



# Bravo Liberty Silver, Bravo Liberty I, & Bravo Liberty II Rx

Service Areas: Atascosa, Bexar, Chambers, Galveston, Harris, Liberty, and Medina Counties, Texas

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 Liberty Silver	Bravo Liberty I	Bravo Liberty II Rx
Monthly plan premium	\$0	\$0	\$0
Maximum out-of-pocket	no	\$5,000	\$6,000
Plan deductible	\$135 for Part B services only	\$0	\$0
Inpatient hospital care, before lifetime reserve days			
• Deductible	\$1,068	\$0	\$0
• Co-pay	days 1-60, \$0 per day days 61-90, \$267 per day	days 1-5, \$250 per day days 6-90, \$0 per day	days 1-5, \$250 per day days 6-90, \$0 per day
• Unlimited lifetime reserve days	no, days 91-150, \$534 per day	yes	yes
Inpatient mental health			
• Deductible	\$1,068	\$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	days 1-60, \$0 per day days 61-90, \$267 per day
Skilled nursing facility	days 1-20, \$0 per day days 21-100, \$133.50 per day	days 1-10, \$0 per day days 11-100, \$100 per day	days 1-10, \$0 per day days 11-100, \$100 per day
Home healthcare	\$0	\$0	\$0
Primary care physician office visits	20%	\$15	\$25
Specialist office visits	20%	\$15	\$25
Chiropractic services	20%	\$15	\$25
Podiatry services	20%	\$15	\$25
Outpatient mental health	50%	\$15	\$25
Outpatient substance abuse	20%	20%	20%
Outpatient hospital	20%	\$150	\$150
Ambulance services	20%	\$150	\$150
Emergency care	\$50	\$50	\$50
Urgently needed care	20%	\$15	\$25
Physical/occupational/speech therapy	20%	\$15	\$25
Durable medical equipment	20%	20%	20%

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 Liberty Silver	Bravo Liberty I	Bravo Liberty II Rx
Diabetes self-monitoring training	20%	0%	0%
Diabetic supplies	20%	20%	20%
Lab services	\$0	\$0	\$0
X-rays	20%	20%	20%
Complex radiology	20%	20%	20%
Preventive services	20%	0%	0%
• Pap smears	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	no	no	
• Deductible			\$0
• One-month supply generic			\$5
• One-month supply preferred brand			\$40
• One-month supply non-preferred brand			\$80
• Initial coverage limit			\$2,700
Dental services			
• Preventive dental	yes	no	no
• Comprehensive dental allowance	\$200 each quarter	no	no
Hearing services			
• Diagnostic hearing exams	20%	\$15	\$25
• Routine hearing exams and hearing aid coverage	yes	no	no
Vision services			
• Diagnostic eye exams	20%	\$15	\$25
• Routine eye exams and eye wear coverage	yes	yes	no
Bravo CarePack monthly allowance	\$40	\$15	no

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Bravo Health plans are offered by subsidiaries of Bravo Health, Inc., Medicare Advantage Organizations with Medicare contracts. You must have Medicare Parts A & B and live in the plan service area. You must continue to pay your Part B premium, if applicable. Enrollment is 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.

A Medicare Advantage Private Fee-for-Service plan works differently than a Medicare supplement plan. Your doctor or hospital is not required to agree to accept the plan's terms and conditions, and thus may choose not to treat you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may choose not to provide health care services to you, except in emergencies. Providers can find the plan's terms and conditions on our website at: [www.mybravohealth.com](http://www.mybravohealth.com).