

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

Discover the benefits of Brand New Day.

Brand New Day Bridges Care Plan (HMO C-SNP) 28

This plan is a good choice for anyone who does qualify for Medi-Cal with a diagnosis of Dementia including but not limited to Alzheimer's disease. This plan reduces the cost of prescription drugs while adding additional services and benefits.

- For Fresno, Imperial, Kern, Los Angeles, Madera, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, and San Mateo counties.

Brand New Day Bridges Choice Plan (HMO C-SNP) 29

This plan is a good choice for anyone who doesn't qualify for Medi-Cal with a diagnosis of Dementia including but not limited to Alzheimer's disease. This plan reduces the cost of prescription drugs while adding additional services and benefits.

- For Fresno, Imperial, Kern, Los Angeles, Madera, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, and San Mateo 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



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2023 Benefit Highlights

**Brand New Day
Bridges Care Plan
(HMO C-SNP) 28**

**Brand New Day
Bridges Choice Plan
(HMO C-SNP) 29**

PLAN DETAILS	BRIDGES CARE PLAN (HMO C-SNP) 28	BRIDGES CHOICE PLAN (HMO C-SNP) 29
Monthly Plan Premium	\$0	\$0 ⁵
Deductible	No deductible	No deductible
Maximum Out-of-Pocket Responsibility	No more than \$1,500 annually	No more than \$7,550 annually
COMPREHENSIVE CARE	PLAN 28	PLAN 29 ¹
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 28	PLAN 29 ¹
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	\$90 copay Coverage is limited to \$50,000
Ambulance (Ground) ²	\$0 – \$75 copay per ride	\$0 copay per ride

PRESCRIPTION DRUG COVERAGE	BRIDGES CARE PLAN (HMO C-SNP) 28	BRIDGES CHOICE PLAN (HMO C-SNP) 29
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	\$5 copay	Tiers 2 - 5 ⁵
TIER 3: Preferred Brand	\$45 copay	\$0, \$1.45, \$4.15 or 15% for generic drugs
TIER 4: Non-Preferred	\$90 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	BRIDGES CARE PLAN (HMO C-SNP) 28	BRIDGES CHOICE PLAN (HMO C-SNP) 29
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 aids every 3 years	\$149 per basic aid Limit 2 aids every 3 years
Transportation	\$0 copay for 24 one way trips to plan approved locations ⁶	\$0 copay for 48 one way trips to plan approved locations ⁶
Over-The-Counter (OTC) Items	Up to \$540 each year \$135 credit every 3 months	Up to \$520 each year \$130 credit every 3 months
WELLNESS PROGRAMS ²	PLAN 28	PLAN 29
Gym Membership – SilverSneakers	\$0 copay	\$0 copay
Healthy Foods Allowance	Not covered	Up to \$600 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	\$0

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 your level of Extra Help that you receive.

⁶ 50-mile limit to plan-approved locations.