

IMPORTANT: These Frequently Asked Questions *only* apply to the policies of Bright HealthCare Insurance Company of Texas (“BHICOT”).

The following Frequently Asked Questions and answers are intended to provide consumers and other stakeholders with an overview regarding the liquidation of BHICOT. These FAQs may be updated from time to time. **Nothing in these FAQs is a binding legal statement by the Commissioner of Insurance of the State of Texas, the Special Deputy Receiver, the Texas Life and Health Insurance Guaranty Association (“TLHIGA”), or their representatives. Nor are the statements in these FAQs intended as legal advice or complete legal descriptions of the events or matters to which they relate. The material provided is offered only for general information. For full legal information, interested parties should review the source documents and applicable legal authorities.**

FREQUENTLY ASKED QUESTIONS

Q1. Is BHICOT still in business?

A. No. On November 29, 2023, BHICOT was placed into liquidation in a receivership proceeding in Texas. A District Court in Travis County, Austin, Texas (“Court” or “Receivership Court”) issued an order (“Liquidation Order”) finding BHICOT was insolvent, placing it into Liquidation, and appointing the Texas Commissioner of Insurance (“Commissioner”) as Receiver. The Commissioner appointed CANTILO & BENNETT, L.L.P. as the Special Deputy Receiver of BHICOT.

Please note: The receivership only applies to BHICOT. Other affiliated Bright Health Group entities that issued policies in other states are not involved. The Texas Liquidation Order does not apply to your policy if it was issued by one of these other entities.

Q2. What is a receivership?

A. A receivership is a court proceeding in which the Commissioner seeks to take over a troubled insurance company in order to liquidate it. In a receivership, the Commissioner becomes the Receiver of the insurance company. The Commissioner typically appoints a Special Deputy Receiver (“SDR”). The SDR then becomes responsible for the day-to-day administration of the company to liquidate it and pay creditors. The SDR acts under the supervision of the Receiver. Additionally, once placed into liquidation, TLHIGA generally becomes responsible for policy administration and processing and payment of outstanding claims under the Texas policies issued by BHICOT – subject to the statutes, rules, and regulations applying to TLHIGA.

Q3. What is the Texas Life and Health Insurance Guaranty Association (“TLHIGA”)?

A. TLHIGA is a non-profit legal entity created in 1973 by the Texas Legislature to provide protection for the insurance policy benefits of policyholders when their Texas-licensed life or health insurance company is found to be insolvent and ordered liquidated by a court.

TLHIGA is not a state agency. For more information about TLHIGA, visit its web site at <https://www.txlifega.org>.

Q4. Why was BHICOT placed into liquidation?

A. This action was initiated in order to protect policyholders, claimants, creditors, and the public from harm which might be caused by BHICOT's continued operation. The Receivership Court found that BHICOT does not have sufficient assets to cover its liabilities. As BHICOT will not be able to pay all policy claims as they come due, continuing operations would substantially increase the risk of loss to policyholders, claimants, creditors, and the public.

Q5. What is the status of my BHICOT policy?

A. All policies issued by BHICOT were terminated before the liquidation began.

Q6. How do I submit a new claim? Who do I call if I have a question regarding a previously submitted claim?

A. All new claims should be reported to BHICOT by:

- Mail to the following:
Bright HealthCare
PO Box 211502
Eagan, MN 55121
- Providers may use the same electronic submission process used before liquidation through the online portal at www.availity.com

Questions on previously submitted claims should be directed to:

- 844-926-4524 for members/policyholders
- 844-926-4525 for providers

Policyholders and providers DO NOT need to submit any additional documentation beyond the normal claim submissions for TLHIGA to process their claims. There may be a delay initially in the payment of claims because of the transition to receivership. Policyholders with claims that may total more than the TLHIGA's statutory coverage limit (\$500,000 in benefits per insured) will be notified by the SDR whether and how to make a claim against the assets of the BHICOT receivership estate (see Q12). New and existing claims may be covered by TLHIGA, subject to the statutory coverage limit.

Q7. How do I submit a claims appeal/dispute?

A. If you are an In-Network provider and the claim is not subject to federal or state arbitration requirements, and you would like to dispute the payment or claims determination, please download the BHICOT Provider Dispute form from www.txlifega.org, complete the form, and mail to:

BHICOT
P.O. Box 836
Portland, ME 04104

If you are an Out-of-Network provider and you have questions about the allowable rate

used to price the claim, please contact ClearHealth at 888-736-1504 or via <https://provider.clearhs.com>.

If you are an individual member, you have the right to appeal an adverse benefit determination within 180 days from the date the claim was processed. You may submit an appeal by writing to:

BHICOT
P.O. Box 1519
Portland, ME 04104
Fax: 877-471-0295

Q8. What should I do if I was issued a payment for a claim under a BHICOT policy and the payment was refused by the bank?

- A. As part of the liquidation process, the BHICOT bank accounts are frozen. If you have a benefit payment check issued for a claim on a BHICOT policy that was not honored by the bank, you should contact TLHIGA to have the payment reissued. You will need to provide the original check and the Explanation of Payment/Explanation of Benefit that was included with your check. The TLHIGA's contact information is shown under Q15.

Q9. What if I have an unpaid claim? Is my claim covered by TLHIGA?

- A. TLHIGA will provide coverage for all eligible BHICOT policyholders, subject to the provisions of your BHICOT policy and applicable statutes, rules, and regulations. The amount TLHIGA will cover is the lesser of your policy limits or the statutory limit of \$500,000 in accumulated TLHIGA payments. These limits apply to each individual insured under your BHICOT policy.

Q10. What if my claim is not covered by TLHIGA?

- A. All claims against BHICOT that are not covered in whole or in part by TLHIGA should be submitted to the SDR in the Proof of Claim ("POC") process (see Q12). This includes claims that are related to insurance policies but denied coverage by TLHIGA including claims arising under No Surprises laws, including Independent Dispute Resolutions ("IDRs") (see Q10). It also includes claims for goods or services provided to BHICOT that are not related to insurance policies. If a POC is approved, it may be payable from BHICOT's available funds. The SDR cannot predict when or if there will be funds available to pay any approved POCs. For more information about the POC process and other important updates please visit <https://brighthousecaretxsdr.com/>.

Q11. How are IDRs handled?

- A. If the claim is subject to the Texas or Federal No Surprises Act, unless otherwise noted, the paid amount is the lesser of billed charges or the qualifying payment amount for this item or service, which is calculated in accordance with the applicable No Surprises Act and implementing regulations. The qualifying payment amount also applies for purposes of the recognized amount (or, in the case of air ambulance services, for calculating the participant's, beneficiary's, or enrollee's cost sharing). Payments are made in compliance with the applicable Texas or Federal No Surprises Act. The member (insured) is not

responsible, and cannot be balance billed, for the covered out-of-network services beyond the allowed amount. TLHIGA does not provide coverage for claims arising from reimbursement disputes on out-of-network claims (IDRs) under the Texas and federal No Surprises laws. Please refer to Q12 regarding the Proof of Claim procedure.

Q12. What is the POC procedure?

- A. You should file a POC with the SDR if:
- a. After following the process for in-network providers, you think your claim was not properly paid in full, was not properly denied, or you think you are owed more than TLHIGA has paid, or
 - b. You think you should be paid more on your claim because of the Texas or federal dispute resolution statutes and regulations (IDR).

The Receivership Court will set a POC filing procedure and deadline in the near future. You will be provided with notice of the deadline and information on how to file a POC, including a copy of the approved POC form and instructions, after they have been approved by the Receivership Court.

All new IDR filings against BHICOT are stayed. An IDR claimant must file a Proof of Claim with the SDR for it to be recognized and adjudicated by the SDR.

For information regarding the BHICOT receivership, and other important updates, please visit <https://brighthealthcaretxsdr.com/>.

Q13. How do I keep up with what is going on in the receivership?

- A. All pleadings filed in the BHICOT estate, as well as relevant notices, will be posted on the SDR's web site <https://brighthealthcaretxsdr.com/>.

Q14. Whom should I contact for additional information regarding the SDR or with questions regarding BHICOT?

- A. CANTILO & BENNETT, L.L.P.
Special Deputy Receiver
Bright HealthCare Insurance Company of Texas, in Liquidation
11401 Century Oaks Terrace, Suite 300
Austin, Texas 78758
<https://brighthealthcaretxsdr.com/>
info@brighthealthcaretxsdr.com

Q15. Whom should I contact for additional information regarding the TLHIGA?

- A. TEXAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION
(512) 476-5101
(800) 982-6362
(512) 472-1440 Fax
http: www.txlifega.org
BHICOT@txlifega.org