



# Bravo Classic & Bravo Premier Plus

Service Areas: District of Columbia

These charts describe some features of Bravo Health's plans. The charts do not list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Bravo Health and ask for the Evidence of Coverage for the plan in which you are interested.

Benefits	Bravo Classic	Bravo Premier Plus	
		In-network	Out-of-network
Monthly plan premium	\$0	\$39	n/a
Maximum out-of-pocket	\$4,000	\$4,000	n/a
Plan deductible	\$0	\$0	n/a
Inpatient hospital care, before lifetime reserve days			
• Deductible	\$0	\$0	\$0
• Co-pay	days 1-5, \$100 per day days 6-90, \$0 per day	\$100 per stay	20%
• Unlimited lifetime reserve days	yes	yes	n/a
Inpatient mental health			n/a
• Deductible	\$1,068	\$1,068	
• Co-pay	days 1-60, \$0 per day days 61-90, \$267 per day	days 1-60, \$0 per day days 61-90, \$267 per day	
Skilled nursing facility	days 1-10, \$0 per day days 11-100, \$85 per day	days 1-10, \$0 per day days 11-100, \$85 per day	20%
Home healthcare	\$0	\$0	20%
Primary care physician office visits	\$5	\$0	20%
Specialist office visits	\$35	\$15	20%
Chiropractic services	\$35	\$15	20%
Routine chiropractic services	no	\$10 – 20 visits per year	n/a
Podiatry services	\$35	\$15	n/a
Routine podiatry services	no	no	n/a
Outpatient mental health	\$35	\$15	n/a
Outpatient substance abuse	20%	20%	n/a
Outpatient hospital	\$150	\$50	20%
Ambulance services	\$50	\$0	20%
Emergency care	\$50	\$50	\$50
Urgently needed care	\$35	\$15	\$15
Physical/occupational/speech therapy	\$35	\$15	20%
Durable medical equipment	20%	20%	n/a

Call 1-800-723-9207 seven days a week, from 8 am to 8 pm for more information about the Bravo Health plan that is right for you. TTY users, please call 1-800-964-2561.

Benefits	Bravo Classic	Bravo Premier Plus	
		In-network	Out-of-network
Diabetes self-monitoring training	0%	0%	20%
Diabetic supplies	20%	20%	n/a
Lab services	\$0	\$0	20%
X-rays	\$15	\$0	20%
Complex radiology	\$100	\$50	20%
Preventive services	0%	0%	20%
Annual physical exam	\$0	\$0	20%
Dialysis	20%	20%	20%
Part B Drug Coverage including chemotherapy	20%	20%	20%
Part D Prescription Drug Coverage			n/a
• Deductible	\$0	\$0	
• One-month supply generic	\$0	\$0	
• One-month supply preferred brand	\$35	\$35	
• One-month supply non-preferred brand	\$70	\$70	
• Initial coverage limit	\$2,700	\$2,700	
Dental services			n/a
• Preventive dental	yes	yes	
• Comprehensive dental allowance	no	\$200 each quarter	
Hearing services			n/a
• Diagnostic hearing exams	\$35	\$15	
• Routine hearing exams and hearing aid coverage	no	yes	
Vision services			n/a
• Diagnostic eye exams	\$35	\$15	
• Routine eye exams and eye wear coverage	yes	yes	
Transportation	no	no	n/a
SilverSneakers gym membership	yes	yes	n/a
Bravo CarePack monthly allowance	\$7	\$7	n/a
Encore Package	\$16.50	no	n/a

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Bravo Health plans are offered by subsidiaries of Bravo Health, Inc., Medicare Advantage Organizations with Medicare contracts. You must live in the plan service area, have Medicare Parts A & B, and continue to pay your Part B premium, if applicable. For the following HMO Plans, Medicare Advantage Plans without Part D, Medicare Advantage Plans with Part D and Special Needs Plans, you must receive all routine care from plan providers. Higher costs apply for non-network services. Prior authorization and/or referral is required for certain services. Enrollment may be limited to specific times of the year. Benefits vary by plan. Benefits, limitations, service areas and premiums may change on January 1<sup>st</sup> of each year.

All covered benefits are available from in-network and out-of-network providers. The use of non-plan or non-preferred providers is allowed, but may cost more with the exception of emergency or urgent care. Coinsurance is based on the Medicare allowed amount and not on the potentially lower contracted amount. Bravo Health provides reimbursement for all covered benefits regardless of whether they are received in-network, as long as they are medically necessary.