

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

Discover the benefits of Brand New Day.

Brand New Day Classic Care I Plan (HMO) 50-2

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

Brand New Day Classic Care II Plan (HMO) 51-1

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 Alameda, Fresno, Imperial, Kings, Madera, Placer, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Clara, 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
Classic Care I Plan
(HMO) 50-2**

**Brand New Day
Classic Care II Plan
(HMO) 51-1**

PLAN DETAILS	CLASSIC CARE I PLAN (HMO) 50-2	CLASSIC CARE II PLAN (HMO) 51-1
Monthly Plan Premium	\$0 ⁵	\$0
Deductible	No deductible	No deductible
Maximum Out-of-Pocket Responsibility	No more than \$3,650 annually	No more than \$1,500 annually
COMPREHENSIVE CARE	PLAN 50-2¹	PLAN 51-1
Primary Care Providers	\$0 copay	\$0 copay
Specialists ²	\$0 copay	\$10 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 – \$50 copay
X-rays ²	\$0 copay	\$0 copay
Physical Therapy ²	\$0 copay	\$10 copay
HOSPITAL & EMERGENCY CARE	PLAN 50-2¹	PLAN 51-1
Inpatient Hospital ²	\$0 per stay	\$150 per day for days 1 through 6 \$0 per day for days 7 through 90
Outpatient Hospital ²	\$0 copay	\$0 – \$150 copay
Emergency Care ³	\$0 copay	\$0 – \$100 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 copay per ride	\$0 – \$200 copay per ride

PRESCRIPTION DRUG COVERAGE	CLASSIC CARE I PLAN (HMO) 50-2	CLASSIC CARE II PLAN (HMO) 51-1
Outpatient Prescription Drug Coverage	\$0 or \$104 ⁵	\$50 Tiers 2-5
Deductible TIERS 2 – 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	\$12 copay
TIER 3: Preferred Brand	Tiers 3 - 5 ⁵	\$47 copay
TIER 4: Non-Preferred	\$0, \$1.45, \$4.15 or 15% for generic drugs	\$100 copay
TIER 5: Specialty Tier	\$0, \$4.30, \$10.35 or 15% for brand drugs	32% of the cost
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	Tiers 2 - 5 ⁵	25% of the cost
TIER 3: Preferred Brand	\$0, \$1.45, \$4.15 or 15% for generic drugs	25% of the cost
TIER 4: Non-Preferred	\$0, \$4.30, \$10.35 or 15% for brand drugs	25% of the cost
TIER 5: Specialty Tier	\$0 copay	\$0 copay
TIER 6: Select Care	\$0 copay	\$0 copay

ADDITIONAL BENEFITS & SERVICES ²	CLASSIC CARE I PLAN (HMO) 50-2	CLASSIC CARE II PLAN (HMO) 51-1
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	\$699 per basic aid \$999 for a prime aid Limit 2 aids every year
Transportation	\$0 copay for 48 one way trips to approved locations ⁶	\$0 copay for 24 one way trips to approved locations ⁶
Over-The-Counter (OTC) Items	Up to \$840 each year \$210 every 3 months	Up to \$160 each year \$40 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
WELLNESS PROGRAMS²	PLAN 50-2	PLAN 51-1
Gym Membership – SilverSneakers	\$0 copay	\$0 copay
Healthy Foods Allowance	Up to \$600 each year for members with qualifying conditions	Not covered
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.