

BRIGHT HEALTHCARE BROKER ANNOUNCEMENT

FAQs

Bright Health is focusing its business on delivering value-driven healthcare to aging and underserved populations. This means that Bright HealthCare will no longer offer Individual and Family Plan (“IFP”) products and will not offer Medicare Advantage (“MA”) products outside of California for 2023.

It is a priority for Bright HealthCare to continue to provide the best service and experience to the members, providers, brokers, and other partners in discontinued markets, and to ensure that all impacted members are able to move to new plans with no interruption in coverage.

Below are some important FAQs to assist members in making this transition for 2023.

1. When will MA market exits be effective?

Bright HealthCare insurance coverage ended on December 31, 2022, for members enrolled in Bright HealthCare MA products in Arizona, Colorado, Florida, Illinois, and New York.

2. When will the IFP market exits be effective?

Coverage ended on December 31, 2022, for members enrolled in a Bright HealthCare IFP product in Alabama, Arizona, California, Colorado, Florida, Georgia, Illinois, Nebraska, New Mexico, North Carolina, Oklahoma, South Carolina, Tennessee, Texas (for plans purchased on the federal Health Insurance Marketplace (the “Exchange”)), Utah, and Virginia. For Texas members who purchased plans off the Exchange, coverage will end on July 31, 2023.

3. When will impacted IFP members be notified?

Members enrolled in most Bright HealthCare IFP plans received notification in 2022. We have also notified Texas members who purchased plans off the Exchange that their coverage will end on July 31, 2023.

4. Who can I speak with if I have questions or need additional information?

Please email the Broker Service Unit (BSU) at brokers@brighthouse.com.

IFP Member-Specific Questions:

1. Can they make an exception for me?

Unfortunately, we cannot make any exceptions.

2. When will my coverage end?

Coverage ended on December 31, 2022, for members enrolled in a Bright HealthCare IFP product in Alabama, Arizona, California, Colorado, Florida, Georgia, Illinois, Nebraska, New

Mexico, North Carolina, Oklahoma, South Carolina, Tennessee, Texas (for plans purchased on the Exchange), Utah, and Virginia. For those Texas members who purchased plans off the Exchange, coverage will end on July 31, 2023.

3. If I'm a Texas member who purchased coverage off Exchange, when can I enroll in a new IFP for 2023?

Texas members who purchased coverage off Exchange qualify for a Special Enrollment Period, which allows them to select a new major medical plan through the Exchange, so they have coverage for the remainder of 2023. Texas members who purchased coverage off Exchange can initiate the Special Enrollment Period by visiting www.healthcare.gov/screener/sep/next-steps/loss-of-coverage/ or contact the Marketplace Call Center at (800) 318-2596 to report the loss of coverage. You have up to 60 days before or 60 days after the date you lose qualifying health coverage, which will be July 31, 2023, to report the loss of coverage and trigger a Special Enrollment Period. If you do not timely report the loss of coverage, or if you do not enroll in a new plan during the Special Enrollment Period, you will not be able to enroll in a new plan until the next Open Enrollment period, which will begin in November 2023.

4. Is there a way for me to tell if my current providers are covered as I consider new plans?

The best way to determine this information is to ask your healthcare provider. If you prefer to research yourself, the tools on Healthcare.gov can help you find an alternate plan or direct you to local resources to help with your search.

5. Who can I call at Bright HealthCare for more information?

If you have questions or concerns and would like to contact Bright HealthCare directly, you can reach the member services team at the numbers below:

- Alabama, Arizona, Colorado, Florida, Illinois, Oklahoma, North Carolina, Nebraska, South Carolina, and Tennessee members should call 855-827-4448.
- California, Georgia, Texas, Virginia, and Utah members should call 844-926-4524.
- New Mexico members can call 844-508-4677

MA Member-Specific Questions:

1. Can they make an exception for me?

Unfortunately, we cannot make any exceptions.

2. When will MA coverage end?

Bright HealthCare insurance coverage ended on December 31, 2022 for members enrolled in Bright HealthCare MA products in Arizona, Colorado, Florida, Illinois, and New York.

3. When can members enroll in new MA coverage for 2023?

The Medicare annual enrollment period (AEP) started on October 15 and ran until December 7, 2022, to ensure a January 1, 2023, effective date. If you didn't take action before December 31, you are only covered by Original Medicare starting January 1, 2023.

Even if Medicare places you in Original Medicare, you still have other opportunities to join a Medicare health or drug plan. Because your Bright HealthCare plan will no longer be available to you, and to provide you additional time to evaluate your options, you have a special opportunity to join a new plan any time until February 28, 2023. If you join a new MA plan AFTER December 31, 2022, your coverage in the new plan won't start until the month after you join.

4. What will happen to my prescription drug coverage?

If you don't join a plan with prescription drug coverage or a stand-alone Prescription Drug Plan with Original Medicare by February 28, 2023, you won't have prescription drug coverage in 2023 and you may have to pay a lifetime Part D late-enrollment penalty if you join a Medicare prescription drug plan later.

5. How do I ensure my prescriptions are transferred to the new plan?

Please remember to update your pharmacy with your new insurance information. It's always a good idea to refill or update prescriptions to ensure you have enough supply as you transition plans.

6. How do I go about finding a new MA plan?

You can work directly with your broker or trusted adviser, who can provide a more personalized level of service. You can also call 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. In addition, there are many helpful tools and resources at [Medicare.gov](https://www.Medicare.gov) to assist you in choosing a new plan.

7. Is there a way for me to tell if my current providers are covered on the new plan?

The tools on [Medicare.gov](https://www.Medicare.gov) can help you find an alternate plan or direct you to local resources to help with your search.

8. How can I ensure that all my information rolls over to the new plan?

Your new plan will help you transition your current care plans and prescriptions to your new benefit in 2023. You should call your new plan at the beginning of the year to make sure they have all your relevant information.

9. Who can I call at Bright HealthCare for more information?

Members can call Member Services at 844-926-4521 for more information. Spanish speaking members can call 844-926-4520.

IFP California-Specific Information

1. You qualify for a Special Enrollment Period.

Due to our withdrawal from the individual market, you qualify for a Special Enrollment Period which ends March 1, 2023, giving you even more time to make your choice. Through Covered California, you can get help paying for your health insurance through tax credits or lower out-of-pocket costs.

2. How can I enroll in a health plan in California?

You can buy health insurance through Covered California during Open Enrollment which started on November 1, 2022 and runs through January 31, 2023. You can use Covered California if you do not have insurance through your employer or through Medicare. You can also apply for Medi-Cal through Covered California.

You must apply for Covered California during an open or special enrollment period. Medi-Cal applications can be made at any time. If you have a life change such as marriage, divorce, a new child, or loss of a job, you can apply at the time the life change occurs (special enrollment period).

Through Covered California, you may also get help paying for your health insurance:

- Receive tax credits: You can use your tax credit to help pay your monthly premium.
- Reduce your out-of-pocket costs: Out-of-Pocket costs are how much you pay for things like going to the doctor or hospital or getting prescription drugs.

To qualify for insurance payment assistance, you must:

- Meet certain household income limits; and
- Be a U.S. Citizen, U.S. national or be lawfully present in the U.S.
- In addition, other rules and requirements apply.

You can also buy coverage directly from health insurers, health plans, or insurance agents during Open Enrollment and Special Enrollment periods, but the financial help is available only if you select a Covered California product.

Note that if you believe your healthcare coverage has been, or will be, improperly cancelled, rescinded, or not renewed, you have the right to file a grievance with the plan and/or the Department of Managed Health Care.

You may submit a grievance to Bright HealthCare by calling **844-926-4524**, online at **[BrightHealthcare.com](https://www.brighthealthcare.com)**, or by mailing your written grievance to:

Bright HealthCare
Grievance and Appeals Unit P.O. Box 1519 Portland, ME 04104



You may want to submit your grievance to Bright HealthCare first if you believe your cancellation, rescission or nonrenewal is the result of a mistake. Grievances should be submitted as soon as possible.

Bright HealthCare will resolve your grievance or provide a pending status within three (3) calendar days. If you do not receive a response from the plan within three (3) calendar days, or if you are not satisfied in any way with the plan's response, you may submit a grievance to the Department of Managed Health Care at:

By mail:

Help Center
Department of Managed Health Care
980 Ninth Street, Suite 500
Sacramento, California 95814-2725

By phone:

(888) 466-2219
TDD: (877) 688-9891
FAX: (916) 255-5241

Or online:

HEALTHHELP.CA.GOV