



Find the plan
that’s right
for you

Discover the Benefits of Brand New Day

Brand New Day Embrace Care Plan (HMO C-SNP) 39-2

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) 40-2

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

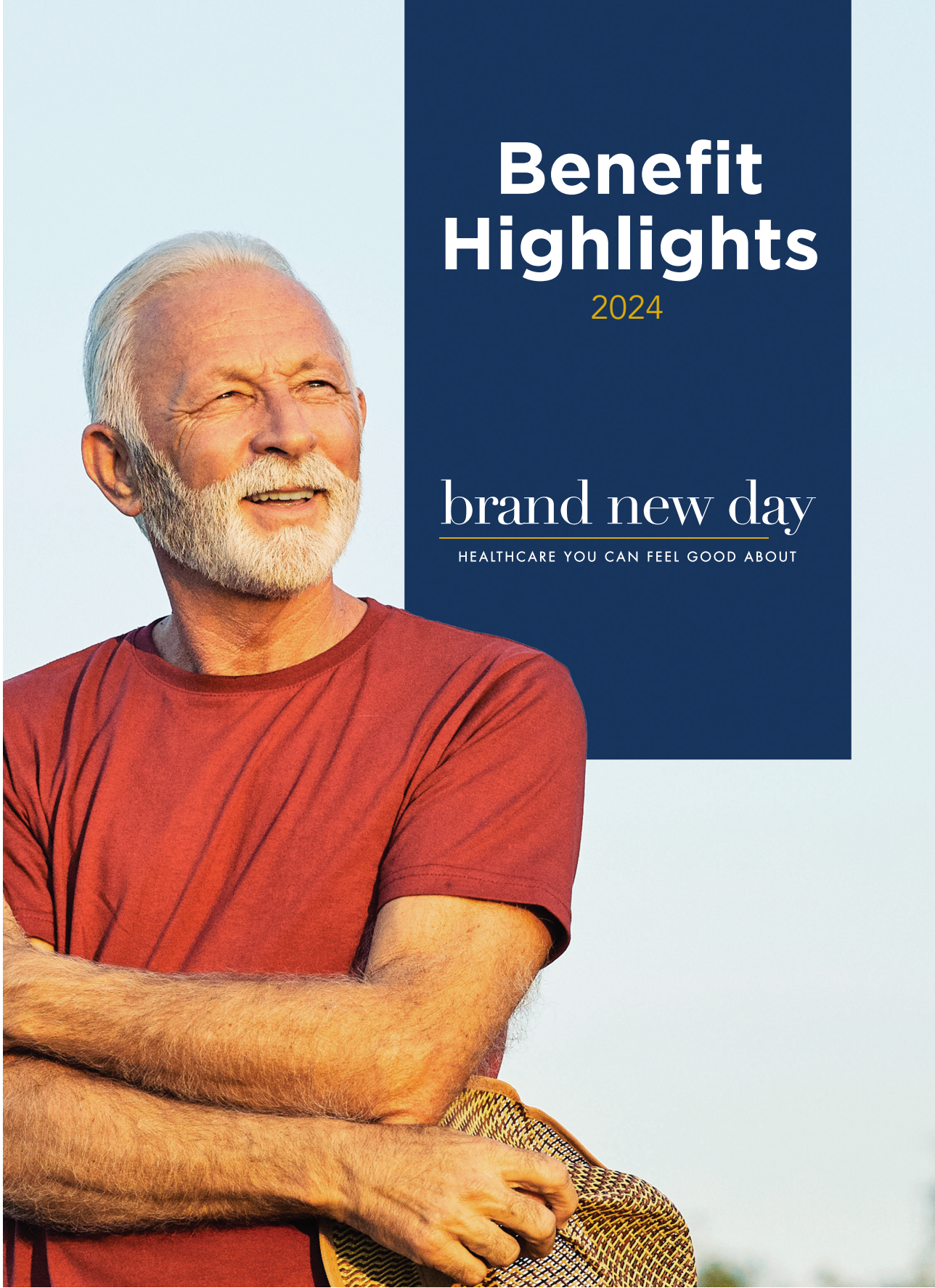


Hours of Operation
8 a.m.–8 p.m., 7 days a week



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 **Embrace Care Plan**
(HMO C-SNP) 39-2 - AL, FR, IM, KE, KI, MA,
PL, SA, SF, SJ, SM, SC, ST, TU, YO

Brand New Day **Embrace Choice Plan**
(HMO C-SNP) 40-2 - AL, CC, FR, IM, KE, KI,
MA, PL, SA, SF, SJ, SM, SC, SO, ST, TU, YO

 PLAN DETAILS	EMBRACE CARE PLAN (HMO C-SNP) 39-2	EMBRACE CHOICE PLAN (HMO C-SNP) 40-2
Monthly Plan Premium	\$0	\$41 ⁹
Part B Rebate	\$0	\$0
Deductible	None	None
Maximum Out-of-Pocket (MOOP)	\$3,000	\$8,550
 COMPREHENSIVE CARE	PLAN 39-2	PLAN 40-2 ¹
Primary Care Providers	\$0	\$0
Specialists ²	\$0–\$10	40% ¹
Urgent Care	\$0	\$0
Diagnostic Tests & Procedures ²	\$0	20% ¹
Lab Services ²	\$0	\$0
MRI, CAT Scans ²	\$0–\$50	\$0
X-rays ²	\$0	20% ¹
Physical Therapy ²	\$10	\$0
 HOSPITAL & EMERGENCY CARE	PLAN 39-2	PLAN 40-2
Inpatient Hospital ²	\$0 (per day, days 1–1) \$225 (per day, days 2–9) \$0 (per day, days 10–90)	\$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–\$150	20% ¹
Emergency Care ³	\$0–\$125	\$100 ¹
Ambulance (Ground) ²	\$0–\$150	20% ¹

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

 PRESCRIPTION DRUG COVERAGE	EMBRACE CARE PLAN (HMO C-SNP) 39-2	EMBRACE CHOICE PLAN (HMO C-SNP) 40-2
Part D Deductible (TIERS 2–5)	None	\$0 ⁶
Part D Insulins Tier 3 – Preferred Brand	\$0	\$0 ⁶
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
TIER 2: Generic	\$9	\$0 ⁶
TIER 3: Preferred Brand	\$47	\$0 ⁶
TIER 4: Non-Preferred	\$90	\$0 ⁶
TIER 5: Specialty Tier	33%	\$0 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%	\$0 ⁶
TIER 3: Preferred Brand	25%	\$0 ⁶
TIER 4: Non-Preferred	25%	\$0 ⁶
TIER 5: Specialty Tier	25%	\$0 ⁶
TIER 6: Select Care	\$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.

 ADDITIONAL BENEFITS & SERVICES	EMBRACE CARE PLAN (HMO C-SNP) 39-2	EMBRACE CHOICE PLAN (HMO C-SNP) 40-2
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–\$17
Hearing Aid ²	\$699–\$999 copay 2 hearing aids per 1 year	\$149 copay 2 hearing aids per 3 years
Transportation ^{2,7}	\$0 for 12 one-way trips	\$0 for 12 one-way trips
Acupuncture/Chiropractic ²	\$0 (12 visits per year combined)	\$0 (12 visits per year combined)
 WELLNESS PROGRAMS	PLAN 39-2	PLAN 40-2
Gym Membership – SilverSneakers ²	\$0	\$0
Healthy Foods Allowance ⁵	Not covered	Up to \$30/mo for healthy foods
24/7 Telehealth	\$0	\$0
Personal Emergency Response System (PERS) ²	\$0	\$0
 BND FLEX CARD	PLAN 39-2	PLAN 40-2
OTC	\$45 every 3 months	\$50 every month
Fitness Allowance	N/A	N/A
Dental Allowance	N/A	N/A

⁶ 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).
⁷ 50-mile limit to plan-approved locations.
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 Could be less depending on the Extra Help you receive.