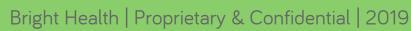
## Simpler Personal More Affordable

Bright Health Medicare Advantage 2020 Plan Portfolio Preview







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- 2020 Introduction
- Portfolio Overview
- Market Information

Alabama

<u>Nebraska</u>

Arizona

New York

Colorado

<u>Ohio</u>

Florida

South Carolina

**Illinois** 

<u>Tennessee</u>

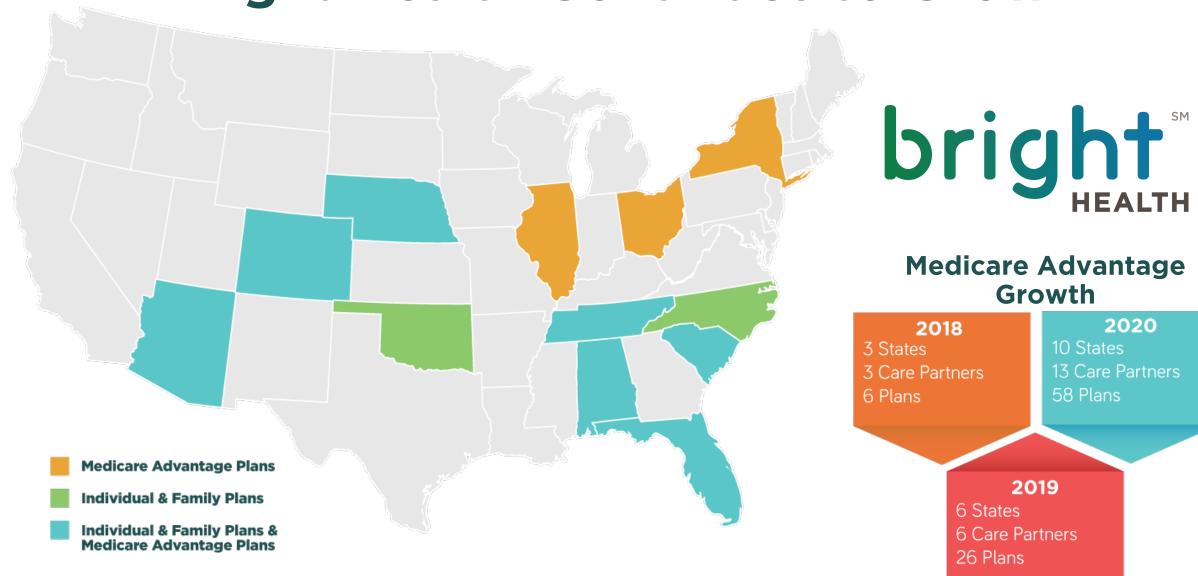


## Making healthcare right. Together.

## 2020 Introduction



## **Bright Health Continues to Grow**



Map represents products available by state and is not meant to represent actual coverage areas, which are county-and in some cases zip-code specific.

## **Portfolio Overview**



### **Portfolio Overview**



In this section you will find information that universally applies to all Bright Health plans in all markets OR multiple markets. Markets to which each benefit applies will be provided with each topic covered.

#### **IMPORTANT!**

The benefits contained within are subject to approval by the Centers for Medicare & Medicaid Services (CMS).

This information is proprietary and confidential and intended for internal Bright Health and/or broker/agent training purposes. Do NOT distribute this material in any manner which could allow it to be accessible to consumers or competitors.



## 2020 Plan Types

This section will explain the naming convention for Bright Health's plans.

"Advantage" HMO \$0 premium HMO plan available in ALL markets (**Except**: Palm Beach and Chicago). Rich benefits for services within our Care Partner's network.

"Flex"
PPO

\$0 premium PPO plan available in ALL markets (**EXCEPT**: Greenville and Chicago). Low in-network copays and the flexibility to see out-of-network providers.

"Plus"
More Benefits

Premium HMO or PPO plans with richer benefits and lower MOOP.

"Choice"
Part B Rebate

Part B "buy-down" rebate will range between \$25-\$50/month. Offered in AL, NE, and NY, and most of the OH and TN markets.

("Choice" is also used to name the legacy HMO-POS plans in AZ and CO)



## 2020 Plan Types

"Assist" LIS Targeted Plan HMO and PPO plans designed for the LIS population.

"Access"
Incentivized FFS

FFS look-alike with low copays for in-network services. Offers max out-of-pocket protection not provided by traditional Medicare.

"Special Care"
D-SNP

D-SNP plan only available in New York

## NO Referrals needed within our Care Partner's network for any plan!



# 2020 Benefit Highlights

#### **Richer Over-The-Counter**

OTC card can be used online and at many retail locations.

#### **New Transportation Benefit**

For the first time, Bright Health offers in <u>every market</u> one or more plans that include transportation.

#### **Preventive Dental and Routine Eye Exam**

Included in ALL plans across ALL markets. A staple of the quality and wide-ranging benefits provided by Bright Health.

#### **Comprehensive Dental and Vision Materials**

Included or available to add in ALL markets on ALL plans.

You can find details about each benefit in the Market Overview section or in marketing materials (when fully released).

All benefits may NOT be available in all markets.

## 2020 Part D Enhancements

#### **Formulary Changes**

Bright Health formulary updated to improve consumer value

- 949 drugs to a lower cost tier
- 351 drugs to a higher cost tier

Formulary to grow by a net of 270 drugs

- 382 drugs added
- 112 drugs removed

#### **Addition of Tier 6**

\$0 copay and are covered through the coverage gap. (except D-SNP)

#### **Reduction of 90-Day Supply Copay**

90-day supply copay =  $2 \times 30$ -day supply copay

NOTE: Tier 5 Specialty Drugs are not available for a 90-day supply.

#### **Preferred Pharmacy Network**

Preferred Pharmacy Network in AL, IL, NE, SC, and TN.

The preferred network consists of all standard network pharmacies, except Walgreens/Duane Reade.



# 2020 Other Changes

#### **Coinsurance to Copay**

You asked, we listened. Our broker feedback showed your clients prefer copays to coinsurance. As a result, we have changed a number of our benefits to a copay from a coinsurance structure. Most notably, a number of diagnostic radiology procedures, such as MRI's.

#### **Hearing Aid Benefit**

The allowance for a hearing aid changed from a multi-year allowance to an annual allowance. The benefit is worth \$750 each year.

#### **Acupuncture Benefit**

This benefit had low utilization and is not included in any of our 2020 plans.

## **Condition Specific Benefit Design**

 $\approx$ 

(CSBD) Available in AL, AZ, OH, and NY

Qualifying members receive up to a \$100 cost-share reimbursement for What is the benefit? qualifying diabetes-related care (excluding prescriptions). Members with a documented diabetes diagnosis Those enrolled in any Bright Health MA plan in the markets below: Alabama Who qualifies? Arizona Ohio (Cincinnati, Toledo, or Youngstown) New York (except D-SNP) Complete each of the following within the plan year: Visit PCP or Specialist How to earn the benefit? Have a retinopathy scan and review with Ophthalmologist Have A1C tested When will the benefit be Bright Health will begin to issue most reimbursements during the fourth quarter (October to December) of the benefit year. granted?



## **Market Information**



## **Market Information**



Some specific information about each Market is provided in this section. The topics covered include Market Overview, Care Partner overview, available plans, and other highlights.

#### **IMPORTANT!**

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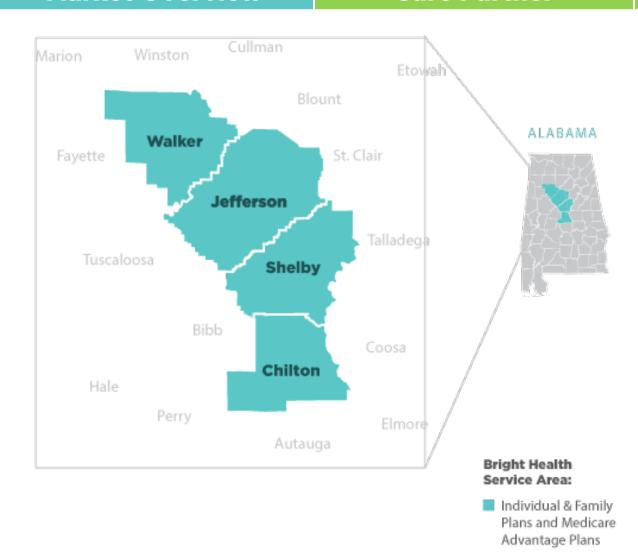
## Alabama

**Market Overview** 

**Care Partner** 

**Plan Highlights** 

**Benefits** 





#### **2020 MA Products**

Bright Advantage Plus (Premium HMO)

Bright Advantage Choice (HMO with Part B Premium Rebate)

Bright Advantage Flex Plus (Premium PPO)

Bright Advantage Flex Choice (PPO/Part B Premium Rebate)

Bright Advantage Flex Assist (LIS targeted PPO)

**Market Overview** 

**Care Partner** 

**Plan Highlights** 

**Benefits** 

#### **Care Partner**



- Alabama's largest and most experienced network of PCP and specialists
- Approximately 1,500 medical professionals
- 8 Hospital or ER locations and 60 clinics
- 70+ awards and distinctions granted by nationally recognized healthcare organizations



#### **Market Information**

- 4 Counties
- 204,000 MA eligible
- 50% MA market penetration

(Chilton, Jefferson, Shelby, Walker)

**Market Overview** 

**Care Partner** 

**Plan Highlights** 

**Benefits** 

#### **Plan Highlights**

- (3) new PPO plans for 2020
  - o PPO with \$25 monthly Part B premium rebate
  - o LIS targeted
  - o Premium
- Low MOOP
- Rich facility-based benefits with low copays for:
  - o Inpatient hospitalization and outpatient services
  - o Urgent Care
  - o Lab services
- Generous transportation benefit



#### **Part D**

- \$0 annual deductible on 4 of 5 plans
- Low copays/coinsurance on all tiers
  - o \$0 Tier 1 and Tier 6

(Chilton, Jefferson, Shelby, Walker)

arket Overview	Care Partner	Plan Highlights	Benefits	
	Bright Advantage Choic	e Bright	Bright Advantage Plus нмо	
	\$25/month Part B Premium Rebat	e e		
Monthly Premium	\$0		\$39	
МООР	\$4,900		\$3,200	
PCP Visit	\$0		\$0	
Specialist Visit	\$25		\$20	
Most OON Services	N/A		N/A	
Inpatient Hospitalization	\$250/day Days 1-6/\$0 Day 7+	\$185/day	\$185/day Days 1-5/\$0 Day 6+	
Outpatient Procedures	Ambulatory Center \$200/Hospital \$2	250 Ambulatory C	enter \$145/Hospital \$215	
Comprehensive Dental	Additional premium of \$17/month	Additional premium of \$17/month Included/\$1,500 Max		
OTC Debit Card	N/A	\$20/month		
Transportation	24 one-way trips/year	ps/year 24 one-way trips/year		
Part D - Tiers 1/2/3/4/5/6	\$0/\$6/\$39/\$92/33%/\$0	\$0/\$6/	/\$39/\$92/33%/\$0	

Plans are subject to CMS approval | Bright Health | Proprietary & Confidential | 2019

(Chilton, Jefferson, Shelby, Walker)

Market Overview Care Partner		Benefits	
Bright Advantage Assist	Bright Advantage Flex Choice PPO	Bright Advantage Flex Plus	
PPO	\$25/month Part B Premium Rebate	PPO	
As low as \$0 Loss of LIS could result in a required premium of \$30	\$0	\$65	
\$6,700	\$4,900	\$3,200	
\$0	\$0	\$0	
\$25	\$35	\$20	
35%	35%	35%	
\$200/day Days 1-6/\$0 Day 7+	\$250/day Days 1-6/\$0 Day 7+	\$150/day Days 1-6/\$0 Day 7+	
Ambulatory Center \$175/Hospital \$215	Ambulatory Center \$200/Hospital \$300	Ambulatory Center \$145/Hospital \$215	
Included/\$1,500 Max	Additional premium of \$22/month	Included/\$1,500 Max	
\$30/month	N/A	\$20/month	
24 one-way trips/year	N/A	24 one-way trips/year	
\$0/Standard Part D/\$0	\$0/\$8/\$39/\$92/33%/\$0	\$0/\$8/\$39/\$92/33%/\$0	
	As low as \$0 Loss of LIS could result in a required premium of \$30 \$6,700 \$0 \$25 35% \$200/day Days 1-6/\$0 Day 7+ Ambulatory Center \$175/Hospital \$215 Included/\$1,500 Max \$30/month 24 one-way trips/year \$0/Standard Part D/\$0	Bright Advantage Assist PPO           \$25/month Part B Premium Rebate           As low as \$0         \$0           Loss of LIS could result in a required premium of \$30         \$4,900           \$0         \$0           \$25         \$35           \$200/day Days 1-6/\$0 Day 7+         \$250/day Days 1-6/\$0 Day 7+           Ambulatory Center \$175/Hospital \$215         Ambulatory Center \$200/Hospital \$300           Included/\$1,500 Max         Additional premium of \$22/month           \$30/month         N/A           24 one-way trips/year         N/A	

Plans are subject to CMS approval | Bright Health | Proprietary & Confidential | 2019

## **Arizona**

**Bright Health** 

Service Area:

Individual & Family Plans

Individual & Family Plans and Medicare Advantage Plans

**Market Overview Care Partner** Gila Maricopa ARIZONA Pinal **Pima** Santa Cruz

**Plan Highlights** 

**Benefits** 



#### **2020 MA Products**

Bright Advantage (Standard HMO)

Bright Advantage Assist (LIS targeted HMO)

Bright Advantage Flex (Standard PPO)

Bright Advantage Flex Plus (Premium PPO)

Bright Advantage Access (Incentivized FFS PPO)

## Arizona - Phoenix

**Market Overview** 

**Care Partner** 

**Plan Highlights** 

**Benefits** 

#### **Care Partner**









- Large presence throughout Maricopa county
- 1,840 care locations in Arizona
- 5,800+ providers
- Manages care for 310,000 lives
- Largest primary care network in Arizona
- Use of technology for better coordinated care and provider engagement
- Achieved \$40.5 million in total medical cost savings



#### **Market Information**

- 1 County
- 710,000 MA eligible
- 42% MA market penetration

## Arizona - Phoenix

(Maricopa)

**Care Partner** 

**Plan Highlights** 

**Market Overview** 

- (4) new plans for 2020
  - o LIS targeted HMO
  - o (3) new PPO plans\*
- Low MOOP
- No to low copay:
  - o PCP and specialist
  - o Inpatient hospitalization and outpatient services
  - o Diagnostic services
- \$0 routine eye exam
- Generous transportation and over-the-counter benefits

**Plan Highlights** 

**Benefits** 



#### **Part D**

- \$0 annual deductible on 3 of 5 plans
- \$0 copay on tiers 1\* and 6 (\*except the "Access" plan)

\*Legacy HMO-POS (2019 "Choice" plans) are available, but will not be marketed due to new PPO's

## **Arizona – Phoenix**

(Maricopa)

arket Overview	Care Partner	Plan Highl	ights	Benefits	
	Bright Advantage  HMO		Bright Advantage Assist		
Monthly Premium	\$0		As low as Loss of LIS could result in a re	·	
MOOP	\$3,200		\$3,400		
PCP Visit	\$0		\$0		
Specialist Visit	\$25		\$20		
Most OON Services	N/A		N/A		
Inpatient Hospitalization	\$175/day Days 1-7/\$0 Day 8+		\$170/day Days 1-5/\$0 Day 6+		
Outpatient Procedures	Ambulatory Center \$150/Hospital \$225		Ambulatory Center \$150/Hospital \$225		
Comprehensive Dental	Additional premium of \$17/month		Included/No Maximum		
OTC Debit Card	\$20/month		\$30/month		
Transportation	20 one-way trips/year		24 one-way trips/year		
Part D - Tiers 1/2/3/4/5/6	\$0/\$8/\$47/\$100/33%/\$0		\$0/Standard P	Part D/\$0	

Plans are subject to CMS approval | Bright Health | Proprietary & Confidential | 2019

## **Arizona – Phoenix**

(Maricopa)

Market Overview	Care Partner	Plan Highlights	Benefits	
	Bright Advantage Flex	Bright Advantage Flex Plus	Bright Advantage Access	
Monthly Premium	\$0	\$49	\$0	
MOOP	\$5,500	\$5,000	\$6,700	
PCP Visit	\$0	\$0	\$0	
Specialist Visit	\$35	\$30	\$30	
Most OON Services	40%	35%	20%	
Inpatient Hospitalization	\$295/day Days 1-6/\$0 Day 7+	\$295/day Days 1-5/\$0 Day 6+	\$600 per stay	
Outpatient Procedures	Ambulatory Center \$225/Hospital \$275	Ambulatory Center \$200/Hospital \$250	Ambulatory Center 20%/Hospital 20%	
Comprehensive Dental	Additional premium of \$24/month	Included/No Maximum	Additional premium of \$24/month	
OTC Debit Card	N/A	\$30/month	N/A	
Transportation	24 one-way trips/year	24 one-way trips/year	N/A	
Part D - Tiers 1/2/3/4/5/6	\$0/\$8/\$47/\$100/33%/\$0	\$0/\$8/\$47/\$100/33%/\$0	\$4/\$10/\$47/\$100/30%/\$0	

Plans are subject to CMS approval | Bright Health | Proprietary & Confidential | 2019

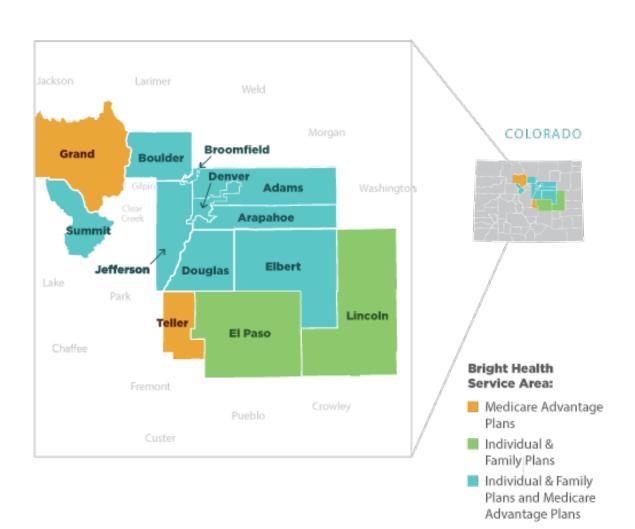
## Colorado

**Market Overview** 

**Care Partner** 

**Plan Highlights** 

**Benefits** 





#### **2020 MA Products**

Bright Advantage (Standard HMO)

Bright Advantage Plus (Premium HMO)

Bright Advantage Assist (LIS targeted HMO)

Bright Advantage Flex (Standard PPO)

Bright Advantage Flex Plus (Premium PPO)

Bright Advantage Access (Incentivized FFS PPO)

**Market Overview** 

**Care Partner** 

**Plan Highlights** 

**Benefits** 

#### **Care Partner**

## Colorado Health Neighborhoods



- 1,500+ PCP and 3,800+ specialists
- 660+ CHN-Centura Health practices
- 17 Hospitals
- Largest network in the region
- Awards and recognitions for providing great care from the American Heart/Stroke Associations, The Leapfrog Group, HomeCare Elite, The Joint Commission, U.S. News & World Report, Healthgrade, and more.



#### **Market Information**

- 11 Counties
- 519,000 MA eligible
- 45.6% MA market penetration

(Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Elbert, Grand, Jefferson, Summit, Teller)

**Market Overview** 

**Care Partner** 

**Plan Highlights** 

**Benefits** 

#### **Plan Highlights**

- (4) new plans for 2020
  - o (3) new PPO plans
  - o LIS targeted HMO
- Low MOOP
- No to low copay:
  - o PCP and specialist
  - o Diagnostic services
- Competitive copays for inpatient and outpatient services
- New telemedicine benefit
- Generous transportation and over-the-counter benefits



#### **Part D**

- \$0 annual deductible on 3 of 6 plans
- \$0 copay on tiers 1\* and 6
   (\*except the "Access" plan)

\*HMO-POS (2019 "Choice" plans) will be available in 2020, but will not be marketed due to the introduction of new PPO's

(Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Elbert, Grand, Jefferson, Summit, Teller)

Market Overview	Care Partner Plan Highlights		Benefits
	Bright Advantage нмо	Bright Advantage Plus HMO	Bright Advantage Assist нмо
Monthly Premium	\$0	\$41	As low as \$0 Loss of LIS could result in a required premium of \$30
MOOP	\$4,200	\$3,250	\$6,700
PCP Visit	\$0	\$0	\$0
Specialist Visit	\$35	\$20	\$25
Most OON Services	N/A	N/A	N/A
Inpatient Hospitalization	\$250/day Days 1-5/\$0 Day 6+	\$195/day Days 1-5/\$0 Day 6+	\$295/day Days 1-6/\$0 Day 7+
Outpatient Procedures	Ambulatory Center \$200/Hospital \$280	Ambulatory Center \$125/Hospital \$200	Ambulatory Center \$225/Hospital \$325
Comprehensive Dental	Additional premium of \$24/month	Additional premium of \$24/month	Included/\$1,500 Max
OTC Debit Card	\$50/quarter	\$30/quarter	\$50/month
Transportation	20 one-way trips/year	N/A	24 one-way trips/year
Part D - Tiers 1/2/3/4/5/6	\$0/\$8/\$47/\$100/33%/\$0	\$0/\$8/\$47/\$100/33%/\$0	\$4/Standard Part D/\$0

Plans are subject to CMS approval | Bright Health | Proprietary & Confidential | 2019

(Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Elbert, Grand, Jefferson, Summit, Teller)

Market Overview	Care Partner Plan Highlights		Benefits	
	Bright Advantage Flex PPO	Bright Advantage Flex Plus	Bright Advantage Access	
Monthly Premium	\$0	\$61	\$0	
MOOP	\$5,900	\$5,000	\$6,700	
PCP Visit	\$0	\$0	\$0	
Specialist Visit	\$40	\$25	\$30	
Most OON Services	35%	35%	20%	
Inpatient Hospitalization	\$295/day Days 1-5/\$0 Day 6+	\$250/day Days 1-5/\$0 Day 6+	\$500 per stay	
Outpatient Procedures	Ambulatory Center \$250/Hospital \$300	Ambulatory Center \$200/Hospital \$275	Ambulatory Center 20%/Hospital 20%	
Comprehensive Dental	Additional premium of \$26/month	Included/\$1,500 Max	Additional premium of \$26/month	
OTC Debit Card	N/A	\$50/quarter	N/A	
Transportation	12 one-way trips/year	24 one-way trips/year	N/A	
Part D - Tiers 1/2/3/4/5/6	\$0/\$8/\$47/\$100/30%/\$0	\$0/\$8/\$47/\$100/33%/\$0	\$4/\$10/\$47/\$100/30%/\$0	

Plans are subject to CMS approval | Bright Health | Proprietary & Confidential | 2019

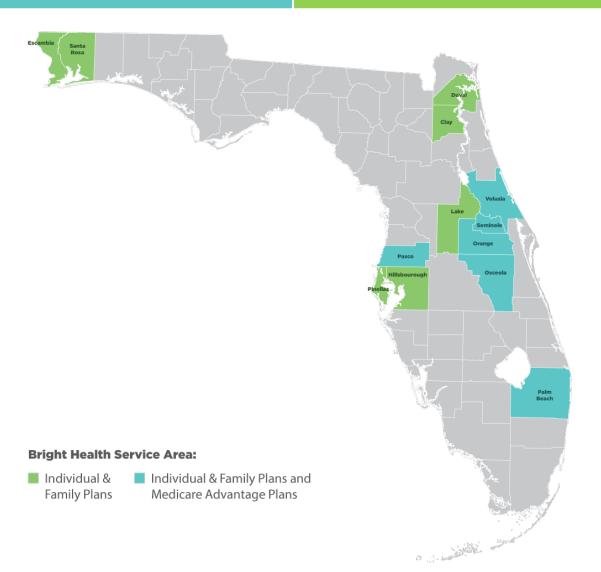
## **Florida**

**Market Overview** 

**Care Partner** 

**Plan Highlights** 

**Benefits** 





#### **2020 MA Products**

Bright Advantage Flex (Standard PPO)

Bright Advantage (Standard HMO)\*

Bright Advantage Assist (LIS targeted HMO)\*

\*Plan not available in all counties

## Florida - Daytona, Orlando, & Tampa

**Market Overview** 

**Care Partner** 

**Plan Highlights** 

**Benefits** 

**Care Partner** 



- Spans attractive Florida markets
- 20 Hospitals
- 3,000+ employed & affiliated physicians
- Large FFS population with strong clinical performance
- Existing relationship with Bright Health via Centura
- Serves more than 5 million patients annually



#### **Market Information**

- 5 Counties
- 560,000 MA eligible
- 48% MA market penetration

## Florida - Daytona, Orlando, & Tampa

**Market Overview** 

**Care Partner** 

**Plan Highlights** 

**Benefits** 

#### **Plan Highlights**

- New market with (2) plans
  - o \$0 HMO
  - o \$0 PPO
- Low MOOP
- No to low copay:
  - o PCP and specialist
  - o Diagnostic services
- \$0 routine eye exam and materials coverage
- Generous transportation and over-the-counter benefits
- \$0 hearing exam and annual hearing aid allowance



#### **Part D**

- \$0 annual deductible ALL plans
- Low copays/coinsurance on all tiers
  - \$0 on tiers 1 and 6

## Florida - Daytona

(Volusia)

arket Overview	Care Partner	Plan Hi	ghlights	Benefits	
	Bright Advantage нмо		Bright Advantage Flex PPO		
Monthly Premium	\$0		\$0		
MOOP	\$4,700		\$5,100		
PCP Visit	\$0		\$0		
Specialist Visit	\$25		\$30		
Most OON Services	N/A		40%		
Inpatient Hospitalization	\$250/day Days 1-5/\$0 Day 6+		\$295/day Days 1-5/\$0 Day 6+		
Outpatient Procedures	Ambulatory Center \$150/Hospital \$250		Ambulatory Center \$150/Hospital \$250		
Comprehensive Dental	Additional premium of \$14/month		Additional premium of \$19/month		
OTC Debit Card	\$30/quarter		\$20/month		
Transportation	24 one-way trips/year		12 one-way trips/year		
Part D - Tiers 1/2/3/4/5/6	\$0/\$8/\$47/\$100/33%/\$0		\$0/\$8/\$47/\$100/33%/\$0		

## Florida - Orlando & Tampa

(Orange, Osceola, Pasco, Seminole)

**Market Overview Plan Highlights Benefits Care Partner Bright Advantage Bright Advantage Flex PPO HMO Monthly Premium** \$0 \$0 **MOOP** \$3,400 \$4,750 **PCP Visit** \$0 \$0 Specialist Visit \$25 \$30 N/A Most OON Services 40% Inpatient Hospitalization \$250/day Days 1-7/\$0 Day 8+ \$295/day Days 1-5/\$0 Day 6+ **Outpatient Procedures** Ambulatory Center \$125/Hospital \$225 Ambulatory Center \$125/Hospital \$225 Comprehensive Dental Included/\$1,500 Max Additional premium of \$19/month

\$50/quarter

12 one-way trips/year

\$0/\$8/\$47/\$100/33%/\$0

N/A

12 one-way trips/year

\$0/\$5/\$47/\$100/33%/\$0

**OTC Debit Card** 

**Transportation** 

Part D - Tiers 1/2/3/4/5/6

## Florida - Palm Beach

**Market Overview** 

**Care Partner** 

**Plan Highlights** 

**Benefits** 





- Large presence across Palm Beach County and other southern Florida counties
- 11 Hospitals
- 2,000 employed & affiliated physicians
- Existing relationship with Bright Health
- Launching new brand for region



#### **Market Information**

- 1 County
- 335,000 MA eligible
- 38% MA market penetration

## Florida - Palm Beach

(Palm Beach)

**Market Overview** 

**Care Partner** 

**Plan Highlights** 

**Benefits** 

#### **Plan Highlights**

- New market with (2) plans
  - o LIS targeted HMO
  - o \$0 PPO
- No to low copay:
  - o PCP and specialist
  - o Diagnostic services
- Generous transportation and over-the-counter benefits
- \$0 hearing exam and annual hearing aid allowance



#### **Part D**

- \$0 annual deductible on the PPO plan
- \$0 copay on tiers 1 and 6 on all plans

## Florida - Palm Beach

arket Overview	cet Overview Care Partner Plan		Benefits	
	Bright Advantage Flex	Bright A	Bright Advantage Assist	
Monthly Premium	\$0		As low as \$0 esult in a required premium of \$28	
МООР	\$5,700		\$6,700	
PCP Visit	\$0		\$0	
Specialist Visit	\$35		\$20	
Most OON Services	40%		N/A	
Inpatient Hospitalization	\$250/day Days 1-5/\$0 Day 6+	\$250/da	y Days 1-6/\$0 Day 7+	
Outpatient Procedures	Ambulatory Center \$150/Hospital \$2	50 Ambulatory C	enter \$125/Hospital \$225	
Comprehensive Dental	Additional premium of \$19/month	Additional	premium of \$14/month	
OTC Debit Card	\$20/month		N/A	
Transportation	12 one-way trips/year	20 о	20 one-way trips/year	
Part D - Tiers 1/2/3/4/5/6	\$0/\$10/\$47/\$100/33%/\$0	\$0/S	tandard Part D/\$0	

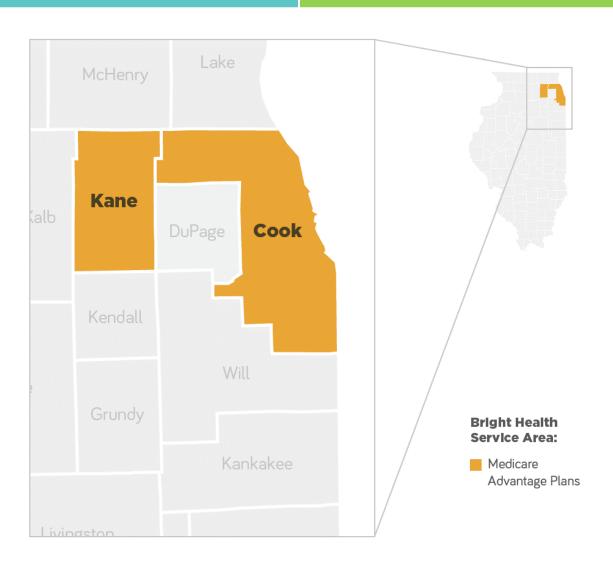
## Illinois

**Market Overview** 

**Care Partner** 

**Plan Highlights** 

**Benefits** 





#### **2020 MA Products**

Bright Advantage Flex Plus (Premium PPO)

Bright Advantage Assist (LIS targeted HMO)

## Illinois - Chicago

**Market Overview** 

**Care Partner** 

**Plan Highlights** 

**Benefits** 

#### **Care Partner**

# AATTA HEALTH™

- Large presence across Chicago metro area
- 19 Hospitals 3,900 employed & affiliated physicians
- Large FFS population with strong clinical performance
  - Cost-savings generated for Medicare beneficiaries. In 2017 nearly \$60 million in savings through CMS Medicare Shared Savings Program
- Alexian Brothers Medical Center
  - Ranked No. 25 in Illinois and No. 19 in Chicago
  - Achieved the highest rating possible in three procedures/conditions
  - Cancer program was awarded the 2018 Outstanding Achievement Award by the Commission on Cancer (CoC) of the American College of Surgeons (ACS)



- 2 Counties
- 1.2 million MA eligible
- 26% MA market penetration

## Illinois - Chicago

(Cook, Kane)

**Market Overview** 

**Care Partner** 

**Plan Highlights** 

**Benefits** 

### **Plan Highlights**

- New market with (2) plans
  - o LIS targeted HMO
  - o Premium PPO
- No to low copay:
  - o PCP and specialist
  - o Diagnostic services
- Competitive copays for inpatient and outpatient services
- Comprehensive dental included in both plans
- Generous transportation and over-the-counter benefits



- \$0 annual deductible on the PPO plan
- \$0 copay on tiers 1 and 6 on all plans

# Illinois - Chicago

(Cook, Kane)

arket Overview	Care Partner	Plan Highlights	Benefits
	Bright Advantage Assi	st Bright	Advantage Flex Plus
Monthly Premium	As low as \$0 Loss of LIS could result in a required premium	of \$25	\$49
МООР	\$6,700		\$6,700
PCP Visit	\$0		\$0
Specialist Visit	\$30		\$30
Most OON Services	N/A		35%
Inpatient Hospitalization	\$225/day Days 1-7/\$0 Day 8+	\$250	)/day Days 1-6/\$0 Day 7+
Outpatient Procedures	Ambulatory Center \$250/Hospital \$	Ambulato	ry Center \$150/Hospital \$250
Comprehensive Dental	Included/\$1,500 Max	I	ncluded/\$1,500 Max
OTC Debit Card	\$40/month		\$25/month
Transportation	36 one-way trips/year	1	12 one-way trips/year
Part D - Tiers 1/2/3/4/5/6	\$0/Standard Part D/\$0	\$0,	/\$8/\$39/\$92/33%/\$0

### Nebraska

Individual & Family Plans and Medicare Advantage Plans

**Market Overview Care Partner Thurston** Antelope **Madison Stanton** Wheeler Cuming Garfield Burt **Boone Dodge** Colfax Valley Greeley **Platte** Washington Nance Douglas Sherman **Saunders** Howard **Butler Polk Merrick** Sarpy Cass Hall York Seward **Buffalo** Hamilton Lancaster Otoe Phelps **Fillmore** Saline **Adams** Kearney **Bright Health Service Area:** Individual & Family Plans

#### **Plan Highlights**

#### **Benefits**



#### **2020 MA Products**

Bright Advantage (Standard HMO)

Bright Advantage Plus (Premium HMO)

Bright Advantage Choice (HMO with Part B Premium Rebate)

Bright Advantage Flex (Standard PPO)

### Nebraska

**Market Overview** 

**Care Partner** 

**Plan Highlights** 

**Benefits** 

#### **Care Partner**







- 4 Hospitals
- 3,400 employed & affiliated physicians
- Methodist rated as high performing by US News and World Reports in 6 types of care. (Colon Cancer Surgery, COPD, Heart Failure, Heart Bypass Surgery, Hip Replacement and Knee Replacement)
- Nebraska Medicine
  - U.S. News and World Report, Best Regional Hospitals 2018-2019
  - National Consumer Choice Award Winner for 13 consecutive years
  - Becker's Hospital Review, 100 best hospitals. 2014-2019
- Large FFS population with strong clinical performance



- 3 Counties
- 127,000 MA eligible
- 27% MA market penetration

## Nebraska - Omaha

(Dodge, Douglas, Sarpy)

**Market Overview** 

**Care Partner** 

**Plan Highlights** 

**Benefits** 

### **Plan Highlights**

- New market with (4) plans available
  - o \$0 HMO and PPO
  - o Premium HMO
  - o HMO with \$25 monthly Part B premium rebate
- Low MOOP
- No to low copay:
  - o PCP and specialist
  - o Diagnostic services
- Transportation benefits on all plans



- \$0 annual deductible on 3 of 4 plans
- No to low copay/coinsurance an all tiers
  - o \$0 copay on tiers 1 and 6 on all plans

## Nebraska – Omaha

(Dodge, Douglas, Sarpy)

arket Overview	Care Partner	Plan Hig	hlights	Benefits
	Bright Advantage		Bright Adva	
Monthly Premium	\$0		\$3	9
МООР	\$4,900		\$4,5	00
PCP Visit	\$0		\$0	
Specialist Visit	\$30		\$30	
Most OON Services	N/A		N/	A
Inpatient Hospitalization	\$350/day Days 1-5/\$0 Day	6+	\$325/day Days 1-5/\$0 Day 6+	
Outpatient Procedures	Ambulatory Center \$250/Hospit	al \$325	Ambulatory Center \$175/Hospital \$275	
Comprehensive Dental	Additional premium of \$17/m	onth	Included/\$^	I,500 Max
OTC Debit Card	N/A \$3		\$30/9	Jarter
Transportation	12 one-way trips/year	12 one-way trips/year 24 one-way trips/ye		trips/year
Part D - Tiers 1/2/3/4/5/6	\$0/\$8/\$39/\$92/33%/\$0	)	\$0/\$10/\$39/\$	\$92/33%/\$0

## Nebraska – Omaha

(Dodge, Douglas, Sarpy)

arket Overview	Care Partner	Plan High	lights	Benefits
	Bright Advantage Choice		Bright Advantage Flex*	
	\$25/month Part B Premium Re	bate		PPO
Monthly Premium	\$0			\$0
MOOP	\$5,900			\$4,500
PCP Visit	\$0		\$0	
Specialist Visit	\$35		\$30	
Most OON Services	N/A		35%	
Inpatient Hospitalization	\$350/day Days 1-5/\$0 Day	D+	\$350/day Days 1-5/\$0 Day 6+	
Outpatient Procedures	Ambulatory Center \$250/Hospita	l \$325	Ambulatory Cen	ter \$250/Hospital \$325
Comprehensive Dental	Additional premium of \$17/mo	nth	Additional premium of \$21/month	
OTC Debit Card	N/A		N/A	
Transportation	12 one-way trips/year		24 one-way trips/year	
Part D - Tiers 1/2/3/4/5/6	\$0/\$8/\$39/\$92/31%/\$0		\$0/\$8/\$	39/\$92/33%/\$0

\*Plan contains \$100 medical deductible

## **New York**

**Market Overview** 

**Care Partner** 

**Plan Highlights** 

**Benefits** 





#### **2020 MA Products**

Bright Advantage and Plus (Standard and Premium HMO's)

Bright Advantage Flex and Plus (Standard and Premium PPO's)

Bright Advantage Choice (HMO with Part B Premium Rebate)

Bright Advantage Assist (LIS targeted HMO)

Bright Advantage Special Care (D-SNP)

**Market Overview** 

**Care Partner** 

**Plan Highlights** 

**Benefits** 





- Large presence across New York city area
- 7 Hospitals
- Nearly 3,000 employed & affiliated physicians
- Nationally ranked in geriatrics, cardiology, and optometry.
- Highly collaborative with Bright Health to develop a product designed for this market's population



- 3 Counties
- 1 million MA eligible
- 41% MA market penetration

(Kings, New York, Queens)

**Market Overview** 

**Care Partner** 

**Plan Highlights** 

**Benefits** 

### **Plan Highlights**

- New plan for 2020
  - o HMO with \$50 monthly Part B premium rebate
- Low MOOP
- No to low copay:
  - o PCP and specialist
  - o Diagnostic services
- Competitive copays for inpatient and outpatient services
- New telemedicine benefit on all plans
- Increased OTC and comprehensive dental on D-SNP
- \$0 hearing exam and annual hearing aid allowance



- No to low annual deductible on all plans
  - o 2 plans with \$0 annual deductible
- \$0 copay on tiers 1\* and 6 (\*except the "Choice" plan)

(Kings, New York, Queens)

Monthly Premium	Bright Advantage нмо \$0	Bright Advantage Plus  HMO	Bright Advantage Choice*  HMO  \$50/month Part B Premium Rebate
Monthly Premium			\$50/month Part B Premium Rebate
Monthly Premium	\$0	±	
		\$55	\$0
MOOP	\$6,200	\$4,500	\$6,700
PCP Visit	\$0	\$0	\$0
Specialist Visit	\$25	\$20	\$45
Most OON Services	N/A	N/A	N/A
Inpatient Hospitalization	\$295/day Days 1-5/\$0 Day 6+	\$250/day Days 1-5/\$0 Day 6+	\$600 per stay
Outpatient Procedures An	mbulatory Center \$200/Hospital \$300	Ambulatory Center \$150/Hospital \$250	Ambulatory Center \$175/Hospital \$275
Comprehensive Dental	Additional premium of \$13/month	Included/\$1,500 Max	Additional premium of \$13/month
OTC Debit Card	N/A	\$30/quarter	N/A
Transportation	N/A	N/A	N/A
Part D - Tiers 1/2/3/4/5/6	\$0/\$10/\$47/\$100/31%/\$0	\$0/\$8/\$47/\$100/31%/\$0	\$5/\$20/\$47/\$100/27%/\$0

\*Plan contains \$400 medical deductible

(Kings, New York, Queens)

**Market Overview Plan Highlights Benefits Care Partner Bright Advantage Flex\* Bright Advantage Flex Plus PPO PPO Monthly Premium** \$0 \$95 **MOOP** \$6,500 \$4,900 **PCP Visit** \$0 \$0 \$25 Specialist Visit \$20 Most OON Services 40% 35% Inpatient Hospitalization \$295/day Days 1-5/\$0 Day 6+ \$250/day Days 1-5/\$0 Day 6+ **Outpatient Procedures** Ambulatory Center \$200/Hospital \$300 Ambulatory Center \$150/Hospital \$250 Comprehensive Dental Additional premium of \$18/month Included/\$1,500 Max **OTC Debit Card** N/A N/A N/A N/A **Transportation** Part D - Tiers 1/2/3/4/5/6 \$0/\$10/\$47/\$100/29%/\$0 \$0/\$8/\$47/\$100/33%/\$0

<sup>\*</sup>Plan contains \$250 medical deductible

(Kings, New York, Queens)

arket Overview	Care Partner	Plan H	lighlights	Benefits
	Bright Advantage As	sist		ntage Special Care
Monthly Premium	As low as \$0 Loss of LIS could result in a required premi	um of \$36		\$0
МООР	\$6,500			\$0
PCP Visit	\$0		\$0	
Specialist Visit	\$30 \$0		\$0	
Most OON Services	N/A			N/A
Inpatient Hospitalization	\$300/day Days 1-5/\$0 Day	6+		\$0
Outpatient Procedures	Ambulatory Center \$300/Hospit	al \$350	Ambulatory C	Center \$0/Hospital \$0
Comprehensive Dental	Included/\$1,500 Max		Include	ed/\$1,500 Max
OTC Debit Card	\$30/month		\$1	50/month
Transportation	N/A		24 one	-way trips/year
Part D - Tiers 1/2/3/4/5/6	\$0/Standard Part D/\$0		Star	ndard Part D

## Ohio

**Market Overview** 

**Care Partner** 

**Plan Highlights** 

**Benefits** 





#### **2020 MA Products**

Bright Advantage and Plus (Standard and Premium HMO's)

Bright Advantage Flex and Plus (Standard and Premium PPO's)\*

Bright Advantage Flex Choice (PPO/Part B Premium Rebate)\*

Bright Advantage Assist (LIS targeted HMO)\*

Bright Advantage Access (Incentivized FFS PPO)\*

\*Plans not available in Cleveland - Akron Market

**Market Overview** 

**Care Partner** 

**Plan Highlights** 

**Benefits** 

#### **Care Partner**



- Largest healthcare provider in Ohio
- 20 Hospitals
- 500 access points to care
- 33,000 employees
- Highly-engaged with Bright Health's Community Relations.
- Large FFS population with strong clinical performance



- 16 Counties
- 596,000 MA eligible
- 42% MA market penetration

(Allen, Auglaize, Butler, Champaign, Clermont, Defiance, Fulton, Hamilton, Henry, Lucas, Mahoning, Mercer, Ottawa, Putnam, Trumbull, Warren)

**Market Overview** 

**Care Partner** 

**Plan Highlights** 

**Benefits** 

### **Plan Highlights**

- (3) new plans for 2020
  - o LIS target HMO
  - o PPO with \$25 monthly Part B premium rebate
  - o Incentivized FFS PPO
- Low MOOP
- No to low copay:
  - o PCP and specialist
  - o Diagnostic services
- Competitive copays for inpatient hospitalization



- \$0 annual deductible on 5 of 7 plans
- \$0 copay on tiers 1\* and 6 (\*except the "Access" plan)

(Allen, Auglaize, Butler, Champaign, Clermont, Defiance, Fulton, Hamilton, Henry, Lucas, Mahoning, Mercer, Ottawa, Putnam, Trumbull, Warren

Market Overview	Care Partner	Plan Highlights	Benefits
	Bright Advantage нмо	Bright Advantage Plus HMO	Bright Advantage Assist
Monthly Premium	\$0	\$33	As low as \$0 Loss of LIS could result in a required premium of \$25
MOOP	\$4,250	\$3,800	\$6,500
PCP Visit	\$0	\$0	\$0
Specialist Visit	\$35	\$30	\$35
Most OON Services	N/A	N/A	N/A
Inpatient Hospitalization	\$285/day Days 1-5/\$0 Day 6+	\$250/day Days 1-5/\$0 Day 6+	\$295/day Days 1-6/\$0 Day 7+
Outpatient Procedures	Ambulatory Center \$195/Hospital \$285	Ambulatory Center \$185/Hospital \$250	Ambulatory Center \$200/Hospital \$300
Comprehensive Dental	Additional premium of \$15/month	Additional premium of \$15/month	Additional premium of \$15/month
OTC Debit Card	\$45 /quarter	\$45 /quarter	\$50 /month
Transportation	12 one-way trips/year	24 one-way trips/year	48 one-way trips/year
Part D - Tiers 1/2/3/4/5/6	\$0/\$10/\$47/\$100/33%/\$0	\$0/\$8/\$47/\$100/33%/\$0	\$0/Standard Part D/\$0

(Allen, Auglaize, Butler, Champaign, Clermont, Defiance, Fulton, Hamilton, Henry, Lucas, Mahoning, Mercer, Ottawa, Putnam, Trumbull, Warren

**Care Partner** 

**Market Overview** 

**Plan Highlights** 

**Benefits** 

	Bright Advantage Flex PPO	Bright Advantage Flex Plus PPO
Monthly Premium	\$0	\$49
MOOP	\$4,600	\$3,800
PCP Visit	\$0	\$0
Specialist Visit	\$35	\$30
Most OON Services	N/A	35%
Inpatient Hospitalization	\$285/day Days 1-5/\$0 Day 6+	\$250/day Days 1-/\$0 Day 6+
Outpatient Procedures	Ambulatory Center \$195/Hospital \$285	Ambulatory Center \$185/Hospital \$250
Comprehensive Dental	Additional premium of \$18/month	Additional premium of \$18/month
OTC Debit Card	Not Covered	\$30/quarter
Transportation	12 one-way trips/year	12 one-way trips/year
Part D - Tiers 1/2/3/4/5/6	\$0/\$15/\$47/\$100/33%/\$0	\$0/\$8/\$47/\$100/33%/\$0

Care Partner	Plan Hig	ghlights	Benefits
Bright Advantage Flex (	Bright Advantage Flex Choice PPO		vantage Access
\$25/month Part B Premium Re	bate		PPO
\$0			\$0
\$6,700		;	\$6,700
\$0		\$0	
\$35		\$30	
35%		20%	
\$290/day Days 1-6/\$0 Day	y 7+	\$500 per stay	
Ambulatory Center \$150/Hospi	tal \$250	20% coi	nsurance for all
Additional premium of \$18/n	nonth	Additional pre	emium of \$18/month
Not Covered		Not Covered	
12 one-way trips/year		Not Covered	
\$0/\$15/\$47/\$100/33%/	\$0	\$4/\$15/\$4	47/\$100/33%/\$0
	Bright Advantage Flex C PPO  \$25/month Part B Premium Ref \$0 \$6,700 \$0 \$35 35% \$290/day Days 1-6/\$0 Day Ambulatory Center \$150/Hospit Additional premium of \$18/m Not Covered  12 one-way trips/year	Bright Advantage Flex Choice PPO  \$25/month Part B Premium Rebate \$0 \$6,700 \$0 \$35 35% \$290/day Days 1-6/\$0 Day 7+  Ambulatory Center \$150/Hospital \$250  Additional premium of \$18/month  Not Covered	Bright Advantage Flex Choice PPO  \$25/month Part B Premium Rebate \$0 \$6,700 \$0 \$35 \$35 \$35% \$290/day Days 1-6/\$0 Day 7+ Ambulatory Center \$150/Hospital \$250 Additional premium of \$18/month Not Covered Not Cover

## **Ohio - Cleveland & Akron**

**Market Overview** 

**Care Partner** 

**Plan Highlights** 

**Benefits** 

#### **Care Partner**



- Large presence across Northeastern Ohio
- 14 Hospitals
- Nearly 5,000 employed & affiliated physicians
- Large FFS population with strong clinical performance
- Recognized as a Best Hospital for 2018-19 by U.S. News & World Report. UH Cleveland Medical Center ranked in 10 specialties, five of them in the top 25.
- It is ranked second among all hospitals in Ohio.



- 6 Counties
- 526,000 MA eligible
- 45% MA market penetration

### **Ohio - Cleveland & Akron**

(Cuyahoga, Geauga, Lake, Medina, Portage, Summit)

**Market Overview** 

**Care Partner** 

**Plan Highlights** 

**Benefits** 

### **Plan Highlights**

- New market with (2) new plans
  - o \$0 HMO
  - o \$0 PPO
- \$0 copay for PCP
- Low urgent care copays
- Competitive copays for inpatient and outpatient services
- \$0 routine eye exam and materials coverage
- Transportation benefits included on PPO
- \$0 hearing exam and annual hearing aid allowance



- \$0 annual deductible on both plans
- No to low copays/coinsurance
  - o \$0 copay on tiers 1 and 6 on all plans

## **Ohio - Cleveland & Akron**

(Cuyahoga, Geauga, Lake, Medina, Portage, Summit)

 Market Overview
 Care Partner
 Plan Highlights
 Benefits

	Bright Advantage нмо	Bright Advantage Flex PPO
Monthly Premium	\$0	\$0
MOOP	\$3,400	\$5,500
PCP Visit	\$0	\$0
Specialist Visit	\$30	\$35
Most OON Services	N/A	35%
Inpatient Hospitalization	\$350/day Days 1-5/\$0 Day 6+	\$295/day Days 1-5/\$0 Day 6+
Outpatient Procedures	Ambulatory Center \$150/Hospital \$250	Ambulatory Center \$175/Hospital \$250
Urgent Care	\$35	\$40
Comprehensive Dental	Included/\$1,500 Max	Additional premium of \$18/month
Transportation	Not Covered	24 one-way trips/year
Part D - Tiers 1/2/3/4/5/6	\$0/\$4/\$47/\$100/33%/\$0	\$0/\$15/\$47/\$100/33%/\$0

## **South Carolina**

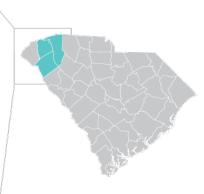
**Market Overview** 

**Care Partner** 

**Plan Highlights** 

**Benefits** 







#### **2020 MA Products**

Bright Advantage (Standard HMO)

Bright Advantage Assist (LIS targeted HMO)

#### **Bright Health Service Area:**

Individual & Family Plans and Medicare Advantage Plans

## South Carolina - Greenville

**Market Overview** 

**Care Partner** 

**Plan Highlights** 

**Benefits** 

#### **Care Partner**



- 8 Hospitals
- Nearly 1,200 employed & affiliated physicians
- Covers the 2<sup>nd</sup> largest metro-market in South Carolina
- Opportunity for growth with 3<sup>rd</sup> system in SEHP,
   Spartanburg Regional Health System
- Large FFS population with strong clinical performance



- 3 Counties
- 267,000 MA eligible
- 37% MA market penetration

### **South Carolina - Greenville**

(Anderson, Greenville, Pickens)

**Market Overview** 

**Care Partner** 

**Plan Highlights** 

**Benefits** 

### **Plan Highlights**

- New market with (2) plans
  - o \$0 HMO
  - o LIS targeted HMO
- Low MOOP
- No to low copay:
  - o PCP and specialist
  - o Diagnostic services
- Competitive copays for inpatient hospitalization
- \$0 hearing exam and annual hearing aid allowance
- Transportation benefits included



- \$0 annual deductible on the \$0 HMO
- No to low copay/coinsurance on all tiers
  - o \$0 Tier 1 and Tier 6 Copay

### **South Carolina - Greenville**

(Anderson, Greenville, Pickens)

arket Overview	Care Partner	Plan Hig	hlights	Benefits
	Bright Advantage			antage Assist
Monthly Premium	\$0		As low as \$0  Loss of LIS could result in a required premium	
MOOP	\$5,900		\$6,700	
PCP Visit	\$0		\$0	
Specialist Visit	\$35		\$30	
Most OON Services	N/A		N/A	
Inpatient Hospitalization	\$290/day Days 1-7/\$0 Day	8+	\$200/day Days 1-7/\$0 Day 8+	
Outpatient Procedures	Ambulatory Center \$190/Hospit	al \$290	Ambulatory Center \$225/Hospital \$325	
Comprehensive Dental	Additional premium of \$17/m	onth	Included/\$1,500 Max	
OTC Debit Card	\$25 /month		Not Covered	
Transportation	24 one-way trips/year		24 one-way trips/year	
Part D - Tiers 1/2/3/4/5/6	\$0/\$39/\$39/\$92/33%/\$	0	\$0/Standa	ard Part D/\$0

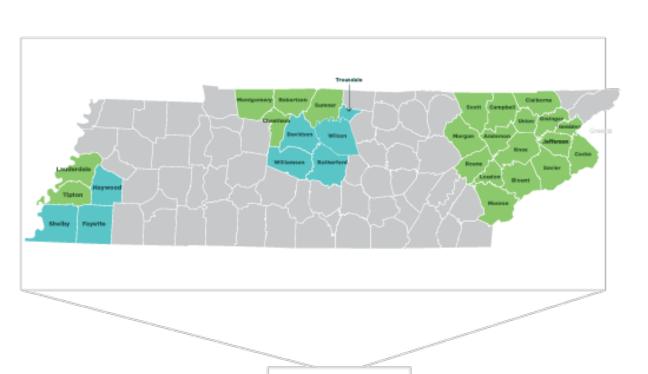
### **Tennessee**

**Market Overview** 

**Care Partner** 

**Plan Highlights** 

**Benefits** 



#### Bright Health Service Area:

Individual & Family Plans  Individual & Family Plans and Medicare Advantage Plans

TENNESSEE



#### **2020 MA Products**

Bright Advantage and Plus (Standard\* and Premium HMO's)

Bright Advantage Choice (HMO/Part B Premium Rebate)\*

Bright Advantage Flex Choice (PPO/Part B Premium Rebate)

Bright Advantage Flex Plus (Premium PPO)\*

Bright Advantage Flex Assist (LIS targeted PPO)\*

\*Plan not available in all counties

**Market Overview** 

**Care Partner** 

**Plan Highlights** 

**Benefits** 

#### **Care Partner**



- 22 Hospitals
- 5,000 employed & affiliated physicians
- Existing relationship with Bright Health's 2019 commercial plans
- An engaged partner who wants to grow with Bright Health
- Widest spectrum of heart care in the mid-South



- 3 Counties
- 171,000 MA eligible
- 31% MA market penetration

(Fayette, Haywood, Shelby)

**Market Overview** 

**Care Partner** 

**Plan Highlights** 

**Benefits** 

### **Plan Highlights**

- New market with (4) plans
  - o \$0 and Premium HMO's
  - o LIS targeted PPO
  - o PPO with \$25 monthly Part B premium rebate
- No to low copay:
  - o PCP and specialist
  - o Diagnostic services
- Competitive copays for inpatient hospitalization
- Generous transportation and OTC benefits included in most plans



- \$0 annual deductible on 3 of 4 plans
- No to low copay/coinsurance on all tiers
  - o \$0 copay on tiers 1 and 6 on all plans

(Fayette, Haywood, Shelby)

arket Overview	Care Partner	Plan I	Highlights	Benefits
	Bright Advantage	•	Bright A	dvantage Plus нмо
Monthly Premium	\$0			\$38
MOOP	\$5,900		\$4,900	
PCP Visit	\$0		\$0	
Specialist Visit	\$35		\$25	
Most OON Services	N/A		N/A	
Inpatient Hospitalization	\$295/day Days 1-6/\$0 Day	7+	\$275/day Days 1-5/\$0 Day 6+	
Outpatient Procedures	Ambulatory Center \$ 200/Hospit	al \$300	\$300 Ambulatory Center \$175/Hospital \$275	
Comprehensive Dental	Additional premium of \$17/m	7/month Included/\$1,500 Max		ed/\$1,500 Max
OTC Debit Card	\$30 /month	D /month \$30 /month		50 /month
Transportation	24 one-way trips/year	ear 24 one-way trips/year		-way trips/year
Part D - Tiers 1/2/3/4/5/6	\$0/\$8/\$39/\$92/33%/\$0	)	\$0/\$8/\$;	39/\$92/33%/\$0

(Fayette, Haywood, Shelby)

arket Overview	<b>Care Partner</b>	Plan H	lighlights	Benefits
	Bright Advantage Flex Choice PPO \$25/month Part B Premium Rebate		Bright Advantage Assist	
Monthly Premium	\$0		As low as \$0 Loss of LIS could result in a required premium of \$25	
MOOP	\$5,900		\$6,700	
PCP Visit	\$0		\$0	
Specialist Visit	\$35		\$30	
Most OON Services	40%		40%	
Inpatient Hospitalization	\$250/day Days 1-5/\$0 Day 6+		\$195/day Days 1-5/\$0 Day 6+	
Outpatient Procedures	Ambulatory Center \$ 225/Hospital \$325		Ambulatory Center \$175/Hospital \$275	
Comprehensive Dental	Additional premium of \$20/month		Included/\$1,500 Max	
OTC Debit Card	Not Covered		\$50 /month	
Transportation	12 one-way trips/year		24 one-way trips/year	
Part D - Tiers 1/2/3/4/5/6	\$0/\$8/\$39/\$92/33%/\$0	)	\$0/Star	ndard Part D/\$0

**Market Overview** 

**Care Partner** 

**Plan Highlights** 

**Benefits** 

#### **Care Partner**



- 10 hospitals
- 60 TriStar owned medical group offices
- 4 Outpatient surgery centers
- 14 CareNow urgent care centers
- 1400+ Physicians
- Committed \$800 million to expand and add new facilities



- 5 Counties
- 212,000 MA eligible
- 39% MA market penetration

(Davidson, Rutherford, Trousdale, Williamson, Wilson)

**Market Overview** 

**Care Partner** 

**Plan Highlights** 

**Benefits** 

### **Plan Highlights**

- (2) new plans for 2020
  - o \$25 monthly rebate added to the \$0 HMO and PPO
  - o Premium dropped on the Premium PPO
- Low MOOP
- Lower coinsurance for OON on PPO's
- No to low copay:
  - o PCP and specialist
  - o Diagnostic services
- Competitive copays for inpatient and outpatient services
- Generous transportation and OTC benefits on some plans



- \$0 annual deductible on all plans
- No to low copay/coinsurance on all tiers
  - o \$0 copay on tiers 1 and 6 on all plans

(Davidson, Rutherford, Trousdale, Williamson, Wilson)

arket Overview	Care Partner	Plan Highlights	Benefits	
	Bright Advantage Choice	Bright A	Bright Advantage Plus HMO	
	\$25/month Part B Premium Rebate			
Monthly Premium	\$0		\$38	
MOOP	\$5,700		\$4,900	
PCP Visit	\$0		\$0	
Specialist Visit	\$30		\$25	
Most OON Services	N/A		N/A	
Inpatient Hospitalization	\$275/day Days 1-5/\$0 Day 6+	\$225/day	\$225/day Days 1-5/\$0 Day 6+	
Outpatient Procedures	Ambulatory Center \$200/Hospital \$3	OO Ambulatory Co	Ambulatory Center \$150/Hospital \$200	
Comprehensive Dental	Additional premium of \$17/month	Inclu	Included/\$1,500 Max	
OTC Debit Card	Not Covered		\$30 /month	
Transportation	24 one-way trips/year	24 or	24 one-way trips/year	
Part D - Tiers 1/2/3/4/5/6	\$0/\$8/\$39/\$92/33%/\$0	\$0/\$8/	\$0/\$8/\$39/\$92/33%/\$0	

(Davidson, Rutherford, Trousdale, Williamson, Wilson)

arket Overview	Care Partner	Plan Highlights	Benefits	
	Bright Advantage Flex Choi	ce Bright Adv	Bright Advantage Flex Plus	
	\$25/month Part B Premium Rebate			
Monthly Premium	\$0		\$59	
MOOP	\$5,900		\$4,900	
PCP Visit	\$0 \$0		\$0	
Specialist Visit	\$35		\$25	
Most OON Services	35%		30%	
Inpatient Hospitalization	\$275/day Days 1-5/\$0 Day 6+	\$225/day	\$225/day Days 1-5/\$0 Day 6+	
Outpatient Procedures	Ambulatory Center \$225/Hospital \$32	5 Ambulatory Ce	Ambulatory Center \$150/Hospital \$200	
Comprehensive Dental	Additional premium of \$20/month	Includ	Included/\$1,500 Max	
OTC Debit Card	Not Covered	Ş	20 /month	
Transportation	Not Covered	24 on	24 one-way trips/year	
Part D - Tiers 1/2/3/4/5/6	\$0/\$8/\$39/\$92/33%/\$0	\$0/\$8/	\$39/\$92/33%/\$0	

# Thank you!



We appreciate you taking the time to be interested in Bright Health and we look forward to seeing you when we roll-out our entire 2020 portfolio. These events will be happening in each market very soon. Please check the Broker Services website and our Broker Events Calendar for dates and times: <a href="https://www.BrightHealthBroker.com">www.BrightHealthBroker.com</a>

For questions about contracting with Bright Health, products, or services, contact our **Broker Services Unit**:



Broker@BrightHealthPlan.com

Or

(888)-325-1747 / M-F 8A-6P CST

#### **IMPORTANT!**

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