Summary of Benefits 2022

Bright Advantage Embrace Care Plan (HMO C-SNP) H7853-012

Colorado

Adams
Arapahoe
Boulder
Broomfield
Denver
Douglas
El Paso
Elbert
Jefferson
Summit
Teller

2022 Summary of Benefits

BRIGHT ADVANTAGE EMBRACE CARE PLAN (HMO C-SNP)

H7853-012

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 Embrace Care Plan (HMO C-SNP)** you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area, and have at least one of the following chronic health conditions: diabetes mellitus, heart failure or cardiovascular disease (e.g., cardiac arrhythmia or coronary artery disease). 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 $3,200 annually**	Includes copays and other costs for medical services for the year.
Inpatient Hospital	**$250 copay** per day for days 1-5 **$0 copay** per day for days 6-90	Services may require authorization and a referral.
Outpatient Hospital	**$0 - $150 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 - $150 copay**	Services may require authorization and a referral. Minimum amount for diagnostic mammograms, DEXA scans, and colonoscopies. Maximum amount for all other services.
Doctor Visits • Primary care providers • Specialists	 **$0 copay** **$0 - $20 copay**	Services may require authorization and a referral. Minimum copay for endocrinologist, maximum copay for all other specialist services.

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 – $100 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	**$100 copay**	Coverage is limited to $50,000
Urgent Care	**$0 copay**	
Diagnostic Services/Labs/ Imaging		Services may require authorization and a referral.
• Diagnostic tests and procedures	**$0 copay**	
• Lab services	**$0 copay**	
• MRI, CAT scan	**$0 – $150 copay**	Maximum copay for MRI, CT, and PET scans. Minimum copay for Ultrasound, other general imaging, diagnostic DEXA scans and diagnostic mammograms.
• X-rays	**$0 copay**	
Hearing Services		
• Routine hearing exam	**$0 copay**	One routine hearing exam annually.
• Hearing aid fittings and evaluations	**$0 copay**	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**	
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 Services • Outpatient individual therapy • Outpatient group therapy	**20% of the cost** **$10 copay**	Services may require authorization and a referral.
Skilled Nursing Facility (SNF)	**$0 copay** per day for days 1-20 **$185.50 copay** per day for days 21-100	Services may require authorization and a referral. Based on 2021 cost-shares. These amounts may change for 2022.
Physical Therapy	**$10 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 in-network hospital, maximum copay for all other ambulance services.
Transportation	**$0 copay for 12 one way trips every year to approved locations**	Services may require authorization.
Medicare Part B Drugs • 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**
Part D Senior Savings Select insulins covered in the Initial Coverage and Coverage Gap stages.		
Tier 2 - Generic	**$0 copay**	**$0 copay**
Tier 3 - Preferred Brand	**$35 copay**	**$70 copay**
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	**$5 copay**	**$10 copay**
Tier 3 – Preferred Brand	**$40 copay**	**$80 copay**
Tier 4 – Non-Preferred Brand	**$90 copay**	**$180 copay**
Tier 5 – Specialty Tier	**33% of the cost**	**Not available**
Tier 6 – Select Care	**$0 copay**	**$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	**$0 copay**	
Tier 2 – Generic	**25% of the cost**	
Tier 3 – Preferred Brand	**25% of the cost**	
Tier 4 – Non-Preferred Brand	**25% of the cost**	
Tier 5 – Specialty Tier	**25% of the cost**	
Tier 6 – Select Care	**$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). **$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 $240 each year**	$60 credit every 3 months.
Meals and Nutritional Counseling	**Receive 14 meals each week over 12 consecutive weeks (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		
• Medicare-covered acupuncture	**$0 copay**	Services may require authorization and a referral.
• Routine acupuncture	**$0 copay**	For up to 12 visits every year combined with Routine Chiropractic services.
Chiropractic Services		
• Medicare-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.
Blood Pressure Cuffs	**$0 copay**	Blood pressure cuff is provided to qualifying members through our care management program.
Continuous Glucose Monitor (CGM)	**$0 copay**	A continuous glucose monitor will be provided to qualifying members through our care management program.

WELLNESS BENEFITS	YOU PAY / RECEIVE	WHAT YOU SHOULD KNOW
Scales	**$0 copay**	A scale is provided to qualifying members through our care management program.
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