## Individual plans and benefits | 2024 Colorado Option Plans





| Plan Name  | Select Health Colorado<br>Option Bronze          | Select Health Colorado<br>Option Silver   | Select Health Colorado<br>Option Gold |  |  |  |
|--|--|---|---------------------------------------|--|--|--|
| Deductible   |  |   |                                       |  |  |  |
| Single   | \$7,500  | \$4,750   | \$1,700                               |  |  |  |
| Family   | \$15,000   | \$9,500   | \$3,400                               |  |  |  |
| Out-of-Pocket Max  |  |   |                                       |  |  |  |
| Single   | \$9,450  | \$9,450   | \$8,700                               |  |  |  |
| Family   | \$18,900   | \$18,900  | \$17,400                              |  |  |  |
| Primary Care Provider (PCP)  | First 3 Visits \$0 then<br>\$50 after Deductible | \$0   | \$0                                   |  |  |  |
| Secondary Care Provider (SCP)  | 50% after Deductible                             | \$80  | \$50                                  |  |  |  |
| Urgent Care Services   | 50% after Deductible                             | \$80  | \$50                                  |  |  |  |
| Virtual Visits <sup>1</sup>  | Covered 100%                                     | Covered 100%  | Covered 100%                          |  |  |  |
| Preventive Care and Immunizations  | Covered 100%                                     | Covered 100%  | Covered 100%                          |  |  |  |
| Minor Diagnostic Tests <sup>2</sup>  | 50% after Deductible                             | 40% after Deductible  | 30% after Deductible                  |  |  |  |
| Inpatient Hospital Services  | 50% after Deductible                             | 40% after Deductible  | 30% after Deductible                  |  |  |  |
| Outpatient Services  | 50% after Deductible                             | 40% after Deductible  | 30% after Deductible                  |  |  |  |
| Emergency Room   | 50% after Deductible                             | 40% after Deductible  | 30% after Deductible                  |  |  |  |
| Rx Deductible Per Person   | Medical and Rx Combined                          | Medical and Rx Combined   | Medical and Rx Combined               |  |  |  |
| Tier 1 Drugs   | \$30   | \$20  | \$10                                  |  |  |  |
| Tier 2 Drugs   | \$200  | \$125   | \$50                                  |  |  |  |
| Tier 3 Drugs   | \$350  | \$300   | \$200                                 |  |  |  |
| Tier 4 Drugs   | \$700  | \$650   | \$600                                 |  |  |  |
| 1 Virtual Visits with an in-network Primary Care Provider, Mental Health Provider, Intermountain Connect Care (urgent care only), and UCHealth urgent care service providers are covered at no additional cost to you.  2 Some minor diagnostic services will be covered as part of the office visit cost share. Minor diagnostics include x-rays and diagnostic imaging as well as laboratory OP and professional services. |  | Please note: The coverage and benefit details presented here do not include out-of-network cost-share details.  Preauthorization is required for certain services. Visit limits apply to certain services. This chart is not a complete list of benefits.  If you have questions, visit selecthealth.org or call Member Services at 800-538-5038. |                                       |  |  |  |



## Select Health Cost-Sharing Reduction (CSR) Plans | 2024 Colorado Option Plans

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 and Alaska Native tribes may also qualify for additional cost-sharing benefits.

| Plan                                    | Deductible<br>Single/Family |                  | Rx Deductible<br>Single    |     | Secondary<br>Care Visit | Urgent Care<br>Services | Virtual<br>Visits¹ | Preventive<br>Care | Inpatient<br>Hospital Services | Outpatient<br>Services  | Emergency<br>Room       | Tier 1<br>Drugs | Tier 2<br>Drugs |       | Tier 4 Drugs |
|---|-----------------------------|------------------|----------------------------|-----|-------------------------|-------------------------|--------------------|--------------------|--------------------------------|-------------------------|-------------------------|-----------------|-----------------|-------|--------------|
| Select Health Colorado<br>Option Silver | \$4,750/\$9,500             | \$9,450/\$18,900 | Medical and Rx<br>Combined | \$0 | \$80                    | \$80                    | Covered 100%       | Covered 100%       | 40% after Deductible           | 40% after<br>Deductible | 40% after<br>Deductible | \$20            | \$125           | \$300 | \$650        |
| 73% CSR                                 | \$3,450/\$6,900             | \$7,450/\$14,900 | Medical and Rx<br>Combined | \$0 | \$80                    | \$80                    | Covered 100%       | Covered 100%       | 40% after Deductible           | 40% after<br>Deductible | 40% after<br>Deductible | \$20            | \$125           | \$300 | \$600        |
| 87% CSR                                 | \$800/\$1,600               | \$3,150/\$6,300  | Medical and Rx<br>Combined | \$0 | \$60                    | \$60                    | Covered 100%       | Covered 100%       | 30% after Deductible           | 30% after<br>Deductible | 30% after<br>Deductible | \$0             | \$60            | \$120 | \$180        |
| 94% CSR                                 | \$100/\$200                 | \$1,100/\$2,200  | Medical and Rx<br>Combined | \$0 | \$40                    | \$40                    | Covered 100%       | Covered 100%       | 20% after Deductible           | 20% after<br>Deductible | 20% after<br>Deductible | \$0             | \$20            | \$40  | \$60         |

<sup>1</sup> Virtual Visits with an in-network Primary Care Provider, Mental Health Provider, Intermountain Connect Care (urgent care only), and UCHealth urgent care service providers are covered at no additional cost to you. Preauthorization is required for certain services. Visit limits apply to certain services at 800-538-5038.

