

# Individual plans and benefits | 2025 Colorado Option plans



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Value Adds



Plan Name ▶	Select Health Colorado Option Bronze	Select Health Colorado Option Silver	Select Health Colorado Option Gold
<b>Deductible</b>			
(Single/Family)	\$7,500 / \$15,000	\$4,000 / \$8,000	\$1,875 / \$3,750
<b>Maximum Out-of-Pocket</b>			
(Single/Family)	\$9,200 / \$18,400	\$9,000 / \$18,000	\$8,700 / \$17,400
<b>Virtual Visits<sup>1</sup></b>	\$0	\$0	\$0
<b>Primary Care Provider (PCP)/Behavioral Health Office Visits</b>	First 3 Visits \$0 then \$50 after Deductible	\$0, Unlimited	\$0, Unlimited
<b>Secondary Care Provider (SCP)</b>	50% after Deductible	\$80	\$50
<b>Urgent Care Services</b>	50% after Deductible	\$80	\$50
<b>Inpatient Hospitalization (Facility)</b>	50% after Deductible	40% after Deductible	30% after Deductible
<b>Outpatient Hospital Services (Facility)</b>	50% after Deductible	40% after Deductible	30% after Deductible
<b>Minor Diagnostic<sup>2</sup> (lab and x-ray)</b>	50% after Deductible	40% after Deductible	30% after Deductible
<b>Emergency Room</b>	50% after Deductible	40% after Deductible	30% after Deductible
<b>Rx Deductible</b>			
(Single/Family)	Medical and Rx Combined	Medical and Rx Combined	Medical and Rx Combined
<b>Tier 1 Drugs (Preventive)</b>	\$0	\$0	\$0
<b>Tier 2 Drugs (Generic / Non-preferred Generic)</b>	\$30	\$20	\$10
<b>Tier 3 Drugs (Preferred Brand)</b>	\$200	\$125	\$50
<b>Tier 4 Drugs (Non-preferred Brand)</b>	\$350	\$300	\$200
<b>Tier 5 Drugs (Specialty)</b>	\$700	\$650	\$600

<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.

<sup>2</sup> 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](https://selecthealth.org) or call Member Services at 800-538-5038.



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

Plan Name ▶	Select Health Colorado Option Silver	Select Health Colorado Option Silver 73%	Select Health Colorado Option Silver 94%
<b>Deductible (Single/Family)</b>	\$4,000 / \$8,000	\$2,600 / \$5,200	\$100 / \$200
<b>Maximum Out-of-Pocket (Single/Family)</b>	\$9,000 / \$18,000	\$7,350 / \$14,700	\$1,225 / \$2,450
<b>Virtual Visits<sup>1</sup></b>	\$0	\$0	\$0
<b>Primary Care Provider (PCP)/Behavioral Health Office Visits</b>	\$0, Unlimited	\$0, Unlimited	\$0, Unlimited
<b>Secondary Care Provider (SCP)</b>	\$80	\$80	\$40
<b>Urgent Care Services</b>	\$80	\$80	\$40
<b>Inpatient Hospitalization (Facility)</b>	40% after Deductible	40% after Deductible	20% after Deductible
<b>Outpatient Hospital Services (Facility)</b>	40% after Deductible	40% after Deductible	20% after Deductible
<b>Minor Diagnostic (lab and x-ray)</b>	40% after Deductible	40% after Deductible	20% after Deductible
<b>Emergency Room</b>	40% after Deductible	40% after Deductible	20% after Deductible
<b>Rx Deductible (Single/Family)</b>	Medical and Rx Combined	Medical and Rx Combined	Medical and Rx Combined
<b>Tier 1 Drugs (Preventive)</b>	\$0	\$0	\$0
<b>Tier 2 Drugs (Generic / Non-preferred Generic)</b>	\$20	\$20	\$0
<b>Tier 3 Drugs (Preferred Brand)</b>	\$125	\$125	\$20
<b>Tier 4 Drugs (Non-preferred Brand)</b>	\$300	\$300	\$40
<b>Tier 5 Drugs (Specialty)</b>	\$650	\$600	\$60

<sup>1</sup> Virtual Visits with an in-network Primary Care Provider, Mental Health Provider, Intermountain Connect Care (urgent care only), and UHealth 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**.

