bright HEALTH | ACN Arizona Care Network

2018

Bright Health Summary of Benefits

Bright Advantage (HMO)
H4853-001

Bright Advantage Plus (HMO)
H4853-002

Y0127_H4853-MA-DIR-743 Accepted

Welcome to Bright Health.

Enclosed you will find our summary of the health and drug services covered by Bright Health Medicare Advantage plans from January 1, 2018 to December 31, 2018 for Maricopa county.

Keep in mind, this is a *summary* of what's covered and what you would pay for those benefits and services. For a complete coverage list, including limitations and exclusions, please refer to our Evidence of Coverage ("EOC"). You can find an EOC online at BrightHealthPlan.com/Medicare, or you can request a printed copy to be mailed to you by calling us at 1-844-679-2032, 8 am-8 pm MST, 7 days a week Oct. 1-Feb. 14, Monday-Friday Feb. 15-Sept. 30, TTY: 711.

We designed our plans a little differently.
We believe that health insurance and healthcare work better together. So, that's why we built our health plans from the ground up, with carefully selected Care Partners like Arizona Care Network ("ACN"). Our partnership with ACN means you benefit from a connected care system that puts your healthcare needs at the center. With a network of hand-picked doctors, working together on your behalf, you get to focus on living your Brightest life.

This is healthcare that revolves around you.
When your health plan and your healthcare providers are working together, you're always at the center – but never caught in the middle.

We're proud of our Medicare Advantage plans and we think you'll love them, too. But we also believe it's important that you enroll in the health plan that's right for you. So, take a look, and give us a call if you have any questions.

We look forward to helping you live Brighter.

Some Frequently Asked Questions:

May I choose my providers?
Bright Health has carefully selected a network of doctors, hospitals, pharmacies, and other providers. **To keep your costs down, it's important that you receive care from an in-network provider.** In most cases, if you choose to get care outside of the plan's network, you will pay more for those services. However, if you need out-of-network emergency services, out-of-area urgently needed services or out-of-area dialysis services, then we've got you covered.

To find an in-network provider near you, visit our website at BrightHealthPlan.com/Medicare or call Bright Health at 1-844-679-2032. You can also download a complete list of in-network providers from our website.

What is a prescription drug formulary?
A formulary is a list of drugs covered by a health plan. To make sure your drugs are included in the Bright Advantage and Bright Advantage Plus formulary, you can search and download our formulary online at BrightHealthPlan.com/Medicare. Or you can call Bright Health at 1-844-679-2032 to discuss your drugs. Please note that the formulary is subject to change, and you can always find the most up-to-date list of drugs on our website.

For more information, or if you have any questions, just give us a call.

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1-844-679-2032, 8 am-8 pm MST,
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If you'd like to know more about the coverage and costs of Original Medicare, please look in your current "Medicare & You" handbook. You can view it online at Medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Bright Premiums & Benefits

In Network	Bright Advantage (HMO)	Bright Advantage Plus (HMO)
Monthly Plan Premium	$0	$28
Annual Medical Deductible	$0	$0
Your Annual Out-of-Pocket Max* (does not apply to prescription drugs)	$3,750 per year	$3,500 per year

Bright Benefits

In Network	Bright Advantage (HMO)	Bright Advantage Plus (HMO)
Inpatient Hospital Coverage	$185 per day for days 1-7, $0 per day for days 8 and beyond with no limit	$170 per day for days 1-5, $0 per day for days 6 and beyond with no limit
Outpatient Hospital Coverage	$250 copay; $50 copay per day of outpatient observation	$250 copay; $50 copay per day of outpatient observation
Doctor Visits		
Primary Care Providers (PCP)	$0 copay	$0 copay
Specialists	$30 copay	$20 copay
Annual Routine Physical Exam	$0 copay	$0 copay
Preventive Care	$0 copay	$0 copay
Emergency Care	$75 copay	$75 copay
Urgently Needed Services	$30 copay	$30 copay
Diagnostic Services/Labs/Imaging		
Diagnostic Radiology Service (e.g., MRI)	20% coinsurance	20% coinsurance
Lab Services	$10 copay	$10 copay
Outpatient X-rays	$10 copay	$10 copay

In Network	Bright Advantage (HMO)	Bright Advantage Plus (HMO)
Hearing Services		
Diagnostic Hearing & Balance Evaluation	$0 copay	$0 copay
Hearing Aid Fitting & Evaluation	$0 copay	$0 copay
Hearing Aids	$2,000 every 3 years for hearing aids	$2,000 every 3 years for hearing aids
Dental Services		
Medicare-covered Dental Services	20% coinsurance	20% coinsurance
Preventive Oral Exam & Cleaning	One of each annually; $0 copay for each service	One of each annually; $0 copay for each service
Bitewing X-rays	One set annually for a $0 copay	One set annually for a $0 copay
Annual Fluoride Treatment	Not covered. You can purchase optional Bright Extra Benefits for an additional monthly premium.	Two annually; $0 copay for each service
Fillings	Not covered. You can purchase optional Bright Extra Benefits for an additional monthly premium.	Copays vary
Dentures	Not covered. You can purchase optional Bright Extra Benefits for an additional monthly premium.	Copays vary
Vision Services		
Exam to Diagnose & Treat Diseases & Injuries of the Eye	$25 copay	$25 copay
Eyewear After Cataract Surgery	$0 copay	$0 copay
Routine Eye Exam	One preventive exam annually for a $0 copay	One preventive exam annually for a $0 copay
Eyeglasses & Lenses	Not covered. You can purchase optional Bright Extra Benefits for an additional monthly premium.	$130 toward eyeglass frames or contact lenses

In Network	Bright Advantage (HMO)	Bright Advantage Plus (HMO)
Mental Health Services		
Inpatient Visit	$185 per day for days 1-7, $0 per day for days 8-90	$170 per day for days 1-5, $0 per day for days 6-90
Outpatient Group Therapy Visit	$10 copay	$10 copay
Outpatient Individual Therapy Visit	$40 copay	$40 copay
Skilled Nursing Facility	$0 per day for days 1-20, $145 per day for days 21-100	$0 per day for days 1-20, $155 per day for days 21-100
Physical Therapy, Occupational Therapy, or Speech Therapy Visit	$25 copay	$25 copay
Ambulance	$200 copay	$200 copay
Transportation	Not covered	Not covered
Medicare Part B Drugs	20% coinsurance	20% coinsurance
Foot Care (Podiatry Services)		
Medicare-covered Foot Exams & Treatment	$25 copay	$25 copay
Medical Equipment / Supplies		
Durable Medical Equipment (e.g., wheelchairs, oxygen)	20% coinsurance	20% coinsurance
Prosthetics (e.g., braces, artificial limbs)	20% coinsurance	20% coinsurance
Diabetic Monitoring Supplies	$0 copay	$0 copay
Therapeutic Shoes or Inserts	20% coinsurance	20% coinsurance
Outpatient Surgery		
Ambulatory Surgical Center	$175 copay	$150 copay
Outpatient Hospital Facility	$250 copay	$250 copay

Bright Extra Benefits (Included)

In Network	Bright Advantage (HMO)	Bright Advantage Plus (HMO)
Fitness Membership	No fees for membership at a participating facility	No fees for membership at a participating facility
Acupuncture	$20 copay per visit, up to 12 visits per year	$20 copay per visit, up to 12 visits per year

Bright Extra Benefits (Optional)- You pay an additional monthly premium

Bright Extra Benefits	Bright Advantage (HMO)	Bright Advantage Plus (HMO)
Vision Services	$4 monthly premium	These benefits are already included in your Bright Advantage Plus plan.
Routine Eye Exam	Already included in plan	
Eyeglasses & Lenses	$130 toward eyeglass frames or contact lenses	
Dental Services - Comprehensive Coverage	$14 monthly premium, copays vary by service. No annual deductible and no benefit maximum.	

*The annual out-of-pocket maximum does not apply to Part D prescription drugs or Bright Extra Benefits.

Some services may require prior authorization. Refer to your Evidence of Coverage for details.

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. You must continue to pay your Part B premium.

To enroll in a Bright Health Medicare Advantage Plan, you must be entitled to Medicare Part A, enrolled in Medicare Part B, and live in the plan's service area.

Bright Extra Benefits Information

Hearing: To find network providers in your service area call Bright Member Services at 1-844-202-4463, 8 am-8 pm MST, M-F, except federal holidays, TTY 711.

Vision Care: Offered through VSP. To find network providers in your area call Bright Member Services at 1-844-202-4463, 8 am-8 pm MST, M-F, except federal holidays, TTY 711.

Dental: Offered through DeltaDental® To find network providers in your area call Bright Member Services at 1-844-202-4463, 8 am-8 pm MST, M-F, except federal holidays, TTY 711.

Fitness Membership: Offered through Silver&Fit® Fitness program. To find a participating facility near you, call Bright Member Services at 1-844-202-4463, 8 am-8 pm MST, M-F, except federal holidays, TTY 711.

Acupuncture: Offered through American Specialty Health. To find a participating provider near you, call Bright Member Services at 1-844-202-4463, 8 am-8 pm MST, M-F, except federal holidays, TTY 711.

Prescription Drug Benefits

The chart below outlines your costs. The tier your drugs are in will determine how much you will pay. Generally, the higher the tier, the higher the cost.

Prescription Drug Coverage	Bright Advantage (HMO)	Bright Advantage Plus (HMO)
Stage 1: Annual Prescription Deductible		
Part D Deductible	$0	$0
Stage 2: Initial Coverage (after you pay your deductible, if applicable)		
Retail (30 day/90 day)		
Tier 1: Preferred Generic	$2/$6 copay	$0/$0 copay
Tier 2: Generic	$8/$24 copay	$8/$24 copay
Tier 3: Preferred Brand	$45/$135 copay	$45/$135 copay
Tier 4: Non-Preferred Drug	$95/$285 copay	$95/$285 copay
Tier 5: Specialty Tier	33% coinsurance	33% coinsurance
Mail Order (90 day)		
Tier 1: Preferred Generic	$0 copay	$0 copay
Tier 2: Generic	$0 copay	$0 copay
Tier 3: Preferred Brand	$135 copay	$135 copay
Tier 4: Non-Preferred Drug	$285 copay	$285 copay
Tier 5: Specialty Tier	33% coinsurance	33% coinsurance
Stage 3: Coverage Gap		
After your total yearly drug cost (including what our plan has paid and what you have paid) reaches $3,750, you will enter the coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. Not everyone will enter the coverage gap. If you enter the coverage gap, you’ll pay 35% of the plan’s cost for covered brand name drugs and 44% of the plan’s cost for covered generic drugs until your costs total $5,000, which is the end of the coverage gap.		
Stage 4: Catastrophic Coverage		
After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $5,000, you will pay the greater of: • 5% of the cost, or • a $3.35 copay for a generic drug or a drug that’s treated like a generic and a $8.35 copay for all other drugs		

Long-term care facilities
If you reside in a long-term care facility, you pay the same copays and coinsurance for a 31-day supply as a 30-day supply at a retail pharmacy.

Out-of-network pharmacies
If you choose to get drugs from an out-of-network pharmacy, you will pay the full cost of the prescription.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Extra Help

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify won't have a coverage gap or a late enrollment penalty. Many people qualify for these savings and don't even know it. For more information about this extra help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for extra help online at http://www.socialsecurity.gov/prescriptionhelp.

If you qualify for extra help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 844-679-2032 (TTY: 711).

ATENCIÓN: Si usted habla español, tiene a su disposición servicios de asistencia de idioma gratuitos. Llame 844-679-2032 (TTY: 711).

This document is available in Spanish. Please contact Bright Health at 844-679-2032 (TTY: 711) if you need information in another language or format (e.g. braille, large print, audio tape).

Our plans are issued through: Bright Health Insurance Company of Alabama, Inc.; Bright Health Company of Arizona; and Bright Health Insurance Company. Other Providers are available in our network. Most network providers participate through our Care Partner, Arizona Care Network.

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.

For more information, call Bright Health:

1-844-679-2032

8 am-8 pm MST, 7 days a week (Oct. 1 to Feb. 14)

Monday-Friday (Feb. 15 to Sept. 30)

TTY: 711

or

Go online: BrightHealthPlan.com/Medicare

Find Bright Health's provider directory, pharmacy directory, and formulary (drug list) at BrightHealthPlan.com/Medicare.

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Nondiscrimination Notice and Assistance with Communication

Bright Health does not exclude, deny benefits to, or otherwise discriminate against any individual on the basis of sex, age, race, color, national origin, or disability. “Bright Health” means Bright Health plans and their affiliates, which are listed below.

Language assistance and alternate formats:
Assistance is available *at no cost* to help you communicate with us. The services include, but are not limited to:

- Interpreters for languages other than English;
- Written information in alternative formats such as large print; and
- Assistance with reading Bright Health websites.

To ask for help with these services, please call (844) 606-4633.

If you think that we failed to provide language assistance or alternate formats, or you were discriminated against because of your sex, age, race, color, national origin, or disability, you can send a complaint to:

Bright Health Civil Rights Coordinator
PO Box 853943, Richardson, TX 75085-3943
Phone: (844) 202-2154
Fax: (800) 894-7742

You can also file a complaint with the U.S Dept. of Health and Human Services, the Office of Civil Rights:

- **Online:** https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
- Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html
- **Phone:** Toll-free **1-800-368-1019, 800-537-7697** (TDD)
- **Mail:** U.S Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

If you need help with your complaint, please call (844) 202-2154.

"Bright Health” means Bright Health Management, Inc., Bright Health Insurance Company of Alabama, Inc., Bright Health Company of Arizona, and Bright Health Insurance Company.

Section 1557 / Multi Language Insert

This information is available in other formats like large print. To ask for another format, please call (844) 606-4633.

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call (844) 606-4633.
Spanish (US)	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de ayuda con el idioma. Llame al (844) 606-4633.
Chinese (S)	注意：如果您讲中文，您可以获得免费的语言协助服务。请致电 (844) 606-4633。
Russian	ВНИМАНИЕ! Если Вы говорите по-русски, то услуги бесплатной языковой поддержки доступны Вам. Позвоните по телефону (844) 606-4633.
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (844) 606-4633 로 전화하십시오.
Haitian Creole	ATANSYON: Si w pale kreyòl ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele (844) 606-4633.
Italian	ATTENZIONE: se parla italiano, sono disponibili per Lei servizi di assistenza linguistica gratuiti. Chiami il numero (844) 606-4633.
Yiddish	אויפמערקאזמקייט: אויב איר רעדט ייִדיש, שפּראך הילף סערוויסעס, פריי פון אָפּצאָל, זענען פאראן פאר אייך. רופט (844) 606-4633
Bengali	মনোযোগ দিন: আপনি যদি বাংলায় কথা বলেন, তাহলে ভাষা সহায়তা পরিষেবাগুলি, বিনামূল্যে, আপনার জন্য উপলব্ধ আছে। (844) 606-4633 নম্বরে ফোন করুন।
Arabic	تنبيه: إذا كنت تتكلم العربية، فإن خدمات المساعدة اللغوية متاحة لك من دون مقابل. اتصل على الرقم 606-4633 (844).
Polish	UWAGA: Jeżeli posługuje się Pan/ Pani językiem polskim, może Pan/ Pani skorzystać z bezpłatnej pomocy językowej. Prosimy zadzwonić pod numer (844) 606-4633.
French (FR)	REMARQUE : si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Appelez le (844) 606-4633.
Tagalog	PANSININ: Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na libreng tulong na mga serbisyong pangwika. Tawagan ang (844) 606-4633.
Vietnamese	LƯU Ý: Nếu quý vị nói tiếng Việt, sẽ có dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Hãy gọi số (844) 606-4633.
Navajo	DÍÍ BAA AKÓ NÍNÍZIN: Díí bee yáníłti'go Diné bizaad, saad bee áká'ánida'áwo'dęę', t'áá jiik'eh, ná hóló. Kojį' hódíílnih (844) 606-4633.
Urdu	توجہ دیں: اگر آپ اردو بولتے/بولتی ہیں، تو آپ کے لیے زبان سے متعلق اعانت کی خدمات، بلامعاوضہ دستیاب ہیں۔ 606-4633 (844) پر کال کریں۔
Japanese	ご注意：日本語をお話しになる方は、無料の言語アシスタンスサービスをご利用いただけます。(844) 606-4633 までお電話ください。
Portuguese (BR)	ATENÇÃO: caso você fale português, há serviços gratuitos de assistência de idioma à sua disposição. Ligue para (844) 606-4633.
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie unter (844) 606-4633 an.
Persian Farsi	توجه: اگر زبان شما فارسی است، خدمات پشتیبانی زبانی به صورت رایگان در اختیار شماست. با 4633 -606 (844) تماس بگیرید.