



2020 Bright Health Medicare Advantage Plans

Benefits at a Glance

New York - DSNP Only

Bright Advantage Special Care (HMO D-SNP)

H2288-003

Counties: New York

Compare and save.

**Bright Advantage Special Care
(HMO D-SNP)
H2288-003**

OVERVIEW

Monthly Premium	\$0
Monthly Part B Premium Rebate New!	N/A
Annual Out-Of-Pocket Maximum (not including Rx)	\$0
Annual Medical Deductible	\$0
Annual Prescription Drug (Rx) Deductible	\$0 or \$89 depending on level of Extra Help
Does Plan Have Out-of-Network (OON) Benefits?	No
Coinsurance for Most OON Services	N/A
Combined Annual Out-Of-Pocket Maximum (INN and OON Services)	N/A

Compare medical costs.

DOCTOR VISITS

Primary Care Office Visits	\$0 copay
Specialist Office Visits	\$0 copay
Annual Routine Physical	\$0 copay
Preventive Care	\$0 copay

FACILITY-BASED SERVICES

Inpatient Hospitalization	\$0 copay
Outpatient Surgery (ASC)	\$0 copay
Outpatient Surgery (Outpatient Hospital Facility)	\$0 copay

EMERGENT & URGENTLY NEEDED SERVICES

Emergency Room	\$0 copay
Urgent Care	\$0 copay
Ambulance (Ground)	\$0 copay
Ambulance (Air)	\$0 copay

DIAGNOSTIC SERVICES/LABS/IMAGING

Lab Services	\$0 copay
Outpatient X-rays	\$0 copay
Diagnostic Radiology Service (e.g., Ultrasound and other services)	\$0 copay
Advanced Diagnostic Imaging (e.g., CT, MRI, and PET scans)	\$0 copay

Compare benefit extras.

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HEARING SERVICES	
Routine Hearing Exam	\$0 copay
Hearing Aid Allowance	\$750 hearing aid allowance every year
DENTAL SERVICES	
Annual Dental Benefit Maximum	\$1,500 annual benefit maximum
X-rays	\$0 copay
Oral Exams	\$0 copay
Cleaning (prophylaxis)	\$0 copay
Fluoride Treatment	\$0 copay
VISION SERVICES	
Routine Eye Exam	\$0 copay
Materials Allowance	\$130 vision materials allowance every two years
OTHER BENEFITS	
Over-The-Counter (OTC) Debit Card	\$150 OTC credit every month (Up to \$1,800 annual benefit)
Free Transportation	24 one-way trips to plan-approved locations every year
Fitness/Gym Membership	Bright Health Silver & Fit program includes an annual membership at no copay/cost share to the member
Telehealth New!	Covered

Compare benefit extras.

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PART D PRESCRIPTION DRUGS	
Pharmacy Network New!	Standard
Annual Prescription Drug (Rx) Deductible	\$0 or \$89 depending on level of Extra Help
RETAIL (30-DAY)	
Tier 1: Preferred Generic	See below
Tier 2: Generic	See below
Tier 3: Preferred Brand	See below
Tier 4: Non-Preferred Drug	See below
Tier 5: Specialty Tier	See below
Tier 6: Select Care Drugs	See below
MAIL ORDER (90-DAY)	
Tier 1: Preferred Generic	See below
Tier 2: Generic	See below
Tier 3: Preferred Brand	See below
Tier 4: Non-Preferred Drug	See below
Tier 5: Specialty Tier	See below
Tier 6: Select Care Drugs	\$0 copay
SPECIAL CARE (D-SNP) AND ASSIST (LIS) PLANS	
Generic (including brand drugs treated as generic)	\$0, \$1.30, \$3.60 copay, or 15% coinsurance
All other drugs	\$0, \$3.90, \$8.95 copay, or 15% coinsurance
OPTIONAL SUPPLEMENTAL BENEFITS	
Comprehensive Dental Premium	Already included in your plan
Comprehensive Dental Benefits	Already included in your plan
Comprehensive Vision Premium	Already included in your plan
Comprehensive Vision Benefits	Already included in your plan



Join. Save. Be happy.



www.BrightHealthPlan.com

Bright Health's New York D-SNP plan is an HMO with a Medicare contract and a Coordination of Benefits Agreement with New York State Department of Health. Our plans are issued through Bright Health Insurance Company or one of its affiliates. Enrollment in our plans depends on contract renewal. Other providers and pharmacies are available in our network. This information is not a complete description of benefits. Call (844) 667-5502 (TTY: 711) for more information. Most network providers participate through our Care Partner.

Los planes de Bright Health son HMO y PPO con un contrato de Medicare. Nuestros SNP también tienen contratos con los programas estatales de Medicaid. Nuestros planes se emiten a través de Bright Health Insurance Company o una de sus afiliadas. La inscripción en nuestros planes depende de la renovación del contrato.

Bright Health 計畫是與 Medicare 簽約的 HMOs 和 PPOs 計畫。本 SNPs 也與 State Medicaid 計畫簽約。本計畫由 Bright Health Insurance Company 或其中一家附屬公司簽發。參加註冊本計畫取決於契約續期。