

## IFP MEMBER ANNOUNCEMENT

### FAQs

Bright Health Group 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 products (except in Texas, for members who purchased plans off the Exchange) and will not offer Medicare Advantage 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 you in making this transition for 2023.

#### IFP Member-Specific Questions:

**1. Can they make an exception for me?**

Unfortunately, no. This does not change the care our members are currently receiving during this plan year.

**2. When will my coverage end?**

Coverage will end on December 31, 2022, for members enrolled in a Bright HealthCare Individual and Family Plan 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.

**3. When can I enroll in new Individual and Family coverage for 2023?**

The Health Insurance Marketplace 2023 open enrollment period began on November 1 and runs through December 15, 2022, to ensure a January 1, 2023, effective date. During this period, you can compare plans and select your new plan for the coming year.

**4. How do I go about finding a new Individual and Family plan?**

There are tools and resources at [Healthcare.gov](https://www.healthcare.gov) to assist you in choosing a new plan.

**5. 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](https://www.healthcare.gov) can help you find an alternate plan or direct you to local resources to help with your search.

**6. 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 of your relevant information.

## 7. 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.

## 8. Will the Exchange be moving Bright HealthCare members into new plans for 2023?

The Exchange will be passively moving Bright HealthCare IFP members to new health plans for 2023. Some health insurance plans may begin reaching out to these members to welcome and educate them on their 2023 plan. Members can change their plan any time during the Open Enrollment Period, and they should contact their broker or visit [Healthcare.gov](https://www.healthcare.gov) to review their plan choices for 2023. Members who purchased plans off the Exchange will not be moved to new carriers automatically, and they must select a new plan in order to keep their healthcare coverage in 2023.

### 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](http://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**