

# 2019

## SUMMARY OF BENEFITS

### **Brand New Day Select Care Plan (HMO ISNP) 41**

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



**brand new day**

HEALTHCARE YOU CAN FEEL GOOD ABOUT

# 2019 SUMMARY OF BENEFITS

## BRAND NEW DAY SELECT CARE PLAN (HMO ISNP) 41

H0838, Plan 041

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](http://www.bndhmo.com/members/plan-details).

To join **Brand New Day Select Care Plan (HMO ISNP)** 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: Fresno, Imperial, Kern, Kings, Los Angeles, Orange, Riverside, San Bernardino, Santa Clara, San Diego, 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](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	SELECT CARE PLAN (HMO ISNP) 41
<b>Monthly Plan Premium</b>	<b>You pay \$34.90</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 \$6,700 annually</b> Includes copays and other costs for medical services for the year.

# Select Care Plan (HMO ISNP) 41

PREMIUMS & BENEFITS	SELECT CARE PLAN (HMO ISNP) 41
<b>Inpatient Hospital</b>	<p><b>You pay \$1,364 Deductible</b>  <b>You pay \$0 copay</b> for days 1-60  <b>You pay \$341 copay per day</b> for days 61-90</p> <p>Services may require authorization and a referral.</p>
<b>Outpatient Hospital</b>	<p><b>You pay 20% of the cost</b></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 20% of the cost</b>  <b>You pay 20% of the cost</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 preventative services are available. There are some covered services that have a cost.</p>
<b>Emergency Care</b>	<p><b>You pay \$90 per visit</b></p> <p>If you are admitted to the hospital within 72 hours, then you do not have to pay \$90.</p>
<b>Urgently Needed Services</b>	<p><b>You pay \$0 copay</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 20% of the cost</b>  <b>You pay \$0 copay</b>  <b>You pay 20% of the cost</b>  <b>You pay 20% of the cost</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  <b>You pay \$149 per hearing aid</b> for the Advanced Model</p> <p>You receive 2 hearing aids every 3 years. <b>You must call TruHearing to use this benefit.</b></p>

# 2019 Summary of Benefits

SELECT CARE PLAN 41

PREMIUMS & BENEFITS	SELECT CARE PLAN (HMO ISNP) 41
<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 up to 2 per year  <b>You pay \$0 copay</b> for cleanings up to 2 per year</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 \$250 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% of the cost</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 20% of the cost</b></p> <p>Services may require authorization and a referral.</p>
<p><b>Ambulance</b></p>	<p><b>You pay 20% of the cost</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

<b>Part D Deductible</b>	<b>You pay \$415</b> You don't pay a deductible for Tier 1 and Tier 6.	
<b>Initial Coverage</b> You are in the initial coverage stage until you reach \$3,820 in drug costs (year to date).  <b>Tier 1 - Preferred Generic</b> <b>Tier 2 - Generic</b> <b>Tier 3 - Preferred Brand</b> <b>Tier 4 - Non-Preferred Brand</b> <b>Tier 5 - Specialty Tier</b> <b>Tier 6 - Select Care Drugs</b>	<b>Retail Rx 30-day supply</b>  <b>You pay \$0 copay</b> <b>You pay 25% of the cost</b> <b>You pay 25% of the cost</b> <b>You pay 25% of the cost</b> <b>You pay 25% of the cost</b> <b>You pay \$0 copay</b>	<b>Mail Order 90-day supply</b>  <b>You pay \$0 copay</b> <b>You pay 25% of the cost</b> <b>You pay 25% of the cost</b> <b>You pay 25% of the cost</b> <b>Not available</b> <b>You pay \$0 copay</b>
<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.	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.	
<b>Catastrophic Coverage</b>	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 <b>\$3.40 copay or 5%</b> (whichever costs more) for generic drugs and <b>\$8.50 copay or 5%</b> (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.		

# Select Care Plan (HMO ISNP) 41

## SUPPLEMENTAL BENEFITS

### Supplemental Benefits Premium

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

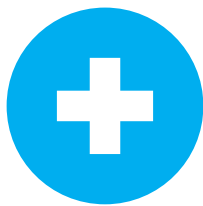
### Wellness Programs

- Health education materials
- Nurse advice line

### You pay **\$0** copay

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	Select Care Plan 41
<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.                      www.bndhmo.com</p>	<p><b>Dental Benefits</b></p> 	<p><u>Deep Cleaning</u>  <b>\$0 copay</b>  <u>Crowns</u>  <b>\$0 copay</b>  <u>Implants</u>  <b>\$1740 copay</b></p>
<p><b>TruHearing®</b>  <b>1-866-202-1182, TTY 711</b>                      Monday-Friday 8:00 a.m. - 8:00 p.m.                      www.truhearing.com</p>	<p><b>Hearing Aid</b></p> 	<p><u>Advanced model only</u>  <b>\$149 copay per aid</b></p>
<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.                      www.bndhmo.com</p>	<p><b>Viagra (Sildenafil)</b></p> 	<p><b>25% of the cost</b>                      Tier 2 Generic Viagra (Sildenafil)</p>
<p> <b>SECURE</b>                      TRANSPORTATION                      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>                      www.securetransportation.com</p>	<p><b>Transportation</b></p> 	<p><b>\$0 copay</b>                      Unlimited transportation                      for plan-approved trips</p>



**ADDITIONAL BENEFITS BEYOND ORIGINAL MEDICARE**

Additional Benefits Provider	Type of Benefit	Select Care Plan 41
 <p><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>\$250 allowance</b> towards frames and lenses every 2 years</p>
 <p><b>TELADOC</b></p> <p><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></p> <p><small>HEALTHCARE YOU CAN FEEL GOOD ABOUT</small></p> <p><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).
- This plan is an institutional special needs plan (ISNP). Your ability to enroll will be based on verification that you, for 90 days or longer, have had or are expected to need the level of services provided in a long-term care (LTC) skilled nursing facility (SNF), a LTC nursing facility (NF), a SNF/NF, an intermediate care facility for individuals with intellectual disabilities (ICF/IDD), or an inpatient psychiatric facility.