

KSOSN Insurance List – 2026



Your benefit coverage for care provided by KSOSN is determined solely by your insurance company.

Please contact the customer service department on the back of your insurance card to confirm that you have in-network access to KSOSN. Out-of-network plans may not be accepted.

*** This information is updated periodically and is subject to change. Please check with your health plan to verify coverage. This is a TOOL and may not be representative of all plans in the market. ***

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INSURANCE NETWORK	IN-NETWORK PLANS	OUT-OF-NETWORK PLANS	REFERRAL INFORMATION
ACCESS TO HEALTH CARE		NONE	NONE REQUIRED
AHCCCS (Arizona Medicaid)	Arizona Complete Health Banner University Family Care Care1st Health Plan Arizona Health Choice Arizona Magellan Complete Care Mercy Care United Healthcare Community Plan	NONE	NONE REQUIRED
Aetna Commercial	EPO HMO Managed Choice Open Access Open Access HMO Open Access Managed Choice POS (Point of Service) PPO Premier Care (APCN) Select Signature PPO Plan	Aetna Medicaid Aetna Aexcel	**PCP referral required for HMO & EPO plans**
Aetna Medicare	Medicare PPO Medicare HMO Medicare Advantage Whole Health	NONE	NONE REQUIRED
Alignment Health Plan Medicare Advantage	Alignment Health Heart and Diabetes (HMO SNP) Alignment Health Platinum + Instacart (HMO) Alignment Health Smart HMO (HMO) Alignment Health the One (HMO D-SNP) Alignment Health + Intermountain Health H9686-009 HMO Alignment Health Heart + Diabetes NVPlus H9686-006 HMO	NONE	NONE REQUIRED
Allwell/WellCare- HMO		NONE	**PCP referral required**
Ambetter Exchange through Silver Summit		NONE	**Referral required for certain plans; please check your member ID card**

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Anthem Blue Cross and Blue Shield Healthcare Solutions Medicaid (formerly Amerigroup)			NONE REQUIRED
Astrana Health (formerly Apollo Care Medicare Advantage HMO)	HMO Scan Healthcare	NONE	NONE REQUIRED
Anthem BCBS NV	Anthem Medicare Advantage Diabetes Care (HMO C-SNP) Anthem Full Dual Advantage 2 (HMO- D-SNP) Anthem Medicare Advantage HMO Blue Cross Blue Shield Empire Plan (New York) Caremore Boyd Gaming Blue Card Blue High-Performance Network- Pathway HMO Blue Priority PPO (formerly BCBS Pathway PPO) Bricklayer and Allied Craftsman Local 13 CDHP (Consumer-Driven Health Plan) EPO Federal PPO HMO Intermountain UFCW Out of State PPO/HMO Pathway & Pathway X HMO POS PPO Prudent Buyer Network PPO Smart Saver Nevada PPO Smart Sense PPO Teamsters Hotel and Casino Workers (Local 986) Teamsters Local 14 Teamsters Local 631 United Brotherhood of Carpenters	Anthem BCBS Medicare Advantage Plans Anthem MediBlue Coordination Plus HMO Anthem MediBlue Plus HMO Blue Cross Blue Shield Exchange HMO	**PCP referral required for HMO, EPO, Pathway X HMO, and Pathway plans**

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INSURANCE NETWORK	IN-NETWORK PLANS	OUT-OF-NETWORK PLANS	REFERRAL INFORMATION
Beechstreet/Multiplan/PHCS	ArchCare Advantage (Multiplan Medicare Advantage Plan) Care “N Care Insurance Company (Multiplan Medicare Advantage Plan) EPO HMO Imperial Health (Multiplan Medicare Advantage Plan) National Guardian Life Insurance POS PPO Presbyterian Health Plan (Multiplan Medicare Advantage Plan) Priority Health (Multiplan Medicare Advantage Plan) Zing Health (Multiplan Medicare Advantage Plan)	NONE	**PCP referral required for HMO plans**
Caremore/Carelon	Anthem Caremore Kidney Care (CSNP) Anthem Full Dual Advantage 2 (DSNP) Medicare Advantage	NONE	**PCP referral required**
CareSource	Medicaid	NONE	Not required
CHAMP VA		NONE	**Referral required for certain plans; please check your member ID card**
Cigna	EPO HMO Leased Network Local Plus Open Access Plan POS PPO Self-Funded	Indemnity	**PCP referral required for HMO & EPO plans**
Cigna Medicare Advantage/HealthSpring Medicare Advantage	HealthSpring True Choice Core (PPO) HealthSpring True Choice (PPO) HealthSpring True Choice (PPO) w/ Broad Pharmacy Network HealthSpring True Choice (PPO) with Performance Pharmacy Network	NONE	**PCP referral required for HMO plans**
Culinary	PPO	NONE	
First Health	EPO POS PPO	Indemnity	**PCP referral required for EPO**

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INSURANCE NETWORK	IN-NETWORK PLANS	OUT-OF-NETWORK PLANS	REFERRAL INFORMATION
Health Plan of Nevada	Health Plan of Nevada Smart Choice Nevada Check-up POS (Tier II)	HMO	**PCP referral required**
Hometown Health	EPO HMO PPO Senior Care Plus (Medicare Advantage plan)	NONE	**PCP referral required for HMO & EPO plans**
Humana Commercial	EPO HMO PPO POS	NONE	**PCP referral required for HMO & EPO plans**
Humana Medicare Advantage	Choice PPO Gold Plus-Diabetes and Heart HMO C-SNP Gold Plus HMO Gold Plus D-SNP Honor PPO Humana Group Medicare Plan- Chicago Teachers Pension Fund Kidney Care HMP Value Plus HMO	Humana Choice PPO w/ Optumcare logo Humana Honor PPO w/Optumcare logo Humana Gold Plus HMO w/Optumcare logo Humana Gold Plus-Diabetes and Heart HMO -SNP Huana Choice SNP-DE PPO D-SNP	**PCP referral required for HMO plans**
Intermountain Health Plan	AARP Medicare Advantage from UHC H0609-028 HMO AARP Medicare Advantage from UHC H0609-031 HMO AARP Medicare Advantage Essentials ValueRX H0609-038 AARP Medicare Advantage Extras ValueRX H0609-075 Alignment Health Plan of Nevada Medicare Advantage HMO Anthem Medicare Advantage HMO H4346-017 Anthem Full Dual Advantage HMO H4346-025 Anthem Full Dual Advantage 2 HMO H4346-031 Humana Gold Plus H6622-101 HMO D-SNP SCAN Health Plan of Nevada Select Health HMO Select Health Commercial POS Select Health Commercial PPO Select Health Commercial EPO Select Health Medicare Advantage HMO UHC Dual Complete	NONE	**PCP referral required for HMO plans**

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INSURANCE NETWORK	IN-NETWORK PLANS	OUT-OF-NETWORK PLANS	REFERRAL INFORMATION
Medicare	Medicare Railroad Medicare	NONE	NONE REQUIRED
Medicaid	Nevada Medicaid	Out of State (other than Arizona)	NONE REQUIRED
Molina	Molina Medicaid/CHIP Molina Medicare Choice Care (HMO) Molina Medicare Complete Care (HMO D-SNP)	NONE	**PCP referral required for HMO plans**
Optumcare - Hospital inpatient only		Out of network for all office visits, Senior Dimensions	
P3	Aetna Alignment Anthem Senior Care Plus (Hometown Health) United WellCare	NONE	**PCP Referral Required**
Prominence Health Plan	HMO PPO	NONE	NONE REQUIRED
SCAN Health Plan (Intermountain Health Care)	SCAN Balance HMO-SNP SCAN Classic HMO SCAN MyChoice HMO	NONE	**PCP referral required**
Select Health (Intermountain Health Care)	Select Health Medicare + Kroger HMO Select Health Medicare Dual HMO-D-SNP Select Health Medicare Essentials HMO Select Health Medicare Wellness H199-044	NONE	**PCP referral required for HMO plans**
Sierra Health and Life	PPO Teachers Health Trust	NONE	NONE REQUIRED
Silver Summit Health Plan	Medicaid Ambetter Battle Born Plan Wellcare	NONE	NONE REQUIRED
Tricare West Region	Tricare for Life Tricare Prime Tricare Reserve Tricare Retired Tricare Select	NONE	**PCP referral needed for Tricare Prime members**

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TriWest Healthcare Alliance	VA Community Care Network (CCN)	NONE	NONE REQUIRED
INSURANCE NETWORK	IN-NETWORK PLANS	OUT-OF-NETWORK PLANS	REFERRAL INFORMATION
<p style="text-align: center;">UnitedHealthcare</p>	Charter EPO/HMO Plus/PPO Plus/POS Choice Plus HMO/EPO/POS Commercial HMO Commercial HMO Dual Compass EPO Compass HMO/HMO Plus/POS Complete/Dual SNP PPO Core EPO/HMO ER Wrap Golden Rule Heritage EPO/HMO/POS/Plus POS Heritage Primary Advantage HMO/POS HMO Heritage Select Advantage Heritage Select HMO/POS HMO Indemnity Mid-Atlantic Gated HMO Navigate EPO/HMO/HMO Plus/POS Nexus ASC NR EPO/HMO/POS NHP Direct Access NHP Gated UHC Complete Care H0609-076 HMO C-SNP UHC Complete Care Support H0609-076 HMO C-SNP UHC Dual Complete H1360-001 HMO D-SNP	<p style="text-align: center;">**Out of network benefits accepted for certain plans**</p> United Healthcare Medicare Advantage Plans UnitedHealthcare AARP Medicare Advantage Choice PPO (Optumcare) UnitedHealthcare AARP Medicare Advantage HMO (Optumcare) UnitedHealthcare AARP Medicare Advantage Patriot PPO (Optumcare) UnitedHealthcare AARP Medicare Advantage Premier HMO (Optumcare) UnitedHealthcare AARP Medicare Advantage Walgreens PPO (Optumcare) UnitedHealthcare Medicare Advantage Assist HMO-CSNP (Optumcare) UnitedHealthcare Medicare Advantage Focus HMO (Optumcare) UnitedHealthcare Medicare Advantage Walgreens Plan 1 HMO (Optumcare) UnitedHealthCare Medicare Advantage LPPO	<p style="text-align: center;">**PCP referral required for HMO plans**</p>