

**Find the plan  
that's right  
for you.**

## Discover the benefits of Brand New Day.

### Brand New Day Embrace Care Plan (HMO C-SNP) 47

This plan is a good choice for anyone with a diagnosis of Cardiovascular Disease, Congestive Heart Failure, or Diabetes that doesn't qualify for Medi-Cal or receive institutional-level type of care (long-term care). This plan reduces the cost of prescription drugs while adding additional services and benefits.

- For Contra Costa, and Solano counties.

### Brand New Day Embrace Choice Plan (HMO C-SNP) 40-2

This plan is a good choice for individuals with a diagnosis of Cardiovascular Disease, Congestive Heart Failure, or Diabetes who qualify for Medi-Cal and do not receive institutional-level type of care (long-term care).

- For Alameda, Contra Costa, Fresno, Imperial, Kings, Madera, Placer, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Clara, Solano, Stanislaus, Tulare, and Yolo counties.

### Brand New Day Classic Care III Plan (HMO) 46

This plan is a good choice for anyone who doesn't qualify for Medi-Cal, a Special Needs Plan, or receive institutional-level type of care (long-term care). This plan reduces the cost of prescription drugs while adding additional services and benefits.

- For Contra Costa, and Solano counties.

### Brand New Day Dual Access Plan (HMO D-SNP) 24

This plan is a good choice for individuals who are eligible for Medi-Cal.

- For Alameda, Contra Costa, Fresno, Imperial, Kern, Kings, Los Angeles, Madera, Orange, Placer, Riverside, Sacramento, San Bernardino, San Francisco, San Joaquin, Solano, Stanislaus, Tulare, and Yolo counties.

Benefits vary by plan and county. Brand New Day is an HMO SNP with a Medicare Contract. Enrollment in Brand New Day depends on contract renewal. Member Service Representatives are available Monday – Friday 8am – 8pm and 7 days a week 8am – 8pm from October 1 – March 31.

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A Bright HealthCare Company

## CONTACT US



### Call Toll-Free

1-866-255-4795, TTY 711



### Visit our Website

bndhmo.com



### Hours of Operation

Year Round: Monday - Friday 8 am - 8 pm

October 1 - March 31: Monday - Sunday 8 am - 8 pm



### Address

P.O. Box 93122

Long Beach, CA 90809-9871



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## 2023 Benefit Highlights

**Brand New Day  
Embrace Care Plan**  
(HMO C-SNP) 47

**Brand New Day  
Classic Care III Plan**  
(HMO) 46

**Brand New Day  
Embrace Choice Plan**  
(HMO C-SNP) 40-2

**Brand New Day  
Dual Access Plan**  
(HMO D-SNP) 24

PLAN DETAILS	EMBRACE CARE PLAN (HMO C-SNP) 47	EMBRACE CHOICE PLAN (HMO C-SNP) 40-2	CLASSIC CARE III PLAN (HMO) 46	DUAL ACCESS PLAN (HMO D-SNP) 24
Monthly Plan Premium	\$55	\$0 <sup>5</sup>	\$55	\$0 <sup>5</sup>
Deductible	No deductible	No deductible	No deductible	No deductible
Maximum Out-of-Pocket Responsibility	No more than \$2,900 annually	No more than \$8,300 annually	No more than \$2,999 annually	No more than \$8,300 annually
COMPREHENSIVE CARE	PLAN 47	PLAN 40-2 <sup>1</sup>	PLAN 46	PLAN 24 <sup>1</sup>
Primary Care Providers	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Specialists <sup>2</sup>	\$0 copay	\$0 copay	\$10 copay	\$0 copay
Urgent Care	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Diagnostic Tests & Procedures <sup>2</sup>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Lab Services <sup>2</sup>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
MRI, CAT Scan <sup>2</sup>	\$0 – \$100 copay	\$0 copay	\$0 – \$200 copay	\$0 copay
X-rays <sup>2</sup>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Physical Therapy <sup>2</sup>	\$10 copay	\$0 copay	\$10 copay	\$0 copay
HOSPITAL & EMERGENCY CARE	PLAN 47	PLAN 40-2 <sup>1</sup>	PLAN 46	PLAN 24 <sup>1</sup>
Inpatient Hospital <sup>2</sup>	\$0 per stay	\$0 per stay	\$250 copay per day for days 1-5 \$0 copay per day for days 6-90	\$0 per stay
Outpatient Hospital <sup>2</sup>	\$0 – \$150 copay	\$0 copay	\$0 – \$200 copay	\$0 copay
Emergency Care <sup>3</sup>	\$0 – \$100 copay	\$0 copay	\$0 – \$100 copay	\$0 copay
Worldwide Emergency Care • Urgent Care • Emergency Room • Emergency Transportation	\$100 copay Coverage is limited to \$50,000	\$95 copay Coverage is limited to \$50,000	\$100 copay Coverage is limited to \$50,000	\$90 copay Coverage is limited to \$50,000
Ambulance (Ground) <sup>2</sup>	\$0 – \$200 copay per ride	\$0 copay per ride	\$0 – \$200 copay per ride	\$0 copay per ride

PRESCRIPTION DRUG COVERAGE	EMBRACE CARE PLAN (HMO C-SNP) 47	EMBRACE CHOICE PLAN (HMO C-SNP) 40-2	CLASSIC CARE III PLAN (HMO) 46	DUAL ACCESS PLAN (HMO D-SNP) 24
Outpatient Prescription Drug Coverage Deductible TIERS 2 – 5	No deductible	\$0 <sup>5</sup>	\$50	\$0 or \$104 <sup>5</sup>
	Retail Rx 30-day supply			
Part D Senior Savings Select insulins covered in the Initial Coverage and Coverage Gap stages TIER 3: Preferred Brand	\$0 copay	Not covered	Not covered	Not covered
Initial Coverage You are in the Initial Coverage stage until you reach \$4,660 in drug costs (year to date). TIER 1: Preferred Generic TIER 2: Generic TIER 3: Preferred Brand TIER 4: Non-Preferred TIER 5: Specialty Tier	\$0 copay \$12 copay \$47 copay \$100 copay 33% of the cost	\$0 copay \$0 copay <sup>6</sup> \$0 copay <sup>6</sup> \$0 copay <sup>6</sup> \$0 copay <sup>6</sup>	\$0 copay \$12 copay \$47 copay \$100 copay 30% of the cost	\$0 copay Tiers 2 - 5 <sup>5</sup> \$0, \$1.45, \$4.15 or 15% for generic drugs \$0, \$4.30, \$10.35 or 15% for brand drugs \$0 copay
TIER 6: Select Care	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Coverage Gap You stay in this stage until your year-to-date "out-of-pocket costs" (your payments) reach a total of \$7,400. TIER 1: Preferred Generic TIER 2: Generic TIER 3: Preferred Brand TIER 4: Non-Preferred TIER 5: Specialty Tier	\$0 copay 25% of the cost 25% of the cost 25% of the cost 25% of the cost	\$0 copay \$0 copay <sup>6</sup> \$0 copay <sup>6</sup> \$0 copay <sup>6</sup> \$0 copay <sup>6</sup>	\$0 copay 25% of the cost 25% of the cost 25% of the cost 25% of the cost	\$0 copay Tiers 2 - 5 <sup>5</sup> \$0, \$1.45, \$4.15 or 15% for generic drugs \$0, \$4.30, \$10.35 or 15% for brand drugs \$0 copay
TIER 6: Select Care	\$0 copay	\$0 copay	\$0 copay	\$0 copay

<sup>1</sup> Your costs may be more if your Medi-Cal does not cover cost-sharing for Medicare covered services.  
<sup>2</sup> Services may require authorization and/or a referral.  
<sup>3</sup> Copayment waived if admitted to the hospital or readmitted to the ER within 72 hours.  
<sup>4</sup> Limitations may apply. See your EOC for details.

ADDITIONAL BENEFITS & SERVICES <sup>2</sup>	EMBRACE CARE PLAN (HMO C-SNP) 47	EMBRACE CHOICE PLAN (HMO C-SNP) 40-2	CLASSIC CARE III PLAN (HMO) 46	DUAL ACCESS PLAN (HMO D-SNP) 24
Routine Eye Exam	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Eyewear Allowance	Up to \$300 each year	Up to \$300 each year	Up to \$300 each year	Up to \$300 each year
Preventative and Comprehensive Dental <sup>4</sup> (e.g. oral exam, x-rays, cleanings)	Covered See EOC for details	Covered See EOC for details	Covered See EOC for details	Covered See EOC for details
Hearing Aid	\$149 per basic aid Limit 2 aids every 3 years	\$149 per basic aid Limit 2 aids every 3 years	\$149 per basic aid Limit 2 aids every 3 years	\$149 per basic aid Limit 2 aids every 3 years
Transportation	\$0 copay for 24 one way trips to approved locations <sup>7</sup>	\$0 copay for 48 one way trips to approved locations <sup>7</sup>	\$0 copay for 24 one way trips to approved locations <sup>7</sup>	\$0 copay for 48 one way trips to approved locations <sup>7</sup>
Over-The-Counter (OTC) Items	Up to \$240 each year \$60 credit every 3 months	Up to \$700 each year \$175 credit every 3 months	Up to \$160 each year \$40 credit every 3 months	Up to \$680 each year \$170 credit every 3 months
Routine Acupuncture and Chiropractic Care	\$0 copay Up to 30 visits every year for routine acupuncture and chiropractic care combined	\$0 copay Up to 12 visits every year for routine acupuncture and chiropractic care combined	\$0 copay Up to 30 visits every year for routine acupuncture and chiropractic care combined	\$0 copay Up to 30 visits every year for routine acupuncture and chiropractic care combined
WELLNESS PROGRAMS <sup>2</sup>	PLAN 47	PLAN 40-2 <sup>1</sup>	PLAN 46	PLAN 24 <sup>5</sup>
Gym Membership – SilverSneakers	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Healthy Foods Allowance	Not covered	Up to \$360 each year for members with qualifying conditions	Not covered	Up to \$360 each year for members with qualifying conditions
24/7 Nurse Advice Line	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Telehealth	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Personal Emergency Response System (PERS)	\$0 copay	\$0 copay	\$0 copay	\$0 copay

<sup>5</sup> Depending on your level of Extra Help that you receive.  
<sup>6</sup> For Full Dual Eligible members.  
<sup>7</sup> 50-mile limit to plan-approved locations.