

Harmony Drug Savings (HMO C-SNP) - Plan 32

Premiums and Benefits	BrandNewDay (HMO)	What You Should Know
Monthly Plan Premium	You pay nothing	In addition, you must keep paying your Medicare Part B premium.
Deductible	You pay nothing	
Maximum Out-Of-Pocket Responsibility (Does not include prescription drugs)	\$3,400	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.
Inpatient Hospital Care	\$100 per day for days 1-3 \$0 for days 4-90	This plan covers 90 days per benefit period for an inpatient hospital stay. 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 <ul style="list-style-type: none"> Ambulatory Surgical Center (ASC) Outpatient Hospital 	\$100 Copay \$100 Copay	Services require prior authorization and a referral.
Doctor's Office Visits <ul style="list-style-type: none"> Primary Psychiatrist Specialist 	You pay nothing You pay nothing \$5 Copay	Prior authorization is required per specialist visit.
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 authorization and a referral.

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Emergency Care	\$100 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 ER visit, you do not have to pay your share of cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.
Diagnostic Tests, Labs and Radiology Services, and X-Rays <ul style="list-style-type: none"> • Diagnostic radiology services • Lab services • Diagnostic tests and procedures • Outpatient x-rays 	\$0-\$5 Copay You pay nothing You pay nothing You pay nothing	Costs for these services be different if received in an outpatient surgery setting. Services require authorization and a referral.
Hearing Services <ul style="list-style-type: none"> • Hearing Exam • Hearing Aid 	You pay nothing Hearing aids are not covered.	This plan covers the exam to diagnose and treat hearing and balance issues. Services require authorization and a referral. Hearing aids are not a covered benefit.
Dental Services <ul style="list-style-type: none"> • Oral Exam • Cleaning • Fluoride treatment • Dental x-rays 	You pay nothing \$15 - \$55 Copay \$0 - \$12 Copay You pay nothing	This plan provides enhanced dental coverage. Limitations and exclusions on services may apply.
Vision Services <ul style="list-style-type: none"> • Exam & Diagnose • Routine eye exam • Eyeglasses (frames and lenses) 	You pay nothing You pay nothing Plan pays up to \$250	This plan covers up to \$250 every two years for eyeglasses (frames and lenses).

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<p>Mental Health</p> <ul style="list-style-type: none"> • Inpatient Visit • Outpatient group therapy visit • Outpatient individual therapy visit 	<p>You pay nothing</p> <p>You pay nothing</p> <p>You pay nothing</p>	<p>This plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient limit does not apply to inpatient mental services provided in a general hospital.</p> <p>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. There's no limit to the number of benefit periods.</p> <p>Services require authorization and a referral.</p>
<p>Mental Health</p> <ul style="list-style-type: none"> • Activity center • Lifecoach (case manager) 	<p>You pay nothing</p> <p>You pay nothing</p>	<p>You have access to a Brand New Day treatment center (drop-in activity center). You will also be assigned a Life Coach to help you manage your conditions and work within the Brand.</p> <p>Services require authorization and a referral.</p>
<p>Skilled Nursing Facility</p>	<p>In 2017 the amounts for each benefit period are:</p> <p>You pay nothing for days 1-20</p> <p>You pay a \$164.50 Copay per day for days 21-100</p> <p>These amounts may change in 2018.</p>	<p>This plan covers up to 100 days in a SNF. Services require authorization and a referral.</p>

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Rehabilitation Services <ul style="list-style-type: none"> • Cardiac rehabilitation services • Occupational therapy visit • Physical therapy • Speech language therapy visit 	<p>You pay nothing</p> <p>\$5 Copay</p> <p>\$5 Copay</p> <p>\$5 Copay</p>	<p>Services require authorization and a referral.</p>
Ambulance	<p>\$125 Copay</p>	<p>This plan covers unlimited transportation to and from plan approved doctor visits.</p>
Transportation	<p>You pay nothing</p>	<p>Services require authorization and a referral.</p>
Medicare Part B Drugs	<p>You pay nothing</p>	<p>Services require authorization and a referral.</p>
Foot Care (Podiatry Services) <ul style="list-style-type: none"> • Foot exams and treatment 	<p>You pay nothing</p>	<p>This plan covers foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.</p> <p>Services require authorization and a referral.</p>
Medical Equipment/Supplies <ul style="list-style-type: none"> • Durable Medical Equipment (e.g.; wheelchairs, oxygen) • Prosthetics (e.g; braces, artificial limbs) • Diabetes monitoring supplies 	<p>20% of the cost</p> <p>20% of the cost</p> <p>You pay nothing</p>	<p>Services require authorization and a referral.</p>
Wellness Programs <ul style="list-style-type: none"> • Health club membership • Brand New Day Chronic care management program • Brand New Day smart phone application 	<p>You pay nothing</p>	

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Acupuncture	Not covered	
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 prior authorization and a referral. This does not include routine chiropractic care.
Over-the-Counter (OTC)	\$100 allowance	This plan covers \$100 per quarter for approved OTC items. Instructions about how to obtain this benefit can be found on www.bndhmo.com and in the member handbook.
Renal Dialysis	20% of the cost	Services require prior 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.

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Prescription Drug Coverage

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Outpatient Prescription Drugs

Deductible	This plan has no deductible for prescription drugs.	
Initial Coverage Stage (30-day supply)	<p>Tier 1 Preferred Generic: You pay nothing</p> <p>Tier 2 Generic: \$9 Copay</p> <p>Tier 3 Preferred Brand: \$45 Copay</p> <p>Tier 4 Non-Preferred Brand: \$90 Copay</p> <p>Tier 5 Specialty Tier: 33% of the cost</p> <p>Tier 6 Select Care Drugs: Generic covered medication to help you control blood pressure, cholesterol, and/or diabetes are covered with no Copayment.: You pay nothing</p> <p>This does not include insulin.</p>	<p>You stay in this stage until your year to date total drug costs reaches \$3,750.</p> <p>Cost sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For 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.</p>

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Prescription Drug Coverage		
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Coverage Gap (30-day supply)	You pay 35% of the plan's cost for covered brand named drugs and 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: <ul style="list-style-type: none"> • 5% of the cost, or • \$3.35 Copay for generic (including brand drug treated as generic) and \$8.35 Copay for all other drugs. 	

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This Summary of Benefits booklet gives you a summary of what Harmony Drug Savings (HMO C-SNP) Plan 32 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 the 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 Drug Savings (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.