

## 2020 Bright Health Medicare Advantage Plans

# Benefits at a Glance

## New York

### **Bright Advantage (HMO)**

H2288-001

### **Bright Advantage Plus (HMO)**

H2288-002

### **Bright Advantage Assist (HMO)**

H2288-005

### **Bright Advantage Choice (HMO)**

H2288-008

### **Bright Advantage Flex (PPO)**

H9516-001

### **Bright Advantage Flex Plus (PPO)**

H9516-002

Counties: Kings, New York, and Queens

## Compare and save.

**Bright Advantage  
(HMO)  
H2288-001**

**Bright Advantage  
Plus (HMO)  
H2288-002**

### OVERVIEW

Monthly Premium	\$0	\$55
Monthly Part B Premium Rebate <b>New!</b>	N/A	N/A
Annual Out-Of-Pocket Maximum (not including Rx)	\$6,200	\$4,900
Annual Medical Deductible	\$0	\$0
Annual Prescription Drug (Rx) Deductible	\$95 (Tiers 3-5)	\$0
Does Plan Have Out-of-Network (OON) Benefits?	No	No
Coinsurance for Most OON Services	N/A	N/A
Combined Annual Out-Of-Pocket Maximum (INN and OON Services)	N/A	N/A

## Compare medical costs.

### DOCTOR VISITS

Primary Care Office Visits	\$0 copay	\$0 copay
Specialist Office Visits	\$25 copay	\$20 copay
Annual Routine Physical	\$0 copay	\$0 copay
Preventive Care	\$0 copay	\$0 copay

### FACILITY-BASED SERVICES

Inpatient Hospitalization	\$295/day for days 1-5; \$0/day for days 6+	\$250/day for days 1-5; \$0/day for days 6+
Outpatient Surgery (ASC)	\$200 copay	\$150 copay
Outpatient Surgery (Outpatient Hospital Facility)	\$300 copay	\$250 copay

### EMERGENT & URGENTLY NEEDED SERVICES

Emergency Room	\$90 copay	\$90 copay
Urgent Care	\$25 copay	\$25 copay
Ambulance (Ground)	\$200 copay	\$200 copay
Ambulance (Air)	\$225 copay	\$225 copay

### DIAGNOSTIC SERVICES/LABS/IMAGING

Lab Services	\$0 copay	\$0 copay
Outpatient X-rays	\$0 copay	\$0 copay
Diagnostic Radiology Service (e.g., Ultrasound and other services)	\$35 copay	\$35 copay
Advanced Diagnostic Imaging (e.g., CT, MRI, and PET scans)	\$200 copay	\$200 copay

Bright Advantage Assist (HMO) H2288-005	Bright Advantage Choice (HMO) H2288-008	Bright Advantage Flex (PPO) H9516-001	Bright Advantage Flex Plus (PPO) H9516-002
As low as \$0*	\$0	\$0	\$95
N/A	\$50 (Up to \$600 annual benefit)	N/A	N/A
\$6,500	\$6,700	\$6,500	\$4,900
\$0	\$400	\$250	\$0
\$0, \$89, or \$435 depending on level of Extra Help (Tiers 2-5)	\$295 (Tiers 3-5)	\$195 (Tiers 3-5)	\$0
No	No	Yes	Yes
N/A	N/A	40%	35%
N/A	N/A	\$10,000	\$10,000

Bright Advantage Assist (HMO) H2288-005	Bright Advantage Choice (HMO) H2288-008	Bright Advantage Flex (PPO) H9516-001	Bright Advantage Flex Plus (PPO) H9516-002
\$0 copay	\$0 copay	\$0 copay	\$0 copay
\$30 copay	\$45 copay	\$25 copay	\$20 copay
\$0 copay	\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$0 copay	\$0 copay	\$0 copay
\$300/day for days 1-5; \$0/day for days 6+	\$600 per stay	\$295/day for days 1-5; \$0/day for days 6+	\$250/day for days 1-5; \$0/day for days 6+
\$300 copay	\$175 copay	\$200 copay	\$150 copay
\$350 copay	\$275 copay	\$300 copay	\$250 copay
\$90 copay	\$90 copay	\$90 copay	\$90 copay
\$30 copay	\$35 copay	\$35 copay	\$35 copay
\$195 copay	\$200 copay	\$200 copay	\$200 copay
\$225 copay	\$250 copay	\$225 copay	\$225 copay
\$0 copay	\$15 copay	\$0 copay	\$0 copay
\$0 copay	\$0 copay	\$0 copay	\$0 copay
\$50 copay	\$50 copay	\$35 copay	\$35 copay
\$200 copay	\$175 copay	\$200 copay	\$200 copay

\*If you lose full Extra Help, you may be responsible for the full monthly premium amount for your plan.

# Compare benefit extras.

**Bright Advantage  
(HMO)  
H2288-001**

**Bright Advantage  
Plus (HMO)  
H2288-002**

## HEARING SERVICES

Routine Hearing Exam	\$0 copay	\$0 copay
Hearing Aid Allowance	\$750 hearing aid allowance every year	\$750 hearing aid allowance every year

## DENTAL SERVICES

Annual Dental Benefit Maximum	\$1,500 annual benefit maximum	\$1,500 annual benefit maximum
X-rays	\$0 copay	\$0 copay
Oral Exams	\$0 copay	\$0 copay
Cleaning (prophylaxis)	\$0 copay	\$0 copay
Fluoride Treatment	\$0 copay	\$0 copay

## VISION SERVICES

Routine Eye Exam	\$0 copay	\$0 copay
Materials Allowance	\$130 vision materials allowance every two years	\$130 vision materials allowance every two years

## OTHER BENEFITS

Over-The-Counter (OTC) Debit Card	Not covered	\$30 OTC credit every three months (Up to \$120 annual benefit)
Free Transportation	Not covered	Not covered
Fitness/Gym Membership	Bright Health Silver & Fit program includes an annual membership at no copay/cost share to the member	Bright Health Silver & Fit program includes an annual membership at no copay/cost share to the member
Diabetes Care Rebate <b>New!</b>	Get up to \$100 back for care related to your diabetes if you qualify	Get up to \$100 back for care related to your diabetes if you qualify
Telehealth <b>New!</b>	Covered	Covered

<b>Bright Advantage Assist (HMO) H2288-005</b>	<b>Bright Advantage Choice (HMO) H2288-008</b>	<b>Bright Advantage Flex (PPO) H9516-001</b>	<b>Bright Advantage Flex Plus (PPO) H9516-002</b>
\$0 copay	\$0 copay	\$0 copay	\$0 copay
\$750 hearing aid allowance every year	Not covered	\$750 hearing aid allowance every year	\$750 hearing aid allowance every year
\$1,500 annual benefit maximum	\$1,500 annual benefit maximum	\$1,500 annual benefit maximum	\$1,500 annual benefit maximum
\$0 copay	\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$0 copay	\$0 copay	\$0 copay
\$130 vision materials allowance every two years	Available for an additional \$4 monthly premium	\$130 vision materials allowance every two years	\$130 vision materials allowance every two years
\$30 OTC credit every month (Up to \$360 annual benefit)	Not covered	Not covered	Not covered
Not covered	Not covered	Not covered	Not covered
Bright Health Silver & Fit program includes an annual membership at no copay/cost share to the member	Bright Health Silver & Fit program includes an annual membership at no copay/cost share to the member	Bright Health Silver & Fit program includes an annual membership at no copay/cost share to the member	Bright Health Silver & Fit program includes an annual membership at no copay/cost share to the member
Get up to \$100 back for care related to your diabetes if you qualify	Get up to \$100 back for care related to your diabetes if you qualify	Get up to \$100 back for care related to your diabetes if you qualify	Get up to \$100 back for care related to your diabetes if you qualify
Covered	Covered	Covered	Covered

# Compare benefit extras.

**Bright Advantage  
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**Bright Advantage  
Plus (HMO)  
H2288-002**

<b>PART D PRESCRIPTION DRUGS</b>		
Pharmacy Network <b>New!</b>	Standard	Standard
Annual Prescription Drug (Rx) Deductible	\$95 (Tiers 3–5)	\$0
<b>RETAIL (30-DAY)</b>		
Tier 1: Preferred Generic	\$0 copay	\$0 copay
Tier 2: Generic	\$10 copay	\$8 copay
Tier 3: Preferred Brand	\$47 copay	\$47 copay
Tier 4: Non-Preferred Drug	\$100 copay	\$100 copay
Tier 5: Specialty Tier	31% coinsurance	33% coinsurance
Tier 6: Select Care Drugs	\$0 copay	\$0 copay
<b>MAIL ORDER (90-DAY)</b>		
Tier 1: Preferred Generic	\$0 copay	\$0 copay
Tier 2: Generic	\$20 copay	\$16 copay
Tier 3: Preferred Brand	\$94 copay	\$94 copay
Tier 4: Non-Preferred Drug	\$200 copay	\$200 copay
Tier 5: Specialty Tier	N/A	N/A
Tier 6: Select Care Drugs	\$0 copay	\$0 copay
<b>SPECIAL CARE (D-SNP) AND ASSIST (LIS) PLANS</b>		
Generic (including brand drugs treated as generic)	N/A	N/A
All other drugs	N/A	N/A
<b>OPTIONAL SUPPLEMENTAL BENEFITS</b>		
Comprehensive Dental Premium	\$13	Already included in your plan
Comprehensive Dental Benefits	Coinsurance varies depending on the services you receive	Already included in your plan
Comprehensive Vision Premium	Already included in your plan	Already included in your plan
Comprehensive Vision Benefits	Already included in your plan	Already included in your plan

<b>Bright Advantage Assist (HMO) H2288-005</b>	<b>Bright Advantage Choice (HMO) H2288-008</b>	<b>Bright Advantage Flex (PPO) H9516-001</b>	<b>Bright Advantage Flex Plus (PPO) H9516-002</b>
Standard	Standard	Standard	Standard
\$0, \$89, or \$435 depending on level of Extra Help (Tiers 2-5)	\$295 (Tiers 3-5)	\$195 (Tiers 3-5)	\$0
\$0 copay	\$5 copay	\$0 copay	\$0 copay
See below	\$20 copay	\$10 copay	\$8 copay
See below	\$47 copay	\$47 copay	\$47 copay
See below	\$100 copay	\$100 copay	\$100 copay
See below	27% coinsurance	29% coinsurance	33% coinsurance
\$0 copay	\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$10 copay	\$0 copay	\$0 copay
See below	\$40 copay	\$20 copay	\$16 copay
See below	\$94 copay	\$94 copay	\$94 copay
See below	\$200 copay	\$200 copay	\$200 copay
See below	N/A	N/A	N/A
\$0 copay	\$0 copay	\$0 copay	\$0 copay
\$0, \$1.30, \$3.60 copay, 15%, or 25% coinsurance	N/A	N/A	N/A
\$0, \$3.90, \$8.95 copay, 15%, or 25% coinsurance	N/A	N/A	N/A
Already included in your plan	\$13	\$18	Already included in your plan
Already included in your plan	Coinsurance varies depending on the services you receive	Coinsurance varies depending on the services you receive	Already included in your plan
Already included in your plan	\$4	Already included in your plan	Already included in your plan
Already included in your plan	\$130 vision materials allowance every two years	Already included in your plan	Already included in your plan



# Join. Save. Be happy.



[www.BrightHealthPlan.com](http://www.BrightHealthPlan.com)

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Bright Health plans are HMOs and PPOs with a Medicare contract. 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. Bright Health Insurance Company is a Colorado Life and Health company that issues indemnity products, including EPOs offered through Medicare Advantage. An EPO is an exclusive provider organization plan that may be written on an HMO license in some states and on a Life and Health license in some states, including Colorado. 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。