

# Nevada Plan Changes | 2026



## Individual and Family Plan Changes

Members on an on-exchange Bronze plan or High Deductible Health Plan (HDHP) are eligible to open and contribute to a Health Savings Account (HSA). Excludes off-exchange only plans.

Plan	Benefit	2025	2026
<b>BRONZE</b>			
<b>Bronze 8300 HSA</b>	Plan Discontinued		Crosswalked to Bronze 7500
<b>Bronze 7500</b>	Plan Name Change	Bronze 6900	Bronze 7500
	Deductible (Single/Family)	\$6,900 / \$13,800	\$7,500 / \$15,000
	Maximum Out-of-Pocket (Single/Family)	\$9,100 / \$18,200	\$10,600 / \$21,200
	Urgent Care	\$65	\$100
	Minor Diagnostic (Lab and X-ray)	\$50	\$50 and \$250
	Emergency Room	\$600 after Deductible	\$750 after Deductible
<b>Bronze 9900</b>	Plan Name Change	Bronze 9200	Bronze 9900
	Deductible (Single/Family)	\$9,200 / \$18,400	\$9,900 / \$19,800
	Maximum Out-of-Pocket (Single/Family)	\$9,200 / \$18,400	\$9,900 / \$19,800
	PCP / Behavioral Health Office Visits	\$30	\$35
	SCP Office Visits	\$95	\$150
	Urgent Care	\$45	\$100
	Minor Diagnostic (Lab and X-ray)	\$125	\$125 and \$250
<b>SILVER</b>			
<b>Silver Copay Plan</b>	Plan Discontinued		Crosswalked to Silver 5000
<b>Silver 5000</b>	Plan Name Change	Silver Copay	Silver 5000
	Deductible (Single/Family)	\$0 / \$0	\$5,000 / \$10,000
	Maximum Out-of-Pocket (Single/Family)	\$9,200 / \$18,400	\$10,600 / \$21,200
	SCP Office Visits	\$50	\$85
	Inpatient Hospitalization (Facility)	\$2,000 per Day (up to 4-day copay max)	50% after Deductible
	Outpatient Hospital Services (Facility)	\$500	\$500 after Deductible
	Minor Diagnostic (Lab and X-ray)	\$50	\$20 and \$150
	Major Diagnostic	\$500	\$500 after Deductible
	Emergency Room	\$1,200	\$750 after Deductible
	Rx Deductible	\$1,000 / \$3,000	\$2,500 / \$7,500

continued

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Plan	Benefit	2025	2026
<b>Silver 7500</b>	Plan Name Change	Silver 6500	Silver 7500
	Deductible (Single/Family)	\$6,500 / \$13,000	\$7,500 / \$15,000
	Maximum Out-of-Pocket (Single/Family)	\$8,000 / \$16,000	\$10,600 / \$21,200
	PCP / Behavioral Health Office Visits	\$20	\$25
	SCP Office Visits	\$40	\$85
	Urgent Care	\$35	\$50
	Minor Diagnostic (Lab and X-ray)	\$20	\$20 and \$150
	Emergency Room	\$600 after Deductible	\$750 after Deductible
<b>GOLD</b>			
<b>Gold 1500</b>	Plan Name Change	Gold 1000	Gold 1500
	Deductible (Single/Family)	\$1,000 / \$2,000	\$1,500 / \$3,000
	Maximum Out-of-Pocket (Single/Family)	\$8,500 / \$17,000	\$9,500 / \$19,000
	Minor Diagnostic (Lab and X-ray)	\$0	\$15 and \$75
	Rx Deductible	\$250 / \$750	\$1,250 / \$3,750

*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.*