



Find the plan
that's right
for you

Discover the Benefits of Brand New Day

Brand New Day Dual Access Plan
(HMO C-SNP) 24
This plan is a good choice for individuals who are eligible for Medi-Cal.

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 **Dual Access Plan**
(HMO D-SNP) 24 - AL, CC, FR, IM, KE, KI, LA,
MA, OC, PL, RS, SA, SB, SF, SJ, SO, ST, TU, YO


 PLAN DETAILS	DUAL ACCESS PLAN (HMO D-SNP) 24
Monthly Plan Premium	\$0 ⁶
Deductible	None
Maximum Out-of-Pocket (MOOP)	\$8,850
 COMPREHENSIVE CARE	PLAN 24 ¹
Primary Care Providers	\$0
Specialists ²	\$0
Urgent Care	\$0
Diagnostic Tests & Procedures ²	\$0
Lab Services ²	\$0
MRI, CAT Scans ²	\$0
X-rays ²	\$0
Physical Therapy ²	\$0
 HOSPITAL & EMERGENCY CARE	PLAN 24 ¹
Inpatient Hospital ²	\$0
Outpatient Hospital ²	\$0
Emergency Care ³	\$0
Ambulance (Ground) ²	\$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.

 PRESCRIPTION DRUG COVERAGE	DUAL ACCESS PLAN (HMO D-SNP) 24
Part D Deductible (TIERS 2-5)	\$0 ⁶
<div>Initial Coverage Stage</div> <div>You are in the Initial Coverage stage until you reach \$5,030 in drug costs (year to date)</div> <div>Brand New Day Contracted Retail Pharmacy</div> <div>(1-month/30-day Supply)</div>	
TIER 1: Preferred Generic	\$0
TIER 2: Generic	<div>\$0, \$1.55 or \$4.50 for generic drugs⁶</div> <div>\$0, \$4.60 or \$11.20 for brand drugs⁶</div>
TIER 3: Preferred Brand	
TIER 4: Non-Preferred	
TIER 5: Specialty Tier	
TIER 6: Select Care	\$0
<div>Coverage Gap</div> <div>You stay in this stage until your year-to-date “out-of-pocket costs” (your payments) reach a total of \$8,000.</div>	
TIER 1: Preferred Generic	\$0
TIER 2: Generic	<div>\$0, \$1.55 or \$4.50 for generic drugs⁶</div> <div>\$0, \$4.60 or \$11.20 for brand drugs⁶</div>
TIER 3: Preferred Brand	
TIER 4: Non-Preferred	
TIER 5: Specialty Tier	
TIER 6: Select Care	\$0

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	DUAL ACCESS PLAN (HMO D-SNP) 24
Routine Eye Exam ²	\$0
Eyewear Allowance ²	\$300 each year
Preventive Dental ⁴ (e.g., oral exam, X-rays, cleanings)	\$0-\$17
Hearing Aid ²	\$149 copay 2 hearing aids per 3 years
Transportation ^{2,7}	\$0 for 12 one-way trips
Chiropractic/Acupuncture ²	\$0 (30 visits per year combined)
 WELLNESS PROGRAMS	PLAN 24
Gym Membership – SilverSneakers ²	\$0
Healthy Foods Allowance ⁵	Up to \$50/mo for healthy foods
24/7 Telehealth	\$0
Personal Emergency Response System (PERS) ²	\$0
 BND FLEX CARD	PLAN 24
OTC	\$33 every month
Fitness Allowance	N/A
Dental Allowance	N/A