



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 (INN)

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

MEDICAL BENEFITS

PCP: \$XX Copay/other

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

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

ER: XX% Co-ins

MOOP: \$X,XXX

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

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

BrightHealthCare.com/member

FOR MEMBERS

Service (English): 855-827-4448

Servicio (Español): 800-882-2520

Find an in-network provider:

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

EDI# BRGHT

