

Bravo Introduces their 2010 Benefits

As we begin planning for 2010's AEP and OEP, Bravo is very excited about the new year.

Attached are our final approved benefit grids for 2010. Feel free to share with your producers. Based on what we know of our competitors, I think you will see we are very well positioned for all to have an outstanding year.

Please remember all of your producers need to complete the 2010 AHIP training. Now is a great time to start pushing them to complete this. Bravo certification in the local markets will officially begin October 12th. I will forward the training schedules for each market once they are finalized.

One last thing, let's not take our eye off the ball for the remainder of 2009. There is still time and there are plenty of seniors who can use your help during this lock-in period. They are buying, so why shouldn't they buy from you?

Thanks to all and good selling!

16A	Maximum Coverage amount for Preventive Dental	No	No	No	No	No	Not Covered	No	No	No	No	Not Covered	Not Covered	Not Covered	Not Covered	No	No	No	Not Covered	No	Not Covered	Not Covered	Not Covered	Not Covered
16B	Comprehensive Dental	Emergency services: Unlimited, Diagnostic Services: Unlimited, Restorative Services: Unlimited, Endodontics/Periodontics/Extractions: Unlimited, Prosthodontics & Other Maxillofacial surgery: Unlimited	Emergency services: Unlimited, Diagnostic Services: Unlimited, Restorative Services: Unlimited, Endodontics/Periodontics/Extractions: Unlimited, Prosthodontics & Other Maxillofacial surgery: Unlimited	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Emergency services: Unlimited, Diagnostic Services: Unlimited, Restorative Services: Unlimited, Endodontics/Periodontics/Extractions: Unlimited, Prosthodontics & Other Maxillofacial surgery: Unlimited	Not Covered	Emergency services: Unlimited, Diagnostic Services: Unlimited, Restorative Services: Unlimited, Endodontics/Periodontics/Extractions: Unlimited, Prosthodontics & Other Maxillofacial surgery: Unlimited	Not Covered	Emergency services: Unlimited, Diagnostic Services: Unlimited, Restorative Services: Unlimited, Endodontics/Periodontics/Extractions: Unlimited, Prosthodontics & Other Maxillofacial surgery: Unlimited	Not Covered	Not Covered	Not Covered	Not Covered
16B	Maximum Coverage amount for Comprehensive Dental	\$800 Every year	\$800 Every year	Not Covered	Not Covered	\$800 Every year	Not Covered	Not covered	Not covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	\$800 Every year	Not Covered	\$800 Every year	Not Covered	\$800 Every year	Not Covered	Not Covered	Not Covered	Not Covered
17A	Routine Eye Exams	\$0 Copay for 1 routine exam Every year	\$0 Copay for 1 routine exam Every year	\$0 Copay for 1 routine exam Every year	\$0 Copay for 1 routine exam Every year	\$0 Copay for 1 routine exam Every year	Not Covered	\$0 Copay for 1 routine exam Every year	\$0 Copay for 1 routine exam Every year	\$0 Copay for 1 routine exam Every year	\$0 Copay for 1 routine exam Every year	\$0 Copay for 1 routine exam Every year	\$0 Copay for 1 routine exam Every year	\$0 Copay for 1 routine exam Every year	\$0 Copay for 1 routine exam Every year	\$0 Copay for 1 routine exam Every year	\$0 Copay for 1 routine exam Every year	\$0 Copay for 1 routine exam Every year	\$0 Copay for 1 routine exam Every year	\$0 Copay for 1 routine exam Every year	\$0 Copay for 1 routine exam Every year	\$0 Copay for 1 routine exam Every year	\$0 Copay for 1 routine exam Every year	\$0 Copay for 1 routine exam Every year
17B	Routine Eye Wear Coverage	Eye Glasses (Lenses and Frames): 1 Every two years	Eye Glasses (Lenses and Frames): 1 Every two years	Eye Glasses (Lenses and Frames): 1 Every two years	Eye Glasses (Lenses and Frames): 1 Every two years	Eye Glasses (Lenses and Frames): 1 Every two years	Not Covered	Eye Glasses (Lenses and Frames): 1 Every two years	Eye Glasses (Lenses and Frames): 1 Every two years	Eye Glasses (Lenses and Frames): 1 Every two years	Eye Glasses (Lenses and Frames): 1 Every two years	Eye Glasses (Lenses and Frames): 1 Every two years	Eye Glasses (Lenses and Frames): 1 Every two years	Eye Glasses (Lenses and Frames): 1 Every two years	Eye Glasses (Lenses and Frames): 1 Every two years	Eye Glasses (Lenses and Frames): 1 Every two years	Eye Glasses (Lenses and Frames): 1 Every two years	Eye Glasses (Lenses and Frames): 1 Every two years	Eye Glasses (Lenses and Frames): 1 Every two years	Eye Glasses (Lenses and Frames): 1 Every two years	Eye Glasses (Lenses and Frames): 1 Every two years	Eye Glasses (Lenses and Frames): 1 Every two years	Eye Glasses (Lenses and Frames): 1 Every two years	Eye Glasses (Lenses and Frames): 1 Every two years
18A	Routine Hearing Exams	\$0 copay for 1 Hearing test Per Year	\$0 copay for 1 Hearing test Per Year	\$0 copay for 1 Hearing test Per Year	Not Covered	\$0 copay for 1 Hearing test Per Year	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	\$0 copay for 1 Hearing test Every Year	Combined with In-Network	\$0 copay for 1 Hearing test Every Year	Combined with In-Network	Not Covered	\$0 copay for 1 Hearing test Every year	Not Covered	\$0 copay for 1 Hearing test Every year	Not Covered
18A	Max Coverage for Routine Hearing Exams	No max plan coverage amount	No max plan coverage amount	No max plan coverage amount	Not Covered	No max plan coverage amount	Not Covered	Not covered	Not covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	\$1400 Every Year	Combined with In-Network	\$1400 Every Year	Combined with In-Network	Not Covered	No max plan coverage amount	Not Covered	No max plan coverage amount	Not Covered
18B	Maximum Coverage for Hearing Aids	\$1400 Every year	\$1400 Every year	\$1400 Every year	Not Covered	\$1400 Every year	Not Covered	Not covered	Not covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	\$1400 Every year	Combined with In-Network	\$1400 Every year	Combined with In-Network	Not Covered	\$1400 Every year	Not Covered	\$1400 Every year	Not Covered
Section C	POS or PPO Benefit?	No	No	No	No	POS Column	N/A	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
Section Rx	Part D																							
Section Rx	Part D deductible amount	Medicare Part D Deductible	Medicare Part D Deductible	N/A	\$0	\$0	N/A	\$0	\$0	\$0	\$0	\$0	\$0	N/A	\$0	N/A	\$0	Medicare Part D Deductible	\$0	Medicare Part D Deductible	\$0	Medicare Part D Deductible	\$0	\$0
Section Rx	ICL amount	Standard Part D ICL Amount	Standard Part D ICL Amount	N/A	Standard Part D ICL Amount	Standard Part D ICL Amount	N/A	Standard Part D ICL Amount	Standard Part D ICL Amount	Standard Part D ICL Amount	Standard Part D ICL Amount	Standard Part D ICL Amount	Standard Part D ICL Amount	N/A	Standard Part D ICL Amount	N/A	Standard Part D ICL Amount	Standard Part D ICL Amount	Standard Part D ICL Amount	Standard Part D ICL Amount	Standard Part D ICL Amount	Standard Part D ICL Amount	Standard Part D ICL Amount	Standard Part D ICL Amount
Section Rx	In-Network Retail Pharmacy copay/coinsurance - One month supply	Standard Part D cost sharing	Standard Part D cost sharing	N/A	Generic:\$5/Preferred Brand:\$45/Non-Preferred Brand:\$80/Specialty:33%	Generic:\$5/Preferred Brand:\$45/Non-Preferred Brand:\$80/Specialty:33%	N/A	Generic:\$0/Preferred Brand:\$35/Non-Preferred Brand:\$70/Specialty:33%	Generic:\$0/Preferred Brand:\$35/Non-Preferred Brand:\$70/Specialty:33%	Generic:\$3/Preferred Brand:\$45/Non-Preferred Brand:\$80/Specialty:33%	Generic:\$4/Preferred Brand:\$35/Non-Preferred Brand:\$70/Specialty:33%	N/A	Generic:\$4/Preferred Brand:\$35/Non-Preferred Brand:\$70/Specialty:33%	N/A	Generic:\$0/Preferred Brand:\$35/Non-Preferred Brand:\$70/Specialty:33%	Standard Part D cost sharing	Generic:\$0/Preferred Brand:\$35/Non-Preferred Brand:\$70/Specialty:33%	Standard Part D cost sharing	Generic:\$0/Preferred Brand:\$35/Non-Preferred Brand:\$70/Specialty:33%	Standard Part D cost sharing	Generic:\$0/Preferred Brand:\$35/Non-Preferred Brand:\$70/Specialty:33%	Standard Part D cost sharing	Generic:\$0/Preferred Brand:\$35/Non-Preferred Brand:\$70/Specialty:33%	Standard Part D cost sharing
Section Rx	Gap coverage	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Tier 5- Diabetic drugs	Tier 5- Diabetic drugs	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Tier 5- Diabetic drugs	Tier 5- Diabetic drugs	Not covered

Section D	Optional Supplemental Benefits	N/A	N/A	N/A	\$20.50 for \$800 yearly comprehensive dental and \$1400 annual hearing aids and exams benefit	N/A	Not Covered	\$20.50 for \$800 yearly comprehensive dental and \$1400 annual hearing aids and exams benefit	\$20.50 for \$800 yearly comprehensive dental and \$1400 annual hearing aids and exams benefit	\$20.50 for \$800 yearly comprehensive dental and \$1400 annual hearing aids and exams benefit	\$20.50 for \$800 yearly comprehensive dental and \$1400 annual hearing aids and exams benefit	N/A	Not Covered	N/A	Not Covered	\$19.00 for preventive and \$800 yearly comprehensive dental and \$1400 annual hearing aids and exams benefit	\$18.00 for \$800 yearly comprehensive dental and \$1400 annual hearing aids and exams benefit	N/A	\$19.00 for preventive and \$800 yearly comprehensive dental and \$1400 annual hearing aids and exams benefit	\$19.00 for preventive and \$800 yearly comprehensive dental and \$1400 annual hearing aids and exams benefit	\$19.00 for preventive and \$800 yearly comprehensive dental and \$1400 annual hearing aids and exams benefit	N/A	Not Covered	N/A	Not Covered	
Section D	Preventive Dental	N/A	N/A	N/A	Not covered	N/A	N/A	Not covered	Not covered	Not covered	Not covered	N/A	N/A	N/A	N/A	Oral Exams: 1/yr Cleaning: 1/six months Fluoride treatment: 1/yr Dental X-rays: 1/yr	Not covered	N/A	Oral Exams: 1/yr Cleaning: 1/six months Fluoride treatment: 1/yr Dental X-rays: 1/yr	N/A	Oral Exams: 1/yr Cleaning: 1/six months Fluoride treatment: 1/yr Dental X-rays: 1/yr	N/A	N/A	N/A	N/A	
Section D	Max coverage amount for preventive dental	N/A	N/A	N/A	Not covered	N/A	N/A	Not covered	Not covered	N/A	Not covered	N/A	N/A	N/A	N/A	No	N/A	Not covered	N/A	No	N/A	No	N/A	N/A	N/A	N/A
Section D	Comprehensive Dental	N/A	N/A	N/A	Emergency services: unlimited, Diagnostic services: unlimited, Restorative services: unlimited, Endodontics/Periodontics/Extractions: unlimited, Prosthodontics/other Oral Maxillofacial surgery: Unlimited	N/A	N/A	Emergency services: unlimited, Diagnostic services: unlimited, Restorative services: unlimited, Endodontics/Periodontics/Extractions: unlimited, Prosthodontics/other Oral Maxillofacial surgery: Unlimited	Emergency services: unlimited, Diagnostic services: unlimited, Restorative services: unlimited, Endodontics/Periodontics/Extractions: unlimited, Prosthodontics/other Oral Maxillofacial surgery: Unlimited	Emergency services: unlimited, Diagnostic services: unlimited, Restorative services: unlimited, Endodontics/Periodontics/Extractions: unlimited, Prosthodontics/other Oral Maxillofacial surgery: Unlimited	Emergency services: unlimited, Diagnostic services: unlimited, Restorative services: unlimited, Endodontics/Periodontics/Extractions: unlimited, Prosthodontics/other Oral Maxillofacial surgery: Unlimited	N/A	N/A	N/A	N/A	Emergency services: unlimited, Diagnostic services: unlimited, Restorative services: unlimited, Endodontics/Periodontics/Extractions: unlimited, Prosthodontics/other Oral Maxillofacial surgery: Unlimited	Emergency services: unlimited, Diagnostic services: unlimited, Restorative services: unlimited, Endodontics/Periodontics/Extractions: unlimited, Prosthodontics/other Oral Maxillofacial surgery: Unlimited	N/A	Emergency services: unlimited, Diagnostic services: unlimited, Restorative services: unlimited, Endodontics/Periodontics/Extractions: unlimited, Prosthodontics/other Oral Maxillofacial surgery: Unlimited	N/A	Emergency services: unlimited, Diagnostic services: unlimited, Restorative services: unlimited, Endodontics/Periodontics/Extractions: unlimited, Prosthodontics/other Oral Maxillofacial surgery: Unlimited	N/A	N/A	N/A	N/A	
Section D	Max coverage amount for comprehensive dental	N/A	N/A	N/A	\$800 Every Year	N/A	N/A	\$800 Every Year	\$800 Every Year	\$800 Every Year	\$800 Every Year	N/A	N/A	N/A	N/A	\$800 Every Year	\$800 Every Year	N/A	\$800 Every Year	N/A	\$800 Every Year	\$800 Every Year	N/A	N/A	N/A	N/A
Section D	Hearing exams	N/A	N/A	N/A	Routine hearing tests: unlimited, Fitting evaluation for Hearing aid: unlimited	N/A	N/A	Routine hearing tests: unlimited, Fitting evaluation for Hearing aid: unlimited	Routine hearing tests: unlimited, Fitting evaluation for Hearing aid: unlimited	Routine hearing tests: unlimited, Fitting evaluation for Hearing aid: unlimited	Routine hearing tests: unlimited, Fitting evaluation for Hearing aid: unlimited	N/A	N/A	N/A	N/A	Routine hearing tests: unlimited, Fitting evaluation for Hearing aid: unlimited	Routine hearing tests: unlimited, Fitting evaluation for Hearing aid: unlimited	N/A	Routine hearing tests: unlimited, Fitting evaluation for Hearing aid: unlimited	N/A	Routine hearing tests: unlimited, Fitting evaluation for Hearing aid: unlimited	N/A	N/A	N/A	N/A	
Section D	Max coverage amount for hearing exams	N/A	N/A	N/A	\$1400/yr applies to both hearing exams & hearing aids	N/A	N/A	\$1400/yr applies to both hearing exams & hearing aids	\$1400/yr applies to both hearing exams & hearing aids	\$1400/yr applies to both hearing exams & hearing aids	\$1400/yr applies to both hearing exams & hearing aids	N/A	N/A	N/A	N/A	\$1400/yr applies to both hearing exams & hearing aids	\$1400/yr applies to both hearing exams & hearing aids	N/A	\$1400/yr applies to both hearing exams & hearing aids	N/A	\$1400/yr applies to both hearing exams & hearing aids	\$1400/yr applies to both hearing exams & hearing aids	N/A	N/A	N/A	
Section D	Hearing aids frequency	N/A	N/A	N/A	Hearing aids(all types):unlimited	N/A	N/A	Hearing aids(all types):unlimited	Hearing aids(all types):unlimited	Hearing aids(all types):unlimited	Hearing aids(all types):unlimited	N/A	N/A	N/A	N/A	Hearing aids (all types):unlimited	Hearing aids (all types):unlimited	N/A	Hearing aids (all types):unlimited	N/A	Hearing aids (all types):unlimited	Hearing aids (all types):unlimited	N/A	N/A	N/A	N/A
Section D	Max coverage amount for hearing aids	N/A	N/A	N/A	\$1400/yr applies to both hearing exams & hearing aids	N/A	N/A	\$1400/yr applies to both hearing exams & hearing aids	\$1400/yr applies to both hearing exams & hearing aids	\$1400/yr applies to both hearing exams & hearing aids	\$1400/yr applies to both hearing exams & hearing aids	N/A	N/A	N/A	N/A	\$1400/yr applies to both hearing exams & hearing aids	\$1400/yr applies to both hearing exams & hearing aids	N/A	\$1400/yr applies to both hearing exams & hearing aids	N/A	\$1400/yr applies to both hearing exams & hearing aids	\$1400/yr applies to both hearing exams & hearing aids	N/A	N/A	N/A	

N/A	N/A	N/A	\$18.00 for \$800 yearly comprehensive dental and \$1400 annual hearing aids and exams benefit	Not Covered	N/A	Not Covered	N/A	N/A	\$18.00 for \$800 yearly comprehensive dental and \$1400 annual hearing aids and exams benefit	N/A	\$20.50 for \$800 yearly comprehensive dental and \$1400 annual hearing aids and exams benefit	Not Covered	N/A	\$20.50 for \$800 yearly comprehensive dental and \$1400 annual hearing aids and exams benefit	Not Covered	N/A	N/A	N/A	\$20.50 for \$800 yearly comprehensive dental and \$1400 annual hearing aids and exams benefit	\$20.50 for \$800 yearly comprehensive dental and \$1400 annual hearing aids and exams benefit	N/A	Not Covered	N/A	N/A	N/A	N/A	
N/A	N/A	N/A	Not Covered	N/A	N/A	N/A	N/A	N/A	Not Covered	N/A	Not covered	N/A	N/A	Not covered	N/A	N/A	N/A	N/A	Not covered	Not covered	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	Not Covered	N/A	N/A	N/A	N/A	N/A	Not Covered	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	Emergency services: unlimited, Diagnostic services: unlimited, Restorative services: unlimited, Endodontics/Periodontics/Extractions: unlimited, Prosthodontic s/other Oral Maxillofacial surgery: Unlimited	N/A	N/A	N/A	N/A	N/A	Emergency services: unlimited, Diagnostic services: unlimited, Restorative services: unlimited, Endodontics/Periodontics/Extractions: unlimited, Prosthodontics/o ther Oral Maxillofacial surgery: Unlimited	N/A	Emergency services: unlimited, Diagnostic services: unlimited, Restorative services: unlimited, Endodontics/Periodontics/Extractions: unlimited, Prosthodontic s/other Oral Maxillofacial surgery: Unlimited	N/A	N/A	Emergency services: unlimited, Diagnostic services: unlimited, Restorative services: unlimited, Endodontics/Periodontics/Extractions: unlimited, Prosthodontic s/other oral/Maxillofoc al surgery, other services: Unlimited	N/A	N/A	N/A	N/A	Emergency services: unlimited, Diagnostic services: unlimited, Restorative services: unlimited, Endodontics/Per iodontics/Extractions: unlimited, Prosthodontics/o ther Oral Maxillofacial surgery: Unlimited	Emergency services: unlimited, Diagnostic services: unlimited, Restorative services: unlimited, Endodontics/Periodontics/Extractions: unlimited, Prosthodontics/o ther Oral Maxillofacial surgery, other services: Unlimited	N/A	N/A	N/A	N/A	N/A	N/A	
N/A	N/A	N/A	\$800 Every Year	N/A	N/A	N/A	N/A	N/A	\$800 Every Year	N/A	\$800 Every Year	N/A	N/A	\$800 Every Year	N/A	N/A	N/A	N/A	\$800 Every Year	\$800 Every Year	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	Routine hearing tests: unlimited, Fitting evaluation for Hearing aid: unlimited	N/A	N/A	N/A	N/A	N/A	Routine hearing tests: unlimited, Fitting evaluation for Hearing aid: unlimited	N/A	Routine hearing tests: unlimited, Fitting evaluation for Hearing aid: unlimited	N/A	N/A	Routine hearing tests: unlimited, Fitting evaluation for Hearing aid: unlimited	N/A	N/A	N/A	N/A	Routine hearing tests: unlimited, Fitting evaluation for Hearing aid: unlimited	Routine hearing tests: unlimited, Fitting evaluation for Hearing aid: unlimited	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	\$1400/yr applies to both hearing exams & hearing aids	N/A	N/A	N/A	N/A	N/A	\$1400/yr applies to both hearing exams & hearing aids	N/A	\$1400/yr applies to both hearing exams & hearing aids	N/A	N/A	\$1400/yr applies to both hearing exams & hearing aids	N/A	N/A	N/A	N/A	\$1400/yr applies to both hearing exams & hearing aids	\$1400/yr applies to both hearing exams & hearing aids	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	Hearing aids(all types):unlimited	N/A	N/A	N/A	N/A	N/A	Hearing aids(all types):unlimited	N/A	Hearing aids(all types):unlimited	N/A	N/A	Hearing aids (all types):unlimited	N/A	N/A	N/A	N/A	Hearing aids(all types):unlimited	Hearing aids (all types):unlimited	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	\$1400/yr applies to both hearing exams & hearing aids	N/A	N/A	N/A	N/A	N/A	\$1400/yr applies to both hearing exams & hearing aids	N/A	\$1400/yr applies to both hearing exams & hearing aids	N/A	N/A	\$1400/yr applies to both hearing exams & hearing aids	N/A	N/A	N/A	N/A	\$1400/yr applies to both hearing exams & hearing aids	\$1400/yr applies to both hearing exams & hearing aids	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Bravo Liberty I	Bravo Liberty Silver
H7406-006	H7406-011
PFFS	PFFS
r, Chambers, Galveston, Harris, Liberty, Medina, Collin, Dallas, Jefferson, Johnson,	xar, Brazoria, Chambers, Collin, Dallas, Denton, Ellis, El Paso, Fort Bend, Galveston,
\$0.00	\$0.00
N/A	N/A
\$250 Days 1-5 \$0 Days 6-90	2010 Medicare Cost Shares
100	Medicare
\$50	\$50
\$50	\$50
\$25	20%
\$25	20%
\$25	20%
Not Covered	Not Covered
\$25	20%
Not Covered	Not Covered
\$25	45%
\$0	\$0
20%	20%
20%	20%
\$200	20%
\$150	20%
Not Covered	Not Covered
20%	20%
20%	20%
Not Covered	\$20
Not Covered	Not Covered
0%	20%
20%	20%
Not Covered	Oral Exams: 1 every year, Cleaning: 1 Every six months, Fluoride Treatment: 1 Every year, X rays: 1 Every Year

Not Covered	No
Not Covered	Emergency services: Unlimited, Diagnostic Services: Unlimited, Restorative Services: Unlimited, Endodontics/Periodontics/Extractions: Unlimited, Prosthodontics & Other Maxillofacial surgery: Unlimited
Not Covered	\$800 Every year
Not Covered	Unlimited up to \$150 per year max for exams and eyewear combined
Not Covered	Contact lenses and eye glasses (lenses and frames) covered up to combined \$150 per year max
Not Covered	\$0 copay for Unlimited Hearing test
Not Covered	\$1400 Every year
Not Covered	\$1400/yr max coverage applies to both hearing exams & hearing aids
No	No
N/A	N/A
N/A	N/A
N/A	N/A
Not Covered	Not Covered

