Bright Health Individual & Family Plans
2021 South Carolina Plan Guide

Make the bright choice

bright[SM] HEALTH

You're going to love it here

Choosing a health plan from Bright Health is choosing **YOU**. We've spent a lot of time thinking about how to deliver healthcare coverage that is simple, affordable, and personal for one reason: so you don't have to think about it at all.

The Bright Health difference

Our Affordable Care Act (ACA) plans go a step further:

- **$0 Primary Care Provider (PCP) visits:** plans with $0 visits to your PCP, including some with unlimited PCP visits
- **Telehealth:** COVID-19 taught the world how important it is to be able to see your doctor anytime, anywhere—Bright Health was paying attention
- **Dental & Vision:** all our plans have pediatric dental & vision benefits
- **Mental health:** sometimes, you just need someone to talk to; that is why we offer plans with low cost-sharing and telehealth access—to meet your mental health needs from the comfort of your own home
- **Member Hub:** find plan information, search prescriptions and providers, sign up for autopay, earn $ rewards and so much more—all from one, easy-to-use location

Your Bright Health plan includes these essential services, and more:

- No-cost preventive and wellness services
- Prescription drugs and access to 67,000 pharmacies across the country
- Hospitalization
- Emergency services
- Mental health and substance use disorder services, including behavioral health treatment
- Laboratory services
- Rehabilitative and habilitative services and devices
- Chronic disease management
- Maternity and newborn care
- Pediatric dental and vision for members under 19

Insurance Terms Explained

We know insurance can seem like a language all its own. Here's a breakdown of the terms you need to know most.

Deductible: the amount you pay for covered healthcare services (other than your included, no-cost benefits) before your plan starts to pay

Copayment: a fixed amount ($20, for example) you pay for a covered healthcare service

Coinsurance: the cost percentage of a covered healthcare service you pay (20%, for example) after you've paid your deductible

MOOP: stands for maximum out of pocket, and it's the most you have to pay for covered services in a plan year—after you spend this amount on deductibles, copayments, and coinsurance for in-network care and services, your health plan pays 100% of the costs of covered benefits

Preventive: care and services to prevent illness. Includes routine check-ups, immunizations, patient counseling, and screenings

Formulary tiers: the levels that specific drugs fall into under Bright Formulary (covered) Drugs—each Tier has a related copay that applies to all the drugs in that level

Plan selection basics

Possibly the most challenging part of buying healthcare coverage is deciding which plan is best for you. Two main things to consider when making the choice:

- How often do you expect to use your plan?
- How much predictability would you like in your healthcare budget?

Gold Plans

Generous coverage and predictable costs

Best for: People who expect to use their coverage often: ongoing prescriptions, frequent provider visits, etc. Most benefits have copays, so costs are more predictable.

Silver Plans

Moderate premiums and costs

Best for: Those who expect to use their plans occasionally, and would like lower deductibles and more benefits than a Bronze plan.

Bronze Plans

Lower premiums and higher costs with use

Best for: Healthy individuals who want to minimize their monthly premiums and are comfortable with the risk of a higher deductible in the event of a high-cost health incident.

Catastrophic Plans

Lowest premiums

Best for: Those under age 30 who desire low premiums and expect minimal medical incidents. Coverage includes 3 primary care visits, then no other benefits until the maximum out-of-pocket (MOOP) is reached.

ICHRA

All our plans are fully compatible with ICHRA

Best for: Individual Coverage Health Reimbursement Arrangement (ICHRA) funds from an employer can make a more generous plan fit your needs. Silver plans with $0 deductible or $0 primary care are just two examples.

How much will it cost?

At the end of the day, we know this is the bottom line for most people looking for a health plan. Here are some options for significant savings.

Ways to save

As you might know, the first "A" in ACA stands for affordable. The purpose of the ACA (Affordable Care Act) was to make healthcare accessible to all Americans. Through "Marketplaces" (like **HealthCare.gov**) individuals and families can shop for and buy health insurance plans using two types of subsidies to make them more affordable. In order to take advantage of these discounts, coverage must be purchased through a Marketplace. This can be done directly on BrightHealthPlan.com or you can talk with your broker for more information.

Advanced Premium Tax Credits (APTC)

These are tax credits that can be used to lower monthly premium payments. They apply to our Bronze, Silver, and Gold plans.

APTC member story: Bill

Bill is a single, 40 year-old male earning **$13,000** a year as a food-delivery driver. On the exchange, Bill learned he was eligible for around **$450** a month in subsidies. This meant he could get a **$0 premium Bronze plan.** Bill was also eligible for a Silver plan with a lower deductible and modest premium, but because he rarely uses his health plan, he went with the $0 Bronze plan.

Cost Sharing Reductions (CSRs)

CSRs are an additional discount on top of any APTC you may qualify for. CSRs lower the deductible, copayments, and coinsurance you pay if you enroll in a Silver plan. These plans may have a higher premium, but the overall cost of healthcare is often lower after the discounts.

CSR member story: Inéz

Inéz is a married 31 year-old who earns **$22,000** annually in her new wedding-planning business. Inéz wants the greater predictability that comes with more robust coverage. Through the Marketplace, Inéz qualified for a low-deductible Silver plan. She knows her maximum out-of-pocket costs will be affordable, and that routine visits to her PCP will be **$5**.

Expanding your choices with ICHRA

ICHRA stands for Individual Coverage Health Reimbursement Arrangement. Simply put, it's a way for companies to reimburse employees for health insurance they choose themselves—instead of the company choosing and buying coverage for them.

One more important thing to keep in mind: employees with an ICHRA are ineligible for APTC unless the ICHRA offered by their employer is deemed unaffordable. Then, the employee must select either APTC or use their ICHRA.

ICHRA member story: Mary

Mary receives $400 each month from her employer toward the purchase of a Qualified Health Plan (QHP). Because Mary is taking advantage of her employer's ICHRA offering, she is not eligible for any tax credits. However, she is a perfect candidate for one of Bright Health's off-exchange, ICHRA-friendly Silver plans. Mary's plan even has a $0 deductible! She's getting coverage with great benefits, and has the added satisfaction of knowing she is in charge of her healthcare coverage choices.

Networks work!

What is a network?

It's a group of providers and facilities Bright Health has partnered with to offer affordable, quality care. Here are some things to think about as you are making a plan choice:

- Have a doctor you love and trust? Before you choose a plan, check to see if they are in-network.
- If they are not, are you willing to see someone different?
- Are you interested in Telehealth? Online visits can be a great option for non-serious illnesses and injuries.

Why does the network matter?

In a word, cost. Our plans cover charges from in-network providers only, except in emergencies and other rare, pre-approved situations. Because of this, you may end up paying the entire cost for services you receive outside the network.

Learn more from Mary about why it's best to stay in-network

Mary visited her Primary Care Provider (PCP) and was diagnosed with a urinary tract infection. Her PCP prescribed an antibiotic and encouraged her to return if her symptoms didn't improve within a few days. Because Mary's health plan has $0 copay Primary Care visits and $0 Tier One generic drug copays, Mary had no out-of-pocket costs. She can now focus on feeling better—instead of on how she's going to pay her bill. Check out the chart to see estimates of how much Mary's visit would have cost her elsewhere.

PCP visit:	In-network Urgent Care:	In-network ER:	Out-of-network ER:
$0	**$50**	**$1,257**	**$4,010**

As you can see, Mary saved big by staying in network—and getting the right level of care!

**Please note this example is for illustration purposes only. Your costs may vary, depending on the level of coverage you choose and your geographic location.*

Want to find out if your doctor is in-network?

Check our provider finder at **BrightHealthPlan.com/Doctors**

Our Pharmacy Network

Our extensive network of pharmacies and major outlets makes it easier for you to fill your prescriptions in places you already shop. You can also order prescriptions online and have them delivered directly to your doorstep.

Our network includes leading large retailers such as:

Walmart

CVS pharmacy®

Walgreens

Not sure if your pharmacy is in-network?

Use our online tool at **BrightHealthPlan.com/Drug-Search** to look up your pharmacy or find other in-network options.

Pediatric Dental & Vision

Bright Health plans cover pediatric dental and vision care for members under age 19.

Dental benefit

- All plans: 2 cleanings per year; deductible and coinsurance apply to additional services
- Diagnostic and preventive procedures
- Basic restorative services
- Extraction surgery
- Endodontics
- Medically necessary orthodontia and prosthodontics*

**For cleft lip and cleft palate treatment*

FAQs:

Q: Where can my child use their dental benefits?

A: Your child has access to Liberty Dental's large network of providers. You can find a dentist near you with Liberty's Provider Finder tool.

Q: Will I receive a separate ID card for dental services?

A: Yes! Watch your mailbox for your child's new Liberty Dental ID card — Bright Health's new strategic partner, providing first class dental service.

Vision benefit

- Annual eye exam
- One standard pair of glasses per year or one-year supply of contacts*

**You can select luxury items such as designer frames at an additional cost. Work with your vision provider to understand which frames are considered "standard" vs "designer".*

FAQs:

Q: Where can my child use their vision benefits?

A: New this year, Bright Health has partnered with EyeMed, providing access to one of the nation's largest vision networks. Visit EyeMed's Provider Finder tool to find a vision provider near you.

Q: Will I receive a separate ID card for vision services?

A: EyeMed provides online access for printing your child's 2021 ID card. The card is also accessible via smartphone or tablet.

These benefits may be subject to deductible & coinsurance, depending on your plan.
Some plans have exceptions to these standard benefits. Members should check their Certificate of Coverage for full details.

Bright Health members get more

All Bright Health plans include extras that make getting and staying healthy a little bit easier.

Cash rewards

Throughout the year, we offer members cash rewards for simple healthy actions. Past rewards included:

- Selecting a Primary Care Provider
- Taking a “Know your network” quiz
- Completing a health survey

All you have to do is set up a Member Hub account at **Member.BrightHealthPlan.com** to find available rewards. We'll also email you with more specific information on earning rewards.

We're here for you

Your healthcare experience should be simple and hassle-free. We've put together these resources to help you find what you need, when you need it.

Member Service

Our team is always here to help members with questions and information.

855-827-4448 (English)
800-882-2520 (Español)

Dental

Find a dentist near you.

Client.LibertyDentalPlan.com/BrightHealth

Drug Formulary

Find out what drugs are covered and check copay amounts.

BrightHealthPlan.com/Drug-Search/IFP

Vision

Find a provider near you.

EyeDocLocator.EyeMedVisionCare.com/BrightHealthCommercial

Provider Finder

This tool lets members browse all in-network providers online or in the Member Hub.

BrightHealthPlan.com/Provider-Finder/IFP

Telehealth

Set up an account, schedule appointments and see a physician right away on our easy-to-use online portal.

Patient.DoctorOnDemand.com

Member Hub

Our online portal where you can pay your monthly premium, earn rewards, find doctors, and much more!

Member.BrightHealthPlan.com

What's next?

After enrolling in a Bright Health plan, we'll keep you in the loop on your application process.

1

Make your first payment

You'll receive a bill for your first premium payment with your application confirmation letter. You can pay your bill online at **BrightHealthPlan.com/PayMyBill** or by calling Member Services at 855-827-4448.

2

Get your ID card and welcome booklet

Congrats! You are covered. Use your ID card when you go to the doctor and learn how to use your plan by reading the welcome booklet.

3

Keep an eye on your inbox

We'll send you information throughout the year about taking advantage of your plan benefits, such as how to earn cash rewards.

Stay tuned

Throughout the year, we'll be in touch with tips on staying healthy, making the most of your plan, and more.

Reach out

Our dedicated member service team is here to help answer your questions. Reach them at 855-827-4448.

Breathe easy

Bright Health has you covered.

Notes:

Notes:

For all the bright reasons

BrightHealthPlan.com

888-571-1412 (English)
888-710-1391 (Español)

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