

brand new day

Health Maintenance Organization

Dear Member:

Here are three documents with important information for you.

1. Please start by reading the **Annual Notice of Changes for 2010**. It gives you a summary of changes to your benefits and costs for next year. These changes will take effect on January 1, 2010.
 - Please take a moment *very soon* to look through this summary and see how the changes might affect you.
 - If you decide to stay with Brand New Day HMO for 2010 – you do not have to tell us or fill out any paperwork. You will automatically remain enrolled as a member of Brand New Day).
 - If you decide to leave Brand New Day, you can switch to a different Medicare Advantage Plan or to Original Medicare from November 15 through December 31 each year. The *Annual Notice of Changes* tells you more.
2. We're including a copy of next year's **Evidence of Coverage**. It's the legal, detailed description of your benefits and costs for 2010 if you stay enrolled as a member of Brand New Day. It also explains your rights and rules you need to follow when using your coverage for medical care and prescription drugs. Please look through this document so you know what's in it, then keep it handy for reference.
3. We're also including a copy of the Brand New Day plan's **List of Covered Drugs (Formulary)**, effective in January 2010.

If you have questions, we're here to help. Please call Customer Service at 1-866-255-4795 (TTY only, call 1-866-321-5955). Hours are 8 a.m. – 8 p.m., 7 days a week and calls to these numbers are free. You can also visit our website, www.brandnewdayhmo.com.

We value your membership and hope to continue to serve you next year.

Sincerely

Customer Service

Brand New Day HMO Annual Notice of Changes for 2010

This booklet tells you how your benefits and costs as a member of Brand New Day HMO will change next year from your current benefits. The changes take effect on January 1, 2010.

To decide what's best for you, compare this information we're sending with the benefits and costs of other Medicare Advantage plans in your area, as well as the benefits and costs of Original Medicare.

Brand New Day Customer Service:

For help or information, please call Customer Service or go to our plan website at www.brandnewdayhmo.com.

866-255-4795 (Calls to these numbers are free.)

TTY users call: 866-321-5955

Hours of Operation:

7 days a week, 8 a.m. – 8 p.m.

This plan is offered by Brand New Day HMO, referred throughout the *Annual Notice of Changes* as “we,” “us,” or “our.” Brand New Day is referred to as “plan” or “our plan.”

Brand New Day is a Medicare Approved HMO

This information is available in a different format, including Spanish. Please call Customer Service at the number listed above if you need plan information in another format or language.

Esta información está disponible en un formato diferente, incluyendo en español. Por favor llame a Servicio al Cliente al número que aparece arriba si necesita información del plan en otro formato o idioma.

*H0838_2010 BND ANOC EOC
CMS Accepted date: 10/15/09*

If you remain enrolled in Brand New Day for 2010, there will be some changes to your benefits and what you pay.

You are currently enrolled as a member of Brand New Day. We are pleased to be providing your Medicare health care coverage, including your prescription drug coverage. We're sending you this *Annual Notice of Changes* to tell you how your benefits and costs as a member of Brand New Day will change next year from your current benefits. The changes take effect on January 1, 2010. Medicare has approved these changes.

What should you do?

We want you to know what's ahead for next year, so **please read this document very soon to see how the changes in benefits and costs will affect you if you stay enrolled in Brand New Day for 2010.**

To decide what's best for you, compare this information we're sending with the benefits and costs of other Medicare Advantage plans in your area as well as the benefits and costs of Original Medicare.

You can find information about plans available in your area by visiting the Medicare website (<http://www.medicare.gov>). The Medicare website includes information about plans' benefits and costs, as well as information about how Medicare rates the plans in different categories (for example, detecting and preventing illness, ratings from patients, and customer service). If you have access to the web, you may use the web tools on <http://www.medicare.gov> by selecting either "Compare Health Plans and Medigap Policies in Your Area" or "Compare Medicare Prescription Drug Plans." You can also call us directly at 866-255-4795 to obtain a copy of the plan ratings for this plan. TTY users call 866-321-5955.

We hope to keep you as a member of Brand New Day. But if you want to make a change for 2010, see "*When can you change*" in Section 6 for time periods when you can make a change.

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Section 1. Important things to know

This Annual Notice of Changes is only a summary (see your Evidence of Coverage for the details)

This *Annual Notice of Changes* gives you a summary of the changes in your benefits and what you will pay for these services in 2010.

- To get the details, you can look in the 2010 *Evidence of Coverage* for Brand New Day. The *Evidence of Coverage* is the legal, detailed description of your benefits and costs for 2010. It explains your rights and the rules you need to follow to get your covered services and prescription drugs. (We have included a copy of the *Evidence of Coverage* in the same booklet with this *Annual Notice of Changes*. If you do not have this copy, call Customer Service.
- If you have questions or need more information, you can always call Customer Service at 866-255-4795 (TTY only, call 866-321-5955). Hours are 8 a.m. – 8 p.m., 7 days a week; and calls to these numbers are free.

There are programs to help people with limited resources pay for their prescription drugs

You might qualify to get help in paying for your drugs. There is one basic kind of help:

- **“Extra Help” from Medicare.** This program is also called the “low-income subsidy” or LIS. People whose yearly income and resources are below certain limits can qualify for this help. See Section III of the new *Medicare & You 2010 Handbook* or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.

What if you are currently getting help to pay for your drugs?

If you already get help paying for your drugs, some of the information in this *Annual Notice of Changes* is not correct for you. We have included a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (LIS Rider) that tells you about your drug coverage. If you don’t have this insert, please call Customer Services and ask for the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (LIS Rider). Phone numbers for Customer Services are on the front cover.

Section 2. Changes to your monthly premium

	2009 (this year)	2010 (next year)
Monthly premium	\$24.90	\$29.00

Exception: If you are required to pay a late enrollment penalty (because you did not join a Medicare drug plan when you first became eligible), your monthly premium for 2010 will be \$29.00 *plus* the amount of your late enrollment penalty. For more information about this penalty, see Chapter 6 of your *Evidence of Coverage*.

Section 3. Medical services: Changes to your benefits and what you pay

Changes to your benefits

Our benefits will be exactly the same in 2010 as it is in 2009. However, there are some changes in what you will pay for these covered services. See the next section for more information about the change in what you pay for covered services.

Changes to what you pay

The chart below summarizes changes to what you will pay as your share of the cost of covered medical services. For details, see Chapter 4, *Medical benefits chart (what is covered and what you pay)*, in your *Evidence of Coverage*.

	2009 (this year)	2010 (next year)
Out-of-pocket maximum for medical services	\$0	\$3400
<p>This maximum applies to what you pay as <u>your share</u> of the cost for your Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) services.</p>		

Inpatient Hospital Care	A per admission deductible of \$1068 Days 1 – 60: \$0 Days 61-90: \$267 per day Days 91-150: \$534 per lifetime reserve day	A per admission deductible of \$1100 Days 1 –60: \$0 Days 61-90: \$275 per day Days 91-150: \$550 per lifetime reserve day
Inpatient Mental Health Care	A per admission deductible of \$1068 Days 1 – 60: \$0 Days 61-90: \$267 per day Days 91-150: \$534 per lifetime reserve day	A per admission deductible of \$1100 Days 1 –60: \$0 Days 61-90: \$275 per day Days 91-150: \$550 per lifetime reserve day
Skilled Nursing Care	Days 21-100: \$133.50 per day co-payment	Days 21-100: \$137.50 per day co-payment
Emergency Room Visits	\$0	\$50
Diagnostic X-rays	\$0	20% of the cost
Diagnostic radiology services	\$0	20% of the cost
Therapeutic radiology services	\$0	20% of the cost
Chemotherapy drugs (Part B covered)	\$0	20% of the cost
Vision (Routine)	\$25 annual allowance for glasses	\$60 limit for 1 pair of eyeglass lenses every year. \$25 limit for 1 frame every two years.

Section 4. Part D prescription drugs: Changes to your benefits and what you pay

Brand New Day has a “*List of Covered Drugs (Formulary)*” – or “Drug List” for short. It tells which Part D prescription drugs are covered by the plan. (Chapter 5, Section 1.1 of your *Evidence of Coverage* explains about Part D drugs.)

The drugs included on our Drug List and the amount you will pay for covered drugs will be the same in 2010 as in 2009. However, we are allowed to make changes to the plan’s Drug List from time to time throughout the year, with approval from Medicare.

Changes to your benefits

Brand New Day has a “*List of Covered Drugs (Formulary)*” – or “Drug List” for short. It tells which Part D prescription drugs are covered by the plan. (Chapter 5, Section 1.1 of your *Evidence of Coverage* explains about Part D drugs.)

We may make changes to the plan’s Drug List from time to time throughout the year. In addition, there are a number of changes to the Drug List that will take effect on January 1, 2010. Changes to the plan’s Drug List have been approved by Medicare.

- **We have added some new drugs to the list and removed others.**

We have added some new drugs that became available. We have replaced some brand-name drugs with new generic drugs.

- **We have added some new restrictions to certain drugs, and reduced the restrictions on others.**

Restrictions can include a requirement to get plan approval in advance or to try a different drug first to see how well it works. Restrictions can also include limits on quantity of the drug.

Please check to see if any of these changes to drug coverage affect the drugs you use.

- You can look for your drugs on the Drug List we sent with this *Annual Notice of Changes*. If you can’t find some of your drugs on this Drug List, you can call Customer Services for help finding your drugs.
- The Drug List we sent includes many of the drugs that we cover, but it does not include all of our covered drugs. If you can’t find some of your drugs on this Drug List, you may find them on a complete Drug List, which includes all the drugs we cover. You can get the complete Drug List by calling Customer Service or visiting our website (www.brandnewdayhmo.com).

Changes to what you pay

The coinsurance amount you pay for covered drugs will be exactly the same in 2010 as it is in 2009.

What if changes for 2010 affect drugs you are taking now?

What if a drug you are taking now is not on the Drug List for 2010? What if a new restriction has been added to the coverage for this drug? If you are in any of these situations, here's what you can do:

- In some situations, the plan will cover a **one-time, temporary supply** of your drug when your current supply runs out. This temporary supply will be for a maximum of 30 days, or less if your prescription is written for fewer days. Chapter 5, Section 6.2 explains when you can get a temporary supply and how to ask for one.

Meanwhile, you and your doctor will need to decide what to do before your temporary supply of the drug runs out.

- **Perhaps you can find a different drug** covered by the plan that might work just as well for you. You can call Customer Service to ask for a list of covered drugs that treat the same medical condition. This list can help your doctor to find a covered drug that might work for you.
- **You and your doctor can ask the plan to make an exception for you** and cover the drug. You can ask for an exception in advance for next year and we will give you an answer to your request before the change takes effect. To learn what you must do to ask for an exception, see the *Evidence of Coverage* that was included in the mailing with this *Annual Notice of Changes*. Look for Chapter 9 (*What to do if you have a problem or complaint*).

Section 5. What about changes to the plan's network of providers?

Will your doctors and other providers still be in the plan's network next year?

There are a few changes to the network of providers for 2010. In addition, it's possible for the network of plan providers to change at any time during the year.

- **Please check with your doctors and other providers you currently use** to make sure they will continue to be part of the provider network for Brand New Day in 2010.
- For the most up-to-date information on the network of providers, check our website (www.brandnewdayhmo.com) or call Customer Service (see phone numbers on the front cover).

Section 6. Do you want to stay in the plan or make a change?

Do you want to stay with Brand New Day?

If you want to keep your membership in Brand New Day for 2010, it's easy. You don't need to tell us or fill out any paperwork. **You will automatically remain enrolled as a member.**

Do you want to make a change?

If you decide to leave Brand New Day, you can switch to a different Medicare Advantage plan or to Original Medicare (either with or without a separate Medicare prescription drug plan).

If you want to change to a different plan, there are many choices.

When can you change?

- During the **yearly enrollment period (called the “annual coordinated election period”) from November 15 through December 31, 2009**, you can change to any other Medicare Advantage plan or to Original Medicare (either with or without a separate Medicare prescription drug plan). Your new coverage will begin on January 1, 2010.
- You also have **another, more limited enrollment period from January 1 through March 31, 2010**. During this period (called the “open enrollment period”), you could switch to a different Medicare Advantage Plan with Part D prescription drug coverage or switch to Original Medicare plus a Medicare Prescription Drug Plan. For more information about your choices during the January 1 through March 31 open enrollment period, please see Chapter 10, Section 2.2 of the *Evidence of Coverage*.
- If you are in a Special Needs Plan (SNP), your enrollment period may be different based on the type of SNP in which you are enrolled. Contact Customer Services for more information.

Are these the only times of the year to choose a different plan?

For most people, yes. Certain individuals, such as those with Medicaid, those who get Extra Help paying for their drugs, or those who move out of the geographic service area, can make changes at other times. For more information, see Chapter 10, Section 2.3 of the *Evidence of Coverage*.

How do you make a change?

See Chapter 10 of the enclosed *Evidence of Coverage* document. It tells what you need to do to make a change from Brand New Day to another plan.

Things to check on before you make a change

- **Are you a member of an employer or retiree group?** If you are, please check with the benefits administrator of your employer or retiree group before you switch to another way of getting medical care.

Section 7. Do you need some help? Would you like more information?

We have information and answers for you

To learn more, read the information we sent in the same package with this *Annual Notice of Changes*. This includes a copy of the *Evidence of Coverage* and of the *List of Covered Drugs (Formulary)*.

If you have any questions, we are here to help. Please call us at 866-255-4795 Customer Service. We are available for phone calls 8 a.m. – 8 p.m., 7 days a week. Calls to these numbers are free: 866-255-4795 (TTY only, call 866-321-5955).

You can get help and information from your State Health Insurance Assistance Program

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

HICAP is independent (not connected with any insurance company or health plan). 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 HICAP at the following locations.

HICAP-Los Angeles County	
CALL	800-824-0780
TTY	213-251-7920
	This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
WRITE	HICAP; 520 La Fayette Park Place, Suite 214, Los Angeles, CA 90057
HICAP- Kern County	
CALL	661-868-1000
TTY	800-551-1868
	This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
WRITE	Kern County Aging and Adult Service; 5357 Truxton Avenue; Bakersfield, CA 93301

HICAP- Orange County	
CALL	714-560-0424
WRITE	Orange County Council on Aging; 1971 E. 4 th Street, Suite 200; Santa Ana, CA 92705
WEBSITE	www.coaoc.org
HICAP- San Bernardino and Riverside Counties	
CALL	951-241-8723, ext. 235
WRITE	Inland Agency HICAP, 6296 River Crest Drive, Suite L; Riverside, CA 92507
WEBSITE	www.inlandagency.org

You can get help and information from Medicare

Here are three ways to get information directly from Medicare:

- **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** (<http://www.medicare.gov>).
- **Read *Medicare & You 2010 Handbook*.** Every year in October, 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 booklet, you can get it at the Medicare website (<http://www.medicare.gov>) or by calling 1-800-MEDICARE (1-800-633-4227).