In Collaboration with

bright HEALTH | Mount Sinai

2019

Bright Health Summary of Benefits

Bright Advantage (HMO)
H2288-001

Bright Advantage Plus (HMO)
H2288-002

Bright Advantage Assist (HMO)
H2288-005

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, 2019 to December 31, 2019 for Kings, New York, and Queens counties.

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 www.brighthealthplan.com/medicare, or you can request a printed copy to be mailed to you by calling us at 844-667-5502, 8 am - 8 pm local time, 7 days a week Oct. 1-Mar. 31, Monday-Friday Apr. 1-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 Mount Sinai. Our partnership with Mount Sinai 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 best 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 your best life.

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 for the full cost of the service. However, if you need out-of-network emergency services, urgently needed services or dialysis services, then we've got you covered.

To find an in-network provider near you, visit our website at www.brighthealthplan.com/medicare or call Bright Health at 844-667-5502.

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 (HMO), Bright Advantage Plus (HMO) and Bright Advantage Assist (HMO) formulary, you can search and download our formulary online at www.brighthealthplan.com/medicare. Or you can call Bright Health at 844-667-5502 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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844-667-5502, 8 am - 8 pm local time
7 days a week Oct. 1-Mar. 31
Monday-Friday Apr. 1-Sept. 30
TTY: 711
www.brighthealthplan.com/medicare

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 Health Premiums & Benefits

	Bright Advantage (HMO)	Bright Advantage Plus (HMO)	Bright Advantage Assist (HMO)
Monthly Plan Premium	$0	$55	$39
Annual Medical Deductible	$0	$0	$0
Maximum Out-Of-Pocket Amount*	$6,200	$4,900	$6,500

Bright Health Benefits

	Bright Advantage (HMO)	Bright Advantage Plus (HMO)	Bright Advantage Assist (HMO)
Inpatient Hospital Coverage	$295 per day for days 1-5 $0 per day for days 6+	$250 per day for days 1-5 $0 per day for days 6+	$300 per day for days 1-5 $0 per day for days 6+
Outpatient Hospital Services and Observation	$300 copay	$250 copay	$350 copay
Doctor Visits			
Primary Care Providers (PCP)	$0 copay	$0 copay	$0 copay
Specialists	$25 copay	$20 copay	$30 copay
Annual Routine Physical Exam	$0 copay	$0 copay	$0 copay
Preventive Care Any additional preventive services approved by Medicare during the contract year will be covered.	$0 copay	$0 copay	$0 copay
	Our plan covers many preventive services at no cost when you see an in-network provider, including: • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Annual Wellness Visit • Bone mass measurement		

	Bright Advantage (HMO)	Bright Advantage Plus (HMO)	Bright Advantage Assist (HMO)
	• Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screening (cholesterol, lipids, triglycerides) • Cervical and vaginal cancer screening • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) • Depression screening • Diabetes screening • Diabetes self-management training • Glaucoma test • Hepatitis C screening • HIV screening • Lung cancer screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infection screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including flu shots, hepatitis B shots, pneumococcal shots • "Welcome to Medicare" preventive visit (one-time)		
Emergency Care	$90 copay Copay is waived if you are admitted to a hospital within 24 hours.	$90 copay Copay is waived if you are admitted to a hospital within 24 hours.	$90 copay Copay is waived if you are admitted to a hospital within 24 hours.
Urgently Needed Services	$25 copay	$25 copay	$30 copay
Diagnostic Services/Labs/Imaging			
Diagnostic Tests and Procedures	20% coinsurance	20% coinsurance	20% coinsurance
Lab Services	$0 copay	$0 copay	$0 copay
Diagnostic Radiology Services (e.g. MRI, CAT Scan)	$50 copay for ultrasound 20% coinsurance for all other diagnostic services	$50 copay for ultrasound 20% coinsurance for all other diagnostic services	$50 copay for ultrasound 20% coinsurance for all other diagnostic services
Outpatient X-rays	$10 copay	$10 copay	$15 copay

	Bright Advantage (HMO)	Bright Advantage Plus (HMO)	Bright Advantage Assist (HMO)
Hearing Services			
Exam to Diagnose and Treat Hearing and Balance Issues	$0 copay	$0 copay	$0 copay
Routine Hearing Exam	$0 copay Limited to 1 visit every year	$0 copay Limited to 1 visit every year	$0 copay Limited to 1 visit every year
Fitting-Evaluation(s) for Hearing Aids	$0 copay Limited to 1 visit every year	$0 copay Limited to 1 visit every year	$0 copay Limited to 1 visit every year
Hearing Aids	Up to a $3,000 allowance for both ears combined every three years for hearing aids.	Up to a $3,000 allowance for both ears combined every three years for hearing aids.	Up to a $3,000 allowance for both ears combined every three years for hearing aids.
Dental Services			
Medicare-covered Dental Services	$0 copay	$0 copay	$0 copay
Annual Dental Benefit Maximum	No benefit maximum for preventive dental services.	Up to a $1,000 benefit maximum for all plan covered dental services not covered by Medicare every year.	Up to a $1,000 benefit maximum for all plan covered dental services not covered by Medicare every year.
Oral Exams	$0 copay Limited to 2 oral exams every year	$0 copay Limited to 2 oral exams every year	$0 copay Limited to 2 oral exams every year
Prophylaxis (Cleaning)	$0 copay Limited to 2 cleanings every year	$0 copay Limited to 2 cleanings every year	$0 copay Limited to 2 cleanings every year
Dental X-rays	$0 copay Limited to 2 x-rays every 3 years	$0 copay Limited to 2 x-rays every 3 years	$0 copay Limited to 2 x-rays every 3 years

	Bright Advantage (HMO)	Bright Advantage Plus (HMO)	Bright Advantage Assist (HMO)
Fluoride Treatment	$0 copay Limited to 1 fluoride treatment every year	$0 copay Limited to 1 fluoride treatment every year	$0 copay Limited to 1 fluoride treatment every year
Non-Routine Services	Available for an additional $13 monthly premium. Up to a $1,000 benefit maximum for all plan covered dental services not covered by Medicare every year. Please see Evidence of Coverage for details.	50% coinsurance	50% coinsurance
Diagnostic Services		$0 copay	$0 copay
Restorative Services		30% - 50% coinsurance	30% - 50% coinsurance
Endodontics		50% coinsurance	50% coinsurance
Periodontics		50% coinsurance	50% coinsurance
Extractions		50% coinsurance	50% coinsurance
Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services		50% coinsurance	50% coinsurance
Vision Services			
Exam to Diagnose and Treat Diseases and Conditions of the Eye	$0 copay	$0 copay	$0 copay
Eyewear After Cataract Surgery	$0 copay	$0 copay	$0 copay
Routine Eye Exam	$0 copay Limited to 1 visit every year	$0 copay Limited to 1 visit every year	$0 copay Limited to 1 visit every year
Contact Lenses	$0 - $60 copay Up to a $130 allowance every two years for contact lenses or eyeglasses.	$0 - $60 copay Up to a $130 allowance every two years for contact lenses or eyeglasses.	$0 - $60 copay Up to a $130 allowance every two years for contact lenses or eyeglasses.

	Bright Advantage (HMO)	Bright Advantage Plus (HMO)	Bright Advantage Assist (HMO)
Eyeglasses (Lenses and Frames)	$25 copay Up to a $130 allowance every two years for contact lenses or eyeglasses.	$25 copay Up to a $130 allowance every two years for contact lenses or eyeglasses.	$25 copay Up to a $130 allowance every two years for contact lenses or eyeglasses.
Mental Health Services			
Inpatient Visit	$295 copay per day for days 1-5 $0 copay per day for days 6-90	$250 copay per day for days 1-5 $0 copay per day for days 6-90	$300 copay per day for days 1-5 $0 copay per day for days 6-90
Outpatient Group Therapy Visit	$20 copay	$20 copay	$20 copay
Outpatient Individual Therapy Visit	$40 copay	$40 copay	$40 copay
Skilled Nursing Facility (SNF) Care	$0 copay per day for days 1-20 $172 copay per day for days 21-100	$0 copay per day for days 1-20 $172 copay per day for days 21-100	$0 copay per day for days 1-20 $172 copay per day for days 21-100
Physical Therapy, Occupational Therapy, or Speech Therapy Visit	$25 copay	$25 copay	$30 copay
Ambulance Services			
Ground Ambulance	$175 copay	$175 copay	$200 copay
Air Ambulance	$225 copay	$225 copay	$225 copay
Transportation	Not Covered	Not Covered	Not Covered
Medicare Part B Prescription Drugs			
Chemotherapy Drugs	20% coinsurance	20% coinsurance	20% coinsurance

	Bright Advantage (HMO)	Bright Advantage Plus (HMO)	Bright Advantage Assist (HMO)
Other Part B Drugs	20% coinsurance	20% coinsurance	20% coinsurance
Foot Care (Podiatry Services)			
Medicare-covered Foot Exams & Treatment	$25 copay	$25 copay	$25 copay
Medical Equipment / Supplies			
Durable Medical Equipment (e.g., wheelchairs, oxygen)	20% coinsurance	20% coinsurance	20% coinsurance
Prosthetics (e.g., braces, artificial limbs)	20% coinsurance	20% coinsurance	20% coinsurance
Diabetic Monitoring Supplies	$0 copay	$0 copay	$0 copay
Therapeutic Shoes or Inserts	$0 copay	$0 copay	$0 copay
Outpatient Surgery			
Ambulatory Surgical Center	$200 copay	$150 copay	$300 copay
Outpatient Hospital Facility	$300 copay	$250 copay	$350 copay
Acupuncture Services	$20 copay Limited to 12 visits every year within network of participating acupuncturists	$20 copay Limited to 12 visits every year within network of participating acupuncturists	$20 copay Limited to 12 visits every year within network of participating acupuncturists
Fitness Program	$0 copay at participating locations	$0 copay at participating locations	$0 copay at participating locations

	Bright Advantage (HMO)	Bright Advantage Plus (HMO)	Bright Advantage Assist (HMO)
Over-the-Counter (OTC) Debit Card	Not Covered	$0 copay $30 allowance every three months to be used toward the purchase of OTC health and wellness products	Not Covered

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

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

Bright Health plans are HMOs and PPOs with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Our plans are issued through Bright Health Insurance Company or one of its affiliates. Enrollment in our plans depends on contract renewal.

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 Health Extra Benefits Information

To find network providers for the following services, call Bright Health Member Services at 844-202-4974, 8 am - 8 pm local time, 7 days a week Oct. 1-Mar. 31, Monday-Friday Apr. 1-Sept. 30, TTY: 711.

- Hearing
- Vision
- Dental
- Acupuncture

Fitness Membership: Offered through Silver&Fit® Fitness program. To find a participating facility near you, call Bright Member Services at 844-202-4974, 8 am - 8 pm local time, 7 days a week Oct. 1-Mar. 31, Monday-Friday Apr. 1-Sept. 30, TTY: 711.

Over-the-Counter (OTC): Offered through InComm. For more information, call Bright Member Services at 844-202-4974, 8 am - 8 pm local time, 7 days a week Oct. 1-Mar. 31, Monday-Friday Apr. 1-Sept. 30, 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)	Bright Advantage Assist (HMO)
Stage 1: Annual Prescription Deductible			
Deductible	$200 for Tiers 3-5. For all other drugs, you will not have to pay any deductible and will start receiving coverage immediately.	$0 This plan has no deductible for Part D drugs, this payment stage doesn't apply.	Your deductible amount is either $0, $85, or $415, depending on the level of "Extra Help" you receive.
Stage 2: Initial Coverage (after you pay your deductible, if applicable)			
Standard retail cost-sharing (30-day / 90-day supply)			
Tier 1 (Preferred Generic)	$0/$0 copay	$0/$0 copay	$0, $1.25, $3.40 copay, 15%, or up to 25% of the total cost, depending on the level of "Extra Help" you receive.
Tier 2 (Generic)	$10/$30 copay	$8/$24 copay	
Tier 3 (Preferred Brand)	$45/$135 copay	$45/$135 copay	$0, $3.80, $8.50 copay, 15%, or up to 25% of the total cost, depending on the level of "Extra Help" you receive.
Tier 4 (Non-Preferred Drug)	$95/$285 copay	$95/$285 copay	
Tier 5 (Specialty Tier)	29% coinsurance	33% coinsurance	
Standard mail-order cost-sharing (up to a 90-day supply)			
Tier 1 (Preferred Generic)	$0 copay	$0 copay	$0, $1.25, $3.40 copay, 15%, or up to 25% of the total cost, depending on the level of "Extra Help" you receive.
Tier 2 (Generic)	$30 copay	$0 copay	
Tier 3 (Preferred Brand)	$135 copay	$135 copay	$0, $3.80, $8.50 copay, 15%, or up to 25% of the total cost, depending on the level of "Extra Help" you receive.
Tier 4 (Non-Preferred Drug)	$285 copay	$285 copay	
Tier 5 (Specialty Tier)	29% coinsurance	33% coinsurance	

Prescription Drug Coverage	Bright Advantage (HMO)	Bright Advantage Plus (HMO)	Bright Advantage Assist (HMO)
Stage 3: Coverage Gap			
After your yearly total drug costs (including what our plan has paid and what you have paid) reach $3,820, 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 will pay no more than 37% coinsurance for covered generic drugs or 25% coinsurance for covered brand name drugs until your costs total $5,100, which is the end of the coverage gap. If you receive "Extra Help" to pay for your prescription drugs, you may have lower cost-sharing for covered drugs.			
Stage 4: Catastrophic Coverage			

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $5,100, you qualify for the Catastrophic Coverage Stage. If you receive "Extra Help" to pay for your prescription drugs, your costs for covered drugs will depend on the level of "Extra Help" you receive. During this stage, your share of the cost for a covered drug will be either:
• $0; or
• The greater of:
  ○ 5% coinsurance, or
  ○ $3.40 copay for generic (including brand drugs treated as generic) and a $8.50 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.

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

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）.

Our plans are issued through Bright Health Insurance Company or one of its affiliates. Other providers and pharmacies are available in our network. Most network providers participate through our Care Partner.

Out-of-network/noncontracted providers are under no obligation to treat Bright Health members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

This information is not a complete description of benefits. Call 844-667-5502 (TTY: 711) for more information.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 844-667-5502.

Understand the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit www.brighthealthplan.com/medicare or call 844-667-5502 to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understand Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copays/co-insurance may change on January 1 of each year.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory

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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 Insurance Company of Alabama, Inc; Bright Health Company of Arizona; Bright Health Insurance Company; Bright Health Insurance Company of Tennessee; Bright Health Insurance Company of Ohio, Inc.; Bright Health Insurance Company of New York.

Updated 06/29/2018

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 (844) 606-4633.
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.

For more information, call Bright Health: 844-667-5502

8 am - 8 pm local time

7 days a week Oct. 1-Mar. 31

Monday-Friday Apr. 1-Sept. 30

TTY: 711

or

Go online: www.brighthealthplan.com/medicare

Find Bright Health’s provider directory, pharmacy directory, and formulary (drug list) at www.brighthealthplan.com/medicare