



SAMPLE NAME

Member ID: 999999999

Bright HealthCare Medicare Advantage Plan

Plan Effective Date: 01/01/2022

Plan#: H9999-999

MedicareRx
Prescription Drug Coverage

RX BIN: 015574

RX PCN: ASPROD1

RX GRP: BHG

PCP: \$XX Copay

Specialist: \$XX Copay

Urgent Care: X% Coinsurance

BAR CODE

BrightHealthCare.com/member

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

Medicare limiting charges apply.

