



Find the plan that's right for you

Discover the Benefits of Brand New Day

Brand New Day Valor Care Plan (HMO) 48

This plan is a good choice for anyone who doesn't need Part D coverage and doesn't qualify for Medi-Cal or a Special Needs Plan (SNP).

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.



Address
P.O. Box 93122
Long Beach, CA 90809-9871

brand new day
HEALTHCARE YOU CAN FEEL GOOD ABOUT



Benefit Highlights
2024

brand new day
HEALTHCARE YOU CAN FEEL GOOD ABOUT

Brand New Day **Valor Care Plan (HMO) 48**
FR, IM, KE, KI, LA, MA, OR, RI, SA, SB, SD, SF,
SJ, SM, SC, TU

 PLAN DETAILS	VALOR CARE PLAN (HMO) 48
Monthly Plan Premium	\$0
Part B Rebate	\$85
Deductible	None
Maximum Out-of-Pocket (MOOP)	\$3,850
 COMPREHENSIVE CARE	PLAN 48
Primary Care Providers	\$0
Specialists ²	\$10
Urgent Care	\$0
Diagnostic Tests & Procedures ²	\$0
Lab Services ²	\$0
MRI, CAT Scans ²	\$0-\$50
X-rays ²	\$0
Physical Therapy ²	\$10
 HOSPITAL & EMERGENCY CARE	PLAN 48
Inpatient Hospital ²	<p>\$1,600 deductible \$0 copay (per day, days 1–60) \$400 copay (per day, days 61–90)</p> <p>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.</p>
Outpatient Hospital ²	0–20%
Emergency Care ³	\$0–\$120
Ambulance (Ground) ²	\$0–\$275

 PRESCRIPTION DRUG COVERAGE	VALOR CARE PLAN (HMO) 48
<p>This plan does not offer Part D coverage. If you are interested in Part D coverage, select another Brand New Day plan.</p>	

 ADDITIONAL BENEFITS & SERVICES	VALOR CARE PLAN (HMO) 48
Routine Eye Exam ²	\$0
Eyewear Allowance ²	\$150 every year
Preventive Dental ⁴ (e.g., oral exam, X-rays, cleanings)	\$0
Hearing Aid ²	\$149 copay; 2 hearing aids per 3 years
Transportation ^{1,2}	\$0 for 12 one-way trips
Chiropractic/Acupuncture ²	\$0 (30 visits per year combined)
 WELLNESS PROGRAMS	PLAN 48
Gym Membership - SilverSneakers ²	\$0
Healthy Foods Allowance ⁵	Not Covered
24/7 Telehealth	\$0
Personal Emergency Response System (PERS) ²	\$0
 BND FLEX CARD	PLAN 48
OTC	Not Covered
Fitness Allowance	Not Covered
Dental Allowance	Not Covered

¹ 50-mile limit to plan-approved locations.

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.