



### **SAMPLE NAME**

**Plan:** Bright HealthCare Plan

**Group #:** BHC100

**ID #:** 999999999

**Subscriber/Spouse/Dependent:** XX

**Effective Date:** 01/01/2022

### **PHARMACY BENEFITS**

**RXBIN:** 003585

**RXPCN:** ASPROD1

**RXGRP:** BHG

\$X,XXX Ded/XX% Co-ins

AZDOI

### **MEDICAL BENEFITS**

**PCP:** \$XX Copay/other

**SPEC:** \$XX Copay/XX% Co-ins

**Conv Care:** \$XX Copay/XX%

Co-ins

**Urgent:** \$XX Copay/XX% Co-ins

**ER:** XX% Co-ins

**MOOP:** \$X,XXX

\$X,XXX Ded/XX% Co-ins

[BrightHealthCare.com/member](https://BrightHealthCare.com/member)

### **FOR MEMBERS**

**Service (English):** 855-827-4448

**Servicio (Español):** 800-882-2520

**Find an in-network provider:**

[BrightHealthCare.com/search](https://BrightHealthCare.com/search)

### **FOR PROVIDERS**

**Service:** 866-239-7191

**Pre-Auth Process:**

ePA: Availity.com

Fax: 833-903-1067

(Obtain authorization for hospital admission within 48 hrs.)

**Rx Help Desk:** 833-726-0670

### **MEDICAL CLAIMS**

Bright HealthCare

PO Box 16275

Reading, PA 19612-6275

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