

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

Discover the benefits of Brand New Day.

Brand New Day Classic Care I Plan (HMO) 50-1

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 Kern, Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties.

Brand New Day Classic Care II Plan (HMO) 51-2

This plan is a good choice for individuals who require assistance coordinating with other health insurance coverage. And for individuals that do not qualify for a Brand New Day Special Needs Plan for Cardiovascular Disease, Diabetes or Dementia, or receive institutional-level type of care (long-term care).

- For Kern, Los Angeles, Orange, Riverside, San Bernardino, and San Diego 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.

brand new day

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



brand new day

A Bright HealthCare Company



2023 Benefit Highlights

**Brand New Day
Classic Care I Plan
(HMO) 50-1**

**Brand New Day
Classic Care II Plan
(HMO) 51-2**

PLAN DETAILS	CLASSIC CARE I PLAN (HMO) 50-1	CLASSIC CARE II PLAN (HMO) 51-2
Monthly Plan Premium	\$0	\$0 ⁵
Deductible	No deductible	No deductible
Maximum Out-of-Pocket Responsibility	No more than \$999 annually	No more than \$1,999 annually
COMPREHENSIVE CARE	PLAN 50-1	PLAN 51-2¹
Primary Care Providers	\$0 copay	\$0 copay
Specialists ²	\$0 copay	\$0 copay
Urgent Care	\$0 copay	\$0 copay
Diagnostic Tests & Procedures ²	\$0 copay	\$0 copay
Lab Services ²	\$0 copay	\$0 copay
MRI, CAT Scan ²	\$0 copay	\$0 copay
X-rays ²	\$0 copay	\$0 copay
Physical Therapy ²	\$10 copay	\$0 copay
HOSPITAL & EMERGENCY CARE	PLAN 50-1	PLAN 51-2¹
Inpatient Hospital ²	\$0 per stay	\$0 per stay
Outpatient Hospital ²	\$0 – \$100 copay	\$0 copay
Emergency Care ³	\$0 – \$100 copay	\$0 copay
Worldwide Emergency Care • Urgent Care • Emergency Room • Emergency Transportation	\$100 copay Coverage is limited to \$50,000	\$100 copay Coverage is limited to \$50,000
Ambulance (Ground) ²	\$0 – \$75 copay per ride	\$0 copay per ride

PRESCRIPTION DRUG COVERAGE	CLASSIC CARE I PLAN (HMO) 50-1	CLASSIC CARE II PLAN (HMO) 51-2
Outpatient Prescription Drug Coverage Deductible TIERS 2 – 5	No deductible	\$0 or \$104 ⁵
	Retail Rx 30-day supply	
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
TIER 2: Generic	\$0 copay	Tiers 2 - 5 ⁵
TIER 3: Preferred Brand	\$47 copay	\$0, \$1.45, \$4.15 or 15% for generic drugs
TIER 4: Non-Preferred	\$100 copay	\$0, \$4.30, \$10.35 or 15% for brand drugs
TIER 5: Specialty Tier	33% of the cost	\$0, \$4.30, \$10.35 or 15% for brand drugs
TIER 6: Select Care	\$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
TIER 2: Generic	25% of the cost	Tiers 2 - 5 ⁵
TIER 3: Preferred Brand	25% of the cost	\$0, \$1.45, \$4.15 or 15% for generic drugs
TIER 4: Non-Preferred	25% of the cost	\$0, \$4.30, \$10.35 or 15% for brand drugs
TIER 5: Specialty Tier	25% of the cost	\$0, \$4.30, \$10.35 or 15% for brand drugs
TIER 6: Select Care	\$0 copay	\$0 copay

ADDITIONAL BENEFITS & SERVICES ²	CLASSIC CARE I PLAN (HMO) 50-1	CLASSIC CARE II PLAN (HMO) 51-2
Routine Eye Exam	\$0 copay	\$0 copay
Eyewear Allowance	Up to \$300 each year	Up to \$300 each year
Preventative and Comprehensive Dental ⁴ (e.g. oral exam, x-rays, cleanings)	Covered See EOC for details	Covered See EOC for details
Hearing Aid	\$149 per basic aid Limit 2 every 3 years	\$149 per basic aid Limit 2 every 3 years
Transportation	\$0 copay for 24 one way trips to approved locations ⁶	\$0 copay for 48 one way trips to approved locations ⁶
Over-The-Counter (OTC) Items	Up to \$460 each year \$115 credit every 3 months	Up to \$820 each year \$205 credit every 3 months
Routine Acupuncture and Chiropractic Care	\$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
WELLNESS PROGRAMS²	PLAN 50-1	PLAN 51-2
Gym Membership – SilverSneakers	\$0 copay	\$0 copay
Healthy Foods Allowance	Not covered	Up to \$540 each year for members with qualifying conditions
24/7 Nurse Advice Line	\$0 copay	\$0 copay
Telehealth	\$0 copay	\$0 copay
Personal Emergency Response System (PERS)	\$0 copay	\$0 copay

¹ Your costs may be more if your Medi-Cal does not cover cost-sharing for Medicare covered services.

² Services may require authorization and/or a referral.

³ Copayment waived if admitted to the hospital or readmitted to the ER within 72 hours.

⁴ Limitations may apply. See your EOC for details.

⁵ Depending on the level of Extra Help that you receive.

⁶ 50-mile limit to plan-approved locations.