

Plan Names SEP FAQ

Important Information for Brokers

A Special Enrollment Period (SEP) has been opened by the Centers for Medicare and Medicaid Services (CMS) to ensure members clearly understand the health benefits associated with the health plan they purchased during Open Enrollment for 2022. This SEP is being offered due to a discrepancy in plan name information listed on the Federally Facilitated Marketplace (FFM; eg. Healthcare.gov).

Below are some important FAQs to assist you if you get questions from members.

1. Which members does this SEP affect?

This SEP affects members in Alabama, Arizona, Florida, Georgia, Illinois, North Carolina, Nebraska, Oklahoma, South Carolina, Texas, Utah and Virginia who purchased a Bright HealthCare plan via the FFM during Open Enrollment for 2022 benefits. Affected members fall into one of two categories:

- Notification required, but no SEP necessary
- Notification and SEP required

For your reference, a [complete list of affected Bright HealthCare plans](#) has been posted, which can be filtered by each impacted state. Letter examples are at the end of this FAQ.

2. When will impacted IFP members be notified?

Bright HealthCare will mail the notice letter to impacted members on Friday, May 20. Letters will be sent to members in Arizona, North Carolina and Texas on May 27.

3. When does the SEP begin?

The SEP begins on the date indicated on your letter and will run for 60 days from that date.

4. What are my current plan benefits? What is changing?

If you are happy with your current plan, no action is needed. Here's a reminder of what benefits are associated with your selected health plan. You will have a certain number of \$0 benefits before your copay or deductible kick in:

- Number of \$0 primary care provider visits: [share number]
- Number of \$0 specialist visits: [share number]
- Number of \$ generic prescriptions: [share number]

5. What options do I have now?

Bright HealthCare remains confident in this benefit plan design. As part of the SEP, you have three options available to you:

- **You do not need to make any changes if you are happy with your current plan.** You can stay in your current Bright HealthCare plan, continuing current coverage as-is.
- You can switch to another Bright HealthCare plan that is more suitable to your needs.
- You can choose a non-Bright HealthCare plan, terminating your coverage with us. If you wish to change to another plan, they can work directly with your broker or call the marketplace helpline at 1-800-318-2596 (TTY: 1-855-889-4325).

6. What happens if I switch to a different Bright HealthCare plan?

If you switch to a new Bright HealthCare plan, any payments you have made toward annual deductibles and your annual maximum out-of-pocket limit will apply to your new plan (they won't restart at zero).

7. If I choose to switch plans, what would the coverage start date be?

If you wish to select a new plan, either through Bright HealthCare or with another insurance provider, they have two options:

- Choose a **prospective coverage start date**, which will allow you to begin the coverage for your new plan in the future, based on the next effective coverage date.
- Choose a **retroactive coverage start date**, which will allow you to have the new plan take effect on the date that your Bright HealthCare plan started.

8. What happens if I choose a prospective coverage start date?

Your previous payments will not be refunded. You will simply start paying for your new coverage.

- If you switch to a new plan with Bright HealthCare, any payments you have made toward annual deductibles and annual maximum out-of-pocket limit will apply to your new plan (they won't restart at zero).
- If you switch insurance companies, your annual deductibles and annual maximum out-of-pocket limit will restart at zero upon your new enrollment date.

9. What happens if I choose a retroactive coverage start date?

If you switch to a **new plan with Bright HealthCare**, any payments you have made toward annual deductibles and annual maximum out-of-pocket limit will apply to your new plan (they won't restart at zero).

It is a bit more complicated if you **choose a new insurance company**.

- Bright HealthCare will refund any premiums paid back to your start date and reverse all claims.
- You will need to pay your newly selected insurer the premiums for all months of coverage back to the start date, and the new insurer is responsible for all covered services from the start date.
- In this case, annual deductibles and annual maximum out-of-pocket limit will restart at zero upon your new enrollment date.

10. If I switch plans, am I still eligible for Bright HealthCare Rewards?

If you join a Bright HealthCare plan as a new member during this SEP, you are not eligible for Bright HealthCare Rewards. If you joined a Bright HealthCare plan between January 1 and April 1, and as a part of the SEP elect to switch to a new plan within Bright HealthCare, you are still eligible for the Bright HealthCare Rewards program.

- Eligibility is based on original member effective date
- If members have not yet signed up, they will have until May 31, 2022, to do so.
- After signing up, they have 60 days to complete the rewards activities.



Letter Examples for reference

English

[SEP Notification](#)

[Notification Only, No SEP](#)

Spanish

[SEP Notification](#)

[Notification Only, No SEP](#)