



TEST 1003101

Group #: BHPTN

ID #: 900010019

Subscriber: 01

Card Issue Date: 08/29/2019

Effective Date: 01/01/2019

Plan: GOLD

PHARMACY BENEFITS

RXBIN: 009893

RXPCN: ROIRX

RXGRP: BHIFP

www.envisionrx.com/login

Pharmacist Help Desk: 833-661-1988

Primary Care: 2 at \$0 Co-Pay then \$25

Specialty Care: \$50 Co-Pay
After Hours/Urgent Care: \$75 Co-Pay

Emergency Room: \$2,800

Deductible/20% Coinsurance

Inpatient Hospital: \$2,800

Deductible/20% Coinsurance

CONTACT US

Member Services: 866-283-9427

Provider Services: 866-316-4552

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 866-283-9427.

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