

Bright Health 2021

Small Group Plan Examples



	BHE Platinum 15 Copay Plan	BHE Platinum 1500 Deductible Plan	BHE Gold 20 Copay Plan	BHE Gold 25 Copay Plan	BHE Gold 30 Copay Plan	BHE Gold 3500 HSA Plan	BHE Gold 2800 HSA Plan	BHE Gold 3000 / 100 Deductible Plan	BHE Gold 3500 / 100 Deductible Plan	BHE Gold 2500 / 80 Deductible Plan	BHE Gold 3000 / 80 Deductible Plan	BHE Gold 3500 / 80 Deductible Plan	BHE Silver 5000 / 100 HSA	BHE Silver 5000 / 80 HSA	BHE Silver 30 / 6500 Deductible Plan	BHE Silver 6500 Deductible Plan	BHE Silver 7000 Deductible Plan	BHE Silver 5000 Deductible Plan	BHE Silver 3500 Deductible Plan	BHE Bronze 6900 / 100 HSA	BHE Bronze 6000 / 50 HSA	
In-Network																						
Individual deductible	\$0	\$1,500	\$0	\$0	\$0	\$3,500	\$2,800	\$3,000	\$3,500	\$2,500	\$3,000	\$3,500	\$5,000	\$5,000	\$6,500	\$6,500	\$7,000	\$5,000	\$3,500	\$6,900	\$6,000	
Family deductible	\$0	\$3,000	\$0	\$0	\$0	\$7,000	\$5,600	\$6,000	\$7,000	\$5,000	\$6,000	\$7,000	\$10,000	\$10,000	\$13,000	\$13,000	\$14,000	\$10,000	\$7,000	\$13,800	\$12,000	
Individual out-of-pocket maximum	\$5,000	\$3,000	\$7,500	\$7,500	\$7,500	\$3,500	\$5,000	\$6,000	\$7,000	\$5,000	\$6,000	\$7,000	\$5,000	\$6,500	\$8,150	\$8,150	\$8,150	\$8,500	\$8,150	\$6,900	\$7,000	
Family out-of-pocket maximum	\$10,000	\$6,000	\$15,000	\$15,000	\$15,000	\$7,000	\$10,000	\$12,000	\$14,000	\$10,000	\$12,000	\$14,000	\$10,000	\$13,000	\$16,300	\$16,300	\$16,300	\$17,000	\$16,300	\$13,800	\$14,000	
Coinsurance	0%	0%	0%	0%	0%	0%	10%	0%	0%	20%	20%	20%	0%	20%	20%	20%	50%	20%	40%	0%	50%	
Out-of-Network																						
Individual deductible	\$5,000	\$3,000	\$5,000	\$5,000	\$5,000	\$7,000	\$5,600	\$6,000	\$7,000	\$5,000	\$6,000	\$7,000	\$10,000	\$10,000	\$13,000	\$13,000	\$14,000	\$10,000	\$7,000	\$13,800	\$12,000	
Family deductible	\$10,000	\$6,000	\$10,000	\$10,000	\$10,000	\$14,000	\$11,200	\$12,000	\$14,000	\$10,000	\$12,000	\$14,000	\$20,000	\$20,000	\$26,000	\$26,000	\$28,000	\$20,000	\$14,000	\$27,600	\$24,000	
Individual out-of-pocket maximum	\$10,000	\$6,000	\$10,000	\$10,000	\$10,000	\$14,000	\$10,000	\$12,000	\$14,000	\$10,000	\$12,000	\$14,000	\$20,000	\$13,000	\$26,000	\$26,000	\$28,000	\$20,000	\$14,000	\$16,300	\$14,000	
Family out-of-pocket maximum	\$20,000	\$12,000	\$20,000	\$20,000	\$20,000	\$28,000	\$20,000	\$24,000	\$28,000	\$20,000	\$24,000	\$28,000	\$40,000	\$26,000	\$52,000	\$52,000	\$56,000	\$40,000	\$28,000	\$32,600	\$28,000	
Coinsurance	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	
Office Visits																						
Preventive care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Primary care	\$15	\$15	\$20	\$25	\$30	0% after deductible	10% after deductible	\$25	\$25	\$25	\$25	\$25	0% after deductible	20% after deductible	\$30	20% after deductible	\$30	\$30	\$35	0% after deductible	50% after deductible	
Specialist care	\$25	\$30	\$40	\$50	\$60	0% after deductible	10% after deductible	\$75	\$75	\$75	\$75	\$75	0% after deductible	20% after deductible	\$90	20% after deductible	\$90	\$90	\$100	0% after deductible	50% after deductible	
Telemedicine	\$10	\$10	\$15	\$15	\$15	0% after deductible	10% after deductible	\$15	\$15	\$15	\$15	\$15	0% after deductible	20% after deductible	\$20	20% after deductible	\$20	\$20	\$20	0% after deductible	50% after deductible	
Mental health/substance abuse	\$15	\$15	\$20	\$25	\$30	0% after Deductible	10% after Deductible	\$25	\$25	\$25	\$25	\$25	0% after Deductible	20% after Deductible	\$30	20% after Deductible	\$30	\$30	\$35	0% after Deductible	50% after Deductible	
Physical therapy/occupational therapy/speech therapy	\$15	\$15	\$20	\$25	\$30	0% after deductible	10% after deductible	\$25	\$25	\$25	\$25	\$25	0% after deductible	20% after deductible	\$30	20% after deductible	\$30	\$30	\$35	0% after deductible	50% after deductible	
Skilled nursing facility	\$25	\$30	\$75	\$100	\$125	0% after deductible	10% after deductible	0% after deductible	0% after deductible	20% after deductible	20% after deductible	20% after deductible	0% after deductible	20% after deductible	20% after deductible	20% after deductible	50% after deductible	20% after deductible	40% after deductible	0% after deductible	50% after deductible	
Hospital/Urgent Care																						
Emergency room	\$150	0% after Deductible	\$500	\$750	\$750	0% after Deductible	10% after Deductible	0% after Deductible	0% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	0% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	50% after Deductible	20% after Deductible	40% after deductible	0% after Deductible	50% after Deductible	
Urgent care	\$35	\$35	\$50	\$50	\$50	0% after Deductible	10% after Deductible	\$50	\$50	\$50	\$50	\$50	0% after Deductible	20% after Deductible	\$75	20% after Deductible	\$75	\$75	\$75	0% after Deductible	50% after Deductible	
Inpatient hospital	\$625	0% after Deductible	\$1,500	\$2,000	\$2,250	0% after Deductible	10% after Deductible	0% after Deductible	0% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	0% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	50% after Deductible	20% after Deductible	40% after deductible	0% after Deductible	50% after Deductible	
Outpatient surgery	\$625	0% after Deductible	\$1,500	\$2,000	\$2,250	0% after Deductible	10% after Deductible	0% after Deductible	0% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	0% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	50% after Deductible	20% after Deductible	40% after deductible	0% after Deductible	50% after Deductible	
Labs and X-Rays																						
MRI/CAT scan	\$250	0% after Deductible	\$500	\$750	\$750	0% after Deductible	10% after Deductible	0% after Deductible	0% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	0% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	50% after Deductible	20% after Deductible	40% after deductible	0% after Deductible	50% after Deductible	
Lab or pathology	\$10	0% after Deductible	\$15	\$20	\$25	0% after Deductible	10% after Deductible	0% after Deductible	0% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	0% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	50% after Deductible	20% after Deductible	40% after deductible	0% after Deductible	50% after Deductible	
X-Ray	\$25	0% after Deductible	\$25	\$30	\$35	0% after Deductible	10% after Deductible	0% after Deductible	0% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	0% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	50% after Deductible	20% after Deductible	40% after deductible	0% after Deductible	50% after Deductible	
Retail Prescriptions																						
Generic	\$10	\$10	\$15	\$15	\$15	0% after deductible	10% after deductible	\$15	\$15	\$15	\$15	\$15	0% after deductible	\$15 after deductible	\$15	\$15	\$15	\$15	\$15	\$15	0% after deductible	50% after deductible
Preferred brands	\$25	\$25	\$35	\$35	\$35	0% after deductible	10% after deductible	\$35	\$35	\$35	\$35	\$35	0% after deductible	\$50 after deductible	\$50	\$50	\$50	\$50	\$50	\$50	0% after deductible	50% after deductible
Non-preferred brands	\$50	\$50	\$75	\$75	\$75	0% after deductible	10% after deductible	\$75	\$75	\$75	\$75	\$75	0% after deductible	\$100 after deductible	\$100	\$100	\$100	\$100	\$100	\$100	0% after deductible	50% after deductible
Specialty	\$150	\$150	\$300	\$300	\$300	0% after deductible	10% after deductible	\$300	\$300	\$300	\$300	\$300	0% after deductible	\$425 after deductible	\$425	\$425	\$425	\$425	\$425	\$425	0% after deductible	50% after deductible