

Individual and Family Plans

Quick Filters

Plan Quick Filters

Use the filters below to narrow your plan search results.

[Reset All](#)
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Search by Providers

[Provider Look-up](#)

Only show plans that include:

MONTHLY PREMIUM

\$395⁴² to \$1,132⁹⁸



\$395⁴²

\$1,132⁹⁸

Annual Deductible (Per Person)

\$0 to \$6,300



\$0⁰⁰

\$6,300⁰⁰

Annual Deductible (Per Family)

\$0 to \$12,600



\$0⁰⁰

\$12,600⁰⁰

Annual Out Of Pocket (Per Person)

\$3,750 to \$6,350



\$3,750⁰⁰

\$6,350⁰⁰

Annual Out Of Pocket (Per Family)

\$7,500 to \$12,700



\$7,500⁰⁰

\$12,700⁰⁰

Carriers

- Anthem Blue Cross and Blue Shield - HMO Colorado
- Kaiser Permanente
- Colorado HealthOP
- Access Health Colorado
- Colorado Choice Health Plans
- Rocky Mountain Health Plans (HMO)

Coverage Level

Select

Check Out

The rates shown below are based on the age, tobacco use status and zip code 80106 provided for the family members you identified. The start date for coverage under the plans below is 01/01/2014. The rates you pay may be significantly lower if you are eligible for financial assistance. [Make Changes](#)

[Compare 0 Plans](#)

Find a Health Plan

Sort By ▼

Rollover help is available for most of the terms below. Please note that the rates you pay may be lower than the amount displayed if you are eligible for financial assistance such as advance premium tax credits (APTC) or reduced copays and deductibles. 'Start your application' to see if you are eligible for any of these assistance programs.

[Save and Continue to Checkout](#)

MONTHLY PREMIUM	CARRIER DETAILS	PLAN DETAILS	ANNUAL DEDUCTIBLES	EST. OUT OF POCKET COSTS	1-10 of 57
\$395 ⁴²	 KAISER PERMANENTE ★★★★★ <input type="checkbox"/> Select to compare	KP CO Bronze 5000/30%/HSA Preferred Drug List HMO/BRONZE	\$5,000⁰⁰ / Person \$10,000⁰⁰ / Family	Annual Max. Costs \$6,350⁰⁰ / Person \$12,700⁰⁰ / Family Est. Costs based on Use N/A	 Add To Cart
\$411 ⁹⁰	 KAISER PERMANENTE ★★★★★ <input type="checkbox"/> Select to compare	KP CO Bronze 4500/50/HSA Preferred Drug List HMO/BRONZE	\$4,500⁰⁰ / Person \$9,000⁰⁰ / Family	Annual Max. Costs \$6,350⁰⁰ / Person \$12,700⁰⁰ / Family Est. Costs based on Use N/A	 Add To Cart
\$483 ⁵⁷	 KAISER PERMANENTE ★★★★★ <input type="checkbox"/> Select to compare	KP CO Bronze 4500/50 Preferred Drug List HMO/BRONZE	\$4,500⁰⁰ / Person \$9,000⁰⁰ / Family	Annual Max. Costs \$6,350⁰⁰ / Person \$12,700⁰⁰ / Family Est. Costs based on Use N/A	 Add To Cart
\$489 ³⁸	 Rating in progress <input type="checkbox"/> Select to compare	BronzeChoice 5000/50 Preferred Drug List HMO/BRONZE	\$5,000⁰⁰ / Person \$10,000⁰⁰ / Family	Annual Max. Costs \$6,350⁰⁰ / Person \$12,700⁰⁰ / Family Est. Costs based on Use N/A	 Add To Cart
\$492 ⁴⁵	 Rating in progress <input type="checkbox"/> Select to compare	BronzeChoice HSA 3000/50 Preferred Drug List HMO/BRONZE	\$3,000⁰⁰ / Person \$6,000⁰⁰ / Family	Annual Max. Costs \$6,350⁰⁰ / Person \$12,700⁰⁰ / Family Est. Costs based on Use N/A	 Add To Cart
\$498 ²⁸	 Rating in progress <input type="checkbox"/> Select to compare	HealthOp Bear PPO Preferred Drug List PPO/BRONZE	\$5,500⁰⁰ / Person \$11,000⁰⁰ / Family	Annual Max. Costs \$6,350⁰⁰ / Person \$12,700⁰⁰ / Family Est. Costs based on Use N/A	 Add To Cart
\$499 ⁰⁹	 Rating in progress <input type="checkbox"/> Select to compare	BronzeChoice 3000/50 Preferred Drug List HMO/BRONZE	\$3,000⁰⁰ / Person \$6,000⁰⁰ / Family	Annual Max. Costs \$6,350⁰⁰ / Person \$12,700⁰⁰ / Family Est. Costs based on Use N/A	 Add To Cart
\$520 ⁶⁴	 KAISER PERMANENTE ★★★★★ <input type="checkbox"/> Select to compare	KP CO Silver 1750/25%/HSA Preferred Drug List HMO/SILVER	\$1,750⁰⁰ / Person \$3,500⁰⁰ / Family	Annual Max. Costs \$5,000⁰⁰ / Person \$10,000⁰⁰ / Family Est. Costs based on Use N/A	 Add To Cart
\$536 ²⁹	 KAISER PERMANENTE ★★★★★ <input type="checkbox"/> Select to compare	KP CO Silver 2500/30 Preferred Drug List HMO/SILVER	\$2,500⁰⁰ / Person \$5,000⁰⁰ / Family	Annual Max. Costs \$6,350⁰⁰ / Person \$12,700⁰⁰ / Family Est. Costs based on Use N/A	 Add To Cart
\$551 ⁵⁹	 Anthem ★★★★★ <input type="checkbox"/> Select to compare	Anthem Bronze DirectAccess - caca Preferred Drug List HMO/BRONZE	\$5,000⁰⁰ / Person \$10,000⁰⁰ / Family	Annual Max. Costs \$6,350⁰⁰ / Person \$12,700⁰⁰ / Family Est. Costs based on Use N/A	 Add To Cart

[Save and Continue to Checkout](#)