## Ready to shop?

Contact your agent, call **844-442-6294**.





	HSA-Qualified <sup>1</sup>		Traditional							Copay Plan	
			No-Deductible Office Visits								
Plan Name	Bronze 8300	Silver 5500	Bronze 9200	Silver 6000	Silver 3500	Gold 2000	Gold 1500	Gold 500	Platinum 500	Silver Copay	Gold Copay
Participating Networks	Value/Med	Value/Med	Value/Med	Value/Med	Value/Med	Value/Med	Value/Med	Value/Med	Value/Med	Value/Med	Value/Med
Deductible											
Single/Family	\$8,300/\$16,600	\$5,500/\$11,000	\$9,200/\$18,400	\$6,000/\$12,000	\$3,500/\$7,000	\$2,000/\$4,000	\$1,500/\$3,500	\$500/\$1,500	\$500/\$1,500	\$0	\$0
Out-of-Pocket Max			'			•				'	
Single/Family	\$8,300/\$16,600	\$5,500/\$11,000	\$9,200/\$18,400	\$8,900/\$17,800	\$8,700/\$17,400	\$7,500/\$15,000	\$7,750/\$15,500	\$7,900/\$15,800	\$4,000/\$8,000	\$9,200/\$18,400	\$7,350/\$14,70
Primary Care Provider (PCP)/ Behavioral Health Office Visits	100% covered after deductible	100% covered after deductible	\$45	\$35	\$25	\$15	\$20	\$25	\$15	\$25	\$20
Secondary Care Provider (SCP) Office Visits	100% covered after deductible	100% covered after deductible	\$95	\$60	\$50	\$40	\$40	\$50	\$30	\$50	\$40
Urgent Care Services	100% covered after deductible	100% covered after deductible	\$75	\$60	\$45	\$35	\$35	\$45	\$25	\$45	\$35
/irtual Visits	100% covered after deductible	100% covered after deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventative Care and mmunizations	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
npatient Hospital Services	100% covered after deductible	100% covered after deductible	100% covered after deductible	30% after deductible	40% after deductible	20% after deductible	20% after deductible	30% after deductible	10% after deductible	\$2,000 per day (3)	\$1,000 per day
Outpatient Services	100% covered after deductible	100% covered after deductible	100% covered after deductible	30% after deductible	40% after deductible	20% after deductible	20% after deductible	30% after deductible	10% after deductible	\$1,000	\$750
Home Health Care	100% covered after deductible	100% covered after deductible	\$95	\$60	\$50	\$40	\$40	\$50	\$30	\$50	\$40
Minor Diagnostic (lab and x-ray)	100% covered after deductible	100% covered after deductible	\$65	\$35	\$35	\$0	\$0	\$0	\$0	\$30	\$0
Emergency Room	100% covered after deductible	100% covered after deductible	100% covered after deductible	\$350 after deductible	\$350 after deductible	\$350 after deductible	\$350 after deductible	\$350 after deductible	\$350 after deductible	\$750	\$750
Rx Deductible											
Single/Family	Combined with Medical	Combined with Medical	Combined with Medical	\$50/\$150	\$750/\$2,250	\$0	\$0	\$0	\$0	\$800/\$2,400	\$0
Fier 1 Drugs	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Fier 2 Drugs	100% covered after deductible	100% covered after deductible	\$15	\$5	\$5	\$5	\$5	\$5	\$0	\$5	\$5
ier 3 Drugs	100% covered after deductible	100% covered after deductible	\$40	\$30	\$30	\$30	\$30	\$30	\$10	\$30	\$30
Fier 4 Drugs	100% covered after deductible	100% covered after deductible	100% covered after deducible	25% after deductible	25% after deductible	25%	25%	30%	25%	\$100 after deductible	\$40
Tier 5 Drugs	100% covered after deductible	100% covered after deductible	100% covered after deductible	50% after deductible	50% after deductible	50%	50%	50%	50%	50% after deductible	\$80
Fier 6 Drugs	100% covered after deductible	100% covered after deductible	100% covered after deductible	40% after deductible	50% after deductible	30%	30%	40%	20%	50% after deductible	30%

Preauthorization is required for certain services. Visit limits apply to certain services at 800-538-5038.

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



# 2025 Nevada medical plans requirements and exclusions.

#### **Employer monthly contribution**

Small employers must contribute an amount equivalent to at least 50% of the lowest-cost plan offered by the employer. This contribution must be consistent for all employees in a given class.

#### Required minimum employee enrollment

Employees waiving coverage will not be counted toward participation if they have other comprehensive medical coverage. For employers with up to four eligible employees after valid waivers, 100% must participate. For employers with five or more eligible employees after valid waivers, 75% must participate. Valid waivers include having coverage through another carrier, valid individual medical coverage, coverage through Medicare or another government program, or coverage through a spouse or parent.

New groups enrolling for a January 1 effective date that submit their enrollment no later than December 15 are not subject to participation or contribution requirements.

Select Health does not allow another health plan offered alongside a Small Employer plan. If a group is insured under the Small Employer line of business with Select Health, they are only allowed to offer our insurance and no other carrier, this includes participating in Healthcare Sharing Ministries (HCSM), a self or level funded plan, etc. Even if the other carrier allows this Select Heath does not.

#### **Excluded services**

All plans are subject to exclusions and limitations. A complete list of exclusions will be included in your employees' member materials. A list of common exclusions can be found at **SelectHealth.org/resources/ member-support**.

#### What is a Small Group?

To be considered full-time eligible, the employee must work at least 30 or more hours per week. Husband and wife only groups are not eligible. The group must have at least one non-spouse full-time employee.

### Network options.

A network is a combination of contracted doctors and facilities from which you can receive care. In order to save money and keep cost-of-care low, it is important that you seek care from in-network providers and facilities.

#### Select Health Value® (HMO) network

The Select Health Value network is highly integrated with Intermountain Health and provides access to providers and facilities throughout Clark and Nye counties in Nevada. Primary Care Provider selection is required on this network and referrals are required for Specialty Care\*.

\*Certain exceptions apply

#### Select Health Med® (POS) network

The Select Health Med® network provides access to providers and facilities throughout Clark and Nye counties in Nevada and all of Utah and Idaho. With Select Health, you can count on comprehensive coverage with a large network of providers and facilities including our integration with Intermountain Health. A swing-out option provides benefits at out-of-network hospitals and providers for most services. Additionally, this plan option includes national access. Select Health does not require referrals on this plan.

#### **UnitedHealthcare® options PPO network**

To ensure you and your remote-work employees have access to the same great customer service and benefits, we provide in-network access across the United States for those on the Select Health Med plans with out-of-network benefits.

Select Health utilizes the UnitedHealthcare Options PPO network for those accessing care outside of Utah, Idaho, and Nevada. This network includes access to 83% of all hospitals and two out of every three healthcare professionals in the U.S.

To find a UnitedHealthcare Options PPO network provider or facility, your employees can call Member Services at **800-538-5038** or visit **SelectHealth.org/find-care**. From here, scroll to Other States and click Search our National Directories, and then click the Search Options PPO Providers link.

STATE	NETWORK			
Nevada	Select Health Med®, Beech Street Network (outside Clark and Nye Counties)			
Idaho	Southwest Idaho Select Health Network, Eastern Select Health Network and Med, Northern Select Health Network			
Utah	Select Health Med			
All Other States	UnitedHealthcare Options PPO Network			

