

Individual plans and benefits | 2025 Nevada plans.



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Value Adds



Plan Name ▶	Bronze 6900	Bronze 9200	Bronze 8300 HSA ¹	Silver Copay Plan	Silver 6500	Gold 1000
Participating Networks	V, M	V, M	V, M	V, M	V, M	V, M
Deductible						
Single / Family	\$6,900 / \$13,800	\$9,200 / \$18,400	\$8,300 / \$16,600	\$0 / \$0	\$6,500 / \$13,000	\$1,000 / \$2,000
Out-of-Pocket Max						
Single / Family	\$9,100 / \$18,200	\$9,200 / \$18,400	\$8,300 / \$16,600	\$9,200 / \$18,400	\$8,000 / \$16,000	\$8,500 / \$17,000
Virtual Visits	\$0	\$0	\$0 after Deductible	\$0	\$0	\$0
PCP / Behavioral Health Office Visits²	\$35	\$30	No Charge after Deductible	\$25	\$20	\$15
SCP Office Visits	\$70 after Deductible	\$95	No Charge after Deductible	\$50	\$40	\$40
Urgent Care	\$65	\$45	No Charge after Deductible	\$50	\$35	\$35
Inpatient Hospitalization (Facility)	40% after Deductible	No Charge after Deductible	No Charge after Deductible	\$2,000 per Day (4)	50% after Deductible	20% after Deductible
Outpatient Hospital Services (Facility)	40% after Deductible	No Charge after Deductible	No Charge after Deductible	\$500	50% after Deductible	20% after Deductible
Minor Diagnostic (lab and x-ray)³	\$50	\$125	No Charge after Deductible	\$50	\$20	\$0
Emergency Room	\$600 after Deductible	No Charge after Deductible	No Charge after Deductible	\$1,200	\$600 after Deductible	\$350 after Deductible
Rx Deductible						
Single / Family	\$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	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Tier 2 Drugs	\$15	\$15	No Charge after Deductible	\$5	\$5	\$5
Tier 3 Drugs	\$40	\$40	No Charge after Deductible	\$25	\$25	\$25
Tier 4 Drugs	\$55 after Deductible	No Charge after Deductible	No Charge after Deductible	\$100 after Deductible	\$100 after Deductible	25% after Deductible
Tier 5 Drugs	\$70 after Deductible	No Charge after Deductible	No Charge after Deductible	50% after Deductible	50% after Deductible	50% after Deductible
Tier 6 Drugs	50% after Deductible	No Charge after Deductible	No Charge after Deductible	50% after Deductible	50% after Deductible	50% after Deductible

1 When two or more are enrolled, no single person in a family will pay more than the single deductible or single out of pocket maximum.

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

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

V = Value Network

M = Med Network



Cost-Sharing Reduction (CSR) Plans | 2025 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 ▶	Silver Copay Plan	73% CSR	87% CSR	94% CSR	Silver 6500	73% CSR	87% CSR	94% CSR
Deductible (Single / Family)	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$6,500 / \$13,000	\$4,750 / \$9,500	\$600 / \$1,200	\$0 / \$0
Maximum Out-of-Pocket (Single / Family)	\$9,200 / \$18,400	\$7,200 / \$14,400	\$3,000 / \$6,000	\$2,000 / \$4,000	\$8,000 / \$16,000	\$7,200 / \$14,400	\$3,000 / \$6,000	\$1,400 / \$2,800
Virtual Visits	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PCP / Behavioral Health Office Visits	\$25	\$20	\$5	\$0	\$20	\$10	\$5	\$0
SCP Office Visits	\$50	\$50	\$25	\$10	\$40	\$30	\$20	\$15
Urgent Care	\$50	\$50	\$20	\$10	\$35	\$25	\$15	\$10
Inpatient Hospitalization (Facility)	\$2,000 per Day (4)	\$2,000 per Day (4)	\$700 per Day (4)	\$400 per Day (4)	50% after Deductible	40% after Deductible	30% after Deductible	20%
Outpatient Hospital Services (Facility)	\$500	\$400	\$200	\$100	50% after Deductible	40% after Deductible	30% after Deductible	20%
Minor Diagnostic (lab and x-ray)	\$50	\$50	\$10	\$0	\$20	\$15	\$0	\$0
Emergency Room	\$1,200	\$1,200	\$400	\$150	\$600 after Deductible	\$600 after Deductible	\$350 after Deductible	\$100
Rx Deductible	\$1,000 / \$3,000	\$750 / \$2,250	\$400 / \$1,200	\$0	Medical and Rx Combined	Medical and Rx Combined	Medical and Rx Combined	Medical and Rx Combined
Tier 1	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Tier 2	\$5	\$5	\$5	\$0	\$5	\$5	\$5	\$0
Tier 3	\$25	\$25	\$15	\$10	\$25	\$25	\$25	\$15
Tier 4	\$100 after Deductible	\$100 after Deductible	\$50 after Deductible	\$20	\$100 after Deductible	\$100 after Deductible	\$50 after Deductible	\$20
Tier 5	50% after Deductible	25% after Deductible	15% after Deductible	5%	50% after Deductible	50% after Deductible	25% after Deductible	15%
Tier 6	50% after Deductible	50% after Deductible	40% after Deductible	30%	50% after Deductible	50% after Deductible	40% after Deductible	30%

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.

