Nevada Small Employer plans and benefits | 2027

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)				HDHP / HSA-qualified[1]	
Plan name ▶	**Silver Copay**	**Gold Copay**	**Platinum 500**	**Gold 750**	**Gold 1,750**	**Gold 2,500**	**Silver 3,500**	**Silver 6,000**	**Bronze 10,500**	**Bronze 8,500**	**Silver 6,500**
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	$750 / $2,250	$1,750 / $5,250	$2,500 / $7,500	$3,500 / $7,000	$6,000 / $12,000	$10,500 / $21,000	$8,500 / $17,000	$6,500 / $13,000
Out-of-pocket maximum (single / family)	$11,000 / $22,000	$8,000 / $16,000	$5,500 / $11,000	$8,500 / $17,000	$8,500 / $17,000	$8,000 / $16,000	$9,500 / $19,000	$10,500 / $21,000	$10,500 / $21,000	$8,500 / $17,000	$6,500 / $13,000
General benefits											
Medical virtual visits[2]	$35	$25	$15	$25	$25	$25	$35	$35	$45	$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	$35 / $45	$25 / $35	$15 / $25	$25 / $35	$25 / $35	$25 / $35	$35 / $45	$35 / $45	$45 / $55	$0 after deductible	$0 after deductible
Specialty care provider (SCP)	$60	$50	$30	$50	$50	$50	$60	$75	$150	$0 after deductible	$0 after deductible
Urgent care services	$45	$35	$25	$45	$35	$35	$45	$60	$100	$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	40% 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	40% after deductible	$0 after deductible	$0 after deductible	$0 after deductible
Minor diagnostic (lab and x-ray)	$35 / $75	$10 / $50	$0 / $15	$10 / $50	$10 / $50	$10 / $50	$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	40% 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	$500 after deductible	$500 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	$40	$30	$10	$30	$30	$30	$40	$40	$40	$0 after deductible	$0 after deductible
Tier 4 drugs	25% after Rx deductible	25% 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	50% 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	50% after Rx deductible	50%	50%	50%	50%	50% after Rx deductible	50% after Rx deductible	$0 after deductible	$0 after deductible	$0 after deductible

[1] When 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.

[2] Medical virtual visits with an in-network primary care provider and Intermountain Health virtual care providers are covered at no additional cost (except HSA-qualified plans). Mental health virtual visits will follow the mental health office visit copay.

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**.

Find a doctor | **Rx search**

Select Health

Nevada Medical plans requirements and exclusions | 2027

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 4 eligible employees after valid waivers, 100% must participate. For employers with 5 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 1 full-time, non-spouse employee.

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 a large network of providers and facilities throughout Clark and Nye counties in Nevada and all of Idaho and Utah. Benefits are available at out-of-network hospitals and providers for most services. The Select Health Med network also includes national access for members seeking care outside the states of Colorado, Idaho, Nevada, and Utah. Referrals are not required.

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 the states of Colorado, Idaho, Nevada, and Utah.

Note: Select Health cannot enroll subscribers with a primary residence in Hawaii and US territories such as American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and the Virgin Islands due to specific state and local laws.

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
Colorado	Select Health Value Network, Multiplan/PHCS in gap areas
Idaho	Select Health Med Network, Select Health St. Luke's Hospital Network (SLHN), BrightPath, Select Health Saint Alphonsus Health Alliance (SAHA), Select Health Standard
Nevada	Select Health Med Network, Beech Street Network (outside Clark and Nye Counties)
Utah	Select Health Med Network
All other states	UnitedHealthcare Options PPO Network

To see the full fair treatment notice, visit **selecthealth.org/disclaimers/non-discrimination**. This information is available for free in other languages and alternate formats by contacting Select Health Medicare: **855-442-9900** (TTY: **711**) / Select Health: **800-538-5038**.

Your contract is the final authority on your plan's benefits and coverage. If there are differences between the contract, the summary of benefits and coverage (SBC), or other materials, the contract will apply.

Select Health