

Individual and Family ACA plans.
Nevada 2024



**Select
Health**



Life loves surprises. We love predictable.

With easy-to-understand plan designs and benefits tailored to meet your unique needs, we do health insurance differently. For you.

Clark and Nye County coverage

We offer two high-quality, comprehensive provider networks with the care options you need where you need them.

Best-in-class service

Our local team of insurance experts is available to help you with everything from understanding your benefits to finding the right doctor.

Virtual visits

Virtual Visits with an in-network Primary Care Provider, Mental Health Provider, and Intermountain Connect Care* (urgent care only) providers are covered at no additional cost to you.

*Urgent care must be at Connect Care to be covered at \$0.

Copay plan option

Enjoy plans with no deductible and predictable fixed costs for most services, and low-cost prescription drug coverage.

Health insurance definitions.

Before you start to even think about shopping for a plan, there are a few pretty confusing terms used in insurance. Get to know these concepts so you feel confident and empowered when it's time to shop.

DEDUCTIBLE—Amount you must pay to doctors and facilities before your plan pays for certain covered services.

OUT-OF-POCKET MAXIMUM (OOP)—The total amount you may pay for services covered by your plan each year. Things like deductibles, coinsurance, and copays may apply to your out-of-pocket maximum.

COINSURANCE—A percentage of the cost of a covered service that you pay after you've met your deductible. For example, you pay 20%, the plan pays 80%.

COPAY—A fixed amount you pay the doctor, pharmacy, or facility for covered services. For example, you might pay \$20 for an office visit with your primary care doctor.

VIRTUAL VISITS—For urgent medical, mental health, or primary care issues, talk to a provider online using your smart phone, tablet, or computer.

PRIMARY CARE PROVIDER (PCP)—A PCP is the provider you see most regularly for general medical and preventive care. Select Health considers a PCP to be any of the following: family and general practitioners, internal medicine doctors, Obstetricians and Gynecologists (OB/GYNs), pediatricians, Certified Nurse Midwives (CNMs), and geriatricians.

SECONDARY CARE PROVIDER (SCP)—These doctors are typically specialists such as cardiologists, neurologists, dermatologists, ophthalmologists, and more .

MEMBER PAYMENT SUMMARY (MPS)—This is a list of services covered by your plan. It shows how much you are responsible to pay for each type of service.

SUBSIDY—Depending on your income and other criteria, you may qualify for a Advance Premium Tax Credit or Cost-Share Reduction. To verify your eligibility, visit nevadahealthlink.com, call us at **855-442-0220**, or contact your agent.





Plans and benefits built for you.

Types of plans

HEALTH SAVINGS ACCOUNT QUALIFIED (HSA-QUALIFIED)—

These plans are designed to be used with a Health Savings Account (HSA). Using an HSA means you have more control over your healthcare dollars, with tax advantages.

OFF-EXCHANGE—These plans are only available for purchase directly from Select Health by visiting selecthealth.org/shop.



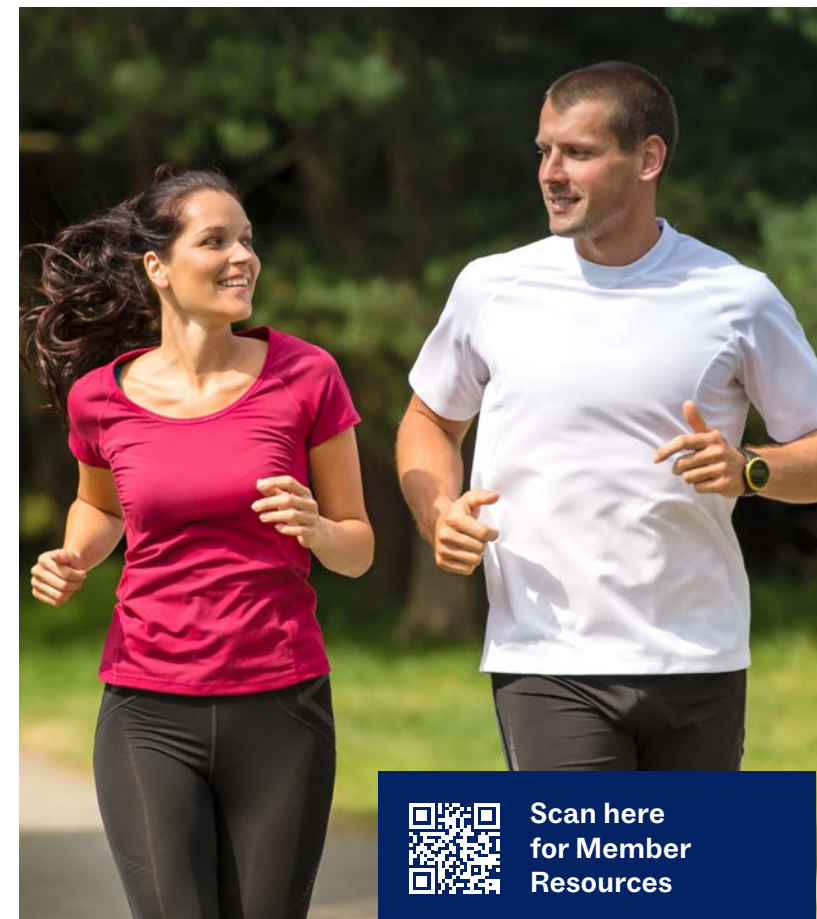
COPAY PLAN—A plan option with predictable costs and easy-to-understand benefit designs. If you like simple, this is the plan for you.

SILVER PLANS—If you're eligible for a Cost-Share Reduction (CSR) through nevadahealthlink.com, this may be a good option for you. It offers all the benefits of a CSR (based on eligibility) at the lowest possible cost.

All Select Health Individual & Family plans include the following at no additional cost:

- Bilingual Resources
- Care Management
- Cost Estimator
- Health and Wellness Discounts
- Intermountain Connect Care App
- Member Advocates support to help you find doctors, make appointments, and answer questions
- Select Health Mobile App
- Preventive Care
- Rx Savings Solutions
- Telehealth and Virtual Visits
- Wellness Rewards Programs

Find more details about member benefits and resources at selecthealth.org/resources and selecthealth.org/wellness.



Scan here for Member Resources

Individual plans and benefits | 2024 Nevada plans



Ready to Shop?

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



| 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 **M** Value **V**



Tips for choosing a plan:

Think through your potential usage and ask yourself a few questions:

- How often do you usually visit a provider?
- Do you have any existing prescription drugs?
- Do you anticipate any healthcare needs in the near future?

Verify your subsidy eligibility

To verify your eligibility, visit nevadahealthlink.com or contact your agent.



Check if your current providers are in-network

Visit selecthealth.org/findadoctor to browse in-network providers or call Member Services at **800-538-5038** to request a provider directory.



Consider your prescription needs

Not all plans offer the same prescription benefit coverage. Review plans on page 6 and learn more about prescription benefits on page 14.

How to enroll

You've done your homework and you're ready! If you've decided to enroll in a Select Health plan, here's how:

YOUR AGENT

For questions or help enrolling on a Select Health plan, contact your Select Health-appointed agent.

ONLINE

Shop with us at selecthealth.org/shop.

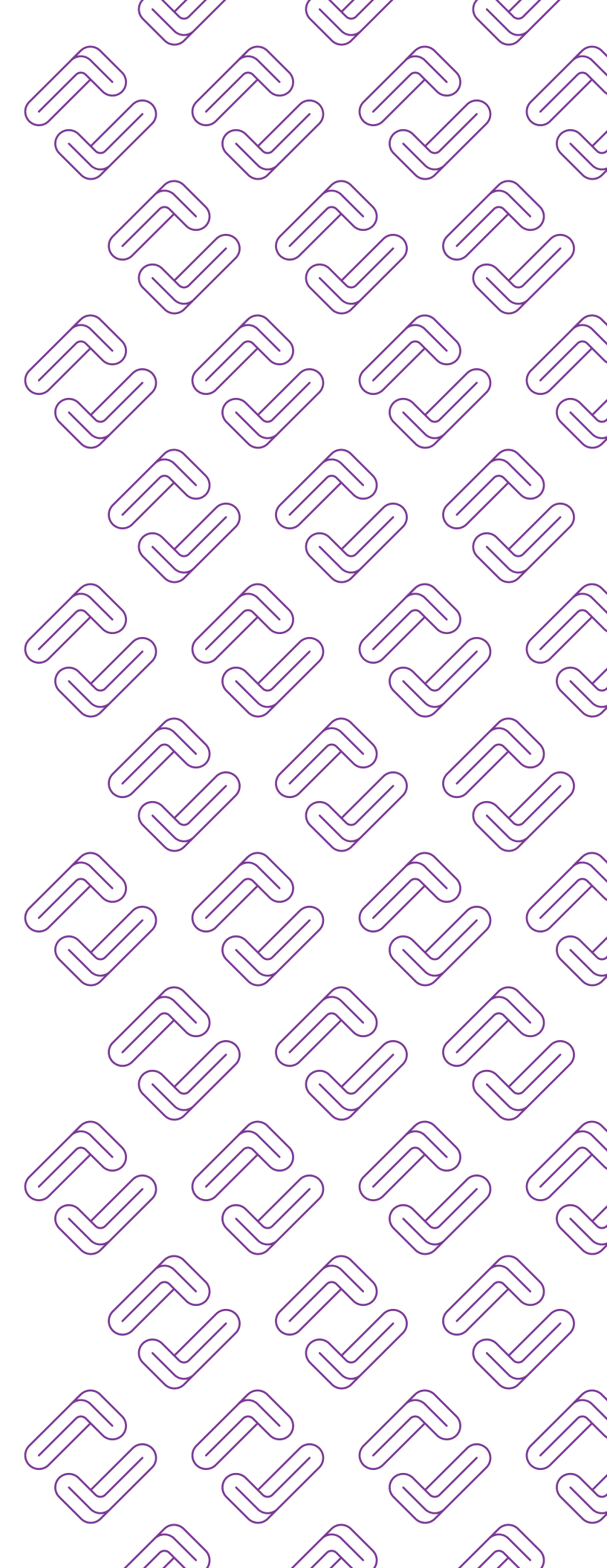


CALL US

Individual Sales **855-442-0220**

Your shopping checklist

- ✓ Review network options and check for in-network providers
- ✓ Consider your total out-of-pocket costs, including premium and your anticipated portion for the cost of care.
- ✓ Determine dental needs
- ✓ Verify your subsidy eligibility



Our networks.

Choosing in-network providers and facilities is the best way to maximize your benefits and save money. Review our network options to determine which plan is right for you.

Select Health Value

- Available to residents of Clark and Nye counties.
- PCP selection required on this network
- Referrals required for Specialty Care*
- Includes all Select Health Value providers and facilities in Utah and Nevada

BEST FOR:

Those who have had the same Primary Care Provider for an extended period of time.

*Certain exceptions apply

Select Health Med

- Available to residents of Clark and Nye counties.
- Does not require a PCP selection
- Includes all Select Health Med providers and facilities in Utah and Nevada

BEST FOR:

Those looking for a network that offers comprehensive coverage at a competitive price.

NEVADA

| | VALUE | MED |
|--|-------|-----|
| Boulder City Hospital | • | • |
| Centennial Hills Hospital Medical Center | • | • |
| Desert View Hospital | • | • |
| Henderson Hospital | • | • |
| Mesa View Regional Hospital | • | • |
| MountainView Hospital | | • |
| Southern Hills Hospital & Medical Center | | • |
| Spring Valley Hospital Medical Center | • | • |
| Summerlin Hospital Medical Center | • | • |
| Sunrise Hospital Medical Center | | • |
| University Medical Center Las Vegas | • | • |
| Valley Hospital | • | • |

SOUTHERN UTAH HOSPITALS

| | | |
|------------------------------|---|---|
| Cedar City Hospital | • | • |
| St. George Regional Hospital | • | • |

Note: This list is subject to change.



Let's get started!
Scan here to find
a doctor near you.



Your care options.

Not everyone wants to receive care the same way. That's why you choose how you want to manage your health.

Scheduled care:

Primary care provider

A Primary Care Provider (PCP) sees patients for common medical problems, performs routine exams, and helps prevent or treat illness. You can trust a PCP to know your health history, be your partner in preventive care, and help you find specialists when you need them. To find an in-network doctor, visit selecthealth.org/findadoctor.

Specialty care provider

We've partnered with specialty providers to ensure you have access to high-quality care when you need it. Visit selecthealth.org/findadoctor to find an in-network specialist near you.



Local Clinics

All plans include Intermountain Health community clinics and contracted partner clinics so you never have to go far to get care.

Immediate care:

Urgent care

For urgent care within your service area, go to an in-network facility. For emergencies, call 911 or go to the nearest hospital.

Intermountain Connect Care

Use the Intermountain Connect Care app to schedule virtual visits for urgent care.

Hospitals

We've partnered with local facilities and providers. Go to selecthealth.org/findadoctor to find in-network facilities near you.



Telehealth and virtual visits:

We offer convenient virtual care options for \$0 out-of-pocket when you see in-network providers

Your Provider

You can also schedule a virtual visit directly with your in-network provider. Contact your provider to learn about virtual visit options and to schedule a visit using their preferred platform.

Urgent and emergency out-of-area care: Outside Utah, Idaho, Nevada, or Colorado

Outside Utah, Idaho, Nevada, or Colorado In-network benefits apply when you receive services for urgent or emergency conditions, no matter where you are.

If you need urgent or emergency care, you can use the UnitedHealthcare Options PPO network.

Always present your ID card when you visit a UnitedHealthcare Options PPO network provider or facility. The logos on the back of the card give you network access.

If you need urgent or emergency care and need to find UnitedHealthcare Options PPO network providers or facilities, call Member Services at **800-538-5038** or visit selecthealth.org/findadoctor and select "UnitedHealthcare Options PPO" from the network drop down.

Outside of the country

If you need urgent or emergency care, visit the nearest doctor or hospital. You may need to pay for the treatment at the time of service. If you do, keep your receipt and submit it with a Claim Reimbursement Form, which can be found on selecthealth.org/forms.

Select Health prescription benefits.

Prescription drugs

RxCore® is a closed, five-tier formulary which provides appropriate pharmacy coverage of generic drugs and brand name drugs only when a generic or over-the-counter option is not available. Preferred generic drugs and a limited number of preferred brand-name drugs are covered at the lowest copay/coinsurance available for generics and brands respectively. Some drugs will be covered at higher tiers based on their cost regardless of whether they are brand or generic. There are five copay/coinsurance levels as described in the table below.

| | |
|----------------|--|
| Tier 1— | Lowest Cost (preferred generic and some brand-name drugs) |
| Tier 2— | Low Cost (non-preferred generic and some brand-name drugs) |
| Tier 3— | Medium Cost (preferred brand and some generic drugs) |
| Tier 4— | High Cost (non-preferred brand and some generic drugs) |
| Tier 5— | Highest Cost (specialty brand name and generic drugs) |

Prescription drug list (PDL)

To find your medication, its tier, cost, and any special requirements, use the search function at selecthealth.org/pharmacy.



Special requirements

Some drugs require step therapy or preauthorization before they will be covered by your plan.

STEP THERAPY — If a drug requires step therapy, your doctor must first prescribe an alternative drug. These are generally more cost effective and do not compromise clinical quality. Step therapy may be waived for medical necessity.

PREAUTHORIZATION — This means that your doctor must contact us for approval before your drug will be covered.

90-day maintenance drug benefit

This benefit allows members who have been taking a medication for at least one month to access a 90-day supply of select generic and brand-name medications. This reduces fill-frequency, saving time and money.

Hassle-free mail order

Get your medication delivered right to your door for no extra charge with Intermountain Home Delivery. To learn more, call **855-779-3960** or visit selecthealth.org.

Intermountain specialty pharmacy

If you take specialty medications, use the Intermountain Specialty Pharmacy for quality service at a lower cost. Learn more by calling **877-284-1114**.

Your neighborhood pharmacy

Need to visit the pharmacy? Don't worry! Your plan includes a large network of local and national pharmacies. To see a full list, visit selecthealth.org/pharmacy.

Rx Savings Solutions

- Spend less money on your prescriptions,
- Receive alerts to notify you of lower cost options
- Find less expensive alternatives for your prescriptions based on your health plan

Visit selecthealth.org/rxsavings to enroll.



Pharmacy tools

Log in to selecthealth.org to access pharmacy tools like:

- Drug coverage information
- Rx claims (member portal login)
- Comparable drug prices
- A list of in-network pharmacies
- Information on drug interactions





General information.

Our plans

Our plans are designed to provide coverage for hospital, medical, preventive care, and surgical expenses incurred as a result of a covered accident or illness. Coverage is provided through in-network providers for daily hospital room and board, miscellaneous hospital services, anesthesia services, in-hospital medical services, and outpatient care. Coverage is subject to any deductible, copay provisions, or other limitations that may be set forth in your contract.

Eligibility

You and your dependents may apply for coverage if you are a resident of Nevada and not eligible for Medicare. Eligible dependents include the subscriber's

legal spouse, children younger than age 26, eligible disabled children older than age 26, and children who are under court-ordered legal guardianship until legal guardianship ends. See contract for more details.

Termination

Based on your contract, health coverage may be terminated for the following reasons:

- Nonpayment of premiums
- Fraud or intentional misrepresentation of material fact
- Residing or working outside of our service area

Excluded services

For a list of excluded services, see your member materials or visit selecthealth.org/resources/member-resources.

Excess charges

There are charges from providers and facilities that exceed the Select Health allowed amount for covered services. Unless protections against balance billing apply under state or federal law, when you use an out-of-network provider or facility for urgent care, you may be responsible for any incurred excess charges. These charges do not apply to your out-of-pocket maximum.

Appeals/utilization management (UM)

For information about what requires preauthorization, our Care Management programs, or filing an appeal, see your member materials or visit our Member Resources page at selecthealth.org/resources.

Protecting your privacy

To learn more about our privacy policies and security measures, or to view our complete Notice of Privacy Practices, visit selecthealth.org/policy.

Select Health obeys federal civil rights laws. We do not treat you differently because of your race, color, ethnic background or where you come from, age, disability, sex, religion, creed, language, social class, sexual orientation, gender identity or expression, and/or veteran status.

This information is available for free in other languages and alternate formats by contacting Select Health Medicare: 855-442-9900 (TTY: 711) / Select Health: 800-538-5038.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電

Shop

selecthealth.org/shop

General questions

Member Services
800-538-5038

Help finding a doctor

Member Advocates
800-515-2220

More plan information

Individual Sales
855-442-0220

selecthealth.org/individual



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