



Bravo Classic, Bravo Premier, & Bravo Healthy Heart

Service Areas: Bucks, Delaware, Montgomery,
and Philadelphia Counties, Pennsylvania

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	Bravo Healthy Heart
Monthly plan premium	\$0	\$39	\$0
Maximum out-of-pocket	\$4,000	\$4,000	\$4,000
Plan deductible	\$0	\$0	\$0
Inpatient hospital care, before lifetime reserve days <ul style="list-style-type: none"> • Deductible • Co-pay • Unlimited lifetime reserve days 	\$0 days 1-7, \$150 per day days 8-90, \$0 per day yes	\$0 days 1-5, \$100 per day days 6-90, \$0 per day yes	\$0 days 1-7, \$150 per day days 8-90, \$0 per day yes
Inpatient mental health <ul style="list-style-type: none"> • Deductible • Co-pay 	\$1,068 days 1-60, \$0 per day days 61-90, \$267 per day	\$1,068 days 1-60, \$0 per day days 61-90, \$267 per day	\$1,068 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	days 1-10, \$0 per day days 11-100, \$85 per day
Home healthcare	\$0	\$0	\$0
Primary care physician office visits	\$0	\$0	\$0
Specialist office visits	\$35	\$20	\$35
Chiropractic services	\$35	\$20	\$35
Routine chiropractic services	no	no	no
Podiatry services	\$35	\$20	\$35
Routine podiatry services	no	no	no
Outpatient mental health	\$35	\$20	\$35
Outpatient substance abuse	20%	20%	20%
Outpatient hospital	20%	\$100	20%
Ambulance services	\$100	\$50	\$100
Emergency care	\$50	\$50	\$50
Urgently needed care	\$35	\$20	\$35
Physical/occupational/speech therapy	\$35	\$20	\$35

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	Bravo Healthy Heart
Durable medical equipment	20%	20%	20%
Diabetes self-monitoring training	0%	0%	0%
Diabetic supplies	20%	20%	20%
Lab services	\$0	\$0	\$0
X-rays	\$20	\$10	\$20
Complex radiology	\$150	\$50	\$150
Preventive services	0%	0%	0%
Annual physical exam	\$0	\$0	\$0
Dialysis	20%	20%	20%
Part B Drug Coverage including chemotherapy	20%	20%	20%
Part D Prescription Drug Coverage			
• Deductible	\$0	\$0	\$0
• One-month supply generic	\$0	\$0	\$0
• One-month supply preferred brand	\$35	\$35	\$35
• One-month supply non-preferred brand	\$70	\$70	\$70
• Initial coverage limit	\$2,700	\$2,700	\$2,700
Dental services			
• Preventive dental	no	yes	no
• Comprehensive dental allowance	no	no	no
Hearing services			
• Diagnostic hearing exams	\$35	\$20	\$35
• Routine hearing exams and hearing aid coverage	no	no	no
Vision services			
• Diagnostic eye exams	\$35	\$20	\$35
• Routine eye exams and eye wear coverage	yes	yes	yes
Transportation	no	no	no
SilverSneakers gym membership	yes	yes	yes
Bravo CarePack monthly allowance	\$7	\$7	\$22
Encore Package	\$19	\$16.50	\$19

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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 1st of each year.