

## Bright Advantage Assist (HMO) offered by Bright Health

# Annual Notice of Changes for 2020

You are currently enrolled as a member of Bright Advantage Assist (HMO). Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**
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### What to do now

#### 1. ASK: Which changes apply to you

- ☐ Check the changes to our benefits and costs to see if they affect you.
  - It's important to review your coverage now to make sure it will meet your needs next year.
  - Do the changes affect the services you use?
  - Look in Sections 1.1 and 1.5 for information about benefit and cost changes for our plan.
- ☐ Check the changes in the booklet to our prescription drug coverage to see if they affect you.
  - Will your drugs be covered?
  - Are your drugs in a different tier, with different cost sharing?
  - Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
  - Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
  - Review the 2020 Drug List and look in Section 1.6 for information about changes to our drug coverage.

- Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices visit <https://go.medicare.gov/drugprices>. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.
- ☐ Check to see if your doctors and other providers will be in our network next year.
  - Are your doctors, including specialists you see regularly, in our network?
  - What about the hospitals or other providers you use?
  - Look in Section 1.3 for information about our Provider Directory.
- ☐ Think about your overall health care costs.
  - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
  - How much will you spend on your premium and deductibles?
  - How do your total plan costs compare to other Medicare coverage options?
- ☐ Think about whether you are happy with our plan.

## 2. **COMPARE:** Learn about other plan choices

- ☐ Check coverage and costs of plans in your area.
  - Use the personalized search feature on the Medicare Plan Finder at <https://www.medicare.gov> website. Click “Find health & drug plans.”
  - Review the list in the back of your Medicare & You handbook.
  - Look in Section 2.2 to learn more about your choices.
- ☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan’s website.

## 3. **CHOOSE:** Decide whether you want to change your plan

- If you want to **keep** Bright Advantage Assist (HMO), you don’t need to do anything. You will stay in Bright Advantage Assist (HMO).
- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

## 4. **ENROLL:** To change plans, join a plan between **October 15** and **December 7, 2019**

- If you don’t join another plan by **December 7, 2019**, you will stay in Bright Advantage Assist (HMO).
- If you join another plan by **December 7, 2019**, your new coverage will start on **January 1, 2020**.

## Additional Resources

- This document is available for free in Spanish and Chinese.
- Please contact our Member Services number at (844) 202-4974 for additional information. (TTY users should call 711). Hours are October 1st through March 31st: Monday through Sunday, 8am - 8pm local time, excluding Federal holidays. April 1st through September 30th: Monday through Friday, 8am - 8pm local time, excluding Federal holidays.
- This document may be available in alternate formats such as Braille, large print or audio.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at <https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families> for more information.

## About Bright Advantage Assist (HMO)

- 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. Bright Health Insurance Company is a Colorado Life and Health company that issues indemnity products, including EPOs offered through Medicare Advantage. An EPO is an exclusive provider organization plan that may be written on an HMO license in some states and on a Life and Health license in some states, including Colorado. Enrollment in our plans depends on contract renewal.
- When this booklet says "we," "us," or "our," it means Bright Health. When it says "plan" or "our plan," it means Bright Advantage Assist (HMO).

## Summary of Important Costs for 2020

The table below compares the 2019 costs and 2020 costs for Bright Advantage Assist (HMO) in several important areas. **Please note this is only a summary of changes.** A copy of the *Evidence of Coverage* is located on our website at <https://brighthouseplan.com/medicare>. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Cost	2019 (this year)	2020 (next year)
<b>Monthly plan premium*</b> * Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$39 As low as \$0 based on your level of "Extra Help."	\$36.60 As low as \$0 based on your level of "Extra Help."
<b>Maximum out-of-pocket amount</b> This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	\$6,500	\$6,500
<b>Doctor office visits</b>	Primary care visits: \$0 copay per visit  Specialist visits: \$30 copay per visit	Primary care visits: \$0 copay per visit  Specialist visits: \$30 copay per visit
<b>Inpatient hospital stays</b> Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	\$300 copay each day for days 1 to 5 and \$0 copay each day for days 6 to 90 for Medicare-covered hospital care.  \$0 copay for additional Medicare-covered days.	\$300 copay each day for days 1 to 5 and \$0 copay each day for days 6 to 90 for Medicare-covered hospital care.  \$0 copay for additional Medicare-covered days.

Cost	2019 (this year)	2020 (next year)
<b>Part D prescription drug coverage</b> (See Section 1.6 for details.)	Deductible: Your deductible amount is either \$0 or \$85 depending on the level of "Extra Help" you receive (look at the insert we sent you separately, the "LIS Rider" for your deductible amount). If you do not qualify for "Extra Help" from Medicare to help pay for your prescription drug costs, your deductible is \$415.	Deductible: Your deductible amount is either \$0 or \$89 depending on the level of "Extra Help" you receive (look at the insert we sent you separately, the "LIS Rider" for your deductible amount). If you do not qualify for "Extra Help" from Medicare to help pay for your prescription drug costs, your deductible is \$435.
	Copayment/Coinsurance during the Initial Coverage Stage:  For generic drugs (including brand drugs treated as generic) your cost-sharing amount is either \$3.40, \$1.25, \$0, 15% or 25%  For all other covered drugs your cost sharing is either \$8.50, \$3.80, \$0, 15% or 25% depending on the amount of "Extra Help" you receive.	Copayment/Coinsurance during the Initial Coverage Stage:  For generic drugs (including brand drugs treated as generic) your cost-sharing amount is either \$3.60, \$1.30, \$0, 15% or 25%.  For all other covered drugs your cost sharing is either \$8.95, \$3.90, \$0, 15% or 25% depending on the amount of "Extra Help" you receive.

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## SECTION 1 Changes to Benefits and Costs for Next Year

### Section 1.1 Changes to the Monthly Premium

Cost	2019 (this year)	2020 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$39 As low as \$0 based on your level of "Extra Help."	\$36.60 As low as \$0 based on your level of "Extra Help."

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as "creditable coverage") for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving "Extra Help" with your prescription drug costs.

### Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

To protect you, Medicare requires all health plans to limit how much you pay "out-of-pocket" during the year. This limit is called the "maximum out-of-pocket amount." Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2019 (this year)	2020 (next year)
<b>Maximum out-of-pocket amount</b>  Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	<b>\$6,500</b>	<b>\$6,500</b> Once you have paid \$6,500 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

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## Section 1.3 Changes to the Provider Network

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There are changes to our network of providers for next year. An updated Provider Directory is located on our website at <https://brighthouseplan.com/medicare>. You may also call Member Services for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2020 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider and managing your care.

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## Section 1.4 Changes to the Pharmacy Network

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Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Our network has changed more than usual for 2020. An updated Pharmacy Directory is located on our website at <https://brighthouseplan.com/medicare>. You may also call Member Services for updated provider information or to ask us to mail you a Pharmacy Directory. **We strongly suggest that you review our current Pharmacy Directory to see if your pharmacy is still in our network.**



## Section 1.5 Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your 2020 Evidence of Coverage.

Cost	2019 (this year)	2020 (next year)
<b>Acupuncture services</b>	You pay a \$20 copay.	Not covered
<b>Ambulance services - Ground transportation</b>	You pay a \$200 copay for each Medicare-covered service.	You pay a \$195 copay for each Medicare-covered service.
<b>Cardiac rehabilitation services - Intensive</b>	You pay a \$20 copay for each Medicare-covered service.	You pay a \$50 copay for each Medicare-covered service.
<b>Cardiac rehabilitation services - Non-Intensive</b>	You pay a \$20 copay for each Medicare-covered service.	You pay a \$30 copay for each Medicare-covered service.
<b>Dental services</b>	Up to a \$1,000 combined allowance every year for all additional preventive and comprehensive dental services.	Up to a \$1,500 combined allowance every year for all additional preventive and comprehensive dental services.
<b>Diabetes care rebate</b>	Not covered	Get up to \$100 back for care related to your diabetes if you qualify.
<b>Hearing services - Hearing aids</b>	Up to a \$3,000 allowance for both ears combined every three years for hearing aids.	Up to a \$750 allowance for both ears combined every year for hearing aids.
<b>Opioid Treatment Program Services</b>	Not covered	You pay a \$0 copay for each Medicare-covered service.
<b>Outpatient diagnostic tests and therapeutic services and supplies - Diagnostic procedures and tests</b>	You pay a 20% coinsurance for each Medicare-covered service.	You pay a \$200 copay for each Medicare-covered service.

Cost	2019 (this year)	2020 (next year)
<b>Outpatient diagnostic tests and therapeutic services and supplies - Diagnostic radiological services</b>	You pay a \$50 copay or a 20% coinsurance depending on the Medicare-covered service.	You pay a \$50 - \$200 copay depending on the Medicare-covered service.
<b>Outpatient diagnostic tests and therapeutic services and supplies - Outpatient x-ray services</b>	You pay a \$15 copay for each Medicare-covered service.	You pay a \$0 copay for each Medicare-covered service.
<b>Over-the-Counter (OTC) Debit Card</b>	Not covered	You pay a \$0 copay. You receive a \$30 OTC debit card allowance every month (up to a \$360 annual benefit). Any unused funds will expire at the end of every month or upon disenrollment from the plan.
<b>Physician/Practitioner services, including doctor's office visits - Additional telehealth services</b>	Not covered	You pay a \$0 for each Medicare covered service obtained from a primary care physician; \$30 copay for each Medicare covered service obtained from a specialist.
<b>Pulmonary rehabilitation services</b>	You pay a \$20 copay for each Medicare-covered service.	You pay a \$0 copay for each Medicare-covered service.
<b>Skilled nursing facility (SNF) care</b>	You pay a \$0 copay each day for days 1 to 20 and \$172 copay each day for days 21 to 100 for Medicare-covered skilled nursing facility care.	You pay a \$0 copay each day for days 1 to 20 and \$178 copay each day for days 21 to 100 for Medicare-covered skilled nursing facility care.
<b>Supervised Exercise Therapy (SET)</b>	You pay a \$20 copay for each Medicare-covered service.	You pay a \$30 copay for each Medicare-covered service.

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## Section 1.6 Changes to Part D Prescription Drug Coverage

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### Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. **We encourage current members** to ask for an exception before next year.
  - To learn what you must do to ask for an exception, see Chapter 9 of your *Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Member Services.
- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call Member Services to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy.

If you have received a formulary exception to a medication this year, the formulary exception request is approved through the date indicated in the approval letter. A new formulary exception request is only needed if the date indicated on the letter has passed.

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about changes we may make to the Drug List, see Chapter 5, Section 6 of the *Evidence of Coverage*.)

### Changes to Prescription Drug Costs

**Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. If you receive “Extra Help” and haven’t received this insert by September 30th, 2019, please call Member Services and ask for the “LIS Rider.” Phone numbers for Member Services are in Section 6.1 of this booklet.

There are four “drug payment stages.” How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 6, Section 2 of your *Evidence of Coverage* for more information about the stages.)

The information below shows the changes for next year to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage. To get information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in the *Evidence of Coverage*, which is located on our website at <https://brighthouseplan.com/medicare>. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.)

### Changes to the Deductible Stage

Stage	2019 (this year)	2020 (next year)
<b>Stage 1: Yearly Deductible Stage</b> During this stage, <b>you pay the full cost</b> of your Part D drugs until you have reached the yearly deductible.	Your deductible amount is either \$0 or \$85 depending on the level of "Extra Help" you receive (look at the separate insert, the "LIS Rider" for your deductible amount). If you do not qualify for "Extra Help" from Medicare to pay for your prescription drug costs, your deductible is \$415.  During this stage, you pay and the full cost of drugs on until you have reached the yearly deductible.	Your deductible amount is either \$0 or \$89 depending on the level of "Extra Help" you receive (look at the separate insert, the "LIS Rider" for your deductible amount). If you do not qualify for "Extra Help" from Medicare to pay for your prescription drug costs, your deductible is \$435.  During this stage, you pay \$0 cost-sharing for drugs on Tier 1: Preferred Generic and \$0 cost-sharing for drugs on Tier 6: Select Care Drugs and the full cost of drugs on Tier 2: Generic, Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug, and Tier 5: Specialty Tier until you have reached the yearly deductible.

### Changes to Your Cost-sharing in the Initial Coverage Stage

To learn how copayments and coinsurance work, look at Chapter 6, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs* in your *Evidence of Coverage*.

Stage	2019 (this year)	2020 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost.</b></p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing For generic drugs (including brand drugs treated as generic):</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing For generic drugs (including brand drugs treated as generic):</p>
<p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost-sharing.</p>	<p>For generic drugs (including brand drugs treated as generic) your cost-sharing amount is either \$3.40, \$1.25, \$0, 15% or 25%</p>	<p>For generic drugs (including brand drugs treated as generic) your cost-sharing amount is either \$3.60, \$1.30, \$0, 15% or 25%.</p>
<p>For information about the costs for a long-term supply; or for mail-order prescriptions, look in Chapter 6, Section 5 of your Evidence of Coverage.</p>	<p>For all other covered drugs your cost sharing is either \$8.50, \$3.80, \$0, 15% or 25% depending on the amount of "Extra Help" you receive.</p>	<p>For all other covered drugs your cost sharing is either \$8.95, \$3.90, \$0, 15% or 25% depending on the amount of "Extra Help" you receive.</p>
<p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p>	<p>Once your total drug costs have reached \$3,820, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Once your total drug costs have reached \$4,020, you will move to the next stage (the Coverage Gap Stage).</p>

## Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.** For the Deductible and Initial Coverage Stages, for drugs on Tier one, your cost-sharing is changing from coinsurance to a copayment. For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

## SECTION 2      **Deciding Which Plan to Choose**

### **Section 2.1      If you want to stay in Bright Advantage Assist (HMO)**

**To stay in our plan you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically stay enrolled as a member of our plan for 2020.

### **Section 2.2      If you want to change plans**

We hope to keep you as a member next year but if you want to change for 2020 follow these steps:

#### **Step 1: Learn about and compare your choices**

- You can join a different Medicare health plan timely,
- --OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2020*, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to <https://www.medicare.gov> and click "Find health & drug plans." **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, Bright Health offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

#### **Step 2: Change your coverage**

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Bright Advantage Assist (HMO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Bright Advantage Assist (HMO).
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do this (phone numbers are in Section 6.1 of this booklet).
  - – or – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

### SECTION 3      **Deadline for Changing Plans**

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2020.

#### **Are there other times of the year to make a change?**

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 10, Section 2.3 of the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage plan for January 1, 2020, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2020. For more information, see Chapter 10, Section 2.2 of the *Evidence of Coverage*.

### SECTION 4      **Programs That Offer Free Counseling about Medicare**

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In New York, the SHIP is called New York Health Insurance Information, Counseling and Assistance (HIICAP).

New York Health Insurance Information, Counseling and Assistance (HIICAP) is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. New York Health Insurance Information, Counseling and Assistance (HIICAP) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call New York Health Insurance Information, Counseling and Assistance (HIICAP) at 1-800-701-0501. You can learn more about New York Health Insurance Information, Counseling and Assistance (HIICAP) by visiting their website (<http://www.aging.ny.gov/HealthBenefits/>).

### SECTION 5      **Programs That Help Pay for Prescription Drugs**

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and



coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don't even know it. To see if you qualify, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call 1-800-325-0778 (applications); or
  - Your State Medicaid Office (applications).
- **Help from your state's pharmaceutical assistance program.** New York has a program called New York State Elderly Pharmaceutical Insurance Coverage (EPIC) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (the name and phone numbers for this organization are in Section 4 of this booklet).
  - **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the New York's AIDS Drug Assistance Program (ADAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-542-2437.

## SECTION 6 Questions?

### Section 6.1 Getting Help from Bright Advantage Assist (HMO)

Questions? We're here to help. Please call Member Services at (844) 202-4974. (TTY only, call 711.) We are available for phone calls October 1st through March 31st: Monday through Sunday, 8am - 8pm local time, excluding Federal holidays. April 1st through September 30th: Monday through Friday, 8am - 8pm local time, excluding Federal holidays. Calls to these numbers are free.

#### **Read your 2020 Evidence of Coverage (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2020. For details, look in the 2020 *Evidence of Coverage* for Bright Advantage Assist (HMO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at <https://brighthouseplan.com/medicare>. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.



## Visit our Website

You can also visit our website at <https://brighthouseplan.com/medicare>. As a reminder our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary/Drug List).

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## Section 6.2 Getting Help from Medicare

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To get information directly from Medicare:

### Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### Visit the Medicare Website

You can visit the Medicare website (<https://www.medicare.gov>). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <https://www.medicare.gov> and click on "Find health & drug plans.")

### Read *Medicare & You 2020*

You can read the *Medicare & You 2020* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<https://www.medicare.gov>) or 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.



## **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.

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 the Member Services number on your member ID card.

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  
Email: [OAG@brighthealthplan.com](mailto:OAG@brighthealthplan.com)

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 the Member Services number on your member ID card. You must send the complaint within 60 days of discovering the issue.

## Language Assistance and Alternate Formats

This information is available in other formats like large print. To ask for another format, please call the Member Services number on your member ID card.

English	ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call the Member Services number on your ID card.
Spanish (US)	ATENCIÓN: Si usted habla español, tiene a su disposición servicios de asistencia de idioma gratuitos. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación.
Chinese (S)	注意: 如果您讲中文, 我们可以为您提供免费的语言协助服务。请拨打您ID卡上的会员服务电话号码。
Russian	ВНИМАНИЕ! Если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните в Службу работы с клиентами по телефону, указанному в Вашей идентификационной карте.
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. ID 카드에 있는 회원 서비스 번호로 전화하십시오.
Haitian Creole	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele Sèvis Manm nan nimewo ki make sou kat ID ou an.
Italian	ATTENZIONE: se parla italiano, sono disponibili per Lei servizi di assistenza linguistica gratuiti. Chiami il numero dell'assistenza ai membri riportato sulla Sua scheda identificativa.
Yiddish	אויפמערקאזמקייט: אויב איר רעדט יידיש, עס זענען פאראן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט די מעמבער סערוויסעס נומער אויף אייערע איידי קארטל.
Bengali	মনোযোগ দিন: আপনি যদি বাংলায় কথা বলেন, তাহলে আপনার জন্য, ভাষা সহায়তা পরিষেবাগুলি, বিনামূল্যে উপলব্ধ আছে। আপনার ID কার্ডে থাকা সদস্য পরিষেবাগুলির নম্বরে ফোন করুন।
Arabic	تنبيه: إذا كنت تتحدث اللغة العربية، فيمكنك الاستعانة بخدمات المساعدة اللغوية بدون مقابل. اتصل برقم خدمات الأعضاء المدون على بطاقة التعريف الخاصة بك.
Polish	UWAGA: Jeżeli posługuje się Pan/ Pani językiem polskim, może Pan/ Pani skorzystać z bezpłatnej pomocy językowej. Prosimy zadzwonić do Działu Usług dla Członków, którego numer jest podany na Pana/ Pani karcie identyfikacyjnej.
French (FR)	REMARQUE : si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Appelez le numéro des services aux membres, qui figure sur votre carte d'identification.
Tagalog	PANSININ: Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na libreng tulong na mga serbisyo para sa wika. Tawagan ang numero ng Mga Serbisyo sa Miyembro na nasa inyong ID kard.
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 Dịch vụ Hội viên trên thẻ ID của quý vị.
Navajo	DÍÍ BAA AKÓ NÍNÍZIN: Díí Diné bizaad be yáníłti'go, saad bee áká'ánida'áwo' déé', t'áá jiik'eh, ná hóló. Kojí' hódíłnih Member Servicesjí éí binumber naaltsoos nitł'izgo bee nee hódółzin biniyé nantinígíí bikáá'
Urdu	توجہ دیں: اگر آپ اردو بولتے/بولتی ہیں، تو آپ کے لیے زبان سے متعلق اعانت کی خدمات، مفت دستیاب ہیں۔ اپنے آئی ڈی کارڈ پر موجود ممبر سروسز کے نمبر پر کال کریں۔
Japanese	注記: 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。IDカードに記載のメンバーサービス電話番号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 o número de Atendimento ao Associado, impresso no seu cartão de identificação.
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie unter der auf Ihrer ID-Karte aufgeführten Telefonnummer für Mitgliederdienstleistungen an.
Persian Farsi	توجه: اگر زبان شما فارسی است، خدمات کمک زبانی به صورت رایگان در اختیار شماست. با «خدمات اعضا» که شماره آن روی کارت شناسایی شما درج شده است تماس بگیرید.

Amharic	ማሳሰቢያ፡ ከአንግሊዝኛ ውጪ የሆነ ቋንቋ የሚናገሩ ከሆነ ከክፍያ 18 የሆኑ የቋንቋ ድጋፍ አገልግሎቶችን ማግኘት ይችላሉ። በመታወቂያ ላይ በሚገኝ የአባላት አገልግሎት ቁጥር ላይ ይደውሉ።
Burmese	သင့်သည့် အင်္ဂလိပ်စကားမဟုတ်သော အချွဲအားဘာသာစကားတစ်ခုအား ရှာဖွေလိုပါက ဘာသာစကားအခွဲပိုင်းသည့် ဝန်ဆောင်မှုအား သင့်ရရှိနိုင်ပါသည်။ သင့် ID (သင်၏) ကဏ္ဍပေးပို့ခြင်းဖြင့် အထောက်အကူပြုနိုင်ပါသည်။ ၀၄၀၄၀၅: ၆၇ ၆၈၀၀၀၀ ၆၈၀၀ ၆၉ ၆၇၀, ၆၈၀၀၀၀ DP၀၀SP၀၀၀ T၆၇၀၀၀, ၆၇၀၀၀၀ JEGG၀၀ ၆၈ D4၀၀, ၆၈ RG၀၀T၀၀၀၀၀၀. ၀၀၀YZ ၀၀၀၀ ၆၇ DP၀၀SP၀၀၀ J၆၀၀၀ ၀၀၀ GTP AC၀၀၀၀၀၀ T၀၀၀၀.
Cherokee	ᏴᏫ ᏱᏯᏨᏃᏲ ᏱᏯᏨᏃ ᏬᏮ ᏹᏻ, ᏱᏯᏨᏃᏲ DPᏃSPᏃᏲ T၆ᏫᏯᏫ, ၆ ᏱᏫᏲ ᏱᏫᏫᏲ ᏱᏯ D4ᏫT, ᏬᏲ RGᏫᏯTᏃᏫᏯᏫ. ၀ᏃYZ ၀ᏫᏫ ၆ᏻ DPᏃSPᏃᏲ J၆ᏫᏯ ᏫᏫT GTP ACᏃᏫᏯᏫ TᏫᏫᏫ.
Cushite-Oromo	XIYYEEFFANNOO: Afaan Ingiliziin ala afaan kan biraa kan dubbattu yoo ta’e, tajaajilliwwan gargaarsa afaanii, kan tolaa, siif ni jiru. Kaardii Waraqaa-eenyummeessaa keerra kan jiru lakkoofsa Tajaajilawwan Miseensaatti bilbili.
French Creole	ATANSYON : Si w pale yon lòt lang ke Angle, gen sèvis èd lengwistik ki disponib pou w gratis. Rele nimewo Sèvis pou manm yo nan kat idantite w la.
Gujarti	ધ્યાન આપો: જો તમે અંગ્રેજી સિવાયની અન્ય કોઈ ભાષા બોલો છો, તો તમારા માટે ભાષા સહાય સેવાઓ નિઃશુલ્ક ઉપલબ્ધ છે. તમારા આઈડી કાર્ડ પર રહેલા સંદર્ભની સેવાઓનાં નંબર પર કૉલ કરો.
Hindi	ध्यान दें: यदि आप अंग्रेजी के अलावा कोई अन्य भाषा बोलते हैं, तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। आपके आईडी कार्ड पर दिए गए सदस्य सेवा नंबर पर कॉल करें।
Hmong	UA ZOO SAIB: Yog tias koj hais ib hom lus dhau ntawm lus As Kiv, muaj cov kev pab cuam txhais lus uas tsis xam nqi dab tsi rau koj tau siv. Hu rau Lub Chaw Pab Cuam Tswv Cuab tus nab npawb xov tooj nyob ntawm koj daim npav ID.
Karen	တိုးနိုင် - နမ့်ကတိကျ်လါတမ့အဲကလံးကျ်ဘဉ်န့ဉ်, ကျ်တိတိစါမါစါတါမါစါတဖဉ်, လါတလိဉ်ဟဉ်အဟုံတဖဉ်ဆိဉ်လါနီဂိန့ဉ်လီ. ကိးကရုဖိတါမါစါတဖဉ် (န့ဉ်ဘနမုနမလငချ) အနီဉ်ဂံဝဲန တါအုဉ်သးနီဉ်ဂံဝဲက့အဖိခိဉ်န့ဉ်တက့.
Kru / Bassa	YI LE: I balé u mpot hop umpè èbes Ngissi, bot ba nhola ni kobol mahop bayé ha i nyuu yoñ, ngui nsaa wogui wo. Sebel Ndap Mahola i nyuu Mbon i nsinga i yé ntilgaga munu i Kat yon i Mbon.
Kurdish	ئاگاداری: ئەگەر بە زمانێکی تری جگە لە ئینگلیزی قسە دەکەیت، خزمەتگوزاریه زمانهوانیهکان بهخۆراپی بۆ تو به‌دهستن. پهیوهندی به ژماره‌ی خزمەتگوزاری ئەندامانی سهر ناسنامەکت بکه.
Laotian	ໂປດຊາບ: ຖ້າທ່ານເວົ້າພາສາອື່ນນອກຈາກພາສາອັງກິດ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາທີ່ບໍ່ເສຍຄ່າແມ່ນມີພ້ອມໃຫ້ທ່ານ. ກະລຸນາໂທຫາ ໝາຍເລກການບໍລິການສະມາຊິກທີ່ຢູ່ເທິງ ບັດ ID ຂອງທ່ານ.

[illegible]