



Summary of Benefits 2022

**Bright Advantage Dual Access Plan
(HMO D-SNP) H2288-003**

New York

Kings

New York

Queens

2022 Summary of Benefits

BRIGHT ADVANTAGE DUAL ACCESS PLAN (HMO D-SNP)

H2288-003

January 1, 2022 - December 31, 2022.

Bright HealthCare is a Medicare Advantage plan with a Medicare contract. Enrollment in the Plan depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please access the "Evidence of Coverage" at BrightHealthCare.com/Medicare.

This plan is a **Dual Eligible Special Needs Plan (D-SNP)** for people who are eligible for both Medicare and Medicaid. As a dual eligible beneficiary, your services are paid first by Medicare and then by Medicaid. How much Medicaid covers depends on the type of Medicaid eligibility you have. To join **Bright Advantage Dual Access Plan (HMO D-SNP)**, you must be in one of the following Medicaid eligibility categories:

- **Qualified Medicare Beneficiary (QMB):** Medicaid covers your Medicare Part A and B premiums, deductibles, coinsurance and copayment amounts. You are not otherwise eligible for any Medicaid benefits.
- **Qualified Medicare Beneficiary Plus (QMB+):** Medicaid covers your Medicare Part A and B premiums, deductibles, coinsurance and copayment amounts. You are also eligible for full Medicaid benefits, secondary to your Medicare coverage.
- **Full Benefit Dual Eligible – Medicaid Only:** You are eligible for full Medicaid benefits. Medicaid may provide some assistance with Medicare cost-sharing. Generally, your cost share is \$0 when the service is covered by both Medicare and Medicaid. There may be instances where you have to pay Medicare cost-sharing when the service or benefit is not covered by Medicaid.

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If your category of Medicaid eligibility changes, your cost-share may also increase or decrease. You must remain eligible for and enrolled in Medicaid to stay enrolled in this plan. You also must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area. Our service area includes the following counties in New York: Kings, New York, and Queens.

Except in emergency situations, if you use providers that are not in our network, we may not pay for these services.

For coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at Medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227) available 24 hours, 7 days a week including some federal holidays. TTY/TDD users should call 1-877-486-2048.

This document is available in other formats such as Braille, large print or audio.

HAVE QUESTIONS? Please call Bright HealthCare Member Services Department at 1-844-926-4521, TTY 711 Monday – Friday 8 am - 8 pm between April 1 and September 30 and 7 days a week between October 1 to March 31, 8 am - 8 pm or visit our website at BrightHealthCare.com/Medicare.

Bright HealthCare plans are HMOs and PPOs with a Medicare contract. Bright HealthCare's New York D-SNP is an HMO with a Medicare contract and a State Medicaid Agency Contract with the New York State Department of Health. Our plans are issued through Bright HealthCare Insurance Company or one of its affiliates. Bright HealthCare 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.

PREMIUM & BENEFITS	YOU PAY	WHAT YOU SHOULD KNOW
Monthly Plan Premium	\$0	You must keep paying your Medicare Part B premium. Your premium may be more if you are not receiving Extra Help.
Deductible	No deductible	
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	No more than \$0 annually	Your costs may be more if your Medicaid does not cover cost-sharing for Medicare covered services. Includes copays and other costs for medical services for the year.
Inpatient Hospital	\$0 per stay	Your costs may be more if your Medicaid does not cover cost-sharing for Medicare covered services. Services may require authorization and a referral.
Outpatient Hospital	\$0 copay	Your costs may be more if your Medicaid does not cover cost-sharing for Medicare covered services. Services may require authorization and a referral. Please reference Evidence of Coverage (EOC) for details on specific services.
Ambulatory Surgery Center	\$0 copay	Your costs may be more if your Medicaid does not cover cost-sharing for Medicare covered services. Services may require authorization and a referral.
Doctor Visits • Primary care providers	\$0 copay	Your costs may be more if your Medicaid does not cover cost-sharing for Medicare covered services.
• Specialists	\$0 copay	Services may require authorization and a referral.

PREMIUM & BENEFITS	YOU PAY	WHAT YOU SHOULD KNOW
Preventive Care <ul style="list-style-type: none"> • Flu vaccine, diabetic screenings, etc. • Routine Annual Physical 	\$0 copay \$0 copay	<p>Other preventive services are available. There are some covered services that may have a cost.</p> <p>Services may require authorization and a referral.</p> <p>Services do not require authorization or a referral.</p>
Emergency Care	\$0 copay	<p>Your costs may be more if your Medicaid does not cover cost-sharing for Medicare covered services.</p> <p>Copayment waived if admitted to the hospital or readmitted to the ER within 72 hours.</p>
Worldwide Emergency Care <ul style="list-style-type: none"> • Urgent Care • Emergency Room • Emergency Transportation 	\$90 copay	<p>Coverage is limited to \$50,000.</p>
Urgent Care	\$0 copay	
Diagnostic Services/Labs/Imaging <ul style="list-style-type: none"> • Diagnostic tests and procedures • Lab services • MRI, CAT scan • X-rays 	\$0 copay \$0 copay \$0 copay \$0 copay	<p>Your costs may be more if your Medicaid does not cover cost-sharing for Medicare covered services.</p> <p>Services may require authorization and a referral.</p>
Hearing Services <ul style="list-style-type: none"> • Routine hearing exam • Hearing aid fittings and evaluations • Hearing aid 	\$0 copay \$0 copay \$149 per hearing aid for the advanced model	<p>One routine hearing exam annually.</p> <p>One hearing aid fitting annually.</p> <p>You receive 2 hearing aids every 3 years.</p>

Premium & Benefits	You Pay	What You Should Know
Dental Services <ul style="list-style-type: none">Preventive dental (e.g., oral exam, x-rays, cleanings)	\$0 copay	Limitations may apply. See your EOC for details.
Comprehensive Dental <ul style="list-style-type: none">Diagnostic servicesRestorative servicesEndodonticsPeriodonticsExtractionsImplant Services, Prosthodontics, other oral/maxillofacial surgery, other services	\$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 - \$350 copay	Prosthodontics, other oral/maxillofacial surgery, other service range from \$0 for surgical placement of implant body (endosteal implant) to \$350 for implant supported crowns.
<ul style="list-style-type: none">Non-routine services	\$0 copay	
Vision Services <ul style="list-style-type: none">Routine eye examRetinal imagingEyeglasses (frames)Eyeglass lensesContact lensesUpgrades	\$0 copay \$0 copay \$0 copay \$0 copay \$0 copay	One exam per year. One exam per year. \$175 allowance for frames. For standard lenses (includes standard progressives). \$175 allowance in lieu of frames for contact lenses every year. \$70 allowance for polycarb lenses upgrade. \$89.50 allowance for premium progressives upgrade.

PREMIUM & BENEFITS	YOU PAY	WHAT YOU SHOULD KNOW
Mental Health Services <ul style="list-style-type: none"> • Outpatient individual therapy • Outpatient group therapy 	\$0 copay \$0 copay	<p>Services may require authorization and a referral.</p> <p>Your costs may be more if your Medicaid does not cover cost-sharing for Medicare covered services.</p>
Skilled Nursing Facility (SNF)	\$0 per stay	<p>Services may require authorization and a referral.</p> <p>Based on 2021 cost-shares.</p> <p>These amounts may change for 2022.</p> <p>Your costs may be more if your Medicaid does not cover cost-sharing for Medicare covered services.</p>
Physical Therapy	\$0 copay	<p>Services may require authorization and a referral.</p> <p>Your costs may be more if your Medicaid does not cover cost-sharing for Medicare covered services.</p>
Ambulance (Ground)	\$0 copay per ride	<p>Services may require authorization.</p> <p>Your costs may be more if your Medicaid does not cover cost-sharing for Medicare covered services.</p>
Transportation	\$0 copay for unlimited one way trips to approved locations	<p>Services may require authorization.</p>
Medicare Part B Drugs <ul style="list-style-type: none"> • Chemotherapy drugs • Other Part B drugs 	\$0 copay \$0 copay	<p>Your costs may be more if your Medicaid does not cover cost-sharing for Medicare covered services.</p> <p>Services may require authorization.</p>

OUTPATIENT PRESCRIPTION DRUGS

Part D Deductible	No deductible (your deductible may be more if you are not receiving Extra Help).	
	Retail Rx 30-day supply	Mail Order 100-day supply
Initial Coverage You are in the Initial Coverage stage until you reach \$4,430 in drug costs (year to date). Tier 1 - Preferred Generic Tiers 2 - (Generic) to 5 (Specialty Tier) Tier 6 - Select Care	\$0 copay \$0 or \$1.35 for generics. \$0 or \$4 for brands. (Depending on your level of Extra Help that you receive). \$0 copay	\$0 copay \$0 or \$1.35 for generics. \$0 or \$4 for brands. (Depending on your level of Extra Help that you receive). \$0 copay
Coverage Gap You stay in this stage until your year-to-date "out-of-pocket costs" (your payments) reach a total of \$7,050 Tier 1 - Preferred Generic Tiers 2 - (Generic) to 5 (Specialty Tier) Tier 6 - Select Care	\$0 copay \$0 or \$1.35 for generics. \$0 or \$4 for brands. (Depending on your level of Extra Help that you receive). \$0 copay	
Catastrophic Coverage	During this stage, the plan will pay most of the cost of your drugs for the rest of the calendar year (through December 31, 2022). Depending on your level of Extra Help that you receive, \$0 copay for all covered drugs or \$3.95 copay or 5% (whichever costs more) for generic drugs or a preferred multi-source drug and \$9.85 copay or 5% (whichever costs more) for all other drugs.	

Cost-Sharing may change depending on the pharmacy you choose and when you enter a new phase of the Part D benefit.

WELLNESS BENEFITS	YOU PAY / RECEIVE	WHAT YOU SHOULD KNOW
Over-The-Counter (OTC) Items	Up to \$1,980 each year	\$165 credit every month.
Healthy Foods Allowance	Up to \$360 each year for healthy foods	Receive a \$30 monthly allowance to buy healthy whole foods at approved grocery stores.
Meals and Nutritional Counseling	Receive 14 meals each month, for 12 months in the calendar year (168 total meals)	Meal programs include: Diabetes, congestive heart failure (CHF), cardiovascular disorders, dementia, chronic and disabling mental health conditions, kidney disease, and hypertension. Also includes a nutritional consultation with a registered dietician to develop a healthy eating plan.
Acupuncture <ul style="list-style-type: none"> • Medicare-covered acupuncture • Routine acupuncture 	\$0 copay \$0 copay	Services may require authorization and a referral. For up to 30 visits every year combined with Routine Chiropractic services.
Chiropractic Services <ul style="list-style-type: none"> • Medicare-covered chiropractic care • Routine chiropractic care 	\$0 copay \$0 copay	Services may require authorization and a referral. For up to 30 visits every year combined with Routine Acupuncture services.
Blood Pressure Cuffs	\$0 copay	Blood pressure cuff is provided to qualifying members through our care management program.
Scales	\$0 copay	A scale is provided to qualifying members through our care management program.

WELLNESS BENEFITS	YOU PAY / RECEIVE	WHAT YOU SHOULD KNOW
Gym Membership	\$0 copay	Silver&Fit gym membership is available to you at no cost with access to fitness facilities, or Silver&Fit Steps at-home kits for members who are unable to exercise in a fitness facility or prefer to work out at home.
24/7 Doctor Advice Line	\$0 copay	A Doctor is available at no cost to you 24 hours a day, 7 days a week by web, mobile app, or phone at: 1-800-997-6196. Doctors can diagnose and prescribe medications if medically necessary.
Personal Emergency Response System (PERS)	\$0 copay	Mobile PERS device with GPS and fall detection; 24/7/365 monitoring.

Summary of Medicaid covered benefits

Services available through New York State Department of Health

In addition to the Medicare services described in the Summary of Benefits, you may be eligible for the following Medicaid benefits based on the level of your Medicaid coverage. For eligibility rules and additional information about Medicaid services, please visit: https://www.health.ny.gov/health_care/medicaid/

Inpatient Hospital Care	Outpatient Hospital Services
Inpatient Mental Health Care	Outpatient Substance Abuse Services
Skilled Nursing Facility (SNF)	Renal Dialysis
Emergency Care	Ambulance Services
Urgently Needed Services	Routine Transportation
Home Health Care	Diabetes Supplies and Services
Hospice	Durable Medical Equipment (DME)
Doctor Office Visits	Prosthetic Devices
Preventive Care	Immunizations
Foot Care	Dental Services
Speech Therapy	Vision Services
Physical Therapy/Occupational Therapy	Hearing Services
Mental Health Care	Prescription Drug Benefits
Diagnostic Tests, Lab and Radiology Services, and X-Rays	

The categories above are subject to the coverage and limitation policies listed in your Medicaid contract.

Have Questions? What you pay for covered services may depend on your level of Medicaid eligibility. If you have questions about your Medicaid eligibility and what benefits you are entitled to, please call: 1-800-541-2831



Nondiscrimination Notice and Assistance with Communication

Bright HealthCare 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 HealthCare 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 HealthCare websites.

To ask for help with these services, please call **1-844-926-4521**.

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 HealthCare Civil Rights Coordinator
P.O. Box 1868
Portland, ME 04104
Phone: **1-844-926-4521**

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**, **1-800-537-7697** (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 **1-844-926-4521**. 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 **1-844-926-4521**.

English	ATTENTION: If you speak a language other than English, language assistance services including interpretation and written translation, free of charge, are available to you. Call (844)-926-4521.
Spanish (US)	ATENCIÓN: Si no habla inglés, tiene a su disposición servicios gratuitos de asistencia lingüística, incluidos servicios de interpretación y traducción. Llame al (844) 926-4520.
Chinese (S)	注意：如果您使用的语言并非英语，则可获得免费的语言协助服务（包括口译和笔译）。请拨打电话 (844)-926-4521。
Arabic	انتباه: إذا كنت تتحدث لغة غير الإنجليزية، فخدمات المساعدة اللغوية، ومن بينها الترجمة الشفوية والترجمة التحريرية، متاحة من أجلك، دون تكلفة. اتصل بالرقم (844)-926-4521.
Bengali	মনোযোগ: আপনি যদি ইংরেজী ব্যতীত অন্য কোনও ভাষায় কথা বলেন তবে বিনা মূল্যে ব্যাখ্যামূলক এবং লিখিত অনুবাদ সহ ভাষা সহায়তা পরিষেবাগুলি আপনার জন্য উপলভ্য। (844)-926-4521 নম্বরে কল করুন।
French	ATTENTION : Si vous parlez une autre langue que l'anglais, des services d'assistance linguistique, notamment d'interprétation et de traduction écrite, sont mis gratuitement à votre disposition. Appelez le (844)-926-4521.
German	ACHTUNG: Falls Sie eine andere Sprache als Englisch sprechen, steht Ihnen eine kostenfreie fremdsprachliche Unterstützung einschließlich Dolmetschen und schriftlicher Übersetzung zur Verfügung. Wählen Sie die (844)-926-4521.
Greek	ΠΡΟΣΟΧΗ: Αν μιλάτε κάποια γλώσσα διαφορετική από τα Αγγλικά, παρέχονται δωρεάν υπηρεσίες γλωσσικής βοήθειας συμπεριλαμβανομένης της διερμηνείας και της γραπτής μετάφρασης. Καλέστε το (844)-926-4521.
Italian	ATTENZIONE: se parla una lingua diversa dall'inglese, sono disponibili servizi di assistenza linguistica gratuiti, inclusi di interpretariato e traduzione scritta. Chiami il numero (844)-926-4521.
Japanese	ご注意: 英語以外の言語を話される場合は、通訳および書面による翻訳を含めて無料の言語支援サービスをご利用いただけます。(844)-926-4521 までお電話ください。
Korean	주의: 영어가 아닌 다른 언어를 사용할 경우 번역 및 통역과 같은 무료 언어 지원 서비스를 이용하실 수 있습니다. (844)-926-4521번으로 연락하십시오.
Polish	UWAGA: Jeśli nie mówisz po angielsku, możesz skorzystać z darmowej usługi tłumaczenia ustnego i pismnego. Zadzwoń pod numer (844)-926-4521.
Portuguese	ATENÇÃO: Se falar um idioma que não o inglês, estão disponíveis serviços gratuitos de assistência de idioma, incluindo interpretação e tradução escrita. Entre em contato no número (844)-926-4521.
Russian	ВНИМАНИЕ: если вы не говорите на английском языке, вы можете воспользоваться бесплатными услугами языковой поддержки, включая устный и письменный перевод. Позвоните по телефону (844)-926-4521.

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