



What **People on Medicare** Need to Know About Private Fee-for-Service Plans

Bravo Liberty I (PFFS), Bravo Liberty II Rx (PFFS), and Bravo Liberty Silver (PFFS) the Bravo Liberty plans are Medicare Advantage private fee-for-service (PFFS) plans authorized by the Centers for Medicare & Medicaid Services (CMS). A PFFS plan is different than Original Medicare or an HMO, PPO, or Medicare supplement plan.

Bravo Liberty plans give you the ability to choose your health care provider. However not all providers may accept this plan, even Medicare providers may not accept this plan. If you choose this plan, it is very important that all the providers you choose know, before providing services to you, that you have Bravo Liberty plan coverage in place of Medicare. This gives your provider the right to choose whether or not to accept Bravo Health's terms and conditions of payment for treating you. Providers have the right to decide if they will accept Bravo Liberty plans each time they see you. This is why you must show your Bravo Liberty plan ID card every time you visit a health care provider.

If your provider agrees to Bravo Health's terms and conditions of payment

If your provider decides to accept the Bravo Liberty plan, they must follow our plan's terms and conditions for payment. They must thereafter bill Bravo Health for those services. However, providers have the right to decide if they will accept the Bravo Liberty plan each time they see you.

If your provider does not agree to Bravo Health's terms and conditions of payment

A provider may decide not to accept Bravo Health's terms and conditions of payment. If this happens, you will need to find another provider that will. You may contact us at [1-800-291-0396](tel:1-800-291-0396) for assistance locating another provider in your area willing to accept our plan's terms and conditions of payment.

What happens if a provider declines to accept Bravo Health's terms and conditions of payment?

1. They should not provide services to you except for emergencies.
2. If they choose to provide services, they may not bill you. They must bill Bravo Health for your covered health care services. You must pay the appropriate copays or coinsurance at the time of service.

For more information about PFFS plans see Beneficiary Qs & As at CMS's web site: <http://www.cms.hhs.gov/PrivateFeeforServicePlans/>.

If you have questions about Bravo Liberty plans, please call our Member Services department at [1-800-291-0396](tel:1-800-291-0396).

A Medicare Advantage Private Fee-for-Service plan works differently than a Medicare supplement plan. Your doctor or hospital can continue to treat you if it agrees to accept our terms and conditions of payment, and thus may choose not to treat you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may choose not to provide health care services to you, except in emergencies. Providers can find the plan's terms and conditions on our website at: www.mybravohealth.com.



What **Health Care Providers** Need to Know About Private Fee-for-Service Plans

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A beneficiary who enrolls in a Medicare Advantage PFFS plan is free to use any provider willing to treat the enrollee and accept our plan's terms and conditions of payment. You can view our terms and conditions of payment by visiting our website at www.bravohealth.com, and if you have questions, then you can call us at 1-800-291-0396. Enrollees must inform you, before obtaining services from you, that they have purchased a Bravo Liberty plan for their Medicare coverage. This gives you the right to choose to accept Bravo Liberty plan enrollees. You have a right to make that choice each time service is needed by a Bravo Liberty plan enrollee. You do not have to sign a contract to see Bravo Liberty plan enrollees.

If you decide to accept Bravo Health's terms and conditions of payment

Your agreement to our plan's terms and conditions of payment is inherent in your decision to treat a Bravo Liberty plan enrollee. If you decide to treat a Bravo Liberty plan enrollee, you will be

subject to our plan's terms and conditions of payment and must bill Bravo Health for covered services. However, you have the right to decide, on a patient-by-patient and visit-by-visit basis, whether to treat Bravo Liberty plan enrollees. You may learn our terms and conditions of payment and other information about our plan on our website at www.bravohealth.com by calling us at 1-800-291-0396.

If you decide not to accept Bravo Health's terms and conditions of payment

If you decide not to treat a Bravo Liberty plan enrollee, you should not provide services to the enrollee, except for emergencies.

If you choose to provide services, then you have by default agreed to our terms and conditions of payment and you must bill Bravo Health for covered health care services. You must collect from the enrollee only the appropriate Bravo Liberty plan copays or coinsurance at the time of service. You may at any time, on a patient-by-patient and visit-by-visit basis, decide that you do not want to treat a Bravo Liberty plan enrollee.

We will follow CMS requirements for timely payment of claims.

For more information about PFFS plans see Provider Qs & As at CMS's web site: <http://www.cms.hhs.gov/PrivateFeeforServicePlans/>.

If you have questions about Bravo Liberty plans, please call our Member Services department at 1-800-291-0396.