



2026 Colorado Option Standardized Plans

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Background

Colorado is one of three states, along with Washington and Nevada, that has enacted legislation enlisting insurance companies to offer “public option–style” plans. The Colorado Option was enacted through [HB21-1232](#), which was signed into law by Governor Polis in June 2021. The law was sponsored by Rep. Dylan Roberts, Rep. Iman Jodeh and Senator Kerry Donovan. As part of the Colorado Option, the Division of Insurance (DOI) has created a Standardized Plan (Colorado Option plan) which will allow consumers and businesses to easily compare plans and choose the plan that is right for them. In addition to covering all essential health benefits required by the ACA, the Colorado Option plans have **\$0 copays for primary care, \$0 copays for mental health health office visits, \$0 diabetic supplies, and \$0 pre- and post-natal visits.**

Increasing Competition

The Colorado Option is succeeding in increasing the level of competition for health insurance in Colorado. The Colorado Option was first offered in Plan Year 2023. In its first year, a total of 27,965 people enrolled in Colorado Option plans, making up almost 14% of the total market. In Plan Year 2024, Colorado Option plan enrollments captured 34% of the market (80,655 enrollments), and in Plan Year 2025, 47% of the market (132,791 enrollments).

For Plan Year 2026, the Colorado Option will bring 36 health plans with increased benefits to the individual market on Connect for Health Colorado (12 plans off-exchange) and 27 plans to the small group market. These plans are offered by the health insurance companies in each county they sell other individual and small group plans.



Benefits

Increasing Value

Through reduced out-of-pocket costs, Colorado Option plans encourage consumers to access high value services such as primary care and mental and behavioral health visits. Through an intensive stakeholder process, the following benefits were chosen to have no-to-low copays applied to improve health disparities and reduce barriers to accessing care.

Reduced Out-of-Pocket Costs

\$0 primary care visits

\$0 mental health office visits

\$0 maternity care visits

\$0 diabetic supplies

Colorado Option plans provide many consumer-centered and free high-value services. The services chosen for \$0 cost-sharing were informed through a series of stakeholder meetings and are designed to reduce health disparities and improve health equity.

Colorado Option plan benefits include:

- **\$0** primary care visits
- **\$0** mental/behavioral health office visits
- **\$0** prenatal and postnatal visits (including home visits)
- **\$0** substance use disorder office visits
- **\$5** copay for Diabetes Self-Management Education
- **\$0** copay for certain diabetic supplies, including continuous glucose monitors
- Evidence-based diabetes prevention coverage
- Evidence-based tobacco cessation programs



Easy-to-Understand Pricing

Colorado Option plans have predictable and transparent costs.

Colorado Option plans utilize copays (a dollar amount such as \$30 as



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opposed to a percentage, coinsurance) to help consumers know what it will cost when they go to the doctor for the most common services. These copays will not be subject to a deductible, even if a consumer's deductible hasn't been met for the year. The copay outlined in Colorado Option plan documents is what the consumer is expected to pay for the given service.

All Colorado Option plans have the same prescription drug tiers with copays (pre-deductible) applied to each tier. This makes it easier for consumers to understand their out-of-pocket costs in advance of purchasing a prescription. Copays are also applied to primary care, perinatal, and specialist and urgent care visits.

Easy Plan Comparison



Because Colorado Option plans have the same cost-sharing applied to the most common services, no matter the health insurance company, enrollment assisters and consumers can focus on comparing plan options based on the quality of the plan, the providers participating in the plan, and the premium price of the plan.



2026 Colorado Option Plan Designs and Cost-Sharing

1. The **first table** below shows the Colorado Option **plan designs for the individual and small group markets** for the Bronze, Silver, and Gold metal levels.
2. The **second table** shows the **cost-sharing reduction (CSR) Silver plan variations** – only offered through Connect for Health Colorado for those eligible for CSRs.
3. More details on the Colorado Option plan designs for Plan Year 2026 can be found in [Colorado Insurance Regulation 4-2-81](#).

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Individual and Small Group Market: Plan Designs

The orange shaded items have some visits not subject to deductible and some visits subject to deductible. The blue shaded items are all subject to deductible.

		Gold	Silver-On Exchange	Silver-Off Exchange	Bronze
Actuarial Value		78.0%	70.0%	70.0%	63.5%
Individual Deductible (Combined Medical & Drug)		\$2,050	\$4,400	\$4,400	\$7,500
Individual Out-of-Pocket Maximum		\$9,600	\$9,800	\$9,800	\$10,000
Family Deductible		\$4,100	\$8,800	\$8,800	\$15,000
Family Out-of-Pocket Maximum		\$19,200	\$19,600	\$19,600	\$20,000
Common Medical Event	Service Type	Member Cost-Share (In Network)			
Health Care Provider's Office Visit	Preventive care/screening/immunization	\$0	\$0	\$0	\$0
	Primary care, non-preventive	\$0, unlimited	\$0, unlimited	\$0, unlimited	First 3 visits \$0, then deductible, then \$50
	Specialist visit	\$55	\$90	\$90	50%
Mental health/Behavioral Health and Substance Use Needs	OFFICE visit	\$0, unlimited	\$0, unlimited	\$0, unlimited	\$0, unlimited
	OUTPATIENT visit	30%	40%	40%	50%
	INPATIENT visit	30%	40%	40%	50%
Pregnancy	Perinatal visits (pre and post partum)	\$0, unlimited	\$0, unlimited	\$0, unlimited	First 3 visits \$0, then deductible, then \$50
Tests	Lab tests	30%	40%	40%	50%
	X-rays/diagnostic imaging	30%	40%	40%	50%
	Advanced imaging/radiology	30%	40%	40%	50%



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		Gold	Silver-On Exchange	Silver-Off Exchange	Bronze
Common Medical Event	Service Type	Member Cost-Share (In Network)			
Drugs to Treat Illness of Condition ¹	Tier 1	\$0	\$0	\$0	\$0
	Tier 2	\$10	\$20	\$20	\$30
	Tier 3	\$50	\$125	\$125	\$200
	Tier 4	\$200	\$300	\$300	\$350
	Tier 5	\$600	\$650	\$650	\$700
Outpatient Surgery	Facility fee (e.g. ambulatory surgery center)	30%	40%	40%	50%
	Physician/surgical services	30%	40%	40%	50%
Need Immediate Attention	Urgent care centers or facilities	\$50	\$80	\$80	50%
	Emergency Room Services	30%	40%	40%	50%
	Emergency medical transportation (ambulance)	30%	40%	45%	50%
Hospital Stay	Inpatient hospital services	30%	40%	40%	50%
	Inpatient physician and surgical services	30%	40%	40%	50%
	Inpatient rehabilitation services	30%	40%	40%	50%
	Inpatient habilitation services	30%	40%	40%	50%
Help Recovering or Other Health Needs	PT/OT/ST	30%	40%	40%	50%
	Durable Medical Equipment ²	30%	40%	40%	50%
	Diabetes self-management education ³	\$5	\$5	\$5	\$5

¹ Diabetes supplies, including Continuous Glucose Monitors, are provided with no cost-sharing

² At a minimum, 10 hours of individual or group sessions in the first year of diagnosis, and 6 hours of individual or group sessions every year after diagnosis

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Individual Market: On-Exchange Silver CSR Plan Designs

The orange shaded items have some visits not subject to deductible and some visits subject to deductible. The blue shaded items are all subject to deductible.

		Silver-73%	Silver-87%	Silver-94%
Actuarial Value		73.0%	87.0%	94.5%
Individual Deductible (Combined Medical & Drug)		\$2,850	\$950	\$100
Individual Out-of-Pocket Maximum		\$8,000	\$3,350	\$1,375
Family Deductible		\$5,700	\$1,900	\$200
Family Out-of-Pocket Maximum		\$16,000	\$6,700	\$2,750
Common Medical Event	Service Type	Member Cost-Share (In Network)	Member Cost-Share (In Network)	Member Cost-Share (In Network)
Health Care Provider's Office Visit	Preventive care/screening/immunization	\$0	\$0	\$0
	Primary care, non-preventive	\$0, unlimited	\$0, unlimited	\$0, unlimited
	Specialist visit	\$90	\$65	\$40
Mental health/Behavioral Health and Substance Use Needs	OFFICE visit	\$0, unlimited	\$0, unlimited	\$0, unlimited
	OUTPATIENT visit	40%	30%	20%
	INPATIENT visit	40%	30%	20%
Pregnancy	Perinatal visits (pre and post partum)	\$0, unlimited	\$0, unlimited	\$0, unlimited
Tests	Lab tests	40%	30%	20%
	X-rays/diagnostic imaging	40%	30%	20%
	Advanced imaging/radiology	40%	30%	20%
Drugs to Treat Illness of Condition ¹	Tier 1	\$0	\$0	\$0
	Tier 2	\$20	\$0	\$0
	Tier 3	\$125	\$60	\$20
	Tier 4	\$300	\$120	\$40
	Tier 5	\$600	\$180	\$60

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		Silver-73%	Silver-87%	Silver-94%
Common Medical Event	Service Type	Member Cost-Share (In Network)	Member Cost-Share (In Network)	Member Cost-Share (In Network)
Outpatient Surgery	Facility fee (e.g. ambulatory surgery center)	40%	30%	20%
	Physician/surgical services	40%	30%	20%
Need Immediate Attention	Urgent care centers or facilities	\$80	\$60	\$40
	Emergency Room Services	40%	30%	20%
	Emergency medical transportation (ambulance)	40%	30%	20%
Hospital Stay	Inpatient hospital services	40%	30%	20%
	Inpatient physician and surgical services	40%	30%	20%
	Inpatient rehabilitation services	40%	30%	20%
	Inpatient habilitation services	40%	30%	20%
Help Recovering or Other Health Needs	PT/OT/ST	40%	30%	20%
	Durable Medical Equipment ²	40%	30%	20%
	Diabetes self-management education ³	\$5	\$5	\$5

¹Diabetes supplies, including Continuous Glucose Monitors, are provided with no cost-sharing²At a minimum, 10 hours of individual or group sessions in the first year of diagnosis, and 6 hours of individual or group sessions every year after diagnosis



Provider Networks

Increasing Culturally Responsive Care

To improve the quality of care and health outcomes, Colorado Option Plans must have a provider network that is **representative** of and **responsive** to the community it serves. For more information on Coloradans' needs for culturally responsive care, read this [report from the United States of Care published in March 2024](#).

Building on existing network adequacy requirements, health insurance companies ("issuers") must implement the following requirements in their Colorado Option plan provider networks:

- **Ensure the Colorado Option Plan network is no more restrictive than a company's narrowest network.** Each issuer must demonstrate to the Division of Insurance that each Colorado Option plan provider network is no more restrictive than the issuer's narrowest non-Colorado Option network, which helps to ensure that Colorado Option networks are comparable to other plan networks.
- **Include more essential community providers.** Essential Community Providers are providers who serve predominantly low income and underserved populations. Issuers must include 50% or more Essential Community Providers in their Colorado Option plans. Non-Colorado Option plans are required to include at least 35% of the Essential Community Providers in their provider networks.
- **Include Certified Nurse Midwives.** To improve perinatal health care coverage, issuers must attest to the Division of Insurance that at least one certified nurse midwife is available within the maximum road travel distance of any covered person in the Colorado Option plan network based on geographic areas listed in [Colorado Insurance Regulation 4-2-80](#).
- **Meet enhanced provider directory requirements.** Issuers must include the following in their Colorado Option plan provider directories:
 - **Availability of translation and interpretation services** in languages other than English for individuals with limited English proficiency
 - **Providers who are multilingual or employ multilingual front office staff** including the languages spoken by providers and their front office staff
 - **Accessibility services for people with disabilities** and the procedures for requesting such services from the issuer



- ***Accessibility of the provider office and examination rooms*** for persons with disabilities
- Whether the provider offers ***extended weekend hours***
- ***Information on how to file a complaint*** with the Division of Insurance or with an issuer related to the accuracy of the provider directory and/or provider experience
- **Provide support for non-English speaking enrollees through enhanced language access requirements.** Issuers must offer the following services to Colorado Option enrollees:
 - ***Language assistance services, including American Sign Language (ASL)*** and other communication services for people who are Deaf, Hard of Hearing, and DeafBlind
 - ***Language assistance services*** shall be offered at no cost to the enrollee
 - ***Provide enrollees with written notice of availability of interpretation and translation services*** for documents from the issuer in the enrollee's indicated language and make those documents available at the health care provider's office
- **Require providers and front office staff to report on any cultural competency training completed over the last 12 months.** To support providers being a safe and affirmative place for the communities they serve, issuers must create a process for providers to report on cultural competency training that have been completed by their office staff.

Insurance companies must also require their customer service representatives who assist applicants in the enrollment process and covered persons in utilizing their Colorado Option Standardized plan benefits to complete at least one anti-bias, cultural competency, or similar training designed to educate about the health care needs of covered persons who experience higher rates of health disparities and inequities.



Frequently Asked Questions

What is the Colorado Option?

The Colorado Option is a program where the health insurance companies all offer the same health insurance plan – or, in other words, the benefits and cost-sharing in the Colorado Option plan are the same no matter which health insurance company is offering the plans. This makes it much easier to compare the plans from the different companies.

If all the plans are the same, do I need to compare them?

Yes, because each company will have different:

- Premiums - Each company will charge a different monthly price.
- Provider networks - Each insurance company has its own network of doctors, hospitals, and other health care providers for their Colorado Option plans.
- Customer Service - Each company does customer service differently, and people have preferences for some methods over others.

What do Colorado Option plans have that are different from other health insurance plans?

- **Free primary care** - \$0 cost to you when you go see your main doctor to discuss new or existing health issues, concerns, worries or symptoms. You will see these types of office visits referred to in health insurance plan documents as "Primary care visits to treat an injury or illness."
- **Free mental health office visits** - \$0 cost to you when you go see your mental health provider in an office setting.
- **Free prenatal and post-pregnancy visits** - \$0 cost to you when you go to your doctor's office for care during your pregnancy. These office visits do not include your delivery.
- **Certain free diabetic supplies** - \$0 cost to you when you buy supplies to help you control your diabetes such as continuous glucose monitors. Other diabetic supplies, such as insulin, insulin syringes, insulin pens, insulin pump, blood glucose monitors, blood lancets, and diabetic test strips, may be offered by your plan at \$0 cost – check your plan documents for more details.
- **Predictable costs** - Colorado Option plans use co-pays more than coinsurance, such as \$50 for a Specialist visit or \$50 for an urgent care visit. With co-pays, you know what you'll pay for a service in advance of your visit.



Can I purchase a Colorado Option plan?

Individual Market

If you do not have insurance through work or if you purchase your own health insurance, you can purchase a Colorado Option plan during the 2026 Open Enrollment period (beginning November 1, 2025 and ending on January 15, 2026) through [Connect for Health Colorado](#), with coverage effective as early as January 1, 2026.

Coloradans, regardless of immigration status, may purchase a Colorado Option plan. If you do not have federally legal immigration status, you can purchase a plan through [Colorado Connect](#), and you may be eligible for help lowering the cost of your coverage.

Small Group Market

If you are a small business with 2-50 employees, you can purchase a small group Colorado Option plan with coverage effective as early as January 1, 2026.

Are Colorado Option plans ACA-compliant?

Yes. Colorado Option plans are ACA-compliant and meet all federal and state requirements. The difference between a Colorado Option plan and a non-Colorado Option plan is the former has the same cost-sharing applied to the most common services, *no matter the health insurance company*, allowing consumers to focus on comparing plan options based on the providers participating in the plan, the premium price of the plan, and the customer service offered by the health insurance company.

How do I enroll in a Colorado Option plan?

Individual Market

Health insurance companies selling individual and family coverage must offer a Colorado Option plan through [Connect for Health Colorado](#) AND [Colorado Connect](#). Most consumers will shop for plans and qualify for financial help through Connect for Health Colorado.

Individuals and families who are not eligible for financial help through Connect for Health Colorado, due to immigration status, can shop for Colorado Option plans on Colorado Connect. All health plans offered on Colorado Connect will be Colorado Option plans.

Small Group

Health insurance companies selling small group coverage must offer a Colorado Option plan to small employers.



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Consumers can find expert help enrolling through Connect for Health. For more information go to [Connect for Health Colorado's "We Can Help" website](#) (ConnectForHealthCo.com - click on "We Can Help").

When I'm shopping, how do I know that I'm looking at a Colorado Option Plan?

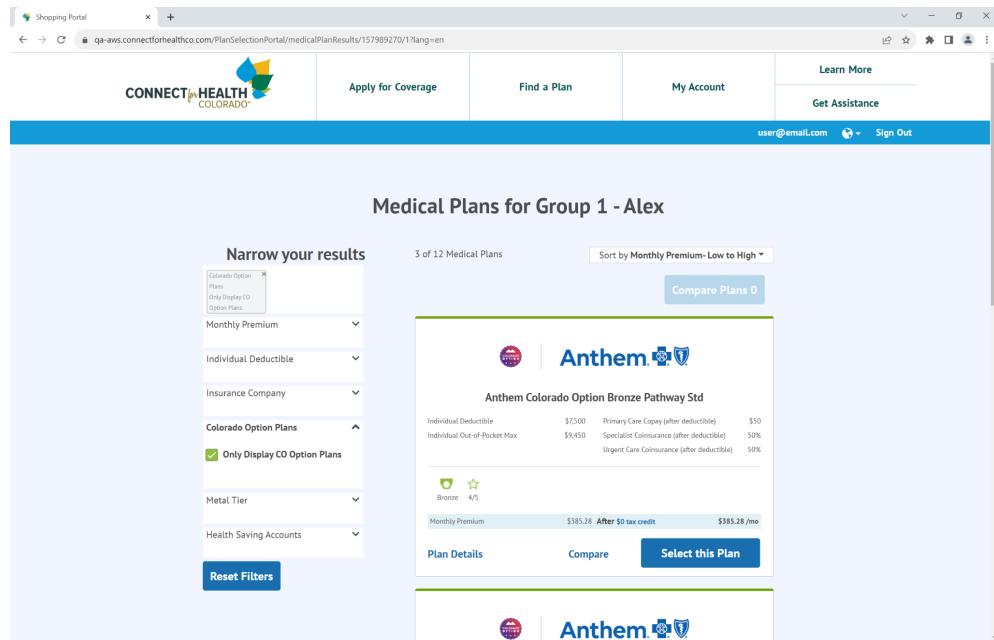
- All health insurance companies selling individual health plans (meaning health insurance plans NOT from an employer) are selling Colorado Option plans. And each company has a Colorado Option plan at each pricing level – bronze, silver and gold.
- The best place to shop for your health insurance and find Colorado Option plans is [Connect for Health Colorado](#), the state's health insurance marketplace, where you can look at *all* the plans available to you, AND see if you're eligible for financial help paying for your health insurance.
- These plans will have "**Colorado Option**" in their name. Colorado Option plans will have the following naming conventions: "[Name of Insurance Company] Colorado Option [Metal Tier]". Health insurance companies must also include these naming conventions in all consumer-facing material and advertisements.
- These plans will also display a dual logo that shows both the Colorado Option logo from the Division of Insurance and the health insurance company's logo (see example below).



**ELEVATE
HEALTH PLANS**

Denver Health Medical Plan Inc...

- For Plan Year 2026, Connect for Health Colorado will display a filter in the shopping portal to allow consumers to filter plan options by Colorado Option plans (see image below).



Medical Plans for Group 1 - Alex

Narrow your results

- Colorado Option Plans
- Only Display CO Option Plans
- Monthly Premium
- Individual Deductible
- Insurance Company
- Colorado Option Plans
- Only Display CO Option Plans
- Metal Tier
- Health Saving Accounts

Reset Filters

3 of 12 Medical Plans | Sort by Monthly Premium- Low to High | Compare Plans 0

Individual Deductible	\$7500	Primary Care Copay (after deductible)	\$50
Individual Out-of-Pocket Max	\$9,450	Specialist Copay (after deductible)	50%
		Urgent Care Copay (after deductible)	50%

Bronze 4/5

Monthly Premium	\$385.28 After \$0 tax credit	\$385.28 /mo
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Plan Details | Compare | Select this Plan

Are these plans eligible for help paying down my premium (APTC) and reducing my out-of-pocket costs (CSR)?

Yes. Financial help works the same for consumers whether they are purchasing Colorado Option plans or other Qualified Health Plans. If you meet the eligibility requirements, and enroll through Connect for Health Colorado, you may apply your Advanced Premium Tax Credit (APTC) to any Colorado Option plan to help lower your monthly premium.

Additionally, if you meet the eligibility criteria, and enroll through Connect for Health Colorado, you may enroll in a Colorado Option Silver plan with reduced cost-sharing (CSRs).

I'm not eligible to purchase a plan through Connect for Health Colorado, can I still get financial assistance to reduce the cost of my coverage?

If you are not eligible to purchase a plan through Connect for Health Colorado due to immigration status, you should consider Colorado Option plans available on Colorado Connect, a secure enrollment platform operated by Connect for Health Colorado.

What are brokers paid for commissions for Colorado Option plans?

Colorado law states that the commissions paid to insurance producers for the sale of the Standardized Plan must be comparable to the average commissions paid for the sale of the other plans offered in the individual and small group markets (Section 10-16-1305(4), Colorado Revised Statute). The Division of Insurance reviews commissions as part of its annual rate review process.