

Individual plans and benefits | 2024 Nevada plans



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Plan Type	Off-Exchange Plan			HSA-Qualified ¹	Copay Plan		
Plan Name	Expanded Bronze 7000	Expanded Bronze 6900	Expanded Bronze 9400	Expanded Bronze 8000 HSA	Silver Copay Plan	Silver 6500	Gold 1000
Networks	V M	V M	V M	V M	V M	V M	V M
Deductible							
Single	\$7,000	\$6,900	\$9,400	\$8,000	\$0	\$6,500	\$1,000
Family	\$14,000	\$13,800	\$18,800	\$16,000	\$0	\$13,000	\$2,000
Out-of-Pocket Max							
Single	\$9,100	\$9,100	\$9,400	\$8,000	\$9,100	\$8,000	\$8,500
Family	\$18,200	\$18,200	\$18,800	\$16,000	\$18,200	\$16,000	\$17,000
Primary Care Provider (PCP)	\$35	\$35	\$25	Covered 100% after Deductible	\$25	\$20	\$15
Secondary Care Provider (SCP)²	\$70 after Deductible	\$70 after Deductible	\$90	Covered 100% after Deductible	\$50	\$40	\$40
Urgent Care Services	\$65	\$65	\$45	Covered 100% after Deductible	\$50	\$35	\$35
Virtual Visits³	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Preventive Care and Immunizations	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Minor Diagnostic Tests⁴	\$50	\$50	\$100	Covered 100% after Deductible	\$50	\$20	Covered 100%
Inpatient Hospital Services	40% after Deductible	40% after Deductible	Covered 100% after Deductible	Covered 100% after Deductible	\$1,000 per day for the first 5 days	50% after Deductible	20% after Deductible
Outpatient Services	40% after Deductible	40% after Deductible	Covered 100% after Deductible	Covered 100% after Deductible	\$500	50% after Deductible	20% after Deductible
Emergency Room	\$600 after Deductible	\$600 after Deductible	Covered 100% after Deductible	Covered 100% after Deductible	\$1,200	\$600 after Deductible	\$350 after Deductible
Rx Deductible Per Person/Family	\$2,500/\$5,000	\$2,500/\$5,000	Medical and Rx Combined	Medical and Rx Combined	\$1,000/\$3,000	Medical and Rx Combined	\$250/\$750
Tier 1 Drugs	\$15	\$15	\$15	Covered 100% after Deductible	\$5	\$5	\$5
Tier 2 Drugs	\$40	\$40	\$40	Covered 100% after Deductible	\$25	\$25	\$25
Tier 3 Drugs	\$55 after pharmacy Deductible	\$55 after pharmacy Deductible	Covered 100% after Deductible	Covered 100% after Deductible	\$100 after pharmacy Deductible	\$100 after Deductible	25% after pharmacy Deductible
Tier 4 Drugs	\$70 after pharmacy Deductible	\$70 after pharmacy Deductible	Covered 100% after Deductible	Covered 100% after Deductible	50% after pharmacy Deductible	50% after Deductible	50% after pharmacy Deductible
Tier 5 Drugs	50% after pharmacy Deductible	50% after pharmacy Deductible	Covered 100% after Deductible	Covered 100% after Deductible	50% after pharmacy Deductible	50% after Deductible	50% after pharmacy Deductible

¹ When two or more are enrolled on a HSA-Qualified plan, only the family deductible applies and no single person in a family will pay more than the single out-of-pocket maximum.

² A Primary Care Provider (PCP) referral may be required to see a Secondary Care Provider (SCP).

³ Virtual Visits with an in-network Primary Care Provider, Mental Health Provider, and Intermountain Connect Care providers are covered at no additional cost to you.

⁴ Some minor diagnostic services will be covered as part of the office visit cost share.

Please note: The coverage and benefit details presented here do not include out-of-network cost-share details. Preauthorization is required for certain services. Visit limits apply to certain services. This chart is not a complete list of benefits. If you have questions, visit selecthealth.org or call Member Services at 800-538-5038.

Med Value



Cost-Sharing Reduction (CSR) Plans | 2024 Nevada plans

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.

Plan	Deductible Single/Family	Out-of-Pocket Max Single/Family	Rx Deductible Single/Family	Primary Care Visit	Secondary Care Visit	Urgent Care Services	Virtual Visits ¹	Preventive Care	Inpatient Hospital Services	Outpatient Services	Emergency Room	Tier 1 Drugs	Tier 2 Drugs	Tier 3 Drugs	Tier 4 Drugs	Tier 5 Drugs
Silver Copay Plan	\$0/\$0	\$9,100/\$18,200	\$1,000/\$3,000	\$25	\$50	\$50	Covered 100%	Covered 100%	\$1,000 per day for the first 5 days	\$500	\$1,200	\$5	\$25	\$100 after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible
73% CSR	\$0/\$0	\$7,200/\$14,400	\$750/\$2,250	\$20	\$50	\$50	Covered 100%	Covered 100%	\$1,000 per day for the first 5 days	\$400	\$1,200	\$5	\$25	\$100 after pharmacy Deductible	25% after pharmacy Deductible	50% after pharmacy Deductible
87% CSR	\$0/\$0	\$3,000/\$6,000	\$250/\$750	\$5	\$25	\$20	Covered 100%	Covered 100%	\$500 per day for the first 5 days	\$200	\$400	\$5	\$15	\$50 after pharmacy Deductible	15% after pharmacy Deductible	40% after pharmacy Deductible
94% CSR	\$0/\$0	\$1,200/\$2,400	\$0	\$0	\$10	\$10	Covered 100%	Covered 100%	\$200 per day for the first 5 days	\$100	\$150	\$0	\$10	\$20	5%	30%
Silver 6500	\$6,500/\$13,000	\$8,000/\$16,000	Medical and Rx Combined	\$20	\$40	\$35	Covered 100%	Covered 100%	50% after Deductible	50% after Deductible	\$600 after Deductible	\$5	\$25	\$100 after Deductible	50% after Deductible	50% after Deductible
73% CSR	\$4,750/\$9,500	\$7,200/\$14,400	Medical and Rx Combined	\$10	\$30	\$25	Covered 100%	Covered 100%	40% after Deductible	40% after Deductible	\$600 after Deductible	\$5	\$25	\$100 after Deductible	50% after Deductible	50% after Deductible
87% CSR	\$600/\$1,200	\$3,000/\$6,000	Medical and Rx Combined	\$5	\$20	\$15	Covered 100%	Covered 100%	30% after Deductible	30% after Deductible	\$350 after Deductible	\$5	\$25	\$50 after Deductible	25% after Deductible	40% after Deductible
94% CSR	\$0/\$0	\$1,400/\$2,800	Medical and Rx Combined	\$0	\$15	\$10	Covered 100%	Covered 100%	20%	20%	\$100	\$0	\$15	\$20	15%	30%

¹ Virtual Visits with an in-network Primary Care Provider, Mental Health Provider, and Intermountain Connect Care providers are covered at no additional cost to you. Preauthorization is required for certain services. Visit limits apply to certain services. This chart is not a complete list of benefits. If you have questions, visit selecthealth.org or call Member Services at 800-538-5038.

