

Summary of Benefits 2022

Bright Advantage Classic Care Plan (HMO) H7853-001

Colorado

Adams

Arapahoe

Boulder

Broomfield

Denver

Douglas

El Paso

Elbert

Jefferson

Summit

Teller

2022 Summary of Benefits

BRIGHT ADVANTAGE CLASSIC CARE PLAN (HMO)

H7853-001

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 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 the following counties in Colorado: Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Elbert, Jefferson, Summit, and Teller.

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 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.
Deductible	No deductible	
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	No more than \$3,500 annually	Includes copays and other costs for medical services for the year.
Inpatient Hospital	\$175 copay per day for days 1-6 \$0 copay per day for days 7-90	Services may require authorization and a referral.
Outpatient Hospital	\$0 - \$125 copay	Services may require authorization and a referral. 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.
Ambulatory Surgery Center	\$0 - \$125 copay	Services may require authorization and a referral. Minimum amount for diagnostic mammograms, DEXA scans, and colonoscopies. Maximum amount for all other services.
Doctor VisitsPrimary care providersSpecialists	\$0 copay \$10 copay	Services may require authorization and a referral.

PREMIUM & BENEFITS	YOU PAY	WHAT YOU SHOULD KNOW
Preventive Care		Other preventive services are available. There are some covered services that may have a cost.
 Flu vaccine, diabetic screenings, etc. 	\$0 copay	Services may require authorization and a referral.
Routine Annual Physical	\$0 copay	Services do not require authorization or a referral.
Emergency Care	\$0 - \$90 copay	Copayment waived if admitted to the hospital or readmitted to the ER within 72 hours.
Worldwide Emergency Care • Urgent Care • Emergency Room • Emergency Transportation	\$90 copay	Coverage is limited to \$50,000
Urgent Care	\$0 copay	
Diagnostic Services/Labs/ Imaging • Diagnostic tests and procedures	\$0 - \$125 copay	Services may require authorization and a referral. Minimum copay for diagnostic colonoscopy, maximum copay for all other diagnostic procedures/
Lab servicesMRI, CAT scan	\$0 copay \$0 - \$100 copay	Maximum copay for MRI, CT, and PET scans. Minimum copay for Ultrasound, other general imaging, diagnostic DEXA scans and mammograms.
• X-rays	\$0 copay	
Hearing Services	\$0 copay	One routine hearing evem annually
Routine hearing examHearing aid fittings and evaluations	\$0 copay \$0 copay	One routine hearing exam annually. One hearing aid fitting annually.
Hearing aid	\$149 per hearing aid for the advanced model	You receive 2 hearing aids every 3 years.

PREMIUM & BENEFITS	YOU PAY	WHAT YOU SHOULD KNOW
Dental Services		Limitations may apply. See your EOC for details.
 Preventive dental (e.g., oral exam, x-rays, cleanings) 	\$0 copay	Loc for details.
Comprehensive Dental		
 Diagnostic services 	\$0 copay	
• Restorative services	\$25 - \$400 copay	Restorative services range from \$25 for provisional crown to \$400 for porcelain crowns.
• Endodontics	\$25 - \$720 copay	Endodontics range from \$25 for pulp cap to \$720 for retreatment of previous root canal.
• Periodontics	\$0 - \$780 copay	Periodontics range from \$0 for gingival irrigation to \$780 for osseous surgery.
• Extractions	\$70 - \$140 copay	Extractions range from \$70 for primary tooth to \$140 for erupted tooth.
 Implant Services, Prosthodontics, other oral/ maxillofacial surgery, other services 	\$0 - \$1,110 copay	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.
Non-routine services	\$0 - \$300 copay	Non-routine services range from \$0 for regional anesthesia to \$300 for an occlusal guard.
Vision Services		
• Routine eye exam	\$0 copay	One exam per year.
Retinal imaging	\$0 copay	One exam per year.
• Eyeglasses (frames)	\$0 copay	\$175 allowance for frames.
• Eyeglass lenses	\$0 copay	For standard lenses (includes standard progressives).
• Contact lenses	\$0 copay	\$175 allowance in lieu of frames for contact lenses every year.
• Upgrades		\$70 allowance for polycarb lenses upgrade.
		\$89.50 allowance for premium progressives upgrade.

PREMIUM & BENEFITS	YOU PAY	WHAT YOU SHOULD KNOW
Mental Health ServicesOutpatient individual therapy	\$10 copay	Services may require authorization and a referral.
 Outpatient group therapy 	\$10 copay	
Skilled Nursing Facility (SNF)	\$0 copay per day for days 1-20 \$178 copay per day for days 21-100	Services may require authorization and a referral.
Physical Therapy	\$20 copay	Services may require authorization and a referral.
Ambulance (Ground)	\$0 - \$250 copay per ride	Services may require authorization. Minimum copay for transfer from out-of-network hospital to an innetwork hospital, maximum copay for all other ambulance services.
Transportation	\$0 copay for 24 one way trips every year to approved locations	Services may require authorization.
Medicare Part B DrugsChemotherapy drugsOther Part B drugs	20% of the cost 20% of the cost	Services may require authorization.

Part D Deductible No deductible 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** \$0 copay \$0 copay Tier 2 - Generic \$8 copay \$16 copay **Tier 3 - Preferred Brand** \$47 copay \$94 copay

OUTPATIENT PRESCRIPTION DRUGS

Coverage Gap

You stay in this stage until your year-to-date "out-of-

Tier 4 - Non-Preferred Brand

Tier 5 - Specialty Tier

Tier 6 - Select Care

Tier 1 - Preferred Generic
reach a total of \$7,050
pocket costs" (your payments

Tier 2 - Generic

Tier 3 - Preferred Brand

Tier 4 - Non-Preferred Brand

Tier 5 - Specialty Tier

Tier 6 - Select Care

\$0 copay

\$100 copay

\$0 copay

33% of the cost

25% of the cost

25% of the cost

25% of the cost

25% of the cost

\$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).

\$200 copay

\$0 copay

Not available

\$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 \$300 each year	\$75 credit every 3 months.
Meals and Nutritional Counseling	Receive 15 meals each week for 6 weeks with a \$0 copay (90 total meals). Meal delivery is included 1 time per week. Receive up to 30 additional meals for a \$5 copay per meal.	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.
AcupunctureMedicare-covered acupuncture	\$0 copay	Services may require authorization and a referral.
• Routine acupuncture	\$0 сорау	For up to 12 visits every year combined with Routine Chiropractic services.
Chiropractic ServicesMedicare-covered chiropractic care	\$0 copay	Services may require authorization and a referral.
Routine chiropractic care	\$0 copay	For up to 12 visits every year combined with Routine Acupuncture services.
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 сорау	Mobile PERS device with GPS and fall detection; 24/7/365 monitoring



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 4521-926-(844).
Bengali	মনোযোগ: আপনি যদি ইংরেজী বয্তীত অনয্ কোনও ভাষায় কথা বলেন তবে বিনা মূলেয্ বযা্খযা্মূলক এবং লিখিত অনুবাদ সহ ভাষা সহায়তা পরিষেবাগুলি আপনার জনয্ উপলভয্। (844)-926-4521 নমব্রে 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, inclusivi 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 pisemnego. Zadzwoń pod numer (844)-926-4521.

Russian ВНИМАНИЕ: если вы не говорите на английском языке, вы можете воспользоваться бесплатными услугами языковой поддержки, включая устный и письменный перевод.

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

Позвоните по телефону (844)-926-4521.

(844)-926-4521.

Portuguese

Tagalog

PAALALA: Kung nagsasalita ka ng isang wika na bukod pa sa Ingles, magagamit mo ang mga serbisyong tulong sa wika, kabilang ang pagsasalin at nakasulat na pagsasalin nang walang bayad. Tumawag sa (844)-926-4521.

Urdu

توجہ فرمائیں: اگر آپ انگریزی کے علاوہ کوئی دوسری زبان بولتے ہیں تو زبان کی معاونتی خدمات بشمول ترجمانی اور تحریری ترجمہ آپ کے لئے بلا معاوضہ دستیاب ہیں۔ کال کریں 4521-926-(844).

Vietnamese

CHÚ Ý: Nếu bạn nói một thứ tiếng nào khác ngoài tiếng Anh, bạn sẽ được cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí, bao gồm cả thông dịch và biên dịch. Gọi số (844)-926-4521.

Navajo

Navajo Baa naanish'agha: qdaa'ni'adishni la'saad la'igii'ako dine, saad'ahilka'ana'alwo'tse' esgizii, bidishchiid bee yeel, bilhadlee'ach'i' ni. bika'adishni (844)-926-4521.

Amharic

ማሳሰብያ: ከእንግሊዝኛ ውጪ የሆነ ቋንቋ የሚናንሩ ከሆነ ከክፍያ ነጻ የሆነ የቋንቋ አስተርጻሚና የጽሁፍ ትርጉም ድጋፍ አንልግሎቶችን ማግኘት ይችላሉ፡፡ በ (844)-926-4521 ይደውሉ፡፡

Burmese

အသိပေးခြင်း - အကယ်၍ သင်သည် အင်္ဂလိပ်မှအပ တစ်ခြားဘာသာစကားဖြင့် စကားပြောသူဖြစ် လျှင် စကားပြန်နှင့် ရေးသားထားသောဘာသာပြန် အပါအဝင် ဘာသာစကားကူညီပံ့ပိုးဝန်ဆောင်မှု များကို အခမဲ့ရရှိနိုင်ပါသည်။ (844)-926-4521 သို့ဖုန်းခေါ် ဆိုပါ။

Cherokee

Ø\$4፡፡ ET \$\text{Ch} \text{A} \text{O} \text{L} \text{A} \text{C} \text{L} \text{A} \text{C} \text{L} \text{A} \text{C} \text{D} \text{L} \text{A} \text{C} \text{D} \text{A} \text{C} \text{C} \text{A} \text{L} \text{A} \text{C} \text{C} \text{A} \text{C} \text

Cushite-Oromo

HUBACHISA: Afaan Ingilifaan aala yoo kan dubbaatan ta'e, tajaajila gargaarsa afaan hikaa sagaleen fi bareefaman dabalate kafaalti irraa bilisaan issiinif argama. (844)-926-4521 irraatti bilbila.

French Creole

ATANSYON: Si ou pale yon lang ki pa Anglè, sèvis asistans lengwistik ki gen ladan l entèpretasyon ak tradiksyon alekri, epi li disponib pou ou. Rele (844)-926-4521.

Gujarti

ધ્યાન આપો: જો તમે અંગ્રેજી સિવાય ની અન્ય કોઈ ભાષા બોલો છો, તો તમારા માટે અર્થધટન અને લેખિત અનુવાદ સિંદતની ભાષા સહ્યય સેવાઓ નિ:શુલ્ક ઉપલબ્ધ છે. (844)-926-4521 પર કૉલ કરો.

Hindi

ध्यान दें: यदि आप अंग्रेज़ी के अलावा कोई अन्य भाषा बोलते हैं तो आपके लिए निःशुल्क भाषा सहायता सेवाएं, दुभाषिया और लिखित अनुवाद सहित, उपलब्ध है। (844)-926-4521 पर कॉल करें।

Hmong

TSEEM CEEB: Yog koj hais lwm hom lus uas tsis yog Lus Askiv, yuav muaj kev pab txhais lus, suav nrog kev txhais lus hais thiab kev txhais ntaub ntawv, yam tsis tau them nqi dab tsi li. Hu rau (844)-926-4521.

Karen

ဟ်သူဉ်ဟ်သး - နမ့်္ဂကတိၤကျိဉ်လ၊အတမ့်္ဂအဲကလံးကျိဉ်ဘဉ်အဃိ, ကျိဉ်တၢ်တိစၢ၊မ၊စၢ၊တဖဉ် ပဉ်ဃုဉ် ဒီး တၢ်တဲကျိုးထံတၢ်ဒီးတၢ်ကွဲးကျိဉ်ထံကာ့တၢ်, လ၊တအိဉ်ဒီးအပူ့၊ကလံ၊, အိဉ်ဝဲဒဉ်လ၊နဂ်ီ၊ လီ၊. ဆဲးကျိုး (844)-926-4521 တက္ခုံ.

Kru / Bassa

YI LE: Ibale u mpot hop umpe handugi Ngisi, bôt ba nhola bakobol ba yé ha inyu yoñ, to u nkobol ni hop nyo tole ni mapep, nsébél nsinga unu. Sebel i nsinga ini (844)-926-4521.

Kurdish

ئاگادارى: ئەگەر بە زمانێكيتر قسە دەكەيت جگە لە ئىنگلىزى، خزمەتگوزارى زمانەوانى كە وەرگێړانى. زارەكى و وەرگێړانى ئىنگلىزى دەگرێتەوە، بەخۆړايى بەردەستە بۆ تۆ. پەيوەندى بكە بە 4521-926-(844).

Laotian

ໝາຍເຫດ: ຖ້າທ່ານເວົ້າພາສາອື່ນທີ່ບໍ່ແມ່ນພາສາອັງກິດ, ພວກເຮົາມີການບໍລິການຊ່ວຍເຫຼືອດ້ານ ພາສາ ລວມທັງການແປປາກເປົ່າ ແລະ ການແປເອກະສານ, ໂດຍບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ໂທ (844)-926-4521. Mon-Khmer សម្គាល់៖ ប្រសិនបើអ្នកនិយាយភាសាផ្សេងក្រៅពីភាសាអង់គ្លេស សេវាកម្មជំនួយភាសា

ដែលរួមមានការបកប្រែផ្ទាល់មាត់ និងការបកប្រែឯកសារ ដែលឥតគិតថ្លៃ គឺមានផ្ដល់ជូន

ដល់អ្នក ទូរសព្ធ (844)-926-4521។

Nepali ध्यान दिनुहोस्: यदि तपाइँ अंग्रेजी बाहेक अरु कुनै भाषा बोल्नुहुन्छ भने, तपाइँको लागि नि:शुल्क भाषा

सहायता सेवा, दोभासे र लिखित अनुवाद सहित, उपलब्ध छन्। (८४४)-१२६-४५२१ मा कल गर्नुहोस्।

Persian Farsi

، توجه: اگر به زبانی غیر از انگلیسی صحبت می کنید، خدمات تسهیلات زبانی از جمله ترجمه شفاهی و کتبی رایگان در دسترس شما قرار می گیرند. با شماره 4521-926-(844) تماس بگیرید.

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Turkish DİKKAT: İngilizce dışında bir dil konuşuyorsanız sözlü ve yazılı çevirinin de dahil olduğu

dil yardım hizmetlerinden ücretsiz olarak faydalanabilirsiniz. (844)-926-4521 numaralı hattı

arayın.

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послугами мовної підтримки, зокрема усного та письмового перекладу. Зателефонуйте

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ביטע אויפֿמערקן: אויב איר רעדט אַ אנדערע שפּראַך ווי ענגליש, עס עקזיסטירט פֿאַר אייך פֿרײַגעבּיקע שפּראַך אויסהעלף ביטע אויפֿמערקן: אויב איר רעדט אַ אנדערע שפּראַך ווי ענגליש, איי

.(844)-926-4521 ביטע רופט איבערזעצונג און שריפֿטלעכע איבערזעצונג. ביטע רופט 1926-4521 דינסט, אייַנשליסלעך גלייַכצייַטיקע איבערזעצונג און שריפֿטלעכע

Armenian ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե դուք չեք խոսում անգլերեն, լեզվական աջակցության ծառայությունները,

ներառյալ բանավոր և գրավոր թարգմանությունը, անվճար են ձեզ համար։ Զանգահարեք

(844)-926-4521:

Punjabi ਸਾਵਧਾਨ: ਜੇਕਰ ਤੁਸੀਂ ਅੰਗ੍ਰੇਜ਼ੀ ਤੋਂ ਇਲਾਵਾ ਕੋਈ ਹੋਰ ਭਾਸ਼ਾ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਵਿਆਖਿਆ ਅਤੇ ਲਿਖਤ

ਅਨੁਵਾਦ ਸਮੇਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਮੁਫਤ ਵਿੱਚ ਉਪਲਬਧ ਹਨ। (844)-926-4521 ਤੇ ਕਾਲ ਕਰੋ।