

Colorado Individual plans and benefits | 2027

Savings
and Perks



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

Plan name ►	Expanded Bronze \$6900 Medical Deductible (HSA eligible) ⁴	Expanded Bronze \$8500 Medical Deductible (HSA eligible) ⁴	Silver \$1800 Medical Deductible	Silver \$3500 Medical Deductible
Participating networks	V	V	V	V
Deductible (single /family)	\$6,900 / \$13,800	\$8,500 / \$17,000	\$1,800 / \$3,600	\$3,500 / \$7,000
Maximum out-of-pocket (single /family)	\$12,000 / \$24,000	\$12,000 / \$24,000	\$11,000 / \$22,000	\$11,000 / 22,000
Virtual visits ²	\$0	\$0	\$0	\$0
Primary care provider (PCP) office visit	3 visits at \$50, then 0% after deductible	3 visits at \$50, then 0% after deductible	\$35	\$35
Specialty care provider (SCP)	\$90 after deductible	\$65 after deductible	\$85	\$70
Urgent care services	\$65	\$75	\$45	\$60
Inpatient hospitalization (facility)	40% after deductible	50% after deductible	\$3,150 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	\$20	\$20
Minor diagnostic ³ (x-ray)	10% after deductible	50% after deductible	50% after deductible	40% after deductible
Emergency room	40% after deductible	50% after deductible	\$1,800	\$800 after deductible
Rx deductible	Combined with medical	Combined with medical	\$2,400 / \$4,800	\$2,000 / \$6,000
Tier 1 drugs	\$0	\$0	\$0	\$0
Tier 2 drugs	\$30	\$30	\$15	\$15
Tier 3 drugs	\$40	\$30	\$25	\$25
Tier 4 drugs	\$55 after Rx deductible	45% after Rx deductible	\$125 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 \$4000 Medical Deductible HDHP / HSAQ-X ¹	Silver \$6000 Medical Deductible Rx Copay	Gold \$0 Medical Deductible	Gold \$1500 Medical Deductible	Gold \$2200 Medical Deductible HDHP / HSAQ ¹
V	V	V	V	V
\$4,000 / \$8,000	\$6,000/ \$12,000	\$0 / \$0	\$1,500 / \$3,000	\$2,200 / \$4,400
\$8,700 / \$17,400	\$10,500 / \$21,000	\$10,500 / \$21,000	\$9,500 / \$19,000	\$8,700 / \$17,400
\$0 after deductible	\$0	\$0	\$0	\$0 after deductible
\$0 after deductible	\$25	\$20	\$20	\$0 after deductible
\$0 after deductible	\$50	\$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	\$10	\$0 after deductible
10% after deductible	40% after deductible	10%	10% after deductible	5% after deductible
25% after deductible	40% after deductible	30%	25% after deductible	20% after deductible
Combined with medical	Combined with medical	\$1,800 / \$5,400	\$900 / \$2,700	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	15% after deductible
50% after deductible	\$785	50% after Rx deductible	50% after Rx deductible	50% after deductible
50% after deductible	\$875	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, Intermountain Health virtual urgent care providers, and UCHealth virtual urgent care providers are covered at no additional cost to you on most plans. Mental health virtual visits are excluded from this benefit.

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

⁴ Members enrolled on a Bronze plan may be eligible to open and contribute to a health savings account (HSA). Some restrictions may apply.

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



Colorado Cost-Sharing Reduction (CSR) plans and benefits | 2027

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 ►	Silver \$1800 Medical Deductible		
	73% CSR	87% CSR	94% CSR
Participating networks	V	V	V
Deductible (single /family)	\$1,800 / \$3,600	\$500 / \$1,000	\$150 / \$300
Maximum out-of-pocket (single /family)	\$9,200 / \$18,400	\$4,000 / \$8,000	\$3,800 / \$7,600
Virtual visits ¹	\$0	\$0	\$0
Primary care provider (PCP) office visit	\$35	\$5	\$5
Specialty care provider (SCP)	\$75	\$30	\$15
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	\$550 per day (up to 3-day copay max) after deductible
Outpatient hospital services (facility)	50% after deductible	40% after deductible	20% after deductible
Minor diagnostic ² (lab)	\$20	\$10	\$0
Minor diagnostic ² (x-ray)	50% after deductible	40% after deductible	20% after deductible
Emergency room	\$1,400	\$600	\$275
Rx deductible	\$2,000 / \$6,000	\$500 / \$1,500	\$150 / \$300
Tier 1 drugs	\$0	\$0	\$0
Tier 2 drugs	\$15	\$10	\$0
Tier 3 drugs	\$25	\$15	\$10
Tier 4 drugs	\$125 after Rx deductible	\$75 after Rx deductible	\$15 after Rx deductible
Tier 5 drugs	50% after Rx deductible	15% after Rx deductible	10% after Rx deductible
Tier 6 drugs	50% after Rx deductible	40% after Rx deductible	30% after Rx deductible

Silver \$3500 Medical Deductible			Silver \$5100 Medical Deductible Rx Copay		
73% CSR	87% CSR	94% CSR	73% CSR	87% CSR	94% CSR
V	V	V	V	V	V
\$3,500 / \$7,000	\$200 / \$400	\$150 / \$300	\$6,000 / \$12,000	\$475 / \$950	\$120 / \$240
\$9,200 / \$18,400	\$3,400 / \$6,800	\$3,400 / \$6,800	\$9,200 / \$18,400	\$3,800 / \$7,600	\$3,500 / \$7,000
\$0	\$0	\$0	\$0	\$0	\$0
\$35	\$10	\$5	\$20	\$10	\$5
\$60	\$35	\$15	\$50	\$30	\$5
\$60	\$35	\$10	\$60	\$30	\$5
40% after deductible	30% after deductible	15% after deductible	40% after deductible	30% after deductible	10% after deductible
40% after deductible	30% after deductible	15% after deductible	40% after deductible	30% after deductible	10% after deductible
\$20	\$15	\$5	\$20	\$15	\$10
40% after deductible	30% after deductible	15% after deductible	40% after deductible	30% after deductible	10% after deductible
\$700 after deductible	\$350 after deductible	\$125 after deductible	40% after deductible	30% after deductible	10% after deductible
\$1,800 / \$5,400	\$1,000 / \$3,000	\$220 / \$660	Combined with medical	Combined with medical	Combined with medical
\$0	\$0	\$0	\$0	\$0	\$0
\$15	\$15	\$0	\$10	\$10	\$5
\$25	\$20	\$5	\$25	\$25	\$10
25% after Rx deductible	15% after Rx deductible	5% after Rx deductible	\$150	\$70	\$30
50% after Rx deductible	25% after Rx deductible	15% after Rx deductible	\$685	\$285	\$260
50% after Rx deductible	50% after Rx deductible	50% after Rx deductible	\$775	\$315	\$290

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