



**MARY B. SMITH**

Member ID: 999999999

Bright HealthCare Advantage

Plan Effective Date: 01/01/2022

Plan#: Hcontract-PBP

Primary Care Physician:

Sample Name

CMG

**RXBIN:** 015574

**RXPCN:** ASPROD1

**RXGRP:** BHG

MedicareRx  
Prescription Drug Coverage

BAR CODE

**THIS CARD IS FOR IDENTIFICATION ONLY AND DOES NOT PROVE ELIGIBILITY FOR SERVICES.**

Contact Bright HealthCare to confirm eligibility. All care must be arranged through your assigned Primary Care Physician. NON-PLAN PROVIDERS/HOSPITAL EMERGENCY ROOM - Except in emergencies, members must obtain prior authorization for physician and hospital services including post-stabilization.

**Member Services (English):**

844-926-4521 (TTY:711)

**Servicio a Miembros (Español):**

844-926-4520 (TTY:711)

**Provider Services:**

844-926-4522 (TTY: 711)

**Pharmacist Help Desk:**

833-726-0667 (TTY: 711)

**EDI Payer ID:** BRGHT

**Medical Claims:**

Bright HealthCare  
Medicare Adv Claims  
P.O. Box 211502  
Eagan, MN 55121

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