

MA PROVIDER ANNOUNCEMENT

FAQs

Bright Health Group is further focusing its business on delivering affordable healthcare to aging and underserved populations through its Fully Aligned Care Model. Bright HealthCare will no longer offer Individual and Family Plans after plan year 2022 and will also no longer offer Medicare Advantage products outside of California and Florida.

It is a priority for Bright HealthCare to continue to provide the best service and experience to the members, providers, brokers, and other partners in discontinued markets, and to ensure that all impacted members are able to move to new plans with no interruption in coverage.

Below are some important FAQs to assist you in making this transition for 2023.

1. When will the Medicare Advantage (MA) market exits be effective?

Bright HealthCare insurance coverage will end on December 31, 2022, for members enrolled in our MA products in Arizona, Colorado, Illinois, and New York.

2. When will impacted MA members be notified?

Per Centers for Medicare and Medicaid Services (CMS) guidelines, written notifications will be dated October 2, 2022, to impacted members so you will be able to select a new plan during the annual enrollment period (AEP) that runs from October 15 to December 7, 2022.

3. In what markets will Bright HealthCare continue to offer MA options?

We will continue to invest in and grow our MA business in California and Florida.

4. What will happen to my contract with Bright HealthCare?

Contracts will remain active unless terminated by either party, as per terms of the agreement.

5. How long can I submit claims for services rendered under the plan in 2022? Is there a deadline?

Bright HealthCare will continue to follow all state processing rules for claims during the wind-down period.

6. What if I have an appeal or disputed claim?

Providers may submit a payment dispute within 180 days of the original explanation of payment unless your contract states differently. Any request submitted past the 180-day timely filing window will not be reviewed unless good cause for late filing exception is made by Bright HealthCare. Providers in Arizona may submit a second level appeal on behalf of the member within 60 days after the date of the first level appeal decision.

7. What should I tell my patients about finding a new carrier?

We recognize the important role that you play with these patients and know the kind of personalized care you've been giving them. It's likely they will ask you if you are covered under other plans, so it may be helpful to have that information available for them.

They should work directly with their broker or trusted adviser, who can help them find an alternate plan that best fits their needs. They can also call 1-800-MEDICARE (1-800-633-4227) 24 hours a

day, 7 days a week. In addition, there are many helpful tools and resources at [Medicare.gov](https://www.Medicare.gov) to assist you in choosing a new plan.

- 8. Who can I speak with at Bright HealthCare if I have questions or need additional information?**
You can contact the Bright HealthCare Provider Services team at 844-926-4522.
- 9. What should I do if I'm contacted by the media about this?**
Forward all media or investor inquiries to media@brighthousegroup.com.

Member-Specific Questions

- 10. Can they make an exception for me?**
Unfortunately, not. This does not change the care our members are currently receiving during this plan year.
- 11. When will my coverage end?**
Coverage will end on December 31, 2022, for members enrolled in a Bright HealthCare Medicare Advantage plan in Arizona, Colorado, Illinois, and New York.
- 12. When can I enroll in new MA coverage for 2023?**
The Medicare annual enrollment period runs from October 15 to December 7, 2022, to ensure a January 1, 2023 effective date. During this period, members can compare their options and select a new plan for the coming year. There are tools and resources available at [Medicare.gov](https://www.Medicare.gov) or by calling 1-800-MEDICARE (800-633-4227) 24 hours a day, 7 days a week. In addition, members can work with their broker or trusted adviser.
- 13. What happens if I don't find new coverage by the deadline?**
Bright HealthCare strongly encourages you to secure alternate coverage before December 31, 2022. If you don't take action before December 31, 2022, you will lose your prescription drug coverage and only be covered by Original Medicare starting January 1, 2023.

Even if Medicare places you in Original Medicare, you still have other opportunities to join a Medicare health or drug plan. Because your Bright HealthCare plan will no longer be available to you, and to provide you additional time to evaluate your options, you have a special opportunity to join a new plan any time until February 28, 2023. If you join a new Medicare plan AFTER December 31, your coverage the new plan won't start until the month after you join.

For members enrolled in Bright Advantage Dual Access (HMO D-SNP) plans in New York and Colorado, you need to choose how you want to get your health and prescription drug coverage. Whichever choice you make, you will still have Medicare, as well as Medicaid benefits through your state, including prescription drug coverage. Please see the letter you received for more details on your enrollment options.
- 14. What will happen to my prescription drug coverage?**
If you don't join a plan with prescription drug coverage or a stand-alone Prescription Drug Plan with Original Medicare by February 28, 2023, you won't have prescription drug coverage in 2023 and you may have to pay a lifetime Part D late-enrollment penalty if you join a Medicare prescription drug plan later.

For members enrolled in Bright Advantage Dual Access (HMO D-SNP) plans in New York and Colorado, if you don't choose another prescription drug plan by December 31, 2022, Medicare will choose a new drug plan for you, and you'll have health coverage through Original Medicare starting January 1, 2023. Please see the letter you received for more details on your enrollment options.

15. What if I have a procedure scheduled to begin this year with follow up that will continue into next year?

Be sure to select a new plan before the deadline to ensure continuity of coverage with your new plan on January 1. It is also recommended that you contact your new carrier and your doctor to ensure that any prior authorizations or referrals are done appropriately for procedures in January.

16. What happens if I'm hospitalized in the transition to my new plan (e.g. December into January)?

For most hospitals, Bright HealthCare will pay for the hospitalization in December, as your coverage doesn't end until December 31, 2022. If you remain hospitalized into the new year (including January 1, 2023 and after), your new carrier will be responsible for any costs.

17. How do I ensure my prescriptions are transferred to the new plan?

Please remember to update your pharmacy with your new insurance information as of January 1, 2023. It's also a good idea to refill or update prescriptions before December 31 to ensure you have enough supply as you transition plans.

18. How do I go about finding a new MA plan?

There was an Organization Replacement Report included with the notification letter you received, which lists alternate plans in your area. You can also work directly with your broker or trusted adviser, who can provide a more personalized level of service. You can call 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. In addition, there are many helpful tools and resources at [Medicare.gov](https://www.Medicare.gov) to assist you in choosing a new plan.

19. Is there a way for me to tell if my current providers are covered on the new plan?

The tools on [Medicare.gov](https://www.Medicare.gov) can help you find an alternate plan or direct you to local resources to help with your search.

20. How can I ensure that all of my information rolls over to the new plan?

Your new plan will help you transition your current care plans and prescriptions to your new benefit in 2023. You should call your new plan at the beginning of the year to make sure they have all your relevant information.

21. Who can I call at Bright HealthCare for more information?

Members can call Member Services at 844-926-4521 for more information. Spanish speaking members can call 844-926-4520.