



Make the bright choice

You're going to love it here

Choosing a health plan from Bright HealthCare™ is choosing YOU. We've spent a lot of time thinking about how to deliver healthcare coverage that is simple, affordable, and personal for one reason: **so you don't have to think about it at all.**

The power of partnership

We believe healthcare works better as a relationship. This is why we collaborate closely with our Care Partners - carefully selected networks of doctors, clinics, and hospitals designed to put the focus back on the doctor/patient relationship. We work together to bring our members the best possible care at the best possible price.



Your Bright HealthCare plan includes these essential services, and more:

- ✓ Ambulatory patient services
- ✓ Emergency services
- ✓ Hospitalization
- ✓ Pregnancy, maternity, and newborn care
- ✓ Mental health and substance use disorder services
- ✓ Prescription drugs
- ✓ Rehabilitative and habilitative services and devices
- ✓ Laboratory services
- ✓ Preventive and wellness services
- ✓ Pediatric services, including dental and vision care

Insurance terms explained

We know insurance can seem like a language all its own. Here's a breakdown of the terms you need to know most.

Deductible: the amount you pay for covered healthcare services (other than your included, no-cost benefits) before your plan starts to pay

Copayment: a fixed amount (\$20, for example) you pay for a covered healthcare service

Coinsurance: the cost percentage (20%, for example) of a covered healthcare service you pay after you've paid your deductible

MOOP: maximum out-of-pocket, the most you have to pay for covered services in a plan year—after you spend this amount on deductibles, copayments, and coinsurance for in-network care and services, your health plan pays 100% of the costs of covered benefits

Preventive: care and services to prevent illness; includes routine check-ups, immunizations, patient counseling, and screenings

Formulary tiers: the levels that specific drugs fall into under the Bright HealthCare Formulary (list of covered drugs); the tier dictates how much you will pay—each tier has a related copayment or coinsurance, depending on your plan



Plan selection basics

Possibly the most challenging part of buying healthcare coverage is deciding which plan is best for you. Two main things to consider when making the choice:

- How often do you expect to use your plan?
- How much predictability would you like in your healthcare budget?



Platinum Plans

Extensive coverage and high premiums

Best for: Individuals who expect to use a great deal of health care and would rather pay a higher premium, knowing that most other costs are covered.



Gold plans

Generous coverage and predictable costs

Best for: People who expect to have high healthcare costs across multiple categories of care and do not qualify for extra savings on Silver plans.



Silver plans

Moderate premiums and costs

Best for: Those who expect to use their plans occasionally and would like lower deductibles and more benefits than a Bronze plan. At certain incomes, these plans offer greater benefits for the same premium.



Bronze plans

Lower premiums and higher costs with use

Best for: Individuals who expect limited healthcare costs in 2022 and want peace of mind by limiting total out-of-pocket costs in the event of a high-cost health incident.



Catastrophic plans

Lowest premiums

Best for: Those under age 30 who desire low premiums and expect minimal medical incidents. Coverage includes 3 primary care visits, then no other benefits until the MOOP is reached.

How much will it cost?

At the end of the day, we know this is the bottom line for most people looking for a health plan. Here are some options for significant savings.

Ways to save

As you might know, the first “A” in ACA stands for affordable. The purpose of the ACA (Affordable Care Act) was to make healthcare accessible to all Americans. Through “Marketplaces” (like HealthCare.gov) individuals and families can shop for and buy health insurance plans using two types of subsidies to make them more affordable. To take advantage of these discounts, coverage must be purchased through a Marketplace. This can be done directly on BrightHealthCare.com or you can talk with your broker for more information.



Advanced Premium Tax Credits (APTC)

These are tax credits that can be used to lower monthly premium payments. They apply to our Bronze, Silver, and Gold plans.

APTC member story: Bill

Bill is a single, 40-year-old male earning \$30,000 as a real estate agent. On the exchange, Bill learned that he was eligible for about \$350 a month in subsidies. This meant that he could get a \$0 premium Bronze plan. Bill was also eligible for a Silver plan with a lower deductible and modest premium, but because he rarely uses his health plan, he chose the \$0 Bronze plan.



Cost Sharing Reductions (CSRs)

CSRs are an additional discount on top of any APTC you may qualify for. CSRs lower the deductible, copayments, and coinsurance you pay if you enroll in a Silver plan. These plans may have a higher premium, but the overall cost of healthcare is often lower after the discounts.

CSR member story: Inez

Inez is a single 31-year-old who earns \$25,000 annually in her new wedding planning business. Inez wanted the greater predictability that comes with more robust coverage. Through the Marketplace, Inez qualified for a low deductible Silver plan. She knows that her maximum out-of-pocket (MOOP) costs will be affordable, and that routine visits to her PCP will be \$0.



Expanding your choices with ICHRA

ICHRA stands for Individual Coverage Health Reimbursement Arrangement. Simply put, it's a way for companies to reimburse employees for health insurance they choose themselves—instead of the company choosing and buying coverage for them.

One more important thing to keep in mind: An ICHRA and APTC cannot be used together. Some employees might be able to decline their ICHRA and opt to use APTC instead if the APTC is a more affordable option.



ICHRA member story: Mary

Mary receives \$400 each month from her employer toward the purchase of a Qualified Health Plan (QHP). Because Mary is taking advantage of her employer's ICHRA offering, she is not eligible for any tax credits. However, she is a perfect candidate for one of Bright HealthCare's off-exchange, ICHRA-friendly Silver plans. Mary's plan even has a \$0 deductible! She's getting coverage with great benefits, and has the added satisfaction of knowing she is in charge of her healthcare coverage choices.



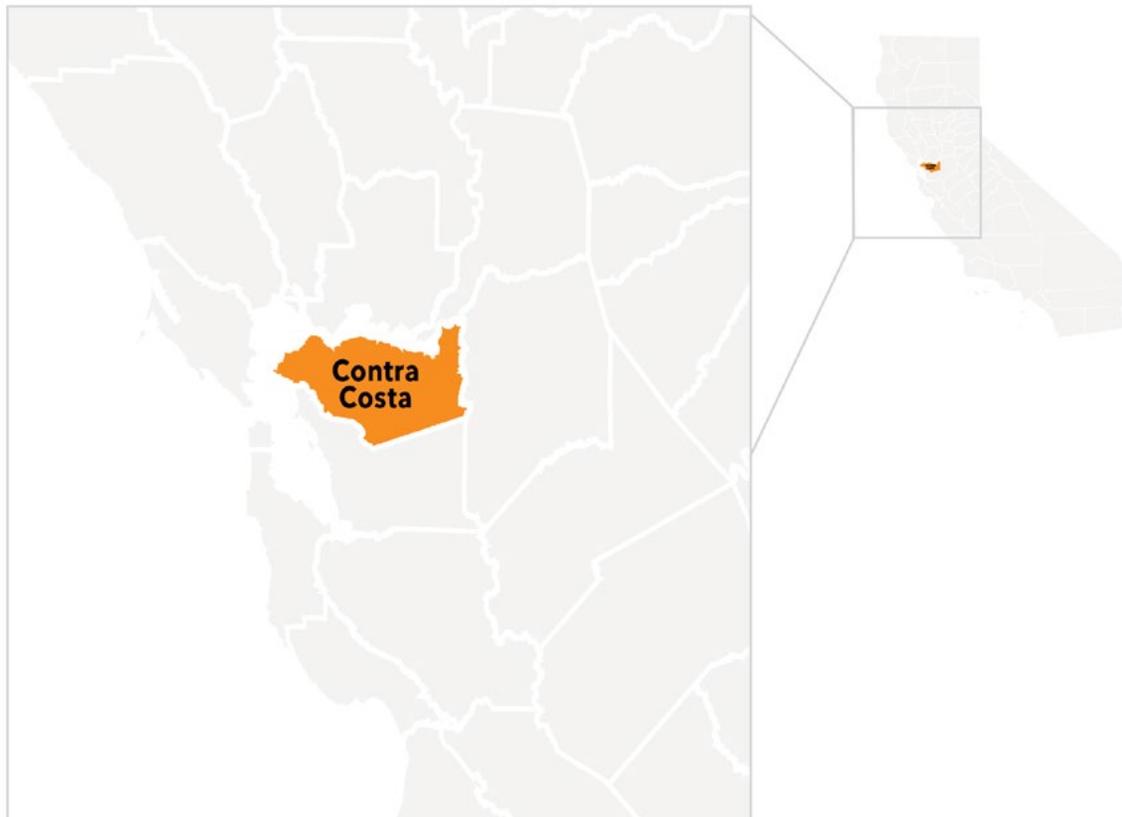
Networks that work!

We believe healthcare works better as a relationship. This is why we collaborate closely with our care partners—carefully selected networks of doctors, clinics, and hospitals designed to put the focus back on the doctor/patient relationship. We work together to bring you the best possible care and value.

Here are some things to think about as you select a plan:

- Have a doctor you love and trust? Before you choose a plan, check to see if they are in-network.
- If they are not, are you willing to see someone different?
- Are you interested in telehealth? Online visits can be a great option for non-serious illnesses and injuries. Telehealth visits are \$0 on most plans.

Your network's service area



Get the right level of care in your network



Primary care provider (PCP) is the go-to doctor for routine care and general health concerns. They will come to know the patient—and their health story—so that the care can be personal. When members select a PCP in their Bright HealthCare network, services may cost as little as \$0. Typical reasons for visiting a PCP include annual physicals, colds, and other non-serious illness such as bronchitis and minor injuries.



Convenience care is also known as a walk-in clinic, found at a Minute Clinic or The Little Clinic. These clinics are open longer hours and are in convenient locations, making them a great option when not able to visit a PCP. This is the place to go with common, non-life-threatening medical conditions such as ear infections, sore throats, pinkeye, and minor burns and rashes.



Telehealth has emerged as a major way of getting and giving care. These virtual visits allow greater flexibility and safety—a smart choice when people need to stay home or the PCP isn't available, for minor illness, mental health, and even prescription refills.



Urgent care facilities can be a helpful alternative when the need for care happens outside PCP office hours. This is the place to go with minor fractures, fever, severe headache, and cuts that may require stitches.



Emergency care in an emergency room is for true emergencies and life-threatening situations, such as chest pain, trouble breathing, head trauma, severe injury, loss of vision, etc.



Mental health services can help with emotional situations and to manage stress levels. Most of our plans feature \$0 mental health office visits, with three ways to access mental health services: Doctor On Demand, in-person visits, and telehealth from a member's provider.

So many choices, and a care option for each situation.



Want to find out if your doctor is in-network?

Check our provider finder at BrightHealthCare.com/doctors

Bright HealthCare members get more

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

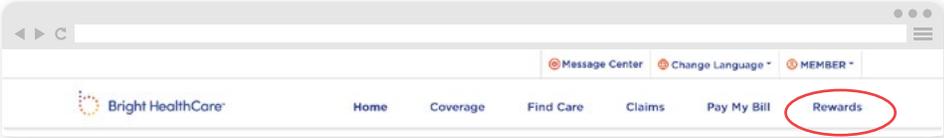
Cash rewards

Start earning by taking simple actions such as:

- Complete a short health survey
- Select your Primary Care Provider (PCP)
- + More!** Log in to the Member Hub to see all rewards opportunities available.

Throughout the year, you'll receive opportunities to earn up to \$200 total on your reloadable prepaid Visa card.

Sign up for the Member Hub and start earning.



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 large retailers such as:

Walmart  Walgreens  CVS pharmacy[®]



Not sure if your pharmacy is in-network?

 Use our online tool at BrightHealthCare.com/doctors to look up your pharmacy or find other in-network options.

Supplemental benefits

These are great extras to help you enjoy your highest attainable standard of health.



Telehealth

- Access medical and mental health services from the convenience of your home
- Telemedicine services available through Doctor On Demand
- \$0 visits on most plans
- Easy access through the Member Hub or the Doctor On Demand website



Adult and pediatric dental care

- You select your own in-network dentist in the digital provider directory (BrightHealthCare.com) or in the Member Hub
- Pediatric dental is included on all Bright HealthCare plans
- Adult dental is included on at least one Gold, one Silver, and one Bronze plan per market
- No-cost preventive services (deductible and coinsurance applies on additional services)



Adult and pediatric vision care

- Select your own optometrist or ophthalmologist within the EyeMed network
- Pediatric vision is included on all Bright HealthCare plans
- Adult vision is included on at least one Gold, one Silver, and one Bronze plan per market
- \$0 routine eye exams, \$130/year allowance for lenses and frames

firstdollar.

Health Savings Account (HSA)

- No cost to members
- Exclusive discounts and prescription savings
- Includes First Dollar HSA debit card and mobile wallet to track qualified healthcare expenses
- Available to Bright HealthCare members in Bronze and Silver HSA plans

Acupuncture services, through American Specialty Health (ASH), are included on all California plans.



What's next?

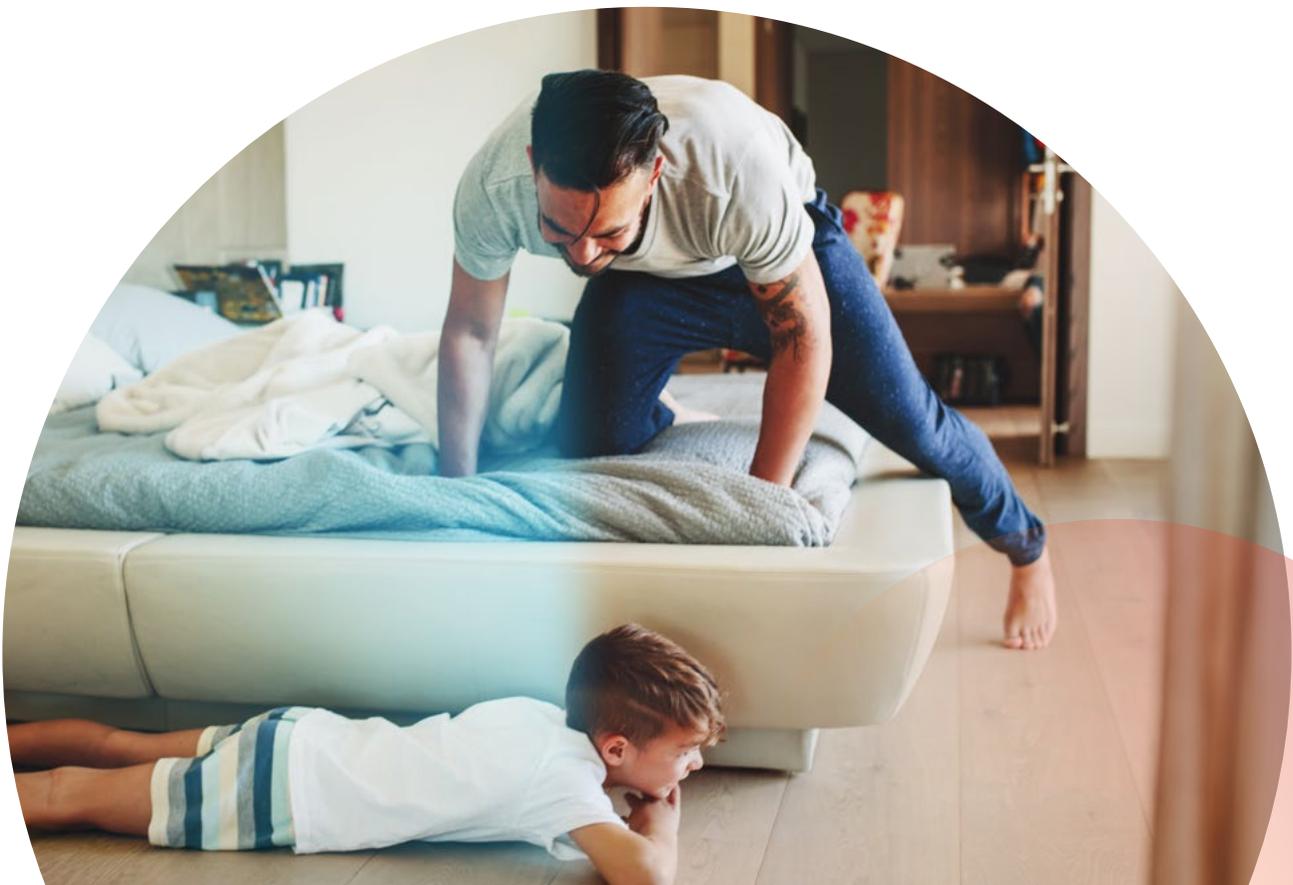
After enrolling in a Bright HealthCare plan, we'll keep you in the loop on your application process.

- 1 Get your ID card and make your first payment**

You'll receive a welcome letter from us asking you to make your first premium payment. You can pay your bill online right in the Member Hub or by calling Member Services at 844-926-4524. Use your ID card when you go to the doctor!
- 2 Receive your welcome booklet**

Upon receipt of your first payment, you'll get your welcome booklet. The booklet includes key information about your plan, such as where to find a provider, earn rewards, access plan documents, and more.
- 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.



We're here for you

Your healthcare experience should be simple and hassle-free. We've put together these resources to help you find what you need, when you need it.

Member Services

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

844-926-4524 (English)

844-926-4523 (Español)

Dental

Find a dentist near you.

Website: Client.LibertyDentalPlan.com/BrightHealth

Drug Formulary

Find out what drugs are covered and check copay amounts.

Website: BrightHealthCare.com/individual-and-family/drug-search

Vision

Find a provider near you.

Website: Member.EyeMedVisioncare.com/BrightHealthPlan

Provider Finder

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

Website: BrightHealthCare.com/doctors

Telehealth

Set up an account, schedule appointments, and see a physician right away with Doctor On Demand.

Website: Patient.DoctorOnDemand.com

Member Hub

Get the most out of your Bright HealthCare plan by using the Member Hub. Pay your monthly premium, earn rewards, find doctors, and much more!

Website: BrightHealthCare.com/member



Bright HealthCare™

BrightHealthCare.com
888-571-1412 (English)
888-710-1391 (Español)

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