



**ELEVATE
HEALTH PLANS**

Denver Health Medical Plan Inc..

COLORADO OPTION PLAN SELECTION FORM

DIRECTIONS:

Complete this form in its entirety and **submit along with the DORA individual uniform paper application** (available on our website at www.ElevateHealthPlans.org). You may select one plan per family unless applying separately. Please contact us with any questions.

Primary Applicant Name: _____

Phone Number: _____

Requested Effective Date: _____

Please choose from the following available Colorado Option plans from Elevate Health Plans:

- Colorado Option Bronze**
- Colorado Option Silver**
- Colorado Option Silver Enhanced Off Exchange**
- Colorado Option Gold**

IMPORTANT: PEDIATRIC DENTAL (from Bulletin No. B-4.57)

“This policy does not include coverage of pediatric dental services as required under The Patient Protection and Affordable Care Act, Pub, L. 111-148 and the Health Care and Education Reconciliation Act of 2010, Pub, L. 111-152. Coverage of pediatric dental services is available for purchase in the State of Colorado, and can be purchased as a stand-alone plan. Please contact your agent, or Connect for Health Colorado to purchase either a plan that includes pediatric dental coverage, or an Exchange-certified stand-alone dental plan that includes pediatric dental coverage.”

Applicant Signature: _____ Date: _____

FAX TO: 303-602-2094

EMAIL TO: ElevateBroker@dhha.org