

Bright Health

First Peek at our 2019 Benefits



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Bright Health: A Strong and Stable Start-up

Bright Health co-founders include

- **Bob Sheehy**, former CEO of UnitedHealthcare
- **Kyle Rolfing**, co-founder and former CEO of Definity Health & RedBrick Health
- **Tom Valdivia**, MD, MS, former chief health consumer officer of Definity Health

Backed by powerful venture capital partners



Bright Health: A positively brilliant idea

About Bright

- We provide affordable health insurance for everyday individuals. Through our exclusive Care Partnerships in local communities, we are reshaping how people and providers achieve better health together by making healthcare simpler, more affordable and personal.
- Bright Health currently offers a range of Individual Family (IFP) plans & Medicare Advantage (MA) plans in Arizona, Colorado and Alabama, and now offering plans in Ohio, Tennessee and New York City, giving consumers access to Bright Health's unique model of integrated and affordable care.

Our members enjoy NO in-network referrals, complete transparency and fast issue resolution.

Our brokers enjoy weekly Medicare commission payments, lifelong renewals (for Members in plan), 24/7 web-based support, Broker Service Unit and local Broker Manager support.

Alabama – Highlights

Metropolitan Area: Birmingham

Care Partners: Brookwood Baptist Health hospitals and providers affiliated with the Brookwood Baptist Health Physician Alliance.



Benefit Highlights

- New Plans for 2019: Introducing 2 HMO-POS Plans with Out-of-Network benefits.
- New Benefits for 2019: \$OTC card allowance (\$30/Quarter), Transportation (24 one-way trips).
- All plans offer: Preventive Dental & Vision and a Hearing Aid allowance.

Competitive Advantage

- Improved benefits and 2 new plans with greater flexibility, low MOOP and Bright Extras.
- Transportation Benefit – Now available to non-duals in Birmingham.
- LIS members will continue to obtain Bright Advantage Plus at a reduced premium as designated by their LIS Part D subsidy level.

Alabama – Existing HMO Plans



Bright Advantage (HMO)

Plan Premium: **\$0**
MOOP: **\$5,200**
PCP Copay: **\$0**
Specialist Copay: **\$25**
Referral Required: **NO**
Inpatient: **\$250 days 1-6; \$0 days 7-90**
Outpatient: **\$200/\$250**
Rx Deductible: **\$50 (Tiers 3-5 Only)**
Rx Copays: **\$0/\$8/\$45/\$95/32%**

Included Bright Extras

- Fitness
- Preventive Dental
- Vision Exam & \$130 Eyewear allowance
- Hearing Exam & Hearing Aid allowance

Bright Advantage Plus (HMO)

Plan Premium: **\$39**
MOOP: **\$3,200**
PCP Copay: **\$0**
Specialist Copay: **\$20**
Referral Required: **NO**
Inpatient: **\$185 days 1-5; \$0 days 6-90**
Outpatient: **\$145/\$215**
Rx Deductible: **\$0**
Rx Copays: **\$0/\$8/\$45/\$95/33%**

Included Bright Extras

Similar to Bright Advantage (HMO), PLUS

- OTC card allowance \$30/Quarter
- Transportation

Alabama – NEW HMO-POS



Bright Advantage Choice (HMO-POS)

NEW affordable HMO-POS plan with an out-of-network benefit and low copays

Monthly Premium: \$0

In-Network

MOOP: **\$5,500**

PCP Copay: **\$0**

Specialist Copay: **\$25**

Referral Required: **NO**

Inpatient: **\$250 days 1-6; \$0 days 7-90**

Outpatient: **\$200/\$250**

Rx Deductible: **\$50 (Tiers 3-5 Only)**

Rx Copays: **\$0/\$8/\$45/\$95/32%**

Included Bright Extras

Preventive Dental, Preventive Vision Exam, and Hearing Exam & Hearing Aid allowance

Out-of-Network

OON Annual Benefit Maximum: **\$25,000**

PCP Visit and Annual Physical: **35%**

Specialist Visit: **35%**

Outpatient Lab: **35%**

Outpatient X-Ray: **35%**

Referral Required: **NO**

*Emergency care always In-Network

*All other out-of-network benefits are not covered

Alabama – NEW HMO-POS



Bright Advantage Choice Plus (HMO-POS)

NEW HMO-POS plan with an out-of-network benefit, lower copays and Bright Extras

Monthly Premium: \$48

In-Network

MOOP: **\$3,200**

PCP Copay: **\$0**

Specialist Copay: **\$20**

Referral Required: **NO**

Inpatient: **\$185 days 1-5; \$0 days 6-90**

Outpatient: **\$145/\$215**

Rx Deductible: **\$0**

Rx Copays: **\$0/\$8/\$45/\$95/33%**

Included Bright Extras

Similar to Bright Advantage (HMO), PLUS

Fitness, Vision Exam & \$130 Eyewear allowance, Transportation and OTC card allowance \$30/Quarter

Out-of-Network

OON Annual Benefit Maximum: **\$25,000**

PCP Visit and Annual Physical: **30%**

Specialist Visit: **30%**

Outpatient Lab: **30%**

Outpatient X-Ray: **30%**

Referral Required: **NO**

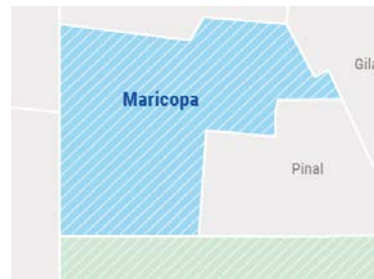
*Emergency care always In-Network

*All other out-of-network benefits are not covered

Arizona – Highlights

Metropolitan Area: Greater Phoenix

Care Partners: Arizona Care Network (ACN) providers hospitals through Dignity Health System & Abrazo Community Health Network.



Benefit Highlights

- New Plans for 2019: Introducing 2 HMO-POS Plans with Out-of-Network benefits.
- New Benefit for 2019: OTC card allowance (\$30/Quarter).
- All plans offer: Preventive Dental & Vision, Gym Membership, Hearing Aid allowance and \$200 for Air & Land Ambulance.

Competitive Advantage

- EPO model with ACN – a more integrated experience now expanding to Under 65.
- Improved benefits and 2 new plans with greater flexibility, low MOOP and Bright Extras.
- LIS members will continue to obtain Bright Advantage Plus at a reduced premium or no cost as designated by their LIS Part D subsidy level.

Arizona – Existing HMO Plans



Bright Advantage (HMO)

Plan Premium: **\$0**
MOOP: **\$3,500**
PCP Copay: **\$0**
Specialist Copay: **\$28**
Referral Required: **NO**
Inpatient: **\$175 days 1-7; \$0 days 8-90**
Outpatient: **\$150/\$225**
Rx Deductible: **\$0**
Rx Copays: **\$2/\$8/\$45/\$95/33%**

Included Bright Extras

- Fitness and Acupuncture
- Preventive Dental
- Preventive Vision
- Hearing Exam & Hearing Aid allowance

Bright Advantage Plus (HMO)

Plan Premium: **\$32.60**
MOOP: **\$3,400**
PCP Copay: **\$0**
Specialist Copay: **\$20**
Referral Required: **NO**
Inpatient: **\$170 days 1-5; \$0 days 6-90**
Outpatient: **\$150/\$225**
Rx Deductible: **\$0**
Rx Copays: **\$0/\$8/\$45/\$95/33%**

Included Bright Extras

Similar to Bright Advantage (HMO), PLUS

- Comprehensive Dental
- Vision Exam & \$130 Eyewear allowance
- OTC card allowance \$30/Quarter

Arizona – NEW HMO-POS



Bright Advantage Choice (HMO-POS)

NEW affordable HMO-POS plan with an out-of-network benefit and low copays

Monthly Premium: \$0

In-Network

MOOP: **\$3,750**

PCP Copay: **\$0**

Specialist Copay: **\$28**

Referral Required: **NO**

Inpatient: **\$175 days 1-7; \$0 days 8-90**

Outpatient: **\$150/\$225**

Rx Deductible: **\$50 (Tiers 3-5 Only)**

Rx Copays: **\$2/\$8/\$45/\$95/32%**

Out-of-Network

OON Annual Benefit Maximum: **\$25,000**

PCP Visit and Annual Physical: **35%**

Specialist Visit: **35%**

Outpatient Lab: **35%**

Outpatient X-Ray: **35%**

Referral Required: **NO**

*Emergency care always In-Network

*All other out-of-network benefits are not covered

Included Bright Extras

Fitness, Preventive Dental, Preventive Vision, and Hearing Exam & Hearing Aid allowance

Arizona – NEW HMO-POS



Bright Advantage Choice Plus (HMO-POS)

NEW HMO-POS plan with an out-of-network benefit, lower copays and Bright Extras

Monthly Premium: \$54

In-Network

MOOP: **\$3,400**

PCP Copay: **\$0**

Specialist Copay: **\$20**

Referral Required: **NO**

Inpatient: **\$170 days 1-5; \$0 days 6-90**

Outpatient: **\$150/\$225**

Rx Deductible: **\$0**

Rx Copays: **\$0/\$8/\$45/\$95/33%**

Out-of-Network

OON Annual Benefit Maximum: **\$25,000**

PCP Visit and Annual Physical: **30%**

Specialist Visit: **30%**

Outpatient Lab: **30%**

Outpatient X-Ray: **30%**

Referral Required: **NO**

*Emergency care always In-Network

*All other out-of-network benefits are not covered

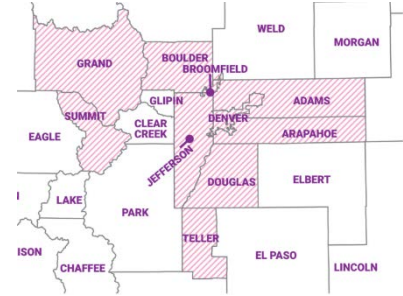
Included Bright Extras

Similar to Bright Advantage Choice, PLUS: Comprehensive Dental, Eyewear allowance and OTC card - \$30/Quarter

Colorado – Highlights

Metropolitan Area: Greater Denver

Care Partners: Centura Health Hospitals and Colorado Health Neighborhood providers.



Benefit Highlights

- New Plans for 2019: Introducing 2 HMO-POS Plans with Out-of-Network benefits.
- New Benefit for 2019: OTC card allowance (\$30/Quarter).
- All plans offer: Preventive Dental & Vision and a Hearing Aid allowance.

Competitive Advantage

- EPO model with Centura – a proven better integrated experience for our members.
- Improved benefits and 2 new plans with greater flexibility, low MOOP and Bright Extras.
- LIS members will continue to obtain Bright Advantage Plus at a reduced premium as designated by their LIS Part D subsidy level.

Colorado – Existing HMO Plans



Bright Advantage (HMO)

Plan Premium: **\$0**
MOOP: **\$4,200**
PCP Copay: **\$0**
Specialist Copay: **\$40**
Referral Required: **NO**
Inpatient: **\$295 days 1-5; \$0 days 6-90**
Outpatient: **\$250/\$280**
Rx Deductible: **\$150 (Tiers 3-5 Only)**
Rx Copays: **\$0/\$8/\$45/\$95/30%**

Included Bright Extras

- Fitness and Acupuncture
- Preventive Dental
- Preventive Vision & \$130 Eyewear allowance
- Hearing Exam & Hearing Aid allowance

Bright Advantage Plus (HMO)

Plan Premium: **\$41**
MOOP: **\$3,250**
PCP Copay: **\$0**
Specialist Copay: **\$20**
Referral Required: **NO**
Inpatient: **\$195 days 1-5; \$0 days 6-90**
Outpatient: **\$125/\$200**
Rx Deductible: **\$0**
Rx Copays: **\$0/\$8/\$45/\$95/33%**

Included Bright Extras

- Similar to Bright Advantage (HMO), PLUS
- OTC card allowance \$30/Quarter

Colorado – NEW HMO-POS



Bright Advantage Choice (HMO-POS)

NEW affordable HMO-POS plan with an out-of-network benefit and low copays

Monthly Premium: \$0

In-Network

MOOP: **\$4,500**

PCP Copay: **\$0**

Specialist Copay: **\$40**

Referral Required: **NO**

Inpatient: **\$295 days 1-5; \$0 days 6-90**

Outpatient: **\$250/\$280**

Rx Deductible: **\$150 (Tiers 3-5 Only)**

Rx Copays: **\$0/\$8/\$45/\$95/30%**

Out-of-Network

OON Annual Benefit Maximum: **\$25,000**

PCP Visit and Annual Physical: **35%**

Specialist Visit: **35%**

Outpatient Lab: **35%**

Outpatient X-Ray: **35%**

Referral Required: **NO**

*Emergency care always In-Network

*All other out-of-network benefits are not covered

Included Bright Extras

Fitness, Preventive Dental, Preventive Vision, and Hearing Exam & Hearing Aid allowance

Colorado – NEW HMO-POS



Bright Advantage Choice Plus (HMO-POS)

NEW HMO-POS plan with an out-of-network benefit, lower copays and Bright Extras

Monthly Premium: \$51

In-Network

MOOP: **\$3,250**

PCP Copay: **\$0**

Specialist Copay: **\$20**

Referral Required: **NO**

Inpatient: **\$195 days 1-5; \$0 days 6-90**

Outpatient: **\$125/\$200**

Rx Deductible: **\$0**

Rx Copays: **\$0/\$8/\$45/\$95/33%**

Out-of-Network

OON Annual Benefit Maximum: **\$25,000**

PCP Visit and Annual Physical: **30%**

Specialist Visit: **30%**

Outpatient Lab: **30%**

Outpatient X-Ray: **30%**

Referral Required: **NO**

*Emergency care always In-Network

*All other out-of-network benefits are not covered

Included Bright Extras

Similar to Bright Advantage Choice, PLUS: Fitness, Acupuncture, Vision allowance and OTC card \$30/Quarter

New York – Highlights

Metropolitan Area: New York City

Care Partners: Mount Sinai providers and hospitals.



Benefit Highlights

- 6 Plans: 3 HMO, 2 PPO and 1 D-SNP.
- Bright Extras: Transportation for D-SNP and OTC card allowance (up to on \$65/month D-SNP).
- All plans offer: Acupuncture, Preventive Dental, Preventive Vision with Hardware Allowance (\$130 frames/lenses or contact lenses), Gym Membership and a Hearing Aid benefit.

Competitive Advantage

- EPO model with Mount Sinai – a better integrated experience for our members.
- LIS members will obtain Bright Advantage Plus at a reduced premium as designated by their LIS Part D subsidy level.

New York – HMO



Bright Advantage (HMO)

Plan Premium: **\$0**
MOOP: **\$6,200**
PCP Copay: **\$0**
Specialist Copay: **\$25**
Referral Required: **NO**
Inpatient: **\$295 days 1-5; \$0 days 6-90**
Outpatient: **\$200/\$300**
Rx Deductible: **\$200 (Tiers 3-5 Only)**
Rx Copays: **\$0/\$10/\$45/\$95/29%**

Included Bright Extras

- Fitness and Acupuncture
- Preventive Dental
- Preventive Vision & \$130 Eyewear allowance
- Hearing Exam & Hearing Aid allowance

Bright Advantage Plus (HMO)

Plan Premium: **\$55**
MOOP: **\$4,900**
PCP Copay: **\$0**
Specialist Copay: **\$20**
Referral Required: **NO**
Inpatient: **\$250 days 1-5; \$0 days 6-90**
Outpatient: **\$150/\$250**
Rx Deductible: **\$0**
Rx Copays: **\$0/\$8/\$45/\$95/33%**

Included Bright Extras

- Similar to Bright Advantage (HMO), PLUS
- Comprehensive Dental
 - OTC card allowance \$30/Quarter
 - Hearing Exam & Hearing Aid allowance

New York – PPO



Bright Advantage Flex (PPO)

An affordable PPO plan with Bright Extra benefits.

Monthly Premium: \$0

In-Network

MOOP: **\$6,500**

Medical Deductible: **\$250**

PCP Copay: **\$0**

Specialist Copay: **\$25**

Inpatient: **\$295 days 1-5; \$0 days 6-90**

Outpatient Surgery: **\$200/\$300**

Rx Deductible: **\$200 (Tiers 3-5 Only)**

Rx Copays: **\$0/\$10/\$45/\$95/29%**

Out-of-Network

Combined MOOP: **\$10,000**

PCP Visit and Annual Physical: **40%**

Specialist Visit: **40%**

Inpatient: **40%**

Outpatient Lab and X-Ray: **40%**

Outpatient Surgery: **40%**

Included In-Network Bright Extras

Fitness, Acupuncture Preventive Dental, Preventive Vision & Eyewear allowance and Hearing Aid allowance

Bright Advantage Flex Plus (PPO)

PPO plan with lower coinsurance and comprehensive dental

Monthly Premium: \$110

In-Network

MOOP: **\$4,900**

PCP Copay: **\$0**

Specialist Copay: **\$20**

Referral Required: **NO**

Inpatient: **\$250 days 1-5; \$0 days 6-90**

Outpatient: **\$150/\$250**

Rx Deductible: **\$0**

Rx Copays: **\$0/\$8/\$45/\$95/33%**

Out-of-Network

Combined MOOP: **\$10,000**

PCP Visit and Annual Physical: **35%**

Specialist Visit: **35%**

Inpatient: **35%**

Outpatient Lab and X-Ray: **35%**

Outpatient Surgery: **35%**

Included Bright Extras

Similar to Bright Advantage Flex, PLUS: Comprehensive Dental

New York – Low Income Plans



Bright Advantage Assist (HMO)

*Member liability after LIS subsidy for members who qualify for the maximum subsidy**

Plan Premium: **\$0***

MOOP: **\$6,500**

LIS Focused Plan

PCP Copay: **\$0**

Specialist Copay: **\$30**

Inpatient: **\$300 days 1-5; \$0 days 6-90**

Outpatient: **\$300/\$350**

Rx Deductible: **\$0***

Rx Generics: **\$0* / \$1.25 / \$3.40 / 15%***

Rx Brands: **\$0* / \$3.80 / \$8.50 / 15%***

Included Bright Extras

- Fitness, Acupuncture and Hearing Aid allowance
- Preventive and Comprehensive Dental
- Preventive Vision and Hardware allowance

Bright Advantage Special Care (DSNP)

*Member liability after Medicaid benefits for most D-SNP members**

Plan Premium: **\$0**

MOOP: **\$0***

PCP and Specialist Copay: **\$0**

Inpatient: **\$0 days 1-5; \$0 days 6-90**

Outpatient: **\$0**

Rx Deductible: **\$0***

Rx Generics: **\$0***

Rx Brands: **\$0***

Included Bright Extras

- Fitness, Acupuncture and Hearing Aid benefit
- Preventive and Comprehensive Dental
- Preventive Vision and Hardware allowance
- OTC Card and Transportation

Ohio – Highlights

Metropolitan Area: Cincinnati, Springfield, Toledo and Youngstown

Care Partners: Mercy Health Hospitals and Mercy Health Select physicians, as well as other providers affiliated with Mercy Health.



Benefit Highlights

- 4 Plans: Introducing 2 HMO and 2 PPO plans with low copays and low MOOP.
- Bright Extras: OTC card allowance (\$30/Quarter).
- All plans offer: Preventive Dental & Vision, Gym Membership and a Hearing Aid allowance.

Competitive Advantage

- EPO model with Mercy Health – a better integrated experience for our members.
- LIS members will obtain Bright Advantage Plus at a reduced premium as designated by their LIS Part D subsidy level.

Bright Advantage (HMO)

Plan Premium: **\$0**
MOOP: **\$4,250**
PCP Copay: **\$0**
Specialist Copay: **\$35**
Referral Required: **NO**
Inpatient: **\$285 days 1-5; \$0 days 6-90**
Outpatient: **\$195/\$285**
Rx Deductible: **\$0**
Rx Copays: **\$4/\$15/\$42/\$95/33%**

Included Bright Extras

- Fitness
- Preventive Dental
- Preventive Vision and \$130 Eyewear allowance
- Hearing Exam & Hearing Aid allowance
- OTC card allowance \$30/Quarter

Bright Advantage Plus (HMO)

Plan Premium: **\$32.90**
MOOP: **\$3,800**
PCP Copay: **\$0**
Specialist Copay: **\$30**
Referral Required: **NO**
Inpatient: **\$250 days 1-5; \$0 days 6-90**
Outpatient: **\$185/\$250**
Rx Deductible: **\$0**
Rx Copays: **\$0/\$8/\$42/\$95/33%**

Included Bright Extras

- Similar to Bright Advantage (HMO), PLUS
- Comprehensive Dental

Bright Advantage Flex (PPO)

An affordable PPO plan with Bright Extra benefits

Monthly Premium: \$0

In-Network

MOOP: **\$4,600**

PCP Copay: **\$0**

Specialist Copay: **\$35**

Inpatient: **\$285 days 1-5; \$0 days 6-90**

Outpatient Surgery: **\$195/\$285**

Rx Deductible: **\$0**

Rx Copays: **\$4/\$15/\$42/\$95/33%**

Out-of-Network

Combined MOOP: **\$10,000**

PCP Visit and Annual Physical: **45%**

Specialist Visit: **45%**

Inpatient: **45%**

Outpatient Lab and X-Ray: **45%**

Outpatient Surgery: **45%**

Included In-Network Bright Extras

Fitness, Preventive Dental, Preventive Vision and Hearing Aid allowance

Bright Advantage Flex Plus (PPO)

PPO plan with lower coinsurance and an OTC benefit

Monthly Premium: \$56

In-Network

MOOP: **\$3,800**

PCP Copay: **\$0**

Specialist Copay: **\$30**

Referral Required: **NO**

Inpatient: **\$250 days 1-5; \$0 days 6-90**

Outpatient: **\$185/\$250**

Rx Deductible: **\$0**

Rx Copays: **\$0/\$8/\$42/\$95/33%**

Out-of-Network

Combined MOOP: **\$10,000**

PCP Visit and Annual Physical: **35%**

Specialist Visit: **35%**

Inpatient: **35%**

Outpatient Lab and X-Ray: **35%**

Outpatient Surgery: **35%**

Included Bright Extras

Similar to Bright Advantage Flex, PLUS: Comprehensive Dental, Eyewear allowance and \$30/Quarter OTC card

Tennessee – Highlights

Metropolitan Area: Nashville

Care Partners: HCA TriStar Health Hospitals and HCA Physician Services.



Benefit Highlights

- 4 Plans: Introducing 2 HMO and 2 PPO plans with low copays and low MOOP.
- Bright Extras: OTC card allowance (\$30/Quarter).
- All plans offer: preventive Dental & Vision, Gym Membership and a Hearing Aid allowance.

Competitive Advantage

- A new complete MA and Under 65 offering – under one roof.
- LIS members will obtain Bright Advantage Plus at a reduced premium as designated by their LIS Part D subsidy level.

Tennessee – HMO



Bright Advantage (HMO)

Plan Premium: **\$0**
MOOP: **\$5,700**
PCP Copay: **\$0**
Specialist Copay: **\$30**
Referral Required: **NO**
Inpatient: **\$275 days 1-5; \$0 days 6-90**
Outpatient: **\$200/\$300**
Rx Deductible: **\$100 (Tiers 3-5 Only)**
Rx Copays: **\$2/\$8/\$45/\$95/31%**

Included Bright Extras

- Fitness
- Preventive Dental
- Preventive Vision and \$130 Eyewear allowance
- Hearing Exam & Hearing Aid allowance

Bright Advantage Plus (HMO)

Plan Premium: **\$38**
MOOP: **\$4,900**
PCP Copay: **\$0**
Specialist Copay: **\$25**
Referral Required: **NO**
Inpatient: **\$225 days 1-5; \$0 days 6-90**
Outpatient: **\$150/\$200**
Rx Deductible: **\$0**
Rx Copays: **\$0/\$8/\$45/\$95/33%**

Included Bright Extras

Similar to Bright Advantage (HMO), PLUS

- Comprehensive Dental
- OTC card allowance, \$30/Quarter

Tennessee – PPO



Bright Advantage Flex (PPO)

An affordable PPO plan with Bright Extra benefits

Monthly Premium: \$0

In-Network

MOOP: **\$5,900**

PCP Copay: **\$0**

Specialist Copay: **\$35**

Inpatient: **\$275 days 1-5; \$0 days 6-90**

Outpatient Surgery: **\$225/\$325**

Rx Deductible: **\$100 (Tiers 3-5 Only)**

Rx Copays: **\$2/\$8/\$45/\$95/31%**

Out-of-Network

Combined MOOP: **\$10,000**

PCP Visit and Annual Physical: **45%**

Specialist Visit: **45%**

Inpatient: **45%**

Outpatient Lab and X-Ray: **45%**

Outpatient Surgery: **45%**

Included In-Network Bright Extras

Fitness, Preventive Dental, Preventive Vision and Hearing Aid allowance

Tennessee – PPO



Bright Advantage Flex Plus (PPO)

PPO plan with lower coinsurance and an OTC card benefit

Monthly Premium: \$74

In-Network

MOOP: **\$4,900**

PCP Copay: **\$0**

Specialist Copay: **\$25**

Referral Required: **NO**

Inpatient: **\$225 days 1-5; \$0 days 6-90**

Outpatient: **\$150/\$200**

Rx Deductible: **\$0**

Rx Copays: **\$0/\$8/\$45/\$95/33%**

Out-of-Network

Combined MOOP: **\$10,000**

PCP Visit and Annual Physical: **35%**

Specialist Visit: **35%**

Inpatient: **35%**

Outpatient Lab and X-Ray: **35%**

Outpatient Surgery: **35%**

Included Bright Extras

Similar to Bright Advantage Flex, PLUS: Comprehensive Dental, \$130 Eyewear allowance and OTC card \$30/Quarter



BRIGHT IS WHO WE ARE.

We're optimists in an industry where most are pessimists.

We have a innovative approach, but we are not new at this.



We are old school with a fresh new vibe.

**We are here to transform how people feel about health
insurance and have the grit to do it.**

