

Ready, set, save!



Welcome

Plans that give you a whole lot more.

We provide great health plans that save our members hundreds* and still provide comprehensive coverage and extra benefits to make healthy living easier. Best of all? Happiness comes with every single one of our plans. So you can sit back and relax knowing that we have you covered.

No nonsense. No hoops. No headaches.

What's inside?

- Plans
- Provider Network
- Pharmacy Network
- Tax Credits
- Pediatric Vision & Dental
- Member Extras



* For a 40-year-old non-smoker with a bronze plan making \$30,000/year

We offer three main types of plans

Get the coverage you need at a price that works for your budget.



Bronze

Choose this plan if you want the lowest cost and don't think you will need many healthcare services.

- Lowest monthly premium
- Highest cost when you get care



Silver

Choose this plan for the best balance between monthly premiums and out-of-pocket costs when you receive healthcare services.

- Mid-range monthly premium
- Mid-range cost when you get care



Gold

Choose this plan if you will require regular medical care and don't mind paying a higher monthly premium in exchange for lower out-of-pocket costs.

- Higher monthly premium
- Lowest cost when you get care

Additional plan types include:

HSA plans

An HSA plan allows you to pay for qualified medical expenses with a pretax account. If you have a pretty good estimate of how much you'll spend on healthcare and want to plan your own healthcare spending, this plan is the best fit for you.

Catastrophic plans

For those under 30 or those who qualify for a hardship exemption, Bright Health also offers Catastrophic plans. Catastrophic plans offer basic coverage at a low monthly cost. They are designed to protect members against high out-of-pocket costs in the event of illness or injury.

Plan Overview

Bright Health Gold Rx Copay On-Exchange

Benefits*

Individual deductible	\$3,000
Family deductible	\$6,000
Individual out-of-pocket maximum	\$8,150
Family out-of-pocket maximum	\$16,300
Coinsurance	20%
Preventive care	Covered
Primary care	\$0 first 2 visits, then \$20 per visit
Specialist care	\$40
Urgent care	\$75
Emergency room	\$600
Inpatient hospital	20%
Outpatient hospital	20%
Retail Prescriptions	
Tier 1: Preventive	\$0
Tier 2: Generics	\$10
Tier 3: Preferred brands	\$50
Tier 4: Non-preferred brands	\$100
Tier 5: Specialty	\$650

*Benefits for in-network services and providers only.

Plan Overview

Bright Health Silver 1 On-Exchange

Benefits*

Individual deductible	\$4,100
Family deductible	\$8,200
Individual out-of-pocket maximum	\$8,150
Family out-of-pocket maximum	\$16,300
Coinsurance	40%
Preventive care	Covered
Primary care	\$10
Specialist care	40%
Urgent care	\$75
Emergency room	40%
Inpatient hospital	40%
Outpatient hospital	40%
Retail Prescriptions	
Tier 1: Preventive	\$0
Tier 2: Generics	\$10
Tier 3: Preferred brands	40%
Tier 4: Non-preferred brands	40%
Tier 5: Specialty	\$680

*Benefits for in-network services and providers only.

Plan Overview

Bright Health Silver 2 On-Exchange

Benefits*

Individual deductible	\$3,500
Family deductible	\$7,000
Individual out-of-pocket maximum	\$8,150
Family out-of-pocket maximum	\$16,300
Coinsurance	40%
Preventive care	Covered
Primary care	\$30
Specialist care	40%
Urgent care	\$75
Emergency room	40%
Inpatient hospital	40%
Outpatient hospital	40%
Retail Prescriptions	
Tier 1: Preventive	\$0
Tier 2: Generics	\$15
Tier 3: Preferred brands	40%
Tier 4: Non-preferred brands	40%
Tier 5: Specialty	\$680

*Benefits for in-network services and providers only.

Plan Overview

Bright Health Silver 3 HSA On-Exchange

Benefits*

Individual deductible	\$3,500
Family deductible	\$7,000
Individual out-of-pocket maximum	\$6,850
Family out-of-pocket maximum	\$13,700
Coinsurance	20%
Preventive care	Covered
Primary care	20%
Specialist care	20%
Urgent care	20%
Emergency room	20%
Inpatient hospital	20%
Outpatient hospital	20%
Retail Prescriptions	
Tier 1: Preventive	\$0
Tier 2: Generics	\$15 after ded
Tier 3: Preferred brands	20%
Tier 4: Non-preferred brands	20%
Tier 5: Specialty	20%

*Benefits for in-network services and providers only.

Plan Overview

Bright Health Silver 4 Rx Copay On-Exchange

Benefits*

Individual deductible	\$3,700
Family deductible	\$7,400
Individual out-of-pocket maximum	\$8,150
Family out-of-pocket maximum	\$16,300
Coinsurance	30%
Preventive care	Covered
Primary care	\$40 per visit
Specialist care	\$100
Urgent care	\$75
Emergency room	30%
Inpatient hospital	30%
Outpatient hospital	30%
Retail Prescriptions	
Tier 1: Preventive	\$0
Tier 2: Generics	\$15
Tier 3: Preferred brands	\$80
Tier 4: Non-preferred brands	\$180
Tier 5: Specialty	\$650

*Benefits for in-network services and providers only.

Plan Overview

Bright Health Silver 5 Rx Copay On-Exchange

Benefits*

Individual deductible	\$5,000
Family deductible	\$10,000
Individual out-of-pocket maximum	\$8,150
Family out-of-pocket maximum	\$16,300
Coinsurance	40%
Preventive care	Covered
Primary care	\$40
Specialist care	\$75
Urgent care	\$75
Emergency room	\$750
Inpatient hospital	40%
Outpatient hospital	40%
Retail Prescriptions	
Tier 1: Preventive	\$0
Tier 2: Generics	\$25
Tier 3: Preferred brands	\$80
Tier 4: Non-preferred brands	\$180
Tier 5: Specialty	\$650

*Benefits for in-network services and providers only.

Plan Overview

Bright Health Silver 2 Direct Off-Exchange

Benefits*

Individual deductible	\$6,000
Family deductible	\$12,000
Individual out-of-pocket maximum	\$8,150
Family out-of-pocket maximum	\$16,300
Coinsurance	40%
Preventive care	Covered
Primary care	\$40
Specialist care	\$75
Urgent care	\$75
Emergency room	40%
Inpatient hospital	40%
Outpatient hospital	40%
Retail Prescriptions	
Tier 1: Preventive	\$0
Tier 2: Generics	\$25
Tier 3: Preferred brands	\$100
Tier 4: Non-preferred brands	40%
Tier 5: Specialty	40%

*Benefits for in-network services and providers only.

Plan Overview

Bright Health Silver 3 Direct Off-Exchange

Benefits*

Individual deductible	\$4,100
Family deductible	\$8,200
Individual out-of-pocket maximum	\$8,150
Family out-of-pocket maximum	\$16,300
Coinsurance	40%
Preventive care	Covered
Primary care	\$10
Specialist care	40%
Urgent care	\$75
Emergency room	40%
Inpatient hospital	40%
Outpatient hospital	40%
Retail Prescriptions	
Tier 1: Preventive	\$0
Tier 2: Generics	\$10
Tier 3: Preferred brands	40%
Tier 4: Non-preferred brands	40%
Tier 5: Specialty	\$680

*Benefits for in-network services and providers only.

Plan Overview

Bright Health Silver 4 Direct Off-Exchange

Benefits*

Individual deductible	\$3,500
Family deductible	\$7,000
Individual out-of-pocket maximum	\$8,150
Family out-of-pocket maximum	\$16,300
Coinsurance	40%
Preventive care	Covered
Primary care	\$30
Specialist care	40%
Urgent care	\$75
Emergency room	40%
Inpatient hospital	40%
Outpatient hospital	40%
Retail Prescriptions	
Tier 1: Preventive	\$0
Tier 2: Generics	\$15
Tier 3: Preferred brands	40%
Tier 4: Non-preferred brands	40%
Tier 5: Specialty	\$680

*Benefits for in-network services and providers only.

Plan Overview

Bright Health Silver 5 HSA Direct Off-Exchange

Benefits*

Individual deductible	\$3,500
Family deductible	\$7,000
Individual out-of-pocket maximum	\$6,850
Family out-of-pocket maximum	\$13,700
Coinsurance	20%
Preventive care	Covered
Primary care	20%
Specialist care	20%
Urgent care	20%
Emergency room	20%
Inpatient hospital	20%
Outpatient hospital	20%
Retail Prescriptions	
Tier 1: Preventive	\$0
Tier 2: Generics	\$15 after ded
Tier 3: Preferred brands	20%
Tier 4: Non-preferred brands	20%
Tier 5: Specialty	20%

*Benefits for in-network services and providers only.

Plan Overview

Bright Health Silver 6 Direct Rx Copay Off-Exchange

Benefits*

Individual deductible	\$5,000
Family deductible	\$10,000
Individual out-of-pocket maximum	\$8,150
Family out-of-pocket maximum	\$16,300
Coinsurance	40%
Preventive care	Covered
Primary care	\$40
Specialist care	\$75
Urgent care	\$75
Emergency room	\$750
Inpatient hospital	40%
Outpatient hospital	40%
Retail Prescriptions	
Tier 1: Preventive	\$0
Tier 2: Generics	\$25
Tier 3: Preferred brands	\$80
Tier 4: Non-preferred brands	\$180
Tier 5: Specialty	\$650

*Benefits for in-network services and providers only.

Plan Overview

Bright Health Silver 7 Direct Rx Copay Off-Exchange

Benefits*

Individual deductible	\$3,700
Family deductible	\$7,400
Individual out-of-pocket maximum	\$8,150
Family out-of-pocket maximum	\$16,300
Coinsurance	30%
Preventive care	Covered
Primary care	\$0 first visit, then \$40 per visit
Specialist care	\$100
Urgent care	\$75
Emergency room	30%
Inpatient hospital	30%
Outpatient hospital	30%
Retail Prescriptions	
Tier 1: Preventive	\$0
Tier 2: Generics	\$15
Tier 3: Preferred brands	\$80
Tier 4: Non-preferred brands	\$180
Tier 5: Specialty	\$650

*Benefits for in-network services and providers only.

Plan Overview

Bright Health Silver 8 Direct Rx Copay Off-Exchange

Benefits*

Individual deductible	\$4,000
Family deductible	\$8,000
Individual out-of-pocket maximum	\$8,150
Family out-of-pocket maximum	\$16,300
Coinsurance	30%
Preventive care	Covered
Primary care	\$30
Specialist care	\$75
Urgent care	\$75
Emergency room	30%
Inpatient hospital	30%
Outpatient hospital	30%
Retail Prescriptions	
Tier 1: Preventive	\$0
Tier 2: Generics	\$15
Tier 3: Preferred brands	\$80
Tier 4: Non-preferred brands	\$180
Tier 5: Specialty	\$650

*Benefits for in-network services and providers only.

Plan Overview

Bright Health Bronze Rx Copay On-Exchange

Benefits*

Individual deductible	\$8,150
Family deductible	\$16,300
Individual out-of-pocket maximum	\$8,150
Family out-of-pocket maximum	\$16,300
Coinsurance	0%
Preventive care	Covered
Primary care	\$50 first 2 visits, then 0% after deductible
Specialist care	0%
Urgent care	\$75
Emergency room	0%
Inpatient hospital	0%
Outpatient hospital	0%
Retail Prescriptions	
Tier 1: Preventive	\$0
Tier 2: Generics	\$40
Tier 3: Preferred brands	\$200
Tier 4: Non-preferred brands	\$400
Tier 5: Specialty	\$650

*Benefits for in-network services and providers only.

Plan Overview

Bright Health Bronze Direct Off-Exchange

Benefits*

Individual deductible	\$8,150
Family deductible	\$16,300
Individual out-of-pocket maximum	\$8,150
Family out-of-pocket maximum	\$16,300
Coinsurance	0%
Preventive care	Covered
Primary care	\$40 first 2 visits, then 0% after deductible
Specialist care	0%
Urgent care	\$75
Emergency room	0%
Inpatient hospital	0%
Outpatient hospital	0%
Retail Prescriptions	
Tier 1: Preventive	\$0
Tier 2: Generics	\$25
Tier 3: Preferred brands	0%
Tier 4: Non-preferred brands	0%
Tier 5: Specialty	0%

*Benefits for in-network services and providers only.

Plan Overview

Bright Health Bronze Plus On-/Off-Exchange

Benefits*

Individual deductible	\$6,000
Family deductible	\$12,000
Individual out-of-pocket maximum	\$8,150
Family out-of-pocket maximum	\$16,300
Coinsurance	40%
Preventive care	Covered
Primary care	\$0 first visit, then \$35 per visit
Specialist care	40%
Urgent care	\$75
Emergency room	40%
Inpatient hospital	40%
Outpatient hospital	40%
Retail Prescriptions	
Tier 1: Preventive	\$0
Tier 2: Generics	\$25
Tier 3: Preferred brands	40%
Tier 4: Non-preferred brands	40%
Tier 5: Specialty	40%

*Benefits for in-network services and providers only.

Plan Overview

Bright Health Bronze HSA On-Exchange

Benefits*

Individual deductible	\$6,850
Family deductible	\$13,700
Individual out-of-pocket maximum	\$6,850
Family out-of-pocket maximum	\$13,700
Coinsurance	0%
Preventive care	Covered
Primary care	0%
Specialist care	0%
Urgent care	0%
Emergency room	0%
Inpatient hospital	\$0
Outpatient hospital	0%
Retail Prescriptions	
Tier 1: Preventive	\$0
Tier 2: Generics	0%
Tier 3: Preferred brands	0%
Tier 4: Non-preferred brands	0%
Tier 5: Specialty	0%

*Benefits for in-network services and providers only.

Plan Overview

Bright Health Bronze HSA Direct Off-Exchange

Benefits*

Individual deductible	\$6,750
Family deductible	\$13,500
Individual out-of-pocket maximum	\$6,750
Family out-of-pocket maximum	\$13,500
Coinsurance	0%
Preventive care	Covered
Primary care	0%
Specialist care	0%
Urgent care	0%
Emergency room	0%
Inpatient hospital	0%
Outpatient hospital	0%
Retail Prescriptions	
Tier 1: Preventive	\$0
Tier 2: Generics	0%
Tier 3: Preferred brands	0%
Tier 4: Non-preferred brands	0%
Tier 5: Specialty	0%

*Benefits for in-network services and providers only.

Plan Overview

Bright Health Catastrophic On-/Off-Exchange

Benefits*

Individual deductible	\$8,150
Family deductible	\$16,300
Individual out-of-pocket maximum	\$8,150
Family out-of-pocket maximum	\$16,300
Coinsurance	0%
Preventive care	Covered
Primary care	\$50 first 3 visits, then 0% after deductible
Specialist care	0%
Urgent care	0%
Emergency room	0%
Inpatient hospital	0%
Outpatient hospital	0%
Retail Prescriptions	
Tier 1: Preventive	\$0
Tier 2: Generics	0%
Tier 3: Preferred brands	0%
Tier 4: Non-preferred brands	0%
Tier 5: Specialty	0%

*Benefits for in-network services and providers only.

Plan Overview

Bright Health Peak Gold Rx Copay On-Exchange

Benefits*

Individual deductible	\$3,000
Family deductible	\$6,000
Individual out-of-pocket maximum	\$8,150
Family out-of-pocket maximum	\$16,300
Coinsurance	20%
Preventive care	Covered
Primary care	\$0 first 2 visits, \$25 additional visits
Specialist care	\$40
Urgent care	\$75
Emergency room	\$600
Inpatient hospital	20%
Outpatient hospital	20%
Retail Prescriptions	
Tier 1: Preventive	\$0
Tier 2: Generics	\$10
Tier 3: Preferred brands	\$50
Tier 4: Non-preferred brands	\$100
Tier 5: Specialty	\$650

*Benefits for in-network services and providers only.

Plan Overview

Bright Health Peak Silver 1 Rx Copay On-Exchange

Benefits*

Individual deductible	\$5,000
Family deductible	\$10,000
Individual out-of-pocket maximum	\$8,150
Family out-of-pocket maximum	\$16,300
Coinsurance	40%
Preventive care	Covered
Primary care	\$25
Specialist care	\$75
Urgent care	\$75
Emergency room	\$750
Inpatient hospital	40%
Outpatient hospital	40%
Retail Prescriptions	
Tier 1: Preventive	\$0
Tier 2: Generics	\$25
Tier 3: Preferred brands	\$80
Tier 4: Non-preferred brands	\$180
Tier 5: Specialty	\$650

*Benefits for in-network services and providers only.

Plan Overview

Bright Health Peak Silver 2 On-Exchange

Benefits*

Individual deductible	\$4,100
Family deductible	\$8,200
Individual out-of-pocket maximum	\$8,150
Family out-of-pocket maximum	\$16,300
Coinsurance	40%
Preventive care	Covered
Primary care	\$10
Specialist care	40%
Urgent care	\$75
Emergency room	40%
Inpatient hospital	40%
Outpatient hospital	40%
Retail Prescriptions	
Tier 1: Preventive	\$0
Tier 2: Generics	\$10
Tier 3: Preferred brands	40%
Tier 4: Non-preferred brands	40%
Tier 5: Specialty	\$680

*Benefits for in-network services and providers only.

Plan Overview

Bright Health Peak Silver 3 Direct Rx Copay Off-Exchange

Benefits*

Individual deductible	\$5,000
Family deductible	\$10,000
Individual out-of-pocket maximum	\$8,150
Family out-of-pocket maximum	\$16,300
Coinsurance	40%
Preventive care	Covered
Primary care	\$25
Specialist care	\$75
Urgent care	\$75
Emergency room	\$750
Inpatient hospital	40%
Outpatient hospital	40%
Retail Prescriptions	
Tier 1: Preventive	\$0
Tier 2: Generics	\$25
Tier 3: Preferred brands	\$80
Tier 4: Non-preferred brands	\$180
Tier 5: Specialty	\$650

*Benefits for in-network services and providers only.

Plan Overview

Bright Health Peak Silver 4 Direct Off-Exchange

Benefits*

Individual deductible	\$4,100
Family deductible	\$8,200
Individual out-of-pocket maximum	\$8,150
Family out-of-pocket maximum	\$16,300
Coinsurance	40%
Preventive care	Covered
Primary care	\$10
Specialist care	40%
Urgent care	\$75
Emergency room	40%
Inpatient hospital	40%
Outpatient hospital	40%
Retail Prescriptions	
Tier 1: Preventive	\$0
Tier 2: Generics	\$10
Tier 3: Preferred brands	40%
Tier 4: Non-preferred brands	40%
Tier 5: Specialty	\$680

*Benefits for in-network services and providers only.

Plan Overview

Bright Health Peak Bronze Rx Copay On-/Off-Exchange

Benefits*

Individual deductible	\$8,150
Family deductible	\$16,300
Individual out-of-pocket maximum	\$8,150
Family out-of-pocket maximum	\$16,300
Coinsurance	0%
Preventive care	Covered
Primary care	\$25
Specialist care	0%
Urgent care	\$75
Emergency room	0%
Inpatient hospital	0%
Outpatient hospital	0%
Retail Prescriptions	
Tier 1: Preventive	\$0
Tier 2: Generics	\$40
Tier 3: Preferred brands	\$200
Tier 4: Non-preferred brands	\$400
Tier 5: Specialty	\$650

*Benefits for in-network services and providers only.

Plan Overview

Bright Health Peak Bronze Plus On-/Off-Exchange

Benefits*

Individual deductible	\$6,000
Family deductible	\$12,000
Individual out-of-pocket maximum	\$8,150
Family out-of-pocket maximum	\$16,300
Coinsurance	40%
Preventive care	Covered
Primary care	\$0 first visit, then \$25 per visit
Specialist care	40%
Urgent care	\$75
Emergency room	40%
Inpatient hospital	40%
Outpatient hospital	40%
Retail Prescriptions	
Tier 1: Preventive	\$0
Tier 2: Generics	\$25
Tier 3: Preferred brands	40%
Tier 4: Non-preferred brands	40%
Tier 5: Specialty	40%

*Benefits for in-network services and providers only.

Plan Overview

Bright Health Peak Bronze HSA On-/Off-Exchange

Benefits*

Individual deductible	\$6,850
Family deductible	\$13,700
Individual out-of-pocket maximum	\$6,850
Family out-of-pocket maximum	\$13,700
Coinsurance	0%
Preventive care	Covered
Primary care	0%
Specialist care	0%
Urgent care	0%
Emergency room	0%
Inpatient hospital	0%
Outpatient hospital	0%
Retail Prescriptions	
Tier 1: Preventive	\$0
Tier 2: Generics	0%
Tier 3: Preferred brands	0%
Tier 4: Non-preferred brands	0%
Tier 5: Specialty	0%

*Benefits for in-network services and providers only.

Plan Overview

Bright Health Peak Catastrophic On-/Off-Exchange

Benefits*

Individual deductible	\$8,150
Family deductible	\$16,300
Individual out-of-pocket maximum	\$8,150
Family out-of-pocket maximum	\$16,300
Coinsurance	0%
Preventive care	Covered
Primary care	\$25 first 3 visits, then 0% after deductible
Specialist care	0%
Urgent care	0%
Emergency room	0%
Inpatient hospital	0%
Outpatient hospital	0%
Retail Prescriptions	
Tier 1: Preventive	\$0
Tier 2: Generics	0%
Tier 3: Preferred brands	0%
Tier 4: Non-preferred brands	0%
Tier 5: Specialty	0%

*Benefits for in-network services and providers only.



For residents of Summit County

Bright Health has partnered with Peak Health Alliance to bring residents of Summit County enhanced access to care at prices that can save them hundreds. For only an additional **\$6 monthly fee**, you gain access to:

- Centura Health providers throughout the Denver area plus excellent independent providers in Summit County
- Low-cost telemedicine options – get convenient care with just a phone call
- Plans with copays rather than coinsurance for primary care and specialist visits

Questions? Visit PeakHealthAlliance.org to learn more.



Enroll through your broker or by visiting BrightHealthPlan.com.

Our Provider Network

Get access to high-quality doctors – for less

In Colorado, we've partnered with Centura Health to give you a carefully chosen network of healthcare providers who will work together to give you the best care. You get quality care for less when you stay within our network of doctors. Seeing doctors outside of the network will cost you more.

17
Hospitals

900+
Clinics

18
Urgent Cares

850+
PCPs

1800+
Specialists

Note: network figures are approximate and subject to change.

Find out if your doctor is in our network

Use our online tool at BrightHealthPlan.com/Provider-Finder/IFP to look up providers in your area.

You can also call us at 855-827-4448 and talk to a real person who can answer any questions you may have.

Our Pharmacy Network

Our extensive network of pharmacies and major outlets makes it easier for you to fill your prescriptions in places you already shop. You can also order prescriptions online and have them delivered directly to your doorstep.

Our network includes leading brands such as:



Walgreens

King Soopers, Safeway Pharmacy, City Market, Sam's Club Pharmacy, Costco Pharmacy and many other chain and independent pharmacies.



850+

**Statewide pharmacy
locations**



65,000

**National pharmacy
locations**

Not sure if your pharmacy is in-network?

Use our online tool at BrightHealthPlan.com/Provider-Finder/IFP to look up your pharmacy or find other in-network options.

Tax Credits

You can save on your plan if you're eligible for tax credits.

Advanced Premium Tax Credits (APTC)

A tax credit that can be taken in advance to lower monthly health insurance premium payments.

- Tax credits may be available if your income is between 138% and 400% Federal Poverty Level (FPL) and you purchase your plan directly through the Exchange.
- While a person may be eligible for APTC because of their income, depending on the price of the benchmark plan, also known as the second lowest cost Silver plan (SLCSP), they may or may not receive a tax credit.
- In order for consumers to receive tax credits, the SLCSP available to them must be higher than what is federally required for them to pay, which is determined by the affordability test or calculation.

Cost Sharing Reductions (CSR)

A discount that lowers the amount you have to pay for deductibles, copays, and coinsurance.

- CSRs are available to people or families who meet non-financial eligibility requirements, who make up to less than 250% FPL, and who choose a Silver level plan.
- There are additional cost sharing variants for Native Americans and Alaskan Natives; they may use the tax credits on Gold and Bronze plans as well.

Who is not eligible for tax credits?

People who have other government-sponsored healthcare such as TRICARE, CHIP, Medicaid, or Medicare.

People who are in prison.

People who are not “lawfully present” meaning they are immigrants without the following statuses:

- “Qualified non-citizen” immigration status without a waiting period
- Humanitarian statuses or circumstances such as Temporary Protected Status, Special Juvenile Status, asylum applicants, Convention Against Torture, victims of trafficking
- Valid non-immigrant visas
- Legal status conferred by other laws (temporary resident status, LIFE Act, Family Unity individuals)

People who have affordable employer-sponsored coverage as an option.

Pediatric Vision & Dental

Bright Health plans cover pediatric vision and dental care for members under age 19.

Dental benefit



All plans: 2 cleanings per year; deductible and coinsurance apply to additional services



Diagnostic and preventive procedures



Basic restorative services



Extraction surgery



Endodontics



Medically necessary orthodontia and prosthodontics*

*For cleft lip and cleft palate treatment

FAQs:

Q: Where can my child use their dental benefits?

A: You can go to any pediatric Delta Dental PPO provider in Colorado. You can find Delta Dental providers on their website at DeltaDentalins.com.

Q: Will I receive a separate ID card for dental services?

A: Depending on your plan, you may or may not receive a separate dental ID card. If you don't receive a separate ID card, use your regular Bright Health Member ID card.

Vision benefit



Annual eye exam



One standard pair of glasses per year or one-year supply of contacts*

*You can select luxury items such as designer frames at an additional cost. Work with your vision provider to understand which frames are considered "standard" vs "designer".

These benefits may be subject to deductible & coinsurance, depending on your plan.

FAQs:

Q: Where can my child use their vision benefits?

A: Use our online provider finder to find an in-network vision provider at BrightHealthPlan.com/Provider-Finder/IFP.

Q: Will I receive a separate ID card for vision services?

A: No – you can use your Bright Health member ID card for vision coverage.

Bright Health members get more

All Bright Health plans include extras that make getting and staying healthy a little bit easier.



Rides

Need a ride to the doctor? All plans include up to four one-way rides.

We partner with Circulation, a transportation company that contracts local drivers for non-emergency medical transport. You can...

- ✓ Schedule rides on-demand or up to six months in advance
- ✓ Bring up to two guests per ride
- ✓ Request a previous driver

Schedule rides by calling Member Service at 855-827-4448.



Meals

Don't worry about cooking after a hospital stay. We'll have four days of meals delivered to your house. You get...

- ✓ Nutritious, shelf-stable or flash frozen meals delivered after each hospital stay
- ✓ Option to personalize meals based on your dietary needs and restrictions
- ✓ Ability to include eligible family members
- ✓ Discounts on future purchases

Just call Member Service at 855-827-4448 to request your meals.



Cash rewards

Throughout the year, we offer members cash rewards for simple healthy actions. Past rewards have included:

- ✓ Selecting a Primary Care Provider
- ✓ Getting a flu shot
- ✓ Taking a health survey

All you have to do is set up a Member Hub account to find available rewards at Member.BrightHealthPlan.com. We'll also email you to let you know when new reward opportunities are available.

Member resources

We want to take the hassle out of healthcare. That's why we offer multiple resources to make sure you get what you need, when you need it.



Member Service

Our team is always here to help members with questions and information.

Call 855-827-4448



Member Hub

Our online portal where you can pay your monthly premium, track spending, earn rewards, find doctors, view claims, and access your digital member ID card.

Member.BrightHealthPlan.com



Drug Formulary

Find out whether your medications are covered and check which tier they are.

**BrightHealthPlan.com/
Drug-Search/IFP**



Provider Finder

This tool lets members browse all in-network providers online or in the Member Hub.

**BrightHealthPlan.com/
Provider-Finder/IFP**



Bright Health App

Get 24/7 access to the Member Hub in an easy-to-use mobile format.

**Download in the Apple
App Store**



What's next?

After enrolling in a Bright Health plan, we'll keep you in the loop on your application process.

1

Make your first payment

You'll receive a bill for your first premium payment with your application confirmation letter. You can pay your bill online at BrightHealthPlan.com/PayMyBill or by calling Member Services at 855-827-4448.

2

Get your ID card and welcome booklet

Congrats! You are covered. Use your ID card when you go to the doctor and learn how to use your plan by reading the welcome booklet.

3

Keep an eye on your inbox

We'll send you information throughout the year about taking advantage of your plan benefits, such as how to earn cash rewards.

✓ **Stay tuned**

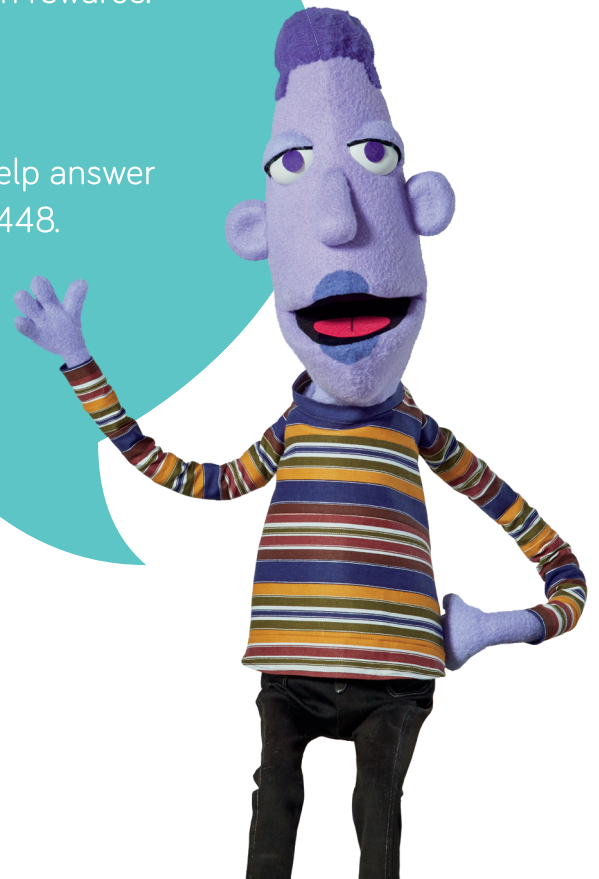
Throughout the year, we'll provide tips on how to use your plan and let you know about opportunities to earn cash rewards.

✓ **Reach out**

Our dedicated member service team is here to help answer your questions. Reach them at 855-827-4448.

✓ **Breathe easy**

Bright Health has you covered.





Join. Save. Be happy.

 BrightHealthPlan.com

 855-827-4448