,500 / $4,500	$1,800 / $5,400
87% CSR	Deductible (single / family)	$100 / $200	$200 / $400
	Maximum out-of-pocket (single / family)	$3,300 / $6,600	$3,400 / $6,800
	Rx deductible (single / family)	$950 / $2,850	$1,000 / $3,000
94% CSR	Deductible (single / family)	$0 / $0	$150 / $300
	Maximum out-of-pocket (single / family)	$3,100 / $6,200	$3,400 / $6,800
	Primary care provider (PCP) office visits	$0	$5
	Specialty care provider (SCP)	$10	$15
	Inpatient hospitalization (facility)	15%	15% after deductible
	Minor diagnostic (lab)	$0	$5
	Minor diagnostic (x-ray)	15%	15% after deductible
	Emergency room	$150	$125 after deductible
	Emergency transportation	$150	$125 after deductible
	Rx deductible (single / family)	$175 / $525	$220 / $660

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Plan	Benefit	2026	2027
Silver $5100 Medical Deductible Rx Copay (FKA Silver $4500 Medical Deductible Rx Copay)			
73% CSR	Deductible (single / family)	$5,100 / $10,200	$6,000 / $12,000
	Maximum out-of-pocket (single / family)	$7,650 / $15,300	$9,200 / $18,400
	Specialty care provider (SCP)	$45	$50
	Minor diagnostic (lab)	$20	$20
	Tier 4 drugs	$125	$150
	Tier 5 drugs	$570	$685
	Tier 6 drugs	$635	$775
87% CSR	Deductible (single / family)	$350 / $700	$475 / $950
	Maximum out-of-pocket (single / family)	$3,150 / $6,300	$3,800 / $7,600
	Primary care provider (PCP) office visits	$0	$10
	Specialty care provider (SCP)	$25	$30
	Minor diagnostic (lab)	$30	$15
	Tier 4 drugs	$60	$70
	Tier 5 drugs	$235	$285
	Tier 6 drugs	$260	$315

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Plan	Benefit	2026	2027
94% CSR	Deductible (single / family)	$0 / $0	$120 / $240
	Maximum out-of-pocket (single / family)	$3,150 / $6,300	$3,500 / $7,000
	Tier 2 drugs	$0	$5
	Tier 3 drugs	$0	$10
	Tier 4 drugs	$20	$30
	Tier 5 drugs	$235	$260
	Tier 6 drugs	$260	$290

This document shows the applicable plan changes for 2027. Please note that this list is not all inclusive of each change. Refer to the member materials for all updates.

To see the full fair treatment notice, visit **selecthealth.org/disclaimers/non-discrimination**.

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