

# 2022 Bright HealthCare Plan Options - On Exchange (Colorado Peak)



**Counties:** Grand, Lake, Park, Summit

**Plan offerings include:** \$0 preventive care and \$0 Tier 1 preventive Rx copays

| Plan Overview                            |                                  | Medical Benefits |          |          |          |       |                         |                         |      |      |        |            |               |         | Pharmacy Benefits - Retail Rx |                |             |                 |           |
|------------------------------------------|----------------------------------|------------------|----------|----------|----------|-------|-------------------------|-------------------------|------|------|--------|------------|---------------|---------|-------------------------------|----------------|-------------|-----------------|-----------|
| Metal Tiers                              |                                  | IND Ded          | IND MOOP | FAM Ded  | FAM MOOP | COINS | PC                      | SPEC                    | CONV | UC   | ER     | Telehealth | MH            | IN HOSP | \$0 Generics                  | Generics       | Pref Brands | Non-Pref Brands | Specialty |
| Peak Gold 1000                           |                                  | \$1,000          | \$8,700  | \$2,000  | \$17,400 | 20%   | \$0                     | 2 \$0 visits, then \$40 | \$25 | \$50 | \$500  | \$0        | \$0           | 20%     | \$0                           | \$15           | \$50        | \$125           | 20%       |
| Peak Gold \$0 Ded + AD&V Rx Copay Direct |                                  | \$0              | \$6,500  | \$0      | \$13,000 | 20%   | 2 \$0 visits, then \$20 | \$40                    | \$25 | \$75 | \$600  | \$0        | \$0           | 20%     | \$0                           | \$10           | \$50        | \$100           | \$540     |
| Peak Silver 4600                         |                                  | \$4,600          | \$8,550  | \$9,200  | \$17,100 | 40%   | \$10                    | 40%                     | 40%  | \$75 | 40%    | \$10       | \$0           | 40%     | Not Covered                   | \$10           | 40%         | 40%             | \$680     |
| Peak Silver 5000 Rx Copay                |                                  | \$5,000          | \$8,700  | \$10,000 | \$17,400 | 40%   | 3 \$0 visits, then \$25 | \$75                    | \$25 | \$75 | \$750  | \$0        | \$0           | 40%     | \$0                           | \$25           | \$80        | \$180           | \$650     |
| Peak Silver 3000                         |                                  | \$3,000          | \$8,700  | \$6,000  | \$17,400 | 40%   | 2 \$0 visits, then \$35 | \$70                    | \$25 | \$50 | 40%    | \$0        | \$0           | 40%     | \$0                           | \$30           | \$150       | \$250           | 40%       |
| Peak Silver 6700                         |                                  | \$6,700          | \$8,700  | \$13,400 | \$17,400 | 40%   | \$0                     | 2 \$0 visits, then \$75 | \$25 | \$50 | 40%    | \$0        | \$0           | 40%     | \$0                           | \$0            | \$90        | \$150           | 40%       |
| Peak Silver 6700 + AD&V Rx Copay         |                                  | \$6,700          | \$8,700  | \$13,400 | \$17,400 | 40%   | \$0                     | 2 \$0 visits, then \$75 | \$25 | \$50 | 40%    | \$0        | \$0           | 40%     | \$0                           | \$0            | \$90        | \$150           | \$600     |
| Peak Silver \$0 Deductible               |                                  | \$0              | \$8,700  | \$0      | \$17,400 | 40%   | 2 \$0 visits, then \$30 | \$30                    | \$25 | \$50 | \$750  | \$0        | \$0           | 40%     | \$0                           | \$30           | \$150       | \$250           | 40%       |
| 73% CSR                                  | Peak Silver 4600                 | \$2,400          | \$6,600  | \$4,800  | \$13,200 | 40%   | \$10                    | 40%                     | 40%  | \$75 | 40%    | \$10       | \$0           | 40%     | Not Covered                   | \$10           | 40%         | 40%             | \$500     |
|                                          | Peak Silver 5000 Rx Copay        | \$3,800          | \$6,950  | \$7,600  | \$13,900 | 40%   | 3 \$0 visits, then \$25 | \$75                    | \$15 | \$35 | \$750  | \$0        | \$0           | 40%     | \$0                           | \$20           | \$80        | \$180           | \$575     |
|                                          | Peak Silver 3000                 | \$3,000          | \$6,500  | \$6,000  | \$13,000 | 40%   | 2 \$0 visits, then \$30 | \$60                    | \$15 | \$30 | 40%    | \$0        | \$0           | 40%     | \$0                           | \$15           | \$150       | \$250           | 40%       |
|                                          | Peak Silver 6700                 | \$6,700          | \$6,950  | \$13,400 | \$13,900 | 40%   | \$0                     | 2 \$0 visits, then \$75 | \$10 | \$25 | 40%    | \$0        | \$0           | 40%     | \$0                           | \$0            | \$90        | \$150           | 40%       |
|                                          | Peak Silver 6700 + AD&V Rx Copay | \$6,700          | \$6,950  | \$13,400 | \$13,900 | 40%   | \$0                     | 2 \$0 visits, then \$75 | \$10 | \$25 | 40%    | \$0        | \$0           | 40%     | \$0                           | \$0            | \$90        | \$150           | \$600     |
|                                          | Peak Silver \$0 Deductible       | \$0              | \$6,950  | \$0      | \$13,900 | 40%   | 2 \$0 visits, then \$30 | \$30                    | \$15 | \$30 | \$750  | \$0        | \$0           | 40%     | \$0                           | \$30           | \$150       | \$250           | 40%       |
| 87% CSR                                  | Peak Silver 4600                 | \$500            | \$2,700  | \$1,000  | \$5,400  | 30%   | \$10                    | 30%                     | 30%  | \$50 | 30%    | \$10       | \$0           | 30%     | Not Covered                   | \$5            | 30%         | 30%             | \$175     |
|                                          | Peak Silver 5000 Rx Copay        | \$950            | \$2,900  | \$1,900  | \$5,800  | 30%   | 3 \$0 visits, then \$20 | \$50                    | \$5  | \$15 | \$500  | \$0        | \$0           | 30%     | \$0                           | \$0            | \$15        | \$100           | \$215     |
|                                          | Peak Silver 3000                 | \$950            | \$2,100  | \$1,900  | \$4,200  | 25%   | 2 \$0 visits, then \$15 | \$30                    | \$5  | \$15 | 25%    | \$0        | \$0           | 25%     | \$0                           | \$15           | \$100       | \$150           | 25%       |
|                                          | Peak Silver 6700                 | \$700            | \$2,900  | \$1,400  | \$5,800  | 25%   | \$0                     | 2 \$0 visits, then \$30 | \$5  | \$10 | 25%    | \$0        | \$0           | 25%     | \$0                           | \$0            | \$30        | \$150           | 25%       |
|                                          | Peak Silver 6700 + AD&V Rx Copay | \$700            | \$2,900  | \$1,400  | \$5,800  | 25%   | \$0                     | 2 \$0 visits, then \$30 | \$5  | \$10 | 25%    | \$0        | \$0           | 25%     | \$0                           | \$0            | \$30        | \$150           | \$400     |
|                                          | Peak Silver \$0 Deductible       | \$0              | \$2,400  | \$0      | \$4,800  | 25%   | 2 \$0 visits, then \$15 | \$15                    | \$5  | \$15 | \$450  | \$0        | \$0           | 25%     | \$0                           | \$15           | \$75        | \$150           | 25%       |
| 94% CSR                                  | Peak Silver 4600                 | \$0              | \$1,000  | \$0      | \$2,000  | 25%   | \$10                    | 25%                     | 25%  | \$25 | 25%    | \$10       | \$0           | 25%     | Not Covered                   | \$5            | 25%         | 25%             | \$125     |
|                                          | Peak Silver 5000 Rx Copay        | \$0              | \$1,500  | \$0      | \$3,000  | 20%   | 3 \$0 visits, then \$5  | \$5                     | \$0  | \$5  | \$100  | \$0        | \$0           | 20%     | \$0                           | \$0            | \$10        | \$50            | \$165     |
|                                          | Peak Silver 3000                 | \$100            | \$800    | \$200    | \$1,600  | 10%   | \$0                     | \$5                     | \$0  | \$5  | 10%    | \$0        | \$0           | 10%     | \$0                           | \$5            | \$30        | \$80            | 10%       |
|                                          | Peak Silver 6700                 | \$0              | \$1,600  | \$0      | \$3,200  | 10%   | \$0                     | \$0                     | \$0  | \$0  | 10%    | \$0        | \$0           | 10%     | \$0                           | \$0            | \$15        | \$60            | 10%       |
|                                          | Peak Silver 6700 + AD&V Rx Copay | \$0              | \$1,600  | \$0      | \$3,200  | 10%   | \$0                     | \$0                     | \$0  | \$0  | 10%    | \$0        | \$0           | 10%     | \$0                           | \$0            | \$15        | \$60            | \$200     |
|                                          | Peak Silver \$0 Deductible       | \$0              | \$900    | \$0      | \$1,800  | 10%   | 2 \$0 visits, then \$5  | \$5                     | \$0  | \$5  | \$200  | \$0        | \$0           | 10%     | \$0                           | \$5            | \$25        | \$50            | 10%       |
| Peak Bronze 6500                         |                                  | \$6,500          | \$8,700  | \$13,000 | \$17,400 | 40%   | \$25                    | 40%                     | 40%  | \$75 | 40%    | \$25       | \$0           | 40%     | Not Covered                   | \$35           | 40%         | 40%             | 40%       |
| Peak Bronze 7200                         |                                  | \$7,200          | \$8,700  | \$14,400 | \$17,400 | 50%   | \$0                     | 50%                     | \$25 | \$50 | 50%    | \$0        | \$0           | 50%     | \$0                           | \$35           | 50%         | 50%             | 50%       |
| Peak Bronze 8700 Rx Copay                |                                  | \$8,700          | \$8,700  | \$17,400 | \$17,400 | 0%    | 2 \$0 visits, then \$25 | 0%                      | \$25 | \$75 | 0%     | \$0        | \$0           | 0%      | \$0                           | \$40           | \$200       | \$400           | \$650     |
| Peak Bronze 5300 HSA                     |                                  | \$5,300          | \$7,050  | \$10,600 | \$14,100 | 50%   | \$50 after ded          | \$100 after ded         | 50%  | 50%  | 50%    | 50%        | \$0 after ded | 50%     | \$0 after ded                 | \$10 after ded | 50%         | 50%             | 50%       |
| Peak Bronze \$0 Deductible               |                                  | \$0              | \$8,700  | \$0      | \$17,400 | 50%   | 1 \$0 visit, then \$50  | 1 \$0 visit, then \$100 | \$25 | \$50 | \$1000 | \$0        | \$0           | \$3000  | \$0                           | \$35           | \$200       | 50%             | 50%       |
| Peak Catastrophic 7000                   |                                  | \$8,700          | \$8,700  | \$17,400 | \$17,400 | 0%    | 3 \$0 visits, then 0%   | 0%                      | 0%   | 0%   | 0%     | 0%         | 0%            | 0%      | Not Covered                   | 0%             | 0%          | 0%              | 0%        |

2022 Bright HealthCare Plan Options - Off Exchange (Colorado Peak)



| Plan Overview                            | Medical Benefits |          |          |          |       |                         |                         |      |      |        |            |               |         | Pharmacy Benefits - Retail Rx |                |             |                 |           |
|------------------------------------------|------------------|----------|----------|----------|-------|-------------------------|-------------------------|------|------|--------|------------|---------------|---------|-------------------------------|----------------|-------------|-----------------|-----------|
| Metal Tiers                              | IND Ded          | IND MOOP | FAM Ded  | FAM MOOP | COINS | PC                      | SPEC                    | CONV | UC   | ER     | Telehealth | MH            | IN HOSP | \$0 Generics                  | Generics       | Pref Brands | Non-Pref Brands | Specialty |
| Peak Gold 1000 Direct                    | \$1,000          | \$8,700  | \$2,000  | \$17,400 | 20%   | \$0                     | 2 \$0 visits, then \$40 | \$25 | \$50 | \$500  | \$0        | \$0           | 20%     | \$0                           | \$15           | \$50        | \$125           | 20%       |
| Peak Gold \$0 Ded + AD&V Rx Copay Direct | \$0              | \$6,500  | \$0      | \$13,000 | 20%   | 2 \$0 visits, then \$20 | \$40                    | \$25 | \$75 | \$600  | \$0        | \$0           | 20%     | \$0                           | \$10           | \$50        | \$100           | \$540     |
| Peak Silver 4600 Direct                  | \$4,600          | \$8,550  | \$9,200  | \$17,100 | 40%   | \$10                    | 40%                     | 40%  | \$75 | 40%    | \$10       | \$0           | 40%     | Not Covered                   | \$10           | 40%         | 40%             | \$680     |
| Peak Silver 5000 Rx Copay Direct         | \$5,000          | \$8,700  | \$10,000 | \$17,400 | 40%   | 3 \$0 visits, then \$25 | \$75                    | \$25 | \$75 | \$750  | \$0        | \$0           | 40%     | \$0                           | \$25           | \$80        | \$180           | \$650     |
| Peak Silver 3000 Direct                  | \$3,000          | \$8,700  | \$6,000  | \$17,400 | 40%   | 2 \$0 visits, then \$35 | \$70                    | \$25 | \$50 | 40%    | \$0        | \$0           | 40%     | \$0                           | \$30           | \$150       | \$250           | 40%       |
| Peak Silver 6700 Direct                  | \$6,700          | \$8,700  | \$13,400 | \$17,400 | 40%   | \$0                     | 2 \$0 visits, then \$75 | \$25 | \$50 | 40%    | \$0        | \$0           | 40%     | \$0                           | \$0            | \$90        | \$150           | 40%       |
| Peak Silver 6700 + AD&V Rx Copay Direct  | \$6,700          | \$8,700  | \$13,400 | \$17,400 | 40%   | \$0                     | 2 \$0 visits, then \$75 | \$25 | \$50 | 40%    | \$0        | \$0           | 40%     | \$0                           | \$0            | \$90        | \$150           | \$600     |
| Peak Silver \$0 Deductible Direct        | \$0              | \$8,700  | \$0      | \$17,400 | 40%   | 2 \$0 visits, then \$30 | \$30                    | \$25 | \$50 | \$750  | \$0        | \$0           | 40%     | \$0                           | \$30           | \$150       | \$250           | 40%       |
| Peak Silver 4000 HSA Direct              | \$4,000          | \$7,050  | \$8,000  | \$14,100 | 20%   | \$35 after ded          | \$60 after ded          | 20%  | 20%  | 20%    | 20%        | \$0 after ded | 20%     | \$0 after ded                 | \$20 after ded | 20%         | 20%             | 20%       |
| Peak Bronze 6500 Direct                  | \$6,500          | \$8,700  | \$13,000 | \$17,400 | 40%   | \$25                    | 40%                     | 40%  | \$75 | 40%    | \$25       | \$0           | 40%     | Not Covered                   | \$35           | 40%         | 40%             | 40%       |
| Peak Bronze 7200 Direct                  | \$7,200          | \$8,700  | \$14,400 | \$17,400 | 50%   | \$0                     | 50%                     | \$25 | \$50 | 50%    | \$0        | \$0           | 50%     | \$0                           | \$35           | 50%         | 50%             | 50%       |
| Peak Bronze 8700 Rx Copay Direct         | \$8,700          | \$8,700  | \$17,400 | \$17,400 | 0%    | 2 \$0 visits, then \$25 | 0%                      | \$25 | \$75 | 0%     | \$0        | \$0           | 0%      | \$0                           | \$40           | \$200       | \$400           | \$650     |
| Peak Bronze 5300 HSA Direct              | \$5,300          | \$7,050  | \$10,600 | \$14,100 | 50%   | \$50 after ded          | \$100 after ded         | 50%  | 50%  | 50%    | 50%        | \$0 after ded | 50%     | \$0 after ded                 | \$10 after ded | 50%         | 50%             | 50%       |
| Peak Bronze \$0 Deductible Direct        | \$0              | \$8,700  | \$0      | \$17,400 | 50%   | 1 \$0 visit, then \$50  | 1 \$0 visit, then \$100 | \$25 | \$50 | \$1000 | \$0        | \$0           | \$3000  | \$0                           | \$35           | \$200       | 50%             | 50%       |
| Peak Catastrophic 7000 Direct            | \$8,700          | \$8,700  | \$17,400 | \$17,400 | 0%    | 3 \$0 visits, then 0%   | 0%                      | 0%   | 0%   | 0%     | 0%         | 0%            | 0%      | Not Covered                   | 0%             | 0%          | 0%              | 0%        |

AD&V = Adult Dental & Vision; MH = Mental Health Outpatient Office Visits; Telehealth = Doctor on Demand  
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