



Joe Lombardo
Governor

NEVADA HEALTH AUTHORITY DIVISION OF CONSUMER HEALTH SERVICES

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11.6.25 Workshop Q&A Follow-up

Eligibility & General Plan Information

Q: What are the eligibility criteria for the Battle Born State Plan (BBSP)?

A: BBSPs have the same eligibility criteria as all Qualified Health Plans on the Marketplace.

Q: Besides premium differences, are there any fundamental distinctions between BBSPs and other plans offered by the same carrier?

A: There are no legally mandated differences other than premium. Carriers may choose to differentiate benefit design, cost-sharing, networks, etc., just as they do with any product.

Q: Are there any coverage exclusions or limitations specific to BBSPs?

A: No. All BBSP products are fully regulated commercial insurance products and must offer ALL coverage under state and federal law, just like all other plans in Nevada.

Q: What is the advantage of BBSPs over the regular plans offered through the Exchange?

A: BBSPs are designed under NRS 695K to gradually reduce premiums over time, 15% total reduction on silver plans by 2030, while maintaining consumer protections and benefit standards.

Q: Are the new green card holders still eligible for APTC?

A: If an individual has a valid, non-expired green card, the individual will be evaluated for APTC eligibility after the financial Marketplace application is completed.

Eligibility is dependent on several key factors including FPL % and Medicaid ineligibility due to immigration status. Individuals with green cards issued less than 5 years prior to the financial application MUST have projected annual earnings over 100% FPL to be evaluated for APTC eligibility.

Q: Are BBSPs statewide?

A: Yes. BBSPs are available statewide in Nevada, in all service area networks.

Premiums, Tax Credits, and Cost

Q: Why are BBSP premiums different? How do I explain this to clients?

A: BBSPs are required by state law (NRS 695K) to reach a 15% Silver-level premium reduction by 2030. BBSPs must meet at least 3% reduction in the first year with cumulative reductions each year until 2030.

Key reminders:



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- Fully insured qualified health plans (QHP)
- Cover the same Essential Health Benefits as all QHPs
- Must meet strict network & consumer-protection rules

Q: How will premiums change in January?

A: Starting in 2021, the American Rescue Plan Act (ARPA), followed by the Inflation Reduction Act in 2022, Congress temporarily expanded and enhanced Advanced Premium Tax Credits (APTCs) to increase the affordability of health insurance on the Marketplace. These temporary subsidy expansions increased the number of households that are eligible households under the APTC as well as the available credit amount per eligible household.

These Enhanced Premium Tax Credits (EPTC) are set to expire at the end of 2025, meaning health insurance rates on the Marketplace are set to return to pre-pandemic levels and contribution thresholds. With the expiration of these enhanced tax credits, some Nevadans may see changes in their monthly premiums beginning in Plan Year 2026.

Q: Tax credits?

A: Subsidies will continue to be available for eligible Nevadans in 2026. However, the enhanced levels provided during the pandemic will end, and tax credit amounts will return to pre-pandemic thresholds.

Q: Does Nevada help subsidize plans?

A: Nevada does not offer a state subsidy.

Commissions & Broker Participation

Q: Are BBSP commissionable?

A: Two carriers have elected to file BBSP products without commissions. One carrier is offering BBSP products with commissions. And the NV Health Authority is working on an incentive program for the broker community in order to provide commissions for the sale of BBSPs.

Q: Could this create conflicts of interest?

A: Brokers may view non-commissionable plans as a conflict. However, Nevada Health Link requires brokers to act in the consumer's best interest under the Broker agreement and the Broker Code of Conduct.

Q: Do we need extra carrier contracting to receive commission?

A: No. It is the responsibility of the broker to reach out to the carriers in order to request appointments regarding commissions.



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Q: What service is required of brokers for BBSPs and how will brokers be paid?

A: Please refer to the [Broker Code of Conduct](#) and the Broker Agreement that is signed as a certified broker on Nevada Health Link.

Note: Several E&O-related concerns were raised; further guidance requested.

Q: Can brokers refer consumers to navigators to assist with BBSPs?

A: Yes. Brokers may refer consumers to certified Navigators for assistance with BBSP enrollment. Nevada Health Link does encourage brokers to assist consumers with BBSP related questions and information where possible, as there are a limited number of certified Navigators and our goal is to ensure consumers have access to assistance. If you need support materials, we can provide resource guides, or you may direct consumers to: <https://nevadahealthlink.com/find-assistance/>

Networks & Providers

Q: Will BBSPs have narrow networks?

A: Networks must meet state + federal network adequacy standards.

Networks should be at least as comprehensive as the Medicaid managed care networks operated by BBSP carriers.

Q: Are BBSP networks limited vs. regular carrier networks?

A: Carriers may use networks specific to BBSP products, provided they meet adequacy requirements.

Q: Are providers readily available?

A: Yes, networks must meet state/federal requirements.

Q: How can brokers search for BBSP network providers?

A: Provider search tools are available via each carrier; networks also displayed within plan shopping tools.

Benefit Design & Coverage Questions

Q: Do BBSPs cover the same benefits as other plans?

A: Yes. They must:

- Cover all 10 Essential Health Benefits
- Follow federal deductible/Out of Pocket max rules
- Have no annual/lifetime limits
- Remain APTC-eligible



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Q: Where can we get formulary restrictions?

A: Formularies provided via the “Drug List” button under plan details in benefit resources.

Q: Any EPO BBSP plans?

A: Based on Window Shopping there are no EPO BBSP plans.

Q: HSA plan process?

A: You may view all HSA eligible plans by using the HSA Qualified filter when shopping for plans on enroll.nevadahealthlink.com. Learn more: <https://help.nevadahealthlink.com/hc/en-us/articles/360028558632-Health-Savings-Account-HSA>

Carriers

Q: Differences between Community Care Health Plan of Nevada and HPN?

A: Community Care Health Plan is a subsidiary of Anthem/Elevance. Health Plan of Nevada (HPN) is a subsidiary of UnitedHealth.

Q: What happened to Aetna clients mapped to Anthem BBSP plans?

A: Aetna consumers were cross walked into a plan that was most comparable to what they had with Aetna. We encourage all consumers and brokers to shop their plans during OE to make sure the consumer has the right plan option for them.

Q: Will broker of record remain if existing client selects a BBSP on their own?

A: Yes, the existing designated agent of record/broker will remain on the client’s account if a BBSP is selected by the consumer.

Enrollment, Accounts & Platform

Q: Are agents still able to create member accounts?

A: Yes, but a different email address must be provided.

Q: How do members make changes to current plans/layoffs?

A: The consumer or broker may update the application through the consumers dashboard on NevadaHealthLink.com.

Q: Is there a way to run a downloadable plan details page for the whole book of business?

A: No, there is no option to download individual plan details for your whole book of business. You may view specific plan details under my enrollments through the consumer’s dashboard.



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Q: Why does 2026 income default to \$0?

A: Income on autorenewals do not default to 0\$. Nevada Health Link can research an application if you have a specific example. Please reach out to brokersupport@exchange.nv.gov or call 800-547-8156.

Q: How do we access Marketplace plans via broker portal?

A: You may view specific plans available after submitting an application for your client. Anonymous window shopping is available to view all plans and options for PY2026 by visiting <https://enroll.nevadahealthlink.com/hix/>.

Leads & Broker Connect

Q: How will I receive leads? How many can I expect?

A: Leads are generated through Broker Connect based on consumer activity within your ZIP code. Lead volume varies depending on consumer demand and location, so we are unable to estimate how many leads you may receive.

Q: Lead calls to broker phone?

A: Yes. All consumer inquiries generated through Broker Connect are routed directly to the contact information you have listed in your broker profile.

Q: Best way to train team/set up systems for leads?

A: Nevada Health Link does not provide a lead-generation system. However, your team can participate in our Broker Connect tool, which allows consumers to be matched directly with licensed brokers in their area. This is the best way to increase visibility and connect with potential clients through our platform.

If you have questions or would like assistance getting set up with Broker Connect, please email BrokerSupport@exchange.nv.gov.

Other Feedback & Comments

Q: The Consolidated Appropriations Act requires insurers to disclose broker compensation during the enrollment and at renewal. Where in the platform is the compensation disclosed?

A: Nevada Health Link does not set compensation levels or pay commissions to agents or brokers. Agents and brokers who participate in the Marketplace receive compensation directly from affiliated qualified health plan (QHP) issuers in accordance with their agreements with those issuers and any applicable state requirements.

The Marketplace is not a party to the contract between the QHP issuer and the agent or broker. The Marketplace does not play a role in arranging appointments, setting compensation levels for specific agents or brokers, or ensuring that compensation is paid to agents and brokers.