

Bright Health

Monthly Plan Premium for People who get Extra Help from Medicare to Help Pay for their Prescription Drug Costs

If you get extra help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get extra help from Medicare. The amount of extra help you get will determine your total monthly plan premium as a member of our Plan.

This table shows you what your monthly plan premium will be if you get extra help.

Plan Name	Bright Advantage (HMO)	Bright Advantage Plus (HMO)	Bright Advantage Choice (HMO-POS)	Bright Advantage Choice Plus (HMO-POS)
Contract & PBP	H7853-001	H7853-002	H7853-003	H7853-004
Plan Premium by LIS Subsidy Level				
100% Eligible	\$0.00	\$9.00	\$0.00	\$48.50
75% Eligible	\$0.00	\$17.00	\$0.00	\$49.10
50% Eligible	\$0.00	\$25.00	\$0.00	\$49.70
25% Eligible	\$0.00	\$33.00	\$0.00	\$50.40

*This does not include any Medicare Part B premium you may have to pay.

If you aren't getting extra help, you can see if you qualify by calling:

- 1-800-Medicare or TTY/TDD users call 1-877-486-2048 (24 hours a day/7 days a week),
- Your State Medicaid Office, or
- The Social Security Administration at 1-800-772-1213. TTY/TDD users should call 1-800-325-0778 between 7 a.m. and 7 p.m., Monday through Friday.

Bright Health plans are HMOs and PPOs with a Medicare contract. Bright Health's New York D-SNP plan is an HMO with a Medicare contract and a Coordination of Benefits Agreement with New York State Department of Health. Our plans are issued through Bright Health Insurance Company or one of its affiliates. Enrollment in our plans depends on contract renewal.

You must continue to pay your Medicare Part B premium.

SPANISH:

ATENCIÓN: Si usted habla español, tiene a su disposición servicios de asistencia de idioma gratuitos. Llame al (844) 667-5502 (TTY: 711).

MANDARIN:

注意: 如果您说普通话, 您可以使用免费的语言帮助服务。请致电 (844) 667-5502 (听障专线: 711)。