



### SAMPLE NAME

**Plan:** Bright HealthCare Plan

**Group #:** BHC100

**ID #:** 999999999

**Subscriber/Spouse/Dependent:** XX

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

QHP regulated by GA-OCI

### PHARMACY BENEFITS

**RXBIN:** 003585

**RXPCN:** ASPROD1

**RXGRP:** BHG

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

### 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 Copay/XX% Co-ins

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

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

### FOR MEMBERS

**Service (English):** 844-926-4524

**Servicio (Español):** 844-926-4523

**Find an in-network provider:**

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

### FOR PROVIDERS

**Service:** 844-926-4525

**Pre-Auth Process:**

ePA: [Availity.com](https://Availity.com)

Fax: 877-438-6832

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

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

### MEDICAL CLAIMS

Bright HealthCare

PO Box 211502

Eagan, MN 55121

EDI Payer ID: BRGHT