

Bright Health Plan's Exit from Oklahoma for Plan Year 2023

Frequently Asked Questions

In October, Bright Health announced that it would be exit the Affordable Care Act (ACA) individual market in Oklahoma and other states. As part of this announcement, Bright Health mailed notices to its Oklahoma members on October 14, 2022. Additionally, the federal Health Insurance Marketplace (Department of Health & Human Services) has mailed notices to Bright Health enrollees that included information about a new plan that members will be automatically enrolled in if they do not elect to choose a new plan during the current ACA Open Enrollment Period of November 1, 2022, through January 15, 2023.

This FAQ is directed to those Bright Health Plan Members who live in Canadian, Cleveland and Oklahoma counties and are losing coverage on December 31, 2022, as described above.

What happens for the rest of 2022? Your coverage with Bright Health Plan will end on December 31, 2022, if you continue to pay monthly premiums. The standard rules about losing coverage apply if you do not pay your monthly premiums.

When did Bright Health Plan notify me? Bright Health Plan sent early notices to Oklahoma members in May 2022 and, most recently, in October 2022. The "Health Insurance Marketplace" has sent subsequent notices. It is important to read and understand the

information in the notices and decide what coverage is best for you and your family during the current Open Enrollment Period.

Open Enrollment is an individual's chance to choose a plan that will cover them for the whole year of 2023:

- People are locked into a plan based on their choice during Open Enrollment and cannot make changes unless they qualify for a Special Enrollment Period. There are exceptions for Native Americans. Bright Health will not be offering plans in 2023.
- Be informed that switching plans during the policy year would mean losing dollar credits toward the plans' deductible and maximum out-of-pocket.

Why did "Health Insurance Marketplace" send me a letter? It is important that you open mail from the Health Insurance Marketplace; it is not junk mail. It is a division of the federal Department of Health & Human Services. The Marketplace is another name for healthcare.gov, the website where people go to establish qualifications for federal help with premiums and cost-sharing reductions. The Marketplace is not a private business.

Why was I matched with an alternative plan offered by a different insurance company? The alternative plan assignment is meant to be a fallback replacement so that people who did not receive or remember the mailed notices from Bright Health Plan or the Health Insurance Marketplace will retain coverage. However, it is always better for consumers to shop for insurance to make sure they choose the plan that will best fit their needs.

How did I end up with this alternative plan assignment? The county in where you live, broad versus narrow networks, common healthcare

providers and comparable benefits and prices among available plans for 2023 were all considered when finding the closest match to your Bright Health Plan. This selection was made (assigned) by the federal agency with authority over the ACA Marketplace.

How do I decide whether the alternative plans assignment is right for me? You should shop on healthcare.gov and consider all your options equally. Consider:

- Are your favorite doctors and hospitals in network?
- If you are taking a prescription drug, what would your copays be in the different plans you are considering?
- Will you be able to pay a large deductible if you have a significant medical bill?
- Do not assume that all plans are equal: price, benefits and networks will vary. You should consult with an insurance agent or Marketplace navigator to help you evaluate the available plans while considering your personal/family needs.

The letter from Health Insurance Marketplace does not tell me my 2023 premiums. Why? While the letter tells you the name of the insurance and plan, it does not mention premiums. This is because your income should be re-entered on healthcare.gov so that you will receive the correct premium discount. If your income is incorrect on healthcare.gov, you will owe the difference between what you paid and what you should have paid when you file your taxes in April 2024.

How long do I have to select a new plan? Open Enrollment began on November 1, 2022. It is important that you enroll in a new plan by December 15, 2022, for your coverage to start on January 1, 2023. If you do not take action, you will be auto-enrolled with the insurer and plan named in your letter from Health Insurance Marketplace. Even if you miss the December 15, 2022, deadline, you can go to

healthcare.gov and enroll in a different plan, update your address if you have moved and update your income if changed since you last enrolled.

Can I have more time to select a plan because I am losing Bright Health Plan coverage? Yes. When updating your 2023 Marketplace Application, indicate that you're losing your 2022 health coverage as of December 31, 2022. Be sure to check the name of the person with Bright Health Plan coverage when asked if anyone will lose health coverage in the next 60 days.

Who is the Oklahoma "default insurers" that members will be auto-enrolled in from Bright Health Plan? How can I contact them?

- Medica 1-877-329-8310
- Oscar Insurance Company 1-855-672-2755
- You can also go to healthcare.gov or call them at 1-800-318-2596 to compare and pick a plan.