



Navigating Healthcare.gov and Drug Formularies

Assisting Consumers with Complex Medical Needs

Updated 6/23/2022

Step 1: To locate the drug formulary when reviewing plans with a consumer, click on the plan name to open the plan details

Bright HealthCare New plan - Not rated ⓘ

[Bronze 8700](#) **Compare**

Bronze | HMO | Plan ID: 983... 040135

Deductible ⓘ **Out-of-pocket maximum ⓘ**

\$8,700 **\$8,700**

Individual total Individual total

Estimated total yearly costs ⓘ

Copayments / Coinsurance ⓘ

Emergency room care No Charge After Deductible	Generic drugs \$25	Primary doctor \$80	Specialist doctor No Charge After Deductible
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Plan features

- ✘ Adult Dental
- ✔ Child Dental

Add your medical providers and we'll show you which plans cover them

Add your prescription drugs and we'll show you which plans cover them.

Estimated monthly premium
\$316.08

Step 2: This will open a new page. Click on Plan Documents to expand the list. Then select List of covered drugs.

HealthCare.gov [Español](#) [Log In](#)

[Print](#) [Email](#) [Link](#)

[← Back to plans](#) [Sharing your information](#) ⓘ

Bright HealthCare
Bronze 8700 Like This Plan? Take the Next Step

Bronze | HMO | Plan ID: 98312TX0040135

Highlights

Estimated monthly premium	\$316.08
Deductible	\$8,700 Individual total
Out-of-pocket maximum	\$8,700 Individual total
Estimated total yearly costs	Add yearly cost
Medical providers in-network	Add medical providers
Drugs covered/not covered	Add prescription drugs

Star rating ▼

Plan documents ▼

Costs for medical care ▼

Plan documents ^

- [PDF Summary of Benefits](#)
- [PDF Plan brochure](#)
- [PDF Provider directory](#)
- [PDF List of covered drugs](#)

Costs for medical care ▼

Step 3: Depending on the company, this may link you directly to the formulary, but it also might take you to the company’s website where the formulary link can be located

Bright HealthCare 📞 🌐 📍 🗣️ ☰

Individual & Family covered medications

Bright HealthCare plans include coverage for many prescription and over-the-counter drugs.

Comprehensive Formulary
Formulary is the formal name for the list of medications covered by your Bright HealthCare plan. It is sometimes called a “Drug List.” You can find your state-based Formulary information on this page.

- Alabama
[English PDF](#) ↓ [Spanish PDF](#) ↓
- Arizona
[English PDF](#) ↓ [Spanish PDF](#) ↓
- Colorado
[English PDF](#) ↓ [Spanish PDF](#) ↓
- California
[English PDF](#) ↓ [Spanish PDF](#) ↓
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- Utah
[English PDF](#) ↓ [Spanish PDF](#) ↓
- Virginia
[English PDF](#) ↓ [Spanish PDF](#) ↓

Step 4: You will typically either be linked to a PDF of the entire formulary or a digital version that will “look up” the tier of each medication you enter. *Note the effective date*. Make sure you are reviewing a current formulary as they are updated frequently.



2022 Bright HealthCare Formulary

(List of Covered Drugs)

Individual and Family Plans

Texas

PLEASE READ: This document contains information about the drugs Bright HealthCare covers in their Individual and Family plans.



This formulary was updated on 06/01/2022. For more recent information or other questions, please contact us at 833-726-0670 or visit www.brighthealthcare.com.

Step 5: It is also a good practice to see if the formulary includes an initial explanation of the various tiers and formulary codes. This will typically show up in the initial pages of the formulary. The description attached to each tier will be usefully when it comes to consulting the Summary of Benefits to check the cost of the medication.

The second column of the chart, Drug Tier, tells you which tier the drug falls under. Drug tiers are how we divide prescription drugs into different levels of cost. How much you will pay will depend on your individual plan, however, here is what the drug tier tells you.

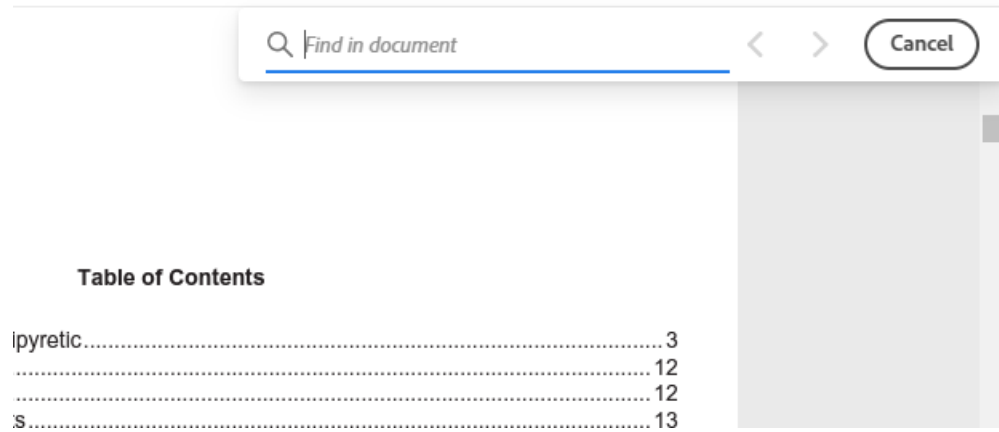
- Tier 1: Preventative drugs with no member cost share under the Affordable Care Act
- Tier 2: Preferred Generic Drugs
- Tier 3: Non-Preferred Generic Drugs; Preferred Brand Drugs
- Tier 4: Non-Preferred Generic Drugs; Non-Preferred Brand Drugs
- Tier 5: Specialty Drugs
- Tier 6: \$0 Generic Drugs*

*Note: The \$0 drug list does not apply to all plans. Check your summary of benefits to determine if your plan qualifies.

The information in the Requirements/Limits column tells you if our plans have any special requirements for coverage of your drug. Requirements/Limits are defined as:

Formulary Designation	Requirement/Limit	Description
ACA	Affordable Care Act Preventative Drugs	Affordable Care Act (ACA) preventative health drugs, that are available at no cost share to you, including contraceptive drugs and devices.
AGE	Age Limit	The drug is limited to a certain age range. If your age falls outside of this range, Prior Authorization is required.
OTC	Over the Counter	These drugs are also available for purchase without a Prescription. In order to receive them through your Prescription benefits, you must have a Prescription from your Prescribing provider.
PA	Prior Authorization	You (or your physician) are required to get prior authorization from Bright HealthCare before you fill your prescription for this drug. Without prior approval, Bright HealthCare may not cover this drug.
SP	Specialty Pharmacy	The drug is only available through select specialty pharmacies.
ST	Step therapy	Before Bright HealthCare will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.
QL	Quantity Limit	Bright HealthCare limits the amount of this drug that is covered per prescription, or within a specific time frame.

Working with a PDF Formulary: While formularies tend to be ordered alphabetically, they are best explored using “Control F” on a PC. A window in the upper, right hand corner will pop open, allowing you to search the document for a specific medication.




The image shows a table with search results for "Lantus". The search bar at the top right contains "Lantus" and shows "1 of 4" results. A red arrow points to the search bar, and a blue arrow points to the first result row.

UNIT/ML			
Human Insulins - Short Acting			
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3		
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	Tier 3	OTC	
Insulin Analogs - Long Acting			
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3		
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3		
LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3		
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3		
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	Tier 3		

Step 6: To discover what “Tier 3” (or any other tier) means in terms of cost, return to the Healthcare.gov window displaying the plan you just checked the formulary for. Under plan documents click on the “Summary of Benefits” link.

Plan documents

 [Summary of Benefits](#)

 [Plan brochure](#)

 [Provider directory](#)


 [List of covered drugs](#)



Step 7: There is a relatively standard format that Summaries of Benefits tend to follow. The first page details the deductible, out of pocket maximum, the necessity of a referral and some of the services the plan does not cover.

Summary of Benefits and Coverage: What This Plan Covers & What You Pay for Covered Services
Bright HealthCare: Bronze 8700

Coverage Period: 01/01/2022 - 12/31/2022
Coverage for: Individual + Family | Plan Type: HMO

 The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call us at (844) 926-4524. For definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call (844) 926-4524 to request a copy.

Important Questions	Answers	Why This Matters
What is the overall deductible?	\$8,700 – Individual or \$17,400 – Family	See the Common Medical Events chart below for your costs for services this plan covers. Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Primary Care Visit to Treat an Injury or Illness, Preventive Care/Screening/Immunization, Urgent Care Centers or Facilities, Prenatal and Postnatal Care, Child - Routine Eye Exam, Child - Eye Glasses, Child - Dental Check-Up	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	\$8,700 – Individual or \$17,400 – Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.brighthouse.com/search or call (844) 926-4524 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No	You can see the specialist you choose without a referral.

* For more information about limitations and exceptions, see the plan or policy document at https://cdn1.brighthouse.com/docs/2022_COCA/COCC_98312_IFP_20220101.pdf
BHTX0003-0621_98312TX0040135-01

Page 1 of 6

Step 8: The second page goes into the cost for a PCP or Specialist visit and will also give a breakdown of the copay or coinsurance the consumer will be responsible for based on the tier of the medication. A frequent frustration expressed by consumers results from the fact that the formulary may only give us a number while the SOB only gives us a name. There is a logic to this however. You can double check the key from the initial pages of the formulary. The number of tiers in the formulary should correlate to the number of tiers in the summary of benefits. Call the insurance company if there is confusion.

All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$80	Not Covered	Telehealth services are available. Refer to Your Schedule of Benefits to determine what you will pay.
	Specialist visit	0% after Deductible	Not Covered	None
	Preventive care/screening/immunization	No Charge	Not Covered	You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive, then check what Your plan will pay for and what Your cost will be.
If you have a test	Diagnostic test (x-ray, blood work)	Lab: 0% after Deductible X-ray: 0% after Deductible	Not Covered	None
	Imaging (CT/PT scans, MRI)	0% after Deductible	Not Covered	Services require Prior Authorization.
If you need drugs to treat your illness or condition. More information about prescription drug coverage is available at www.brighthealthcare.com	Preferred generic drugs	\$25	Not Covered	Preventive Care medications are provided at \$0 cost to You, regardless of tier. Covers up to a 90-day supply (retail prescription); 31-90 day supply (mail order prescription). Copays shown reflect the cost per retail prescription.
	Preferred brand drugs and Non-preferred generics	0% after Deductible	Not Covered	
	Non-preferred brand drugs and Non-preferred generics	0% after Deductible	Not Covered	
	Specialty drugs	0% after Deductible	Not Covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% after Deductible	Not Covered	Services require Prior Authorization.
	Physician/surgeon fees	0% after Deductible	Not Covered	Services require Prior Authorization.
If you need immediate medical attention	Emergency room care	0% after Deductible	0% after Deductible	This cost does not apply if You are admitted directly to the hospital for inpatient services.
	Emergency medical transportation	0% after Deductible	0% after Deductible	None
	Urgent care	\$50	\$50	None
If you have a hospital stay	Facility fee (e.g., hospital room)	0% after Deductible	Not Covered	Services require Prior Authorization.
	Physician/surgeon fees	0% after Deductible	Not Covered	Services require Prior Authorization.
If you need mental health,	Outpatient services	0% after Deductible	Not Covered	Services require Prior Authorization.

* For more information about limitations and exceptions, see the [plan](#) or policy document at https://cdn1.brighthealthplan.com/docs/2022_COCs/COC_98312_IFP_20220101.pdf
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