

brand new day

HEALTHCARE YOU CAN FEEL GOOD ABOUT

2024

Summary of Benefits

Brand New Day Classic Care I Plan (HMO) (50-2)

Alameda
Fresno
Imperial
Kings
Madera

Placer
Sacramento
San Francisco
San Joaquin
San Mateo

Santa Clara
Stanislaus
Tulare
Yolo

2024 Summary of Benefits

Brand New Day Classic Care I Plan (HMO) H0838-050-002

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 Classic Care I 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: Alameda, Fresno, Imperial, Kings, Madera, Placer, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Clara, 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 Classic Care I Plan (HMO) (50-2)	Your Cost w/ Medicare+full Medi-Cal
Monthly Plan Premium You must keep paying your Medicare Part B premium.	\$37.60 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 \$2,100 annually	\$0
Inpatient Hospital*	\$50 copay per day for days 1 - 6 \$0 copay per day for days 7 - 90	\$0 copay
Outpatient Hospital*‡	\$0 - \$150 copay	\$0 copay
Ambulatory Surgery Center*	\$0 copay	\$0 copay
Doctor Visits <ul style="list-style-type: none"> • Primary care providers • Specialists* 	\$0 copay \$0 copay	\$0 copay \$0 copay
Preventive Care Other preventive services are available. <ul style="list-style-type: none"> • Flu vaccine, diabetic screenings, etc.* • Routine Annual Physical 	\$0 copay \$0 copay	\$0 copay Refer to Medi-Cal handbook for details about your Medi-Cal benefits.

* Services may require authorization.

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

Premium & Benefits	Brand New Day Classic Care I Plan (HMO) (50-2)	Your Cost w/ Medicare+full Medi-Cal
Emergency Care Copayment waived if admitted to the hospital or readmitted to the ER within 72 hours	\$0 - \$100 copay	\$0 copay
Urgent Care	\$0 copay	\$0 copay
Diagnostic Services/Labs/Imaging* <ul style="list-style-type: none"> • Diagnostic tests and procedures • Lab services • MRI, CAT scan • X-rays 	\$0 copay \$0 copay \$0 copay \$0 copay	\$0 copay \$0 copay \$0 copay \$0 copay
Hearing Services <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* 	\$0 copay \$0 copay \$0 copay \$149 per hearing aid for the basic model You receive 2 hearing aids every 3 years	\$0 copay Refer to Medi-Cal handbook for details about your Medi-Cal benefits.

* Services may require authorization.

Premium & Benefits	Brand New Day Classic Care I Plan (HMO) (50-2)	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 copay</p> <p>\$0 - \$6 copay</p> <p>\$25 - \$400 copay</p> <p>\$25 - \$720 copay</p> <p>\$0 - \$780 copay</p> <p>\$0 - \$360 copay</p> <p>\$0 - \$2,160 copay</p> <p>\$0 - \$300 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>\$25 copay</p> <p>\$25 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 Classic Care I Plan (HMO) (50-2)	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*	\$0 copay	\$0 copay
Ambulance (Ground)*	\$0 - \$200 copay per ride	\$0 copay
Ambulance (Air)*	20% coinsurance	\$0 copay
Transportation*	\$0 for 24 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 Classic Care I Plan (HMO) (50-2)

**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

Brand New Day Classic Care I Plan (HMO) (50-2)

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 Classic Care I Plan (HMO) (50-2)
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)*	\$0 - 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 • Fitness Allowance • Dental Allowance 	Up to \$50 every month Up to \$20 every month Up to \$100 every 6 months
Gym Membership*	\$0 copay
Healthy Foods Allowance‡	Up to \$25 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.
Personal Emergency Response System (PERS)*	\$0 copay

* Services may require authorization.

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

Extra Benefits	Brand New Day Classic Care I Plan (HMO) (50-2)
Worldwide Emergency Care <ul style="list-style-type: none">• Urgent Care• Emergency Room• Emergency Transportation	\$100 copay Coverage up to \$50,000