

2019

SUMMARY OF BENEFITS

Brand New Day Harmony Choice Plan (HMO CSNP) 20

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 CHOICE PLAN (HMO CSNP) 20

H0838, Plan 020

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 Choice 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 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.

PREMIUMS AND BENEFITS	HARMONY CHOICE PLAN (HMO CSNP) 20
Monthly Plan Premium	You pay \$34.80 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 \$6,700 annually Includes copays and other costs for medical services for the year.

Harmony Choice Plan (HMO CSNP) 20

PREMIUMS & BENEFITS	HARMONY CHOICE PLAN (HMO CSNP) 20
Inpatient Hospital	<p>You pay \$1,364 Deductible You pay \$0 copay for days 1-60 You pay \$341 copay per day for days 61-90</p> <p>Services may require authorization and a referral.</p>
Outpatient Hospital	<p>You pay 20% of the cost</p> <p>Services may require authorization and a referral.</p>
Doctor Visits <ul style="list-style-type: none"> • Primary care providers • Specialists 	<p>You pay 20% of the cost You pay 20% of the cost</p> <p>Services may require authorization and a referral.</p>
Preventive Care (e.g., flu vaccine, diabetic screenings)	<p>You pay \$0 copay</p> <p>Other preventive services are available. There are some covered services that have a cost.</p>
Emergency Care	<p>You pay \$90 per visit</p> <p>If you are admitted to the hospital within 72 hours, then you do not have to pay \$90.</p>
Urgently Needed Services	<p>You pay \$0 per visit</p>
Diagnostic Services/Labs/Imaging <ul style="list-style-type: none"> • Diagnostic tests and procedures • Lab services • MRI, CAT scan • X-rays 	<p>You pay 20% of the cost You pay \$0 copay You pay 20% of the cost You pay 20% of the cost</p> <p>Services may require authorization and a referral.</p>
Hearing Services <ul style="list-style-type: none"> • Routine hearing exam • Hearing aid 	<p>Not covered Not covered</p>

HARMONY CHOICE PLAN 20

2019 Summary of Benefits

HARMONY CHOICE PLAN 20

PREMIUMS AND BENEFITS	HARMONY CHOICE PLAN (HMO CSNP) 20
<p>Dental Services</p> <ul style="list-style-type: none"> Oral exam and cleaning 	<p>You pay \$0 copay for oral exams up to 2 per year You pay \$0 copay for cleanings up to 2 per year</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 Services may require authorization and a referral.</p>
<p>Skilled Nursing Facility (SNF)</p>	<p>You pay \$0 copay for days 1-20 You pay \$170.50 copay per day for days 21-100 Services may require authorization and a referral.</p>
<p>Physical Therapy</p>	<p>You pay 20% of the cost Services may require authorization and a referral.</p>
<p>Ambulance</p>	<p>You pay 20% of the cost Services may require authorization.</p>
<p>Transportation</p>	<p>You pay \$0 copay, for unlimited trips 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 Services may require authorization.</p>

OUTPATIENT PRESCRIPTION DRUGS

Part D Deductible	You pay \$415 You don't pay a deductible for Tier 1 and Tier 6.	
	Retail Rx 30-day supply	Mail Order 90-day supply
Initial Coverage You are in the Initial Coverage stage until you reach \$3,820 in drug costs (year to date).		
Tier 1 - Preferred Generic	You pay \$0 copay	You pay \$0 copay
Tier 2 - Generic	You pay 25% of the cost	You pay 25% of the cost
Tier 3 - Preferred Brand	You pay 25% of the cost	You pay 25% of the cost
Tier 4 - Non-Preferred Brand	You pay 25% of the cost	You pay 25% of the cost
Tier 5 - Specialty Tier	You pay 25% of the cost	Not available
Tier 6 - Select Care Drugs	You pay \$0 copay	You pay \$0 copay
Gap Coverage You stay in this stage until your year-to-date "out-of-pocket costs" (your payments) reach a total of \$5,100.	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.	
Catastrophic Coverage	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). You pay \$3.40 copay or 5% (whichever costs more) for generic drugs and \$8.50 copay or 5% (whichever costs more) for brand name drugs.	
Cost-Sharing may change depending on the pharmacy you choose and when you enter a new phase of the Part D benefit.		

Harmony Choice Plan (HMO CSNP) 20

SUPPLEMENTAL BENEFITS

Supplemental Benefits Premium

You pay **\$0** additional per month.

Over-The-Counter (OTC) Items

Not covered

Acupuncture

Not covered

Wellness Programs

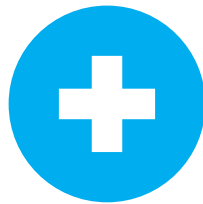
- Gym membership
- Nurse advice line

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.

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

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	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><u>Silver&Fit provides access to:</u></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. TTY 711 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 711 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 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

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 SNP 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 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).
- This plan is a chronic condition special needs plan (CSNP). Your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition.