Nevada Plan Changes | 2027

Select Health

Individual and Family Plan Changes

For 2027, plans on the Select Health Med network will transition from exclusive provider organization (EPO) plans to health maintenance organization (HMO) plans.

Members enrolled on a Bronze plan can be eligible to open and contribute to a health savings account (HSA). Some restrictions may apply.

Plan	Benefit	2026	2027
BRONZE			
Bronze 7500	Maximum out-of-pocket (single / family)	$10,150 / $20,300	$12,000 / $24,000
	PCP / Behavioral health office visits	$35	$45 / $55
	Inpatient hospitalization (facility)	40% after deductible	50% after deductible
	Outpatient hospital services (facility)	40% after deductible	50% after deductible
	Minor diagnostic (lab and x-ray)	$50 and $250	$65 and $100
	Major diagnostic	40% after deductible	50% after deductible
	Outpatient rehab	$50	$100
	Rx deductible (single / family)	$2,500 / $5,000	$2,500 / $7,500
	Tier 4 drugs	$55 after Rx deductible	25% after Rx deductible
	Tier 5 drugs	$70 after Rx deductible	50% after Rx deductible
Bronze 10500	Plan name change	Bronze 9900	Bronze 10500
	Deductible (single / family)	$9,900 / $19,800	$10,500 / $21,000
	Maximum out-of-pocket (single / family)	$9,900 / $19,800	$10,500 / $21,000
	PCP / Behavioral health office visits	$35	$45 / $55
	Minor diagnostic (lab and x-ray)	$125 and $250	$65 and $100
	Outpatient rehab	$75	$100
SILVER			
Silver 5500	Plan name change	Silver 5000	Silver 5500
	Deductible (single / family)	$5,000 / $10,000	$5,500 / $11,000
	Maximum out-of-pocket (single / family)	$8,000 / $16,000	$10,000 / $20,000
	PCP / Behavioral health office visits	$25	$25 / $35
	Outpatient hospital services (facility)	$500 after deductible	50% after deductible
	Minor diagnostic (lab and x-ray)	$20 and $125	$25 and $100
	Outpatient rehab	$50	$55
	Tier 4 drugs	$100 after Rx deductible	25% after Rx deductible

continued

Nevada Plan Changes | 2027

Select Health

Plan	Benefit	2026	2027
Silver 7500	Maximum out-of-pocket (single / family)	$8,500 / $17,000	$9,000 / $18,000
	PCP / Behavioral health office visits	$25	$25 / $35
	Minor diagnostic (lab and x-ray)	$20 and $125	$25 and $100
	Outpatient rehab	$25	$55
	Tier 4 drugs	$100 after deductible	25% after deductible
GOLD			
Gold 1500	Maximum out-of-pocket (single / family)	$8,500 / $17,000	$9,500 / $19,000
	PCP / Behavioral health office visits	$15	$15 / $25
	Outpatient rehab	$15	$30
	Rx deductible (single / family)	$750 / $2,250	$1,000 / $3,000

This document shows the applicable plan changes for 2027.
Please note that this list is not all inclusive of each change. Refer to the member materials for all updates.