

ZAKI T KIDANE Group #: BHPCO

ID #: 100147699 Subscriber: 01

Card Issue Date: 01/21/2020 Effective Date: 01/01/2020

Plan: SII VFR 1

(Exclusive Provider Organization)

PHARMACY BENEFITS

RXBIN: 009893 RXPCN: ROIRX RXGRP: BHIFP

CO-DOI

www.envisionrx.com/login

Pharmacist Help Desk: 833-661-1988

Primary Care: \$10 Co-Pay

Specialty Care: \$0

Deductible/25% Coinsurance After Hours/Urgent Care: \$25

Co-Pav Emergency Room: \$0

Deductible/25% Coinsurance Inpatient Hospital: \$0

Deductible/25% Coinsurance

CONTACT US

Member Services: 855-827-4448 Provider Services: 888-797-1218

www.brighthealthplan.com

CLAIMS

Submit Claims to: Bright Health Plan PO Box 16275 Reading, PA 19612-6275 EDI# CB186

PRE-AUTHORIZATION

Pre-authorization is required for hospital admission as well as other services specified in the member's policy. Emergency hospital admissions must be reported within 48 hours. Providers, please call 844-990-0375 for pre-authorization.

ER/URGENT CARE

To find an in-network provider, visit BrightHealthPlan.com/ Provider-Finder/IFP/ and select your region or give us a call at 855-827-4448.

Out of network health services are generally not covered except in cases of emergency care. For benefit and network information, go to brighthealthplan.com.