

# Individual plans and benefits | 2024 Colorado plans



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Plan Type					HSA-Qualified <sup>1</sup> / Off-Exchange Plan		HSA-Qualified <sup>1</sup>	
Plan Name	Expanded Bronze \$6900 Medical Deductible	Silver \$1500 Medical Deductible	Silver \$3200 Medical Deductible	Silver \$6000 Medical Deductible Rx Copay	Silver \$3750 Medical Deductible HSAQ <sup>1</sup>	Gold \$0 Medical Deductible	Gold \$1500 Medical Deductible	Gold \$1750 Medical Deductible HSAQ <sup>1</sup>
<b>Deductible</b>								
Single	\$6,900	\$1,500	\$3,200	\$6,000	\$3,750	\$0	\$1,500	\$1,750
Family	\$13,800	\$3,000	\$6,400	\$12,000	\$7,500	\$0	\$3,000	\$3,500
<b>Out-of-Pocket Max</b>								
Single	\$9,450	\$9,450	\$9,450	\$9,450	\$8,050	\$9,450	\$8,000	\$8,050
Family	\$18,900	\$18,900	\$18,900	\$18,900	\$16,100	\$18,900	\$16,000	\$16,100
<b>Primary Care Provider (PCP)</b>	\$35	\$30	\$35	\$0	Covered 100% after Deductible	\$20	\$15	Covered 100% after Deductible
<b>Secondary Care Provider (SCP)</b>	\$70 after Deductible	\$90	\$50	\$50	Covered 100% after Deductible	\$70	\$40	Covered 100% after Deductible
<b>Urgent Care Services</b>	\$65	\$45	\$60	\$60	Covered 100% after Deductible	\$70	\$40	Covered 100% after Deductible
<b>Virtual Visits<sup>2</sup></b>	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
<b>Preventive Care and Immunizations</b>	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
<b>Laboratory OP &amp; Professional Services<sup>3</sup></b>	\$50	\$15	\$20	\$30	Covered 100% after Deductible	\$5	\$0	Covered 100% after Deductible
<b>X-Rays &amp; Diagnostic Imaging<sup>3</sup></b>	5% after Deductible	50% after Deductible	40% after Deductible	40% after Deductible	5% after Deductible	5%	5% after Deductible	5% after Deductible
<b>Inpatient Hospital Services</b>	40% after Deductible	\$3,150 per day after Deductible (up to 3 day Copay maximum)	40% after Deductible	40% after Deductible	20% after Deductible	30%	20% after Deductible	10% after Deductible
<b>Outpatient Services</b>	40% after Deductible	50% after Deductible	40% after Deductible	40% after Deductible	20% after Deductible	30%	20% after Deductible	10% after Deductible
<b>Emergency Room</b>	40% after Deductible	\$1,500	\$600 after Deductible	40% after Deductible	20% after Deductible	30%	20% after Deductible	10% after Deductible
<b>Rx Deductible Per Person</b>	\$2,500	\$3,500	\$1,000	Medical and Rx Combined	Medical and Rx Combined	\$1,000	\$250	Medical and Rx Combined
<b>Tier 1 Drugs</b>	\$15	\$15	\$15	\$10	Covered 100% after Deductible	\$10	\$10	Covered 100% after Deductible
<b>Tier 2 Drugs</b>	\$40	\$25	\$25	\$25	Covered 100% after Deductible	\$25	\$25	Covered 100% after Deductible
<b>Tier 3 Drugs</b>	\$55 after pharmacy Deductible	\$100 after pharmacy Deductible	25% after pharmacy Deductible	\$125	20% after Deductible	25% after pharmacy Deductible	25% after pharmacy Deductible	20% after Deductible
<b>Tier 4 Drugs</b>	50% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	\$705	50% after Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	50% after Deductible
<b>Tier 5 Drugs</b>	50% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	\$785	50% after Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	50% after Deductible

<sup>1</sup> 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.  
<sup>2</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.  
<sup>3</sup> Some minor diagnostic services will be covered as part of the office visit cost share.

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 | 2024 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	Deductible Single/Family	Out-of-Pocket Max Single/Family	Rx Deductible (per person)	Primary Care Visit	Secondary Care Visit	Urgent Care Services	Virtual Visits <sup>1</sup>	Preventive Care	Inpatient Hospital Services	Outpatient Services	Emergency Room	Tier 1 Drugs	Tier 2 Drugs	Tier 3 Drugs	Tier 4 Drugs	Tier 5 Drugs
<b>Silver \$1500 Medical Deductible</b>	\$1,500/\$3,000	\$9,450/\$18,900	\$3,500	\$30	\$90	\$45	Covered 100%	Covered 100%	\$3,150 per day after Deductible (up to 3 day copay maximum)	50% after Deductible	\$1,500	\$15	\$25	\$100 after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible
<b>73% CSR</b>	\$1,500/\$3,000	\$7,250/\$14,500	\$3,500	\$20	\$90	\$45	Covered 100%	Covered 100%	\$3,150 per day after Deductible (up to 3 day copay maximum)	50% after Deductible	\$1,500	\$15	\$25	\$100 after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible
<b>87% CSR</b>	\$350/\$700	\$3,000/\$6,000	\$250	\$0	\$30	\$15	Covered 100%	Covered 100%	\$1,000 per day after Deductible (up to 3 day copay maximum)	40% after Deductible	\$600	\$10	\$20	\$50 after pharmacy Deductible	15% after pharmacy Deductible	40% after pharmacy Deductible
<b>94% CSR</b>	\$0/\$0	\$2,400/\$4,800	\$0	\$0	\$10	\$10	Covered 100%	Covered 100%	\$450 per day (up to 3 day copay maximum)	20%	\$200	\$0	\$5	\$15	10%	30%
<b>Silver \$3200 Medical Deductible</b>	\$3,200/\$6,400	\$9,450/\$18,900	\$1,000	\$35	\$50	\$60	Covered 100%	Covered 100%	40% after Deductible	40% after Deductible	\$600 after Deductible	\$15	\$25	25% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible
<b>73% CSR</b>	\$3,000/\$6,000	\$7,250/\$14,500	\$1,000	\$30	\$50	\$60	Covered 100%	Covered 100%	40% after Deductible	40% after Deductible	\$600 after Deductible	\$15	\$25	25% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible
<b>87% CSR</b>	\$0/\$0	\$3,000/\$6,000	\$400	\$10	\$40	\$35	Covered 100%	Covered 100%	25%	25%	\$350	\$15	\$20	15% after pharmacy Deductible	25% after pharmacy Deductible	50% after pharmacy Deductible
<b>94% CSR</b>	\$0/\$0	\$3,000/\$6,000	\$0	\$0	\$10	\$10	Covered 100%	Covered 100%	15%	15%	\$150	\$0	\$5	5%	15%	50%
<b>Silver \$6000 Medical Deductible Rx Copay</b>	\$6,000/\$12,000	\$9,450/\$18,900	Medical and Rx Combined	\$0	\$50	\$60	Covered 100%	Covered 100%	40% after Deductible	40% after Deductible	40% after Deductible	\$10	\$25	\$125	\$705	\$785
<b>73% CSR</b>	\$6,000/\$12,000	\$7,250/\$14,500	Medical and Rx Combined	\$0	\$50	\$40	Covered 100%	Covered 100%	40% after Deductible	40% after Deductible	40% after Deductible	\$10	\$25	\$125	\$545	\$605
<b>87% CSR</b>	\$350/\$700	\$3,000/\$6,000	Medical and Rx Combined	\$0	\$25	\$30	Covered 100%	Covered 100%	30% after Deductible	30% after Deductible	30% after Deductible	\$10	\$25	\$60	\$225	\$250
<b>94% CSR</b>	\$0/\$0	\$3,000/\$6,000	Medical and Rx Combined	\$0	\$0	\$10	Covered 100%	Covered 100%	10%	10%	10%	\$0	\$0	\$20	\$225	\$250

<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.