



TEST 1001800

Group #: BHPFL

ID #: 900010044

Subscriber: 01

Card Issue Date: 08/29/2019

Effective Date: 01/01/2019

Plan: BRONZE HSA

NAIC 16501

PHARMACY BENEFITS

RXBIN: 009893

RXPCN: ROIRX

RXGRP: BHIFP

www.envisionrx.com/login

Pharmacist Help Desk: 833-661-1988

Primary Care: \$6,850
Deductible/0% Coinsurance
Specialty Care: \$6,850
Deductible/0% Coinsurance
After Hours/Urgent Care:
\$6,850 Deductible/0%
Coinsurance
Emergency Room: \$6,850
Deductible/0% Coinsurance
Inpatient Hospital: \$6,850
Deductible/0% Coinsurance

CONTACT US

Member Services: 855-521-9339

Provider Services: 855-521-9338

www.brighthealthplan.com

CLAIMS

Submit Claims to:
Bright Health Plan
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 844-990-0375 for pre-authorization.

NETWORK

To find an in-network provider, visit BrightHealthPlan.com/Provider-Finder/IFP/ and select your region or give us a call at 855-521-9339.

Out of network health services are generally not covered except in cases of emergency care. For benefit and network information, go to brighthealthplan.com.