

## ***Brand New Day Classic Care I Plan (HMO) offered by Brand New Day***

# **Annual Notice of Changes for 2024**

You are currently enrolled as a member of Brand New Day Classic Care I 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](http://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.**

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### **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).
  - Review the changes to our drug coverage, including authorization requirements and costs.
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2024 Drug List to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies 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](http://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 Classic Care I 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 Classic Care I 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](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### About Brand New Day Classic Care I 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 Classic Care I 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 Classic Care I Plan (HMO) in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
<b>Monthly plan premium*</b> * Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$38.90	\$37.60
<b>Maximum out-of-pocket amount</b> 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.)	\$3,650	\$2,100
<b>Doctor office visits</b>	Primary care visits: \$0 per visit Specialist visits: \$0 per visit	Primary care visits: \$0 per visit Specialist visits: \$0 per visit
<b>Inpatient hospital stays</b>	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 \$50 copay per day for days 1 - 6 You pay a \$0 copay per day for days 7 - 90
<b>Part D prescription drug coverage</b> (See Section 1.5 for details.)	Deductible: \$0 Copayment/Coinsurance during the Initial Coverage Stage:	Deductible: \$0 Copayment/Coinsurance during the Initial Coverage Stage:

Cost	2023 (this year)	2024 (next year)
	<ul style="list-style-type: none"> <li>• Drug Tier 1: \$0</li> <li>• Drug Tier 2: \$0</li> <li>• Drug Tier 3: \$47</li> </ul> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> <li>• Drug Tier 4: \$100</li> <li>• Drug Tier 5: 33%</li> <li>• Drug Tier 6: \$0</li> </ul> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays most of the cost for your covered drugs.</li> <li>• For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called <b>coinsurance</b>), or a copayment (\$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs.)</li> </ul>	<ul style="list-style-type: none"> <li>• Drug Tier 1: \$0</li> <li>• Drug Tier 2: \$0</li> <li>• Drug Tier 3: \$47</li> </ul> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> <li>• Drug Tier 4: \$100</li> <li>• Drug Tier 5: 33%</li> <li>• Drug Tier 6: \$0</li> </ul> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays the full cost for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit. You pay nothing.</li> </ul>

## 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)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$38.90	\$37.60

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 6 regarding “Extra Help” from Medicare.

### 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)
<b>Maximum out-of-pocket amount</b> Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$3,650	\$2,100 Once you have paid \$2,100 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 and Pharmacy Networks

Updated directories are also located on our website at [www.bndhmo.com](http://www.bndhmo.com). You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within the 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.**

There are changes to our network of pharmacies for next year. **Please review the 2024 Pharmacy Directory to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies 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	2023 (this year)	2024 (next year)
<b>Inpatient Hospital Care</b>	\$1,600 deductible \$0 copay per day for days 1–60 \$400 copay per day for days 61–90	You pay a \$50 copay per day for days 1 - 6 You pay a \$0 copay for days 7 - 90
<b>Inpatient Services in a Psychiatric Hospital</b>	\$1,600 deductible \$0 copay per day for days 1–60 \$400 copay per day for days 61–90	You pay \$0 copay per stay.
<b>Cardiac Rehabilitation Services</b>	You pay 20% coinsurance per visit for intensive cardiac rehabilitation.	You pay a \$10 copay per visit for intensive cardiac rehabilitation.

Cost	2023 (this year)	2024 (next year)
<b>Pulmonary Rehabilitation Services</b>	You pay a \$20 copay per visit for pulmonary rehabilitation services.	You pay a \$10 copay per visit for pulmonary rehabilitation services.
<b>Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services</b>	You pay 20% coinsurance per visit for supervised exercise therapy (SET) for symptomatic peripheral artery disease (PAD) services.	You pay a \$10 copay per visit for supervised exercise therapy (SET) for symptomatic peripheral artery disease (PAD) services.
<b>Partial Hospitalization Services</b>	You pay a \$55 copay per day.	You pay a \$100 copay per day.
<b>Outpatient Mental Health Care</b>	You pay a \$0 copay per visit for individual sessions. You pay a \$0 copay per visit for group sessions.	You pay a \$25 copay per visit for individual sessions. You pay a \$25 copay per visit for group sessions.
<b>Podiatry Services</b>	You pay 20% coinsurance for each Medicare-covered podiatry visit.	You pay a \$0 copay for each Medicare-covered podiatry visit.
<b>Psychiatric Services</b>	You pay a \$40 copay per visit for individual sessions. You pay a \$40 copay per visit for group sessions.	You pay a \$25 copay per visit for individual sessions. You pay a \$25 copay per visit for group sessions.
<b>Outpatient Rehabilitation Services</b>	You pay a \$40 copay for each therapy visit (physical therapy, or speech language therapy).	You pay a \$0 copay for each therapy visit (physical therapy, or speech language therapy).
<b>Telehealth</b>	Prior Authorization may be required.	Prior Authorization is not required.
<b>Outpatient Diagnostic Procedures and Tests</b>	You pay \$0 coinsurance for diagnostic colonoscopy and 20% coinsurance for all other diagnostic procedures and tests.	You pay a \$0 copay for all diagnostic procedures and tests.



Cost	2023 (this year)	2024 (next year)
<b>Outpatient Diagnostic Radiological Services</b>	<p>You pay a \$0 copay for Ultrasound, other general imaging, diagnostic DEXA scans and diagnostic mammograms.</p> <p>You pay 20% coinsurance for MRI, CT, and PET scans.</p>	<p>You pay a \$0 copay for outpatient diagnostic radiological services.</p>
<b>Outpatient X-Ray Services</b>	<p>You pay 20% coinsurance for X-ray services.</p>	<p>You pay a \$0 copay for X-ray services.</p>
<b>Outpatient Hospital Services</b>	<p>You pay a \$0 copay for diagnostic mammograms, DEXA scans, and colonoscopies in an outpatient setting and a 20% copay for all other services.</p>	<p>You pay a \$0 copay for diagnostic mammograms, DEXA scans, and colonoscopies in an outpatient setting and a \$150 copay for all other services.</p>
<b>Outpatient Hospital Observation</b>	<p>You pay \$0 coinsurance for diagnostic mammograms, DEXA scans, and colonoscopies in an outpatient setting and 20% coinsurance for all other services.</p>	<p>You pay a \$0 copay per stay.</p>
<b>Ambulatory Surgical Center (ASC)</b>	<p>You pay a \$0 copay for diagnostic mammograms, DEXA scans and colonoscopies in an ASC setting and 20% coinsurance for all other services.</p>	<p>You pay a \$0 copay for ambulatory surgical center services.</p>
<b>Outpatient Substance Abuse Services</b>	<p>You pay 20% coinsurance per visit for individual sessions.</p> <p>You pay 20% coinsurance per visit for group sessions.</p>	<p>You pay a \$10 copay per visit for individual sessions.</p> <p>You pay a \$10 copay per visit for group sessions.</p>

Cost	2023 (this year)	2024 (next year)
<b>Ambulance services</b>	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 20% coinsurance per trip for all other ground 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 \$200 copay per trip for all other ground ambulance services.
<b>Transportation</b>	You pay a \$0 copay for 48 one-way non emergency transportation trips.	You pay a \$0 copay for 24 one-way non emergency transportation trips.
<b>Durable Medical Equipment (DME) and Related Supplies</b>	You pay 20% coinsurance.	You pay \$0 - 20% coinsurance.  Minimum coinsurance for items \$100 or less, maximum Durable Medical Equipment (DME) coinsurance for items greater than \$100.
<b>Prosthetic Devices and Related Supplies</b>	You pay 20% coinsurance for prosthetic devices and related medical supplies.	You pay \$0 - 20% coinsurance for prosthetic devices and related medical supplies.
<b>Over-the-counter (OTC) items</b>	You have a \$210 allowance per quarter for over-the-counter (OTC) items.	You have a \$50 allowance every month for over-the-counter (OTC) items.
<b>Fitness Allowance</b>	Not covered	You get \$20 every month for qualifying fitness expenses.
<b>Medicare Part B Prescription Drugs</b>	You pay 20% coinsurance.	You pay 20% coinsurance on all Part B drugs unless capped by Inflation Reduction Act (IRA) rules.
<b>Dental Services</b>	<ul style="list-style-type: none"> <li data-bbox="250 1812 597 1850">• <b>Non-Routine Services</b> You pay a \$0 copay.</li> <li data-bbox="250 1871 597 1908">• <b>Diagnostic Services</b> You pay a \$0 copay.</li> </ul>	<ul style="list-style-type: none"> <li data-bbox="1024 1812 1430 1850">You pay a \$0 - \$300 copay.</li> <li data-bbox="1024 1871 1430 1908">You pay a \$0 - \$6 copay.</li> </ul>

Cost	2023 (this year)	2024 (next year)
<ul style="list-style-type: none"> <li>• <b>Restorative Services</b></li> <li>• <b>Endodontics</b></li> <li>• <b>Periodontics</b></li> <li>• <b>Extractions</b></li> <li>• <b>Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services</b></li> </ul>	<p>You pay a \$0 copay.</p> <p>You pay a \$0 copay.</p> <p>You pay a \$0 copay.</p> <p>You pay a \$0 copay.</p> <p>You pay a \$0 - \$350 copay.</p>	<p>You pay \$25 - \$400 copay.</p> <p>You pay \$25 - \$720 copay.</p> <p>You pay a \$0 - \$780 copay.</p> <p>You pay \$0 - \$360 copay.</p> <p>You pay a \$0 - \$2,160 copay.</p>
<b>Dental Allowance</b>	Not covered	You get \$100 every six months for qualifying dental expenses.
<p><b>Special Supplemental Benefits for the Chronically Ill (SSBCI)</b>  SSBCI benefits are available only for members with a qualifying chronic condition. Please see your EOC for more details.</p>		
<ul style="list-style-type: none"> <li>• <b>Healthy Food Allowance</b></li> </ul>	You get a \$50 allowance per month to buy healthy foods at plan-approved grocery stores.	You get a \$25 allowance per month to buy healthy foods at plan-approved grocery stores.

## Section 1.5 – Changes to Part D Prescription Drug Coverage

### Changes to Our "Drug List"

Our list of covered drugs is called a Formulary or "Drug List." A copy of our "Drug List" is provided electronically.

We made changes to our "Drug List," which could include removing or adding drugs, changing to the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the "Drug List" to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the "Drug List" are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online "Drug List" to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

### Changes to Prescription Drug Costs

**Note:** If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs may not apply to you.** We have included a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also called the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive "Extra Help" and didn't receive this insert with this packet, please call Member Services and ask for the LIS Rider.

There are four **drug payment stages**. The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

#### Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
<b>Stage 1: Yearly Deductible Stage</b>	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

#### Changes to Your Cost Sharing in the Initial Coverage Stage

Please see the following chart for the changes from 2023 to 2024.

Stage	2023 (this year)	2024 (next year)
<b>Stage 2: Initial Coverage Stage</b> During this stage, the plan pays its share of the cost of your drugs, and <b>you pay your share of the cost.</b>	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: <b>Tier 1 - Preferred Generic:</b>	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: <b>Tier 1 - Preferred Generic:</b>

Stage	2023 (this year)	2024 (next year)
<p>Most adult Part D vaccines are covered at no cost to you.</p>	<p>You pay \$0 per prescription.</p>	<p>You pay \$0 per prescription.</p>
<p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs for a long-term supply; or for mail-order prescriptions, look in Chapter 6, Section 5 of your Evidence of Coverage.</p>	<p><b>Tier 2 - Generic:</b> You pay \$0 per prescription.</p> <p><b>Tier 3 - Preferred Brand:</b> You pay \$47 per prescription.</p> <p><b>Tier 4 - Non-Preferred Drug:</b> You pay \$100 per prescription.</p>	<p><b>Tier 2 - Generic:</b> You pay \$0 per prescription.</p> <p><b>Tier 3 - Preferred Brand:</b> You pay \$47 per prescription.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p>
<p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p>	<p><b>Tier 5 - Specialty Drug:</b> You pay 33% of the total cost.</p> <p><b>Tier 6 - Select Care Drugs:</b> You pay \$0 per prescription.</p>	<p><b>Tier 4 - Non-Preferred Drug:</b> You pay \$100 per prescription.</p> <p><b>Tier 5 - Specialty Drug:</b> You pay 33% of the total cost.</p>
	<p>_____</p> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>	<p><b>Tier 6 - Select Care Drugs:</b> You pay \$0 per prescription.</p> <p>_____</p> <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).</p>

**Changes to the Coverage Gap and Catastrophic Coverage Stages**

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

**Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.**

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

## SECTION 2 Administrative Changes

Description	2023 (this year)	2024 (next year)
<b>Extended Day Supply</b>	Allows you to fill up to a 90-day supply of medication.  Applicable to tiers 1-4. Tier 6 has a 100-day supply.	Allows you to fill up to a 100-day supply of medication.  Applicable to tiers 1-4 and 6.

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in Brand New Day Classic Care I 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 Classic Care I Plan (HMO).

### 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 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, please see Section 1.1 regarding 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](http://www.medicare.gov/plan-compare)), read the *Medicare & You*

2024 handbook, call your State Health Insurance Assistance Program (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 Classic Care I 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 Classic Care I 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 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, 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 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 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 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).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. 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. 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. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-844-421-7050. Monday through Friday 8 am - 5 pm; COVID-19 Hotline: Monday through Friday 8 am - 8 pm; Saturday, Sunday 8 am - 5 pm.



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## SECTION 7 Questions?

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### Section 7.1 – Getting Help from Brand New Day Classic Care I Plan (HMO)

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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 Classic Care I 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](http://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](http://www.bndhmo.com). As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our List of Covered Drugs (Formulary/"Drug List").

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### Section 7.2 – Getting Help from Medicare

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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](http://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](http://www.medicare.gov/plan-compare).

#### **Read Medicare & You 2024**

Read the *Medicare & You 2024* handbook. Every fall, this document 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.