

2022 Bright HealthCare Plan Options - On Exchange (Nebraska)



Counties: All Counties

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
Statewide 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%
Statewide Gold \$0 Deductible + AD&V		\$0	\$6,500	\$0	\$13,000	20%	2 \$0 visits, then \$20	\$40	\$25	\$50	\$500	\$0	\$0	20%	\$0	\$15	\$50	\$125	20%
Statewide Silver 4000		\$4,000	\$8,700	\$8,000	\$17,400	40%	\$35	40%	40%	\$50	40%	\$35	40%	40%	Not Covered	\$15	40%	40%	40%
Statewide Silver 5000		\$5,000	\$8,700	\$10,000	\$17,400	40%	3 \$0 visits, then \$40	\$80	\$25	\$50	40%	\$0	\$0	40%	\$0	\$30	\$150	\$250	40%
Statewide 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%
Statewide 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%
Statewide Silver 6700 + AD&V		\$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%
Statewide 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	Statewide Silver 2000	\$2,000	\$6,950	\$4,000	\$13,900	40%	\$15	40%	40%	\$50	40%	\$15	40%	40%	Not Covered	\$15	40%	40%	40%
	Statewide Silver 3800	\$3,800	\$6,950	\$7,600	\$13,900	40%	3 \$0 visits, then \$35	\$70	\$15	\$35	40%	\$0	\$0	40%	\$0	\$20	\$100	\$200	40%
	Statewide 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%
	Statewide 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%
	Statewide Silver 6700 + AD&V	\$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%
	Statewide 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	Statewide Silver 200	\$200	\$2,900	\$400	\$5,800	40%	\$10	40%	40%	\$20	40%	\$10	40%	40%	Not Covered	\$10	40%	40%	40%
	Statewide Silver 950	\$950	\$2,900	\$1,900	\$5,800	30%	\$0	\$20	\$5	\$15	30%	\$0	\$0	30%	\$0	\$0	\$45	\$100	30%
	Statewide Silver 950 + 2 \$0 PCP Visits	\$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%
	Statewide Silver 700	\$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%
	Statewide Silver 700 + AD&V	\$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%
	Statewide 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	Statewide Silver \$0 Deductible 4	\$0	\$1,000	\$0	\$2,000	25%	\$5	25%	25%	\$20	25%	\$5	25%	25%	Not Covered	\$5	25%	25%	25%
	Statewide Silver \$0 Deductible 1	\$0	\$1,500	\$0	\$3,000	20%	\$0	\$5	\$0	\$5	20%	\$0	\$0	20%	\$0	\$0	\$15	\$50	20%
	Statewide Silver 100	\$100	\$800	\$200	\$1,600	10%	\$0	\$5	\$0	\$5	10%	\$0	\$0	10%	\$0	\$5	\$30	\$80	10%
	Statewide Silver \$0 Deductible 2	\$0	\$1,600	\$0	\$3,200	10%	\$0	\$0	\$0	\$3	10%	\$0	\$0	10%	\$0	\$0	\$15	\$60	10%
	Statewide Silver \$0 Deductible + AD&V	\$0	\$1,600	\$0	\$3,200	10%	\$0	\$0	\$0	\$3	10%	\$0	\$0	10%	\$0	\$0	\$15	\$60	10%
	Statewide Silver \$0 Deductible 3	\$0	\$900	\$0	\$1,800	10%	\$0	\$5	\$0	\$5	\$200	\$0	\$0	10%	\$0	\$0	\$25	\$50	10%
Statewide Bronze 8700		\$8,700	\$8,700	\$17,400	\$17,400	0%	\$80	0%	0%	\$50	0%	\$80	0%	0%	Not Covered	\$25	0%	0%	0%
Statewide Bronze 8700 + \$0 Mental Health		\$8,700	\$8,700	\$17,400	\$17,400	0%	2 \$0 visits, then 0%	0%	\$25	\$50	0%	\$0	\$0	0%	\$0	\$25	0%	0%	0%
Statewide Bronze 7200		\$7,200	\$8,700	\$14,400	\$17,400	50%	\$0	50%	\$25	\$50	50%	\$0	\$0	50%	\$0	\$35	50%	50%	50%
Statewide Bronze 7200 + AD&V		\$7,200	\$8,700	\$14,400	\$17,400	50%	\$0	50%	\$25	\$50	50%	\$0	\$0	50%	\$0	\$35	50%	50%	50%
Statewide Bronze 5300 HSA		\$5,300	\$7,050	\$10,600	\$14,100	50%	\$50 after ded	\$100 after ded	50%	50%	50%	\$50 after ded	\$0 after ded	50%	\$0 after ded	\$20 after ded	50%	50%	50%
Statewide Bronze \$0 Medical 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%
Statewide Catastrophic 8700		\$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%

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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
Statewide 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%
Statewide Gold \$0 Ded + AD&V Direct	\$0	\$6,500	\$0	\$13,000	20%	2 \$0 visits, then \$20	\$40	\$25	\$50	\$500	\$0	\$0	20%	\$0	\$15	\$50	\$125	20%
Statewide Silver 4000 Direct	\$4,000	\$8,700	\$8,000	\$17,400	40%	\$35	40%	40%	\$50	40%	\$35	40%	40%	Not Covered	\$15	40%	40%	40%
Statewide Silver 5000 Direct	\$5,000	\$8,700	\$10,000	\$17,400	40%	3 \$0 visits, then \$40	\$80	\$25	\$50	40%	\$0	\$0	40%	\$0	\$30	\$150	\$250	40%
Statewide 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%
Statewide 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%
Statewide Silver 6700 + AD&V 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%
Statewide 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%
Statewide Silver 4000 HSA Direct	\$4,000	\$7,050	\$8,000	\$14,100	20%	\$35 after ded	\$60 after ded	20%	20%	20%	\$35 after ded	\$35 after ded	20%	\$0 after ded	\$20 after ded	20%	20%	20%
Statewide Bronze 8700 Direct	\$8,700	\$8,700	\$17,400	\$17,400	0%	\$80	0%	0%	\$50	0%	\$80	0%	0%	Not Covered	\$25	0%	0%	0%
Statewide Bronze 8700 + \$0 MH Direct	\$8,700	\$8,700	\$17,400	\$17,400	0%	2 \$0 visits, then 0%	0%	\$25	\$50	0%	\$0	\$0	0%	\$0	\$25	0%	0%	0%
Statewide 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%
Statewide Bronze 7200 + AD&V Direct	\$7,200	\$8,700	\$14,400	\$17,400	50%	\$0	50%	\$25	\$50	50%	\$0	\$0	50%	\$0	\$35	50%	50%	50%
Statewide Bronze 5300 HSA Direct	\$5,300	\$7,050	\$10,600	\$14,100	50%	\$50 after ded	\$100 after ded	50%	50%	50%	\$50 after ded	\$0 after ded	50%	\$0 after ded	\$20 after ded	50%	50%	50%
Statewide Bronze \$0 Medical Ded 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%
Statewide Catastrophic 8700 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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