



**SAMPLE NAME**

**Group #:** BHC100

**ID #:** 999999999

**Subscriber/Spouse/Dependent:** XX

**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

**Plan:** Bright HealthCare Plan

QHP HMO DOI

Bright HealthCare Super Network  
Centrum Health

**PCP Scheduling:** 800-290-1919

**PHARMACY BENEFITS - MedImpact**

**RXBIN:** 003585

**RXPCN:** ASPROD1

**RXGRP:** BHG

**Generic Pref:** \$XX/\$XX Copay

**Brand Pref:** \$XX Copay/\$XX Co-ins

**Brand Non-Pref:** \$XX Copay/\$XX Co-ins

**Spec:** \$XX Copay/\$XX Co-ins

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

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

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

**FOR MEMBERS**

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

**Servicio (Español):** 844-926-4523

**Find an in-network provider:**

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

**MEDICAL CLAIMS**

Bright HealthCare

PO Box 211502

Eagan, MN 55121

EDI Payer ID: BRGHT

**FOR PROVIDERS**

**Service:** 844-926-4525

**Pre-Auth Process:**

ePA: Availity.com

Fax: 877-438-6832

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

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

**MedImpact**

**[MOTORCYCLE HEALTH]**