

brand new day

HEALTHCARE YOU CAN FEEL GOOD ABOUT

2024

# Summary of Benefits

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

Fresno  
Imperial  
Kern  
Kings  
Los Angeles  
Madera

Orange  
Riverside  
Sacramento  
San Bernardino  
San Diego

San Francisco  
San Joaquin  
San Mateo  
Santa Clara  
Tulare

# 2024 Summary of Benefits

**Brand New Day Valor Care Plan (HMO) H0838-048**

January 1, 2024 - December 31, 2024.

Brand New Day is an HMO with a Medicare contract. Enrollment in Brand New Day depends on contract renewal.

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](http://www.bndhmo.com).

To join **Brand New Day Valor Care Plan (HMO)** you 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: Fresno, Imperial, Kern, Kings, Los Angeles, Madera, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara and Tulare.

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](http://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](http://www.bndhmo.com).

Premium & Benefits	Brand New Day Valor Care Plan (HMO) (48)
<b>Monthly Plan Premium</b> You must keep paying your Medicare Part B premium.	\$0
<b>Part B Rebate</b>	\$85 per month
<b>Deductible</b>	No deductible
<b>Maximum Out-of-Pocket Responsibility</b> (does not include prescription drugs)	No more than \$3,850 annually
<b>Inpatient Hospital*</b>	<b>\$1,600 deductible</b> <b>\$0 copay</b> per day for days 1–60 <b>\$400 copay</b> per day for days 61–90 <b>These are 2023 cost-sharing amounts and may change for 2024. We will provide updated rates at <a href="http://www.bndhmo.com">www.bndhmo.com</a> as soon as they are released.</b>
<b>Outpatient Hospital*‡</b>	\$0 - 20% coinsurance
<b>Ambulatory Surgery Center*</b>	\$0 - \$100 copay
<b>Doctor Visits</b> <ul style="list-style-type: none"> <li>• Primary care providers</li> <li>• Specialists*</li> </ul>	<b>\$0 copay</b> <b>\$10 copay</b>
<b>Preventive Care</b> Other preventive services are available. <ul style="list-style-type: none"> <li>• Flu vaccine, diabetic screenings, etc.*</li> <li>• Routine Annual Physical</li> </ul>	<b>\$0 copay</b>  <b>\$0 copay</b>

\* Services may require authorization.

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

Premium & Benefits	Brand New Day Valor Care Plan (HMO) (48)
<b>Emergency Care</b> Copayment waived if admitted to the hospital or readmitted to the ER within 72 hours	<b>\$0 - \$120 copay</b>
<b>Urgent Care</b>	<b>\$0 copay</b>
<b>Diagnostic Services/Labs/Imaging*</b> <ul style="list-style-type: none"> <li>• Diagnostic tests and procedures</li> <li>• Lab services</li> <li>• MRI, CAT scan</li> <li>• X-rays</li> </ul>	<b>\$0 copay</b> <b>\$0 copay</b> <b>\$50 copay</b> <b>\$0 copay</b>
<b>Hearing Services</b> <ul style="list-style-type: none"> <li>• Medicare-covered hearing exam</li> <li>• Routine hearing exam One per year</li> <li>• Hearing aid fittings and evaluations One per year</li> <li>• Hearing aid*</li> </ul>	<b>\$0 copay</b> <b>\$0 copay</b>  <b>\$0 copay</b>  <b>\$149 per hearing aid</b> for the basic model You receive 2 hearing aids every 3 years
<b>Dental Services†</b> <ul style="list-style-type: none"> <li>• Medicare-covered dental services*</li> <li>• Preventive dental (e.g., oral exam, x-rays, cleanings)</li> </ul> <b>Comprehensive Dental*</b> <ul style="list-style-type: none"> <li>• Diagnostic services</li> <li>• Restorative services</li> <li>• Endodontics</li> <li>• Periodontics</li> <li>• Extractions</li> <li>• Prosthodontics, other oral/maxillofacial surgery, other services</li> <li>• Non-routine services</li> </ul>	<b>\$0 copay</b> <b>\$0 copay</b>  <b>\$0 - \$6 copay</b> <b>\$25 - \$400 copay</b> <b>\$25 - \$720 copay</b> <b>\$0 - \$780 copay</b> <b>\$0 - \$360 copay</b> <b>\$0 - \$2,160 copay</b>  <b>\$0 - \$300 copay</b>

\* Services may require authorization.

† Limitations may apply. See your EOC for details.

Premium & Benefits	Brand New Day Valor Care Plan (HMO) (48)
<b>Vision Services*†</b> <ul style="list-style-type: none"> <li>• Medicare-covered eye exams</li> <li>• Medicare-covered eyewear</li> <li>• Routine eye exam</li>   <li>• Retinal imaging</li>   <li>• Eyewear allowance</li> </ul>	<p><b>\$0 copay</b></p> <p><b>\$0 copay</b></p> <p><b>\$0 copay</b></p> <p>One exam per year</p> <p><b>\$0 copay</b></p> <p>One exam per year</p> <p><b>Up to \$150 per year</b></p>
<b>Mental Health Services*</b> <ul style="list-style-type: none"> <li>• Outpatient individual therapy</li> <li>• Outpatient group therapy</li> </ul>	<p><b>\$30 copay</b></p> <p><b>\$30 copay</b></p>
<b>Skilled Nursing Facility (SNF)*</b>	<p><b>\$0 copay</b> per day for days 1–20</p> <p><b>Up to \$200 copay</b> per day for days 21–100</p> <p><b>These are 2023 cost-sharing amounts and may change for 2024. We will provide updated rates at <a href="http://www.bndhmo.com">www.bndhmo.com</a> as soon as they are released.</b></p>
<b>Physical Therapy*</b>	<p><b>\$10 copay</b></p>
<b>Ambulance (Ground)*</b>	<p><b>\$0 - \$275 copay per ride</b></p>
<b>Ambulance (Air)*</b>	<p><b>20% coinsurance</b></p>
<b>Transportation*</b>	<p><b>\$0 for 12 one-way trips to plan approved locations (up to 50 mile limit)</b></p>

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† Limitations may apply. See your EOC for details.

Premium & Benefits	Brand New Day Valor Care Plan (HMO) (48)
<p><b>Medicare Part B Drugs*</b></p> <ul style="list-style-type: none"> <li>• Chemotherapy drugs</li> <li>• Other Part B drugs</li> <li>• Part B insulin drugs</li> </ul>	<p><b>20% coinsurance unless capped by Inflation Reduction Act (IRA) rules</b></p> <p><b>20% coinsurance unless capped by Inflation Reduction Act (IRA) rules</b></p> <p><b>\$35 copay</b></p>

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## Outpatient Prescription Drugs

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

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

Brand New Day Valor Care Plan does not have Part D coverage

**Retail Rx 30-day supply**

**Mail Order 100-day supply**

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

Not available

Not available

**Initial Coverage**

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

**Tier 1 – Preferred Generic**

Not available

Not available

**Tier 2 – Generic**

Not available

Not available

**Tier 3 – Preferred Brand**

Not available

Not available

**Tier 4 – Non-Preferred Brand**

Not available

Not available

**Tier 5 – Specialty Tier**

Not available

Not available

**Tier 6 – Select Care**

Not available

Not available

**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**

Not available

Not available

**Tier 2 – Generic**

Not available

Not available

**Tier 3 - Preferred Brand**

Not available

Not available

**Tier 4 - Non-preferred Drug**

Not available

Not available

**Tier 5 - Specialty**

Not available

Not available

**Tier 6 – Select Care**

Not available

Not available

**Catastrophic Coverage**

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

Brand New Day Valor Care Plan does not have Part D coverage

Extra Benefits	Brand New Day Valor Care Plan (HMO) (48)
<b>24/7 Telehealth</b>	\$0 copay
<b>Acupuncture*</b> <ul style="list-style-type: none"> <li>• Medicare-covered acupuncture</li> <li>• Routine acupuncture</li> </ul>	\$0 copay \$0 copay Up to 30 visits every year combined with Routine Chiropractic services.
<b>Chiropractic Services*</b> <ul style="list-style-type: none"> <li>• Medicare-covered chiropractic care</li> <li>• Routine chiropractic care</li> </ul>	\$0 copay \$0 copay Up to 30 visits every year combined with Routine Acupuncture services.
<b>Durable Medical Equipment (DME)*</b>	\$0 - 20% coinsurance
<b>Gym Membership*</b>	\$0 copay
<b>Meals (Made Easy Meals)*‡</b>	Receive 15 meals each week, for 6 weeks (90 total meals). Meal delivery is included 1 time per week. Receive up to 30 additional meals for a \$5 copay per meal.
<b>Personal Emergency Response System (PERS)*</b>	\$0 copay
<b>Worldwide Emergency Care</b> <ul style="list-style-type: none"> <li>• Urgent Care</li> <li>• Emergency Room</li> <li>• Emergency Transportation</li> </ul>	\$120 copay Coverage up to \$50,000

\* Services may require authorization.

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