Colorado Option Individual plans and benefits | 2027

Savings and Perks

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

Plan name ▶	Select Health Colorado Option Bronze (HSA eligible)[3]	Select Health Colorado Option Silver	Select Health Colorado Option Gold
Participating networks	V	V	V
Deductible (single / family)	$8,100 / $16,200	$5,000 / $10,000	$2,400 / $4,800
Maximum out-of-pocket (single / family)	$11,200 / $22,400	$11,450 / $22,900	$10,450 / $20,900
Virtual visits[1]	$0	$0	$0
Primary care provider (PCP)	First 3 visits $0, then $50 after deductible	$0 unlimited	$0 unlimited
Specialty care provider (SCP)	50% after deductible	$90	$55
Urgent care services	50% after deductible	$80	$50
Inpatient hospitalization (facility)	50% after deductible	40% after deductible	30% after deductible
Outpatient hospital Services (facility)	50% after deductible	40% after deductible	30% after deductible
Minor diagnostic[2] (lab)	50% after deductible	40% after deductible	30% after deductible
Minor diagnostic[2] (x-ray)	50% after deductible	40% after deductible	30% after deductible
Emergency room	50% after deductible	40% after deductible	30% after deductible
Rx deductible (single / family)	Combined with medical	Combined with medical	Combined with medical
Tier 1 drugs	$0	$0	$0
Tier 2 drugs	$30	$20	$10
Tier 3 drugs	$200	$125	$50
Tier 4 drugs	$350	$300	$200
Tier 5 drugs	$700	$650	$600

[1] 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.

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

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

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**.

Your contract is the final authority on your plan's benefits and coverage. If there are differences between the contract, the summary of benefits and coverage (SBC), or other materials, the contract will apply.

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

COLORADO OPTION

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Colorado Option 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 ▶	Select Health Colorado Option Silver	Select Health Colorado Option Silver 73%	Select Health Colorado Option Silver 87%	Select Health Colorado Option Silver 94%
Participating networks	V	V	V	V
Deductible (single / family)	$5,000 / $10,000	$3,400 / $6,800	$1,100 / $2,200	$200 / $400
Maximum out-of-pocket (single / family)	$11,450 / $22,900	$9,150 / $18,300	$3,600 / $7,200	$2,300 / $4,600
Virtual visits[1]	$0	$0	$0	$0
Primary care provider (PCP)	$0, unlimited	$0, unlimited	$0, unlimited	$0, unlimited
Specialty care provider (SCP)	$90	$90	$65	$40
Urgent care	$80	$80	$80	$80
Inpatient hospitalization (facility)	40% after deductible	40% after deductible	30% after deductible	20% after deductible
Outpatient hospital services (facility)	40% after deductible	40% after deductible	30% after deductible	20% after deductible
Minor diagnostic[2] **(lab)**	40% after deductible	40% after deductible	30% after deductible	20% after deductible
Minor diagnostic[2] **(x-ray)**	40% after deductible	40% after deductible	30% after deductible	20% after deductible
Emergency room	40% after deductible	40% after deductible	30% after deductible	20% after deductible
Rx deductible (single / family)	Combined with med	Combined with med	Combined with med	Combined with med
Tier 1 drugs	$0	$0	$0	$0
Tier 2 drugs	$20	$20	$0	$0
Tier 3 drugs	$125	$125	$60	$20
Tier 4 drugs	$300	$300	$120	$40
Tier 5 drugs	$650	$600	$180	$60

[1] 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.

[2] Some minor diagnostic services will 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**.

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