brand new day

HEALTHCARE YOU CAN FEEL GOOD ABOUT

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

Annual Notice of Changes for 2024

You are currently enrolled as a member of Brand New Day Valor Care Plan (HMO). 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 2024* 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, 2023, you will stay in Brand New Day Valor Care Plan (HMO).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024.** This will end your enrollment with Brand New Day Valor Care Plan (HMO).
- 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 (866) 255-4795 for additional information. (TTY users should call 711.) Hours are 8:00 A.M. to 8:00 P.M. (PT), 7 days a week. This call is free.
- 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 (HMO)

- Brand New Day is an HMO with a Medicare contract. Enrollment in Brand New Day 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 (HMO).

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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Brand New Day Valor Care Plan (HMO) in several important areas. **Please note this is only a summary of costs**.

Cost	2023 (this year)	2024 (next year)
Monthly plan premium (See Section 1.1 for details.)	$0	$0
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	$3,000	$3,850
Doctor office visits	Primary care visits: $0 per visit Specialist visits: $0 per visit	Primary care visits: $0 per visit Specialist visits: $10 per visit
Inpatient hospital stays	You pay a $1,600 deductible per benefit period. You pay a $0 copay per day for days 1–60 You pay a $400 copay per day for days 61–90 You pay a $800 copay per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime).	You pay a $1,600 deductible per benefit period. You pay a $0 copay per day for days 1–60 You pay a $400 copay per day for days 61–90 You pay a $800 copay per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime). These are 2023 cost-sharing amounts and may change for 2024. Brand New Day Valor Care Plan (HMO) 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	2023 (this year)	2024 (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.	$125	$85

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	2023 (this year)	2024 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount.	$3,000	$3,850 Once you have paid $3,850 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

Updated directories are 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 directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 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

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare benefits and costs.

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

Cost	2023 (this year)	2024 (next year)
Emergency Care	You pay $0 copay per visit if you are admitted to the emergency room within 72 hours of a prior emergency room discharge and $90 copay per visit for all other emergency services.	You pay $0 copay per visit if you are admitted to the emergency room within 72 hours of a prior emergency room discharge and $120 copay per visit for all other emergency services.

Cost	2023 (this year)	2024 (next year)
Worldwide Emergency Coverage	You pay a $90 copay per visit for Worldwide Emergency services. You pay a $90 copay per visit for Worldwide Urgently Needed services. You pay a $90 copay per visit for Worldwide Emergency Transportation services. There is a maximum plan benefit coverage amount of $50,000 for worldwide emergency services, worldwide urgently needed services and worldwide emergency transportation services combined.	You pay a $120 copay per visit for Worldwide Emergency services. You pay a $120 copay per visit for Worldwide Urgently Needed services. You pay a $120 copay per visit for Worldwide Emergency Transportation services. There is a maximum plan benefit coverage amount of $50,000 for worldwide emergency services, worldwide urgently needed services and worldwide emergency transportation services combined.
Partial Hospitalization Services	You pay a $55 copay per day.	You pay a $85 copay per day.
Specialist Visits	You pay a $0 for office visits with a specialist.	You pay a $10 for office visits with a specialist.
Outpatient Mental Health Care	You pay a $0 copay per visit for individual sessions. You pay a $0 copay per visit for group sessions.	You pay a $30 copay per visit for individual sessions. You pay a $30 copay per visit for group sessions.
Other Health Care Professional Services	You pay a $0 copay for office visits with other health care professionals.	You pay a $10 copay for office visits with other health care professionals.
Telehealth	Prior Authorization may be required.	Prior Authorization is not required.

Cost	2023 (this year)	2024 (next year)
Outpatient Diagnostic Radiological Services	You pay a $0 copay for outpatient diagnostic radiological services.	You pay a $0 copay for Ultrasound, other general imaging, diagnostic DEXA scans and diagnostic mammograms. You pay a $50 copay for MRI, CT, and PET scans.
Outpatient Surgery and Ambulatory Surgical Center (ASC)	You pay a $0 copay for diagnostic mammograms, DEXA scans and colonoscopies in an ASC setting and a $50 copay for all other services.	You pay a $0 copay for diagnostic mammograms, DEXA scans and colonoscopies in an ASC setting and a $100 copay for all other services.
Outpatient Substance Abuse Services	You pay a $10 copay per visit for individual sessions.	You pay a $0 copay per visit for individual sessions.
Ambulance services	You pay a $0 copay per trip for ground ambulance services for a transfer from an out-of-network hospital to an in-network hospital and a $75 copay per trip for all other ground ambulance services. You pay a $75 copay per trip for air ambulance services.	You pay a $0 copay per trip for ground ambulance services for a transfer from an out-of-network hospital to an in-network hospital and a $275 copay per trip for all other ground ambulance services. You pay 20% coinsurance per trip for air ambulance services.
Transportation	You pay a $0 copay for 24 one-way non emergency transportation trips.	You pay a $0 copay for 12 one-way non emergency transportation trips.
Over-the-counter (OTC) items	You have a $250 allowance every 6 months for over-the-counter (OTC) items.	Not covered

Cost	2023 (this year)	2024 (next year)
Medicare Part B Prescription Drugs	You pay 20% coinsurance.	You pay 20% coinsurance on all Part B drugs unless capped by Inflation Reduction Act (IRA) rules.
Dental Services		
• **Diagnostic Services**	You pay a $0 copay.	You pay a $0 - $6 copay.
• **Extractions**	You pay a $70 - $140 copay.	You pay $0 - $360 copay.
• **Prosthodontics, Other Oral/ Maxillofacial Surgery, Other Services**	You pay a $0 - $1,110 copay.	You pay a $0 - $2,160 copay.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in Brand New Day Valor Care Plan (HMO)

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 (HMO).

Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 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 2024* handbook, call your State Health Insurance Assistance Program (SHIP) (see Section 4), or call Medicare (see Section 6.2).

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 (HMO).
- 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 (HMO).
- 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 3 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, 2024.

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, 2024, 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, 2024.

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 4 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 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 (http://www.aging.ca.gov/hicap).

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **"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 6 Questions?

Section 6.1 – Getting Help from Brand New Day Valor Care Plan (HMO)

Questions? We're here to help. Please call Member Services at (866) 255-4795. (TTY only, call 711.) We are available for phone calls 8:00 A.M. to 8:00 P.M. (PT), 7 days a week. Calls to these numbers are free.

Read your 2024 *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 2024. For details, look in the 2024*Evidence of Coverage* for Brand New Day Valor Care Plan (HMO). 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 6.2 – 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 2024*

Read the *Medicare & You 2024* 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.