

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

## Discover the benefits of Brand New Day.

### 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.

### Brand New Day Embrace Care Plan (HMO C-SNP) 39-1

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 Kern, Los Angeles, Orange, Riverside, San Bernardino, and San Diego Counties

### Brand New Day Embrace Choice Plan (HMO C-SNP) 40-1

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 Kern, Los Angeles, Orange, Riverside, San Bernardino, and San Diego Counties

### Brand New Day Valor Care Plan (HMO) 48

This plan is a good choice for veterans who qualify for coverage through the VA system. This plan offers rich medical benefits and a generous Part B rebate.

- For Fresno, Imperial, Kern, Kings, Los Angeles, Madera, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara, and Tulare 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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## CONTACT US



### Call Toll-Free

1-866-255-4795, TTY 711



### Visit our Website

[bndhmo.com](http://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  
Dual Access Plan  
(HMO D-SNP) 24**

**Brand New Day  
Embrace Choice Plan  
(HMO C-SNP) 40-1**

**Brand New Day  
Embrace Care Plan  
(HMO C-SNP) 39-1**

**Brand New Day  
Valor Care Plan  
(HMO) 48**

PLAN DETAILS	DUAL ACCESS PLAN (HMO D-SNP) 24	EMBRACE CARE PLAN (HMO C-SNP) 39-1	EMBRACE CHOICE PLAN (HMO C-SNP) 40-1	VALOR CARE PLAN (HMO) 48
Monthly Plan Premium	\$0	\$0	\$0 <sup>5</sup>	\$0
Part B Rebate	Not Covered	Not Covered	Not Covered	\$125 per month
Deductible	No deductible	No deductible	No deductible	No deductible
Maximum Out-of-Pocket Responsibility	No more than \$8,300 annually	No more than \$1,450 annually	No more than \$7,550 annually	No more than \$3,000 annually
COMPREHENSIVE CARE	PLAN 24 <sup>1</sup>	PLAN 39-1	PLAN 40-1 <sup>1</sup>	PLAN 48
Primary Care Providers	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Specialists <sup>2</sup>	\$0 copay	\$0 copay	\$0 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 copay	\$0 – \$25 copay	\$0 copay	\$0 copay
X-rays <sup>2</sup>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Physical Therapy <sup>2</sup>	\$0 copay	\$10 copay	\$0 copay	\$10 copay
HOSPITAL & EMERGENCY CARE	PLAN 24 <sup>1</sup>	PLAN 39-1	PLAN 40-1 <sup>1</sup>	PLAN 48
Inpatient Hospital <sup>2</sup>	\$0 per stay	\$0 per stay	\$0 per stay	\$1,556 Deductible \$0 copay per day for days 1-60 \$389 copay per day for days 61-90 These are 2022 cost-sharing amounts and may change for 2023
Outpatient Hospital <sup>2</sup>	\$0 per stay	\$0 – \$100 copay	\$0 copay	0 – 20% copay
Emergency Care <sup>3</sup>	\$0 copay	\$0 – \$125 copay	\$0 copay	\$0 – \$90 copay
Worldwide Emergency Care • Urgent Care • Emergency Room • Emergency Transportation	\$90 copay Coverage is limited to \$50,000	\$125 copay Coverage is limited to \$50,000	\$90 copay Coverage is limited to \$50,000	\$90 copay Coverage is limited to \$50,000
Ambulance (Ground) <sup>2</sup>	\$0 copay per ride	\$0 – \$100 copay per ride	\$0 copay per ride	\$0 – \$75 copay per ride

PRESCRIPTION DRUG COVERAGE	DUAL ACCESS PLAN (HMO D-SNP) 24	EMBRACE CARE PLAN (HMO C-SNP) 39-1	EMBRACE CHOICE PLAN (HMO C-SNP) 40-1	VALOR CARE PLAN (HMO) 48
Outpatient Prescription Drug Coverage Deductible TIERS 2 – 5	\$0 or \$104 <sup>5</sup>	No deductible	No deductible <sup>6</sup>	This plan does not offer Part D coverage. If you are interested in Part D coverage, select another Brand New Day plan.
Retail Rx 30-day supply				
Part D Senior Savings Select insulins covered in the Initial Coverage and Coverage Gap stages				
TIER 3: Preferred Brand	Not covered	\$0 copay	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	\$0 copay	\$0 copay	\$0 copay	
TIER 2: Generic	Tiers 2 - 5 <sup>5</sup>	\$9 copay	\$0 copay <sup>6</sup>	
TIER 3: Preferred Brand	\$0, \$1.45, \$4.15 or 15% for generic drugs	\$47 copay	\$0 copay <sup>6</sup>	
TIER 4: Non-Preferred	\$0, \$4.30, \$10.35 or 15% for brand drugs	\$90 copay	\$0 copay <sup>6</sup>	
TIER 5: Specialty Tier	\$0 copay	33% of the cost	\$0 copay <sup>6</sup>	
TIER 6: Select Care	\$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	\$0 copay	\$0 copay	\$0 copay	
TIER 2: Generic	Tiers 2 - 5 <sup>5</sup>	25% of the cost	\$0 copay <sup>6</sup>	
TIER 3: Preferred Brand	\$0, \$1.45, \$4.15 or 15% for generic drugs	25% of the cost	\$0 copay <sup>6</sup>	
TIER 4: Non-Preferred	\$0, \$4.30, \$10.35 or 15% for brand drugs	25% of the cost	\$0 copay <sup>6</sup>	
TIER 5: Specialty Tier	\$0 copay	25% of the cost	\$0 copay <sup>6</sup>	
TIER 6: Select Care	\$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>	DUAL ACCESS PLAN (HMO D-SNP) 24	EMBRACE CARE PLAN (HMO C-SNP) 39-1	EMBRACE CHOICE PLAN (HMO C-SNP) 40-1	VALOR CARE PLAN (HMO) 48
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 \$150 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 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>	\$0 copay for 24 one way trips to approved locations <sup>7</sup>
Over-The-Counter (OTC) Items	Up to \$680 each year \$170 credit every 3 months	Up to \$460 each year \$115 credit every 3 months	Up to \$1,020 each year \$255 credit every 3 months	Up to \$500 each year \$250 credit every 6 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 24	PLAN 39-1	PLAN 40-1	PLAN 48
Gym Membership – SilverSneakers	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Healthy Foods Allowance	Up to \$360 each year for members with qualifying conditions	Not covered	Up to \$600 each year for members with qualifying conditions	Not covered
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 Benefit Dual Eligible (FBDE) members.  
<sup>7</sup> 50-mile limit to plan-approved locations