

# Individual plans and benefits | 2025 Colorado plans



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Value Adds



Plan Name ▶	Expanded Bronze \$6900 Medical Deductible	Silver \$1500 Medical Deductible	Silver \$3200 Medical Deductible	Silver \$3700 Medical Deductible HSAQ <sup>1</sup> -Off Exchange	Silver \$4500 Medical Deductible Rx Copay	Gold \$0 Medical Deductible	Gold \$1500 Medical Deductible	Gold \$1750 Medical Deductible HSAQ <sup>1</sup>
<b>Deductible</b>								
(Single/Family)	\$6,900 / \$13,800	\$1,500 / \$3,000	\$3,200 / \$6,400	\$3,700 / \$7,400	\$4,500 / \$9,000	\$0 / \$0	\$1,500 / \$3,000	\$1,750 / \$3,500
<b>Maximum Out-of-Pocket</b>								
(Single/Family)	\$9,200 / \$18,400	\$9,000 / \$18,000	\$9,200 / \$18,400	\$8,050 / \$16,100	\$9,000 / \$18,000	\$9,000 / \$18,000	\$8,000 / \$16,000	\$8,050 / \$16,100
<b>Connect Care / UCHealth Virtual Urgent Care<sup>2</sup></b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Primary Care Provider (PCP)/Behavioral Health Office Visits</b>	\$35	\$30	\$35	\$0 after Deductible	\$0	\$20	\$15	\$0 after Deductible
<b>Secondary Care Provider (SCP)</b>	\$70 after Deductible	\$80	\$50	\$0 after Deductible	\$50	\$70	\$40	\$0 after Deductible
<b>Urgent Care Services</b>	\$65	\$45	\$60	\$0 after Deductible	\$60	\$70	\$40	\$0 after Deductible
<b>Inpatient Hospitalization (Facility)</b>	40% after Deductible	\$3,150 per day after Deductible (up to 3 day Copay maximum)	40% after Deductible	15% after Deductible	40% after Deductible	30%	20% after Deductible	10% after Deductible
<b>Inpatient Hospitalization (Physician Services)</b>	40% after Deductible	No Charge	40% after Deductible	15% after Deductible	40% after Deductible	30%	20% after Deductible	10% after Deductible
<b>Outpatient Hospital Services (Facility)</b>	40% after Deductible	50% after Deductible	40% after Deductible	15% after Deductible	40% after Deductible	30%	20% after Deductible	10% after Deductible
<b>Outpatient Hospital Services (Physician Services)</b>	40% after Deductible	50% after Deductible	40% after Deductible	15% after Deductible	40% after Deductible	30%	20% after Deductible	10% after Deductible
<b>Home Health Care</b>	\$70 after Deductible	\$80	\$50	\$0 after Deductible	\$50	\$70	\$40	\$0 after Deductible
<b>Hospice (Inpatient)</b>	40% after Deductible	\$3,150 per day after Deductible (up to 3 day Copay maximum)	40% after Deductible	15% after Deductible	40% after Deductible	30%	20% after Deductible	10% after Deductible
<b>Minor Diagnostic - Lab<sup>3</sup></b>	\$50	\$15	\$20	\$0 after Deductible	\$20	\$5	\$0	\$0 after Deductible
<b>Minor Diagnostic - X-Ray<sup>3</sup></b>	5% after Deductible	50% after Deductible	40% after Deductible	5% after Deductible	40% after Deductible	5%	5% after Deductible	5% after Deductible
<b>Major Diagnostic</b>	40% after Deductible	50% after Deductible	40% after Deductible	15% after Deductible	40% after Deductible	30%	20% after Deductible	10% after Deductible
<b>Emergency Room</b>	40% after Deductible	\$1,500	\$600 after Deductible	15% after Deductible	40% after Deductible	30%	20% after Deductible	10% after Deductible
<b>Emergency Transportation</b>	40% after Deductible	\$200	\$600 after Deductible	15% after Deductible	40% after Deductible	30%	20% after Deductible	10% after Deductible
<b>Outpatient Rehab</b>	\$25	\$25	\$25	\$0 after Deductible	\$25	\$25	\$25	\$0 after Deductible
<b>Rx Deductible</b>								
(Single/Family)	\$2,000 / \$4,000	\$1,500 / \$4,500	\$1,000 / \$3,000	Medical and Rx Combined	Medical and Rx Combined	\$1,000 / \$3,000	\$250 / \$750	Medical and Rx Combined
<b>Tier 1 Drugs (Preventive)</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Tier 2 Drugs (Generic)</b>	\$15	\$15	\$15	\$0 after Deductible	\$10	\$10	\$10	\$0 after Deductible
<b>Tier 3 Drugs (Non-Preferred Generic)</b>	\$40	\$25	\$25	\$0 after Deductible	\$25	\$25	\$25	\$0 after Deductible
<b>Tier 4 Drugs (Preferred Brand)</b>	\$55 after Pharmacy Deductible	\$100 after Pharmacy Deductible	25% after Pharmacy Deductible	15% after Deductible	\$125	25% after Pharmacy Deductible	25% after Pharmacy Deductible	20% after Deductible
<b>Tier 5 Drugs (Non-Preferred Brand)</b>	50% after Pharmacy Deductible	50% after Pharmacy Deductible	50% after Pharmacy Deductible	50% after Deductible	\$675	50% after Pharmacy Deductible	50% after Pharmacy Deductible	50% after Deductible
<b>Tier 6 Drugs (Specialty)</b>	50% after Pharmacy Deductible	50% after Pharmacy Deductible	50% after Pharmacy Deductible	50% after Deductible	\$750	50% after Pharmacy Deductible	50% after Pharmacy Deductible	50% after Deductible

1 When two or more are enrolled on an HSA-Qualified plan, only the family deductible applies and no single person in a family will pay more than the single out-of-pocket maximum.

2 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.

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



# Cost-Sharing Reduction (CSR) Plans | 2025 Colorado 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 or Alaska Native tribes may also qualify for additional cost-sharing benefits.

Plan ▶	Silver \$1500 Medical Deductible	73% CSR	87% CSR	94% CSR	Silver \$3200 Medical Deductible	73% CSR	87% CSR	94% CSR	Silver \$4500 Medical Deductible Rx Copay	73% CSR	87% CSR	94% CSR
<b>Deductible (Single/Family)</b>	\$1,500 / \$3,000	\$1,500 / \$3,000	\$350 / \$700	\$0 / \$0	\$3,200 / \$6,400	\$3,000 / \$6,000	\$0 / \$0	\$0 / \$0	\$4,500 / \$9,000	\$4,000 / 8,000	\$350 / \$700	\$0 / \$0
<b>Maximum Out-of-Pocket (Single/Family)</b>	\$9,000 / \$18,000	\$7,000 / \$14,000	\$3,000 / \$6,000	\$2,400 / \$4,800	\$9,200 / \$18,400	\$7,000 / \$14,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$9,000 / \$18,000	\$7,000 / \$14,000	\$3,000 / \$6,000	\$3,000 / \$6,000
<b>Connect Care / UCHealth Virtual Urgent Care<sup>1</sup></b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Primary Care Provider (PCP)/ Behavioral Health Office Visits</b>	\$30	\$20	\$0	\$0	\$35	\$30	\$10	\$0	\$0	\$0	\$0	\$0
<b>Secondary Care Provider (SCP)</b>	\$80	\$75	\$30	\$10	\$50	\$50	\$40	\$10	\$50	\$50	\$25	\$0
<b>Urgent Care Services</b>	\$45	\$45	\$15	\$10	\$60	\$60	\$35	\$10	\$60	\$60	\$30	\$5
<b>Inpatient Hospitalization (Facility)</b>	\$3,150 per day after Deductible (up to 3 day Copay maximum)	\$3,150 per day after Deductible (up to 3 day Copay maximum)	\$1,000 per day after Deductible (up to 3 day Copay maximum)	\$450 per day after Deductible (up to 3 day Copay maximum)	40% after Deductible	40% after Deductible	25%	15%	40% after Deductible	40% after Deductible	30% after Deductible	10%
<b>Inpatient Hospitalization (Physician Services)</b>	No Charge	No Charge	No Charge	No Charge	40% after Deductible	40% after Deductible	25%	15%	40% after Deductible	40% after Deductible	30% after Deductible	10%
<b>Outpatient Hospital Services (Facility)</b>	50% after Deductible	50% after Deductible	40% after Deductible	20%	40% after Deductible	40% after Deductible	25%	15%	40% after Deductible	40% after Deductible	30% after Deductible	10%
<b>Outpatient Hospital Services (Physician Services)</b>	50% after Deductible	50% after Deductible	40% after Deductible	20%	40% after Deductible	40% after Deductible	25%	15%	40% after Deductible	40% after Deductible	30% after Deductible	10%
<b>Home Health Care</b>	\$80	\$75	\$30	\$10	\$50	\$50	\$40	\$10	\$50	\$50	\$25	\$0
<b>Hospice (Inpatient)</b>	\$3,150 per day after Deductible (up to 3 day Copay maximum)	\$3,150 per day after Deductible (up to 3 day Copay max)	\$1,000 per day after Deductible (up to 3 day Copay max)	\$450 per day after Deductible (up to 3 day Copay max)	40% after Deductible	40% after Deductible	25%	15%	40% after Deductible	40% after Deductible	30% after Deductible	10%
<b>Minor Diagnostic - Lab</b>	\$15	\$15	\$15	\$0	\$20	\$20	\$20	\$0	\$20	\$20	\$20	\$10
<b>Minor Diagnostic - X-Ray</b>	50% after Deductible	50% after Deductible	40% after Deductible	20%	40% after Deductible	40% after Deductible	25%	15%	40% after Deductible	40% after Deductible	30% after Deductible	10%
<b>Major Diagnostic</b>	50% after Deductible	50% after Deductible	40% after Deductible	20%	40% after Deductible	40% after Deductible	25%	15%	40% after Deductible	40% after Deductible	30% after Deductible	10%
<b>Emergency Room</b>	\$1,500	\$1,500	\$600	\$200	\$600 after Deductible	\$600 after Deductible	\$350	\$150	40% after Deductible	40% after Deductible	30% after Deductible	10%
<b>Emergency Transportation</b>	\$200	\$200	\$100	\$50	\$600 after Deductible	\$600 after Deductible	\$350	\$150	40% after Deductible	40% after Deductible	30% after Deductible	10%
<b>Outpatient Rehab</b>	\$25	\$25	\$15	\$10	\$25	\$25	\$15	\$10	\$25	\$25	\$15	\$10
<b>Rx Deductible</b>	\$1,500 / \$4,500	\$1,500 / \$4,500	\$250 / \$750	\$0 / \$0	\$1,000 / \$3,000	\$875 / \$2,625	\$400 / \$1,200	\$0 / \$0	Medical and Rx Combined	Medical and Rx Combined	Medical and Rx Combined	Medical and Rx Combined
<b>Tier 1 Drugs (Preventive)</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Tier 2 Drugs (Generic)</b>	\$15	\$15	\$10	\$0	\$15	\$15	\$15	\$0	\$10	\$10	\$10	\$0
<b>Tier 3 Drugs (Non-Preferred Generic)</b>	\$25	\$25	\$20	\$5	\$25	\$25	\$20	\$5	\$25	\$25	\$25	\$0
<b>Tier 4 Drugs (Preferred Brand)</b>	\$100 after Pharmacy Deductible	\$100 after Pharmacy Deductible	\$50 after Pharmacy Deductible	\$15	25% after Pharmacy Deductible	25% after Pharmacy Deductible	15% after Pharmacy Deductible	5%	\$125	\$125	\$60	\$20
<b>Tier 5 Drugs (Non-Preferred Brand)</b>	50% after Pharmacy Deductible	50% after Pharmacy Deductible	15% after Pharmacy Deductible	10%	50% after Pharmacy Deductible	50% after Pharmacy Deductible	25% after Pharmacy Deductible	15%	\$675	\$520	\$225	\$225
<b>Tier 6 Drugs (Specialty)</b>	50% after Pharmacy Deductible	50% after Pharmacy Deductible	40% after Pharmacy Deductible	30%	50% after Pharmacy Deductible	50% after Pharmacy Deductible	50% after Pharmacy Deductible	50%	\$750	\$580	\$250	\$250

<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. This chart is not a complete list of benefits. If you have questions, visit [selecthealth.org](https://selecthealth.org) or call Member Services at 800-538-5038.

