



Bright Health Monthly Plan Premium for People Who Get Extra Help from Medicare to Help Pay for Their Prescription Drug Costs

If you get extra help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get extra help from Medicare. The amount of extra help you get will determine your total monthly plan premium as a member of our Plan.

This table shows you what your monthly plan premium* will be if you get extra help.

Alabama

Plan Name	Contract & PBP	Service Area	Your Level of Extra Help			
			100%	75%	50%	25%
Bright Advantage (HMO)	H8280-001	Birmingham	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Plus (HMO)	H8280-002	Birmingham	\$8.80	\$16.30	\$23.90	\$31.40
Bright Advantage Choice Plus (PPO)	H8364-002	Birmingham	\$38.80	\$46.30	\$53.90	\$61.40

Arizona

Plan Name	Contract & PBP	Service Area	Your Level of Extra Help			
			100%	75%	50%	25%
Bright Advantage (HMO)	H4853-001	Phoenix	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Assist (HMO)	H4853-002	Phoenix	\$0.00	\$9.00	\$18.10	\$27.10
Bright Advantage Plus (HMO)	H4853-014	Phoenix	\$17.90	\$26.90	\$36.00	\$45.00
Bright Advantage Choice (PPO)	H5841-003	Phoenix	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Choice Plus (PPO)	H5841-004	Phoenix	\$12.90	\$21.90	\$31.00	\$40.00

Colorado

Plan Name	Contract & PBP	Service Area	Your Level of Extra Help			
			100%	75%	50%	25%
Bright Advantage Choice (PPO)	H5841-001	Greater Denver Area	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Choice Plus (PPO)	H5841-002	Greater Denver Area	\$26.70	\$35.30	\$43.80	\$52.40
Bright Advantage (HMO)	H7853-001	Greater Denver Area	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Plus (HMO)	H7853-002	Greater Denver Area	\$6.70	\$15.30	\$23.80	\$32.40
Bright Advantage Assist (HMO)	H7853-005	Greater Denver Area	\$0.00	\$8.60	\$17.10	\$25.70

Florida

Plan Name	Contract & PBP	Service Area	Your Level of Extra Help			
			100%	75%	50%	25%
Bright Advantage Health Dollars (PPO)	H3281-001	Daytona Beach	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Choice (PPO)	H3281-003	Orlando-Tampa	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Part B Savings (PPO)	H3281-005	Palm Beach	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Part B Savings (PPO)	H3281-007	Fort Lauderdale	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Part B Savings (PPO)	H3281-009	Daytona Beach	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Part B Savings (PPO)	H3281-010	Orlando-Tampa	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Part B Savings (PPO)	H3281-011	Central Florida	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Health Dollars (HMO)	H4709-001	Daytona Beach	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Health Dollars (HMO)	H4709-003	Orlando-Tampa	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Health Dollars (HMO)	H4709-011	Fort Lauderdale	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Health Dollars (HMO)	H4709-024	Palm Beach	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Health Dollars (HMO)	H4709-025	Central Florida	\$0.00	\$0.00	\$0.00	\$0.00

Illinois

Plan Name	Contract & PBP	Service Area	Your Level of Extra Help			
			100%	75%	50%	25%
Bright Advantage Choice Plus (PPO)	H3725-001	Chicago	\$21.60	\$28.40	\$35.30	\$42.10
Bright Advantage Choice (PPO)	H3725-004	Chicago	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Assist (HMO)	H6121-003	Chicago	\$0.00	\$6.80	\$13.70	\$20.50
Bright Advantage (HMO)	H6121-008	Chicago	\$0.00	\$0.00	\$0.00	\$0.00

Nebraska

Plan Name	Contract & PBP	Service Area	Your Level of Extra Help			
			100%	75%	50%	25%
Bright Advantage Choice (PPO)	H5841-005	Omaha	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Choice Plus (PPO)	H5841-010	Omaha	\$1.00	\$10.50	\$20.00	\$29.50
Bright Advantage (HMO)	H7853-007	Omaha	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Plus (HMO)	H7853-008	Omaha	\$1.00	\$10.50	\$20.00	\$29.50

New York

Plan Name	Contract & PBP	Service Area	Your Level of Extra Help			
			100%	75%	50%	25%
Bright Advantage (HMO)	H2288-001	New York City	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Plus (HMO)	H2288-002	New York City	\$16.70	\$27.30	\$37.90	\$48.40
Bright Advantage Special Care (HMO D-SNP)	H2288-003	New York City	\$0.00	\$10.60	\$21.20	\$31.70
Bright Advantage Assist (HMO)	H2288-005	New York City	\$0.00	\$10.60	\$21.20	\$31.70
Bright Advantage Senior Savings (HMO C-SNP)	H2288-009	New York City	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Senior Savings Assist (HMO C-SNP)	H2288-010	New York City	\$0.00	\$8.50	\$16.90	\$25.40
Bright Advantage Choice (PPO)	H9516-001	New York City	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Choice Plus (PPO)	H9516-002	New York City	\$52.70	\$63.30	\$73.90	\$84.40

Ohio

			Your Level of Extra Help			
Plan Name	Contract & PBP	Service Area	100%	75%	50%	25%
Bright Advantage (HMO)	H1142-001	Cincinnati, Toledo, Youngstown	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Plus (HMO)	H1142-002	Cincinnati, Toledo, Youngstown	\$3.20	\$10.60	\$18.10	\$25.50
Bright Advantage University Hospitals (HMO)	H1142-003	Cleveland-Akron	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage (HMO)	H1142-013	Cleveland-Akron	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Choice (PPO)	H9878-001	Cincinnati, Toledo, Youngstown	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Choice Plus (PPO)	H9878-002	Cincinnati, Toledo, Youngstown	\$19.20	\$26.60	\$34.10	\$41.50
Bright Advantage University Hospitals Choice (PPO)	H9878-003	Cleveland-Akron	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Flex Choice (PPO)	H9878-006	Cincinnati, Toledo, Youngstown	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage University Hospitals Choice Plus (PPO)	H9878-008	Cleveland-Akron	\$4.20	\$11.60	\$19.10	\$26.50
Bright Advantage Choice (PPO)	H9878-009	Cleveland-Akron	\$0.00	\$0.00	\$0.00	\$0.00

South Carolina

			Your Level of Extra Help			
Plan Name	Contract & PBP	Service Area	100%	75%	50%	25%
Bright Advantage (HMO)	H7409-001	Greenville	\$0.00	\$0.00	\$0.00	\$0.00

Tennessee

Plan Name	Contract & PBP	Service Area	Your Level of Extra Help			
			100%	75%	50%	25%
Bright Advantage Choice (PPO)	H1393-001	Nashville	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Choice Plus (PPO)	H1393-002	Nashville	\$28.80	\$36.30	\$43.90	\$51.40
Bright Advantage Choice (PPO)	H1393-003	Memphis	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Assist (PPO)	H1393-004	Memphis	\$0.00	\$7.50	\$15.10	\$22.60
Bright Advantage (HMO)	H2011-001	Nashville	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Plus (HMO)	H2011-002	Nashville	\$7.80	\$15.30	\$22.90	\$30.40
Bright Advantage (HMO)	H2011-003	Memphis	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Plus (HMO)	H2011-004	Memphis	\$7.80	\$15.30	\$22.90	\$30.40

*This does not include any Medicare Part B premium you may have to pay.

Bright Health's premium includes coverage for both medical services and prescription drug coverage.

If you aren't getting extra help, you can see if you qualify by calling:

- **1-800-Medicare** or TTY users call **1-877-486-2048** (24 hours a day, seven days a week),
- Your State Medicaid office, or
- The Social Security Administration at **1-800-772-1213**. TTY users should call **1-800-325-0778** between 7 a.m. to 7 p.m., Monday – Friday

If you have any questions, please call the Member Service number on the back of your Member ID card from 8 a.m. to 8 p.m. local time; 7 days a week, Oct. 1 – March 31; Monday – Friday, April 1 – Sept. 30, excluding federal holidays.