

Nevada Small Employer Plans and Benefits | 2026

Savings
and Perks



Ready to Shop?
Contact your agent or call
Select Health Sales at 844-442-6294.

	Copay Plan		Traditional (No-Deductible Office Visits)							HSA-Qualified¹	
Plan Name ►	Silver Copay	Gold Copay	Platinum 500	Gold 500	Gold 1500	Gold 2000	Silver 3500	Silver 6000	Bronze 9900	Bronze 8300	Silver 6000
Participating Networks	Value/Med	Value/Med	Value/Med	Value/Med	Value/Med	Value/Med	Value/Med	Value/Med	Value/Med	Value/Med	Value/Med
Deductible / Out-of-Pocket Maximum											
Deductible (Single / Family)	\$0	\$0	\$500/\$1,500	\$500/\$1,500	\$1,500/\$3,500	\$2,000/\$4,000	\$3,500/\$7,000	\$6,000/\$12,000	\$9,900/\$19,800	\$8,300/\$16,600	\$6,000/\$12,000
Out-of-pocket Maximum (Single / Family)	\$10,150 / \$20,300	\$7,500 / \$15,000	\$5,000/\$10,000	\$7,900/\$15,800	\$7,750/\$15,500	\$7,500/\$15,000	\$8,800/\$17,600	\$9,000/\$18,000	\$9,900/\$19,800	\$8,300/\$16,600	\$6,000/\$12,000
General Benefits											
Virtual Visits²	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0 after Deductible	\$0 after Deductible
Preventive Care and Immunizations	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Provider (PCP) / Behavioral Health Office Visits	\$25	\$20	\$15	\$25	\$20	\$15	\$25	\$35	\$45	\$0 after Deductible	\$0 after Deductible
Secondary Care Provider (SCP) Office Visits	\$50	\$40	\$30	\$50	\$40	\$40	\$50	\$60	\$95	\$0 after Deductible	\$0 after Deductible
Urgent Care Services	\$45	\$35	\$25	\$45	\$35	\$35	\$45	\$60	\$75	\$0 after Deductible	\$0 after Deductible
Inpatient Hospital Services (Facility)	\$2,000 per day (3-day max)	\$1,000 per day (3-day max)	10% after Deductible	30% after Deductible	20% after Deductible	20% after Deductible	40% after Deductible	30% after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible
Outpatient Services (Facility)	\$1,000	\$750	10% after Deductible	30% after Deductible	20% after Deductible	20% after Deductible	40% after Deductible	30% after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible
Minor Diagnostic (Lab and X-ray)	\$35 & \$75	\$10 & \$25	\$0	\$10 & \$25	\$10 & \$25	\$10 & \$25	\$35 & \$75	\$35 & \$75	\$65 & \$100	\$0 after Deductible	\$0 after Deductible
Major Diagnostic	\$500	\$250	10% after Deductible	30% after Deductible	20% after Deductible	20% after Deductible	40% after Deductible	30% after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible
Emergency Room	\$750	\$750	\$350 after Deductible	\$350 after Deductible	\$350 after Deductible	\$350 after Deductible	\$350 after Deductible	\$350 after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible
Pharmacy Benefits											
Rx Deductible (Single / Family)	\$800/\$2,400	\$50 / \$150	\$0	\$0	\$0	\$0	\$750/\$2,250	\$150/\$450	Combined with Medical	Combined with Medical	Combined with Medical
Tier 1 Drugs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2 Drugs	\$5	\$5	\$0	\$5	\$5	\$5	\$5	\$5	\$15	\$0 after Deductible	\$0 after Deductible
Tier 3 Drugs	\$30	\$30	\$10	\$30	\$30	\$30	\$30	\$30	\$40	\$0 after Deductible	\$0 after Deductible
Tier 4 Drugs	\$100 after Rx Deductible	\$40 after Rx Deductible	25%	30%	25%	25%	25% after Rx Deductible	25% after Rx Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible
Tier 5 Drugs	50% after Rx Deductible	\$80 after Rx Deductible	50%	50%	50%	50%	50% after Rx Deductible	50% after Rx Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible
Tier 6 Drugs	50% after Rx Deductible	30% after Rx Deductible	20%	40%	30%	30%	50% after Rx Deductible	40% after Rx Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible



Find a
Doctor



Rx
Search

¹When two or more family members are enrolled, no single person in a family will pay more than the single deductible or single out-of-pocket maximum.
²Virtual visits with an in-network primary care provider, mental health provider, and Intermountain Health virtual care providers are covered at no additional cost (except HSA-qualified plans).
Preauthorization is required for certain services, and visit limits apply. This chart is not a complete list of benefits. If you have questions, visit selecthealth.org or call Member Services at 800-538-5038.



2026 Nevada Medical Plans Requirements and Exclusions

EMPLOYER MONTHLY CONTRIBUTION

Small employers must contribute an amount equivalent to at least 50% of the lowest-cost plan they offer. This contribution must be consistent for all employees in a given class.

REQUIRED MINIMUM EMPLOYEE ENROLLMENT

Employees waiving coverage will not be counted toward participation if they have other comprehensive medical coverage. For employers with up to four eligible employees after valid waivers, 100% must participate. For employers with five or more eligible employees after valid waivers, 75% must participate. Valid waivers include having coverage through another carrier, valid individual medical coverage, coverage through Medicare or another government program, or coverage through a spouse or parent.

New groups enrolling for a January 1 effective date that submit their enrollment no later than December 15 are not subject to participation or contribution requirements.

Select Health does not allow another health plan to be offered in addition to a Small Employer plan. If a group is insured under the Select Health Small Employer line of business, they are only allowed to offer the Select Health plan and no other carrier. This includes participating in Healthcare Sharing Ministries (HCSMs), a self or Level Funded plan, etc. Select Health does not allow additional carrier coverage even if another carrier does.

EXCLUDED SERVICES

All plans are subject to exclusions and limitations. A complete list of exclusions will be included in your employees’ member materials. A list of common exclusions can be found at: selecthealth.org/employers/plan-documents.

WHAT IS A SMALL GROUP?

To be considered full-time eligible, the employee must work at least 30 or more hours per week. Groups consisting of only a husband and wife are not eligible. The group must have at least one non-spouse employee who is full time.

Network Options

A network is a combination of contracted doctors and facilities where you and your employees can receive care. It is important to seek care from in-network providers.

SELECT HEALTH VALUE® (HMO) NETWORK

The Select Health Value network is highly integrated with Intermountain Health and provides access to providers and facilities throughout Clark and Nye counties in Nevada. Primary Care Provider selection is required on this network and referrals are required for Specialty Care*.

*Certain exceptions apply

SELECT HEALTH MED® (POS) NETWORK

The Select Health Med network provides access to providers and facilities throughout Clark and Nye counties in Nevada and all of Utah and Idaho. With Select Health, you can count on comprehensive coverage with a large network of providers and facilities including our integration with Intermountain Health. Benefits are available at out-of-network hospitals and providers for most services. The Select Health Med network also includes national access. Select Health does not require referrals on this plan.

UNITEDHEALTHCARE® OPTIONS PPO NETWORK

To ensure you and your employees have access to the same great customer service and benefits, we provide in-network access across the United States for those on Select Health Med plans. Select Health utilizes the UnitedHealthcare Options PPO network for those accessing care outside of Utah, Idaho, Nevada, and Colorado.

To find a UnitedHealthcare Options PPO network provider or facility, call Member Services at **800-538-5038** or visit selecthealth.org/find-care#uhc.

STATE	NETWORK
Nevada	Select Health Med Network, Beech Street Network (outside Clark and Nye Counties)
Idaho	Southwest Idaho Select Health Standard and Med Network, Eastern Idaho Select Health Med and BrightPath Network, Northern Idaho BrightPath Network
Utah	Select Health Med Network
Colorado	Select Health Value Network
All Other States	UnitedHealthcare Options PPO Network

