

brightSM
HEALTH

Mary B. Sample
Member ID: 999999999
Bright Advantage Assist (HMO)
Effective Date: 01/01/2020
H9999-999

Medicare^R
Prescription Drug Coverage **X**

BIN: 012312 | **PCP: \$## Copay**
RX PCN: PARTD | **Specialist: \$## Copay**
RX GRP: BHPMA | **Urgent Care: \$## Copay**

Member Services: (800) 999-9999 (TTY:711)
Provider Services: (800) 999-9999 (TTY:711)
Pharmacist Help Desk: (800) 999-9999 (TTY:711)
EDI Payer ID: BRT01

Medical Claims:
Bright Health Medicare Advantage – Claims Operations
PO Box 853960, Richardson, TX 75085-3960

BrightHealthPlan.com/Medicare

PLAN ATTRIBUTES

Plan Name	Bright Advantage Assist (HMO)	Bright Advantage Flex Plus (PPO)
Plan Type	HMO	PPO
PCP Selection Required	Yes (Assigned if not selected)	Yes (Assigned if not selected)
PCP Referral Required	No	No
Precertification Required	Yes	Yes
Contracting Entity	Chicago Health Colleagues	Chicago Health Colleagues
Out of Network (OON) Benefits	N/A (except for emergent or urgently needed services)	Yes (35% coinsurance for most OON services)
Preferred Lab	LabCorp Quest	LabCorp Quest

WEBSITE

BrightHealthPlan.com/Medicare-Advantage

ADDITIONAL PLAN ATTRIBUTES

Provider manual available at:

<https://apps.availity.com/>

CUSTOMER SUPPORT

Provider Services: 1-844-222-3078 for benefits, eligibility or claim status

Member Services: 1-844-221-7735

PRECERTIFICATION

Provider Services for Preauthorization: 1-844-222-3078

Preauthorization FAX for Outpatient Services: 888-982-2082

Preauthorization FAX for Inpatient Services: 888-982-2081