



SAMPLE NAME

Plan: BrightHealthCare Plan

Group #: BHC100

ID #: 999999999

Sub/Sp/Dep: XX

Effective Date: 01/01/2022

PHARMACY BENEFITS

RXBIN: 003585

RXPCN: ASPROD1

RXGRP: BHG

AZDOI

MEDICAL BENEFITS

PCP: 20% after Ded/50% after Ded

SPEC: \$XX/\$XX Copay

Urgent: \$XX/\$XX Copay

ER: \$XX/\$XX Copay

MOOP: \$XX,XXX

\$X,XXX Ded/XX%/XX% Coins

BrightHealthCare.com/member

FOR MEMBERS

Service (English): 855-521-9365

Find an in-network provider:

BrightHealthCare.com/search

MEDICAL CLAIMS

Bright HealthCare

PO Box 16275

Reading, PA 19612-6275

EDI# BRGHT

FOR PROVIDERS

Service: 855-521-9364

Pre-Auth Process:

ePA: Availity.com

Fax: 833-903-1067

(Obtain authorization for hospital admission within 48 hrs.)

Rx Help Desk: 833-726-0670