Colorado Off-Exchange 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 Silver - X	Silver $1800 Medical Deductible - X	Silver $3500 Medical Deductible - X	Silver $6000 Medical Deductible Rx Copay - X
Participating networks	V	V	V	V
Deductible (single / family)	$5,000 / $10,000	$1,800 / $3,600	$3,500 / $7,000	$6,000/ $12,000
Out-of-pocket maximum (single / family)	$11,450 / $22,900	$11,000 / $22,000	$11,000 / 22,000	$10,500 / $21,000
Virtual visits[1]	$0	$0	$0	$0
Primary care provider (PCP)	$0, Unlimited	$35	$35	$25
Specialty care provider (SCP)	$90	$85	$70	$50
Urgent care services	$80	$45	$60	$60
Inpatient hospitalization (facility)	40% after deductible	$3,150 per day (up to 3 day max) after deductible	40% after deductible	40% after deductible
Outpatient hospital services (facility)	40% after deductible	50% after deductible	40% after deductible	40% after deductible
Minor diagnostic[2] (lab)	40% after deductible	$20	$20	$25
Minor diagnostic[2] (x-ray)	40% after deductible	50% after deductible	40% after deductible	40% after deductible
Emergency room	40% after deductible	$1,800	$800 after deductible	40% after deductible
Emergency transportation	45% after deductible	$325	$825 after deductible	45% after deductible
Rx deductible (single / family)	Combined with medical	$2,400 / $4,800	$2,000 / $6,000	Combined with medical
Tier 1 drugs	$0	$0	$0	$0
Tier 2 drugs	$20	$15	$15	$10
Tier 3 drugs	$125	$25	$25	$25
Tier 4 drugs	$300	$125 after Rx deductible	25% after Rx deductible	$150
Tier 5 drugs	$650	50% after Rx deductible	50% after Rx deductible	$785
Tier 6 drugs	Not applicable	50% after Rx deductible	50% after Rx deductible	$875

[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**.

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

This information is available for free in other languages and alternate formats by contacting Select Health Medicare: **855-442-9900 (TTY: 711)** / Select Health: **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.

V Value Network

Select Health