Nevada Individual plans and benefits | 2027

Savings and Perks

Ready to shop?

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

Plan name ▶	Bronze 7500[3]	Bronze 10500[3]	Silver 5500	Silver 7500	Gold 1500
Participating networks	V M	V M	V M	V M	V M
Deductible (single / family)	$7,500 / $15,000	$10,500 / $21,000	$5,500 / $11,000	$7,500 / $15,000	$1,500 / $3,000
Maximum out-of-pocket (single / family)	$12,000 / $24,000	$10,500 / $21,000	$10,000 / $20,000	$9,000 / $18,000	$9,500 / $19,000
Virtual visits	$0	$0	$0	$0	$0
PCP / Behavioral health office visits	$45 / $55	$45 / $55	$25 / $35	$25 / $35	$15 / $25
SCP office visits[1]	$70 after Deductible	$150	$85	$85	$40
Urgent care	$100	$100	$50	$50	$35
Inpatient hospitalization (facility)	50% after Deductible	No charge after deductible	50% after deductible	50% after deductible	20% after deductible
Outpatient hospital services (facility)	50% after Deductible	No charge after deductible	50% after deductible	50% after deductible	20% after deductible
Minor diagnostic[2] (lab and x-ray)	$65 and $100	$65 and $100	$25 and $100	$25 and $100	$10 and $20
Major diagnostic	50% after deductible	No charge after deductible	$500 after deductible	50% after deductible	20% after deductible
Emergency room	$750 after deductible	No charge after deductible	$750 after deductible	$750 after deductible	$350 after deductible
Outpatient rehab	$100	$100	$55	$55	$30
Rx deductible (single / family)	$2,500 / $7,500	Combined with medical	$2,000 / $6,000	Combined with medical	$1,000 / $3,000
Tier 1 drugs	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Tier 2 drugs	$15	$15	$5	$5	$5
Tier 3 drugs	$40	$40	$25	$25	$25
Tier 4 drugs	25% after Rx deductible	No charge after deductible	25% after Rx deductible	25% after deductible	25% after Rx deductible
Tier 5 drugs	50% after Rx deductible	No charge after deductible	50% after Rx deductible	50% after deductible	50% after Rx deductible
Tier 6 drugs	50% after Rx deductible	No charge after 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] Members enrolled on a Bronze plan can be eligible to open and contribute to a health savings account (HSA). Some restrictions may apply.

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**.
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.

V Select Health Value Network
M Select Health Med Network

To see the full fair treatment notice, visit **selecthealth.org/disclaimers/non-discrimination.**

Select Health

Nevada cost-sharing reduction (CSR) plans | 2027

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.**

Plan name ▶	Silver 5500	Silver 5500	Silver 5500	Silver 7500	Silver 7500	Silver 7500
CSR	73%	87%	94%	73%	87%	94%
Participating networks	V M	V M	V M	V M	V M	V M
Deductible (single / family)	$5,000 / $10,000	$1,000 / $2,000	$500 / $1,000	$5,000 / $10,000	$1,000 / $2,000	$400 / $800
Maximum out-of-pocket (single / family)	$9,000 / $18,000	$3,000 / $6,000	$2,500 / $5,000	$9,000 / $18,000	$4,000 / $8,000	$2,500 / $5,000
Virtual visits	$0	$0	$0	$0	$0	$0
PCP / Behavioral health office visits	$20 / $30	$10 / $20	$0 / $5	$10 / $20	$5 / $15	$0 / $5
SCP office visits[1]	$50	$25	$10	$45	$20	$15
Urgent care	$50	$20	$10	$25	$15	$10
Inpatient hospitalization (facility)	40% after deductible	30% after deductible	20% after deductible	40% after deductible	30% after deductible	20% after deductible
Outpatient hospital services (facility)	40% after deductible	30% after deductible	20% after deductible	40% after deductible	30% after deductible	20% after deductible
Minor diagnostic[2] (lab and x-ray)	$20 and $100	$15 and $50	$0 and $20	$20	$0	$0
Major diagnostic	$475 after deductible	$275 after deductible	$100 after deductible	40% after deductible	30% after deductible	20% after deductible
Emergency room	$750 after deductible	$450 after deductible	$150 after deductible	$600 after deductible	$350 after deductible	$100 after deductible
Outpatient rehab	$50	$25	$10	$30	$15	$10
Rx deductible (single / family)	$1,750 / $5,250	$400 / $1,200	$20 / $60	Combined with medical	Combined with medical	Combined with medical
Tier 1 drugs	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Tier 2 drugs	$5	$5	$0	$5	$5	$0
Tier 3 drugs	$25	$20	$10	$25	$25	$15
Tier 4 drugs	25% after Rx deductible	5% after Rx deductible	5% after Rx deductible	25% after deductible	5% after deductible	5% after deductible
Tier 5 drugs	50% after Rx deductible	25% after Rx deductible	15% after Rx deductible	50% after deductible	25% after deductible	15% after deductible
Tier 6 drugs	50% after Rx deductible	40% after Rx deductible	30% after Rx deductible	50% after deductible	40% after deductible	30% after deductible

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