




# Individual Plans and Benefits | 2023 Nevada Plans



### Ready to Shop?

Contact your agent, visit [selecthealth.org/shop](https://selecthealth.org/shop), or call **855-442-0220**.

Plan Type	Traditional	HSA-Qualified¹	Off-Exchange Plan	Traditional	Virtual First Plan	Traditional	Diabetes Support Plan	Medicaid Transition Plan	Copay Plan	Traditional
Benefit Category	No-Deductible Office Visits		No-Deductible Urgent and PCP Visits	No-Deductible Urgent and PCP Visits	No-Deductible Office Visits	No-Deductible Office Visits	No-Deductible Office Visits	No-Deductible Office Visits		No-Deductible Office Visits
Plan Name	Expanded Bronze 8550	Expanded Bronze 7500	Expanded Bronze 7000	Expanded Bronze 6900	Expanded Bronze Virtual First	Silver 6500	Silver 6500	Silver Medicaid Transition Plan	Silver Copay Plan	Gold 1000
Participating Networks	<div>V</div> <div>M</div>	<div>V</div> <div>M</div>	<div>V</div> <div>M</div>	<div>V</div> <div>M</div>	<div>V</div>	<div>V</div> <div>M</div>	<div>V</div> <div>M</div>	<div>V</div> <div>M</div>	<div>V</div> <div>M</div>	<div>V</div> <div>M</div>
Deductible										
Single	\$8,550	\$7,500	\$7,000	\$6,900	\$6,900	\$6,500	\$6,500	\$6,000	\$0	\$1,000
Family	\$17,100	\$15,000	\$14,000	\$13,800	\$13,800	\$13,000	\$13,000	\$12,000	\$0	\$2,000
Out-of-Pocket Max										
Single	\$8,550	\$7,500	\$9,100	\$9,100	\$9,100	\$8,000	\$9,100	\$9,100	\$9,100	\$8,500
Family	\$17,100	\$15,000	\$18,200	\$18,200	\$18,200	\$16,000	\$18,200	\$18,200	\$18,200	\$17,000
Primary Care Provider (PCP)	\$0	Covered 100% after deductible	\$35	\$35	\$50 (\$25 w/referral from virtual provider)	\$20	\$5	\$10	\$25	\$15
Secondary Care Provider (SCP)²	\$90	Covered 100% after deductible	\$70 after Deductible	\$70 after Deductible	\$100 (\$50 w/referral from virtual provider)	\$40	\$15	\$50	\$50	\$40
Urgent Care Services	\$45	Covered 100% after deductible	\$65	\$65	\$65	\$35	\$60	\$50	\$50	\$35
Virtual Visits³	Covered 100%	Covered 100% after deductible	Covered 100%	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%	Covered 100%	Covered 100%	Covered 100%
Minor Diagnostic Tests⁴	Covered 100% after deductible	Covered 100% after deductible	\$50	\$50	\$50	\$20	\$20	\$20	\$50	Covered 100%
Inpatient Hospital Services	Covered 100% after deductible	Covered 100% after deductible	40% after Deductible	40% after Deductible	50% after Deductible	50% after Deductible	50% after Deductible	50% after Deductible	1,000 per day for the first 5 days	20% after Deductible
Outpatient Services	Covered 100% after deductible	Covered 100% after deductible	40% after Deductible	40% after Deductible	50% after Deductible	50% after Deductible	50% after Deductible	50% after Deductible	\$500	20% after Deductible
Emergency Room	Covered 100% after deductible	Covered 100% after deductible	\$600 after Deductible	\$600 after Deductible	\$600 after Deductible	\$600 after Deductible	\$600 after Deductible	\$750 after Deductible	\$1,200	\$350 after Deductible
Rx Deductible Per Person	Medical and Rx Combined	Medical and Rx Combined	\$2,500	\$2,500	\$2,500	Medical and Rx Combined	\$2,000	\$500	\$1,000	\$250
Tier 1 Drugs	\$30	Covered 100% after deductible	\$30	\$30	\$30	\$15	\$5	\$15	\$15	\$15
Tier 2 Drugs	\$40	Covered 100% after deductible	\$40	\$40	\$40	\$25	\$15	\$25	\$25	\$25
Tier 3 Drugs	Covered 100% after deductible	Covered 100% after deductible	\$55 after pharmacy Deductible	\$55 after pharmacy Deductible	\$55 after pharmacy Deductible	\$100 after Deductible	50% after pharmacy Deductible	\$100 after pharmacy Deductible	\$100 after pharmacy Deductible	25% after pharmacy Deductible
Tier 4 Drugs	Covered 100% after deductible	Covered 100% after deductible	\$70 after pharmacy Deductible	\$70 after pharmacy Deductible	\$70 after pharmacy Deductible	50% after Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible
Tier 5 Drugs	Covered 100% after deductible	Covered 100% after deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	50% after Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy 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 Except for HSA Qualified plans, 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. Please refer to **selecthealth.org** for out-of-network cost-share information.

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](https://selecthealth.org) or call Member Services at **800-538-5038**.

V

Value Network

M

Med Network



# SelectHealth Cost-Sharing Reduction (CSR) 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 and Alaska Native tribes may also qualify for additional cost-sharing benefits.

Plan	Deductible Single/Family	Out-of-Pocket Max Single/ Family	Rx Deductible Single	Primary Care Visit	Secondary Care Visit	Urgent Care Services	Virtual Visits <sup>1</sup>	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	\$25	\$50	\$50	Covered 100%	Covered 100%	\$1,000 per day (up to 5 day copay maximum)	\$500	\$1,200	\$15	\$25	\$100 after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible
73% CSR	\$0/\$0	\$7,000/\$14,000	\$750	\$20	\$50	\$50	Covered 100%	Covered 100%	\$1,000 per day (up to 5 day copay maximum)	\$400	\$1,200	\$15	\$25	\$100 after pharmacy Deductible	25% after pharmacy Deductible	50% after pharmacy Deductible
87% CSR	\$0/\$0	\$2,750/\$5,500	\$250	\$5	\$25	\$20	Covered 100%	Covered 100%	\$500 per day (up to 5 day copay maximum)	\$200	\$400	\$5	\$15	\$50 after pharmacy Deductible	15% after pharmacy Deductible	40% after pharmacy Deductible
94% CSR	\$0/\$0	\$1,000/\$2,000	\$0	\$0	\$10	\$10	Covered 100%	Covered 100%	\$200 per day (up to 5 day copay maximum)	\$100	\$150	\$0	\$10	\$20	5%	20%
Silver 6500	\$6,500/\$13,000	\$8,000/\$16,000	\$0	\$20	\$40	\$35	Covered 100%	Covered 100%	50% after Deductible	50% after Deductible	\$600 after Deductible	\$15	\$25	\$100 after Deductible	50% after Deductible	50% after Deductible
73% CSR	\$4,750/\$9,500	\$7,000/\$14,000	\$0	\$10	\$30	\$25	Covered 100%	Covered 100%	40% after Deductible	40% after Deductible	\$600 after Deductible	\$15	\$25	\$100 after Deductible	50% after Deductible	50% after Deductible
87% CSR	\$600/\$1,200	\$3,000/\$6,000	\$0	\$5	\$20	\$15	Covered 100%	Covered 100%	30% after Deductible	30% after Deductible	\$350 after Deductible	\$15	\$25	\$50 after Deductible	25% after Deductible	40% after Deductible
94% CSR	\$0/\$0	\$1,400/\$2,800	\$0	\$0	\$15	\$10	Covered 100%	Covered 100%	20% after Deductible	20% after Deductible	\$100 after Deductible	\$5	\$15	\$20	15%	30%
Silver 6500 Diabetes Support	\$6,500/\$13,000	\$9,100/\$18,200	\$2,000	\$5	\$15	\$60	Covered 100%	Covered 100%	50% after Deductible	50% after Deductible	\$600 after Deductible	\$5	\$15	50% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible
73% CSR	\$6,500/\$13,000	\$7,250/\$14,500	\$2,000	\$5	\$15	\$60	Covered 100%	Covered 100%	50% after Deductible	50% after Deductible	\$600 after Deductible	\$5	\$15	50% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible
87% CSR	\$1,000/\$2,000	\$3,000/\$6,000	\$500	\$0	\$10	\$20	Covered 100%	Covered 100%	30% after Deductible	30% after Deductible	\$275 after Deductible	\$0	\$10	20% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible
94% CSR	\$0/\$0	\$2,500/\$5,000	\$0	\$0	\$5	\$20	Covered 100%	Covered 100%	10% after Deductible	10% after Deductible	\$125 after Deductible	\$0	\$10	10%	20%	50%
Silver Medicaid Transition	\$6,000/\$12,000	\$9,100/\$18,200	\$500	\$10	\$50	\$50	Covered 100%	Covered 100%	50% after Deductible	50% after Deductible	\$750 after Deductible	\$15	\$25	\$100 after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible
73% CSR	\$5,500/\$11,000	\$7,250/\$14,500	\$500	\$10	\$40	\$50	Covered 100%	Covered 100%	50% after Deductible	50% after Deductible	\$750 after Deductible	\$15	\$25	\$100 after pharmacy Deductible	30% after pharmacy Deductible	50% after pharmacy Deductible
87% CSR	\$1,500/\$3,000	\$2,700/\$5,400	\$200	\$5	\$20	\$25	Covered 100%	Covered 100%	30% after Deductible	30% after Deductible	\$600	\$5	\$15	\$50 after pharmacy Deductible	15% after pharmacy Deductible	40% after pharmacy Deductible
94% CSR	\$0/\$0	\$1,300/\$2,600	\$0	\$0	\$10	\$10	Covered 100%	Covered 100%	20% after Deductible	20% after Deductible	\$500	\$0	\$10	\$20	5%	20%

<sup>1</sup> Except for HSA Qualified plans, 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.