

Bright HealthCare™ Small Group Plans

Bright HealthCare Tiered Plans

Plan Name	INN Deductible (Ind/Fam)	OON Deductible (Ind/Fam)	INN Coinsurance* T1/T2	OON Coinsurance*	INN Out-of-Pocket Max (Ind/Fam)	OON Out-of-Pocket Max (Ind/Fam)	PCP T1/T2	Spec T1/T2	Telemedicine PCP T1/T2	Telemedicine Spec T1/T2	Urgent Care	ER	OP Surgery T1/T2	IP Surgery T1/T2	Labs T1/T2	X-Ray T1/T2	MRI/CT/PET T1/T2	Pharmacy \$0 ACA/Pref Generic	Pharmacy Pref Brand/Non-Pref Generic	Pharmacy Non-Pref Brand/Generic	Pharmacy Specialty/\$0 Generic	Pharmacy Medical Services
Platinum 15 Tiered Copay	0%	\$5,000/\$10,000	0%	50%	\$5,000/\$10,000	\$12,500/\$25,000	\$15/\$45	\$25/\$75	\$0	\$10	\$50	\$150	\$625/\$1,250	\$625/\$1,250	\$10/\$30	\$25/\$75	\$250/\$500	\$0/\$5	\$25	\$50	\$150/\$0	\$50
Gold Tiered 20 Copay	0%	\$5,000/\$10,000	0%	50%	\$7,500/\$15,000	\$18,750/\$37,500	\$20/\$60	\$40/\$125	\$0	\$15	\$75	\$300	\$500/\$1,500	\$1,500/\$2,500	\$15/\$45	\$25/\$75	\$250/\$375	\$0/\$15	\$35	\$75	\$300/\$0	\$75
Gold Tiered 25 Copay	0%	\$5,000/\$10,000	0%	50%	\$7,500/\$15,000	\$18,750/\$37,500	\$25/\$75	\$50/\$150	\$0	\$15	\$75	\$500	\$750/\$2,500	\$2,000/\$3,500	\$20/\$60	\$30/\$90	\$300/\$600	\$0/\$15	\$35	\$75	\$300/\$0	\$75
Gold Tiered 30 Copay	0%	\$5,000/\$10,000	0%	50%	\$7,500/\$15,000	\$18,750/\$37,500	\$30/\$90	\$60/\$175	\$0	\$15	\$75	\$500	\$1,000/\$3,000	\$2,250/\$4,000	\$25/\$75	\$35/\$105	\$350/\$700	\$0/\$15	\$35	\$75	\$300/\$0	\$75
Gold Tiered 1500 Deductible	\$1,500/\$3,000	\$5,000/\$10,000	20%/50%	50%	\$8,150/\$16,300	\$20,375/\$40,750	\$25/\$75	\$50/\$150	\$0	\$15	\$75	20%	20%/50%	20%/50%	\$20/\$60	\$30/\$90	20%/50%	\$0/\$15	\$35	\$75	\$300/\$0	\$75
Gold Tiered 2000 Deductible	\$2,000/\$4,000	\$5,000/\$10,000	20%/50%	50%	\$8,150/\$16,300	\$20,375/\$40,750	\$30/\$90	\$60/\$175	\$0	\$15	\$75	20%	20%/50%	20%/50%	\$25/\$75	\$35/\$105	20%/50%	\$0/\$15	\$35	\$75	\$300/\$0	\$75
Gold Tiered 2500 Deductible	\$2,500/\$5,000	\$6,250/\$12,500	20%/50%	50%	\$8,150/\$16,300	\$20,375/\$40,750	\$30/\$90	\$60/\$175	\$0	\$15	\$75	20%	20%/50%	20%/50%	\$25/\$75	\$35/\$105	20%/50%	\$0/\$15	\$35	\$75	\$300/\$0	\$75
Gold Tiered 3500 HSA	\$3,500/\$7,000	\$8,750/\$17,500	0%/30%	50%	\$5,000/\$10,000	\$17,500/\$35,000	0%/30%	0%/30%	0%/30%	0%/30%	0%	0%	0%/30%	0%/30%	0%/30%	0%/30%	0%/30%	\$0/0%	0%	0%	0%/\$0	0%
Silver Tiered 5000 HSA	\$5,000/\$10,000	\$12,500/\$25,000	0%/30%	50%	\$6,900/\$13,800	\$25,000/\$50,000	0%/30%	0%/30%	0%/30%	0%/30%	0%	0%	0%/30%	0%/30%	0%/30%	0%/30%	0%/30%	\$0/0%	0%	0%	0%/\$0	0%
Silver Tiered 4500 Deductible	\$4,500/\$9,000	\$11,250/\$22,500	25%/50%	50%	\$8,500/\$17,000	\$22,500/\$45,000	\$35/\$105	\$70/\$175	25%/50%	25%/50%	\$100	25%	25%/50%	25%/50%	\$30/\$90	\$40/\$120	25%/50%	\$0/\$15	\$50	\$100	\$350/\$0	\$100
Silver Tiered 5000 Deductible	\$5,000/\$10,000	\$12,500/\$25,000	25%/50%	50%	\$8,500/\$17,000	\$25,000/\$50,000	\$40/\$105	\$80/\$175	25%/50%	25%/50%	\$100	25%	25%/50%	25%/50%	\$30/\$90	\$40/\$120	25%/50%	\$0/\$15	\$50	\$100	\$350/\$0	\$100

T1 is Bright HealthCare and T2 is First Health.
 Plans are available with the Peak Health Alliance and the Southwest Health Alliance.
 The plans listed above are only available in Bright HealthCare Employer Solutions service areas.
 *Coinsurance amount applies after member has met the annual deductible.



Bright HealthCare™ Small Group Plans

Bright HealthCare Deductible Plans

Plan Name	INN Deductible (Ind/Fam)	OON Deductible (Ind/Fam)	INN Coinsurance*	OON Coinsurance*	INN Out-of-Pocket Max (Ind/Fam)	OON Out-of-Pocket Max (Ind/Fam)	PCP	Spec	Telemedicine PCP	Telemedicine Spec	Urgent Care	ER	OP Surgery	IP Surgery	Labs	X-Ray	MRI/CT/PET	Pharmacy \$0 ACA/Pref Generic	Pharmacy Pref Brand/Non-Pref Generic	Pharmacy Non-Pref Brand/Generic	Pharmacy Specialty/\$0 Generic	Pharmacy Medical Services
Platinum 500 Deductible	\$500/\$1,000	\$5,000/\$10,000	20%	50%	\$1,500/\$3,000	\$10,000/\$20,000	\$15	\$30	\$0	\$10	\$50	20%	20%	20%	20%	20%	20%	\$0/\$5	\$25	\$50	\$125/\$0	\$50
Platinum 1500 Deductible	\$1,500/\$3,000	\$5,000/\$10,000	0%	50%	\$3,000/\$6,000	\$10,000/\$25,000	\$15	\$30	\$0	\$10	\$50	\$150	0%	0%	0%	0%	0%	\$0/\$5	\$25	\$50	\$150/\$0	\$50
Platinum 1500 EPO Deductible	\$1,500/\$3,000	N/A	0%	N/A	\$3,000/\$6,000	N/A	\$15	\$30	\$0	\$10	\$50	\$150	0%	0%	0%	0%	0%	\$0/\$5	\$25	\$50	\$150/\$0	\$50
Gold 0 Deductible	0%	\$5,000/\$10,000	50%	50%	\$6,500/\$13,000	\$16,250/\$32,500	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	\$0/50%	50%	50%	50%/\$0	50%
Gold 1000 Deductible	\$1,000/\$2,000	\$5,000/\$10,000	30%	50%	\$8,150/\$16,300	\$20,375/\$40,750	\$20	\$40	\$0	\$15	\$75	30%	30%	30%	\$15	\$25	30%	\$0/\$15	\$35	\$75	\$300/\$0	\$75
Gold 1250 Deductible	\$1,250/\$2,500	\$5,000/\$10,000	30%	50%	\$8,150/\$16,300	\$20,375/\$40,750	\$20	\$40	\$0	\$15	\$75	30%	30%	30%	\$15	\$25	30%	\$0/\$15	\$35	\$75	\$300/\$0	\$75
Gold 1500 Deductible	\$1,500/\$3,000	\$5,000/\$10,000	30%	50%	\$8,150/\$16,300	\$20,375/\$40,750	\$25	\$50	\$0	\$15	\$75	30%	30%	30%	\$20	\$30	30%	\$0/\$15	\$35	\$75	\$300/\$0	\$75
Gold 1750 Deductible	\$1,750/\$3,500	\$5,000/\$10,000	30%	50%	\$8,150/\$16,300	\$20,375/\$40,750	\$25	\$50	\$0	\$15	\$75	30%	30%	30%	\$20	\$30	30%	\$0/\$15	\$35	\$75	\$300/\$0	\$75
Gold 2000 Deductible	\$2,000/\$4,000	\$5,000/\$10,000	30%	50%	\$8,150/\$16,300	\$20,375/\$40,750	\$30	\$60	\$0	\$15	\$75	30%	30%	30%	\$25	\$35	30%	\$0/\$15	\$35	\$75	\$300/\$0	\$75
Gold 2500 Deductible	\$2,500/\$5,000	\$6,250/\$12,500	20%	50%	\$5,000/\$10,000	\$12,500/\$25,000	\$25	\$75	\$0	\$15	\$75	20%	20%	20%	20%	20%	20%	\$0/\$15	\$35	\$75	\$300/\$0	\$75
Gold 2500 EPO Deductible	\$2,500/\$5,000	N/A	20%	N/A	\$5,000/\$10,000	N/A	\$25	\$75	\$0	\$15	\$75	20%	20%	20%	20%	20%	20%	\$0/\$15	\$35	\$75	\$300/\$0	\$75
Gold 3000 Deductible	\$3,000/\$6,000	\$7,500/\$15,000	0%	50%	\$6,000/\$12,000	\$15,000/\$30,000	\$25	\$75	\$0	\$15	\$75	0%	0%	0%	0%	0%	0%	\$0/\$15	\$35	\$75	\$300/\$0	\$75
Gold 3000 / 80 Deductible	\$3,000/\$6,000	\$7,500/\$15,000	20%	50%	\$6,000/\$12,000	\$15,000/\$30,000	\$25	\$75	\$0	\$15	\$75	20%	20%	20%	20%	20%	20%	\$0/\$15	\$35	\$75	\$300/\$0	\$75
Gold 3500 Deductible	\$3,500/\$7,000	\$8,750/\$17,500	0%	50%	\$7,000/\$14,000	\$17,500/\$35,000	\$25	\$75	\$0	\$15	\$75	0%	0%	0%	0%	0%	0%	\$0/\$15	\$35	\$75	\$300/\$0	\$75
Gold 3500 / 80 Deductible	\$3,500/\$7,000	\$8,750/\$17,500	20%	50%	\$7,000/\$14,000	\$17,500/\$35,000	\$25	\$75	\$0	\$15	\$75	20%	20%	20%	20%	20%	20%	\$0/\$15	\$35	\$75	\$300/\$0	\$75
Silver 500 Deductible	\$500/\$1,000	\$5,000/\$10,000	50%	50%	\$8,000/\$16,000	\$20,000/\$40,000	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	\$0/50%	50%	50%	50%/\$0	50%
Silver 3000 Deductible	\$3,000/\$6,000	\$7,500/\$15,000	40%	50%	\$8,150/\$16,300	\$20,375/\$40,750	\$40	\$100	\$0	\$30	\$100	40%	40%	40%	40%	40%	40%	\$0/\$15	\$50	\$100	\$350/\$0	\$100
Silver 3500 Deductible	\$3,500/\$7,000	\$8,750/\$17,500	40%	50%	\$8,150/\$16,300	\$20,375/\$40,750	\$35	\$100	\$0	\$20	\$100	40%	40%	40%	40%	40%	40%	\$0/\$15	\$50	\$100	\$350/\$0	\$100
Silver 5000 EPO Deductible	\$5,000/\$10,000	N/A	20%	N/A	\$8,500/\$17,000	N/A	\$30	\$90	\$0	\$20	\$100	20%	20%	20%	20%	20%	20%	\$0/\$15	\$50	\$100	\$350/\$0	\$100
Silver 5000 Deductible	\$5,000/\$10,000	\$12,500/\$25,000	20%	50%	\$8,500/\$17,000	\$25,000/\$50,000	\$30	\$90	\$0	\$20	\$100	20%	20%	20%	20%	20%	20%	\$0/\$15	\$50	\$100	\$350/\$0	\$100
Silver 6500 Deductible	\$6,500/\$13,000	\$16,250/\$32,500	20%	50%	\$8,150/\$16,300	\$32,500/\$65,000	\$30	\$90	\$0	\$20	\$100	20%	20%	20%	20%	20%	20%	\$0/\$15	\$50	\$100	\$350/\$0	\$100
Silver 6500 / 80 Deductible	\$6,500/\$13,000	\$16,250/\$32,500	20%	50%	\$8,150/\$16,300	\$32,500/\$65,000	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	\$0/\$15	\$50	\$100	\$350/\$0	\$100
Silver 7000 Deductible	\$7,000/\$14,000	\$17,500/\$35,000	50%	50%	\$8,150/\$16,300	\$35,000/\$70,000	\$30	\$90	\$0	\$20	\$100	50%	50%	50%	50%	50%	50%	\$0/\$15	\$50	\$100	\$350/\$0	\$100
Bronze 7500 Deductible	\$7,500/\$15,000	\$18,750/\$37,500	50%	50%	\$8,500/\$17,000	\$37,500/\$75,000	\$50	\$120	\$0	\$35	\$125	50%	50%	50%	50%	50%	50%	\$0/\$30	\$150	\$300	\$500/\$0	50%

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Bright HealthCare™ Small Group Plans

Bright HealthCare HSA Plans

Plan Name	INN Deductible (Ind/Fam)	OON Deductible (Ind/Fam)	INN Coinsurance*	OON Coinsurance*	INN Out-of-Pocket Max (Ind/Fam)	OON Out-of-Pocket Max (Ind/Fam)	PCP	Spec	Telemedicine PCP	Telemedicine Spec	Urgent Care	ER	OP Surgery	IP Surgery	Labs	X-Ray	MRI/CT/PET	Pharmacy \$0 ACA/Pref Generic	Pharmacy Pref Brand/Non-Pref Generic	Pharmacy Non-Pref Brand/Generic	Pharmacy Specialty/\$0 Generic	Pharmacy Medical Services
Gold 2800 HSA	\$2,800/\$5,600	\$7,000/\$14,000	10%	50%	\$5,000/\$10,000	\$14,000/\$28,000	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	\$0/10%	10%	10%	10%/\$0	10%
Gold 3500 HSA	\$3,500/\$7,000	\$8,750/\$17,500	0%	50%	\$3,500/\$7,000	\$17,500/\$35,000	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	\$0/0%	0%	0%	0%/\$0	0%
Silver 5000 / 80 HSA	\$5,000/\$10,000	\$12,500/\$25,000	20%	50%	\$6,500/\$13,000	\$25,000/\$50,000	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	\$0/\$15	\$50	\$100	\$350/\$0	\$100
Silver 5000 HSA	\$5,000/\$10,000	\$12,500/\$25,000	0%	50%	\$5,000/\$10,000	\$25,000/\$50,000	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	\$0/0%	0%	0%	0%/\$0	0%
Bronze 6900 EPO HSA	\$6,900/\$13,800	N/A	0%	N/A	\$6,900/\$13,800	N/A	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	\$0/0%	0%	0%	0%/\$0	0%
Bronze 6000 HSA	\$6,000/\$12,000	\$15,000/\$30,000	50%	50%	\$7,000/\$14,000	\$30,000/\$60,000	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	\$0/50%	50%	50%	50%/\$0	50%
Bronze 6900 HSA	\$6,900/\$13,800	\$17,250/\$34,500	0%	50%	\$6,900/\$13,800	\$34,500/\$69,000	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	\$0/0%	0%	0%	0%/\$0	0%

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