



Summary of Benefits 2022

Bright New Day Plan
(HMO-POS) H4709-040

Florida

Miami-Dade

2022 Summary of Benefits

BRIGHT NEW DAY PLAN (HMO-POS)

H4709-040

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.

To join **Bright New Day Plan (HMO-POS)** 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.

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
Monthly Plan Premium	\$0	You must keep paying your Medicare Part B premium.
Out-of-Network (OON) Benefits for Key Services	\$0 copay for specialist office visits	Up to a \$10,000 annual benefit limit on covered OON services.
Deductible	No deductible	
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	No more than \$999 annually for in-network services No more than \$10,000 annually for in and out-of-network services combined	Includes copays and other costs for medical services for the year.
Inpatient Hospital	\$0 per stay	Services may require authorization.
Outpatient Hospital	\$0 - \$35 copay	Services may require authorization. Minimum amount for diagnostic mammograms, DEXA scans, and colonoscopies. Maximum amount for all other services.
Ambulatory Surgery Center	\$0 copay	Services may require authorization.
Doctor Visits • Primary care providers • Specialists	\$0 copay \$0 copay	Services may require authorization.
Preventive Care • Flu vaccine, diabetic screenings, etc. • Routine Annual Physical	\$0 copay \$0 copay	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
Emergency Care	\$0 - \$25 copay	Copayment waived if admitted to the hospital or readmitted to the ER within 72 hours.
Worldwide Emergency Care <ul style="list-style-type: none"> • Urgent Care • Emergency Room • Emergency Transportation 	\$25 copay	Coverage is limited to \$50,000.
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 - \$100 copay \$0 copay \$0 copay \$0 copay	Services may require authorization. Minimum copay for diagnostic colonoscopy, maximum copay for all other diagnostic procedures/ tests.
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	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>Dental Services</p> <ul style="list-style-type: none"> • Preventive dental (e.g., oral exam, x-rays, cleanings) <p>Comprehensive Dental</p> <ul style="list-style-type: none"> • Diagnostic services • Restorative services • Endodontics • Periodontics • Extractions • Implant Services, Prosthodontics, other oral/maxillofacial surgery, other services • Non-routine services 	<p>\$0 copay</p> <p>\$0 copay</p> <p>\$25 - \$400 copay</p> <p>\$25 - \$720 copay</p> <p>\$0 - \$780 copay</p> <p>\$70 - \$140 copay</p> <p>\$0 - \$1,110 copay</p> <p>\$0 - \$300 copay</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>Vision Services</p> <ul style="list-style-type: none"> • Routine eye exam • Retinal imaging • Eyeglasses (frames) • Eyeglass lenses • Contact lenses • Upgrades 	<p>\$0 copay</p> <p>\$0 copay</p> <p>\$0 copay</p> <p>\$0 copay</p> <p>\$0 copay</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
Mental Health Services <ul style="list-style-type: none"> • Outpatient individual therapy • Outpatient group therapy 	\$0 copay \$0 copay	Services may require authorization.
Skilled Nursing Facility (SNF)	\$0 per stay	Services may require authorization.
Physical Therapy	\$0 copay	Services may require authorization.
Ambulance (Ground)	\$0 - \$100 copay per ride	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.
Transportation	\$0 copay for unlimited one way trips to approved locations	Services may require authorization.
Medicare Part B Drugs <ul style="list-style-type: none"> • Chemotherapy drugs • Other Part B drugs 	20% of the cost 20% of the cost	Services may require authorization.

OUTPATIENT PRESCRIPTION DRUGS

Part D Deductible	No deductible	
	Retail Rx 30-day supply	Mail Order 100-day supply
<p>Initial Coverage You are in the Initial Coverage stage until you reach \$7,000 in drug costs (year to date)</p> <p>Tier 1 - Preferred Generic \$0 copay</p> <p>Tier 2 - Generic \$0 copay</p> <p>Tier 3 - Preferred Brand \$0 copay</p> <p>Tier 4 - Non-Preferred Brand \$5 copay</p> <p>Tier 5 - Specialty Tier 33% of the cost</p> <p>Tier 6 - Select Care \$0 copay</p>		
<p>Coverage Gap You stay in this stage until your year-to-date "out-of-pocket costs" (your payments) reach a total of \$7,050</p> <p>Tier 1 - Preferred Generic \$0 copay</p> <p>Tier 2 - Generic 25% of the cost</p> <p>Tier 3 - Preferred Brand 25% of the cost</p> <p>Tier 4 - Non-Preferred Brand 25% of the cost</p> <p>Tier 5 - Specialty Tier 25% of the cost</p> <p>Tier 6 - Select Care \$0 copay</p>		
<p>Catastrophic Coverage</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>\$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.</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
Over-The-Counter (OTC) Items	Up to \$1,200 each year	\$100 credit every month.
Healthy Foods Allowance	Up to \$540 each year for healthy foods	Receive a \$45 monthly allowance to buy healthy whole foods at approved grocery stores.
Meals and Nutritional Counseling	<p>Receive 15 meals each week for 6 weeks with a \$0 copay (90 total meals). Meal delivery is included 1 time per week.</p> <p>Receive up to 30 additional meals for a \$5 copay per meal</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>
Acupuncture <ul style="list-style-type: none"> • Medicare-covered acupuncture • Routine acupuncture 	<p>\$0 copay</p> <p>\$0 copay</p>	<p>Services may require authorization.</p> <p>For up to 30 visits every year combined with Routine Chiropractic services.</p>
Chiropractic Services <ul style="list-style-type: none"> • Medicare-covered chiropractic care • Routine chiropractic care 	<p>\$0 copay</p> <p>\$0 copay</p>	<p>Services may require authorization.</p> <p>For up to 30 visits every year combined with Routine Acupuncture services.</p>
Routine Foot Care	\$0 copay	Up to 6 visits every year.
Therapeutic Massage	\$0 copay	Up to 10 visits every year for treatment of myofascial conditions and injuries and musculoskeletal pain syndromes.

WELLNESS BENEFITS	YOU PAY / RECEIVE	WHAT YOU SHOULD KNOW
Gym Membership	\$0 copay	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.
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: 1-800-835-2362. 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.