brand new day

HEALTHCARE YOU CAN FEEL GOOD ABOUT

2024

Summary of Benefits

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

Los Angeles
Orange

Riverside
San Bernardino

San Diego

H0838_049_SB_2024_M

2024 Summary of Benefits

Brand New Day Part B Savings Plan (HMO) H0838-049

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.

To join **Brand New Day Part B Savings 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: Los Angeles, Orange, Riverside, San Bernardino and San Diego.

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 Part B Savings Plan (HMO) (49)
Monthly Plan Premium You must keep paying your Medicare Part B premium.	**$0**
Part B Rebate	**$125 per month**
Deductible	**No deductible**
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	**No more than $3,200 annually**
Inpatient Hospital*	**$150 copay** per day for days 1 - 5 **$0 copay** per day for days 6 - 90
Outpatient Hospital*‡	**$0 - $100 copay**
Ambulatory Surgery Center*	**$0 - $25 copay**
Doctor Visits • Primary care providers • Specialists*	 **$0 copay** **$10 copay**
Preventive Care Other preventive services are available. • Flu vaccine, diabetic screenings, etc.* • Routine Annual Physical	**$0 copay** **$0 copay**
Emergency Care Copayment waived if admitted to the hospital or readmitted to the ER within 72 hours	**$0 - $135 copay**
Urgent Care	**$0 copay**

* Services may require authorization.
‡ Please reference Evidence of Coverage (EOC) for details on specific services.

Premium & Benefits	Brand New Day Part B Savings Plan (HMO) (49)
Diagnostic Services/Labs/Imaging*	
• Diagnostic tests and procedures	**$0 - $25 copay**
• Lab services	**$0 copay**
• MRI, CAT scan	**$75 copay**
• X-rays	**$0 copay**
Hearing Services	
• Medicare-covered hearing exam	**$0 copay**
• Routine hearing exam One per year	**$0 copay**
• Hearing aid fittings and evaluations One per year	**$0 copay**
• Hearing aid*	**$699 per hearing aid** for the basic model **$999 per hearing aid** for the prime model You receive 2 hearing aids every year
Dental Services†	
• Medicare-covered dental services*	**$0 copay**
• Preventive dental (e.g., oral exam, x-rays, cleanings)	**$0 copay**
Comprehensive Dental*	
• Diagnostic services	**$0 - $6 copay**
• Restorative services	**$25 - $400 copay**
• Endodontics	**$25 - $720 copay**
• Periodontics	**$0 - $780 copay**
• Extractions	**$0 - $360 copay**
• Prosthodontics, other oral/maxillofacial surgery, other services	**$0 - $2,160 copay**
• Non-routine services	**$0 - $300 copay**

* Services may require authorization.
† Limitations may apply. See your EOC for details.

Premium & Benefits	Brand New Day Part B Savings Plan (HMO) (49)
Vision Services*† • Medicare-covered eye exams • Medicare-covered eyewear • Routine eye exam • Retinal imaging • Eyewear allowance	 **$0 copay** **$0 copay** **$0 copay** One exam per year **$0 copay** One exam per year **Up to $300 per year**
Mental Health Services* • Outpatient individual therapy • Outpatient group therapy	 **$40 copay** **$40 copay**
Skilled Nursing Facility (SNF)*	**$0 copay** per day for days 1–20 **Up to $200 copay** per day for days 21–100 **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.**
Physical Therapy*	**$35 copay**
Ambulance (Ground)*	**$0 - $150 copay per ride**
Ambulance (Air)*	**20% coinsurance**
Transportation*	**Not covered**
Medicare Part B Drugs* • Chemotherapy drugs • Other Part B drugs • Part B insulin drugs	 **20% coinsurance unless capped by Inflation Reduction Act (IRA) rules** **20% coinsurance unless capped by Inflation Reduction Act (IRA) rules** **$35 copay**

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† Limitations may apply. See your EOC for details.

Outpatient Prescription Drugs		
	Brand New Day Part B Savings Plan (HMO) (49)	
Part D Deductible (Tiers 2 to 5)	**No deductible**	
	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	**$12 copay**	**$24 copay**
Tier 3 – Preferred Brand	**$47 copay**	**$94 copay**
Tier 4 – Non-Preferred Brand	**$100 copay**	**$200 copay**
Tier 5 – Specialty Tier	**33% of the cost**	**Not available**
Tier 6 – Select Care	**$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 $8,000		
Tier 1 – Preferred Generic	**$0 copay**	**$0 copay**
Tier 2 – Generic	**25% of the cost**	**25% of the cost**
Tier 3 - Preferred Brand	**25% of the cost**	**25% of the cost**
Tier 4 - Non-preferred Drug	**25% of the cost**	**25% of the cost**
Tier 5 - Specialty	**25% of the cost**	**Not available**
Tier 6 – Select Care	**$0 copay**	**$0 copay**

Outpatient Prescription Drugs	
	Brand New Day Part B Savings Plan (HMO) (49)
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 Part B Savings Plan (HMO) (49)
24/7 Telehealth	**$0 copay**
Acupuncture* • Medicare-covered acupuncture • Routine acupuncture	**$0 copay** **$0 copay** **Up to 12 visits every year combined with Routine Chiropractic services.**
Chiropractic Services* • Medicare-covered chiropractic care • Routine chiropractic care	**$0 copay** **$0 copay** **Up to 12 visits every year combined with Routine Acupuncture services.**
Durable Medical Equipment (DME)*	**$0 - 20% coinsurance**
Flex Card You will have one card to use at retail locations for all of your individual benefits listed below: • **Over-The-Counter (OTC) Items**	**Up to $25 every month**
Gym Membership*	**$0 copay**
Personal Emergency Response System (PERS)*	**$0 copay**
Worldwide Emergency Care • Urgent Care • Emergency Room • Emergency Transportation	**$135 copay** **Coverage up to $50,000**

* Services may require authorization.