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<b>State:</b>	Colorado	<b>Filing Company:</b>	Bright Health Insurance Company
<b>TOI/Sub-TOI:</b>	H16I Individual Health - Major Medical/H16I.005D Individual - EPO		
<b>Product Name:</b>	Bright Health ARP Notification		
<b>Project Name/Number:</b>	/		

## Table of Contents

### User Usage Agreement

#### Attachments

Usage Agreement

[Usage Agreement.pdf](#)

### Form Attachments

(ex. Form Name      Form Number      Attachment Name)

Member Letter

IFP21\_101113\_01

[IFP21\\_101113\\_01\\_MemberLetter\\_20210512.pdf](#)

### Supporting Document

(ex. Supporting Document Name      Attachment Name)

#### Attachments

Certification of New Forms (Health)

[Appendix A FORM HEALTH - signed.pdf](#)

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<b>State:</b>	Colorado	<b>Filing Company:</b>	Bright Health Insurance Company
<b>TOI/Sub-TOI:</b>	H16I Individual Health - Major Medical/H16I.005D Individual - EPO		
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## Filing at a Glance

Company:	Bright Health Insurance Company
Product Name:	Bright Health ARP Notification
State:	Colorado
TOI:	H16I Individual Health - Major Medical
Sub-TOI:	H16I.005D Individual - EPO
Filing Type:	Form
Date Submitted:	05/13/2021
SERFF Tr Num:	BRHP-132817565
SERFF Status:	Closed-Approved
State Tr Num:	BRHP-132817565
State Status:	Rejected
Co Tr Num:	
Effective	On Approval
Date Requested:	
Author(s):	Rachel Benton, Maria Palomino, Errick Phillips
Reviewer(s):	Shirley Taylor (primary), Jason Lapham
Disposition Date:	05/24/2021
Disposition Status:	Approved
Effective Date:	

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## General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type: Individual
Overall Rate Impact:	Filing Status Changed: 05/24/2021
	State Status Changed: 05/24/2021
Deemer Date:	Created By: Maria Palomino
Submitted By: Maria Palomino	Corresponding Filing Tracking Number:
	PPACA: Non-Grandfathered Immed Mkt Reforms
PPACA Notes: null	
Include Exchange Intentions:	No
Filing Description:	
ARP Notification	

## Company and Contact

### Filing Contact Information

Rachel Benton, Benefit Development Manager	rbenton@brighthealthplan.com
219 N. 2nd Street	720-668-5580 [Phone]
Suite 310	
Minneapolis, MN 55401	

### Filing Company Information

Bright Health Insurance Company	CoCode: 15963	State of Domicile: Colorado
10333 E. Dry Creek Road	Group Code: 4887	Company Type:
Suite 150	Group Name:	State ID Number:
Englewood, CO 80112	FEIN Number: 81-1078509	
(720) 668-5580 ext. [Phone]		

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## Filing Fees

### State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

### State Specific

Please enter state-specific code(s) found in Colorado Insurance Bulletins B-4.80 and B-4.81. Please list all applicable state-specific codes. If no codes are applicable, please enter N/A.: 645, 850, 661

All rate filing types MUST be submitted with completed Rate Data Fields in accordance with Section 10-16-107 C.R.S. This requirement does not apply to form filing types. Rate filings not including this data may be rejected. If this is a rate filing, have these fields been completed?: N/A

Have you completed the Forms Schedule Tab? ALL filings submitted to Colorado are required to have the SERFF Form Schedule tab completed. In addition, all Form filings, Annual Form Certification filings, Medicare Supplement Refund Calculation filings and Life Illustration filings require the Form Schedule Tab to be completed. The actual form must be attached to Form filing types only when they are required to be submitted: Medicare Supplement, Long-Term Care Partnership, and Stop Loss. It is not necessary to submit the actual form for other lines of insurance. Thank you.: Yes

<b>SERFF Tracking #:</b>	BRHP-132817565	<b>State Tracking #:</b>	BRHP-132817565	<b>Company Tracking #:</b>	
<b>State:</b>	Colorado	<b>Filing Company:</b>	Bright Health Insurance Company		
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Shirley Taylor	05/24/2021	05/24/2021

<b>SERFF Tracking #:</b>	BRHP-132817565	<b>State Tracking #:</b>	BRHP-132817565	<b>Company Tracking #:</b>	
<b>State:</b>	Colorado	<b>Filing Company:</b>	Bright Health Insurance Company		
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<b>Product Name:</b>	Bright Health ARP Notification				
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## Disposition

Disposition Date: 05/24/2021

Effective Date:

Status: Approved

HHS Status: Not Reported

State Review: Reviewed-No Actuary

Comment: The attached ARP NOTIFICATION has been reviewed and approved by the Division.

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	4-2-41 - Certification for Health Benefit Plans, ACA Plans		Yes
Supporting Document	Appendix A - Form Health		Yes
Supporting Document	Certification of New Forms (Health)		Yes
Form	Member Letter		Yes

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## Form Schedule

Lead Form Number:								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Member Letter	IFP21_10113_01	OTH	Initial			IFP21_101113_01_MemberLetter_20210512.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NAP</b>	Network Access Plan
<b>NOC</b>	Notice of Coverage	<b>OTH</b>	Other
<b>OUT</b>	Outline of Coverage	<b>PJK</b>	Policy Jacket
<b>POL</b>	Policy/Contract/Fraternal Certificate	<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider
<b>PRC</b>	Provider Contract/Provider Addendum/Provider Leading Agreement	<b>PRD</b>	Provider Directory

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## Supporting Document Schedules

<b>Satisfied - Item:</b>	4-2-41 - Certification for Health Benefit Plans, ACA Plans
<b>Comments:</b>	Acknowledged. Appendix A - Form Health is attached below under the Certification of New Forms supporting documentation item.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Appendix A - Form Health
<b>Comments:</b>	Acknowledged. Appendix A - Form Health is attached below under the Certification of New Forms supporting documentation item.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Certification of New Forms (Health)
<b>Comments:</b>	
<b>Attachment(s):</b>	Appendix A FORM HEALTH - signed.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	