



Introducing a Brighter kind of Medicare Advantage plan

Agency Code:

Agent Code:

Bright Health welcomes you to think
differently about your health plan

We believe in a more personalized
approach to healthcare

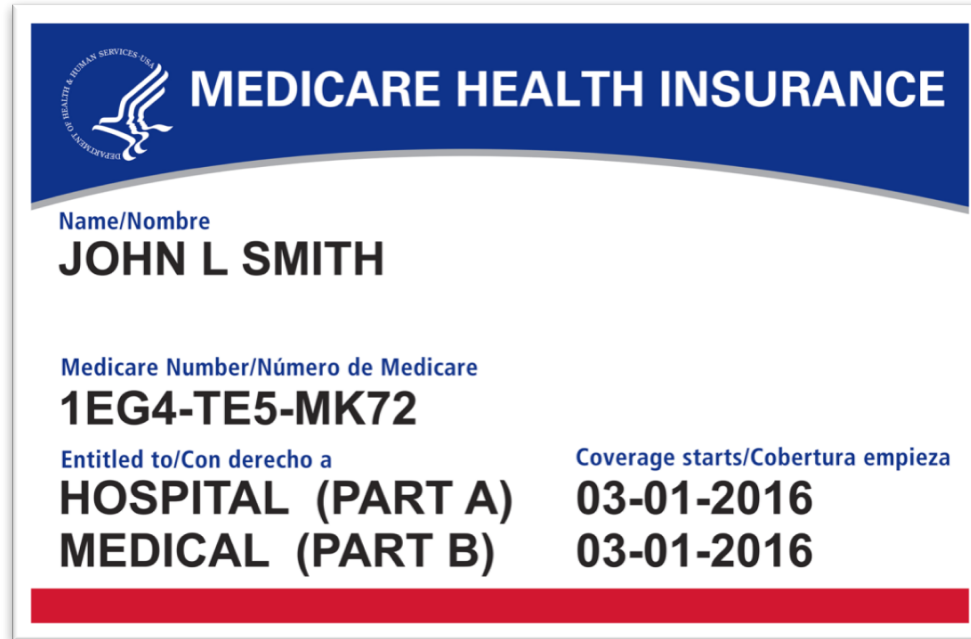
And that's why we've partnered with
Arizona Care Network (ACN) to offer
you our BRIGHTEST Medicare
Advantage plan options

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Medicare Overview

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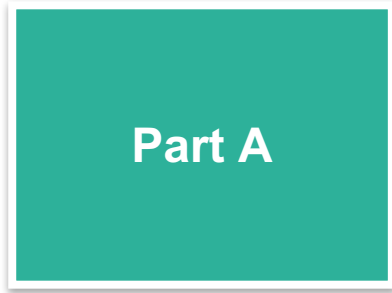
Original Medicare



The image shows a Medicare Health Insurance card. At the top left is the logo for the Department of Health & Human Services, USA, featuring an eagle. To the right of the logo, the text "MEDICARE HEALTH INSURANCE" is written in white on a blue background. Below this, the cardholder's name "JOHN L SMITH" is listed under the heading "Name/Nombre". The Medicare Number "1EG4-TE5-MK72" is listed under the heading "Medicare Number/Número de Medicare". The card also lists the types of coverage and their start dates: "HOSPITAL (PART A)" and "MEDICAL (PART B)", both starting on "03-01-2016". The headings for these are "Entitled to/Con derecho a" and "Coverage starts/Cobertura empieza". A red horizontal bar is at the bottom of the card.

NAME/Nombre	
JOHN L SMITH	
MEDICARE Number/Número de Medicare	
1EG4-TE5-MK72	
Entitled to/Con derecho a	Coverage starts/Cobertura empieza
HOSPITAL (PART A)	03-01-2016
MEDICAL (PART B)	03-01-2016

Part A – Hospital stays



Most people are automatically enrolled in Part A when turning 65

If you've paid in to Medicare for 10 years, Part A has no monthly premium

In general, if you're admitted as inpatient at a hospital, it covers most of the charges for hospital services.

- You will have a deductible and copays and there are limits to how many days you'll have coverage
- Part A does not cover the fees charged by the doctors who participate in your care, that is where Part B can help

Part B – Medical care



Part B

For care you receive in a clinic or outpatient at a hospital:

This includes doctor visits and most routine and emergency medical services.

Similar to Part A, most are automatically enrolled in Part B when turning 65, but you can elect to delay coverage (i.e. you are still working and receive coverage through your employer's health insurance plan).

Comes with a monthly premium based on your income.

Many people elect to have their Part B premium automatically deducted from their Social Security check.

Medicare Part B pays 80% of the cost for most outpatient care and routine services, and **you pay 20%**.

- There is no maximum to what you may have to pay

What Original Medicare does not cover

- Most prescription drugs
- Preventive or comprehensive dental, vision, or hearing benefits
- Charges for inpatient hospital and skilled nursing days beyond limits set by Medicare
- Certain preventive and routine care services
- Most care received outside of the United States
- Non-Medicare covered benefits and services

Original Medicare does not have an out-of-pocket maximum.

Part C - Medicare Advantage (MA)

Part C - Medicare Advantage plans are offered by private health insurance companies

Medicare Advantage plans manage your Part A and B benefits, and include benefits you can't get with Original Medicare, like prescription drugs.

You must be enrolled in Parts A and B to join a Medicare Advantage plan.

Most MA plans include extra benefits for things like vision, dental, and hearing at an affordable cost.

Medicare Advantage plans may offer a \$0 and include prescription drug coverage, for no additional monthly premium (also called an MAPD plan).

Medicare Advantage premium plans often come with additional benefits beyond what you get with a \$0 premium plan.



Part D – Prescription drug coverage



Part D

For Prescription drugs

You can get Part D prescription drug coverage by enrolling in a stand-alone Part D plan, or enrolling in a Medicare Advantage Plan with Part D coverage included (MAPD).

Drug lists and pricing vary by plan. What you pay for each prescription drug is dependent upon the plan's drug list, the drug's tier, and the pharmacy you choose to fill your prescriptions.

- Generally, you'll pay a copay or coinsurance for your prescriptions.

Low income subsidy (LIS), extra help & Part D late enrollment penalty

If you have limited income, you may qualify for extra help to pay for prescription drug costs.

For more information, contact:

LOCAL SOCIAL SECURITY OFFICE

Monday-Friday, 7 a.m. to 7 p.m.

1-800-772-1213

TTY users: 1-800-325-0778

1-800-MEDICARE (1-800-633-4227)

24 hours per day, 7 days a week

TTY users: 1-877-486-2048

If you don't enroll in a Medicare drug plan when you are first eligible, and choose to enroll later, you may have to pay a late penalty if:

- You didn't have prescription drug coverage
- You had a plan that didn't qualify as creditable coverage

Medicare sets the penalty amount and adds it to your monthly plan premium.

You must pay the penalty as long as you are enrolled in a Medicare drug plan.

Ask your plan administrator if the plan you are moving from qualifies as creditable coverage.

Key enrollment dates

Initial Enrollment Period (IEP) for Original Medicare Example: Turning 65

- 7-month period surrounding your 65th birthday
- Includes 3 months before, the month of your 65th birthday, and the 3 months after

2018 Annual Election Period (AEP) for Medicare Advantage plans

- October 15 to December 7 (includes MA and MAPD plans)
- Annual plan changes are effective January 1

Special Enrollment Period (SEP) for Medicare Advantage plans Example:

- Turning 65
- Move out of previous plan's coverage area
- Retirement post age 65

Medicare Advantage eligibility requirements in Maricopa County

1

Enrolled in Medicare Part A + Part B

2

Maricopa County resident

3

In most cases, you can't have End Stage Renal Disease (ESRD)

If you have been diagnosed with end-stage renal disease and require dialysis, you may not be eligible to enroll in Bright Advantage or Bright Advantage Plus plan but you may qualify for a special needs plan.

Contact your sales agent or Bright Health for additional details. Or, visit [MedicareMadeBright.com](https://www.MedicareMadeBright.com) for more details.

Medicare Advantage, is it for you?

- What Bright Health Medicare Advantage plans cover:
 - All benefits under Original Medicare Parts A and B*
 - Part D prescription drug coverage
 - Additional benefits that you do not get with original Medicare

*You must continue to pay your Medicare Part B Premium.

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Questions about Medicare?

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Bright Health Medicare Advantage plans with Arizona Care Network (ACN)

- Bright Advantage (HMO): \$0 Premium plan
- Bright Advantage Plus (HMO): \$28 Premium plan



Other providers are available in our network. Most network providers participate through our Care Partner, Arizona Care Network.

The Bright Health provider advantage:

Together with Arizona Care Network (ACN), we are a community of health professionals dedicated to helping you live your Brightest life.

Bright Health offers competitive benefits through Arizona Care Network, which has a robust community of over 950 quality primary care providers and 3,900 specialist physicians in over 1,200 locations valley wide, dedicated to helping you achieve physical, emotional and spiritual well-being. Enjoy peace of mind that comes with an extensive selection of doctors and hospitals dedicated to helping you live your Brightest life.

We are committed to the relationship you have with your primary care physician. Together, we will help coordinate the care you need, including access to any participating Arizona Care Network specialist.

Other providers are available in our network. Most providers participate through our Care Partner, Arizona Care Network.

Network data and figures based on Arizona Care Network information as of 07/11/2017.

Bright Health Medicare Advantage plan benefits

We have Bright Benefits all wrapped up into one, happy plan:

	Bright Advantage	Bright Advantage Plus
Monthly Premium	\$0	\$28
Annual Medical Deductible	\$0	\$0
Annual Prescription Drug Deductible	\$0	\$0
Annual Out-of-Pocket Maximum*	\$3,750	\$3,500
Primary Care Visit	\$0 copay	\$0 copay
Prescription Drug Benefit**	✓	✓

*The annual out-of-pocket maximum does not include Part D prescription drugs, or optional Bright Extra Benefits

**Our plans include a Part D prescription drug benefit. Costs vary based on the medications you take.

Give us a call or go on line to BrightHealthPlan.com/Medicare for a comprehensive review of the drugs you take and what you would spend with a Bright Medicare Advantage plan.

Bright Extra Benefits (included)

We have Bright Extra Benefits to meet your whole health needs. Head to toe. Body to mind.

	Bright Advantage	Bright Advantage Plus
Vision Services	One exam annually for a \$0 copay.	One exam annually for a \$0 copay plus \$130 toward eyeglass frames or contact lenses.
Hearing Services	\$0 copay for annual hearing exam and \$2,000 toward hearing aids every (3) years.	\$0 copay for annual hearing exam and \$2,000 toward hearing aids every (3) years.
Dental Services	\$0 copay for one preventive oral exam, one cleaning, and one set of bitewing X-rays, annually.	\$0 copay for one preventive oral exam, one cleaning, and one set of bitewing X-rays, annually. There's no benefit maximum and no annual deductible.
Silver&Fit® fitness program	No fees for membership at a participating facility.	No fees for membership at a participating facility.
Acupuncture	12 visits per year for a \$20 copay per visit.	12 visits per year for a \$20 copay per visit.

If you want more coverage, Bright Health offers optional Bright Extra Benefits at a low monthly premium

Want even more dental and/or vision coverage? With our Bright Advantage Medicare plans, you can boost your coverage for an additional monthly premium.

	Bright Advantage	Bright Advantage Plus
Vision Services	\$4 monthly premium. You get \$130 annually toward eyeglass frames or contact lenses.	These benefits are already included in your Bright Advantage Plus plan.
Dental Services	\$14 monthly premium. You pay a copay for the services you use. There's no maximum benefit limit and no annual deductible.	

Prescription drug coverage

Bright Advantage - \$0 premium

Drug Benefit – Retail (30 day supply)	Copay/Coinsurance
Tier 1 (Preferred Generic)	\$2
Tier 2 (Generic)	\$8
Tier 3 (Preferred Brand)	\$45
Tier 4 (Non-preferred Drug)	\$95
Tier 5 (Specialty Tier)	33%

Coverage Gap/Donut Hole
 You will typically pay 35% of the plan's cost for Brand-name drugs and 44% for Generics

Catastrophic Coverage
 You will pay \$3.35 or 5% of the plan's cost for Brand-name drugs and \$8.35 or 5% for Generics

Bright Advantage Plus - \$28 premium

Drug Benefit – Retail (30 day supply)	Copay/Coinsurance
Tier 1 (Preferred Generic)	\$0
Tier 2 (Generic)	\$8
Tier 3 (Preferred Brand)	\$45
Tier 4 (Non-preferred Drug)	\$95
Tier 5 (Specialty Tier)	33%

Coverage Gap/Donut Hole
 You will typically pay 35% of the plan's cost for Brand-name drugs and 44% for Generics

Catastrophic Coverage
 You will pay \$3.35 or 5% of the plan's cost for Brand-name drugs and \$8.35 or 5% for Generics

Bright Health pharmacy network overview

- Convenient pharmacy locations that make it easy for you to fill your prescriptions.
- Over 1,000 locations in Arizona with access to thousands of CVS pharmacies nationwide.

Find a pharmacy near you at:

www.brighthealthplan.com/medicare/pharmacy-finder

Silver&Fit ® fitness program

- No cost to participate
- Access exercise equipment, weights and specially designed fitness classes at participating Silver&Fit facilities
- Facility fitness advisors help you get the most out of your membership
- Track your fitness achievements with apps and challenges
- May choose home exercise kits instead of facility membership
- Healthy aging information and classes online or via mail

To find a local facility near you, visit silverandfit.com or call Bright Health.

The Silver&Fit Program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit and the Silver&Fit logo are federally registered trademarks of American Specialty Health Incorporated.

Covered preventive services

Bright Health Medicare Advantage plans offers these preventive services at no additional cost to you:

- Annual Wellness Visits
- Flu shots and Hepatitis B shots
- Mammograms
- Diabetes screenings
- Cardiovascular disease screenings
- Colorectal cancer screenings
- Glaucoma testing
- Nutrition therapy services
- Bone mass measurements (BMI)



Questions about
Bright Advantage
or
Bright Advantage Plus?



Ready for a Brighter Medicare experience? Enroll Today.

1

Speak with a Bright Health agent today

2

Call Bright Health
(844) 679-2036

8am – 8pm, local time
7 days a week, Oct 1 – Feb 14
Monday-Friday, Feb 15 – Sep 30
TTY: **711**

What to expect when you enroll

When you've enrolled in Bright Advantage or Bright Advantage Plus plan, here is what you can expect next:

STEP 1 (if needed): You will receive an additional letter if more information is required to complete your enrollment

STEP 2: Your application will be sent to The Centers for Medicare and Medicaid Services (CMS) for review and approval. Once approved, you may receive a verification and welcome call from Bright Health.

STEP 3: We'll send you a confirmation letter which includes acknowledgement and confirmation of your plan enrollment in a Bright Health Medicare Advantage plan.

STEP 4: After your enrollment has been verified and approved, you will receive your plan ID card and a welcome packet from Bright Health.



Check out www.MedicareMadeBright.com for more information

The screenshot shows the top navigation bar of the MedicareMadeBright.com website. On the left is the 'bright HEALTH' logo. To its right is a 'SELECT A STATE' dropdown menu with 'Select State' as the current selection. Further right are three navigation links: 'LEARN ABOUT MEDICARE', 'PLAN DETAILS', and 'LEARN ABOUT BRIGHT'. A dark purple horizontal bar spans the width of the page, with a blue arrow pointing right and the text 'Enroll Now' inside it. Below this bar, the main content area is light blue. On the left, there is a large heading 'Medicare Plans Made Brighter' followed by a paragraph: 'Looking for a simple and affordable Medicare Advantage Plan? Bright Health has you covered.' On the right, there is a form section with the text 'Enter your ZIP to find Bright Medicare plans in your area.' Below this text is a search box with 'Zip Code' as a placeholder and a blue button labeled 'Find Plans'. At the bottom of this section is a link: 'Want more information before you decide? Learn more about Medicare.'

Find your Arizona Care Network provider

Make sure your doctor is in-network. If not, let us help you find one in our network.

BrightHealthPlan.com/Medicare

Confirm your drugs are covered

Make sure your drugs are covered and find your closest pharmacy.
Want to cut your drug costs? We may have ways to help.

BrightHealthPlan.com/Medicare/Provider-Finder

Other useful resources for you

Bright Health Plan

(844) 679-2036

8am – 8pm local time

7 days a week, Oct 1 – Feb 14

Monday-Friday, Feb 15 – Sep 30

TTY: 711

MedicareMadeBright.com

Medicare Helpline

7 days a week, 24 hours a day

1-800-633-4227

TTY 1-877-486-2048

medicare.gov

Social Security

Monday-Friday, 7 a.m. to 7 p.m.

1-800-772-1213

TTY 1-800-325-0778

ssa.gov

NOTE: This presentation is not a plan Summary of Benefits. Please refer to your Evidence of Coverage for additional plan benefit information.

Thank you for your time today!

[<Agent Name>

<Agent email>

agency code: <XYZ>

Important information

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or 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 Part B premium. Other providers are available in our network. Most network providers participate through our Care Partner, Arizona Care Network. Consult your provider directory for a complete list of in-network care partners. If you see a non-network provider, the health care services will not be covered under our plans.

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 Company of Arizona; Bright Health Insurance Company.

Bright Health legal and compliance information

Bright Health is committed to investigating and correcting Fraud, Waste and Abuse. Preventing Fraud, Waste and Abuse helps to keep healthcare affordable. We encourage our members, providers, employees and other parties to report suspected unethical or illegal conduct or suspected Fraud, Waste & Abuse.

Reporting Potential Fraud, Waste & Abuse, or Suspicious Activity

If you think that insurance fraud, waste, abuse, or other suspicious activity has occurred, may be occurring, or is going to occur, please report it immediately.

To report suspected fraud, waste, abuse or other suspicious activity, call Bright Health's Compliance Hotline at: **(855) 208-3766**.

If you report suspicious or fraudulent activity, be sure to include as much detail as possible with your report so we can investigate the issue. Reports can be made anonymously. All reports are treated as confidential and will be investigated. We will not release your personal information unless we are required to do so, for example, under court rule or subpoena. We may refer the activity to law enforcement or to the appropriate regulatory body. Members or Providers that are found to be engaging in suspicious activity, fraud or abuse are subject to removal from the plan and recovery of any overpayments.

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Thank you

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