

Esta es información importante sobre los cambios en la información del plan Brand New Day.

Cambios a su Aviso Anual de Cambios, Evidencia de Cobertura y Resumen de Beneficios de 2023:

Dónde puede encontrar el cambio en sus Materiales 2023:	Información original:	Información corregida:	¿Qué significa esto para usted?
Aviso anual de cambio - cambios en los beneficios y costos de los servicios médicos-medicamentos recetados de la Parte B de Medicare	No incluido	2022: Paga 20% de coseguro 2023: Usted paga hasta un 20% de coseguro. Ciertos medicamentos reembolsables pueden estar sujetos a un coseguro más bajo. El costo compartido de la insulina de la Parte B no es más que un copago de \$35 por un suministro de un mes.	Usted paga hasta un 20% de coseguro por los medicamentos de la Parte B de Medicare y no más de \$35 de copago por un suministro de insulina de la Parte B de Medicare por un mes.

<p>Evidencia de Cobertura - Capítulo 4, Sección 2.1 Sus beneficios y costos médicos como miembro del plan - Medicamentos Recetados de la Parte B de Medicare</p>	<p>Usted paga 20% de coseguro</p>	<p>Usted paga hasta un 20% de coseguro.</p> <p>Ciertos medicamentos reembolsables pueden estar sujetos a un coseguro más bajo. El costo compartido de la insulina de la Parte B no es más que un copago de \$35 por un suministro de un mes.</p>	<p>Usted paga hasta un 20% de coseguro por los medicamentos de la Parte B de Medicare y no más de \$35 de copago por un suministro de insulina de la Parte B de Medicare para un mes.</p>
<p>Resumen de beneficios - medicamentos de la Parte B de Medicare • Medicamentos de quimioterapia • Otros medicamentos de la Parte B</p>	<ul style="list-style-type: none"> • 20% de coseguro • 20% de coseguro 	<ul style="list-style-type: none"> • Hasta un 20% de coseguro • Hasta un 20% de coseguro. El costo compartido de la insulina de la Parte B no es más que un copago de \$35 por un suministro de un mes 	<p>Usted paga hasta un 20% de coseguro por los medicamentos de la Parte B de Medicare y no más de \$35 de copago por un suministro de insulina de la Parte B de Medicare por un mes.</p>

No está obligado a realizar ninguna acción en respuesta a este documento, pero le recomendamos que guarde esta información para futuras consultas.

Si tiene alguna pregunta, llámenos al 1-866-255-4795 (los usuarios de TTY deben llamar al 711). El horario es de 8:00 am a 8:00 pm los 7 días de la semana del 1 de octubre al 31 de marzo y de 8:00 am a 8:00 pm de lunes a viernes del 1 de abril al 30 de septiembre.

Brand New Day es un plan HMO con un contrato de Medicare. La inscripción en este plan depende de la renovación del contrato.

brand new day

A Bright HealthCare Company

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Brand New Day Valor Care Plan (HMO) offered by Brand New Day

Annual Notice of Changes for 2023

You are currently enrolled as a member of Brand New Day Valor Care Plan. Next year, there will be changes to the plan's costs and benefits. **Please see page 4 for a Summary of Important Costs, including Premium.**

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at www.bndhmo.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.)

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to Medical care costs (doctor, hospital).
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check to see if your primary care doctors, specialists, hospitals and other providers will be in our network next year.
- Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2023* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2022, you will stay in Brand New Day Valor Care Plan.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023**. This will end your enrollment with Brand New Day Valor Care Plan.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- This document is available for free in Spanish.
- Please contact our Member Services number at 1-866-255-4795 for additional information. (TTY users should call 711.) Hours are 8:00 a.m. to 8:00 p.m. 7 days a week from October 1 – March 31 and 8:00 a.m. to 8:00 p.m. Monday – Friday from April 1 – September 30.
- This document may be available in other formats such as braille, large print or other alternate formats.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Brand New Day Valor Care Plan

- Brand New Day is a Medicare Advantage Organization with a Medicare contract. Enrollment in this plan depends on contract renewal.
- When this document says "we," "us," or "our," it means Brand New Day. When it says "plan" or "our plan," it means Brand New Day Valor Care Plan.

Annual Notice of Changes for 2023
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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Brand New Day Valor Care Plan in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
Monthly plan premium (See Section 1.1 for details.)	\$0	\$0
Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	\$4,500	\$3,000
Doctor office visits	Primary care visits: \$0 per visit Specialist visits: \$10 per visit	Primary care visits: \$0 per visit Specialist visits: \$0 per visit
Inpatient hospital stays	You pay a \$1,556 deductible per benefit period. You pay a \$0 copay per day for days 1–60 You pay a \$389 copay per day for days 61–90 You pay a \$778 copay per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime).	You pay a \$1,556 deductible per benefit period. You pay a \$0 copay per day for days 1–60 You pay a \$389 copay per day for days 61–90 You pay a \$778 copay per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime). These are 2022 cost-sharing amounts and may change for 2023. Brand New Day Valor Care Plan will provide updated rates as soon as they are released.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0
Part B Premium Rebate One of the benefits our plan includes is a Part B Premium Rebate. This means that each month the amount displayed will be automatically applied to your Part B Premium, increasing your Social Security check each month.	\$140	\$125

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay “out-of-pocket” for the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2022 (this year)	2023 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount.	\$4,500	\$3,000 Once you have paid \$3,000 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 1.3 – Changes to the Provider Network

An updated *Provider Directory* is located on our website at www.bndhmo.com. You may also call Member Services for updated provider information or to ask us to mail you a *Provider Directory*.

There are changes to our network of providers for next year. **Please review the 2023 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2022 (this year)	2023 (next year)
Physician Specialist Services excluding Psychiatric Services	You pay a \$10 copay per visit	You pay a \$0 copay per visit
Other Health Care Professional Services	You pay a \$10 copay	You pay a \$0 copay
Ambulance Services	You pay a \$0 copay per trip for air ambulance for transfer from an out-of-network hospital to an in-network hospital You pay a \$75 copay per trip for all other air ambulance services	You pay a \$75 copay per trip for all air ambulance services
Transportation Services	You pay a \$0 copay for unlimited one-way trips every year	You pay a \$0 copay for 24 one-way trips every year Routine transportation is limited to plan-approved locations (up to 50 miles) for member to receive healthcare services from

Cost	2022 (this year)	2023 (next year)
		network providers. Arrangement for transportation must be made through Member Services at least 2 business days in advance.
Supplemental Nutritional Consultation	Includes a nutritional consultation with a registered dietician to develop a healthy eating plan	<u>Not</u> covered
Exercise Consultation	Includes a one-on-one consultation with an exercise coach to develop an exercise plan either face to face or virtually once a year	<u>Not</u> covered
Dental Services (Preventive)	Dental prophylaxis (cleaning) (up to 1 every year): You pay a \$0 copay Dental x-ray(s) (up to 1 every year): You pay a \$0 copay Fluoride treatment (up to 2 every 6 months): You pay a \$0 copay	Dental prophylaxis (cleaning) (up to 2 every year): You pay a \$0 copay Dental x-ray(s) (up to 2 every year): You pay a \$0 copay Fluoride treatment (Unlimited): You pay a \$0 copay
Eye Exams	Prior Authorization is <u>not</u> required Referral is <u>not</u> required	Prior Authorization may be required Referral may be required

Cost	2022 (this year)	2023 (next year)
Eyewear	<p>Our plan pays up to \$175 every year for routine eyeglass frames</p> <p>One pair of contact lenses in lieu of eyeglasses are covered in full</p> <p>Routine eyeglass lenses are covered in full</p> <p>There is a \$70 limit for polycarbonate lenses upgrade and an \$89.50 limit for premium progressives upgrade</p> <p>You are responsible for any routine eyeglass frame costs over the \$175 plan limit</p> <p>Referral is <u>not</u> required</p>	<p>There is a \$150 allowance every year for eyewear</p> <p>Eyewear includes eyeglass lenses and frames (up to 1 per year), contacts in lieu of eyeglasses, and upgrades</p> <p>Referral may be required</p>

SECTION 2 Administrative Changes

Description	2022 (this year)	2023 (next year)
Hearing Aid Provider	Your hearing aid benefits were provided by TruHearing.	Your hearing aid benefits are provided by Nations.
Diabetic Supplies	You could order from a network pharmacy.	You can order from a network pharmacy. The preferred diabetic products are Abbott brands (Freestyle and Precision).
Over-the-Counter Items (OTC)	Your benefits include using NationsOTC catalog	Your OTC benefit is administered exclusively through NationsOTC and

Description	2022 (this year)	2023 (next year)
		retail pharmacies through a debit card
Made Easy Meals	Eligible chronic conditions for this benefit include diabetes, CHF, cardiovascular disorders, dementia, chronic and disabling mental health conditions, kidney disease and hypertension.	Eligible chronic conditions for this benefit include diabetes, CHF, cardiovascular disorders, dementia, chronic and disabling mental health conditions and kidney disease.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Brand New Day Valor Care Plan

To stay in our plan, you don’t need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Brand New Day Valor Care Plan.

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2023 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (SHIP) (see Section 5), or call Medicare (see Section 7.2).

As a reminder, Brand New Day offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Brand New Day Valor Care Plan.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Brand New Day Valor Care Plan.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
 - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2023.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2023, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2023.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In California, the SHIP is called Health Insurance Counseling & Advocacy Program (HICAP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Health Insurance Counseling &

Advocacy Program (HICAP) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call a Health Insurance Counseling & Advocacy Program (HICAP) at 1-800-434-0222. You can learn more about Health Insurance Counseling & Advocacy Program (HICAP) by visiting their website (https://aging.ca.gov/Programs_and_Services/Medicare_Counseling/).

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
 - Your State Medicaid Office (applications).
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the California Department of Public Health, Center for Infectious Diseases, Office of AIDS. **Note:** To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status.

If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-844-421-7050.

SECTION 7 Questions?

Section 7.1 – Getting Help from Brand New Day Valor Care Plan

Questions? We're here to help. Please call Member Services at 1-866-255-4795. (TTY only, call 711.) We are available for phone calls 8:00 a.m. to 8:00 p.m. 7 days a week from October 1 – March 31 and 8:00 a.m. to 8:00 p.m. Monday – Friday from April 1 – September 30. Calls to these numbers are free.

Read your 2023 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2023. For details, look in the 2023 *Evidence of Coverage* for Brand New Day Valor Care Plan. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.bndhmo.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit Our Website

You can also visit our website at www.bndhmo.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2023*

Read the *Medicare & You 2023* handbook. Every fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or 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.