



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.**

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

This plan is a good choice for individuals who receive some level of Medi-Cal coverage or Extra Help.

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
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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 **Classic Care I Plan**
(HMO) 50-1 - KE, LA, OR, RI, SB, SD

Brand New Day **Classic Care II Plan**
(HMO) 51-2 - KE, LA, OR, RI, SB, SD

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 PLAN DETAILS	CLASSIC CARE I PLAN (HMO) 50-1	CLASSIC CARE II PLAN (HMO) 51-2
Monthly Plan Premium	\$0	\$34.30 ⁶
Deductible	None	None
Maximum Out-of-Pocket (MOOP)	\$1,199	\$899
 COMPREHENSIVE CARE	PLAN 50-1	PLAN 51-2
Primary Care Providers	\$0	\$0
Specialists ²	\$0	\$0
Urgent Care	\$0	\$0
Diagnostic Tests & Procedures ²	\$0	\$0
Lab Services ²	\$0	\$0
MRI, CAT Scan ²	\$0	\$0
X-rays ²	\$0	\$0
Physical Therapy ²	\$20	\$0
 HOSPITAL & EMERGENCY CARE	PLAN 50-1	PLAN 51-2
Inpatient Hospital ²	\$0	\$0
Outpatient Hospital ²	\$0-\$100	\$0-\$100 ¹
Emergency Care ³	\$0-\$135	\$0-\$100 ¹
Ambulance (Ground) ²	\$0-\$150	\$0-\$150 ¹

 PRESCRIPTION DRUG COVERAGE	CLASSIC CARE I PLAN (HMO) 50-1	CLASSIC CARE II PLAN (HMO) 51-2
Part D Deductible (TIERS 2-5)	None	\$50 ⁶
Initial Coverage 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
TIER 2: Generic	\$0	\$12 ⁶
TIER 3: Preferred Brand	\$47	\$47 ⁶
TIER 4: Non-Preferred	\$100	\$100 ⁶
TIER 5: Specialty Tier	33%	32% ⁶
TIER 6: Select Care	\$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
TIER 2: Generic	25%	25% ⁶
TIER 3: Preferred Brand	25%	25% ⁶
TIER 4: Non-Preferred	25%	25% ⁶
TIER 5: Specialty Tier	25%	25% ⁶
TIER 6: Select Care	\$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 Limitations may apply. Not all members qualify.
⁶ Depending on the level of Extra Help that you receive.
⁷ 50-mile limit to plan-approved locations.

 ADDITIONAL BENEFITS & SERVICES ²	CLASSIC CARE I PLAN (HMO) 50-1	CLASSIC CARE II PLAN (HMO) 51-2
Routine Eye Exam ²	\$0	\$0
Eyewear Allowance ²	\$300 each year	\$300 each year
Preventive Dental ⁴ (e.g., oral exam, X-rays, cleanings)	\$0	\$0
Hearing Aid ²	\$149 2 hearing aids per 3 years	\$149 2 hearing aids per 3 years
Transportation ^{2,7}	\$0 for 24 one-way trips	\$0 for 24 one-way trips
Chiropractic/Acupuncture ²	\$0 (12 visits per year combined)	\$0 (30 visits per year combined)
 WELLNESS PROGRAMS	PLAN 50-1	PLAN 51-2
Gym Membership - SilverSneakers ²	\$0	\$0
Healthy Foods Allowance ⁵	Not covered	Up to \$35/mo for healthy foods
24/7 Telehealth	\$0	\$0
Personal Emergency Response System (PERS) ²	\$0	\$0
 BND FLEX CARD	PLAN 50-1	PLAN 51-2
OTC	\$40 every month	\$50 every month
Fitness Allowance	N/A	\$20 every month
Dental Allowance	N/A	\$200 every 6 months