



BRIGHT HEALTH MEDICARE ADVANTAGE PLAN ENROLLMENT SUMMARY

To make sure you fully understand the details and benefits of the Bright Health Medicare Advantage plan you enrolled in, we ask that you carefully review and confirm the information below, with your licensed sales representative.

Plan Information

I enrolled in:

- Bright Advantage (HMO) \$0 monthly premium plan
I purchased the following optional Bright Extra Benefits:
 - Vision Services \$4 monthly premium
 - Dental Services \$14 monthly premium
 - None
- Bright Advantage Plus (HMO) \$28 monthly premium plan

My plan coverage begins: ____/____/____

By initialing below, I understand that:

- ____ I must have Medicare Part A and Part B to enroll in this plan.
- ____ My plan is available in Arizona in Maricopa County only. If I move outside of Maricopa County for more than six months in a row, I understand I will need to enroll in a new plan.
- ____ My plan will now provide all of my Medicare health and prescription drug coverage.
- ____ My plan is a Health Maintenance Organization (HMO) and I understand that services outside the network may not be covered by Bright Health.
- ____ I cannot be enrolled in both a Medicare Advantage plan and a Medicare Supplement Insurance (Medigap) policy, at the same time. If I have a Medicare Supplement Insurance policy right now, I will cancel the Medicare Supplement Insurance policy once I receive confirmation of my Bright Health Medicare Advantage plan enrollment.
- ____ I cannot be enrolled in both a Bright Health Medicare Advantage plan and a stand-alone Medicare Part D prescription drug plan, at the same time. If I have a stand-alone Medicare Part D prescription drug plan, CMS will automatically cancel my Medicare Part D prescription drug plan once my Bright Health Medicare Advantage plan enrollment has been accepted.

_____ I can cancel enrollment in my Bright Health Medicare Advantage plan before my coverage starts by calling Member Services at (844) 202-4463. If, after my coverage starts, I want to switch or leave my Bright Health Medicare Advantage plan, I understand I will need to wait until the Open Enrollment Period (October 15-December 7 of each year) to switch Medicare Advantage plans unless I qualify for a Special Enrollment Period.

Monthly Premium Information

By initialing below, I understand that:

- _____ I need to continue to pay my Medicare Part B premium unless the state or another third party pays this premium for me. Bright Advantage comes with a \$0 monthly premium. Bright Advantage Plus comes with a \$28 monthly premium. If there is a premium, I understand that I must pay that premium to receive plan coverage.
- _____ If I owe a Late Enrollment Penalty (LEP), it will be in addition to the monthly premium (if any) that comes with my Bright Health Medicare Advantage plan.

Network/Provider Information

My primary care provider is _____

My specialist(s) is/are _____, _____, _____

By initialing below, I understand that:

- _____ Bright Health Medicare Advantage plans include access to a carefully selected network of providers I must use when I need healthcare services to keep my care affordable.
- _____ If I am not sure if a provider is in the network, I can call Bright Health Member Services at (844) 202-4463, 8am - 8pm, local time, 7 days a week Oct. 1 – Feb. 14, weekdays Feb. 15- Sept. 30 (TTY: 711) or go online www.BrightHealthPlan.com/Medicare to confirm if they are in the network.
- _____ My primary care provider indicated above is in the network.
- _____ My specialist(s) indicated above is/are in the network.

Prescription Information

My prescription medications are listed below:

Name	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

By initialing below, I understand that:

- _____ My Bright Health Medicare Advantage plan annual prescription drug deductible is \$_____.
- _____ The cost to me for my prescriptions may not be the same if I purchase my prescriptions at a retail pharmacy as compared to purchasing my prescriptions by mail order.
- _____ I understand that this plan could change each year. My 2018 Bright Health Medicare Advantage plan is effective from_____, 2018 to December 31, 2018.
- _____ I understand I can enroll in a different plan each year during the Annual Open Enrollment Period (October 15 – December 7).
- _____ If I have questions about my plan or if my needs change, I can call my licensed sales representative, _____ at (____) ____-____ or Member Services at (844) 202-4463, 8am -8pm, local time, 7 days a week Oct. 1 – Feb. 14, Monday - Friday Feb. 15 - Sept. 30 (TTY: 711).

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and copayments/coinsurance may change on January 1 of each year. The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. You must continue to pay your Medicare Part B premium. Other providers are available in our network. Most network providers participate through our Care Partner, Arizona Care Network.

Bright Advantage and Bright Advantage Plus are Medicare Advantage plans with a contract with the Federal government. Enrollment in the plan depends on contract renewal. Our plans are issued through Bright Health Insurance Company of Alabama, Inc.; Bright Health Insurance Company of Arizona; Bright Health Insurance Company.