



Bright HealthCare 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.

Arizona

Plan Name	Contract & PBP	Service Area	Your Level of Extra Help			
			100%	75%	50%	25%
Bright Advantage Classic Care Plan (HMO)	H4853-001	Phoenix and Tucson	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Classic Choice Plan (HMO)	H4853-002	Phoenix and Tucson	\$0.00	\$9.80	\$19.60	\$29.40
Bright Advantage Embrace Care Plan (HMO C-SNP)	H4853-016	Phoenix and Tucson	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Embrace Choice Plan (HMO C-SNP)	H4853-017	Phoenix and Tucson	\$0.00	\$10.00	\$20.00	\$30.00
Bright Advantage Harmony Choice Plan (HMO C-SNP)	H4853-018	Phoenix and Tucson	\$0.00	\$10.00	\$20.00	\$30.00
Bright Advantage Embrace Assist Plan (HMO C-SNP)	H4853-020	Phoenix and Tucson	\$0.00	\$10.00	\$20.00	\$30.00

Colorado

Plan Name	Contract & PBP	Service Area	Your Level of Extra Help			
			100%	75%	50%	25%
Bright Advantage Classic Care Plan (HMO)	H7853-001	Greater Denver Area	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Classic Plus Plan (HMO)	H7853-002	Greater Denver Area	\$0.00	\$7.50	\$15.00	\$22.50
Bright Advantage Part B Savings Plan (HMO)	H7853-010	Greater Denver Area	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Dual Access Plan (HMO D-SNP)	H7853-011	Greater Denver Area	\$0.00	\$9.70	\$19.40	\$29.10
Bright Advantage Embrace Care Plan (HMO C-SNP)	H7853-012	Greater Denver Area	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Embrace Choice Plan (HMO C-SNP)	H7853-013	Greater Denver Area	\$0.00	\$9.90	\$19.90	\$29.80
Bright Advantage Embrace Assist Plan (HMO C-SNP)	H7853-015	Greater Denver Area	\$0.00	\$9.90	\$19.90	\$29.80

Florida

Plan Name	Contract & PBP	Service Area	Your Level of Extra Help			
			100%	75%	50%	25%
Bright Advantage Health Dollars Plan (PPO)	H3281-001	Daytona, Orlando, Southwest	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Part B Savings Plan (PPO)	H3281-010	FL Multi 01: CF, DB, FL, ORL, PB	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Health Dollars Plan (HMO)	H4709-001	Daytona, Orlando, Southwest	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Health Dollars Plan (HMO)	H4709-011	Fort Lauderdale and Palm Beach	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Health Dollars Plan (HMO)	H4709-025	Central Florida	\$0.00	\$0.00	\$0.00	\$0.00

Florida (Continued)

Plan Name	Contract & PBP	Service Area	Your Level of Extra Help			
			100%	75%	50%	25%
Bright Advantage Part B Savings Plan (HMO)	H4709-026	Central Florida	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Part B Savings Plan (HMO)	H4709-029	Daytona, Orlando, Southwest	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Embrace Choice Plan (HMO C-SNP)	H4709-031	FL Multi 02: CF, FL, MIA, PB	\$0.00	\$8.60	\$17.10	\$25.70
Bright Advantage Part B Savings Plan (HMO)	H4709-032	Fort Lauderdale and Palm Beach	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Embrace Care Plan (HMO C-SNP)	H4709-033	Fort Lauderdale and Palm Beach	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Classic Care Plan (HMO)	H4709-035	Miami-Dade	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Part B Savings Plan (HMO)	H4709-036	Miami-Dade	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Embrace Care Plan (HMO C-SNP)	H4709-037	Miami-Dade	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Embrace Assist Plan (HMO C-SNP)	H4709-039	FL Multi 02: CF, FL, MIA, PB	\$0.00	\$8.60	\$17.10	\$25.70
Bright New Day Plan (HMO-POS)	H4709-040	Miami-Dade	\$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 Classic Choice Plan (HMO)	H6121-003	Chicago	\$0.00	\$7.30	\$14.60	\$21.80
Bright Advantage Classic Care Plan (HMO)	H6121-008	Chicago	\$0.00	\$0.00	\$0.00	\$0.00

New York

Plan Name	Contract & PBP	Service Area	Your Level of Extra Help			
			100%	75%	50%	25%
Bright Advantage Classic Care Plan (HMO)	H2288-001	New York City	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Classic Plus Plan (HMO)	H2288-002	New York City	\$16.60	\$27.20	\$37.80	\$48.40
Bright Advantage Dual Access Plan (HMO D-SNP)	H2288-003	New York City	\$0.00	\$10.60	\$21.20	\$31.80
Bright Advantage Embrace Care Plan (HMO C-SNP)	H2288-009	New York City	\$0.00	\$0.00	\$0.00	\$0.00
Bright Advantage Embrace Choice Plan (HMO C-SNP)	H2288-010	New York City	\$0.00	\$10.40	\$20.80	\$31.20

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

Bright HealthCare'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 8 a.m. to 8 p.m. local time, Monday - Friday, April 1 - Sept. 30; 7 days a week, Oct. 1 - March 31, excluding federal holidays.