

brand new day

HEALTHCARE YOU CAN FEEL GOOD ABOUT

2024

Summary of Benefits

Brand New Day Dual Access Plan (HMO D-SNP) (24)

Alameda
Contra Costa
Fresno
Imperial
Kern
Kings
Los Angeles

Madera
Orange
Placer
Riverside
Sacramento
San Bernardino

San Francisco
San Joaquin
Solano
Stanislaus
Tulare
Yolo

2024 Summary of Benefits

Brand New Day Dual Access Plan (HMO D-SNP) H0838-024

January 1, 2024 - December 31, 2024.

Brand New Day is an HMO SNP with a Medicare contract. Enrollment in Brand New Day depends on contract renewal. The plan also has a written agreement with the CA Medicaid program to coordinate your Medicaid benefits.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please access the "Evidence of Coverage" at www.bndhmo.com.

This plan is a **Dual Eligible Special Needs Plan (D-SNP)** for people who are eligible for both Medicare and Medicaid. As a dual eligible beneficiary, your services are paid first by Medicare and then by Medicaid. How much Medicaid covers depends on the type of Medicaid eligibility you have. To join **Brand New Day Dual Access Plan (HMO D-SNP)**, you must be in one of the following Medicaid eligibility categories:

- **Qualified Medicare Beneficiary (QMB):** Medicaid covers your Medicare Part A and B premiums, deductibles, coinsurance and copayment amounts. You are not otherwise eligible for any Medicaid benefits.
- **Qualified Medicare Beneficiary Plus (QMB+):** Medicaid covers your Medicare Part A and B premiums, deductibles, coinsurance and copayment amounts. You are also eligible for full Medicaid benefits, secondary to your Medicare coverage.
- **Full Benefit Dual Eligible — Medicaid Only:** You are eligible for full Medicaid benefits. Medicaid may provide some assistance with Medicare cost-sharing. Generally, your cost share is \$0 when the service is covered by both Medicare and Medicaid. There may be instances where you have to pay Medicare cost-sharing when the service or benefit is not covered by Medicaid.

If your category of Medicaid eligibility changes, your cost-share may also increase or decrease. You must remain eligible for and enrolled in Medicaid to stay enrolled in this plan. You also must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area. Our service area includes the following counties in California: Alameda, Contra Costa, Fresno, Imperial, Kern, Kings, Los Angeles, Madera, Orange, Placer, Riverside, Sacramento, San Bernardino, San Francisco, San Joaquin, Solano, Stanislaus, Tulare and Yolo.

Except in emergency or urgent situations, if you use providers that are not in our network, we may not pay for these services.

For coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at Medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227) available 24 hours, 7 days a week including some federal holidays. TTY/TDD users should call 1-877-486-2048.

This document is available in other formats such as Braille, large print or audio.

Have questions? Please call Brand New Day Member Services Department at (866) 255-4795, TTY 711 8:00 A.M. to 8:00 P.M. (PT), 7 days a week or visit our website at www.bndhmo.com.

Premium & Benefits	Brand New Day Dual Access Plan (HMO D-SNP) (24)	Your Cost w/ Medicare+full Medi-Cal
Monthly Plan Premium You must keep paying your Medicare Part B premium.	\$41 Your premium may be less if you are receiving Extra Help.	\$0
Deductible	No deductible	No deductible
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	No more than \$8,850 annually	\$0
Inpatient Hospital*	\$1,600 deductible \$0 copay per day for days 1–60 \$400 copay per day for days 61–90 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.	\$0 copay
Outpatient Hospital*‡	20% coinsurance	\$0 copay
Ambulatory Surgery Center*	20% coinsurance	\$0 copay
Doctor Visits <ul style="list-style-type: none"> • Primary care providers • Specialists* 	40% coinsurance 40% coinsurance	\$0 copay \$0 copay

* Services may require authorization.

‡ Please reference Evidence of Coverage (EOC) for details on specific services.

Premium & Benefits	Brand New Day Dual Access Plan (HMO D-SNP) (24)	Your Cost w/ Medicare+full Medi-Cal
<p>Preventive Care</p> <p>Other preventive services are available.</p> <ul style="list-style-type: none"> • Flu vaccine, diabetic screenings, etc.* • Routine Annual Physical 	<p>\$0 copay</p> <p>\$0 copay</p>	<p>\$0 copay</p> <p>Refer to Medi-Cal handbook for details about your Medi-Cal benefits.</p>
<p>Emergency Care</p> <p>Copayment waived if admitted to the hospital or readmitted to the ER within 72 hours</p>	<p>\$100 copay</p>	<p>\$0 copay</p>
<p>Urgent Care</p>	<p>\$0 copay</p>	<p>\$0 copay</p>
<p>Diagnostic Services/Labs/Imaging*</p> <ul style="list-style-type: none"> • Diagnostic tests and procedures • Lab services • MRI, CAT scan • X-rays 	<p>20% coinsurance</p> <p>\$0 copay</p> <p>20% coinsurance</p> <p>20% coinsurance</p>	<p>\$0 copay</p> <p>\$0 copay</p> <p>\$0 copay</p> <p>\$0 copay</p>
<p>Hearing Services</p> <ul style="list-style-type: none"> • Medicare-covered hearing exam • Routine hearing exam One per year • Hearing aid fittings and evaluations One per year • Hearing aid* 	<p>\$0 copay</p> <p>\$0 copay</p> <p>\$0 copay</p> <p>\$149 per hearing aid for the basic model You receive 2 hearing aids every 3 years</p>	<p>\$0 copay</p> <p>Refer to Medi-Cal handbook for details about your Medi-Cal benefits.</p>

* Services may require authorization.

Premium & Benefits	Brand New Day Dual Access Plan (HMO D-SNP) (24)	Your Cost w/ Medicare+full Medi-Cal
<p>Dental Services†</p> <ul style="list-style-type: none"> • Medicare-covered dental services* • Preventive dental (e.g., oral exam, x-rays, cleanings) <p>Comprehensive Dental*</p> <ul style="list-style-type: none"> • Diagnostic services • Restorative services • Endodontics • Periodontics • Extractions • Prosthodontics, other oral/ maxillofacial surgery, other services • Non-routine services 	<p>\$0 copay</p> <p>\$0 - \$17 copay</p> <p>\$2 - \$3 copay</p> <p>\$0 copay</p> <p>\$0 copay</p> <p>\$0 - \$350 copay</p> <p>\$0 - \$350 copay</p> <p>\$20 copay</p>	<p>\$0 copay</p> <p>Refer to Medi-Cal handbook for details about your Medi-Cal benefits.</p> <p>Refer to Medi-Cal handbook for details about your Medi-Cal benefits.</p>
<p>Vision Services*†</p> <ul style="list-style-type: none"> • Medicare-covered eye exams • Medicare-covered eyewear • Routine eye exam • Retinal imaging • Eyewear allowance 	<p>\$0 copay</p> <p>\$0 copay</p> <p>\$0 copay</p> <p>One exam per year \$0 copay</p> <p>One exam per year Up to \$300 per year</p>	<p>\$0 copay</p> <p>\$0 copay</p> <p>Refer to Medi-Cal handbook for details about your Medi-Cal benefits.</p>
<p>Mental Health Services*</p> <ul style="list-style-type: none"> • Outpatient individual therapy • Outpatient group therapy 	<p>\$45 copay</p> <p>\$45 copay</p>	<p>\$0 copay</p> <p>\$0 copay</p>

† Limitations may apply. See your EOC for details.

* Services may require authorization.

Premium & Benefits	Brand New Day Dual Access Plan (HMO D-SNP) (24)	Your Cost w/ Medicare+full Medi-Cal
Skilled Nursing Facility (SNF)*	<p>\$0 copay per day for days 1–20</p> <p>Up to \$200 copay per day for days 21–100</p> <p>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.</p>	\$0 copay
Physical Therapy*	\$50 copay	\$0 copay
Ambulance (Ground)*	20% coinsurance per ride	\$0 copay
Ambulance (Air)*	20% coinsurance	\$0 copay
Transportation*	\$0 for 12 one-way trips to plan approved locations (up to 50 mile limit)	Refer to Medi-Cal handbook for details about your Medi-Cal benefits.
Medicare Part B Drugs* <ul style="list-style-type: none"> • Chemotherapy drugs • Other Part B drugs • Part B insulin drugs 	<p>20% coinsurance unless capped by Inflation Reduction Act (IRA) rules</p> <p>20% coinsurance unless capped by Inflation Reduction Act (IRA) rules</p> <p>\$35 copay</p>	<p>\$0 copay</p> <p>\$0 copay</p> <p>\$0 copay</p>

* Services may require authorization.

Outpatient Prescription Drugs

Brand New Day Dual Access Plan (HMO D-SNP) (24)

**Part D Deductible
(Tiers 2 to 5)**

\$0¹
¹ Depending on the level of Extra Help that you receive

Retail Rx 30-day supply

Mail Order 100-day supply

**Part D Insulins
Tier 3 – Preferred Brand**

\$35 copay

\$70 copay

Initial Coverage

You are in the Initial Coverage stage until you reach \$5,030 in drug costs (year to date)

Tier 1 – Preferred Generic

\$0 copay

\$0 copay

Tier 2 – Generic

Tier 3 – Preferred Brand

\$0, \$1.55 or \$4.50 for generic drugs¹

Tier 4 – Non-Preferred Brand

\$0, \$4.60 or \$11.20 for brand drugs¹

Tier 5 – Specialty Tier

Tier 6 – Select Care

\$0 copay

\$0 copay

¹ Depending on the level of Extra Help that you receive

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 copay

\$0 copay

Tier 2 – Generic

\$0, \$1.55 or \$4.50 for generic drugs¹

Tier 3 - Preferred Brand

\$0, \$4.60 or \$11.20 for brand drugs¹

Tier 4 - Non-preferred Drug

Tier 5 - Specialty

Tier 6 – Select Care

\$0 copay

\$0 copay

¹ Depending on the level of Extra Help that you receive

Outpatient Prescription Drugs

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Catastrophic Coverage

You are in this stage after your year-to-date "out-of-pocket costs" (your payments) reach a total of \$8,000

During this stage, the plan will pay for the full cost of your covered Part D drugs.

Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year (through December 31, 2024).

Cost-Sharing may change depending on the pharmacy you choose and when you enter a new phase of the Part D benefit.

Extra Benefits	Brand New Day Dual Access Plan (HMO D-SNP) (24)
24/7 Telehealth	\$0 copay
Acupuncture* <ul style="list-style-type: none"> • Medicare-covered acupuncture • Routine acupuncture 	\$0 copay \$0 copay Up to 30 visits every year combined with Routine Chiropractic services.
Chiropractic Services* <ul style="list-style-type: none"> • Medicare-covered chiropractic care • Routine chiropractic care 	\$0 copay \$0 copay Up to 30 visits every year combined with Routine Acupuncture services.
Durable Medical Equipment (DME)*	20% coinsurance
Flex Card You will have one card to use at retail locations for all of your individual benefits listed below: <ul style="list-style-type: none"> • Over-The-Counter (OTC) Items 	Up to \$33 every month
Gym Membership*	\$0 copay
Healthy Foods Allowance‡ These are Special Supplemental Benefits for Chronic Illnesses. Certain qualifying conditions are required for members to access these benefits.	Up to \$50 each month for healthy foods for members with a qualifying chronic condition
Meals (Made Easy Meals)*‡	Receive 14 meals each month, for 12 months (168 total meals). Meal delivery is included 1 time per month.

* Services may require authorization.

‡ Please reference Evidence of Coverage (EOC) for details on specific services.

Extra Benefits	Brand New Day Dual Access Plan (HMO D-SNP) (24)
Personal Emergency Response System (PERS)*	\$0 copay
Scales These are Special Supplemental Benefits for Chronic Illnesses. Certain qualifying conditions are required for members to access these benefits.	\$0 copay
Worldwide Emergency Care <ul style="list-style-type: none"> • Urgent Care • Emergency Room • Emergency Transportation 	\$100 copay Coverage up to \$50,000

* Services may require authorization.

Summary of Medi-Cal covered benefits

Services available through Brand New Day California

In addition to the Medicare services described in the Summary of Benefits, you may be eligible for the following Medi-Cal benefits based on the level of your Medi-Cal coverage. For eligibility rules, a complete list of services, and additional information about Medi-Cal benefits, please visit: www.bndhmo.com.

Inpatient Hospital Care	Diagnostic Tests, Lab and Radiology Services, and X-Rays
Inpatient Mental Health Care	Outpatient Hospital Services
Skilled Nursing Facility (SNF)	Outpatient Substance Abuse Services
Emergency Care	Renal Dialysis
Urgently Needed Services	Ambulance Services
Home Health Care	Routine Transportation
Hospice	Diabetes Supplies and Services
Doctor Office Visits	Durable Medical Equipment (DME)
Preventive Care	Prosthetic Devices
Foot Care	Immunizations
Telemedicine	Dental Services
Speech Therapy	Vision Services
Physical Therapy/Occupational Therapy	Hearing Services
Mental Health Care	Prescription Drug Benefits

The categories above are subject to the coverage and limitation policies listed in your Medi-Cal contract.

Have Questions? What you pay for covered services may depend on your level of Medi-Cal eligibility. If you have questions about your Medi-Cal eligibility and what benefits you are entitled to, please call: 1-800-221-3943