

Nevada Individual Plans and Benefits | 2026



Ready to Shop?
Contact your agent, visit selecthealth.org/shop, or call **855-442-0220**.

Plan Name ▶	Bronze 7500 ⁴	Bronze 9900 ⁴
Participating Networks	<div><div>V</div><div>M</div></div>	<div><div>V</div><div>M</div></div>
Deductible (Single / Family)	\$7,500 / \$15,000	\$9,900 / \$19,800
Maximum Out-of-Pocket (Single / Family)	\$10,600 / \$21,200	\$9,900 / \$19,800
Virtual Visits ³	\$0	\$0
PCP / Behavioral Health Office Visits	\$35	\$35
SCP Office Visits ¹	\$70 after Deductible	\$150
Urgent Care	\$100	\$100
Inpatient Hospitalization (Facility)	40% after Deductible	No charge after Deductible
Outpatient Hospital Services (Facility)	40% after Deductible	No charge after Deductible
Minor Diagnostic ² (Lab and X-ray)	\$50 and \$250	\$125 and \$250
Major Diagnostic	40% after Deductible	No charge after Deductible
Emergency Room	\$750 after Deductible	No charge after Deductible
Rx Deductible (Single / Family)	\$2,500 / \$5,000	Combined with Medical
Tier 1 Drugs	Covered 100%	Covered 100%
Tier 2 Drugs	\$15	\$15
Tier 3 Drugs	\$40	\$40
Tier 4 Drugs	\$55 after Rx Deductible	No charge after Deductible
Tier 5 Drugs	\$70 after Rx Deductible	No charge after Deductible
Tier 6 Drugs	50% after Rx Deductible	No charge after Deductible

Silver 5000	Silver 7500	Gold 1500
<div><div>V</div><div>M</div></div>	<div><div>V</div><div>M</div></div>	<div><div>V</div><div>M</div></div>
\$5,000 / \$10,000	\$7,500 / \$15,000	\$1,500 / \$3,000
\$10,600 / \$21,200	\$10,600 / \$21,200	\$9,500 / \$19,000
\$0	\$0	\$0
\$25	\$25	\$15
\$85	\$85	\$40
\$50	\$50	\$35
50% after Deductible	50% after Deductible	20% after Deductible
\$500 after Deductible	50% after Deductible	20% after Deductible
\$20 and \$150	\$20 and \$150	\$15 and \$75
\$500 after Deductible	50% after Deductible	20% after Deductible
\$750 after Deductible	\$750 after Deductible	\$350 after Deductible
\$2,500 / \$7,500	Combined with Medical	\$1,250 / \$3,750
Covered 100%	Covered 100%	Covered 100%
\$5	\$5	\$5
\$25	\$25	\$25
\$100 after Rx Deductible	\$100 after Deductible	25% after Rx Deductible
50% after Rx Deductible	50% after Deductible	50% after Rx Deductible
50% after Rx Deductible	50% after Deductible	50% after Rx Deductible

1. A primary care provider (PCP) referral may be required to see a secondary care provider (SCP).
2. Some minor diagnostic services may be covered as part of the office visit cost share.
3. Virtual visits with an in-network primary care provider, mental health provider, and Intermountain Health virtual urgent care providers are covered at no additional cost to you (except HSA-Qualified plans).
4. 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.
Preauthorization is required for certain services, and visit limits may 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**.

V

M

 Value Network
Med Network



Nevada Cost-Sharing Reduction (CSR) Plans | 2026

Plan Name ▶	Silver 5000	Silver 5000
CSR	73%	87%
Participating Networks	<div>V</div> <div>M</div>	<div>V</div> <div>M</div>
Deductible (Single / Family)	\$3,500 / \$7,000	\$1,000 / \$2,000
Maximum Out-of-Pocket (Single / Family)	\$8,450 / \$16,900	\$3,500 / \$7,000
Virtual Visits ³	\$0	\$0
PCP / Behavioral Health Office Visits	\$20	\$10
SCP Office Visits ¹	\$50	\$25
Urgent Care	\$50	\$20
Inpatient Hospitalization (Facility)	40% after Deductible	30% after Deductible
Outpatient Hospital Services (Facility)	\$400 after Deductible	\$200 after Deductible
Minor Diagnostic ² (Lab and X-ray)	\$20 and \$100	\$15 and \$50
Major Diagnostic	\$475 after Deductible	\$275 after Deductible
Emergency Room	\$750 after Deductible	\$450 after Deductible
Rx Deductible (Single / Family)	\$1,250 / 3,750	\$400 / \$1,200
Tier 1 Drugs	Covered 100%	Covered 100%
Tier 2 Drugs	\$5	\$5
Tier 3 Drugs	\$25	\$15
Tier 4 Drugs	\$100 after Rx Deductible	\$50 after Rx Deductible
Tier 5 Drugs	25% after Rx Deductible	15% after Rx Deductible
Tier 6 Drugs	50% after Rx Deductible	40% after Rx Deductible

1.

A primary care provider (PCP) referral may be required to see a secondary care provider (SCP).

2.

Some minor diagnostic services may be covered as part of the office visit cost share.

3.

Virtual visits with an in-network primary care provider, mental health provider, and Intermountain Health virtual urgent care providers are covered at no additional cost to you (except HSA-Qualified plans).

Preauthorization is required for certain services, and visit limits may 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**.

In addition to a tax credit, you may be eligible for a cost-sharing reduction plan that lowers the amount you pay out-of-pocket for deductibles, coinsurance, and copays. Members of federally recognized American Indian or Alaska Native tribes may also qualify for additional cost-sharing benefits. Contact your agent or call Select Health Individual Sales at **855-442-0220**.

Silver 5000	Silver 7500	Silver 7500	Silver 7500
94%	73%	87%	94%
<div>V</div> <div>M</div>	<div>V</div> <div>M</div>	<div>V</div> <div>M</div>	<div>V</div> <div>M</div>
\$500 / \$1,000	\$5,000 / \$10,000	\$1,000 / \$2,000	\$0 / \$0
\$2,400 / \$4,800	\$8,450 / \$16,900	\$3,500 / \$7,000	\$3,200 / \$6,400
\$0	\$0	\$0	\$0
\$0	\$10	\$5	\$0
\$10	\$45	\$20	\$15
\$10	\$25	\$15	\$10
20% after Deductible	40% after Deductible	30% after Deductible	20% after Deductible
\$100 after Deductible	40% after Deductible	30% after Deductible	20% after Deductible
\$0 and \$20	\$20	\$0	\$0
\$100 after Deductible	40% after Deductible	30% after Deductible	20% after Deductible
\$150 after Deductible	\$600 after Deductible	\$350 after Deductible	\$100 after Deductible
\$0	Combined with Medical	Combined with Medical	Combined with Medical
Covered 100%	Covered 100%	Covered 100%	Covered 100%
\$0	\$5	\$5	\$0
\$10	\$25	\$25	\$15
\$20	\$100 after Deductible	\$50 after Deductible	\$20
5%	50% after Deductible	25% after Deductible	15%
30%	50% after Deductible	40% after Deductible	30%

V

Value Network

M

Med Network

