

Colorado Level Funded Plans and Benefits | 2026

Savings
and Perks



Ready to Shop?
Contact your agent or call
Select Health Sales at 844-442-6294.

Plan Name ►	\$0	\$500	\$1,000	\$2,000	\$4,000	\$6,000	\$2,000 HSA-Qualified ¹	\$3,500 HSA-Qualified EMB	\$4,000 HSA-Qualified EMB	\$6,350 HSA-Qualified EMB
Participating Networks	Value / Value POS	Value / Value POS	Value / Value POS	Value / Value POS	Value / Value POS	Value / Value POS	Value / Value POS	Value / Value POS	Value / Value POS	Value / Value POS
Deductible										
Single	\$0	\$500	\$1,000	\$2,000	\$4,000	\$6,000	\$2,000 ¹	\$3,500 ²	\$4,000 ²	\$6,350 ²
Family	\$0	\$1,000	\$2,000	\$4,000	\$8,000	\$12,000	\$4,000 ¹	\$7,000 ²	\$8,000 ²	\$12,700 ²
Out-of-Pocket Maximum										
Single	\$4,500	\$4,000	\$4,500	\$6,000	\$6,000	\$8,000	\$4,000 ¹	\$3,500 ²	\$6,000 ²	\$6,350 ²
Family	\$9,000	\$8,000	\$9,000	\$12,000	\$12,000	\$16,000	\$8,000 ¹	\$7,000 ²	\$12,000 ²	\$12,700 ²
Inpatient / Outpatient Services										
Virtual Visits ³	\$0	\$0	\$0	\$0	\$0	\$0	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible
Preventive Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Provider (PCP)	\$25	\$25	\$25	\$25	\$25	\$25	20% after Deductible	\$0 after Deductible	30% after Deductible	\$0 after Deductible
Specialist Care Provider (SCP)	\$75	\$75	\$75	\$75	\$75	\$75	20% after Deductible	\$0 after Deductible	30% after Deductible	\$0 after Deductible
Urgent Care Services	\$75	\$75	\$75	\$75	\$75	\$75	20% after Deductible	\$0 after Deductible	30% after Deductible	\$0 after Deductible
Minor Diagnostic Tests	\$0	\$0	\$0	\$0	\$0	\$0	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible
Inpatient Hospital Services	20%	20% after Deductible	20% after Deductible	30% after Deductible	30% after Deductible	30% after Deductible	20% after Deductible	\$0 after Deductible	30% after Deductible	\$0 after Deductible
Outpatient Services	20%	20% after Deductible	20% after Deductible	30% after Deductible	30% after Deductible	30% after Deductible	20% after Deductible	\$0 after Deductible	30% after Deductible	\$0 after Deductible
Emergency Room	\$500	\$300 after Deductible	\$300 after Deductible	\$300 after Deductible	\$300 after Deductible	\$300 after Deductible	20% after Deductible	\$0 after Deductible	30% after Deductible	\$0 after Deductible
PT / ST / OT	\$75	\$75 after Deductible	\$75 after Deductible	\$75 after Deductible	\$75 after Deductible	\$75 after Deductible	20% after Deductible	\$0 after Deductible	30% after Deductible	\$0 after Deductible
Chiropractic	\$25	\$25	\$25	\$25	\$25	\$25	20% after Deductible	\$0 after Deductible	30% after Deductible	\$0 after Deductible
Pharmacy Benefits										
Rx Deductible	\$0	\$0	\$0	\$0	\$0	\$0	Combined with Medical Deductible	Combined with Medical Deductible	Combined with Medical Deductible	Combined with Medical Deductible
Tier 1 Drugs	\$10	\$10	\$10	\$15	\$20	\$20	20% after Deductible	\$0 after Deductible	30% after Deductible	\$0 after Deductible
Tier 2 Drugs	\$30	\$30	\$30	\$35	\$50	\$50	20% after Deductible	\$0 after Deductible	30% after Deductible	\$0 after Deductible
Tier 3 Drugs	\$70	\$70	\$70	\$75	30%	30%	20% after Deductible	\$0 after Deductible	30% after Deductible	\$0 after Deductible
Tier 4 Drugs	\$250	\$250	\$250	\$250	30%	30%	20% after Deductible	\$0 after Deductible	30% after Deductible	\$0 after Deductible



Find a
Doctor



Rx
Search

¹When two or more are enrolled on this HSA-qualified plan, only the family deductible and family out-of-pocket maximum applies.

²When two or more family members are enrolled on this HSA-qualified plan, no single person in the family will pay more than the single deductible or single out-of-pocket maximum.

³Virtual visits with an in-network primary care provider, mental health provider, Intermountain Health virtual urgent care providers, and UCHealth virtual urgent care providers providers are covered at no additional cost to you on most plans.

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.



2026 Colorado Level Funded Plan Requirements and Exclusions

EMPLOYER MONTHLY CONTRIBUTION

To secure the best possible rates, Level Funded employers should contribute an amount equivalent to at least 75% of the employee cost or 50% across all tiers of the lowest cost plan they offer. This contribution must be consistent for all employees.

MINIMUM EMPLOYEE ENROLLMENT

Employees waiving coverage will not be counted toward participation if they have other comprehensive medical coverage. There is a recommended 75% participation requirement after valid waivers with a minimum of 15 employees enrolled. Valid waivers include having Minimum Essential Coverage (MEC) coverage through another carrier, valid individual medical coverage, coverage through Medicare or another government program, or coverage through a spouse or parent.

Select Health does not allow another health plan to be offered in addition to a Level Funded plan. If a group is contracted for the Select Health Level Funded line of business, they are only allowed to offer the Select Health plan and no other carrier. This includes participating in Healthcare Sharing Ministries (HCSMs), a self or Level Funded plan, etc. Select Health does not allow additional carrier coverage even if another carrier does.

EXCLUDED SERVICES

All plans are subject to exclusions and limitations. A complete list of exclusions will be included in the Summary Plan Document and your employees’ member materials.

QUALIFICATIONS FOR A LEVEL FUNDED GROUP

To be considered for a Level Funded plan, there must be 15 or more employees enrolling. Eligible employees are those who work 30 or more hours per week for the insured group.

BENEFITS OF CHOOSING SELECT HEALTH FOR LEVEL FUNDING

- Wellness Tools & Rewards
- Expanded Virtual Care Options
- Mitratesch’s Mineral HR and Compliance Platform
- Rx Savings Tools

- Member Discounts
- Cost Transparency with Cost Estimator Tool
- Digital and Plan Management Tools
- UnitedHealthcare Options PPO National Network

Network Options

A network is a combination of contracted doctors and facilities from which members can receive care. In order to save money and keep cost-of-care low, it is important to seek care from in-network providers and facilities whenever possible.

SELECT HEALTH VALUE® NETWORK

Select Health Value is a great option for members living in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Delta, Denver, Douglas, Elbert, El Paso, Gilpin, Jefferson, Larimer, Mesa, Park, Pueblo, Routt, Teller, and Weld counties. This network includes access to AdventHealth, Boulder Community Health, Children’s Hospital Colorado, Intermountain Health, National Jewish Health, and UCHealth. This network does not include Out-of-Network (OON) coverage.

SELECT HEALTH VALUE POS® NETWORK

Select Health Value POS encompasses the 19 counties included on the Value network with access to Multiplan outside of the Value footprint. Benefits are available at out-of-network hospitals and providers for most services. This plan option also includes national access.

UNITEDHEALTHCARE® OPTIONS PPO NETWORK

To ensure access to the same great customer service and benefits, we provide members on Select Health Value POS plans with nationwide in-network access when they utilize the UnitedHealthcare Options PPO network outside of Utah, Idaho, Nevada, and Colorado.

To find a UnitedHealthcare Options PPO network provider or facility, call Member Services at **800-538-5038** or visit **selecthealth.org/find-care#uhc**.

STATE	NETWORK
Utah	Select Health Value Network and Select Health Med Network
Idaho	Select Health Med Network
Nevada	Select Health Value Network and Select Health Med Network
Colorado	Select Health Value Network
All Other States	UnitedHealthcare Options PPO Network



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

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.