



Find the plan that's right for you

Discover the Benefits of Brand New Day

Brand New Day Part B Savings Plan (HMO) 49

This plan is a good choice for anyone who doesn't qualify for Medi-Cal or a Special Needs Plan (SNP). **This plan reduces the cost of prescription drugs while adding additional services and benefits.**

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 who doesn't qualify for Medi-Cal. **This plan reduces the cost of prescription drugs while adding additional services and benefits.**

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.

Benefits vary by plan and county. Brand New Day is an HMO/HMO SNP with a Medicare contract. Enrollment in Brand New Day depends on contract renewal. Member Service Representatives are available 8 a.m.–8 p.m., 7 days a week.

Contact Us



Call Toll-Free
1-866-255-4795, TTY 711



Visit Our Website
bndhmo.com



Hours of Operation
8 a.m.–8 p.m., 7 days a week.



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brand new day

HEALTHCARE YOU CAN FEEL GOOD ABOUT



Benefit Highlights

2024

brand new day

HEALTHCARE YOU CAN FEEL GOOD ABOUT

Brand New Day **Part B Savings Plan** (HMO) 49 - LA, OC, RS, SB, SD


Brand New Day **Embrace Care Plan** (HMO C-SNP) 39-1 - LA, OC, RS, SB, SD

Brand New Day **Embrace Choice Plan** (HMO C-SNP) 40-1 - LA, OC, RS, SB, SD

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 PLAN DETAILS	PART B SAVINGS PLAN (HMO) 49	EMBRACE CARE PLAN (HMO C-SNP) 39-1	EMBRACE CHOICE PLAN (HMO C-SNP) 40-1
Monthly Plan Premium	\$0	\$0	\$41 ⁶
Part B Rebate	\$125	\$0	\$0
Deductible	None	None	None
Maximum Out-of-Pocket (MOOP)	\$3,200	\$999	\$8,850
 COMPREHENSIVE CARE	PLAN 49	PLAN 39-1	PLAN 40-1 ¹
Primary Care Providers	\$0	\$0	\$0
Specialists ²	\$10	\$0	40% ¹
Urgent Care	\$0	\$0	\$0
Diagnostic Tests & Procedures ²	\$0-\$25	\$0	20% ¹
Lab Services ²	\$0	\$0	20% ¹
MRI, CAT Scan ²	\$0-\$75	\$0-\$75	20% ¹
X-rays ²	\$0	\$0	\$0
Physical Therapy ²	\$35	\$10	\$0
 HOSPITAL & EMERGENCY CARE	PLAN 49	PLAN 39-1	PLAN 40-1 ¹
Inpatient Hospital ²	\$150 (per day for days 1-5) \$0 (per day for days 6-90)	\$0	\$1,600 deductible ^{1,8} \$0/day ^{1,8} for days 1-60 \$400/day ^{1,8} for days 61-90
Outpatient Hospital ²	\$0-\$100	\$0-\$100	\$0 ¹
Emergency Care ³	\$0-\$135	\$0-\$125	\$100 ¹
Ambulance (Ground) ²	\$0-\$150	\$0-\$200	20% ¹

¹ Your costs may be less if your Medi-Cal covers cost-sharing for Medicare-covered services.

 PRESCRIPTION DRUG COVERAGE	PART B SAVINGS PLAN (HMO) 49	EMBRACE CARE PLAN (HMO C-SNP) 39-1	EMBRACE CHOICE PLAN (HMO C-SNP) 40-1
Part D Deductible (TIERS 2-5)	\$0	\$0	\$0 ⁹
Part D Insulins Tier 3 - Preferred Brand	\$35	\$0	\$0 ⁹
Initial Coverage Stage You are in the Initial Coverage stage until you reach \$5,030 in drug costs (year to date). Brand New Day Contracted Retail Pharmacy (1-month/30-day Supply)			
TIER 1: Preferred Generic	\$0	\$0	\$0
TIER 2: Generic	\$12	\$9	\$0 ⁹
TIER 3: Preferred Brand	\$47	\$47	\$0 ⁹
TIER 4: Non-Preferred	\$100	\$90	\$0 ⁹
TIER 5: Specialty Tier	33%	33%	\$0 ⁹
TIER 6: Select Care	\$0	\$0	\$0
Coverage Gap You stay in this stage until your year-to-date "out-of-pocket costs" (your payments) reach a total of \$8,000.			
TIER 1: Preferred Generic	\$0	\$0	\$0
TIER 2: Generic	25%	25%	\$0 ⁹
TIER 3: Preferred Brand	25%	25%	\$0 ⁹
TIER 4: Non-Preferred	25%	25%	\$0 ⁹
TIER 5: Specialty Tier	25%	25%	\$0 ⁹
TIER 6: Select Care	\$0	\$0	\$0

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 Limitations may apply. Not all members qualify.

⁶ Could be less depending on the Extra Help you receive.

⁷ 50-mile limit to plan-approved locations.

 ADDITIONAL BENEFITS & SERVICES	PART B SAVINGS PLAN (HMO) 49	EMBRACE CARE PLAN (HMO C-SNP) 39-1	EMBRACE CHOICE PLAN (HMO C-SNP) 40-1
Routine Eye Exam ²	\$0	\$0	\$0
Eyewear Allowance ²	\$300 each year	\$300 each year	\$300 each year
Preventive Dental ⁴ (e.g., oral exam, X-rays, cleanings)	\$0	\$0	\$0-\$17
Hearing Aid ²	\$699-\$999 copay; 2 hearing aids per 1 year	\$149 copay; 2 hearing aids per 3 years	\$149 copay; 2 hearing aids per 3 years
Transportation ^{2,7}	Not Covered	\$0 for 12 one-way trips	\$0 for 12 one-way trips
Chiropractic/Acupuncture ²	\$0 (12 visits per year combined)	\$0 (12 visits per year combined)	\$0 (30 visits per year combined)
 WELLNESS PROGRAMS	PLAN 49	PLAN 39-1	PLAN 40-1
Gym Membership - SilverSneakers ²	\$0	\$0	\$0
Healthy Foods Allowance ⁵	Not Covered	Not Covered	Up to \$50/mo for healthy foods
24/7 Telehealth	\$0	\$0	\$0
Personal Emergency Response System (PERS) ²	\$0	\$0	\$0
 BND FLEX CARD	PLAN 49	PLAN 39-1	PLAN 40-1
OTC	\$25 every month	\$25 every month	\$60 every month
Fitness Allowance	N/A	N/A	N/A
Dental Allowance	N/A	N/A	N/A

⁸ These are 2023 cost-sharing amounts and may change for 2024. We will provide updated rates at www.bndhmo.com as soon as they are released.

⁹ Medicare approved Brand New Day to provide these lower copayments as part of the Value-Based Insurance Design program for those who qualify for Low Income Subsidies. This program lets Medicare try new ways to improve Medicare Advantage plans. Eligibility for the Model Benefit or RI Programs under the VBID Model is not assured and will be determined by the MAO after enrollment, based on relevant criteria (e.g., Medicaid eligibility). For more information in a different language, alternate formats, or questions on benefit qualifications please contact Brand New Day at 1-866-255-4795 (TTY: 711).