

**The Right Path
for Getting the Most
Out of Your Plan**



2026 Welcome Guide

Braven Medicare Group w/Rx (PPO)

Welcome

What's Inside:

Manage Your Benefits With Our Online Tools	3
Find Doctors, Hospitals and Other Health Care Professionals	4
In-Network vs. Out-of-Network Benefits	5
Braven Health &more™ Card	6
Helping You Stay Healthy	7
Care Management	8
Your Hearing and Vision Benefits	9
Select a Primary Care Physician (PCP) to Coordinate Your Care	11
Understanding Your Prescription Drug Benefits	12
Get Your Prescriptions Delivered Right to Your Door	13
Drug Coverage Tiers	15
What Are Coverage Stages?	16
Save on Insulin	17
MyCabinet	17
Rx Savings Solutions	18
Visit a Doctor From the Comfort and Safety of Home	19
Feel Good With Blue365®	20
Frequently Asked Questions	21
Appointing a Personal Representative	23
Planning Ahead for Your Care	24



Have Questions? We Have Answers.

Call Member Services at **1-833-272-8360 (TTY 711)**. Our specially-trained representatives are available weekdays from 8 a.m. to 8 p.m., Eastern Time (ET).



Start Your Journey

Welcome to Braven HealthSM. We're looking forward to guiding you on your health care journey. We'll connect you with information and support to work toward your health and wellness goals, and you'll get the care that you need to stay as young as you feel.

Please take a few minutes to review this booklet, and learn more about what's ahead. In addition, review your Evidence of Coverage (EOC) for detailed information about your plan benefits and cost sharing amounts. It is included with this Welcome Packet.

If you haven't received your member ID card in the mail, it should arrive soon. You can also download and print your member ID card when you log in at BravenHealth.com. See page 3 for more details on how to register.

If you need help finding a covered drug or pharmacy, please visit BravenHealth.com/Rx to search for covered drugs or in-network pharmacies. We encourage you to register for an account, to view your plan's List of Covered Drugs (Formulary).

To request a hard copy of the EOC, Formulary, Provider or Pharmacy Directory for your plan, visit Mydirectory.BravenHealth.com or call **1-833-272-8360** (TTY **711**).

Manage Your Benefits With Our Online Tools

You have easy and secure access to your plan benefits at BravenHealth.com or on the **Braven Health App**.

You can:

- Review your benefit details
- Find in-network providers and pharmacies
- View your Explanation of Benefits (EOB) and claim information
- Access your member ID card

Getting started:

1. Go to BravenHealth.com/register.
2. Enter and verify your personal information. You will be asked to enter your member ID number, which can be found on your member ID card.
3. Once you have verified your information, click *Continue*.
4. Follow the steps to verify your email address, and then click *Continue*.
5. Create your username and password, read the disclaimer, and check the box.
6. Click *Create Account*.

How to download the Braven Health App

- Search for **Braven Health NJ Medicare** in the App Store® or Google Play™
- Scan the QR code



If you're already registered at BravenHealth.com, you can use the same username and password for the **Braven Health App**. The **Braven Health App** is free to download.

If you need help, call the Braven Health eService Desk at **1-888-444-0545 (TTY 711)**, weekdays, from 7 a.m. to 6 p.m., ET.

Sign up to get text messages from Braven Health

We'll send you the latest updates about your plan and remind you when you are due for important appointments or screenings. All text messages from us will include "A Message from Braven Health" at the top, so you know it's from us. Sign in to your member account or the **Braven Health App** and add your cell phone number to your profile. You can choose to opt out of text messages at any time.

Find Doctors, Hospitals and Other Health Care Professionals

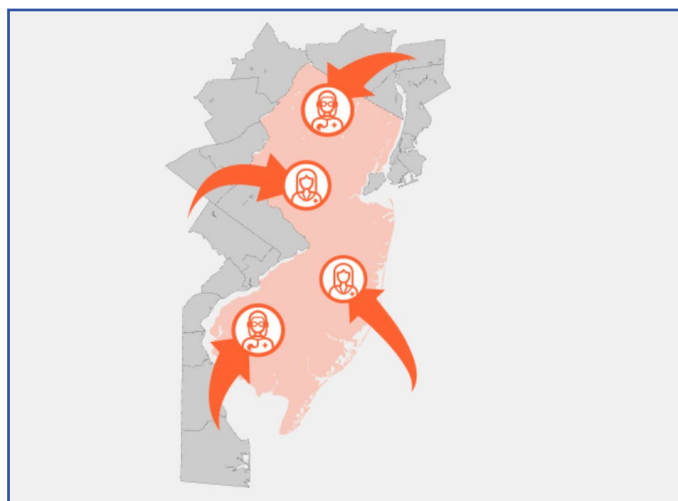


As a Braven Health member, you have access to hospitals in New Jersey and doctors who accept Medicare nationwide.

Find a doctor

Search our *Doctor & Hospital Finder* at BravenHealth.com/find-doctor.

Click the orange map to search for providers in the New Jersey area.



Click the blue map to search for providers outside of New Jersey.



Enter your city and state or ZIP code. Then choose your plan name from the drop down list. You can search by name, specialty and category.



IMPORTANT TIP:

Make sure you have the correct spelling of the health care professional or facility that you are looking for. For best results, start typing the name of the provider and select the recommendation that matches the provider you are searching.

You can also call Member Services at **1-833-272-8360** (TTY **711**) to find an in-network provider near you.



In-Network vs. Out-of-Network Benefits



Braven Health plans give you the flexibility to see providers that are outside of our network, both in New Jersey and nationwide.

Review Chapter 4 of your EOC for detailed information about your costs, if applicable.

How to lower your out-of-pocket costs

If your plan includes copays for medical services, your out-of-pocket costs will vary depending on where you get the service. For certain services, you will pay more when you get services in a location that is considered part of a hospital. You will pay less when you get services in a doctor's office or in a location that is not part of a hospital. Be sure to ask the office staff where you are getting the service if they are considered part of a hospital. Chapter 4 of your EOC explains how much you will pay at each type of location.



Good to Know!

In an emergency or urgent situation where you need care outside the network, you won't be charged more than the in-network copay if your plan includes copays for medical services.

Braven Health &more™ Card



The Braven Health &more Card is a flexible way to get many of your extra benefits. It's as easy as swiping your card.

We have a network of participating retail stores that you must use to get services and items covered under your &more Card benefits. Each of the benefits described below has its own participating retailer network. You will be responsible for 100% of the costs for items and services purchased from non-participating retail stores.



Use it for:

- **Membership at a participating gym or health club, virtual fitness programs you use at home from participating retail stores, or fitness equipment** from participating retail stores or from our online Fitness Catalog at andmorehealth.com.
- **Rewards you earn for preventive health activities** through the *Healthy Journey* Rewards Program are added to your &more Card. You can earn up to \$385 in rewards for certain screenings. See page 7 for details or visit BravenHealth.com/healthy-journey to learn more.
- **Prescription frames and contact lenses.** You get an allowance for prescription frames or contact lenses at participating retail stores.

Check the EOC you received with this Welcome Packet to learn more about the benefits available on your Braven Health &more Card.

To find approved items or to check your balance, go to andmorehealth.com.

If you have any questions about your Braven Health &more Card, call us at **1-855-263-6673 (TTY 711)** weekdays, 8 a.m. to 8 p.m., ET.



You must activate your Braven Health &more Card before you use it!

Helping You Stay Healthy



Regular screenings and appointments are an important part of your health care journey. We're here to support you every step of the way. Take advantage of our *Healthy Journey* Rewards Program and earn up to \$385 per year for completing the following health activities:

Annual Wellness Visit	\$75
Breast Cancer Screening	\$50
Bone Mass Density Testing	\$50
Colorectal Cancer Screening	\$50
Diabetic HbA1c Test	\$25
Diabetic Retinal Eye Exam	\$50
Diabetic Kidney Function Test	\$25
Health Risk Assessment	\$10
Improving Bladder Control	\$10
Improving Mental Health	\$20
Improving Physical Health	\$20

Get rewarded for prioritizing your health early in the year.

You can also earn an extra \$25 per activity when you complete an annual wellness visit, breast cancer screening and/or colorectal cancer screening by **June 30, 2026**. To receive the additional \$25 rewards, you must report your visit/screenings by **July 31, 2026**.

To receive your rewards, visit andmorehealth.com or call **1-855-263-6673** (TTY 711) to report your health activity. Once confirmed, your rewards will be automatically loaded onto your Braven Health &more Card. Rewards do not expire if you are actively enrolled in Braven Health.

Questions or issues with your card? Call **1-855-263-6673** (TTY 711) or visit andmorehealth.com.



Don't Worry, We'll Remind You!

You will receive reminders about recommended routine screenings that you may need throughout the year.

Care Management

If you are managing a serious health condition, you don't have to do it alone. Braven Health's Care Managers are here to help you better understand your diagnosis and follow your doctor's treatment plan.

Helping you achieve your best health

Care management can help those experiencing a life-changing medical situation, such as:

- A cancer diagnosis
- Heart surgery, an organ transplant, ventilator management, extensive home care or home infusion
- A severe injury or paralysis
- Transitioning home from a hospital or rehabilitation admission

Care management also offers education and care coordination for a new or uncontrolled chronic condition, such as diabetes, chronic obstructive pulmonary disease, congestive heart failure, coronary artery disease and asthma.

Our Care Managers are registered nurses who can:

- Discuss your medical situation with you and your doctor(s)
- Provide educational information to support your doctor's treatment plan
- Connect you with the right care for your needs
- Help you understand how to maximize your plan benefits and minimize your out-of-pocket costs

How to enroll

Participation in our Care Management Program is voluntary and no additional cost for eligible members. To enroll yourself or an eligible dependent, call **1-888-621-5894 (TTY 711)** and select option **2**. Representatives are available weekdays, from 8 a.m. to 5 p.m., ET. Watch your mailbox for more information about our Care Management Program. And to help you meet your health care goals, please fill out and return the enclosed Health Needs Survey.

Meal delivery after an inpatient hospital stay or surgery

Good nutrition is a vital part of any recovery. You will be eligible to receive up to 28 nutritious meals following discharge from an inpatient stay, and there's no limit on the number of times you can use this benefit.

How it works

- A Braven Health Care Manager will call you shortly after you are discharged from the hospital to review the meal program.
- Your Care Manager will fill out any necessary forms and order your meals.



Your Hearing and Vision Benefits



Hearing Benefits

We work with HearUSA to provide your hearing benefits. Call **1-855-825-4706** (TTY **711**), weekdays, 8 a.m. to 8 p.m., ET, to find in-network hearing providers, to arrange your routine hearing exam and to access prescription hearing aids.

Your in-network benefits using HearUSA network providers include:

- \$0 for one routine hearing exam per year with a HearUSA audiologist (you may pay a copay if you see an out-of-network provider for your exam, depending on your coverage)
- \$0 for one fitting/evaluation for one prescription hearing aid per year with a HearUSA provider

You have a \$1,250 allowance (\$750 toward a prescription hearing aid for one ear and \$500 toward a second ear within one benefit year) to purchase hearing aids from either an in-network HearUSA provider or an out-of-network provider. However, you will get the most out of your benefit by using a HearUSA network provider. If you pay out of pocket for your annual routine hearing exam or hearing aid(s), send a copy of the itemized receipt and a copy of your Braven Health member ID card to:

HearUSA Network Claims
PO Box 31927
West Palm Beach, FL 33420

You can also email your request to networkclaims@hearusa.com.

If you need to visit a doctor (for example, an Ear, Nose and Throat (ENT) doctor) for a medical condition affecting your hearing or balance, visit a Braven Health network provider. You can search for in-network doctors at BravenHealth.com/find-doctor or call Member Services at **1-833-272-8360** (TTY **711**), weekdays, 8 a.m. to 8 p.m., ET.

Vision Benefits

Your Braven Health Group plan provides coverage for routine vision services. You have coverage for an annual routine eye exam and an allowance for eye glasses and/or contact lenses. Check your EOC for more details.

Eye exam

You have a \$0 copay when you visit a Braven Health network optometrist for your annual routine eye exam. During this visit, your optometrist will check your vision and screen for certain conditions such as near-sightedness, far-sightedness and/or astigmatism. Your optometrist will also write a prescription for eyeglasses or contact lenses if you need them.

For help finding an in-network provider, call us at **1-833-272-8360** (TTY **711**) or visit BravenHealth.com/find-doctor.

If you visit a provider outside of the Braven Health network for your annual eye exam, your cost may be higher, depending on your coverage. Check your plan's EOC to know more about these costs.

Eyeglass lenses, frames and contact lenses

You have an allowance to purchase eyewear at participating retail stores using your Braven Health &more Card. Check your plan's EOC for the annual allowance amount covered under your group plan.

Visit andmorehealth.com to check your balance and more. You can also call Braven Health &more Card Customer Service at **1-855-263-6673** (TTY **711**) for more information.

If you need help with an eye-related medical condition

Your plan also covers treatment for more complex eye-related conditions and diseases, such as glaucoma, cataracts and diabetic retinopathy. If you need to see an ophthalmologist or other specialist to treat these conditions, visit a Braven Health network provider. For help finding an in-network specialist, call us at **1-833-272-8360** (TTY **711**) or visit BravenHealth.com/find-doctor.

Check your plan's EOC for your in-network and out-of-network costs for these visits. Your cost-sharing amounts are listed in the "Vision Care" section of the Medical Benefits Chart in Chapter 4 of your EOC. Check the amounts listed for "diagnostic eye exam."



If your plan includes dental benefits, review the Dental Services section in Chapter 4 of your EOC for detailed information about your dental benefits.

Select a Primary Care Physician (PCP) to Coordinate Your Care



Your PCP will provide routine services and help coordinate care with specialists and other providers. If you don't already have a PCP, visit BravenHealth.com/find-doctor or call Member Services at **1-833-272-8360** (TTY **711**). We can help you select one from our large network of family and internal medicine providers.

You pay \$0 for many preventive services. Check your EOC for information about your costs when you see an in-network or out-of-network provider when you get the following services:

- Breast cancer screenings (mammograms)
- Cervical and vaginal cancer screenings
- Colorectal cancer screenings
- Prostate cancer screenings
- Flu, COVID-19, hepatitis B and pneumococcal vaccines
- Bone mass measurements
- Cardiovascular screenings
- Depression screenings
- Obesity screening and counseling

Did you get your flu shot?

It is important to stay up to date on routine care and vaccines for you and your family. Making sure everyone in your household has their flu shot is always the smart thing to do. Remember, vaccines for the flu, pneumonia and COVID-19 are covered at no cost to you.

Getting Test Results From Your Doctor

Most doctors now communicate with their patients using an online patient portal. This is a convenient and secure way to get your medical records and test results, send messages to your doctor, and keep your contact and insurance information updated.

Ask your doctor's office about their online patient portal and register for access. If you do not have access to a computer or have difficulty using the portal, let your doctor's office know how you want to receive test results and other important medical information.

You can also register for access to patient portals offered by our network lab providers. This will give you quick access to your test results.



Understanding Your Prescription Drug Benefits



You are covered for both Medicare Part B and Medicare Part D prescription drugs. Braven Health partners with Prime Therapeutics to manage your Medicare prescription drug needs.

Once you create your member account at BravenHealth.com (see page 3) and log in, click on *Prescriptions* on the left-hand side of the screen, then click *Pharmacy Benefits*. Then click *Go to Prime Therapeutics*.

Once online, you can:

- See which medicines are covered
- Find an in-network pharmacy
- View your prescription history, including costs
- Learn more about your medicines
- Download plan documents and more

If you do not have online access, call Prime Therapeutics at **1-855-457-0222 (TTY 711)**, 24 hours a day, seven days a week.

Get Your Prescriptions Delivered Right to Your Door



You can save time when you get your medicine delivered to your door.

Amazon Pharmacy

Choose between a 30-day supply of your medicine sorted into pre-packaged doses so you never miss a dose or a 90-day supply in a bottle, all at no additional cost. Visit Pharmacy.Amazon.com or call **1-855-793-5325 (TTY 711)**, 24 hours a day, seven days a week.

Express Scripts® Pharmacy

You can get up to a 90-day supply delivered right to you with free standard delivery in weatherproof packaging. Plus, pharmacists are ready to answer your questions 24/7. You must enroll with Express Scripts before your first delivery. Call Express Scripts Pharmacy at **1-833-715-0963 (TTY 711)** or visit Express-scripts.com/rx. Or, your doctor can call **1-800-282-2881**.

Walgreens Mail Service

Get up to a 90-day supply delivered right to you, anywhere in the United States. Standard shipping is always free. Call **1-877-836-0407 (TTY 711)**, 24 hours a day, seven days a week, or download the form online when you log in at MyPrime.com. You can also visit Walgreensmailservice.com to register.

ACCREDITO®, a Full Service Specialty Pharmacy

If your doctor has prescribed certain specialty medicines (usually found on Tier 5 of your formulary), you can get them quickly shipped to you for free with Accredo, even those that need special handling like refrigeration. Visit Accredo.com or call **1-833-715-0979 (TTY 711)**, weekdays, 8 a.m. to 8 p.m., Eastern Time.





Drug Coverage Tiers



Your covered medicine list is separated into different groups, or tiers. Your out-of-pocket costs will be determined by the medicine's tier.

We're here to help. To find out your medicine's tier, call **1-855-457-0222 (TTY 711)**, 24 hours a day, seven days a week. You can also visit [MyPrime.com](https://www.MyPrime.com). Click *Medicines* at the top of the page, then *Find medicines*.

If you are registered for this site, log in to view your plan's formulary. If you are not registered for this site, click *Continue without logging in*, then select *Braven Health* in the first drop-down list and *Braven Medicare Group (w/Rx)* in the second drop-down list. You can then search for covered drugs by name and view the tier.

Are there restrictions on covered drugs?

Some prescriptions require prior approval before your plan will cover them to make sure they are right for you. Some drugs have limits on the amount you can receive at a time (quantity limit) and others require you try other drugs before being approved for your prescription (step therapy).

To find out if your medicine requires prior approval or has other restrictions, log in at [MyPrime.com](https://www.MyPrime.com) and follow the instructions above to search for covered drugs and view any restrictions.

What Are Coverage Stages?

Your coverage for Part D prescription medicines has multiple stages. How much you pay for your prescription medicines depends on each coverage stage. Review your EOC for detailed information about these stages and how much you pay.

YEARLY DEDUCTIBLE

Yearly deductible

If your plan includes a pharmacy (Part D) deductible, you pay the full cost of certain tier medicines until you meet your plan's annual deductible amount.

UNTIL YOU REACH YOUR PLAN'S MAX OUT OF POCKET

Initial coverage

If your plan includes copays for prescription drugs, you pay a copay (a fixed amount) or coinsurance (a percentage of the cost) for your share of the medicine cost. How much you pay depends on your plan and your prescription's tier.

ONCE YOU REACH YOUR PLAN'S MAX OUT OF POCKET

Catastrophic coverage

You pay nothing toward your covered Part D medicine for the rest of the calendar year.

Your monthly prescription drug EOB tells you which stage you are in and how much you're spending on Part D prescription medicines. Keep track of this amount so you know if you are close to the coverage gap. You can also view your Part D (Pharmacy) EOB online when you sign in at [MyPrime.com](https://www.MyPrime.com).



Savings Tip!

Ask your doctor or pharmacist if you can switch to a generic medicine instead of a brand name medicine. Also, ask your doctor if there is an alternative drug available on a lower tier.

Save on Insulin



If your plan includes copays for Part D prescription drugs, you won't pay more than \$35 for a one-month supply of each insulin product covered by Braven Health, no matter what cost sharing tier it's on.

Insulins covered by Braven Health include:

- Humulin®
- Humulin® N
- Humulin® R
- Humalog® Mix
- Lantus®
- Lantus® Solostar®
- Lyumjev®
- Toujeo® Max Solostar®
- Toujeo® Solostar®
- Novolin N, Novolog R, Novolin 70/30, Novolog Mix

For a full list of covered prescription medicines, including insulins that you inject, log in at [MyPrime.com](https://www.bravenhealth.com/MyPrime) and select *Find Medicines*. Or, call Pharmacy Member Services at **1-855-457-0222** (TTY **711**), 24 hours a day, seven days a week.

MyCabinet

We've partnered with MyCabinet to give you free access to the **MyCabinet app**. The **MyCabinet app** helps you manage all of your medicine in one place. Use the QR code to download the app on your smartphone. Once you download the app, register for an account and use the promo code **BravenFREE**. You can easily log all of your medicines, set reminders for refills, get alerts for dangerous drug interactions and more! The **MyCabinet app** helps you invest in your health, safety and quality of life. And best of all, it's completely free for Braven Health members.





Rx Savings Solutions



If your plan includes copays for Part D prescription drugs, don't miss out on this chance to save money on your prescriptions. Braven Health is working with Rx Savings Solutions to help you save money.

Rx Savings Solutions will show how you can save on prescription drug costs and work with your doctor to change to a lower cost prescription. You can enroll at no additional cost to you.

This program helps you pay less for your medicines while keeping your information confidential and secure. You can see your savings opportunities when you enroll at BravenHealth.com/RxSS. You'll find more information about Rx Savings Solutions under "Prescriptions."



Need help? Call 1-800-268-4476 (TTY 711), weekdays, 8 a.m. to 8 p.m., ET.

Visit a Doctor From the Comfort and Safety of Home



Through the Care Online program, you can talk privately with a licensed, board-certified network provider via video or chat using a web-enabled computer or mobile device — all for a \$0 copay.

How can I use it?

Visit [Amwell.com](https://www.amwell.com) or download the **Amwell: Doctor Visits 24/7 App** from the App Store® or Google Play™. You can also access care online when you log in at [BravenHealth.com](https://www.BravenHealth.com). You will be asked to create an account and enter the Service Key “Braven.” Visit [BravenHealth.com/telehealth](https://www.BravenHealth.com/telehealth) for instructions on how to register.

What can you use telehealth for?

You have access to virtual therapy and psychiatry in addition to urgent care appointments for conditions like stomach pain, fever and more.

How often can you use it?

You can video visit with health care providers from the comfort of home or wherever you are as often as you like.

- You **do not need an appointment** for urgent telehealth visits.
- You **need to schedule an appointment** for behavioral health visits. Appointments are available between 7 a.m. and 11 p.m., ET, seven days a week.

Important tip: Make sure you select a pharmacy when you start your session because a doctor may prescribe medicines during your visit.

Need technical assistance?

Contact the eService Help Desk at **1-855-635-1393** (TTY **711**), weekdays, 7 a.m. to 6 p.m., ET, or email support@americanwell.com.

Doctors can ePrescribe in New Jersey through video visits only. Telehealth services are available in all states, although ePrescribing services may be restricted by state laws.

Feel Good With Blue365®



Blue365 is a discount program that saves you money on products and services that help you get and stay healthy.

Each week, you may receive information about great deals and discounts from top national and local retailers delivered straight to your inbox. Deals will come with an instant coupon code or take you to the vendor's website to make a discounted purchase or enroll in a discount program.

You will get deals for:

- Home and auto insurance and home mortgages
- Gym memberships, wearable devices and workout gear
- Hotels, car rentals and travel gear
- Vision products and dental and hearing discounts
- Vitamins and supplements
- Weight management programs, meal delivery kits and specialty food services

Get ready to start saving.

- Visit Blue365deals.com.
- Call **1-855-511-2583** (TTY **711**), Monday through Sunday, 8 a.m. to 8 p.m., ET.



Check your email and BravenHealth.com for member newsletters, tips and support to help you stay healthy and get the most out of your plan.

Frequently Asked Questions

Q. Will my Medicare-eligible dependent(s) be covered under my plan?

A. Yes. If your spouse or other dependent(s) is Medicare eligible, they qualify to receive Medicare Advantage (MA) PPO benefits. All eligible dependents will receive their own member ID card and all other applicable plan materials.

Q. My dependents are under 65 and are not Medicare eligible. What happens to their coverage?

A. Eligible dependents, referred to as "leave-behind dependents," will remain on the current plan until they either become eligible for the Braven Medicare Group w/Rx (PPO) plan or age out of the existing plan. Any leave-behind dependents will receive new ID cards.

Q. Does this plan include prescription benefits?

A. Yes, your plan includes prescription benefits. Please review your EOC for more details. Call Prime Therapeutics at **1-855-457-0222** (TTY **711**) with any questions.

Q. Will I receive a new member ID card?

A. Yes, you will receive a new member ID card in the mail with an MA PPO logo on it. You can access your member ID card online at BravenHealth.com or in the **Braven Health App**. Once you sign in, you have the option to print it, download it to your phone or computer, or request a new one.

Q. Can I opt out of this plan?

A. Yes. You can opt out of this plan at certain times of the year or under certain special circumstances by sending a request to your group plan administrator. You may be eligible to re-enroll during open enrollment or during any qualifying life events.

Q. I already participate in a Medicare Advantage plan in addition to this plan. Will my current Medicare Advantage plan coverage be affected?

A. Yes. Once you are enrolled in the Braven Medicare Group w/Rx (PPO) plan, you will be terminated from any other Medicare Advantage plan you are enrolled in. You cannot be enrolled in more than one MA plan at the same time.

Q. Do I still have to pay my Medicare Part B premium?

A. Yes. You are still responsible for paying your Medicare Part B premium to the Social Security Administration (SSA). You must continue to be enrolled in Medicare Parts A and B to be eligible for the Braven Medicare Group w/Rx (PPO) plan.

Q. What if I need to locate a participating doctor or have questions about my Braven Medicare Group w/Rx (PPO) benefits?

A. Visit BravenHealth.com/find-doctor. Select "Braven Medicare Group (PPO) w/Rx" from the Plan dropdown list. For questions about your benefits, refer to your EOC.

Q. Does my new plan require prior authorizations or referrals?

A. Your new plan does not require referrals. However, certain services do require prior authorization. If a service requires prior authorization, your provider may contact the plan. See your EOC for more details.

Q. Is there a nurse I can speak to about managing my chronic condition?

A. Yes. Once your coverage is effective, you can speak with a registered nurse by calling **1-800-711-5952** (TTY **711**), 24 hours a day, seven days a week.

Q. Can I use my Braven Medicare Group w/Rx (PPO) benefits if I live or travel out of state?

A. You have access to doctors, hospitals and other health care professionals nationwide. To find in-network providers nationwide, visit BravenHealth.com/find-doctor. You can also visit any provider that accepts Medicare. You also have coverage for emergency and urgent care services you receive outside of the United States.

Q. Do I have to use Hackensack Meridian Health or RWJBarnabas Health-affiliated facilities or providers?

A. No. You may see any network provider in- or out-of-state. You may also see any provider that accepts Medicare. You will only be liable for your copay or coinsurance amount for the service you receive. Providers must not balance bill you beyond your plan copay or coinsurance amount.

Q. How does my doctor choice affect the way my claims are paid?

A. When you see an out-of-network provider, ask if they participate in the Medicare program. Most providers who participate in the Medicare program must accept Medicare's payment rate in full, minus your plan copay or coinsurance amount.

Some providers do not accept Medicare's payment rate as payment in full and can instead charge up to 115% of the Medicare payment rate.

When you see an out-of-network provider, you are only liable for your plan copay or coinsurance amount. If your provider requires you to pay upfront for services, you may later request reimbursement from Braven Health. We will reimburse you up to the Medicare rate (or up to 115% of the Medicare rate, depending on the provider) minus your plan copay or coinsurance amount. Your provider cannot balance bill you for more than this amount. If you paid more, ask your provider to refund you the amount you paid above your plan copay or coinsurance amount.

If the provider opts out of Medicare or has been excluded from participating in the Medicare program, you are liable for 100% of the cost.



Please refer to your EOC for more information about your plan benefits.



Your Voice. Your Choice.

Appointing a Personal Representative

A personal representative is a person you choose to work with Braven Health on your behalf. When you choose a Personal Representative, you do not lose any of your rights. You can always choose to manage your own benefits.

Personal representative forms are available at BravenHealth.com/HIPAA. You may appoint up to three representatives at one time.

You can choose from two types of personal representatives:

1. **Request for Appointment of Legal Representative** — Use this form to let another person handle your health care needs, including full access to your personal health information, changes to your health care coverage and your health care mail.
2. **Request for Appointment of Limited Representative** — Your personal representative can see your personal health information so they can assist you with your health care and payment for health care. This person will not be permitted to make coverage changes.

Appointment of Representative (AOR) for Complaints or Appeals

You may appoint or authorize an individual to act on your behalf to file a grievance (complaint), requesting an initial determination, or in dealing with any of the levels of the appeals process. This is a separate process from appointing a Personal Representative. To appoint this type of representative, please submit the request in writing. Visit BravenHealth.com/HIPAA to download an AOR form.

IMPORTANT: If you ever need to change the status of your personal representative, please notify Member Services immediately.

You may also call Member Services at **1-833-272-8360** (TTY **711**) if you have any questions or need to request a form.

Planning Ahead for Your Care



No one likes to think about being sick or hurt, but planning ahead can help prevent added stress and confusion.

What is an advance directive?

An advance directive is a legal form that gives orders about how you want to be cared for near the end of your life. This can help your family and doctors know how to treat you if you become too sick to tell them. Any mentally competent adult in New Jersey can make an advance directive. You can change or cancel it at any time. Share your advance directive with your doctor and loved ones, and keep a copy in a safe place. You do not need to send your advance directive to us.

There are two types of advance directives:

- A **proxy directive** means you name an adult to make health care choices for you if your doctor finds that you are unable to understand your diagnosis or care options.
- An **instruction directive**, also called a living will, states your wishes for care if you cannot make your own choices.

Things to think about:

- What type of treatment or procedures to do and for how long, including breathing machines, cardiopulmonary resuscitation (CPR), surgery and more
- How you wish to be fed and receive fluids and for how long
- Your choices for doctors, hospitals and medicines
- Who, if anyone, you would allow to make choices about your care
- Your choices about organ donation

You have rights we must tell you about when talking about advance directives:

- You have the right to give instructions about what is to be done if you are not able to make medical decisions for yourself.
- We cannot deny you care because you do or do not have an advance directive.
- We have to comply with all state laws and let our staff and the community know about all of our advance directive policies.

If a doctor or hospital has not followed a signed advance directive, a complaint can be filed with:

Commerce Health
10820 Guilford Rd., Suite 202
Annapolis Junction, MD 20701
1-866-815-5440 (TTY 1-866-868-2289)

Notice of Nondiscrimination

Braven Health complies with applicable Federal civil rights laws and does not discriminate against nor does it exclude people or treat them differently on the basis of race, color, gender, national origin, age, disability, pregnancy, gender identity, sex, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations. Braven Health provides free aids and services to people with disabilities (e.g., qualified language interpreters and information in other formats) and to those whose primary language is not English (e.g., information in other languages) to communicate effectively with us.

Contacting Member Services

Call Member Services at **1-833-272-8360** (TTY **711**) or the phone number on the back of your member ID card, if you need the free aids and services noted above and for all other Member Services issues, including:

- Claim, benefits or enrollment inquiries
- Lost/stolen ID cards
- Address changes
- Any other inquiry related to your benefits or health plan

Filing a Section 1557 Grievance

If you believe that Braven Health has failed to provide the free communication aids and services or discriminated against you for one of the reasons described above, you can file a discrimination complaint also known as a Section 1557 Grievance. Braven Health's Civil Rights Coordinator can be reached by calling the Member Services number on the back of your member ID card or by writing to:

Braven Health
Civil Rights Coordinator
Three Penn Plaza East, PP-12L
Newark, NJ 07105-2200

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

Office for Civil Rights Headquarters
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019 or 1-800-537-7697 (TDD)

OCR Complaint forms are available at hhs.gov/ocr/office/file/index.html.

Para ayuda en español, llame a **1-833-272-8360** (TTY **711**).

Notice of Availability

If you speak English, free language assistance services and auxiliary aids are available to provide information in accessible formats. Call the number on the back of your member ID card for help.

Si habla español, hay servicios gratuitos de asistencia lingüística y ayudas auxiliares disponibles para proporcionar información en formatos accesibles. Llame al número que figura en el reverso de su tarjeta de identificación de miembro para obtener ayuda.

如果您說中文，我們提供免費的語言協助服務和輔助工具，以無障礙格式提供資訊。請撥打您的會員 ID 卡背面的電話號碼尋求協助。

한국어를 사용하시는 경우, 무료 언어 지원 서비스 및 보조 기구를 통해 접근 가능한 형식으로 정보를 제공받을 수 있습니다. 도움이 필요하시면 가입자 ID 카드 뒷면에 있는 번호로 전화하시기 바랍니다.

Se fala português, estão disponíveis serviços de assistência linguística e auxiliares gratuitos para fornecer informações em formatos acessíveis. Telefone para o número no verso do seu cartão de identificação de associado para obter ajuda.

જો તમે ગુજરાતી બોલતા હોવ, તો સુલભ ફોર્મેટમાં માહિતી પૂરી પાડવા માટે નિ:શુલ્ક ભાષા સહાય સેવાઓ અને પૂરક સહાયો ઉપલબ્ધ છે. મદદ માટે તમારા સભ્ય આઈડી કાર્ડની પાછળના નંબર પર કોલ કરો.

Jeśli posługujesz się językiem polski, dostępne są bezpłatne usługi wsparcia językowego i materiały pomocnicze w celu przekazania informacji w przystępnym formacie. Aby uzyskać pomoc, zadzwoń pod numer podany na odwrocie identyfikacyjnej karty członkowskiej.

Se parlate italiano, sono disponibili servizi gratuiti di assistenza linguistica e ausili aggiuntivi per fornire informazioni in formati accessibili. Chiamate il numero sul retro della Vostra tessera identificativa per ricevere assistenza.

إذا كنت تتحدث العربية، تتوفر خدمات المساعدة اللغوية المجانية والمساعدات الإضافية لتوفير المعلومات بصيغ يسهل الوصول إليها. اتصل بالرقم الموجود على ظهر بطاقة هوية العضو للحصول على المساعدة.

Kung nagsasalita ka ng Tagalog, handang magamit ang mga libreng tulong na serbisyo sa wika at mga auxiliary na tulong para magbigay ng impormasyon sa mga naa-access na format. Tawagan ang numero sa likod ng iyong kard ng pagkakakilanlan bilang miyembro para sa tulong.

Если вы говорите на Русский язык, мы готовы бесплатно предоставить услуги переводчика и вспомогательные средства для получения информации в доступных форматах. Для получения помощи позвоните по номеру, указанному на обратной стороне вашей карточки участника.

Si w pale Kreyòl Ayisyen, sèvis asistans lang gratis ak èd oksilyè disponib pou bay enfòmasyon nan fòm ki aksesib. Rele nimewo ki sou do kat manm ou a pou èd.

यदि आप हिंदी बोलते हैं, तो सुलभ प्रारूपों में जानकारी प्रदान करने के लिए नि:शुल्क भाषा सहायता सेवाएं और सहायक साधन उपलब्ध हैं। मदद के लिए अपने सदस्य आईडी कार्ड के पीछे दिए गए नंबर पर कॉल करें।

Nếu bạn nói tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí và công cụ hỗ trợ để cung cấp thông tin ở các định dạng có thể truy cập. Hãy gọi số điện thoại ở mặt sau thẻ nhận dạng thành viên của bạn để được trợ giúp.

Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition, ainsi que des outils auxiliaires fournissant des informations dans des formats accessibles. Pour recevoir de l'aide, appelez le numéro indiqué au dos de votre carte de membre.

اگر آپ اردو بولتے ہیں، تو مفت زبان کی مدد کی خدمات اور معاون امداد ایک قابل رسائی شکل میں معلومات کی فراہمی کے لیے دستیاب ہیں۔ مدد کے لیے اپنے ممبر آئی ڈی کارڈ کی پشت پر موجود نمبر پر کال کریں۔

আপনি যদি বাংলায় ভাষায় কথা বলেন, তাহলে সহজলভ্য ফরম্যাটে তথ্য প্রদানের জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবা ও সহায়ক উপকরণ উপলব্ধ রয়েছে। সাহায্যের জন্য আপনার সদস্য আইডি কার্ডের পিছনে দেওয়া নম্বরে কল করুন।

H0885_ECNA0023234_C

When You Need Help, We'll Be There.

Important phone numbers

Member Services: **1-833-272-8360**

24/7 Nurse Line: **1-888-444-0036**

Telehealth (Amwell): **1-855-635-1393**

TTY Users: **711**

Pharmacy Member Services: **1-855-457-0222**

Braven Health &more Card: **1-855-263-6673**

Behavioral Health: **1-888-444-0422**

Hearing Services (HearUSA): **1-855-825-4706**

Care Management: **1-888-621-5894 (TTY 711), option 2**

When you need to write us:

Braven Health Member Services

PO Box 1609

Newark, NJ 07101-1609



A partnership between Horizon Blue Cross Blue Shield of New Jersey, Hackensack Meridian *Health* and RWJBarnabas Health.

BravenHealth.com

Other Providers are available in our network.

Read our Notice of Privacy Practices at BravenHealth.com/privacy-center.

To read our Members Rights and Responsibilities, visit BravenHealth.com/rights.

There is no charge to download the Braven Health App but rates from your wireless provider may apply. App Store is a service mark of Apple Inc., registered in the U.S. and other countries. Google Play is a trademark of Google LLC. All trademarks, logos and brand names are the property of their respective owners.

Rx Savings Solutions is an independent company that supports Braven Health in prescription drug services.

Blue365® offers access to savings on items that members may purchase directly from independent vendors, which are different from items that are covered under your policies with your local Blue company, its contracts with Medicare or any other applicable federal health care program. These independent vendors do not provide Braven Health products or services and are solely responsible for the services provided. To find out what is covered under your policies, call Braven Health. The products and services described herein are neither offered nor guaranteed under your local Blue company's contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to Braven Health's grievance process. Braven Health may receive payments from Blue365 vendors. Braven Health does not recommend, endorse, warrant or guarantee any specific Blue365 vendor or item. HearUSA is an independent company that supports Braven Health in the administration of hearing services.

Express Scripts® Pharmacy, Amazon Pharmacy, Walgreens Mail Service and Accredo® are independent companies that support Braven Health in prescription delivery services. Express Scripts Pharmacy, Amazon Pharmacy, Walgreens Mail Service and Accredo are independent from and not affiliated with Braven Health. Prime Therapeutics is an independent company that supports Braven Health in the administration of its Part D Prescription Drug program. Prime Therapeutics has an ownership interest in Walgreens Mail Service, a central specialty and home delivery pharmacy. MyCabinet is an independent company that supports Braven Health with pharmacy services. There is no charge to download the Amwell app but rates from your wireless provider may apply.

App Store is a service mark of Apple Inc., registered in the U.S. and other countries. Google Play is a trademark of Google LLC.

&more Benefits Prepaid Mastercard® is issued by Avidia Bank, pursuant to a license from Mastercard Incorporated. Use of this card is subject to the terms and conditions of the Cardholder Agreement. &more™ is a trademark of Soda Health, Inc. Soda Health, Inc. is an independent company that supports Braven Health in administering supplemental benefits. Horizon Blue Cross Blue Shield of New Jersey is an independent licensee of the Blue Cross Blue Shield Association. Products are provided by Braven Health, an independent licensee of the Blue Cross Blue Shield Association. The Blue Cross® and Blue Shield® names and symbols are registered marks of the Blue Cross Blue Shield Association. The Braven HealthSM name and symbols are service marks of Braven Health. ©2025 Braven Health. Three Penn Plaza East, Newark, New Jersey 07105. (1025)

H0885_ECN0025251A_C