Thank you for choosing Brand New Day as your Medicare health plan. We are a Medicare Advantage Prescription Drug (MAPD) Plan that has a contract with Medicare. That means we give you all the benefits that Original Medicare provides, plus additional benefits. Additional benefits include dental, vision, hearing aids, chiropractic, transportation, and much more.

Brand New Day was designed with you in mind. Some of the features are our Comprehensive Care Management Programs. These programs have been made to help individuals with ongoing medical conditions obtain the best outcomes. To learn more about how to access our Care Management programs, go to page 17.

“We designed the Brand New Day coverage and programs with the goal of helping seniors and younger disabled individuals remain in their homes and maintain their independence.”

Jeffrey Davis
Chief Executive Officer
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MEMBER SERVICES
WE ARE HERE TO HELP YOU.

To get a complete list of services we cover, please access your “Evidence of Coverage” (EOC) at www.bndhmo.com/members/plan-details or call our Member Services Department to request a copy. The benefit information provided does not list every service that we cover or list every limitation or exclusion.

CALL TOLL-FREE
1-866-255-4795, TTY 711

HOURS
Year Round:
Monday - Friday, 8 am - 8 pm
October 1 - March 31:
Monday - Sunday, 8 am - 8 pm

ADDRESS
Brand New Day
Attn: Member Services Department
P.O. Box 93122
Long Beach, CA 90809-9871
YOUR BRAND NEW DAY ID CARD

It is important to bring and show your ID Card to all your health-related appointments. If you have Medi-Cal (white and blue card), please bring this with you as well.

If you did not receive your ID Card please call our Member Services Department at 1-866-255-4795, TTY 711. Give us your new mailing address each time you move so we know we are sending your ID Card to the right address.

Call three (3) days in advance, when possible, and make sure to schedule a round-trip.

The transportation card provides you with two (2) types of services; routine and medical (non-urgent). Use routine transportation to doctor office visits, specialty services, social worker appointments, and the pharmacy.

Schedule medical transportation (non-urgent) if you’re in need of a special type of transportation. If you are bed-bound, wheelchair bound and/or need gurney transportation use this service for transportation for specialty services, therapy services, and urgent care.

Transportation rides are unlimited as long as they are to and from plan-approved medical visits.

Schedule Routine Transportation (To & From Doctor):
Monday - Friday
8 am - 8 pm
1-855-804-3340

Schedule Medical Transportation (Non-Urgent):
Monday - Friday
8 am - 8 pm
1-855-804-3484

For Hearing Impaired TTY Users: 711
REWARDS PLUS PROGRAM
TAKING CARE OF YOURSELF CAN BE REWARDING!

**Step 1:** Schedule a visit with your doctor and complete the health screenings you are due to finish this year.

**Step 2:** While at your appointment, review the test and screenings with your doctor. Complete the preventive health tests before **December 31, 2020** to earn your reward(s).

**Step 3:** Once we receive the completed screenings from your doctor we will mail out a Rewards Plus Card. We will load your reward amounts as you complete screenings and tests (3-4 weeks from the date completed).

Once you receive your Rewards Plus Card, activate your card to use your reward amounts. Your card can be used to buy approved health related and personal care related items. You may use your card at any participating retailer nationwide. You do not need a prescription.

**SWIPE & SAVE** with your Rewards Plus Card. Your card has ready-to-use discounts on everyday products. Discover discounts by visiting myotcoffers.com, **SHOP** at any participating store, and **SWIPE** your card at a checkout to save.

---

**YOUR REWARDS PLUS PROGRAM CARD:**

**PARTICIPATING RETAILERS:**

- CVS pharmacy®
- Dollar General
- Family Dollar
- Rite Aid Pharmacy
- Walgreens/DuaneReade
- Walmart
REWARDS PLUS PROGRAM
INCENTIVES

Talk to your doctor to see which screenings and/or test would be fit for you. If you have any questions about the Rewards Plus Program contact Member Services.

**Annual Wellness Exam**
Complete an annual examination with your doctor.

**Health Risk Assessment (HRA)**
There are 3 ways to complete this assessment:
- Call Member Services.
- Mail in the HRA form included in your Welcome Kit.
- Visit the website: www.bndhmo.com/members

**Annual Exercise Plan**
Complete with your doctor, a Brand New Day personal trainer or nurse.

**Breast Cancer Screening**
Complete a mammogram.

**Colonoscopy**
Screenings are good for 10 years. Call your doctor to schedule this screening.

**Diabetic Member Screenings**
Complete all 3 screenings below to earn one reward:

1. **Glucose Test (HbA1c)**
   Complete one hemoglobin A1c lab test to measure your sugar levels.

2. **Retinal Eye Exam**
   Complete one retinal eye exam to check for good eye health.

3. **Urine Test for Kidney Function**
   Complete one urine test to check for good kidney function.

**Weight Management Program**
Members with a BMI greater than 30. Enroll and participate in a Brand New Day weight management programs like Optifast, Weight Watchers, and Nutrisystem.

**Stool Test**
Can be completed at home and mailed to the lab for testing. Call Member Services to request a test.

Must complete screening before December 31st. The purchase of alcohol, tobacco, or firearms is strictly prohibited.
YOUR
ANNUAL WELLNESS EXAM

We want to help you feel good and maintain your health goals. The key to being healthy is prevention. Prevention starts with your yearly check-up. Your yearly check-up is also known as your Annual Wellness Exam. During this exam, your Primary Care Provider (PCP) will give you a thorough health check-up through tests and screenings that are unique to your healthcare needs.

As part of your Annual Wellness Exam there will be an assessment of your physical and emotional well-being and lab test.

Once completed the reward values will be placed on your Brand New Day Rewards Plus card within 3-4 weeks from the date your doctor submitted your screenings and test to us.

We will mail you a letter as a reminder for your Annual Wellness Exam.
Your PCP can refer you to a specialist and other healthcare providers. Before any specialty service visit be sure you have an **Authorization**. If you do not have an **Authorization**, services may not be “covered services” and you may have to pay.

**How to get “covered services” when you just joined Brand New Day and you are in the middle of care/treatment?**

As soon as you join Brand New Day make sure that you are getting “covered services” from an in-network provider. To get a new authorization contact your PCP. We will transfer you to another specialist or work with your current provider to continue and finish your care.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please access your “Evidence of Coverage” (EOC) at www.bndhmo.com/members/plan-details or call Member Services Department to request a copy.
24/7 NURSE ADVICE LINE

Call 1-888-687-7321, TTY 711 to reach a nurse 24 hours a day, 7 days a week.

Brand New Day offers a Nurse Advice Line that you can call to get advice about your health condition(s) and your health concerns. A nurse can give you information based on your signs and symptoms or let you know if you need to seek urgent care services. If you need an immediate diagnosis you can contact Teladoc 24 hours a day, 7 days a week.

There is NO COST to speak to a nurse.
Teladoc gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits. Set up your account today so when you need care now, a Teladoc doctor is just a call or click away.

1. Set Up Your Account

**ONLINE:**
Go to Teladoc.com and click “set up account”.
Teladoc.com

**MOBILE APP:**
Download the app and click “Activate account”.
Teladoc.com/mobile

**CALL TELADOC:**
Teladoc can help you register your account over the phone.
1-800-Teladoc (835-2362)

2. Provide Medical History - Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.

3. Request A Consult - Once your account is set up, request a consult anytime you need care and talk to a doctor by phone, web or mobile app.

Teladoc doctors can diagnose and treat many non-emergency medical conditions.

Talk to a doctor anytime for **FREE!**
URGENTLY
NEEDED SERVICES AND EMERGENCY ROOM

Brand New Day has urgent care and emergency care services available when you have an immediate care need and cannot wait to be seen by your Primary Care Physician (PCP).

For a list of Urgent Care Centers near you, visit www.bndhmo.com.

IN CASE OF AN EMERGENCY
Call 911 or go to the nearest Emergency Room.

You do not need to visit an in-network Emergency or receive and authorization for emergency care.
### Urgent Care Emergency Room

#### Cost
- **Urgent Care:** There is **NO COST** for urgent care services when you use an urgent care center contracted with Brand New Day.
- **Emergency Room:** Your emergency services are covered and there may be a copay for your visit. You may also have a copay for ambulance services. If you have full Medi-Cal coverage your copay will be paid by Medi-Cal.

#### Which option is best?
- **Urgent Care:** Urgent care is used for injuries or illness that require immediate care that are not life-threatening.
- **Emergency Room:** Emergency room visits are for urgent life-threatening emergencies.

#### When to go?
- **Urgent Care:** When you require immediate care such as:
  - Broken bones
  - Migraines
  - Eye infection or injury
  - Urinary tract symptoms
  - X-ray services
  - Injuries-sprains/strains
  - Cold or flu symptoms
  - Back pain
  - Cuts and burns
  - Rash
  - Earaches
  - Food poisoning
- **Emergency Room:** Urgent life-threatening emergencies include, but are not limited to:
  - Electric shock
  - Severe burns
  - Severe impaired breathing
  - Heart attack symptoms - chest pain, shortness of breath, sweating, and nausea
  - Hemorrhage - severe or uncontrolled bleeding
  - Poisoning - ingested toxic chemicals, drug, or alcohol overdose
  - Serious injuries - broken bones, concussions, or deep wounds
  - Stroke symptoms - sagging or drooping on one side of the face

#### Things to consider
- **Urgent Care:** Urgent Care may save you time and money:
  - If you are away from home and need medical care urgent care may be a good option.
  - If you have chest pain go to the Emergency Room.
- **If your condition is not life-threatening, please consider Urgent Care as an option instead of waiting in the Emergency Room.**

#### Recommendations
- **Urgent Care:**
  - Brand New Day has a 24/7 Nurse Advice Line
  - Teladoc is open 24/7, is convenient and can be easily accessible by phone or website.

- **Emergency Room:**
  - Offers emergency care
  - Can treat serious illnesses or injuries

See page **10-11** on how to register to use this benefit.
YOUR BRAND NEW DAY NURSE

As a member, you are assigned a personal Brand New Day Nurse. Your Nurse will work with you to develop an individualized healthcare plan to improve your overall health. Members with ongoing medical conditions may need assistance of a Nurse or Care Manager. If you feel you would benefit from an assigned personal Nurse call Member Services to request one.

Brand New Day Nurses are assigned to you based on the risk level Brand New Day deems appropriate for your healthcare needs. A variety of risk factors (i.e.: how often you visit the hospital unplanned, how compliant you are at taking your medications, or how much assistance you need for your activities of daily living) are considered in collaboration with your individualized healthcare plan.

CARE MANAGER

If you are in plans Brand New Day Harmony Choice Plan (HMO CSNP) 32 or Brand New Day Harmony Care Plan (HMO CSNP) 20, you are assigned a Care Manager. Having a Care Manager depends on whether you have certain ongoing medical conditions. However, you can request a Care Manager to work with you to help reach your health goals such as weight, stress, or other health concerns.

This service is provided at NO COST to you.
7 FUNDAMENTALS OF CHRONIC CARE MANAGEMENT

These healthcare plan topics are areas that affect your overall health that your Brand New Day Nurse will focus on to keep you healthy and able bodied to enjoy life.

Education – to increase your understanding of your healthcare needs.

Nutrition – guidance to improve your overall health and the importance of well-being.

Exercise – programs for all members at a gym or in your home. Here are some of the things that your Brand New Day Nurse or Care Manager will help you complete to better understand your healthcare needs: Annual Exercise Plan.

Self-Testing and Monitoring – assistance if necessary, for your ongoing medical condition by checking glucose levels, blood pressure, weight, and a stool test also known as a fecal occult blood test (FOBT).

Medications Adherence to Doctor Orders – such as Mail Order Pharmacy, Over-The-Counter medicines, herbs, and vitamins reviewed by pharmacists to ensure your safety and to reduce your costs when possible.

Preventative Care Planning – to improve the quality and length of your life. Annual Wellness Exam, Health Risk Assessment (HRA).

Community Linkages – to community programs which can offer support. CBAS (adult day care), MTR (described under pharmacy; medications reconciliation; barriers to adherence; extra help).
PERSONAL CARE PLAN

Your Care Team can help you reach your personal health goals and obtain services needed to maintain or improve your health. Your care plan will include the 7 Fundamentals of Chronic Care Management: Education, Nutrition, Exercise, Testing, Medication Adherence, Preventive Care, and Community Linkages.

EXAMPLES:

“Testing” – Diabetes nurses are assigned to members with diabetes. Continuous Glucose Monitors (CGMs) are provided to members using certain types of Insulin and whose A1c is 8 or greater; and whose physician requires testing 4 times per day or more. Other chronic conditions have other special services and benefits.

“Exercise” – Member’s Care Plan may include DVDs, I Move B.E.S.T kit, a gym membership etc.

“Nutrition” – Member’s Care Plan may include discounted weight management plans such as, “OptiFast”, “MOVE program”, “Weight Watchers”, “NutriSystem” etc.

Contact Member Services Department and/or your personal Nurse/Care Manager to start your individualized healthcare plan today!
COMPREHENSIVE CARE MANAGEMENT PROGRAMS

Our Comprehensive Care Management Programs include state-of-the-art home medical telemedical services for monitoring health improvements. Home monitoring equipment includes scales, blood pressure cuffs, Telcare meter, and a pulse oximetry. Medical support and telemedicine options are available. This allows medical professionals to monitor your health quickly and efficiently. If you have any of these conditions and are interested in participating in one or more of these programs, contact our Member Services Department.

There is **NO COST** to you.

**THE COMPREHENSIVE CARE MANAGEMENT PROGRAMS INCLUDE:**

- Diabetes
- Hypertension Control
- Chronic Kidney Disease
- Incontinence
- Congestive Heart Failure (CHF)
- Cardiovascular Disease
- Dementia
- Fall Prevention
- Chronic Obstructive Pulmonary Disease (COPD)
- Support for individuals with major depression, bipolar disorder, schizophrenia, and/or schizoaffective disorder
NEW VENDOR:
BIOTEL

Managing diabetes can be tough – but it doesn’t have to be. Brand New Day has partnered with BioTel Care® to provide a complimentary diabetes program for members. Through this program, you will receive a free cellular-connected blood glucose meter and testing supplies. Your meter has an easy-to-use color touch screen and automatically sends your readings to a secure, online portal. This allows for you and your care team to stay connected to support you in reaching your health goals. A dedicated customer care team will help you get set up and are available for support.

Your supplies will also be automatically refilled for you – all at NO COST.

Take advantage of this no-cost program to stay your healthiest and feel your best!

BioTel Care®
TRANSITION OF CARE (TOC) PROGRAM

The Transition of Care (TOC) program aims to assist members with smooth and seamless transitions from one care setting to another, such as admission to or discharge from a hospital, Skilled Nursing Facility, rehabilitation center or home health environment.

A representative from Brand New Day will reach out to you to assist you with your transition within 1 week making sure that when you are ready to go home you are prepared. If you are admitted unexpectedly, make sure you, your caregiver or a loved one contacts us to ensure you have the care you need before you go home.

HOME HEALTH / NURSE VISITS

There may be times when your doctor will ask a nurse to come to your house and provide care for you. When these services are necessary, we will cover the cost. The nurses will be from a licensed home health agency or employed by Brand New Day.
HOSPITAL SERVICES
You are covered for hospital services. Services include inpatient admission, outpatient surgery, emergency room, and other hospital coverage. Whenever you’re being admitted to the hospital, it is important that we are informed. We will make sure the right doctor is there to care for you. We will work with the emergency room and the hospital doctors to make your visit as effective as possible.

Our nurses are here to help you obtain all services you need to have a successful recovery at home from the hospital.

Your nurse will talk to you about what to expect when you get home and will explain when and who to call if you need help. They will make sure you have all your follow-up appointments and will help you understand and obtain the medications you may need.

For more information about any required copayments for hospitalization, please refer to your Evidence of Coverage or call the Member Services Department.

SKILLED NURSING CARE
Sometimes after being admitted to the hospital you may need to receive care prior to being discharged. If you do, you will be temporarily referred to a Skilled Nursing Facility (SNF) until you are able to go home.

Three (3) days prior to being sent home from the SNF, you will receive a letter about discharge. The letter will tell you what to do if you’re not ready to leave the facility and want to stop the discharge. The SNF will help you fax your request for immediate review and a decision will be made by Medicare.

If you have full Medi-Cal (Medi-Medi) coverage, Medi-Cal will pay for any remaining charges or copayments that Medicare doesn’t cover. Please refer to your Evidence of Coverage (EOC) for exact coverage or call the Member Services Department.
IT’S YOUR CHOICE!
TAKE CARE OF YOUR TEETH BY SELECTING ONE OF OUR 2 DENTAL GROUPS:

OPTION 1
DeltaCare USA
Stop decay before it starts. When you visit the dentist for regular cleanings and exams (covered at low or no cost under your dental plan), you’ll cut your risk of cavities and help identify problems before they get painful and expensive.

What is DeltaCare USA?
DeltaCare USA is a closed network product that features set copayments, no annual deductibles, and no maximums for covered benefits. Members will receive a plan booklet from DeltaCare USA with defined copayments for covered services. Members must select a primary care dentist in the DeltaCare USA network in order to receive treatment, as in a traditional HMO.

How to contact DeltaCare USA?

CALL
1-844-282-7638, TTY 711

HOURS
Monday - Friday, 5 am - 6 pm

WEBSITE
Medicare: www.deltadentalins.com/brand-new-day-medicare
Medi-Medi: www.deltadentalins.com/brand-new-day-medi-cal-medicare

Each member must go to his or her assigned DeltaCare USA dentist to obtain covered services, except for services provided by a specialist preauthorized in writing by DeltaCare USA, or for emergency services as provided in Emergency Services. Any other treatment is not covered under this program.
Western Dental

- Comprehensive dental coverage
- Western Dental Centers that are open evenings and Saturdays
- Open access to visit any Western Dental location
- If you have both Medicare and Medi-Cal, our team of experts will bill your Denti-Cal coverage

Search for the closest Western Dental Center at: www.westerndental.com

To view a list of dental covered services for Western Dental, go to www.bndhmo.com, click on “Members”, and select “Plan Details” or call Western Dental Customer Service Department.

How to contact Western Dental?

CALL 1-855-203-5900, TTY 711

HOURS Monday - Friday, 8:30 am - 5 pm

WEBSITE www.westerndental.com

Exclusive dental benefits for Brand New Day Select Care Plan (HMO ISNP) 41 members!
We bring preventative dental services to you. If you reside in a long-term care or intermediate care facility, speak with your family administrator to schedule an appointment or call Brand New Day Dental.

CALL 1-657-400-1900 Ext. 4017, TTY 711

HOURS Monday - Friday, 8 am - 5 pm
VISION SERVICES

Brilliant Vision and a healthy lifestyle... easy as 1, 2, 3!

1. Select a vision care provider
2. Make your appointment
3. Tell your provider your coverage is with MESVision®

Your vision plan provides a no-cost vision examination along with a no-cost retinal screening every year. Vision benefits also include a new frame with standard lenses or cosmetic contact lenses¹.
The extensive vision care network, administered by MESVision®, includes Real Choice with over 8,600 in-network access points in Brand New Day’s service area to choose from including the following popular retail chains:

![Retail Chains Logos]

You can use one provider for both your exam and eyewear OR you can receive your exam from one provider and your materials from another provider. The Choice is yours!

**CALL**
1-833-240-7289, TTY 1-877-735-2929

**HOURS**
Monday - Friday 8 am - 5 pm

**WEBSITE**
www.mesvision.com/bndhmo

¹You get an additional 20% discount on tints, coatings and other add-on charges to standard lenses. Also applies to additional pairs of glasses or standard contact lenses. Not available at warehouse or wholesale locations.
ACUPUNCTURE & CHIROPRACTIC

Brand New Day contracts with American Specialty Health Plans of California, Inc. (ASH Plans) to provide you with Acupuncture and Chiropractic services¹.

To find an acupuncturist or chiropractor in your area, please call ASH at 1-800-678-9133, TTY 1-800-735-2922, Monday-Friday, 5 am - 8 pm PST or visit online www.ashlink.com/ash/brandnewday. When arriving to your appointment, show your Brand New Day ID Card to verify your enrollment with us.

¹Acupuncture benefit is not covered for the following plans: Brand New Day Bridges Choice Plan (HMO CSNP) 29, Brand New Day Harmony Choice Plan (HMO CSNP) 20, Brand New Day Select Care Plan (HMO ISNP) 41, Brand New Day Bridges Care Plan (HMO CSNP) 28, Brand New Day Harmony Care Plan (HMO CSNP) 32, Brand New Day Embrace Care Plan (HMO CSNP) 39-1, Brand New Day Embrace Care Plan (HMO CSNP) 39-2, and Brand New Day Classic Care II Plan (HMO) 37.

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HEARING AIDS

As we age the loss of hearing can separate us from socializing with those we love. Good hearing is important to your health. Brand New Day has partnered with TruHearing to bring you the hearing aid benefit. With this benefit you get three (3) follow-up visits for fitting and adjustments per year. Check your Evidence of Coverage for details.

EXPLANATION OF HEARING AID COVERAGE

| TruHearing Advanced     | • 32 channels  
|                         | • 6 programs    
|                         | • Full range of styles and colors 
|                         | • Advanced features |
| TruHearing Premium      | • 48 channels   
|                         | • 6 programs    
|                         | • Full range of styles and colors 
|                         | • Premium features |
| Routine hearing exam    | • 1 per calendar year |
HEARING AIDS CONTINUED

TruHearing Comprehensive Hearing Benefit Includes

STATE-OF-THE-ART TECHNOLOGY

• Enjoy natural, lifelike sound in virtually all listening situations
• Hear speech clearly, even in noisy environments
• Stream audio and phone calls directly to your ears from your smartphone¹

PERSONALIZE CARE

• Guidance and assistance from a TruHearing hearing consultant
• Local, professional care from an accredited provider in your area
• A hearing exam plus three (3) follow-up visits for fitting and adjustments²
• $0 copayment for routine hearing exam

HELP ALONG YOUR WAY

• A worry-free purchase with a 45-day trial and 3-year warranty
• 48 free batteries per aid included with non-rechargeable models
• Guides to help you adapt to your new hearing aids

Flip the page to see how to SCHEDULE YOUR APPOINTMENT with TRUHEARING!
How to get hearing aids


2. A TruHearing hearing consultant will verify your coverage and help you set up a hearing exam with an audiologist or hearing instrument specialist in your area.

3. If hearing loss is discovered, your audiologist or hearing instrument specialist will help you choose the right hearing aids and order them through TruHearing.

4. When the hearing aids arrive, you’ll return to have them fitted and programmed by your audiologist or hearing instrument specialist.

1TruHearing hearing aids connect directly to iPhone, iPad®, and iPod® Touch devices. Connectivity also available to many Android phones with use of an accessory.

2 Three (3) follow-up visits must be used within one year after the date of initial purchase. Hearing aid repairs and replacements subject to provider and manufacturer fees. For questions regarding fees, contact TruHearing customer service.

To get started, call TruHearing to schedule a hearing exam today: Please contact TruHearing to schedule your first appointment and begin your journey to better hearing. Call 1-866-202-1182, TTY 711 Monday-Friday, 8 am - 8 pm or visit www.truhearing.com.

1This benefit is not covered for the following plans: Brand New Day Harmony Care Plan (HMO CSNP) 32 and Brand New Day Harmony Choice Plan (HMO CSNP) 20.
SilverSneakers® Membership
You are covered for a fitness benefit through SilverSneakers at participating locations. SilverSneakers can help you live a healthier, more active life. You have access to instructors who lead specially-designed group exercise classes. At participating locations nationwide, you can take classes plus use exercise equipment and other amenities. Additionally, SilverSneakers FLEX gives you options to get active outside of traditional gyms (like recreation centers, malls, and parks). SilverSneakers also connects you to a support network and resources such as online exercise videos and a new mobile app. All you need to get started is your personal SilverSneakers ID number. Go to SilverSneakers.com to learn more about your benefit or call 1-888-423-4632, TTY 711, Monday - Friday, 5 am to 5 pm.

Always talk with your doctor before starting an exercise program.

1Participating locations ("PL") are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities is limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.
2Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location. SilverSneakers and SilverSneakers FLEX are registered trademarks of Tivity Health, Inc. © 2019 Tivity Health, Inc. All rights reserved.

This benefit is not covered for Brand New Day Select Care Plan (HMO ISNP) 41.
Gym Membership may be a covered benefit as part of your Personal Care Plan for the following plans: Brand New Day Bridges Care Plan (HMO CSNP) 28, Brand New Day Classic Care II Plan (HMO) 37, Brand New Day Bridges Choice Plan (HMO CSNP) 29, and Brand New Day Embrace Care Plan (HMO CSNP) 39-2. See Personal Care Plan for more information.
Many Brand New Day Benefit Programs include a one-on-one consultation with an exercise expert who will develop an exercise plan for you.

For more information on scheduling an Exercise Consultation, please speak to your Nurse/Health Care Manager or call Member Services Department at **1-866-255-4795, TTY 711**.

Exercise Consultations may not be available for all plans but covered as part of the Personal Care Plan for the following plans: Brand New Day Classic Choice Plan (HMO) 33, Brand New Day Dual Access Plan (HMO DSNP) 24, Brand New Day Embrace Choice Plan (HMO CSNP) 40-1, Brand New Day Embrace Choice Plan (HMO CSNP) 40-2, Brand New Day Bridges Choice Plan (HMO CSNP) 29, Brand New Day Select Care Plan (HMO ISNP) 41, Brand New Day Harmony Care Plan (HMO CSNP) 32 and Brand New Day Bridges Care Plan (HMO CSNP) 28. See Personal Care Plan for more information.
Brand New Day has a comprehensive list of covered medications. Based upon the medications you need, there may be a copayment due. On the other hand, certain generic medications have no copayment. If you have full Medi-Cal coverage, the State of California will pay for any Part D Premiums due, and most copayments for prescription drugs:

**PART D PRESCRIPTION DRUGS TIERS WITH FULL MEDI-CAL COVERAGE**

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<tr>
<td>Tier 1</td>
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<tr>
<td>Tier 2</td>
<td>$$1.30$$</td>
<td>Tier 5</td>
<td>$$3.90$$</td>
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<tr>
<td>Tier 3</td>
<td>$$3.90$$</td>
<td>Tier 6</td>
<td>$$0$$</td>
</tr>
</tbody>
</table>

*Depending on your Medi-Cal eligibility (full or partial), the prescription drug costs shares may vary. Low income Subsidy (LIS) Level 2 listed above (individuals with income at or below 100% of Federal Poverty Level with full Medi-Cal coverage).

**Save Money On Your Prescription Drugs!**

Brand New Day’s Medimpact Direct (prescriptions by mail) are options provided to you as a convenient way to save money on your prescription drugs. Tiers 2 and 3 Special! Pay for 2 months of a 90-day prescription and get the third month at no extra cost. This applies if you are enrolled in one of the Brand New Day “Care Plans” when you use Mail Order to fill your 90-day, Tier 2 or Tier 3 prescription. It is easy to save on prescription drugs with Medimpact Direct!
GET YOUR PRESCRIPTIONS THROUGH MAIL ORDER

Welcome To Convenience!
EASY. CONVENIENT. CUSTOM PRESCRIPTION DELIVERY.

You can have your prescription medications delivered right to your door! No more standing in line or driving all over town. You can get up to a 90-day supply of your prescription with one simple payment.

Getting Your Prescriptions Has Never Been Easier.

Medimpact Direct, LLC, offers custom delivery service for your maintenance medications, ones you take regularly for chronic or long-term conditions. This new delivery option gives you flexibility in payment options, how your prescriptions are ordered, and where they are delivered. If you have questions, please contact Medimpact Direct.
Getting Started
You will need a 90-day-supply prescription for your first custom delivery order. If you choose to have your order shipped via standard delivery, you should receive your prescription within ten (10) business days from the date we receive your order.

You Have 3 Options To Start Your Prescription With Us:

1. FROM YOUR DOCTOR
   Ask your doctor to send your prescription electronically to Medimpact Direct or to fax it to us at: 1-888-783-1773. Our pharmacy staff will call you to obtain your approval before we process any prescriptions your doctor sends us. We will not ship these prescriptions until you confirm your medication.

2. MAIL US YOUR PRESCRIPTION
   Download and complete the order form at www.medimpactdirect.com. Mail your order form to us along with your paper prescription and your payment. Once we have your order, you can register online to order refills and customize delivery options for future orders.

3. CALL IN FOR YOUR PRESCRIPTION
   Call in your prescription to Medimpact Direct at 1-855-873-8739, TTY 711. Our pharmacy staff will transfer your prescription right to us.
OVER-THE-COUNTER (OTC) ITEMS DELIVERED TO YOUR HOME

It’s Easy To Order OTC Items

Many Brand New Day benefit plans cover the Over-the-Counter (OTC) benefit every quarter. This benefit allows you to get OTC products you many need. Be sure to use your benefit amounts before the end of every quarter. Simply order online, mail your completed form, or call 1-855-804-3555, TTY 711. Your order will be shipped directly to your home.

ORDER ONLINE
You may place an order online using the Brand New Day OTC website at www.bndhmo.com/otc. Remember to save your username and password to order again during your next benefit period.

ORDER BY MAIL
You may place your order by mailing the order form that comes with your catalog. If the end of the benefit period is approaching and you do not think your order form will be received in time, you may order online or call in your order.

ORDER BY PHONE
If you have questions or would like to place an order over the phone, OTC Advocates are available Monday – Friday from 8 am to 8 pm at 1-855-804-3555, TTY 711.

This benefit is not covered for the following plans: Brand New Day Harmony Care Plan (HMO CSNP) 32, Brand New Day Harmony Choice Plan (HMO CSNP) 20, and Brand New Day Select Care Plan (HMO ISNP) 41.
Order Guidelines

• For Delivery, please allow 5-7 business days from the time your order is placed.

• Unused benefits will not roll over into the next quarter.

• Your order total may not exceed your benefit amount.

• Your order total will be applied to the benefit period in which the order is received.

• OTC products are intended for member use only to help with a health or medical need.

• Brand New Day health plan prohibits the use of this benefit to order OTC items for family members or friends.

• Due to the personal nature of these products, returns are not accepted.

• Items in the OTC catalog may change throughout the year.

• For the most up-to-date listing of OTC products visit us online.
Generic Vs. Brand Name

Generic medications have the exact same ingredients as the brand name drugs, but you aren’t paying for the “name.” Always ask the pharmacy for generic instead of brand name.

Extra Help With Medicare

You may qualify for Extra Help with your prescription drug costs. If you don’t qualify for Medi-Cal but you have a limited income, you can apply for Extra Help from Medicare. To apply, contact Social Security at 1-800-772-1213, TTY 1-800-325-0778 or apply online at www.ssa.gov/prescriptionhelp. If you qualify, Medicare will pay all or part of your Part D Premium and you will have lower copayments at the pharmacy.
The Vial of L.I.F.E. is lifesaving information for emergencies. This kit enables emergency medical personnel to quickly locate helpful information regarding your medical history in a time of crisis. It is very important that you keep this information up to date, accurate, and placed in a prominent spot on your refrigerator. To obtain a Vial of L.I.F.E. kit, talk to your Brand New Day Nurse/Care Manager or call the Member Services Department at 1-866-255-4795, TTY 711.
MEDICARE - MEDI-CAL (MEDI-MEDI) COVERAGE

If you have both Medicare and Medi-Cal insurance, you are entitled to additional benefits paid by the State of California. Here are some descriptions of those benefits:

OVER-THE-COUNTER (OTC) MEDICATIONS: Medi-Cal covers a few common Over-The-Counter medications such as aspirin. If your doctor writes a prescription these medications may be paid by Medi-Cal. These medications are not covered by your Medicare Part D program. Brand New Day will cover your OTC medications as part of your Additional Benefits.

INCONTINENCE SUPPLIES: Brand New Day covers your incontinence supplies such as diapers as part of your Additional Benefits. If you have Medi-Cal coverage, your doctor can provide you a prescription to receive these supplies. After receiving your prescription, your provider will fill your order and bill Medi-Cal. If you have any problems obtaining your incontinence supplies, please call us at Brand New Day.

HEARING AIDS: For selected plans your Medi-Cal coverage will pay for hearing aids up to $1,510 if you meet the criteria that allows you to receive a hearing aid. Brand New Day will cover your hearing aids as part of your Additional Benefits.

COMMUNITY BASED ADULT SERVICES: CBAS is a program that delivers specific services to members who have Medi-Cal. While obtaining these services your Brand New Day Nurse/Care Manager or your Primary Care Provider (PCP) can assist you. Some of our services include social services, therapies, personal care, meals, transportation and Skilled Nursing Care. This also provides training and support to families and/or caregivers.

ADDITIONAL STATE RESOURCES: For additional state resources contact California Department of Social Services (CDSS) at http://www.cdss.ca.gov/Contact-Us.
In-Home Support Services (IHSS)

The IHSS Program is for those with Medi-Cal. IHSS helps pay for services provided to low-income, blind or disabled individuals. This program is also suitable for children. It is considered an alternative to out-of-home care such as nursing homes, board and care facilities. The services provided in this program include accompaniment to medical appointments and protective supervision for the mentally impaired. Services authorized through IHSS include:

- House cleaning
- Meal preparation
- Laundry

- Grocery shopping
- Personal care services (such as bowel and bladder care, bathing, grooming)

Long-Term Care

If you meet the medical criteria to receive Long-Term Care in a nursing home, your Medi-Cal will cover these expenses. If needed, one of our nurses at Brand New Day will assist you in obtaining this benefit.
YOUR RIGHT TO COMPLAIN

You have the right to submit a complaint about the quality of care you received and/or a reconsideration (appeal). If you don’t believe you’re receiving the services you’re entitled to, or if you are being asked to pay more than what you believe, you can file a Grievance or an Appeal to Brand New Day.

An Appeals and Grievance representative will let you know if your statement can be taken by phone or in writing. As your plan we can help put the information together to get your request started.

**Timeframe For Complaints**

You have sixty (60) calendar days from the date of the incident with which you were dissatisfied to file a complaint. We may extend your sixty (60) day limit depending on the cause.

The Appeals and Grievances Department will send you a letter when they have received your complaint and/or if there is more information needed for your case. Another letter will follow showing you the result of your case. For more information please contact our Appeals and Grievances Department, found in our Phone Directory.
For More Information

CALL
1-866-255-4795, TTY 711

HOURS
Year Round:
Monday - Friday, 8 am - 8 pm
October 1 - March 31:
Monday - Sunday, 8 am - 8 pm

EMAIL
Complaints@UniversalCare.com

FAX
1-657-400-1217

ADDRESS
Brand New Day
Attn: Appeals and Grievances Department
PO Box 93122
Long Beach, CA 90809-9871

You Have Options

If you have a complaint that involves the quality of care, you also have the option to file a written complaint with Livanta. Livanta is an independent Quality Improvement Organization (QIO) and is contracted by the Centers for Medicare and Medicaid Services (CMS) to review quality of care complaints from Medicare beneficiaries.

Medical Bills You Receive

Explanation of Benefits (EOB) - You’ll receive an EOB monthly and it is NOT a bill. It is a summary of your prescription drug claims and costs (like a statement). If you receive medical bills that you are not responsible for, immediately call our Member Services Department.

Send Us Your Bill

You can mail your bill(s) to us with a request for payment to:
Brand New Day
Attn: Claims Department
PO Box 93122
Long Beach, CA 90809-9871

You can also fax your bill(s) with your request payment to: 1-657-400-1211
To receive assistance from Brand New Day and its contracting entities, please call the contacts below:

**Brand New Day**

1-866-255-4795, TTY 711
Monday – Friday, 8 am - 8 pm and 7 days a week
8 am - 8 pm from October 1-March 31
Web: www.bndhmo.com
Fax: 1-657-400-1217
Mail: Brand New Day, PO Box 93122,
Long Beach, CA 90809-3122

**American Specialty Health Plans of California, Inc. (ASH Plans)**

1-800-678-9133, TTY 1-800-735-2922
Monday – Friday, 5 am - 8 pm
Web: www.ashlink.com/ash/brandnewday

**APPEAL & GRIEVANCES DEPARTMENT**

1-866-255-4795, TTY 711
Fax: 1-657-400-1217
Monday - Friday 8 am - 8 pm and 7 days a week from
October 1-March 31 from 8 am - 8 pm
Email: Complaints@UniversalCare.com

**Delta Dental**

1-844-282-7638, TTY 711
Monday – Friday, 5 am - 6 pm
Web: Medicare
www.deltadentalins.com/brand-new-day-medicare
Web: Medi-Medi
www.deltadentalins.com/brand-new-day-medi-cal-medicare
<table>
<thead>
<tr>
<th>Service Type</th>
<th>Contact Information</th>
<th>Hours</th>
<th>Web Address</th>
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<tbody>
<tr>
<td><strong>WESTERN DENTAL</strong></td>
<td>1- 855-203-5900, TTY 711, Monday - Friday, 8:30 am - 5 pm</td>
<td></td>
<td><a href="http://www.westerndental.com">www.westerndental.com</a></td>
</tr>
<tr>
<td><strong>FITNESS MEMBERSHIPS</strong></td>
<td>1-888-423-4632, TTY 711, Monday – Friday, 5 am - 5 pm</td>
<td></td>
<td><a href="http://www.silversneakers.com">www.silversneakers.com</a></td>
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<td><strong>LIVANTA</strong></td>
<td>Quality of Care – Option, 1-877-588-1123, TTY 1-855-887-6668, Monday – Friday, 9 am - 5 pm</td>
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<td><a href="http://www.livantaqio.com">www.livantaqio.com</a></td>
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<tr>
<td><strong>MESVISION (MEDICAL EYE SERVICES)</strong></td>
<td>1-833-240-7289, TTY 1-877-735-2929, Monday – Friday, 8 am - 5 pm</td>
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<td><a href="http://www.mesvision.com/bndhmo">www.mesvision.com/bndhmo</a></td>
</tr>
<tr>
<td><strong>MEDIMPACT DIRECT (MAIL ORDER PHARMACY)</strong></td>
<td>1-855-873-8739, TTY 711, Prescription Fax: 888-783-1773, Monday – Friday, 7 am - 7 pm and Saturdays, 8 am - 4 pm</td>
<td>Email: <a href="mailto:Customerservice@medimpactdirect.com">Customerservice@medimpactdirect.com</a></td>
<td><a href="http://www.medimpact.com">www.medimpact.com</a></td>
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<td>For refills, please call MedImpact or log into your account</td>
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<td><strong>MEDIMPACT HEALTH SERVICES (PART D APPEALS)</strong></td>
<td>1-800-788-2949, TTY 1-800-947-3529, Fax: 858-689-0207, 24 hours a day, 7 days a week</td>
<td>MedImpact Healthcare Systems, Attn: Client Services, Inc. 10181 Scripps Gateway Court, San Diego, CA 92131</td>
<td><a href="http://www.medimpact.com">www.medimpact.com</a></td>
</tr>
</tbody>
</table>
NURSE ADVICE LINE
1-888-687-7321, TTY 711
24 hours a day, 7 days a week
Web: www.bndhmo.com

SCHEDULE ROUTINE TRANSPORTATION (TO & FROM DOCTOR)
1-855-804-3340, TTY 711
Monday - Friday, 8 am - 8 pm

SCHEDULE MEDICAL TRANSPORTATION (NON-URGENT)
For gurneys and different types of wheelchairs
1-855-804-3484, TTY 711
Monday - Friday, 8 am - 8 pm

TELADOC (DOCTOR HELP LINE)
1-855-835-2362, TTY 1-855-636-1578
24 hours a day, 7 days a week
Web: www.teladoc.com

TRUHEARING (HEARING AID BENEFIT)
1-866-202-1182, TTY 711
Monday - Friday, 8 am - 8 pm
Web: www.truhearing.com

URGENT CARE
1-866-255-4795, TTY 711
Email: Memberservices@universalcare.com
Web: www.bndhmo.com/provider-search
NOTICE OF NON-DISCRIMINATION

Brand New Day complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Brand New Day does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Brand New Day:

• Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  • Qualified sign language interpreters
  • Written information in other formats (large print, audio, accessible electronic formats, other formats)

• Provides free language services to people whose primary language is not English, such as:
  • Qualified interpreters
  • Information written in other languages

If you need these services, contact the Brand New Day, Customer Service Department at: 1-866-255-4795 (TTY 711). Hours are: October 1 – March 31: 7 days a week, 8 am – 8 pm, April 1 – September 30: Monday – Friday, 8 am – 8 pm

If you believe that Brand New Day has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling our Customer Service Department or mailing a letter to:

Brand New Day
Attn: Appeals & Grievances Department
5455 Garden Grove Blvd, Suite 500
Westminster, California 92683
Fax: 657-400-1217
Email: Complaints@universalcare.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Customer Service Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html
English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-255-4795 (TTY: 711).


Chinese: 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1-866-255-4795（TTY：711）。


Arabic: ناجعل كل رفاوته تباعد قطعسياسلا تامدخ ناف ، تباعد ركذا تدجحه تلك إذا : تطوحلم مفرق (نصتا 4795-255-866-1000) مكملو مصلا فناء مفر (TTY: 711)

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-255-4795 (TTY: 711).


Japanese: 注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。1-866-255-4795 (TTY: 711)まで、お電話にてご連絡ください。


Punjabi: ਵਿਚਾਰ ਰੀਟੀ: ਨੇ ਊਂਮੀ ਪੰਜਾਬੀ ਬੇਚਿਆ ਵੇਲੇ, ਅੰਤਰਰਾਸ਼ਟਰੀ ਵਿੰਦੂਵਾਲੀ ਮੇਲਾ ਜਾਂ ਇੱਕੀ ਭਾਸ਼ਾ ਵਿਚਾਰਾਂ ਦਾ ਵਿਚਾਰਾਂ ਦੀਆਂ ਉਪਲਬਧਾਂ। 1-866-255-4795 (TTY: 711).


