


Updates to Connect for Health and Colorado Connect Shopping Platforms

- Two additional filters being added to plan shopping
 - Colorado Option Filter
 - HSA Filter
- Colorado Option Co-Branding Logos
- Implementation of Product Analytics tool to better measure customer interactions with our the Connect for Health and Colorado Connect platforms

Colorado Option Co-Branded Logos

83 of 83 Medical Plans Sort by ▾



[Compare Plans 0](#)



ELEVATE EXCHANGE PLANS
Denver Health Medical Plan Inc..




Elevate Health Plans Bronze HDHP

Individual Deductible	\$6,950	Primary Care Coinsurance (after deductible)	50%
Individual Out-of-Pocket Max	\$7,100	Specialist Coinsurance (after deductible)	50%
		Urgent Care Coinsurance (after deductible)	50%



Bronze *Not Rated

Monthly Premium	\$428.33	After \$0 tax credit	\$428.33 /mo
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[Plan Details](#)
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Select this Plan

ELEVATE HEALTH PLANS
Denver Health Medical Plan Inc..

Elevate Health Plans Colorado Option Bronze

Individual Deductible	\$7,500	Primary Care Copay (after deductible)	\$50
Individual Out-of-Pocket Max	\$9,450	Specialist Coinsurance (after deductible)	50%
		Urgent Care Coinsurance (after deductible)	50%



Bronze *Not Rated

Monthly Premium	\$434.09	After \$0 tax credit	\$434.09 /mo
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Comparing Medical Plans for Group 1 - Alex

Plan Comparison




**Cigna Connect Colorado
Option Bronze**

Select this Plan




**RMHP Colorado Doctors
Plan Colorado Option
Bronze**

Select this Plan



KAISER PERMANENTE®
KP Select CO Bronze
6500/35%/HSA

Select this Plan

In Network Tier 1
Out of Network

Monthly Premium ⤴

Plan Filters

Medical Plans for Group 1 - Bob, Jan and Billy

Narrow Your Results 1 of 1 Medical plans Sort by **Monthly Premium- Low to High** [Compare Plans 0](#)

- Monthly Premium
- Individual Deductible
- Family Deductible
- Insurance Company
- Colorado Option Plans
- Metal Tier
- Health Savings Accounts (HSA)

[Reset Filters](#)

Colorado Option Silver Off Exchange

Individual Deductible	\$8,700	Primary Care Coinsurance (after deductible)	0%
Family Deductible	\$17,400	Specialist Coinsurance (after deductible)	0%
Individual Out-of-Pocket Max	\$8,700	Urgent Care Coinsurance (after deductible)	0%
Family Out-of-Pocket Max	\$17,400		

Silver 2/5 Vision Rx

Monthly Premium	\$613.49	What you pay	\$0.00/mo
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[Plan Details](#) [Compare](#) [Select this Plan](#)