



**Bob B. Bright**  
Group #: **BHP100**  
ID #: **900010000**  
Subscriber: **01**  
Card Issue Date: **12/01/2019**  
Effective Date: **01/01/2020**  
Plan: **BRONZE**

#### PHARMACY BENEFITS

RXBIN: 09893  
RXRCN: ROIRX  
RXGRP: BHIFP  
www.envisionrx.com/login  
Pharmacist Help Desk: 833-555-1234

Primary Care: \$0 Co-Pay  
Specialty Care: \$0 Co-Pay  
After Hours/Urgent Care: \$0  
Co-Pay  
Emergency Room: \$0 Co-Pay  
Inpatient Hospital: \$0 Co-Pay

#### CONTACT US

Member Services: **855-555-1234**  
Provider Services: **800-555-1234**  
[www.BrightHealthPlan.com](http://www.BrightHealthPlan.com)

#### CLAIMS

Submit Claims to:  
Bright Health  
PO Box 16275  
Reading, PA 19612-6275  
EDI# CB186

#### PRE-AUTHORIZATION

Pre-authorization is required for hospital admission as well as other services specified in the member's policy. Emergency hospital admissions must be reported within 48 hours. Providers, please call 855-555-1234 for pre-authorization.

#### NETWORK

To find an in-network provider, visit [BrightHealthPlan.com/Provider-Finder/IFP/](http://BrightHealthPlan.com/Provider-Finder/IFP/) and select your region or give us a call at 855-555-1234.

Out of network health services are generally not covered except in cases of emergency care. For benefit and network information, go to [brighthouseplan.com](http://brighthouseplan.com).