## 2026 Nevada Plan Changes



## Small Employer ACA Plan Changes

FKA indicates former plan name.

PLAN	Benefit	2025	2026	
PLATINUM				
Platinum 500	Out-of-Pocket Maximum (Single / Family)	\$4,000 / \$8,000	\$5,000 / \$10,000	
GOLD				
Gold 500	Minor Diagnostic (Lab and X-ray)	\$0	\$10 & \$25	
Gold 1500	Minor Diagnostic (Lab and X-ray)	\$0	\$10 & \$25	
Gold 2000	Minor Diagnostic (Lab and X-ray)	\$0	\$10 & \$25	
Gold Copay	Out-of-Pocket Maximum (Single / Family)	\$7,350 / \$14,700	\$7,500 / \$15,000	
	Minor Diagnostic (Lab and X-ray)	\$0	\$10 & \$25	
	Rx Deductible (Single / Family)	\$0	\$50 / \$150	
SILVER				
Silver 3500	Out-of-Pocket Maximum (Single / Family)	\$8,700 / \$17,400	\$8,800 / \$17,600	
	Minor Diagnostic (Lab and X-ray)	\$35	\$35 & \$75	
Silver 6000 HSA-Qualified (FKA 5500)	Deductible (Single / Family)	\$5,500 / \$11,000	\$6,000 / \$12,000	
	Out-of-Pocket Maximum (Single / Family)	\$5,500 / \$11,000	\$6,000 / \$12,000	
Silver Copay	Out-of-Pocket Maximum (Single / Family)	\$9,200/ \$18,400	\$10,150 / \$20,300	
	Minor Diagnostic (Lab and X-ray)	\$30	\$35 & \$75	
Silver 6000	Out-of-Pocket Maximum (Single / Family)	\$8,900 / \$17,800	\$9,000 / \$18,000	
	Minor Diagnostic (Lab and X-ray)	\$35	\$35 & \$75	
	Rx Deductible (Single / Family)	\$50 / \$150	\$150 / \$450	

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PLAN	Benefit	2025	2026
BRONZE			
Bronze 9900 (FKA 9200)	Deductible (Single / Family)	\$9,200 / \$18,400	\$9,900 / \$19,800
	Out-of-Pocket Maximum (Single / Family)	\$9,200 / \$18,400	\$9,900 / \$19,800
	Minor Diagnostic (Lab and X-ray)	\$65	\$65 & \$100

This document shows the applicable plan changes for 2026. Please note that this list is not all inclusive of each change. Refer to the member materials for all updates.