



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 receive some level of Medi-Cal coverage or Extra Help.

### 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 or a Special Needs Plan (SNP).

**This plan reduces the cost of prescription drugs while adding additional services and benefits.**

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](http://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 **Classic Care I Plan**  
(HMO) 50-2 - AL, FR, IM, KI, MA, PL, SA,  
SF, SJ, SM, SC, ST, TU, YO

Brand New Day **Classic Care II Plan**  
(HMO) 51-1 - AL, FR, IM, KI, MA, PL, SA,  
SF, SJ, SM, SC, ST, TU, YO

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 PLAN DETAILS	CLASSIC CARE I PLAN (HMO) 50-2	CLASSIC CARE II PLAN (HMO) 51-1
Monthly Plan Premium	\$37.60 <sup>6</sup>	\$0
Deductible	None	None
Maximum Out-of-Pocket (MOOP)	\$2,100	\$2,499
COMPREHENSIVE CARE	PLAN 50-2	PLAN 51-1
Primary Care Providers	\$0	\$0
Specialists <sup>2</sup>	\$0	\$15
Urgent Care	\$0	\$0
Diagnostic Tests & Procedures <sup>2</sup>	\$0	\$0
Lab Services <sup>2</sup>	\$0	\$0
MRI, CAT Scans <sup>2</sup>	\$0	\$0-\$50
X-rays <sup>2</sup>	\$0	\$0
Physical Therapy <sup>2</sup>	\$0	\$10
HOSPITAL & EMERGENCY CARE	PLAN 50-2 <sup>1</sup>	PLAN 51-1
Inpatient Hospital <sup>2</sup>	\$50 (per day, days 1-6) \$0 (per day, days 7-90)	\$150 (per day, days 1-6) \$0 (per day, days 7-90)
Outpatient Hospital <sup>2</sup>	\$0-\$150	\$0-\$150
Emergency Care <sup>3</sup>	\$0-\$100	\$0-\$135
Ambulance (Ground) <sup>2</sup>	\$0-\$200	\$0-\$250

 PRESCRIPTION DRUG COVERAGE	CLASSIC CARE I PLAN (HMO) 50-2	CLASSIC CARE II PLAN (HMO) 51-1	
Part D Deductible (TIERS 2-5)	\$0 <sup>6</sup>	\$50	
<b>Initial Coverage</b> You pay the following until your total yearly drug costs for covered drugs reach \$5,030. Total yearly drug costs are the total drug costs paid by both you and our plan. Once you reach this amount, you will enter the Coverage Gap. <b>Brand New Day Contracted Retail Pharmacy</b> (1-month/30-day Supply)			
	Your Copay or Coinsurance	Your Copay with Extra Help	Your Copay or Coinsurance
TIER 1: Preferred Generic	\$0	\$0	\$0
TIER 2: Generic	\$0	\$0, \$1.55 or \$4.50	\$12
TIER 3: Preferred Brand	\$47	for generic drugs <sup>6</sup>	\$47
TIER 4: Non-Preferred	\$100	\$0, \$4.60 or \$11.20	\$100
TIER 5: Specialty Tier	33%	for brand drugs <sup>6</sup>	32%
TIER 6: Select Care	\$0	\$0	\$0
<b>Coverage Gap</b> You stay in this stage until your year-to-date "out-of-pocket costs" reach a total of \$8,000.			
TIER 1: Preferred Generic	\$0	\$0	\$0
TIER 2: Generic	25%	\$0, \$1.55 or \$4.50	25%
TIER 3: Preferred Brand	25%	for generic drugs <sup>6</sup>	25%
TIER 4: Non-Preferred	25%	\$0, \$4.60 or \$11.20	25%
TIER 5: Specialty Tier	25%	for brand drugs <sup>6</sup>	25%
TIER 6: Select Care	\$0	\$0	\$0
<b>Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$8,000, you pay \$0 for plan-covered Part D and Excluded drugs.			

<sup>1</sup> Your costs may be more if your Medi-Cal does not cover cost-sharing for Medicare covered services.  
<sup>2</sup> Services may require authorization and/or a referral.  
<sup>3</sup> Copayment waived if admitted to the hospital or readmitted to the ER within 72 hours.  
<sup>4</sup> Limitations may apply. See your EOC for details.

 ADDITIONAL BENEFITS & SERVICES	CLASSIC CARE I PLAN (HMO) 50-2	CLASSIC CARE II PLAN (HMO) 51-1
Routine Eye Exam <sup>2</sup>	\$0	\$0
Eyewear Allowance <sup>2</sup>	\$300 every year	\$300 every year
Preventive Dental <sup>4</sup> (e.g., oral exam, X-rays, cleanings)	\$0	\$0
Hearing Aid <sup>2</sup>	\$149 copay; 2 hearing aids per 3 years	\$699-\$999 copay; 2 hearing aids per 1 year
Transportation <sup>2,7</sup>	\$0 for 24 one-way trips	\$0 for 12 one-way trips
Chiropractic/Acupuncture <sup>2</sup>	\$0 (30 visits per year combined)	\$0 (12 visits per year combined)
WELLNESS PROGRAMS	PLAN 50-2	PLAN 51-1
Gym Membership - SilverSneakers <sup>2</sup>	\$0	\$0
Healthy Foods Allowance <sup>5</sup>	Up to \$25/mo for healthy foods	Not Covered
24/7 Telehealth	\$0	\$0
Personal Emergency Response System (PERS) <sup>2</sup>	\$0	\$0
BND FLEX CARD	PLAN 50-2	PLAN 51-1
OTC	\$50 every month	\$45 every 3 months
Fitness Allowance	\$20 every month	N/A
Dental Allowance	\$100 every 6 months	N/A

<sup>5</sup> Limitations may apply. Not all members qualify.  
<sup>6</sup> Depending on the level of Extra Help that you receive.  
<sup>7</sup> 50-mile limit to plan-approved locations.