



**Braven MAPD (PPO) Proposal**

Group Name:	<b>TOWNSHIP OF LONG BEACH</b>
Group Number:	65-8303C
Effective Dates:	01/01/2026 – 12/31/2026
Medical Plan:	Braven Medicare Group w/ Rx (PPO)

All members covered under single policies

**MAPD (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	MAPD (PPO) Custom \$0 Copay
<b>In and Out of Network Deductible</b>	\$0
<b>In and Out of Network Coinsurance</b>	100% Coverage
<b>In and Out of Network MOOP</b>	N/A (\$0 cost share)
<b>Primary Care Physician Copay</b>	\$0 Copayment
<b>Specialist Copay</b>	\$0 Copayment
<b>Vision Hardware Allowance (Braven Health &amp;more Card)</b>	\$100 allowance every year for eyeglasses or contact lenses not associated with cataract surgery
<b>Vision Care</b>	100% Coverage Routine eye exam, Glaucoma screening & Annual Diabetic Retinal exam
<b>Routine Hearing Exam</b>	100% Coverage
<b>Hearing Aid</b> 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.
<b>Partial Hospitalization</b>	100% Coverage
<b>Renal Dialysis</b>	100% Coverage
<b>ER Copay</b>	100% Coverage
<b>Private Duty Nursing</b>	100% Coverage Unlimited hours - services are determined by medical necessity.
<b>Acupuncture</b>	100% Coverage Unlimited hours – For Pain Management
<b>Skilled Nursing Facility (SNF)</b>	100% Coverage This benefit is limited to a maximum of 120 days per benefit period.
<b>Mental Health (Office)</b>	100% Coverage
<b>IP Mental Health Days (Psychiatric Hospital)</b>	100% Coverage Unlimited days for inpatient services obtained in a psychiatric hospital.
<b>In-Patient Hospital</b>	100% Coverage
<b>Outpatient Hospital (Including Radiation Therapy/Chemo Drugs, Observation Services)</b>	100% Coverage
<b>Ambulatory Surgical Center (including Radiation Therapy/Chemo Drugs)</b>	100% Coverage
<b>Home Health</b>	100% Coverage Unlimited hours - services are determined by medical necessity.

<b>Lab (Outpatient Hospital)</b>	100% Coverage
<b>Lab (Free Standing)</b>	100% Coverage
<b>Radiology Services (Outpatient Hospital)</b>	100% Coverage
<b>Radiology Services (Free Standing/office)</b>	100% Coverage
<b>Part B drugs</b>	100% Coverage
<b>Ambulance</b>	100% Coverage
<b>Chiropractic</b>	100% Coverage Manual manipulation and modalities of the spine to correct subluxation.
<b>Durable Medical Equipment (DME)</b>	100% Coverage
<b>Wigs - hair loss that is a result of chemo</b>	\$500/per year
<b>Urgent Care Center</b>	100% Coverage
<b>Fitness Allowance (Braven Health &amp;more Card)</b>	\$200 Annual Allowance Annual allowance towards a gym and/or fitness studio membership, virtual fitness classes, equipment and more.
<b>Home Delivered Meals</b>	Covered 100% Receive up to 28 meals following any inpatient surgery or hospitalization
<b>Podiatry (Medicare Covered)</b>	100% Coverage
<b>Nurseline</b>	100% Coverage
<b>Telemedicine (Amwell)</b>	100% Coverage
<b>Physical/Occupational/Speech (Office)</b>	100% Coverage
<b>Part D Prescription (PDP)</b>  <b>Prime Therapeutics</b> administers the pharmacy benefits and network for our Part D plans.  <b>2026-In-network Preferred mail-order pharmacies include:</b> Express Scripts Home Delivery, Walgreens Mail Service, Amazon Mail Order	<b>Retail Pharmacy: (30 day supply)</b> \$6 Tier 1-Preferred Generic \$6 Tier 2-Generic \$12 Tier-3 Preferred Brand \$24 Tier 4- Non-Preferred Drugs \$24 Tier 5- Specialty  <b>Mail Order: (90 day supply)</b> \$5 Tier 1-Preferred Generic \$5 Tier 2- Generic \$18 Tier 3-Preferred Brand \$30 Tier 4-Non-Preferred Drugs Specialty- Not available through mail order  MOOP-\$1,351 Deductible-\$0

Braven Health has a Medicare contract to offer PPO Medicare Advantage and Medicare Advantage with Prescription Drug plans, including group Medicare Advantage and group Medicare Advantage with Prescription Drug plans. Enrollment in Braven Health's products depends on contract renewal. Products are provided by Braven Health. Communications are issued by Horizon Blue Cross Blue Shield of New Jersey in its capacity as administrator of programs and provider relations for all of its companies. Both are independent licensees of the Blue Cross Blue Shield Association.

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