

Bright Health
Medicare Advantage – Enrollment
PO Box 853958
Richardson, TX 75085-3958



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March 2, 2021

 Keep For Your Records

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LESLIE J GIFFORD
727 N PEARL ST APT 303
DENVER, CO 80203-3731



Dear LESLIE J GIFFORD,

At Bright Health, we like to keep things simple because we believe simple feels better. So, this cover page gives you a little more information about what you should do next. Sometimes there will be an action required by you, sometimes we will recommend you keep it for your records, and other times, it's good information to review but you won't need to file it for future use. In this case:

Keep For Your Records

We recommend that you please review the included information and store it somewhere safe. You may need to reference it in the future.

If you have any questions about this communication, please contact us at 844-221-7736 8am — 8pm local time, excluding Federal holidays Monday through Sunday (October 1st to March 31st) and Monday through Friday (April 1st to September 30th). TTY users should call 711. We're happy to help!

Thank you,
Your Bright Health Team



Notice to Acknowledge Receipt of Completed Enrollment Request and to Confirm Enrollment

LESLIE J GIFFORD
727 PEARL ST
APT 303
DENVER, CO 80203

March 2, 2021

Member ID:	500001325
Rx ID:	500001325
RxgroupID:	BHPMA
RxBin:	012312
RxPCN:	PARTD

Dear LESLIE J GIFFORD:

Thank you for enrolling in Bright Advantage (HMO). Medicare has approved your enrollment in Bright Advantage (HMO) beginning 3/1/2021.

How will this plan work?

Beginning 3/1/2021, you must see your Bright Advantage (HMO) doctor(s) for your health care. This means that starting 3/1/2021, all of your health care, except emergency or urgently needed care, **or out-of-area dialysis services**, must be given or arranged by a Bright Advantage (HMO) doctor(s). You will need to pay your plan co-payments and co-insurance at the time you get health care services, as provided in your member materials. **Please remember that, except for emergency or out-of-area urgent care, or out-of-area dialysis services, if you get health care services from a non-Bright Advantage (HMO) doctor without prior authorization, you will have to pay for these services yourself.**

This letter is proof of insurance that you should show during your doctor appointments until you get your member card from us. This letter is also proof of your prescription drug coverage. You should show this letter at the pharmacy until you get your member card from us.

What are my costs since I qualify for Extra Help?

Because you qualify for extra help with your prescription drug costs, you will pay no more than:

- A monthly premium of \$0.00,
- \$0.00 for your yearly prescription drug plan deductible,
- \$3.70/\$9.20 copayment when you fill a prescription covered by Bright Advantage (HMO).



If you believe this is incorrect and you have proof that the Extra Help amounts should be different, please contact Bright Advantage (HMO).

Will I pay a late enrollment penalty as part of my premium?

The late enrollment penalty is an amount added to your monthly Medicare drug plan (Part D) premium for as long as you have Medicare prescription drug coverage. This penalty is required by law and is designed to encourage people to enroll in a Medicare drug plan when they are first eligible or keep other prescription drug coverage that meets Medicare's minimum standards.

You may owe a late enrollment penalty if you didn't join a Medicare drug plan when you were first eligible for Medicare Part A and/or Part B, and:

- You didn't have other prescription drug coverage that met Medicare's minimum standards; OR
- You had a break in coverage of at least 63 days.

If we determine that you owe a late enrollment penalty, we will notify you of your new monthly premium amount.

When can I make changes to my coverage?

You can change health plans only at during certain times of the year. From October 15 - December 7, you can join, switch or drop a Medicare health or drug plan for the following year. In addition, from January 1 - March 31, anyone enrolled in a Medicare Advantage Plan (except an MSA plan) can switch plans or return to Original Medicare (and join a stand-alone Medicare Prescription Drug Plan). Generally, you can't make changes at other times except in certain situations, such as if you move out of your plan's service area, want to join a plan in your area with a 5-star rating, or qualify for (or lose) Extra Help paying for prescription drug costs.

What if I have a Medigap (Medicare Supplement Insurance) policy?

Now that we have confirmed your enrollment, you may cancel any Medigap or supplemental insurance that you have. Please note that if this is the first time that you are a member of a Medicare Advantage or Medicare Cost plan, you may have a trial period during which you have certain rights to **leave** (disenroll from) Bright Advantage (HMO) and buy a Medigap policy. Please contact 1-800-MEDICARE (1-800-633-4227) anytime, 24 hours a day, 7 days a week for further information. TTY users should call 1-877-486-2048.

If you have any questions, please call Bright Advantage (HMO) at 844-221-7736. TTY users should call 711. We are open 8am - 8pm local time, excluding Federal holidays Monday through Sunday (October 1st to March 31st) and Monday through Friday (April 1st to September 30th). Please be sure to keep a copy of this letter for your records.

Thank you.

Nondiscrimination Notice and Assistance with Communication

Bright Health does not exclude, deny benefits to, or otherwise discriminate against any individual on the basis of sex, age, race, color, national origin, or disability. "Bright Health" means Bright Health plans and their affiliates.

Language assistance and alternate formats:

Assistance is available *at no cost* to help you communicate with us. The services include, but are not limited to:

- Interpreters for languages other than English;
- Written information in alternative formats such as large print; and
- Assistance with reading Bright Health websites.

To ask for help with these services, please call the Member Services number on your member ID card.

If you think that we failed to provide language assistance or alternate formats, or you were discriminated against because of your sex, age, race, color, national origin, or disability, you can send a complaint to:

Bright Health Civil Rights Coordinator
PO Box 853943, Richardson, TX 75085-3943
Phone: (844) 202-2154
Email: OAG@brighthouseplan.com

You can also file a complaint with the U.S Dept. of Health and Human Services, the Office of Civil Rights:

- **Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>
- **Phone:** Toll-free **1-800-368-1019, 800-537-7697** (TDD)
- **Mail:** U.S Dept. of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

If you need help with your complaint, please call the Member Services number on your member ID card. You must send the complaint within 60 days of discovering the issue.

Language Assistance and Alternate Formats

This information is available in other formats like large print. To ask for another format, please call the Member Services number on your member ID card.

English	ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call the Member Services number on your ID card.
Spanish (US)	ATENCIÓN: Si usted habla español, tiene a su disposición servicios de asistencia de idioma gratuitos. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación.
Chinese (S)	注意：如果您讲中文，我们可以为您提供免费的语言协助服务。请拨打您ID卡上的会员服务电话号码。
Russian	ВНИМАНИЕ! Если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните в Службу работы с клиентами по телефону, указанному в Вашей идентификационной карте.
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. ID 카드에 있는 회원 서비스 번호로 전화하십시오.
Haitian Creole	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele Sèvis Manm nan nimewo ki make sou kat ID ou an.
Italian	ATTENZIONE: se parla italiano, sono disponibili per Lei servizi di assistenza linguistica gratuiti. Chiami il numero dell'assistenza ai membri riportato sulla Sua scheda identificativa.
Yiddish	אויפמערקזאמקייט: אויב איר רעדט יידיש, עס זענען פאראן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט די מעמבער סערוויסעס נומער אויף אייערע איידי קארטל.
Bengali	মনোযোগ দিন: আপনি যদি বাংলায় কথা বলেন, তাহলে আপনার জন্য, ভাষা সহায়তা পরিষেবাগুলি, বিনামূল্যে উপলব্ধ আছে। আপনার ID কার্ডে থাকা সদস্য পরিষেবাগুলির নম্বরে ফোন করুন।
Arabic	تنبيه: إذا كنت تتحدث اللغة العربية، فيمكنك الاستعانة بخدمات المساعدة اللغوية بدون مقابل. اتصل برقم خدمات الأعضاء المدون على بطاقة التعريف الخاصة بك.
Polish	UWAGA: Jeżeli posługuje się Pan/ Pani językiem polskim, może Pan/ Pani skorzystać z bezpłatnej pomocy językowej. Prosimy zadzwonić do Działu Usług dla Członków, którego numer jest podany na Pana/ Pani karcie identyfikacyjnej.
French (FR)	REMARQUE : si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Appelez le numéro des services aux membres, qui figure sur votre carte d'identification.
Tagalog	PANSININ: Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na libreng tulong na mga serbisyo para sa wika. Tawagan ang numero ng Mga Serbisyo sa Miyembro na nasa inyong ID kard.
Vietnamese	LƯU Ý: Nếu quý vị nói tiếng Việt, sẽ có dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Hãy gọi số Dịch vụ Hội viên trên thẻ ID của quý vị.
Navajo	DÍÍ BAA AKÓ NÍNÍZIN: Díí Diné bizaad be yáníłti'go, saad bee áká'ánida'áwo' déé', t'áá jiik'eh, ná hóló. Kojí' hódíłnih Member Servicesjį éí binumber naaltsoos nítł'izgo bee nee hódólzin biniyé nantinígíí bikáá'
Urdu	توجہ دیں: اگر آپ اردو بولتے/بولتی ہیں، تو آپ کے لیے زبان سے متعلق اعانت کی خدمات، مفت دستیاب ہیں۔ اپنے آئی ڈی کارڈ پر موجود ممبر سروسز کے نمبر پر کال کریں۔
Japanese	注記: 日本語をお話しになる方は、無料の言語アシスタンスサービスをご利用いただけます。IDカードに記載のメンバーサービス電話番号までお電話ください。
Portuguese (BR)	ATENÇÃO: caso você fale português, há serviços gratuitos de assistência de idioma à sua disposição. Ligue para o número de Atendimento ao Associado, impresso no seu cartão de identificação.