

**Find the plan
that's right
for you.**

Discover the benefits of Brand New Day.

Brand New Day Embrace Care Plan (HMO C-SNP) 39-1

This plan is a good choice for anyone with a diagnosis of Cardiovascular Disease, Congestive Heart Failure, or Diabetes that doesn't qualify for Medi-Cal or receive institutional-level type of care (long-term care). This plan reduces the cost of prescription drugs while adding additional services and benefits.

- For: Kern, Los Angeles, Orange, Riverside, San Bernardino, and San Diego Counties

Brand New Day Embrace Choice Plan (HMO C-SNP) 40-1

This plan is a good choice for individuals with a diagnosis of Cardiovascular Disease, Congestive Heart Failure, or Diabetes who qualify for Medi-Cal and do not receive institutional-level type of care (long-term care).

- For: Kern, Los Angeles, Orange, Riverside, San Bernardino, and San Diego Counties

Brand New Day Part B Savings Plan (HMO) 49

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 including a generous Part B rebate.

- For: Los Angeles, Orange, Riverside, San Bernardino, and San Diego Counties

Brand New Day Valor Care Plan (HMO) 48

This plan is a good choice for veterans who qualify for coverage through the VA system. This plan offers rich medical benefits and a generous Part B rebate.

- For: Fresno, Imperial, Kern, Kings, Los Angeles, Madera, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara, and Tulare counties.

Benefits vary by plan and county. Brand New Day is an HMO SNP with a Medicare Contract. Enrollment in Brand New Day depends on contract renewal. Member Service Representatives are available Monday – Friday 8am – 8pm and 7 days a week 8am – 8pm from October 1 – March 31.

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A Bright HealthCare Company

CONTACT US



Call Toll-Free

1-866-255-4795, TTY 711



Visit our Website

bndhmo.com



Hours of Operation

Year Round: Monday - Friday 8 am - 8 pm

October 1 - March 31: Monday - Sunday 8 am - 8 pm



Address

P.O. Box 93122

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2023 Benefit Highlights

**Brand New Day
Embrace Care Plan**
(HMO C-SNP) 39-1

**Brand New Day
Embrace Choice Plan**
(HMO C-SNP) 40-1

**Brand New Day
Part B Savings Plan**
(HMO) 49

**Brand New Day
Valor Care Plan**
(HMO) 48

PLAN DETAILS	PART B SAVINGS PLAN (HMO) 49	EMBRACE CARE PLAN (HMO C-SNP) 39-1	EMBRACE CHOICE PLAN (HMO C-SNP) 40-1	VALOR CARE PLAN (HMO) 48
Monthly Plan Premium	\$0	\$0	\$0 ⁵	\$0
Part B Rebate	\$150 per month	Not covered	Not covered	\$125 per month
Deductible	No deductible	No deductible	No deductible	No deductible
Maximum Out-of-Pocket Responsibility	No more than \$2,900 annually	No more than \$1,450 annually	No more than \$7,550 annually	No more than \$3,000 annually
COMPREHENSIVE CARE	PLAN 49	PLAN 39-1	PLAN 40-1 ¹	PLAN 48
Primary Care Providers	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Specialists ²	\$10 copay	\$0 copay	\$0 copay	\$0 copay
Urgent Care	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Diagnostic Tests & Procedures ²	\$0 – \$25 copay	\$0 copay	\$0 copay	\$0 copay
Lab Services ²	\$0 copay	\$0 copay	\$0 copay	\$0 copay
MRI, CAT Scan ²	\$0 – \$75 copay	\$0 - \$25 copay	\$0 copay	\$0 copay
X-rays ²	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Physical Therapy ²	\$35 copay	\$10 copay	\$0 copay	\$10 copay
HOSPITAL & EMERGENCY CARE	PLAN 49	PLAN 39-1	PLAN 40-1 ¹	PLAN 48
Inpatient Hospital ²	\$125 copay per day for days 1-5 \$0 copay per day for days 6-90	\$0 per stay	\$0 per stay	\$1,556 Deductible \$0 copay per day for days 1-60 \$389 copay per day for days 61-90 These are 2022 cost-sharing amounts and may change for 2023
Outpatient Hospital ²	\$0 – \$100 copay	\$0 – \$100 copay	\$0 copay	0 – 20% copay
Emergency Care ³	\$0 – \$125 copay	\$0 – \$125 copay	\$0 copay	\$0 – \$90 copay
Worldwide Emergency Care • Urgent Care • Emergency Room • Emergency Transportation	\$125 copay Coverage is limited to \$50,000	\$125 copay Coverage is limited to \$50,000	\$90 copay Coverage is limited to \$50,000	\$90 copay Coverage is limited to \$50,000
Ambulance (Ground) ²	\$0 – \$100 copay per ride	\$0 – \$100 copay per ride	\$0 copay per ride	\$0 – \$75 copay per ride

PRESCRIPTION DRUG COVERAGE	PART B SAVINGS PLAN (HMO) 49	EMBRACE CARE PLAN (HMO C-SNP) 39-1	EMBRACE CHOICE PLAN (HMO C-SNP) 40-1	VALOR CARE PLAN (HMO) 48
Outpatient Prescription Drugs Coverage Deductible TIERS 2 – 5	No deductible	No deductible	No deductible ⁵	
		Retail Rx 30-day supply		
Part D Senior Savings Select insulins covered in the Initial Coverage and Coverage Gap stages				
TIER 3: Preferred Brand	Not covered	\$0 copay	Not covered	
Initial Coverage You are in the Initial Coverage stage until you reach \$4,660 in drug costs (year to date).				
TIER 1: Preferred Generic	\$0 copay	\$0 copay	\$0 copay	
TIER 2: Generic	\$12 copay	\$9 copay	\$0 copay ⁶	
TIER 3: Preferred Brand	\$47 copay	\$47 copay	\$0 copay ⁶	
TIER 4: Non-Preferred	\$100 copay	\$90 copay	\$0 copay ⁶	
TIER 5: Specialty Tier	33% of the cost	33% of the cost	\$0 copay ⁶	
TIER 6: Select Care	\$0 copay	\$0 copay	\$0 copay	
Coverage Gap You stay in this stage until your year-to-date "out-of-pocket costs" (your payments) reach a total of \$7,400.				
TIER 1: Preferred Generic	\$0 copay	\$0 copay	\$0 copay	
TIER 2: Generic	25% of the cost	25% of the cost	\$0 copay ⁶	
TIER 3: Preferred Brand	25% of the cost	25% of the cost	\$0 copay ⁶	
TIER 4: Non-Preferred	25% of the cost	25% of the cost	\$0 copay ⁶	
TIER 5: Specialty Tier	25% of the cost	25% of the cost	\$0 copay ⁶	
TIER 6: Select Care	\$0 copay	\$0 copay	\$0 copay	

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 Depending on your level of Extra Help that you receive.

⁶ For Full Benefit Dual Eligible (FBDE) members.

⁷ 50-mile limit to plan-approved locations.

ADDITIONAL BENEFITS & SERVICES ²	PART B SAVINGS PLAN (HMO) 49	EMBRACE CARE PLAN (HMO C-SNP) 39-1	EMBRACE CHOICE PLAN (HMO C-SNP) 40-1	VALOR CARE PLAN (HMO) 48
Routine Eye Exam	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Eyewear Allowance	Up to \$150 each year	Up to \$300 each year	Up to \$300 each year	Up to \$150 each year
Preventative and Comprehensive Dental ⁴ (e.g. oral exam, x-rays, cleanings)	Covered See EOC for details	Covered See EOC for details	Covered See EOC for details	Covered See EOC for details
Hearing Aid	\$699 per basic aid \$999 for a prime aid Limit 2 aids every year	\$149 per basic aid Limit 2 aids every 3 years	\$149 per basic aid Limit 2 aids every 3 years	\$149 per basic aid Limit 2 aids every 3 years
Transportation	Not covered	\$0 copay for 24 one way trips to approved locations ⁷	\$0 copay for 48 one way trips to approved locations ⁷	\$0 copay for 24 one way trips to approved locations ⁷
Over-The-Counter (OTC) Items	Up to \$300 \$75 credit every 3 months	Up to \$460 each year \$115 credit every 3 months	Up to \$1,020 each year \$255 credit every 3 months	Up to \$500 each year \$250 credit every 6 months
Routine Acupuncture and Chiropractic Care	\$0 copay Up to 12 visits every year for routine acupuncture and chiropractic care combined	\$0 copay Up to 12 visits every year for routine acupuncture and chiropractic care combined	\$0 copay Up to 30 visits every year for routine acupuncture and chiropractic care combined	\$0 copay Up to 30 visits every year for routine acupuncture and chiropractic care combined
WELLNESS PROGRAMS ²	PLAN 49	PLAN 39-1	PLAN 40-1	PLAN 48
Gym Membership – SilverSneakers	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Healthy Foods Allowance	Not covered	Not covered	Up to \$600 each year or members with qualifying conditions	Not covered
24/7 Nurse Advice Line	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Telehealth	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Personal Emergency Response System (PERS)	\$0 copay	\$0 copay	\$0 copay	\$0 copay