

# 2019

## SUMMARY OF BENEFITS

### **Brand New Day Classic Care I Plan (HMO) 25**

Kern County

Los Angeles County

Orange County

Riverside County

San Bernardino County

San Diego County



**brand new day**

HEALTHCARE YOU CAN FEEL GOOD ABOUT

# 2019 SUMMARY OF BENEFITS

## BRAND NEW DAY CLASSIC CARE I PLAN (HMO) 25

H0838, Plan 025

January 1, 2019 - December 31, 2019.

**Brand New Day** is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in the Plan depends on contract renewal.

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 the "Evidence of Coverage" at [www.bndhmo.com/members/plan-details](http://www.bndhmo.com/members/plan-details).

To join **Brand New Day Classic Care I Plan (HMO)** you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in California: Kern, Los Angeles, Orange, Riverside, San Bernardino, and San Diego.

Except in emergency situations, if you use providers that are not in our network, we may not pay for these services.

For coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

This document is available in other formats such as Braille, large print or audio.

**Have questions?** Please call Brand New Day Member Services Department at 1-866-255-4795, TTY 711 Monday – Friday 8 a.m. - 8 p.m. between April 1 and September 30 and 7 days a week between October 1 to March 31, 8 a.m. to 8 p.m. or visit our website at [www.bndhmo.com](http://www.bndhmo.com).

PREMIUMS & BENEFITS	CLASSIC CARE I PLAN (HMO) 25
<b>Monthly Plan Premium</b>	<b>You pay \$0</b> You must keep paying your Medicare Part B premium.
<b>Deductible</b>	<b>No Deductible</b>
<b>Maximum Out-of-Pocket Responsibility</b> (does not include prescription drugs)	<b>You pay no more than \$3,400 annually</b> Includes copays and other costs for medical services for the year.

PREMIUMS & BENEFITS	CLASSIC CARE I PLAN (HMO) 25
<b>Inpatient Hospital</b>	<p><b>No Deductible</b>  <b>You pay \$0 copay</b> for days 1-90</p> <p>Services may require authorization and a referral.</p>
<b>Outpatient Hospital</b>	<p><b>You pay \$0 copay</b> for surgery</p> <p><b>You pay 20% of the cost</b> for all other outpatient hospital services.</p> <p>Services may require authorization and a referral.</p>
<b>Doctor Visits</b> <ul style="list-style-type: none"> <li>• Primary care providers</li> <li>• Specialists</li> </ul>	<p><b>You pay \$0 copay</b>  <b>You pay \$0 copay</b></p> <p>Services may require authorization and a referral.</p>
<b>Preventive Care</b> (e.g., flu vaccine, diabetic screenings)	<p><b>You pay \$0 copay</b></p> <p>Other preventive services are available. There are some covered services that have a cost.</p>
<b>Emergency Care</b>	<p><b>You pay \$120 per visit</b></p> <p>If you are admitted to the hospital within 72 hours, then you do not have to pay \$120.</p>
<b>Urgently Needed Services</b>	<p><b>You pay \$0 per visit</b></p>
<b>Diagnostic Services/Labs/Imaging</b> <ul style="list-style-type: none"> <li>• Diagnostic tests and procedures</li> <li>• Lab services</li> <li>• MRI, CAT scan</li> <li>• X-rays</li> </ul>	<p><b>You pay \$0 copay</b>  <b>You pay \$0 copay</b>  <b>You pay \$0 copay</b>  <b>You pay \$0 copay</b></p> <p>Services may require authorization and a referral.</p>
<b>Hearing Services</b> <ul style="list-style-type: none"> <li>• Routine hearing exam</li> <li>• Hearing aid</li> </ul>	<p><b>You pay \$0 copay</b>, one routine hearing exam annually</p> <p><b>You pay \$699 per hearing aid</b> for the Advanced Model</p> <p><b>You pay \$999 per hearing aid</b> for the Premium Model</p> <p>You receive 2 hearing aids per year. <b>You must call TruHearing to use this benefit.</b></p>

# 2019 Summary of Benefits

PREMIUMS & BENEFITS	CLASSIC CARE I PLAN (HMO) 25
<p><b>Dental Services</b></p> <ul style="list-style-type: none"> <li>Oral exam and cleaning</li> </ul>	<p><b>You pay \$0 copay</b> for oral exams  <b>You pay \$0-\$55 copay</b> for cleanings</p>
<p><b>Vision Services</b></p> <ul style="list-style-type: none"> <li>Routine eye exam</li> <li>Eyeglasses (frames and lenses)</li> </ul>	<p><b>You pay \$0 copay</b>, one exam per year  <b>You get up to \$300 allowance</b> every 2 years towards your purchase</p>
<p><b>Mental Health Services</b></p> <ul style="list-style-type: none"> <li>Outpatient group therapy/individual therapy visit</li> </ul>	<p><b>You pay \$20 copay</b></p> <p>Services may require authorization and a referral.</p>
<p><b>Skilled Nursing Facility (SNF)</b></p>	<p><b>You pay \$0 copay</b> for days 1-20  <b>You pay \$170.50 copay per day</b> for days 21-100</p> <p>Services may require authorization and a referral.</p>
<p><b>Physical therapy</b></p>	<p><b>You pay \$10 copay</b></p> <p>Services may require authorization and a referral.</p>
<p><b>Ambulance</b></p>	<p><b>You pay \$125 copay</b></p> <p>Services may require authorization.</p>
<p><b>Transportation</b></p>	<p><b>You pay \$0 copay</b>, for unlimited trips</p> <p>Services may require authorization and a referral.</p>
<p><b>Medicare Part B Drugs</b></p>	<p><b>You pay 20% of the cost</b> for Chemotherapy Drugs  <b>You pay 20% of the cost</b> for other Part B Drugs</p> <p>Services may require authorization.</p>

OUTPATIENT PRESCRIPTION DRUGS		
Part D Deductible	No Deductible	
	Retail Rx 30-day supply	Mail Order 90-day supply
<p><b>Initial Coverage</b> You are in the initial coverage stage until you reach \$3,820 in drug costs (year to date).</p> <p><b>Tier 1 - Preferred Generic</b></p> <p><b>Tier 2 - Generic</b></p> <p><b>Tier 3 - Preferred Brand</b></p> <p><b>Tier 4 - Non-Preferred Brand</b></p> <p><b>Tier 5 - Specialty Tier</b></p> <p><b>Tier 6 - Select Care Drugs</b></p>	<p><b>You pay \$0 copay</b></p> <p><b>You pay \$8 copay</b></p> <p><b>You pay \$45 copay</b></p> <p><b>You pay \$85 copay</b></p> <p><b>You pay 33% of the cost</b></p> <p><b>You pay \$0 copay</b></p>	<p><b>You pay \$0 copay</b></p> <p><b>You pay \$16 copay</b></p> <p><b>You pay \$90 copay</b></p> <p><b>You pay \$255 copay</b></p> <p><b>Not available</b></p> <p><b>You pay \$0 copay</b></p>
<p><b>Gap Coverage</b> You stay in this stage until your year-to-date "out-of-pocket costs" (your payments) reach a total of \$5,100.</p>	<p><b>You pay \$0 copay</b> for Tier 1 and Tier 6 drugs during this stage.</p> <p>During this stage, <b>you pay 25% of the cost</b> for brand name drugs (plus a portion of the dispensing fee) and <b>37% of the cost</b> for generic drugs for drugs in Tier 2, Tier 3, Tier 4 and Tier 5.</p>	
<p><b>Catastrophic Coverage</b></p>	<p>During this stage, the plan will pay most of the cost of your drugs for the rest of the calendar year (through December 31, 2019).</p> <p><b>You pay \$3.40 copay or 5%</b> (whichever costs more) for generic drugs and <b>\$8.50 copay or 5%</b> (whichever cost more) for brand name drugs.</p>	
<p>Cost-Sharing may change depending on the pharmacy you choose and when you enter a new phase of the Part D benefit.</p>		

# Classic Care I Plan (HMO) 25

## SUPPLEMENTAL BENEFITS

<b>Supplemental Benefits Premium</b>	<p><b>You pay \$0</b> additional per month</p>
<b>Over-The-Counter (OTC) Items</b>	<p><b>You get up to \$100 allowance</b> every three (3) months for OTC supplies from Brand New Day's mail order pharmacy</p>
<b>Acupuncture</b>	<p><b>You pay \$0 copay</b> for 24 treatments per year</p> <p>Services may require authorization and a referral.</p>
<b>Wellness Programs</b> <ul style="list-style-type: none"> <li>• Diabetes health coach</li> <li>• Gym membership</li> <li>• Health education materials</li> <li>• Exercise consultation</li> <li>• Medically supported weight loss program</li> <li>• Nurse advice line</li> <li>• Vial of Life</li> </ul>	<p><b>You pay \$0 copay</b></p> <p>Services may require authorization and a referral.</p> <p>Silver&amp;Fit Gym Membership is available to you at <b>no cost</b> with access to all basic amenities, specialized fitness classes, and walking groups.</p> <p>Services may require authorization and a referral.</p> <p><b>You pay \$0 copay</b></p> <p><b>You pay \$0 copay</b>, one (1) visit per year</p> <p>Services may require authorization and a referral.</p> <p><b>You pay \$0 copay</b>, meals are not a covered benefit. You must be diagnosed with a Body Mass Index (BMI) of 30 or higher to receive this benefit.</p> <p>Services may require authorization and a referral.</p> <p>A Brand New Day Registered Nurse is available at <b>no cost</b> to you 24 hours a day, 7 days a week by phone at: (888) 687-7321</p> <p>The Vial of Life is a national program and kit, available to you at <b>no cost</b>, that allows you to have complete medical information ready at home for first medical responders during an emergency.</p> <p>Services may require authorization and a referral.</p>

# ADDITIONAL BENEFITS BEYOND ORIGINAL MEDICARE











Brand New Day offers you additional benefits beyond what Original Medicare alone provides. Brand New Day has partnered with specialized companies for these added benefits.

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HEALTHCARE YOU CAN FEEL GOOD ABOUT

**ADDITIONAL BENEFITS BEYOND ORIGINAL MEDICARE**

Additional Benefits Provider	Type of benefit	Classic Care I Plan 25	Classic Choice Plan 33
 <b>American Specialty Health.</b> <b>1-800-678-9133, TTY 1-800-735-2922</b> Monday-Friday 8:00 a.m. – 8:00 p.m. <a href="http://www.ashlink.com/ash/brandnewday">www.ashlink.com/ash/brandnewday</a>	<b>Acupuncture</b> 	<b>\$0 copay</b> 24 treatments	<b>\$0 copay</b> 24 treatments
 <b>DELTA DENTAL</b> <b>1-844-282-7638, TTY 711</b> Monday-Friday 5:00 a.m. – 6:00 p.m. <a href="http://www.deltadentalins.com">www.deltadentalins.com</a>	<b>Dental Benefits</b> 	<u>Deep Cleaning</u> <b>\$35-\$60 copay</b> <u>Crowns</u> <b>\$480-\$520 copay</b> <u>Implants</u> <b>Not covered</b>	<u>Deep Cleaning</u> <b>\$0 copay</b> <u>Crowns</u> <b>\$0 copay</b> <u>Implants</u> <b>\$1740 copay</b>
 <b>Silver&amp;Fit.</b> Exercise & Healthy Aging Program <b>1-877-427-4788, TTY 1-877-710-2746</b> Monday-Friday 5:00 a.m. – 6:00 p.m. <a href="http://www.silverandfit.com">www.silverandfit.com</a>	<b>Gym Membership</b> 	<b>\$0 copay</b> <u>Silver&amp;Fit provides access to:</u> <ul style="list-style-type: none"> <li>• Fitness facility program</li> <li>• Home fitness program</li> <li>• Healthy aging classes</li> </ul>	
<b>TruHearing®</b> <b>1-866-202-1182, TTY 711</b> Monday-Friday 8:00 a.m. – 8:00 p.m. <a href="http://www.truhearing.com">www.truhearing.com</a>	<b>Hearing Aid</b> 	<u>Advanced model</u> <b>\$699 copay per aid</b> <u>Premium model</u> <b>\$999 copay per aid</b>	<u>Advanced model only</u> <b>\$149 copay per aid</b>
<b>brand new day</b> HEALTHCARE YOU CAN FEEL GOOD ABOUT <b>1-855-804-3555, TTY 711</b> Monday-Friday 8:00 a.m. – 8:00 p.m. <a href="http://www.bndhmo.com/otc">www.bndhmo.com/otc</a>	<b>Over-The-Counter</b> 	<b>You get \$100</b> every 3 months to spend on OTC	<b>You get \$100</b> every 3 months to spend on OTC



## ADDITIONAL BENEFITS BEYOND ORIGINAL MEDICARE

Additional Benefits Provider	Type of benefit	Classic Care I Plan 25	Classic Choice Plan 33
<p><b>brand new day</b>  <small>HEALTHCARE YOU CAN FEEL GOOD ABOUT</small>  <b>1-866-255-4795, TTY 711</b>                      Monday-Friday 8:00 a.m. – 8:00 p.m.  <a href="http://www.bndhmo.com">www.bndhmo.com</a></p>	<p><b>Viagra (Sildenafil)</b></p> 	<p><b>\$8 copay</b>                      Tier 2 Generic                      Viagra (Sildenafil)</p>	<p><b>25% of the cost</b>                      Tier 2 Generic                      Viagra (Sildenafil)</p>
<p> <b>SECURE</b>  <small>TRANSPORTATION</small>                      Routine Transportation: <b>1-855-804-3340</b>                      Medical Transportation: <b>1-855-804-3484</b>                      Monday-Friday 8:00 a.m. – 8:00 p.m.  <b>TTY 711</b>  <a href="http://www.securetransportation.com">www.securetransportation.com</a></p>	<p><b>Transportation</b></p> 	<p><b>\$0 copay</b>                      Unlimited transportation                      for plan-approved trips</p>	
<p><b>mesvision</b>  <b>1-833-240-7289, TTY 1-877-735-2929</b>                      Monday-Friday, 8:00 a.m. – 5:00 p.m.  <a href="http://www.mesvision.com/bndhmo">www.mesvision.com/bndhmo</a></p>	<p><b>Vision</b></p> 	<p><b>\$300 allowance</b>                      towards frames                      and lenses every                      2 years</p>	<p><b>\$250 allowance</b>                      towards frames                      and lenses every                      2 years</p>
<p> <b>TELADOC</b>  <b>1-800-835-2362, TTY 1-855-636-1578</b>                      24 hours a day, 7 days a week  <a href="http://www.teladoc.com">www.teladoc.com</a></p>	<p><b>24/7 Doctor                      Advice Line</b></p> 	<p><b>\$0 copay</b>                      Request a visit with a doctor 24 hours a                      day, 7 days a week, by web, phone or                      mobile app. Talk to the doctor, take as                      much time as you need.</p>	
<p><b>brand new day</b>  <small>HEALTHCARE YOU CAN FEEL GOOD ABOUT</small>  <b>1-888-687-7321, TTY 711</b>                      24 hours a day, 7 days a week  <a href="http://www.bndhmo.com">www.bndhmo.com</a></p>	<p><b>24/7 Nurse                      Advice Line</b></p> 	<p><b>\$0 copay</b>                      Speak with a Brand New Day                      registered nurse 24 hours a day                      7 days a week.</p>	

# SAVE MONEY ON YOUR PRESCRIPTION DRUGS!

## Lower Copayments for Prescriptions!

**Tiers 1 and 6 at \$0 copay! If you are filling a prescription for medications on Tier 1 or 6 you will not have a copayment.**

## Mail Order Savings!

**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 to members enrolled in one of the Brand New Day "Care Plans" when they use Mail Order to fill their 90-day, Tier 2 or Tier 3 prescription. It is easy to save on prescription drugs with MedImpact Direct!

## 90-Day Prescription Supply at Retail Pharmacies

All members are entitled to use Mail Order to save on prescriptions. Mail Order prices are generally lower, but if you prefer picking up medications at the pharmacy, you can request a 90-day supply from your pharmacy and/or physician and receive the prescription at the retail pharmacy. This option is not subject to the Mail Order co-payment savings.

## More Savings!

### Extra Help - from 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. To apply, call:

- Brand New Day at 1-866-255-4795, TTY 711 and talk to a customer service representative; or call
- Social Security at 1-800-772-1213; TTY users call 1-800-325-0778;
- Or apply online at [www.ssa.gov/prescriptionhelp](http://www.ssa.gov/prescriptionhelp)

If you qualify for Extra Help, Medicare will pay all or part of your Part D premium and you will have lower copayments at the pharmacy.

## Other Ways to Save

### 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. Save your money for something special.

Brand New Day is an HMO with a Medicare contract. Enrollment in Brand New Day depends on annual contract renewal. This information is not a complete description of benefits. Call 866-255-4795, TTY 711 for more information between 8 a.m. and 8 p.m. Monday through Friday from April 1st to September 30th and weekends also between October 1st and March 31st.

## PRE-ENROLLMENT CHECKLIST

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-866-255-4795, TTY 711.

### UNDERSTANDING THE BENEFITS

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit [www.bndhmo.com/members/plan-details](http://www.bndhmo.com/members/plan-details) or call 1-866-255-4795, TTY 711 to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

### UNDERSTANDING IMPORTANT RULES

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2019.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).