

# Classic Care Drug Savings (HMO) - Plan 37

Premiums and Benefits	Brand New Day (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	\$3,400	<p>If you reach the limit on out-of-pocket costs, you will continue to receive covered hospital and medical services and the plan will pay the full cost for the rest of the year.</p> <p>Please note that you will still pay the monthly premiums and cost-sharing for your Part D prescription drugs.</p>
Inpatient Hospital Care	\$100 for days 1-3 \$0 for days 4-90	<p>This plan covers 90 days per benefit period for an inpatient hospital stay.</p> <p>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.</p>
Doctor's Office Visits <ul style="list-style-type: none"> <li>• Primary</li> <li>• Specialist</li> </ul>	You pay nothing \$5 Copay	Prior authorization is required per specialist visit.
Preventive Care	You pay nothing	<p>This plan covers many preventive services;</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> <p>Services may require authorization and a referral.</p>

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Emergency Care Worldwide emergency	\$100 Copay \$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 cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.
Urgent Care	You pay nothing	
Diagnostic Tests, Lab and Radiology Services, and X-Rays <ul style="list-style-type: none"> <li>• Diagnostic radiology services</li> <li>• Lab services</li> <li>• Diagnostic tests and procedures</li> <li>• Outpatient x-rays</li> </ul>	\$0-\$25 Copay for Diagnostic Radiology You pay nothing You pay nothing You pay nothing	Costs for these services may be different if received in an outpatient surgery setting. Services require authorization and a referral.
Hearing Services <ul style="list-style-type: none"> <li>• Hearing Exam</li> <li>• Hearing Aid</li> </ul>	\$5 Copay 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"> <li>• Oral Exam</li> <li>• Cleaning</li> <li>• Fluoride treatment</li> <li>• Dental x-rays</li> </ul>	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"> <li>• Exam &amp; Diagnose</li> <li>• Routine eye exam</li> <li>• Eyeglasses (frames and lenses)</li> </ul>	You pay nothing You pay nothing This plan pays up to \$250	This plan covers up to \$250 every two years for contacts or eyeglasses (frames and lenses).

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<p>Mental Health</p> <ul style="list-style-type: none"> <li>• Inpatient Visit</li> <li>• Outpatient group therapy visit</li> <li>• Outpatient individual therapy visit</li> </ul>	<p>\$50 for days 1-8 \$0 for days 9-90</p> <p>\$5 Copay</p> <p>\$5 Copay</p>	<p>This plan covers covers 90 days for an inpatient hospital stay.</p> <p>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.</p> <p>Services require authorization and a referral</p>
Skilled Nursing Facility	<p>In 2017 the amounts for each benefit period were:</p> <p>You pay nothing for days 1 through 20</p> <p>You pay a \$164.50 Copay per day for days 21 through 100</p> <p>These amounts may change in 2018.</p>	<p>This plan covers up to 100 days in a SNF.</p> <p>Services require authorization and a referral.</p>
<p>Rehabilitation Services</p> <ul style="list-style-type: none"> <li>• Cardiac Therapy</li> <li>• Occupational therapy visit</li> <li>• Physical therapy</li> <li>• Speech language therapy visit</li> </ul>	<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	\$125 Copay	
Transportation	You pay nothing	<p>This plan covers unlimited transportation to and from plan approved doctor visits.</p> <p>Services require authorization and a referral.</p>

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<p>Foot Care (Podiatry Services)</p> <ul style="list-style-type: none"> <li>• Foot exams and treatment</li> </ul>	\$5 Copay	<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>
<p>Medical Equipment/Supplies</p> <ul style="list-style-type: none"> <li>• Durable Medical Equipment (e.g.; wheelchairs, oxygen)</li> <li>• Prosthetics (e.g; braces, artificial limbs)</li> <li>• Diabetes monitoring supplies</li> <li>• Diabetic therapeutic shoes or inserts</li> </ul>	<p>20% of the cost</p> <p>20% of the cost</p> <p>You pay nothing</p> <p>You pay nothing</p>	<p>Services require authorization and a referral.</p>
<p>Wellness Programs</p> <ul style="list-style-type: none"> <li>• Health club membership</li> <li>• Care management programs</li> <li>• 24 hour nurse advice line</li> <li>• 24 hour doctor advice line</li> <li>• Brand New Day smart phone application</li> </ul>	You pay nothing	
Medicare Part B Drugs	20% of Cost	This plan covers Part B drugs such as chemotherapy and some drugs administered by your provider. Services require prior authorization and a referral.
Acupuncture	\$5 Copay	This plan covers up to 24 visits every year. Subject to medical necessity.
Chiropractic Care	You pay nothing	<p>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.</p> <p>This does not include routine chiropractic care.</p>

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Outpatient Surgery <ul style="list-style-type: none"> <li>Ambulatory Surgical Center (ASC)</li> <li>Outpatient Hospital</li> </ul>	\$0 -\$75 0-20%	Ambulatory surgical center: Outpatient hospital. Services require prior authorization and a referral.
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 <a href="http://www.bndhmo.com">www.bndhmo.com</a> 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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Outpatient Prescription Drugs		
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Deductible	This plan has no deductible for prescription drugs	
Initial Coverage Stage (30-day supply)	<p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <p>Tier 1 Preferred Generic: You pay nothing</p> <p>Tier 2 Non-Preferred Generic: \$10 Copay</p> <p>Tier 3 Preferred Brand: \$45 Copay</p> <p>Tier 4 Non-Preferred Brand: \$90 Copay</p> <p>Tier 5 (Specialty Drugs): 33% of the cost</p> <p>Tier 6 Generic covered medications to help you control blood pressure, cholesterol, and/or diabetes are covered with no Copayment. This does not include Insulin.: You pay nothing</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, please contact Brand New Day at 1-866-255-4795; TTY users contact 1-866-321-5955; or visit the website: <a href="http://www.bndhmo.com">www.bndhmo.com</a></p>

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Outpatient Prescription Drugs		
Premiums and Benefits	Brand New Day (HMO)	What You Should Know
Coverage Gap (30-day supply)	<p>You pay 35% of the price for brand name drugs.</p> <p>44% of the price for generic drugs.</p> <p>For Tier 1 covered medications you pay \$0 Copay.</p>	<p>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.</p> <p>You stay in this stage until your year-to-date "out-of-pocket costs" (your payments) reach a total of \$5,000</p>
Catastrophic Coverage (30-day supply)	<p>You pay whichever amount is the greater of:</p> <ul style="list-style-type: none"> <li>• 5% of the cost, or</li> <li>• \$3.35 Copay for generic (including brand drugs treated as generic) and a \$8.35 copayment for all other drugs.</li> </ul>	

## Classic Care Drug Savings (HMO) - Plan 37

This Summary of Benefits booklet gives you a summary of what the Classic Care Drug Savings (HMO) Plan 37 covers and what you pay.

- 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.

Copays and coinsurance, may vary based on the level of **extra help** you receive. Please contact **Brand New Day** for further details.

Medicare beneficiaries may also enroll in Brand New Day **Classic Care Drug Savings (HMO)** through the CMS Medicare Online Enrollment Center located at <http://www.medicare.gov>.

This information is available for free in other languages. Please call the **Brand New Day customer service** number at **1-866-255-4795** or for TTY 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.