Harmony Choice for Medi-Medi (HMO C-SNP) - Plan 20

Premiums and Benefits	BrandNewDay (HMO)	What You Should Know
Monthly Plan Premium	$35.50	In addition, you must keep paying your Medicare Part B premium.
Deductible	$405 deductible for Part D drugs (doesn't apply to Tier 1 or Tier 6 drugs)	
Maximum Out-Of-Pocket Responsibility (Does not include prescription drugs)	$6,700	In this plan, you might pay nothing for Medicare-covered services, depending on your level of Medi-Cal eligibility. In this Plan, the amount you can pay out of pocket for services you receive from in-network providers is limited to $6,700. If you reach the limit on out-of-pocket costs, you will continue to have hospital and medical services and the Plan will pay the full cost for the rest of the year.

Premiums and Benefits	BrandNewDay (HMO)	What You Should Know
Inpatient Hospital Care	In 2017, the amounts for each benefit period were: $1,316 deductible for days 1-60 $329 Copay per day for days 61-90 $658 Copay per day for 60 lifetime reserve days These amounts may change in 2018.	The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. This plan also covers 60 "Lifetime Reserve Days." These are "Extra" days that the Plan covers. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.
Outpatient Surgery • Ambulatory Surgical Center (ASC) • Outpatient Hospital	20% of the cost	Services require authorization and a referral.
Doctor's Office Visits • Primary • Specialist	20% of cost 20% of cost	Prior authorization is required for specialist visits.
Preventive Care	You pay nothing	This plan covers many preventive services. Any additional preventive services approved by Medicare during the contract year will be covered. Services require prior authorization and a referral.

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Emergency Care	$80 Copay	If you are admitted to the hospital within 3 days of an ER visit, you do not have to pay your share of the cost for emergency care.
Urgent Care	You pay nothing	If you are admitted to the hospital within 3 days of an Urgent Care visit, you do not have to pay your share of the cost for urgently needed services.
Diagnostic Tests, Labs, Radiology Services, and X-Rays • Diagnostic radiology services • Lab services • Diagnostic tests and procedures • Outpatient x-rays	 20% of the cost You pay nothing 20% of the cost 20% of the cost	Costs for these Services be different if received in an outpatient surgery setting. Services require prior authorization and a referral.
Hearing Services • Hearing Exam • Hearing Aid	You pay nothing Not a covered benefit	This plan covers the exam to diagnose and treat hearing and balance issues. Services require prior authorization and a referral. Hearing aids are not a covered benefit.
Dental Services • Oral Exam • X-rays	You pay nothing You pay nothing	This plan provides enhanced dental coverage. Limitations and exclusions on services may apply.

Premiums and Benefits	BrandNewDay (HMO)	What You Should Know
Vision Services • Exam & Diagnose • Routine eye exam • Eyeglasses (frames and lenses)	20% of cost You pay nothing Plan pays up to $500	This plan covers up to $500 every two years for eyeglasses (frames and lenses for up to 1 every two years).
Mental Health • Inpatient Mental Health	In 2017 you pay $1,316 deductible for days 1-60 $329 Copay per day for days 61-90 $658 Copay per day for 60 lifetime reserve days These amounts may change in 2018.	Inpatient visit: Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services in a general hospital. This plan covers 90 days for an inpatient hospital stay. This plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. The Copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. Services require authorization and a referral.
• Outpatient Mental Health	Group Therapy: You pay nothing Individual Therapy: You pay nothing Brand New Day activity center: You pay nothing Brand New Day Life Coach (case manager): You pay nothing	

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Premiums and Benefits	BrandNewDay (HMO)	What You Should Know
Skilled Nursing Facility (SNF)	In 2017, the amounts for each benefit period were: You pay nothing for days 1-20 You pay $164.50 for days 21-100 These amounts may change in 2018.	This plan covers up to 100 days in a SNF. Services require authorization and a referral.
Rehabilitation Services • Cardiac Rehabilitation • Occupational therapy visit • Physical therapy • Speech language therapy visit	 20% of the cost 20% of the cost 20% of the cost 20% of the cost	Services require authorization and a referral.
Ambulance	20% of the cost	
Transportation	You pay nothing	This plan covers unlimited transportation to and from plan approved doctor visits. Services require authorization and a referral. You are entitled to a monthly bus pass at no cost.
Medicare Part B Drugs	You pay nothing	Services require authorization and a referral.
Foot Care (Podiatry Services) • Foot exams and treatment	20% of the cost	This plan covers foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions. Services require authorization and a referral.

Premiums and Benefits	BrandNewDay (HMO)	What You Should Know
Medical Equipment/ Supplies • Durable Medical Equipment(e.g.: wheelchairs, oxygen) • Prosthetics (e.g.: braces, artificial limbs) • Diabetes Supplies	20% of the cost 20%ofthecost Youpaynothing	Servicesrequireauthorizationandareferral.
Wellness Programs • Healthclubmembership • Brand New Day Chronic care management program • BrandNewDaysmart phoneapplication	You pay nothing	
Acupuncture	Not covered	

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Chiropractic Care	You pay nothing	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position). Services require authorization and a referral. This does not include routine chiropractic care.
Over-the-Counter	$70 allowance	This plan covers $70 per quarter for approved OTC items. Instructions about how to obtain benefit can be found on www.bndhmo.com or in the member handbook.
Renal Dialysis	20% of the cost	Services require authorization and a referral.
Hospice	You pay nothing	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.

Prescription Drug Coverage

Outpatient Prescription Drugs

Deductible	$405	Deductible does not apply to Tier 1 and Tier 6.
Initial Coverage Stage (30-day supply)	Tier 1 Preferred Generic: You pay nothing Tier 2 Generic: 25% of cost Tier 3 Preferred Brand: 25% of cost Tier 4 Non-Preferred Brand: 25% of cost Tier 5 Specialty Tier: 25% of cost Tier 6 Select Care Drugs: Generic covered medications to help you control blood pressure, cholesterol, and/or diabetes are covered with no copayment. You pay nothing This does not include insulin.	You stay in this stage until your year to date total drug costs reaches $3,750. Cost sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. To more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.

Prescription Drug Coverage		
Coverage Gap (30-day supply)	35% of the plan's cost for covered brand name drugs 44% of the plan's cost for covered generic drugs	Except for Tier 1, most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. You stay in this stage until your year-to-date "out-of-pocket costs" (your payments) reach a total of $5,000
Catastrophic Coverage (30-day supply)	You pay whichever amount is the greater of: • 5% of the cost, or • $3.35 Copay for generic (including brand drugs treated as generic) and a $8.35 copayment for all other drugs	

Harmony Choice for Medi-Medi (HMO C-SNP) - Plan 20

This Summary of Benefits booklet gives you a summary of what Harmony Choice for Medi-Medi (HMO C-SNP) Plan 20 covers and what you pay.

The Summary of Benefits are not a full list of all covered benefits or list all limitations by the Plan. For a full list of covered services, benefits, and limitations refer to your Plan's Evidence of Coverage (EOC). To request a copy of your Plan EOC, please contact **Member Services Department** at **1-866-255-4795**, TTY 1-866-321-5955 8 a.m. to 8 p.m. Monday through Friday and weekends from October 1st through February 14th. Or visit our website at www.BNDHMO.com to access the electronic version of your Plan's EOC.

- If you want to compare this plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets, or use the Medicare Plan Finder at http://www.medicare.gov.
- If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at http://www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
- Medicare beneficiaries may also enroll in Brand New Day **Harmony Choice for Medi-Medi (HMO C-SNP)** through the CMS Medicare Online Enrollment Center located at http://www.medicare.gov.

Brand New Day Health Plan is a HMO with a Medicare Contract and a contract with the California State Medicaid Program. Enrollment in Brand New Day Health Plan depends on contract renewal. This information is available in other formats, such as large print, and audio. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/co-insurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. As a full dual member, your State may cover your Part B premium, based upon your level of Medicaid eligibility. The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. This plan is available to anyone who has both Medical Assistance from the State and Medicare. Premium, co-pays, co-insurance, and deductibles may vary based on the level of Extra Help you receive. Please contact Brand New Day for further details. Medicare evaluates plans based on a 5-star rating system. Star Ratings are calculated each year and may change from one year to the next. Other Providers are available in our network. This information is available for free in other languages. Please call the Brand New Day Member Services Department at 1-866-255-4795 or for TTY users, 1-866-321-5955. Customer Service Representatives are available to help you from 8 a.m. to 8 p.m. Monday through Friday and weekends from October 1st through February 14th. Esta informacion esta disponible gratis en otros idiomas. Por favor llame al departamento de servicio al miembro at 1-866-255-4795 o para usuarios de TTY, 1-866-321-5955. Los representates del servicio al miembro estan disponibles para asistirle de 8:00am a 8:00pm, de Lunes a Viernes y fines de semana de Octubre 1 a Febrero 14.