



# Summary of Benefits 2022

**Bright Advantage Classic Care Plan  
(HMO) H4709-035**

**Florida**

Miami-Dade

# 2022 Summary of Benefits

## **BRIGHT ADVANTAGE CLASSIC CARE PLAN (HMO)**

H4709-035

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](https://BrightHealthCare.com/Medicare).

To join **Bright Advantage Classic Care Plan (HMO)** you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes Miami-Dade county in Florida.

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](https://www.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](https://BrightHealthCare.com/Medicare).

Bright HealthCare plans are HMOs and PPOs with a Medicare contract. Bright HealthCare'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 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
<b>Monthly Plan Premium</b>	<b>\$0</b>	You must keep paying your Medicare Part B premium.
<b>Deductible</b>	<b>No deductible</b>	
<b>Maximum Out-of-Pocket Responsibility</b> (does not include prescription drugs)	<b>No more than \$999 annually</b>	Includes copays and other costs for medical services for the year.
<b>Inpatient Hospital</b>	<b>\$0 per stay</b>	Services may require authorization.
<b>Outpatient Hospital</b>	<b>\$0 - \$60 copay</b>	Services may require authorization. Please reference Evidence of Coverage (EOC) for details on specific services. Minimum amount for diagnostic mammograms, DEXA scans, and colonoscopies. Maximum amount for all other services.
<b>Ambulatory Surgery Center</b>	<b>\$0 copay</b>	Services may require authorization.
<b>Doctor Visits</b> • Primary care providers • Specialists	<b>\$0 copay</b> <b>\$0 copay</b>	Services may require authorization.
<b>Preventive Care</b>  • Flu vaccine, diabetic screenings, etc. • Routine Annual Physical	<b>\$0 copay</b>  <b>\$0 copay</b>	Other preventive services are available. There are some covered services that may have a cost. Services may require authorization. Services do not require authorization or a referral.

PREMIUM & BENEFITS	YOU PAY	WHAT YOU SHOULD KNOW
<b>Emergency Care</b>	<b>\$0 - \$90 copay</b>	Copayment waived if admitted to the hospital or readmitted to the ER within 72 hours.
<b>Worldwide Emergency Care</b> <ul style="list-style-type: none"> <li>• Urgent Care</li> <li>• Emergency Room</li> <li>• Emergency Transportation</li> </ul>	<b>\$90 copay</b>	Coverage is limited to \$50,000.
<b>Urgent Care</b>	<b>\$0 copay</b>	
<b>Diagnostic Services/Labs/Imaging</b> <ul style="list-style-type: none"> <li>• Diagnostic tests and procedures</li>   <li>• Lab services</li> <li>• MRI, CAT scan</li> <li>• X-rays</li> </ul>	<b>\$0 - \$100 copay</b>  <b>\$0 copay</b> <b>\$0 copay</b> <b>\$0 copay</b>	Services may require authorization.  Minimum copay for diagnostic colonoscopy, maximum copay for all other diagnostic procedures/tests.
<b>Hearing Services</b> <ul style="list-style-type: none"> <li>• Routine hearing exam</li> <li>• Hearing aid fittings and evaluations</li> <li>• Hearing aid</li> </ul>	<b>\$0 copay</b> <b>\$0 copay</b>  <b>\$149 per hearing aid</b> for the advanced model	One routine hearing exam annually. One hearing aid fitting annually.  You receive 2 hearing aids every 3 years.

PREMIUM & BENEFITS	YOU PAY	WHAT YOU SHOULD KNOW
<p><b>Dental Services</b></p> <ul style="list-style-type: none"> <li>• Preventive dental (e.g., oral exam, x-rays, cleanings)</li> </ul> <p><b>Comprehensive Dental</b></p> <ul style="list-style-type: none"> <li>• Diagnostic services</li> <li>• Restorative services</li> <li>• Endodontics</li> <li>• Periodontics</li> <li>• Extractions</li> <li>• Implant Services, Prosthodontics, other oral/maxillofacial surgery, other services</li> <li>• Non-routine services</li> </ul>	<p><b>\$0 copay</b></p> <p><b>\$0 copay</b></p> <p><b>\$25 - \$400 copay</b></p> <p><b>\$25 - \$720 copay</b></p> <p><b>\$0 - \$780 copay</b></p> <p><b>\$70 - \$140 copay</b></p> <p><b>\$0 - \$1,110 copay</b></p> <p><b>\$0 - \$300 copay</b></p>	<p>Limitations may apply. See your EOC for details.</p> <p>Restorative services range from \$25 for provisional crown to \$400 for porcelain crowns.</p> <p>Endodontics range from \$25 for pulp cap to \$720 for retreatment of previous root canal.</p> <p>Periodontics range from \$0 for gingival irrigation to \$780 for osseous surgery.</p> <p>Extractions range from \$70 for primary tooth to \$140 for erupted tooth.</p> <p>Prosthodontics and other services range from \$0 for surgical placement of implant body (endosteal implant) to \$1,110 for abutment supported retainer for porcelain/ceramic crown.</p> <p>Non-routine services range from \$0 for regional anesthesia to \$300 for an occlusal guard.</p>
<p><b>Vision Services</b></p> <ul style="list-style-type: none"> <li>• Routine eye exam</li> <li>• Retinal imaging</li> <li>• Eyeglasses (frames)</li> <li>• Eyeglass lenses</li> <li>• Contact lenses</li> <li>• Upgrades</li> </ul>	<p><b>\$0 copay</b></p> <p><b>\$0 copay</b></p> <p><b>\$0 copay</b></p> <p><b>\$0 copay</b></p> <p><b>\$0 copay</b></p>	<p>One exam per year.</p> <p>One exam per year.</p> <p>\$175 allowance for frames.</p> <p>For standard lenses (includes standard progressives).</p> <p>\$175 allowance in lieu of frames for contact lenses every year.</p> <p>\$70 allowance for polycarb lenses upgrade.</p> <p>\$89.50 allowance for premium progressives upgrade.</p>

PREMIUM & BENEFITS	YOU PAY	WHAT YOU SHOULD KNOW
<b>Mental Health Services</b> <ul style="list-style-type: none"> <li>• Outpatient individual therapy</li> <li>• Outpatient group therapy</li> </ul>	<b>\$0 copay</b>  <b>\$0 copay</b>	Services may require authorization.
<b>Skilled Nursing Facility (SNF)</b>	<b>\$0 copay</b> per day for days 1-20 <b>\$178 copay</b> per day for days 21-100	Services may require authorization.
<b>Physical Therapy</b>	<b>\$0 copay</b>	Services may require authorization.
<b>Ambulance (Ground)</b>	<b>\$0 - \$100 copay per ride</b>	Services may require authorization.
<b>Transportation</b>	<b>\$0 copay for unlimited one way trips to approved locations</b>	Services may require authorization. Minimum cost share for transfer from out-of-network hospital to an in-network hospital, maximum cost share for all other ambulance services.
<b>Medicare Part B Drugs</b> <ul style="list-style-type: none"> <li>• Chemotherapy drugs</li> <li>• Other Part B drugs</li> </ul>	<b>20% of the cost</b>  <b>20% of the cost</b>	Services may require authorization.

## OUTPATIENT PRESCRIPTION DRUGS

Part D Deductible	No deductible	
	Retail Rx 30-day supply	Mail Order 100-day supply
<p><b>Initial Coverage</b> You are in the Initial Coverage stage until you reach \$4,430 in drug costs (year to date)</p> <p><b>Tier 1 - Preferred Generic</b>      <b>\$0 copay</b></p> <p><b>Tier 2 - Generic</b>                      <b>\$0 copay</b></p> <p><b>Tier 3 - Preferred Brand</b>              <b>\$25 copay</b></p> <p><b>Tier 4 - Non-Preferred Brand</b>        <b>\$100 copay</b></p> <p><b>Tier 5 - Specialty Tier</b>                <b>33% of the cost</b></p> <p><b>Tier 6 - Select Care</b>                    <b>\$0 copay</b></p>		
<p><b>Coverage Gap</b> You stay in this stage until your year-to-date "out-of-pocket costs" (your payments) reach a total of \$7,050</p> <p><b>Tier 1 - Preferred Generic</b>              <b>\$0 copay</b></p> <p><b>Tier 2 - Generic</b>                          <b>25% of the cost</b></p> <p><b>Tier 3 - Preferred Brand</b>                <b>25% of the cost</b></p> <p><b>Tier 4 - Non-Preferred Brand</b>        <b>25% of the cost</b></p> <p><b>Tier 5 - Specialty Tier</b>                <b>25% of the cost</b></p> <p><b>Tier 6 - Select Care</b>                    <b>\$0 copay</b></p>		
<p><b>Catastrophic Coverage</b></p>	<p>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).</p> <p><b>\$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.</b></p>	

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
<b>Bright Health Dollars Card</b>	<b>\$1,000 Health Dollars per year</b>	\$250 every 3 months. Health Dollars can be used towards OTC items and your dental costs.
<b>Meals and Nutritional Counseling</b>	<p><b>Receive 15 meals each week for 6 weeks with a \$0 copay (90 total meals). Meal delivery is included 1 time per week.</b></p> <p><b>Receive up to 30 additional meals for a \$5 copay per meal</b></p>	<p>Meal programs include: Diabetes, congestive heart failure (CHF), cardiovascular disorders, dementia, chronic and disabling mental health conditions, kidney disease, and hypertension.</p> <p>Also includes a nutritional consultation with a registered dietician to develop a healthy eating plan.</p>
<p><b>Acupuncture</b></p> <ul style="list-style-type: none"> <li>• Medicare-covered acupuncture</li> <li>• Routine acupuncture</li> </ul>	<p><b>\$0 copay</b></p> <p><b>\$0 copay</b></p>	<p>Services may require authorization.</p> <p>For up to 30 visits every year combined with Routine Chiropractic services.</p>
<p><b>Chiropractic Services</b></p> <ul style="list-style-type: none"> <li>• Medicare-covered chiropractic care</li> <li>• Routine chiropractic care</li> </ul>	<p><b>\$0 copay</b></p> <p><b>\$0 copay</b></p>	<p>Services may require authorization.</p> <p>For up to 30 visits every year combined with Routine Acupuncture services.</p>
<b>Gym Membership</b>	<b>\$0 copay</b>	SilverSneakers gym membership is available to you at no cost with access to fitness facilities, or SilverSneakers Steps at-home kits for members who are unable to exercise in a fitness facility or prefer to work out at home.
<b>24/7 Doctor Advice Line</b>	<b>\$0 copay</b>	A Doctor is available at no cost to you 24 hours a day, 7 days a week by web, mobile app, or phone at: 1-800-835-2362. Doctors can diagnose and prescribe medications if medically necessary.
<b>Personal Emergency Response System (PERS)</b>	<b>\$0 copay</b>	Mobile PERS device with GPS and fall detection; 24/7/365 monitoring.