

Bright Health's Exit From Nebraska For Plan Year 2023

Frequently Asked Questions

In October, Bright Health announced that it would be exiting the Affordable Care Act ("ACA") individual market in Nebraska and other states.

- Bright health mailed notices to its Nebraska members on October 14, 2022.
- The federal Health Insurance Marketplace is in the process of mailing notices to Bright Health enrollees encouraging them to shop for coverage during open enrollment.
- The Health Insurance Marketplace's letters to Bright Health members will include information about new plans that members will automatically be enrolled in if they do not take action during open enrollment.

The FAQs are directed at people who received a notice that they would not be able to keep their Bright Health plan for 2023

What happens for the rest of 2022?



Your coverage with Bright Health will continue through Dec. 31, 2022, if you continue to pay monthly premiums. If you do not pay premiums, the standard rules about losing coverage apply.

Why the late notice about losing my plan?

Bright Health made a business decision in late September and early October to reduce its ACA footprint in order to focus on the parts of its business that will provide a "faster path to profitability."

Open enrollment is a purchaser's chance to choose a plan that will cover them for the whole year.

- People are locked into a plan based on their choice during Open Enrollment and cannot make changes unless they qualify for a Special Enrollment Period.
- Switching plans during the policy year would mean losing dollar credits toward the plan's deductible and maximum out-of-pocket.

For all of these reasons, it is in the best interest of Nebraska's insurance-buying public that Bright Health exit the market prior to Open Enrollment.

What is the entity that sent me this letter, the "Health Insurance Marketplace"?



It is important that you open mail from the Health Insurance Marketplace, it is not junk mail. The Health Insurance Marketplace is a division of the federal Department of Health & Human Services. The Marketplace is another name for healthcare.gov, the website where people go to establish qualification for federal help with premiums and cost-sharing reductions. The Marketplace is not a private business.

Why was I matched with an alternative plan offered by a different insurance company?

The alternative plan assignments are meant to be a fallback placement so that people who did not receive or open the mailed notices from Bright Health and the Health Insurance Marketplace, or people who are unable to shop for coverage during Open Enrollment, will not lose coverage. It is always better for people to shop for insurance to make sure they are in a plan that will best fit their needs.



How did I end up with this alternative plan assignment?

Regulators did their best to find the closest match to your current Bright Health plan. However, different considerations are more important to different people. Broad versus narrow networks, common healthcare providers, and comparable price among available plans for 2023 were all considered.

How do I decide whether the alternative plan assignment is right for me?

You should shop on [healthcare.gov](https://www.healthcare.gov) and consider all your options equally, without giving weight to the alternative plan assignment. Consider:

- Are your favorite doctors and hospitals in network?
- If you take a drug, what would your copays be in the different plans you are considering?
- Will you be able to pay a large deductible if you have a significant medical bill?



Do not assume that all plans are equal and shop based only on price. NDOI highly recommends that you consult with an insurance agent to help you evaluate the available plans while considering your unique needs.

The letter from the Health Insurance Marketplace does not tell me my 2023 premiums. Why?

While the letter tells you the name of the insurer and plan, it does not mention premium. This is because your income should be re-entered on [healthcare.gov](https://www.healthcare.gov) so that you will receive the correct premium discount. If your income is incorrect on [healthcare.gov](https://www.healthcare.gov), you will owe the difference between what you paid and what you should have paid when you file your taxes in April 2024.



How long do I have to select a new plan?



Open Enrollment begins November 1, 2022. It is important that you enroll in a new plan by December 15, 2022 in order for your coverage to begin on January 1, 2023. If you do not take action, you will be auto-enrolled with the insurer and plan named in your letter from the Health Insurance Marketplace. Even if you miss the December 15, 2022 deadline, you can go to [healthcare.gov](https://www.healthcare.gov) and enroll in a different plan.

Can I have more time to select a plan because I am losing Bright Health coverage?

Yes. When updating your 2023 Marketplace application, be sure to indicate that you're losing your 2022 health coverage as of December 31, 2022. Be sure to check the name of the person losing Bright Health coverage when you are asked if anyone will lose qualifying health coverage in the next 60 days.

I received a notice from CMS that stated I will be enrolled in a new plan for 2023 if I do not select one during open enrollment. How do I reach my "default insurer" to find out more about their insurance products?

For Bright Health enrollees losing coverage, you can contact the other insurers offering coverage on [healthcare.gov](https://www.healthcare.gov) at the following phone numbers. You can also shop on [healthcare.gov](https://www.healthcare.gov) to compare all available health plans.

- Ambetter (Nebraska Total Care) 1-800-731-3954
- Blue Cross and Blue Shield of Nebraska 1-844-665-1121
- Medica 1-866-447-1193



You can also call the Health Insurance Marketplace Call Center at 1-800-318-2596 to compare and pick a plan.

I am a healthcare provider experiencing difficulty getting reimbursed by Bright Health. Can the Nebraska Department of Insurance help me?

While NDOI does not resolve contractual disputes between insurers and healthcare providers, NDOI is invested in making sure that Bright Health meets its obligations under the contracts that remain in force in Nebraska through the end of 2022. If you have concerns, please be prepared to provide a count of outstanding claims with claim numbers, as well as a total dollar amount that remains outstanding with Bright Health. You can reach NDOI with these concerns by contacting Market Conduct Administrator John Koenig at John.Koenig@nebraska.gov or Deputy Director and General Counsel Martin Swanson at Martin.Swanson@nebraska.gov.