



Braven MAPD (PPO) 2026 Summary of Benefits

Group Name:		CHUBB
Effective Dates	1/1/2026-12/31/2026	
Group Number:	65-8302P	
Medical Plan:	Braven Medicare Group w/ Rx (PPO)	
All members covered under single policies		
MA (PPO) – Same benefits for In Network and Out of Network. Members may utilize all providers in the USA who have not opted out or have been excluded from participating in Traditional Medicare		
Service	MA (PPO) Cost Share-\$0 Copayment Custom Plan	
In and Out of Network Deductible	\$0	
In and Out of Network Coinsurance	100% Coverage	
In and Out of Network MOOP	N/A (\$0 cost share)	
Primary Care Physician Copay	\$0 Copayment	
Specialist Copay	\$0 Copayment	
Vision Hardware Allowance (Braven Health & more card)	\$100 allowance every 2 years for eyeglasses or contact lenses not associated with cataract surgery	
Vision Care	100% Coverage Routine eye exam, Glaucoma screening & Annual Diabetic Retinal exam	
Routine Hearing Exam Routine hearing exams administered by HearUSA. Members must coordinate with HearUSA for any in-network or out-of-network services.	100% Coverage	
Hearing Aid Hearing aids will be administered by HearUSA. Members must coordinate with HearUSA for any in-network or out-of-network services. Members that select out-of-network hearing aids must coordinate reimbursement through HearUSA.	\$750 towards purchase of single hearing aid for one ear and \$500 towards second hearing aid for second ear within 1 year benefit period and 1 year supply of batteries.	
Partial Hospitalization	100% Coverage	
Renal Dialysis	100% Coverage	
ER Copay	100% Coverage	
Private Duty Nursing	100% Coverage Unlimited number of hours if services are determined to be medically necessary.	
Acupuncture	Covered 100% Unlimited number visits if services are determined to be medically necessary.	
Skilled Nursing Facility (SNF)	100% Coverage	

	Unlimited number of hours if services are determined to be medically necessary.
Mental Health (Office)	100% Coverage
IP Mental Health Days (Psychiatric Hospital)	100% Coverage Unlimited lifetime days for inpatient services obtained in a psychiatric hospital.
In-Patient Hospital	100% Coverage
Outpatient Hospital (including Radiation Therapy/Chemo Drugs, Observation Services)	100% Coverage
Ambulatory Surgical Center (including Radiation Therapy/Chemo Drugs)	100% Coverage
Home Health	100% Coverage Unlimited number of hours if services are determined to be medically necessary.
Lab (Outpatient Hospital)	100% Coverage
Lab (Free Standing)	100% Coverage
Radiology Services (Outpatient Hospital)	100% Coverage
Radiology Services (Free Standing/office)	100% Coverage
Part B drugs	100% Coverage
Ambulance	100% Coverage
Chiropractic	100% Coverage Manual manipulation and modalities of the spine to correct subluxation.
Durable Medical Equipment (DME)	100% Coverage
Wigs-For hair loss that is a result of chemo	\$500/per year
Urgent Care Center	100% Coverage
Fitness Allowance (Braven Health & more card)	\$200 Annual Allowance Annual allowance towards a gym and/or fitness studio membership, virtual fitness classes, equipment and more. Activity trackers purchased via catalog only through Smart Card benefit.
Home Delivered Meals	Covered 100% Receive up to 28 meals following any inpatient surgery or inpatient hospitalization
Podiatry (Medicare Covered)	100% Coverage
Nurseline	100% Coverage
Telemedicine (Amwell)	100% Coverage
Physical/Occupational/Speech (Office)	100% Coverage

Prime Therapeutics administers the pharmacy benefits and network for our Part D plans.

2026 Preferred Pharmacies: CVS, Leader, Hackensack, RWJ, Shoprite

2026-In-network Preferred mail-order pharmacies include:
Express Scripts Home Delivery, Walgreens Mail Service, Amazon Mail Order

Retail copayment at a Preferred Pharmacy

30 Day Supply

Preferred Generic -\$3

Generic-\$13

Preferred Brand-\$33

Non-Preferred Brand -\$48

Specialty Tier-25%

Retail Copayment at a Standard Pharmacy

30 Day Supply

Preferred Generic -\$10

Generic-\$20

Preferred Brand-\$40

Non-Preferred Brand -\$55

Specialty Tier-25%

Mail Order Copayment

90 Day Supply

Preferred Generic -\$15

Generic-\$35

Preferred Brand-\$70

Non-Preferred Brand -\$100

Specialty- Not Applicable

MOOP-\$2,100

Deductible-\$0

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Braven Health is an insurance company that has been offering Medicare Advantage plans since January 1, 2021. Braven Health is a joint venture between Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ), Hackensack Meridian Health (HMH) and RWJBarnabas. It is an affiliate of Horizon BCBSNJ and is an independent licensee of the Blue Cross Blue Shield Association.

Braven Health will offer Medicare Advantage plans for coverage that will be effective January 1, 2021, and is jointly owned by Horizon BCBSNJ and HMH. By bringing together the strength of one of New Jersey's top health systems, and the state's largest and most trusted health insurer, Braven Health is lowering health care costs for New Jersey's Medicare-eligible population, offering benefits and extras that go well beyond Original Medicare, and delivering a better, easier health care experience. Retirees of groups are not restricted to HMH or RWJBarnabas providers