

2019

SUMMARY OF BENEFITS

Brand New Day Harmony Care Plan (HMO CSNP) 32

Kern County
Los Angeles County
Orange County
Riverside County
San Bernardino County
San Diego County
Fresno County
Imperial County
Kings County
Santa Clara County
San Mateo County
Tulare County



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HEALTHCARE YOU CAN FEEL GOOD ABOUT

2019 SUMMARY OF BENEFITS

BRAND NEW DAY HARMONY CARE PLAN (HMO CSNP) 32

H0838, Plan 032

January 1, 2019 - December 31, 2019.

Brand New Day is a Medicare Advantage HMO SNP 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.

To join **Brand New Day Harmony Care Plan (HMO CSNP)** 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, San Diego, Fresno, Imperial, Kings, Santa Clara, San Mateo, and Tulare.

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 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 1-866-321-5955 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.

PREMIUMS & BENEFITS	HARMONY CARE PLAN (HMO CSNP) 32
Monthly Plan Premium	You pay \$0 You must keep paying your Medicare Part B premium.
Deductible	No Deductible
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	You pay no more than \$3,400 annually Includes copays and other costs for medical services for the year.

Harmony Care Plan (HMO CSNP) 32

PREMIUMS & BENEFITS	HARMONY CARE PLAN (HMO CSNP) 32
Inpatient Hospital	No Deductible You pay \$250 copay for days 1-90 Services may require authorization and a referral.
Outpatient Hospital	You pay 20% of the cost Services may require authorization and a referral.
Doctor Visits <ul style="list-style-type: none"> • Primary care providers • Specialists 	You pay \$0 copay You pay \$0 copay Services may require authorization and a referral.
Preventive Care (e.g., flu vaccine, diabetic screenings)	You pay \$0 copay Other preventive services are available. There are some covered services that have a cost.
Emergency Care	You pay \$120 copay If you are admitted to the hospital within 72 hours, then you do not have to pay \$120.
Urgently Needed Services	You pay \$0 copay
Diagnostic Services/Labs/Imaging <ul style="list-style-type: none"> • Diagnostic tests and procedures • Lab services • MRI, CAT scan • X-rays 	You pay \$0 copay You pay \$0 copay You pay \$5 copay You pay \$0 copay Services may require authorization and a referral.
Hearing Services <ul style="list-style-type: none"> • Routine hearing exam • Hearing aid 	Not covered Not covered

2019 Summary of Benefits

PREMIUMS & BENEFITS	HARMONY CARE PLAN (HMO CSNP) 32
<p>Dental Services</p> <ul style="list-style-type: none"> Oral exam and cleaning 	<p>You pay \$0 copay for oral exams You pay \$0-\$55 copay for cleanings</p>
<p>Vision Services</p> <ul style="list-style-type: none"> Routine eye exam Eyeglasses (frames and lenses) 	<p>You pay \$0 copay, one exam per year You get up to \$250 allowance every 2 years towards your purchase</p>
<p>Mental Health Services</p> <ul style="list-style-type: none"> Outpatient group therapy/individual therapy visit 	<p>You pay \$0 copay</p> <p>Services may require authorization and a referral.</p>
<p>Skilled Nursing Facility (SNF)</p>	<p>For 2018 the cost-shares per benefit period were: You pay \$0 copay for days 1-20 You pay \$167.50 copay per day for days 21-100</p> <p>Services may require authorization and a referral.</p> <p>Cost-shares may change in 2019. Visit Medicare.gov/your-medicare-costs for more information.</p>
<p>Physical Therapy</p>	<p>You pay 20% of the cost</p> <p>Services may require authorization and a referral.</p>
<p>Ambulance</p>	<p>You pay \$125 copay</p> <p>Services may require authorization.</p>
<p>Transportation</p>	<p>You pay \$0 copay, for unlimited trips</p> <p>Services may require authorization and a referral.</p>
<p>Medicare Part B Drugs</p>	<p>You pay 20% of the cost for Chemotherapy Drugs You pay 20% of the cost for other Part B Drugs</p> <p>Services may require authorization.</p>

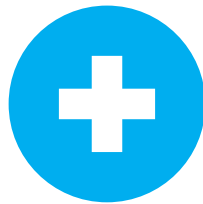
OUTPATIENT PRESCRIPTION DRUGS		
Part D Deductible	No Deductible	
	Retail Rx 30-day supply	Mail Order 90-day supply
<p>Initial Coverage You are in the initial coverage stage until you reach \$3,820 in drug costs (year to date).</p> <p>Tier 1 - Preferred Generic</p> <p>Tier 2 - Generic</p> <p>Tier 3 - Preferred Brand</p> <p>Tier 4 - Non-Preferred Brand</p> <p>Tier 5 - Specialty Tier</p> <p>Tier 6 - Select Care Drugs</p>	<p>You pay \$0 copay</p> <p>You pay \$9 copay</p> <p>You pay \$45 copay</p> <p>You pay \$90 copay</p> <p>You pay 33% of the cost</p> <p>You pay \$0 copay</p>	<p>You pay \$0 copay</p> <p>You pay \$18 copay</p> <p>You pay \$90 copay</p> <p>You pay \$270 copay</p> <p>Not available</p> <p>You pay \$0 copay</p>
<p>Gap Coverage You stay in this stage until your year-to-date "out-of-pocket costs" (your payments) reach a total of \$5,100.</p>	<p>You pay \$0 copay for Tier 1 and Tier 6 drugs during this stage.</p> <p>During this stage, you pay 25% of the cost for brand name drugs (plus a portion of the dispensing fee) and 37% of the cost for generic drugs for drugs in Tier 2, Tier 3, Tier 4 and Tier 5.</p>	
<p>Catastrophic Coverage</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>You pay \$3.40 copay or 5% (whichever costs more) for generic drugs and \$8.50 copay or 5% (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>		

Harmony Care Plan (HMO CSNP) 32

SUPPLEMENTAL BENEFITS

Supplemental Benefits Premium	You pay \$0 additional per month
Over-The-Counter (OTC) Items	Not covered
Acupuncture	Not covered
Wellness Programs <ul style="list-style-type: none"> • Diabetes health coach • Gym membership • Health education materials • Medically supported weight loss program • Nurse advice line 	<p>You pay \$0 copay Services may require authorization and a referral.</p> <p>Silver&Fit Gym Membership is available to you at no cost with access to all basic amenities, specialized fitness classes, and walking groups. Services may require authorization and a referral.</p> <p>You pay \$0 copay</p> <p>You pay \$0 copay, meals are not a covered benefit. You must be diagnosed with a Body Mass Index (BMI) of 30 or higher to receive this benefit. Services may require authorization and a referral.</p> <p>A Brand New Day Registered Nurse is available at no cost to you 24 hours a day, 7 days a week by phone at: (888) 687-7321</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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ADDITIONAL BENEFITS BEYOND ORIGINAL MEDICARE

Additional Benefits Provider	Type of Benefit	Harmony Care Plan 32	Harmony Choice Plan 20
 <p>1-844-282-7638, TTY 711 Monday-Friday 5:00 a.m. – 6:00 p.m. www.deltadentalins.com</p>	<p>Dental Benefits</p> 	<p><u>Deep Cleaning</u> \$35-\$60 copay <u>Crowns</u> \$480-\$520 copay <u>Implants</u> Not covered</p>	<p><u>Deep Cleaning</u> \$0 copay <u>Crowns</u> \$0 copay <u>Implants</u> \$1740 copay</p>
 <p>1-877-427-4788, TTY 1-877-710-2746 Monday-Friday 5:00 a.m. – 6:00 p.m. www.silverandfit.com</p>	<p>Gym Membership</p> 	<p align="center">\$0 copay</p> <p>Silver&Fit provides access to:</p> <ul style="list-style-type: none"> • Fitness facility program • Home fitness program • Healthy aging classes 	
 <p>Routine Transportation: 1-855-804-3340 Medical Transportation: 1-855-804-3484 Monday-Friday 8:00 a.m. – 8:00 p.m. For TTY users: 1-866-321-5955 www.securetransportation.com</p>	<p>Transportation</p> 	<p align="center">\$0 copay</p> <p>Unlimited transportation for plan-approved trips</p>	

ADDITIONAL BENEFITS BEYOND ORIGINAL MEDICARE

Additional Benefits Provider	Type of Benefit	Harmony Care Plan 32	Harmony Choice Plan 20
 <p>1-833-240-7289, TTY 1-877-735-2929 Monday-Friday, 8:00 a.m. – 5:00 p.m. www.mesvision.com/bndhmo</p>	<p>Vision</p> 	<p>\$250 allowance towards frames and lenses every 2 years</p>	<p>\$250 allowance towards frames and lenses every 2 years</p>
 <p>TELADOC</p> <p>1-800-835-2362, TTY 1-855-636-1578 24 hours a day, 7 days a week www.teladoc.com</p>	<p>24/7 Doctor Advice Line</p> 	<p>\$0 copay</p> <p>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>brand new day</p> <p>HEALTHCARE YOU CAN FEEL GOOD ABOUT</p> <p>1-888-687-7321, TTY 1-866-321-5955 24 hours a day, 7 days a week www.bndhmo.com</p>	<p>24/7 Nurse Advice Line</p> 	<p>\$0 copay</p> <p>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 users call 1-866-321-5955 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

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.

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