



# Welcome Guide

Braven Medicare Plus (HMO)

# Welcome

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### Have questions? We have answers.

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

## Start your journey.

Thank you for being a Braven Health<sup>SM</sup> member. Together, Horizon Blue Cross Blue Shield of New Jersey, Hackensack Meridian *Health* and RWJBarnabas Health, have a long history of helping New Jerseyans get the care they need. Braven Health is a partner you can trust to help you manage your health care with the information and support you need.

### Please take a few minutes to review this booklet, and learn more about what's ahead.

You should have received a member identification (ID) card in the mail, which you will use when you get medical care. If you haven't received your member ID card, contact Member Services and we will send you a new one. You can also download and print your member ID card from our secure member web portal when you log in at **BravenHealth.com**. See page 4 for more details about registering for a secure member account.

### Find the doctors, hospitals and other health care professionals you need.

As a Braven Medicare Plus (HMO) member, you have access to a large network of doctors, hospitals and other providers throughout the state of New Jersey, including all Hackensack Meridian *Health* and RWJBarnabas Health doctors and facilities, plus many more. If you choose providers who are not in our network, your plan may not pay for these services.

#### To find a participating doctor in our network:

- Search our *Doctor & Hospital Finder* at **BravenHealth.com/find-doctor**.
- Call Member Services at **1-833-272-8360 (TTY 711)**.



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.



# 5 ways to make the most of your benefits



## 1. Manage your benefits with our online tools

You have easy and secure access to your member account at [BravenHealth.com](https://BravenHealth.com).

### Benefits and coverage information

- Instant access to coverage details
- Pay your premium online
- View your Explanation of Benefits (EOB) and claim information
- Access your member ID card

### Care and support when you need it

- Quick connection to health providers
- Fast answers to coverage questions

### Here's how to get started:

- Go to [BravenHealth.com](https://BravenHealth.com) and click the member sign in button.
- A new window will appear on your screen. Click *Register*. 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. Once you have verified your information, click *Continue*. If you were previously a Horizon BCBSNJ member, you may be able to use your old credentials to access the portal.
- Follow the steps to verify your email address, then click *Continue*.
- Create your username and password, read the disclaimer, and check the box. Click *Create Account*.

### Need plan documents?

To request a copy of the Evidence of Coverage, Formulary, Provider or Pharmacy Directory for your plan:

- Visit [mydirectory.BravenHealth.com](https://mydirectory.BravenHealth.com) to find these documents online
- Call **1-833-272-8360** (TTY 711)

You can also download your Evidence of Coverage directly at the link below:  
[BravenHealth.com/2021EOCPlus](https://BravenHealth.com/2021EOCPlus)



## 2. Helping you stay healthy

Did you know that your plan covers many routine services at no cost to you?

### That means you pay \$0 for in-network services like:

- Bone mass measurements
  - Breast cancer screenings (mammograms)
  - Cardiovascular screenings
  - Cervical and vaginal cancer screenings
  - Colorectal cancer screenings
  - Depression screenings
  - Obesity screening and counseling
  - Prostate cancer screenings
  - Vaccines, including flu, hepatitis B and pneumococcal
- You can get rewarded for getting some of these screenings. See page 16 for more information.



### Pay \$0 for an annual physical exam.

How is this different than a Medicare annual wellness visit? During a Medicare annual wellness visit, your doctor will generally not provide a physical exam, except for taking routine measurements like height, weight, body mass index (BMI) and blood pressure. The purpose of this visit is to develop a personalized prevention plan based on your health and risk factors.

An annual physical exam usually covers everything an annual wellness visit covers, but it is more extensive. Your doctor may also check your vital signs and reflexes, examine your lungs, head, neck and abdomen, perform a neurological exam, review your blood work and more.

### Did you get your flu shot?

Now, more than ever, it is important to stay up to date on routine care and vaccinations 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 and pneumonia are covered under your plan at no cost to you.



## 3. Understand your prescription drug benefits

Your Braven Medicare Plus (HMO) plan covers both Medicare Part B and Medicare Part D prescription drugs. Prime Therapeutics partners with Braven Health to manage your Medicare prescription drug needs. You have access to pharmacies with familiar names like Walgreens, CVS, Shop Rite, and even the pharmacies at Hackensack Meridian Health and RWJBarnabas Health facilities.

### Finding a pharmacy is easy

- Search for a participating pharmacy online at [BravenHealth.com/Rx](https://www.BravenHealth.com/Rx).
- For a printed list of participating pharmacies, call Member Services or visit [mydirectory.BravenHealth.com](https://mydirectory.BravenHealth.com).

### Find out if your medication is covered

- Visit [BravenHealth.com/Rx](https://www.BravenHealth.com/Rx)
- Call Pharmacy Member Services at **1-855-457-0222 (TTY 711)** 24 hours a day, seven days a week.

### PillPack by Amazon Pharmacy

PillPack by Amazon Pharmacy offers two convenient choices for ordering medicines at no additional cost.



- **Get your medications organized in pre-sorted packets so you never miss a dose.** PillPack sorts a 30-day supply of medicines into per-dose packaging, so it's easy to know which pills to take and when.
- Multiple prescriptions are coordinated to be filled on the same day and packaged in their prescribed doses.
- **Get a 90-day supply of your medications in a bottle.** You may even save on copays.
- Your medications are automatically refilled and delivered to your home. PillPack will work with doctors and local pharmacies to transfer prescriptions on behalf of members.

Sign up for PillPack today. Visit [PillPack.com](https://www.PillPack.com) or call **1-855-793-5325**, 24 hours a day, seven days a week.



## Drug coverage tiers

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

TIER				
<b>1</b> Preferred generic	<b>2</b> Generic	<b>3</b> Preferred brand	<b>4</b> Non-Preferred drug	<b>5</b> Specialty tier
COST				
\$	\$\$	\$\$\$	\$\$\$\$	\$\$\$\$\$

We're here to help. To find out which tier your prescription medication is on, call **1-855-457-0222 (TTY 711)**, 24 hours a day, seven days a week or visit **BravenHealth.com/Rx**.

### What is prior authorization (PA)?

Some medications may need to be reviewed before your plan will cover them to determine if they are medically necessary and appropriate for your situation.

If you do not get PA, a medication may cost you more, or we may not cover it.

#### To find out if your medication requires PA:

Call Pharmacy Member Services at **1-855-457-0222 (TTY 711)**, 24 hours a day, seven days a week, or visit **MyPrime.com**.

## Understanding prescription drug coverage stages

There are “drug payment stages” for your prescription drug coverage. How much you pay for a drug depends on which of these stages you are in at the time you get a prescription filled or refilled.\* When you use your prescription drug benefits, you will receive an “Explanation of Benefits” that will show you what coverage stage you are in. See page 19 for more details.

COVERAGE STAGES			
Stage 1	Stage 2	Stage 3	Stage 4
Yearly Deductible	Initial Coverage	Coverage Gap (donut hole)	Catastrophic Coverage
<p>If your plan has a deductible, you pay the full discounted cost of your medications up to the deductible amount.</p> <p>Since your plan has no deductible, this stage does not apply to you.</p>	<p>This stage begins after you reach your deductible.</p> <p>You pay your share of the cost in the form of a copay or coinsurance. You stay in this stage until your year-to-date “total drug costs” (your payments plus any Part D plan’s payments) total is <b>\$4,130</b>.</p> <p>Most people will remain in this stage.</p>	<p>During this stage, your out-of-pocket costs may be higher for certain medications. You stay in this stage until your year-to-date out-of-pocket costs reach a total of <b>\$6,550</b>.</p> <p>This amount and the rules for counting costs toward this amount have been set by Medicare. Costs during this stage can vary by plan.</p>	<p>During this stage, the plan will pay most of the cost of your drugs for the rest of the calendar year (through <b>December 31, 2021</b>).</p>

\*See your Evidence of Coverage for more details.

## Save on Insulin



Braven Health participates in the Part D Senior Savings Model. This means, for qualifying insulins, you pay no more than \$35 for a month supply during the deductible, initial coverage and coverage gap stages. Catastrophic stage cost shares would still apply.

Qualifying insulins include: Humulin®, Humulin® N, Humulin® R, Humalog® Mix, Lantus®, Lantus® Solostar®, Toujeo® Max Solostar® and Toujeo® Solostar®.

Questions? Call Pharmacy Member Services at **1-855-457-0222 (TTY 711)**, 24 hours a day, seven days a week.



## Managing your medicines

If you are managing more than one health condition, medicine and the related health care costs, you may be eligible to enroll in the Medication Therapy Management (MTM) program. The MTM program includes a Comprehensive Medication Review (CMR) with a pharmacist.

### As a participant, you'll benefit from:

- **Helpful guidance** – We will help you understand how your medicines work best, possible side effects and interactions to look out for, and how to save money.
- **Personal, confidential attention** – Discuss your medicines and your pharmacy benefits with one of our pharmacists.
- **Convenience** – Choose a time to talk, and we'll call you. This review usually takes about 15 minutes.

As part of the MTM program, you will have a yearly review of all your prescription and over-the-counter medicines over the phone. Your pharmacist will send you a summary of this review, and your doctor(s) may also receive a copy. If needed, safety alerts and updates about the medicines you take may also be sent to your doctor(s).



Find out if you are eligible! Call **1-888-706-2820 (TTY 711)**, Monday through Friday, between 9 a.m. to 5 p.m.



## 4. Make your Medicare plan work smarter for you

### Customize your benefits

#### Save up to \$200 each calendar year toward membership at a health club and/or yoga studio

- Does not include activation fees, personal training sessions or other fees associated with membership.
- Due to the pandemic, virtual fitness programs are eligible for reimbursement. This includes both the Peloton® All-Access Membership and the Digital Membership. Similar programs such as the iFit fitness app, found on most NordicTrack® and PROFORM® machines, are also eligible.

#### Save up to \$200 each calendar year toward one or more of the following non-Medicare covered benefits:

- Acupuncture, weight management program through WW® (Weight Watchers), nutritional/dietary services, activity tracker, therapeutic massage or bathroom safety devices.

Visit [BravenHealth.com/reimbursement](https://www.BravenHealth.com/reimbursement) to learn more, or mail back the enclosed reimbursement form to the address provided.



### Use your Over-the-Counter (OTC) Benefit Card

Every three (3) months you will receive a \$70 credit (up to \$280 annually) on your OTC Benefit Card to purchase eligible OTC items at participating stores like Walmart, CVS, Dollar General, Rite Aid or shop online for home delivery. Your OTC card will be sent to you in the mail.

Your choice of items includes over 900,000 eligible items like lumbar cushions, toothbrushes, diabetic socks, thermometers, hot/cold packs and more.

### Easy ways to get the most from your OTC Card:

- Use your card at a **participating retail store**. When you visit a store, pay for your items at the cashier, not the pharmacy window.
- Shop online at **NationsOTC.com** or call **1-833-746-7682 (TTY 711)** to buy eligible OTC items with your available funds and have them delivered directly to your home.

Eligible items will be covered up to your available balance amount. You can track your balance and find eligible items and discounts with the OTC Network® mobile app. **Download it today!**

You can also call **1-888-682-2400 (TTY 711)** to check your balance.

- Enter your 19-digit OTC card number.
- When asked, enter your Braven Health member ID number starting with **3HZN**.

### No-cost meal delivery after a qualifying acute hospital or rehabilitation admission

Good nutrition is a vital part of any recovery. You may be eligible to receive up to 28 nutritious meals over a 14-day period (2 meals per day). One occurrence per year.

#### How it works.

- Your Care Manager will call you shortly after your acute inpatient hospital discharge to discuss the meal program.
- If you qualify, your Care Manager will fill out any necessary forms, order your meals and make sure the program is in place.

### Questions?

Contact your Care Manager or our Care Management Program at **1-888-621-5894 (TTY 711)**, option **2**, weekdays, from 8 a.m. to 5 p.m.

## 5. Get the most from your dental benefits



### Routine dental services

As a Braven Health member, you are eligible for the following routine dental benefits at no cost to you:

- Cleanings – up to three every year
- Fluoride treatments – one every six months
- Full mouth X-ray – one every three years
- Oral exams – up to three every year

### How your comprehensive dental benefits work.

Your plan offers comprehensive dental benefits for basic services like restorative, endodontics, periodontics and simple extractions.

- Your plan will pay up to 50% of covered services. However, there is an \$800 annual maximum for this benefit.
- For example, if you have a periodontal treatment that costs \$1,000, Braven Health will pay 50% of the cost (\$500) and you would pay the remaining \$500.
- However, if the treatment costs \$2,000, Braven would only reimburse up to \$800 as that is the benefit maximum. That means you would be responsible for the remaining balance of \$1,200.
- See your Evidence of Coverage for benefit amounts and details.

### When it comes to using your dental benefits, you'll receive the best value by using an in-network provider.

Both in- and out-of-network benefits are based on the Maximum Allowable Charge (MAC). In-network providers are not allowed to charge more than this amount.

However, since these amounts are usually less than the provider's billed amount, out-of-network providers can charge you up to their billed amount. That will leave you to pay for the difference between the MAC and the out-of-network providers billed amount. This is known as "balance-billing."

To find an in-network provider, visit [BravenHealth.com/find-doctor](https://BravenHealth.com/find-doctor).





# Visit a doctor from the comfort and safety of home



Telehealth through our care online program allows you to 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.

- You do not need an appointment for urgent telehealth visits, and an ePrescription will be provided if you need one.
- You need to schedule an appointment for behavioral health visits (appointments are available between 7 a.m. and 11 p.m., seven days a week).

## How can I use it?

Access our care online program by visiting [Amwell.com](https://www.amwell.com) or download the **Amwell: Doctor Visits 24/7 App** at the App Store<sup>SM</sup> or Google Play<sup>TM</sup>. You can also access care online when you log in to your secure member account 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?

Telehealth through our care online program gives you access to virtual therapy and psychiatry in addition to urgent care appointments for conditions like stomach pain, fever, ear infections and more.

## How often can you use it?

As often as you like. You get unlimited medical video visits with health care providers from the comfort of home or wherever you are.

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

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## Need technical assistance?

Contact the eService Help Desk at **1-855-635-1393**, weekdays from 7 a.m. to 6 p.m., ET.

Our telehealth service allows its network doctors to ePrescribe in New Jersey through only video visits. Telehealth services are available in all states, although ePrescribing services may be restricted by state laws.

## You also have access to a dedicated Nurse Line!



Call the 24/7 Nurse Line toll free, 24 hours a day, seven days a week for:

- Immediate answers to general health questions
- Access to caring, experienced registered nurses

Call **1-888-444-0036 (TTY 711)**.

## Member extras



### Earn up to \$230 for routine health screenings

Get rewarded for focusing on your health! Through the *Healthy Journey* Rewards Program, Medicare Advantage members can receive gift cards for completing routine health screenings, such as:

- Annual wellness visit: **\$30 gift card**
- Colorectal cancer screening: **\$50 gift card**
- Breast cancer screening (mammogram): **\$50 gift card**
- Diabetic retinal eye exam: **\$50 gift card**
- Bone mineral density (BMD)/DEXA test: **\$50 gift card**

If you have any questions about the Rewards Program, visit [BravenHealth.com/healthy-journey](https://www.bravenhealth.com/healthy-journey) or call **1-844-754-2451 (TTY 711)**, Monday through Friday, from 8:30 a.m. to 5 p.m., ET.



### Don't worry, we'll remind you!

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



## Feel good with Blue365®

Blue365 is a discount program to help you save on products and services that are designed to help you get and stay healthy.

Each week, you can 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:

- Cell phone service plans and home mortgages
- Gym memberships and fitness apparel
- Hotels, retailers and travel clubs
- Vision, dental and hearing products
- Vitamins and supplements
- Weight management programs and specialty food services

### Get ready to start saving.

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

## Member Bonus:

As a valued member of Braven Health, you will find coupons, included in this *Welcome Guide*, for the following complimentary gifts at one of the Hackensack Meridian Health (HMH) hospital locations:

- Complimentary coffee, tea or bottle of water from a Hackensack Meridian Health cafeteria.
- Complimentary Braven Health beverage tumbler.

See flyer and coupons included in your *Welcome Guide* for complete details. Restrictions apply.




Check your email and [BravenHealth.com](https://www.BravenHealth.com) for member newsletters, tips and support to help you stay healthy and get the most out of your health plan.

# Understanding what your plan pays

An Explanation of Benefits, or EOB, is a paper or electronic document you receive after you see a physician or other health care professional and the claim is processed. This is not a bill. The EOB is a way to capture claims information in one place so we can keep track of your health care services and/or expenditures. You will also receive a separate EOB for your prescriptions.

SEQ NO: 1234567890    DATE:    PAGE 1 OF 7



PO BOX 1609  
NEWARK, NJ 07101-1609  
BRAVENHEALTH.COM

**Subscriber:** John Doe  
**Address:** 1 Main St.  
Anytown, NJ 08003

**Subscriber ID :** YKO3HZN1234567  
**Group Number :** 00006998W

This is your customer Explanation Of Benefits (EOB). The claims listed below are included on this EOB see claim details starting on reverse side.

Claim Number	Claim Amount	Claim Number	Claim Amount
0000000000000	487.00		

SEQ NO: 1234567890    DATE: 10/09/2020    PAGE 2 OF 7

THIS IS NOT A BILL

### EXPLANATION OF BENEFITS

**Patient's Name:** John Doe    **Subscriber ID:** YKO3HZN1234567  
**Provider Name:** Dr. Jane Doe    **Claim #:** 7827191456751

Amount your doctor billed to your plan

Amount that your plan pays

Amount that you pay

Dates of Service	Description of Service/Code	Charge Amount	Message Code	Other Ins Payment	Not Cov Amount	Allowed Amount	Deductible Amount	Copay/Coins Amount	Amount Paid	Customer Balance
10/01/2020	LABORATORY 80048	248.00		0.00	7.89	39.43	0.00	7.89	31.54	7.89
10/01/2020	LABORATORY 85027	179.00		0.00	5.69	28.46	0.00	5.69	22.77	5.69
10/01/2020	LABORATORY 36415	60.00		0.00	1.91	9.54	0.00	1.91	7.63	1.91
<b>Totals</b>		487.00	Z028	0.00	15.49	77.43	0.00	15.49	61.94	15.49

Z028 IF YOU ARE COVERED BY MORE THAN ONE HEALTH PLAN, YOU OR YOUR PROVIDER SHOULD FILE ALL YOUR CLAIMS WITH EACH PLAN. YOU SHOULD ALSO GIVE EACH PLAN INFORMATION REGARDING THE OTHER PLANS UNDER WHICH YOU ARE COVERED.



# Appointing a Personal Representative

A Personal Representative (PR) is a person you choose to give either limited or legal authority to work with Braven Health on your behalf.

- **Limited authority** means your representative has the authority to make account inquiries only. They can contact Braven Health on your behalf to obtain Private Information (PI).
- **Legal authority** means that, in general, your representative can make account inquiries and receive all your correspondence at their address.

If you choose a PR, you do not lose any of your rights. You can always choose to handle your own benefits at any time. Your PR can be your husband, wife, son, daughter, relative, friend, or a court appointed individual.

You can find the forms to appoint a representative at [BravenHealth.com/HIPAA](https://www.bravenhealth.com/HIPAA). Fax the completed form to **1-973-274-2358** or mail it to:

**Braven Health**  
**Attn: HIPAA Team**  
**PO Box 1458**  
**Newark, NJ 07101-1458**

**IMPORTANT:** If you ever need to change the status of your PR, please notify Member Services immediately. Otherwise all of your communications (ID Cards, health plan benefit information and more) will continue to be sent to your Legal PR on file, if you selected one.



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

# Getting your affairs in order

It can be uncomfortable to think about being ill, but planning ahead can help make a difficult time a little bit easier. An advance directive lets your family and doctors know how you want to be cared for near the end of your life. In the event that you're unable to communicate, this plan will ensure that your wishes will be known. Anyone can create an advance directive, and you can change or cancel it at any time. Share your advance directive with your doctor(s) and loved ones and keep a copy in a safe place. **You do not need to send a copy to Braven Health.**

**An easy-to-use advance directive form is available at [state.nj.us/health/advancedirective](http://state.nj.us/health/advancedirective) and more information is available at your County Board of Social Services.**

## Here are the 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** is also called a living will and 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:

Livanta, BFCC-QIO Program  
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.

### 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  
PO Box 820  
Newark, NJ 07101**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail at **U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201** or by phone at **1-800-368-1019** or **1-800-537-7697 (TDD)**. OCR Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).

### Language Assistance

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-833-272-8360 (TTY 711)**.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-833-272-8360 (TTY 711)**。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

**1-833-272-8360 (TTY 711)** 번으로 전화해 주십시오.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-833-272-8360 (TTY 711)**.

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન

કરો **1-833-272-8360 (TTY 711)**.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer

**1-833-272-8360 (TTY 711)**.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-833-272-8360 (TTY 711)**.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-833-272-8360** (رقم هاتف الصم والبكم 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.

Tumawag sa **1-833-272-8360 (TTY 711)**.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните

**1-833-272-8360 (телетайп 711)**.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-833-272-8360 (TTY 711)**.

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-833-272-8360 (TTY 711)** पर

कॉल करें।

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-833-272-8360 (TTY 711)**.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le

**1-833-272-8360 (ATS 711)**.

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں

**1-833-272-8360 (TTY 711)**.

# When you need help, we'll be there.

## Important phone numbers

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

Emergency Services: **911**

Dental Services: **1-855-648-1405**

TTY users: **711**

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

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

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

## When you need to write us:

**Braven Health**  
**Member Services**  
**PO Box 1609**  
**Newark, NJ 07101-1609**



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