



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

Sample Name M.D.

IPA Name

MEDICAL BENEFITS

PCP: \$XX Copay/other

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

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

ER: \$XX Copay/XX% Co-ins

MOOP: \$X,XXX

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

BrightHealthCare.com/member

FOR MEMBERS

Service (English): 844-926-4524

Servicio (Español): 844-926-4523

Behavioral Health: 866-402-7483

24/7 Nurse Line: 866-773-3818

Find an in-network provider:

BrightHealthCare.com/search

FOR PROVIDERS

Service: 844-926-4525

Pre-Auth Process:

ePA: XXXXXXXX

Fax: XXX-XXX-XXXX

(Must obtain authorization for hospital within 48 hrs. of admission)

Rx Help Desk: 833-726-0670

FACILITY CLAIMS

Bright HealthCare

PO Box 211502

Eagan, MN 55121

EDI Payer ID: BRGHT

MEDICAL CLAIMS

XXXXXX

XXXXXX

XXXXXX

EDI# XXXXX