

SCAN Retiree Group

Newport-Mesa Unified
School District

(N-MUSD) (HMO)

October 1, 2022- September 30, 2023

2022/2023 Benefit Kit

Medicare Advantage Plan



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The SCAN Story

Keeping Seniors Healthy and Independent.
That's been the SCAN mission since the organization was founded in 1977.

We began when a group of senior activists in Long Beach, California got together, determined to improve access to the care and services they needed so they could stay as independent as possible. They brought together experts in medicine, gerontology, psychology and social services and formed the not-for-profit Senior Care Action Network, now known as SCAN.

More than forty years later, seniors are still at the heart of all we do — and they always will be. You can count on SCAN to help you stay healthy, vibrant and connected for years to come.



2022/2023 Benefit Highlights

SCAN Retiree Group

Newport-Mesa Unified School District (N-MUSD) (HMO)

October 1, 2022 - September 30, 2023



Comprehensive Care

	Basic Plan	Enhanced Plan
Maximum Out-of-Pocket (MOOP)	\$3,400	\$3,400
PCP Office Visits	\$15	\$10
Specialist Office Visits	\$15	\$10
Immunizations	\$0	\$0
Lab Services and X-rays	\$0	\$0
Breast Cancer Screening	\$0	\$0
Prostate Cancer Screening	\$0	\$0
Annual Wellness Exam/Visit	\$0	\$0
Medicare-covered Chiropractic Services	\$15	\$10

Hospital and Emergency Care

	Basic Plan	Enhanced Plan
Inpatient Hospital Care	\$100 per admission	\$0
Skilled Nursing Facility	\$100 per admission	\$0
Outpatient Surgery	\$0	\$0
Outpatient Rehabilitation Services	\$5	\$0
Worldwide Emergency Care	\$25	\$50
Worldwide Urgent Care Services	\$25	\$10
Ambulance Services	\$0	\$0

Prescription Drug Coverage

For Basic Plan and Enhanced Plan
Initial Coverage Stage – SCAN Contracted Retail Pharmacy (1-month/30-Day Supply)

	PREFERRED	STANDARD
Tier 1: Preferred Generic	\$5	\$10
Tier 2: Generic	\$5	\$10
Tier 3: Preferred Brand	\$20	\$20
Tier 4: Non-Preferred Drug	\$20	\$20
Tier 5: Specialty Tier	25%	25%

Get a 3-month supply (100 days) of Tiers 1, 2, 3, and 4 drugs at either a Retail Pharmacy or SCAN Mail-Order Pharmacy and only pay for 2 months.
 (Not available for Tier 5 drugs)

Additional Benefits and Services

	Basic Plan	Enhanced Plan
Routine Hearing Test	\$15 (1 per year)	\$10 (1 per year)
Hearing Aid Fitting Evaluations	\$15 (per visit within the first year of purchase)	\$10 (per visit within the first year of purchase)
Hearing Aid Allowance	\$2,000 hearing aid(s) allowance every 2 years	\$4,000 hearing aid(s) allowance every 2 years
Routine Chiropractic Services	\$15 (up to 20 visits every year)	\$10 (up to 20 visits every year)
Routine Transportation	\$0 (unlimited trips per year) 75-mile limit applies to each one-way trip	\$0 (unlimited trips per year) 75-mile limit applies to each one-way trip
Routine Vision		
- Eye exam	\$15 (1 exam per year)	\$10 (1 exam per year)
- Glasses or contact lenses	\$0 (1 pair every 2 years)	\$0 (1 pair every 2 years)
- Coverage for frames or contacts	\$100 coverage for frames or \$130 coverage for contact lenses (every 2 years)	\$100 coverage for frames or \$130 coverage for contact lenses (every 2 years)

Additional Benefits and Services

	Basic Plan	Enhanced Plan
Routine Dental Services		
- Office visit/exam	\$8 per visit	\$0 per visit
- Dental cleaning	\$0 (2 every 12 months)	\$0 (2 every 12 months)
- Dental X-rays	\$0 (1 every 6 months)	\$0 (1 every 6 months)
Health Club Membership	\$0	\$0
Telehealth Services	\$0 per virtual visit	\$0 per virtual visit
BrainHQ	\$0	\$0
Health <i>tech</i>	\$0	\$0
Abridge	\$0 Technology enabled app to help remember important health conversations	
Solutions for Togetherness	\$0	
- Headspace	Mindfulness and meditation app for better health	
- SCAN Learning Communities	Health education classes and support to maintain good mental and physical health	
Solutions for Caregivers	\$0	
- Caregiver Training and Support	In-person and virtual skill training and support for caregivers	
- Home-delivered Meals	Home-delivered meals are available to members with chronic conditions up to 28 days/84 meals	

Independent Living Power/Long Term Services and Supports (ILP/LTSS)*

SCAN offers unique home and community-based services designed to keep you healthy and independent. These services are offered under the Independent Living Power/Long Term Services and Supports (ILP/LTSS) program.

Qualifying members are eligible for up to \$650 per month of these additional services. ILP/LTSS Services are only available in Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties, California. Contact Independent Living Power Call Center at 1-800-887-8695 for an assessment request.

Please Note: You must be eligible to qualify for ILP/LTSS. An initial assessment is required. Once you are enrolled with ILP/LTSS, you must agree to receive your personal care and related homemaking services from SCAN. Contact SCAN Member Services for details.

Homemaker Service You are eligible to receive assistance with light cleaning, grocery shopping, laundry and meal preparation.	You pay \$15 per visit
Home Delivered Meals You are covered for home delivery of meals to meet nutritional needs.	You pay \$0
Personal Care Services You are covered for in-home assistance for tasks such as bathing, dressing, eating, getting in and out of bed, moving about/walking, and grooming.	You pay \$15 per visit
Emergency Response System You are covered for the installation of a personal emergency response device that alerts emergency medical personnel to provide immediate help. There is no cost for installation.	You pay \$0
Transportation Escort Services You are eligible to receive an escort to assist you during transportation to and from medical appointments.	You pay \$15 per visit
Personal Care Coordinator SCAN staff will provide personal assistance to coordinate your Independent Living Power/Long Term Support Services.	You pay \$0

*Members who qualify for Independent Living Power/Long Term Services and Supports must meet state criteria for Nursing Home Certifiable as determined by a SCAN Specialist after enrollment in the plan. Copayments apply for most services. Limits also apply. ILP/LTSS Services available only in Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties, California.

Independent Living Power/Long Term Services and Supports (ILP/LTSS)*

<p>Inpatient Custodial Care You are covered for up to 5 days per year for post-acute or respite support in a skilled nursing facility. You may use this service following a hospital discharge, ER visit, or for respite care purposes.</p>	You pay \$0
<p>In-Home Caregiver Relief SCAN provides alternative caregiver services in your home when a regular caregiver can't be there.</p>	You pay \$15 per visit
<p>Community-Based Adult Services (CBAS)-Adult Day Care SCAN covers adult day care services to provide relief for your regular caregiver while addressing the individual needs of the member for physical, social or intellectual exercises and stimulation. Criteria applies.</p>	You pay \$15 per visit
<p>Incontinence Supplies Members who qualify may be eligible to receive selected incontinence supplies, such as diapers, briefs, and pads to maintain skin integrity.</p>	You pay \$0
<p>Select Bathroom Safety Equipment Members may be eligible to receive selected bathroom safety equipment to assist you in performing certain daily activities. Please contact your Care Manager for further information.</p>	You pay \$0

*Members who qualify for Independent Living Power/Long Term Services and Supports must meet state criteria for Nursing Home Certifiable as determined by a SCAN Specialist after enrollment in the plan. Copayments apply for most services. Limits also apply. ILP/LTSS Services available only in Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties, California.

Summary of Benefits



2022/2023

Summary of Benefits

SCAN Retiree Group

Newport-Mesa Unified
School District

(N-MUSD) (HMO)

October 1, 2022 - September 30, 2023



SCAN Retiree Group - N-MUSD (HMO) is an HMO plan with a Medicare contract. Enrollment in SCAN Health Plan depends on contract renewal.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the "Evidence of Coverage" by calling our Member Services Department at the phone number listed in this document or online at www.scanhealthplan.com.

SUMMARY OF BENEFITS OCTOBER 1, 2022 - SEPTEMBER 30, 2023

PREMIUM AND BENEFITS	BASIC PLAN	ENHANCED PLAN	WHAT YOU SHOULD KNOW
Monthly Health Plan Premium	For premium information, please contact your plan sponsor's benefit administrator.	For premium information, please contact your plan sponsor's benefit administrator.	You must continue to pay your Medicare Part B premium.
Deductible	You pay \$0	You pay \$0	This plan does not have a deductible.
Maximum Out-of-Pocket Responsibility (this does not include prescription drugs)	\$3,400 annually	\$3,400 annually	The most you pay for copays and coinsurance for Medicare-covered medical services for the year.
Inpatient Hospital Coverage	You pay \$100 copay per admission	You pay \$0	Our plan covers an unlimited number of days for an inpatient hospital stay. Prior authorization rules apply.
Outpatient Hospital Coverage			Prior authorization rules apply for outpatient hospital services.
<ul style="list-style-type: none"> • Ambulatory Surgical Center • Outpatient Hospital 	<p>You pay \$0</p> <p>You pay \$0</p>	<p>You pay \$0</p> <p>You pay \$0</p>	
Doctor Visits			Prior authorization rules apply for specialist visits.
<ul style="list-style-type: none"> • Primary Care • Specialists 	<p>You pay \$15 copay per visit</p> <p>You pay \$15 copay per visit</p>	<p>You pay \$10 copay per visit</p> <p>You pay \$10 copay per visit</p>	

PREMIUM AND BENEFITS	BASIC PLAN	ENHANCED PLAN	WHAT YOU SHOULD KNOW
Preventive Care	You pay \$0	You pay \$0	Any additional preventive services approved by Medicare during the contract year will be covered. Prior authorization rules apply.
Emergency Care	You pay \$25 copay per visit	You pay \$50 copay per visit	The emergency room copay will be waived if you are immediately admitted to the hospital. You are covered for worldwide emergency services.
Urgently Needed Services	You pay \$25 copay per visit	You pay \$10 copay per visit	You are covered for worldwide urgent care services.
Diagnostic Services/ Labs/Imaging <ul style="list-style-type: none"> • Lab services • Diagnostic tests and procedures • Outpatient X-rays • Therapeutic radiology • Diagnostic radiology (e.g., MRI, CT) 	You pay \$0 You pay \$0 You pay \$0 You pay \$0 You pay \$0	You pay \$0 You pay \$0 You pay \$0 You pay \$0 You pay \$0	Prior authorization rules apply for diagnostic, lab, and imaging services.

PREMIUM AND BENEFITS	BASIC PLAN	ENHANCED PLAN	WHAT YOU SHOULD KNOW
Hearing Services <ul style="list-style-type: none"> • Medicare-covered diagnostic hearing and balance exam • Non-Medicare-covered (routine) hearing exam • Non-Medicare-covered (routine) hearing aid fitting/evaluation • Non-Medicare-covered (routine) hearing aids 	<p>You pay \$15 copay per visit</p> <p>You pay \$15 copay for up to 1 visit per year</p> <p>You pay \$15 copay per visit within the first year of purchase</p> <p>You are covered up to \$2,000 for up to 2 hearing aids every 2 years</p>	<p>You pay \$10 copay per visit</p> <p>You pay \$10 copay for up to 1 visit per year</p> <p>You pay \$10 copay per visit within the first year of purchase</p> <p>You are covered up to \$4,000 for up to 2 hearing aids every 2 years</p>	<p>Prior authorization rules apply for Medicare-covered diagnostic hearing and balance exams.</p> <p>Routine hearing services do not require a prior authorization.</p> <p>You must go to a SCAN-contracted provider to obtain a routine hearing exam and hearing aids.</p>
Dental Services <ul style="list-style-type: none"> • Medicare-covered dental services • Non-Medicare-covered (routine) oral exam • Non-Medicare-covered (routine) dental cleanings • Non-Medicare-covered (routine) dental X-rays 	<p>You pay \$15 copay per visit</p> <p>You pay \$8 copay per visit</p> <p>You pay \$0 for up to 2 visits every 12 months</p> <p>You pay \$0 for up to 1 series every 6 months</p>	<p>You pay \$10 copay per visit</p> <p>You pay \$0</p> <p>You pay \$0 for up to 2 visits every 12 months</p> <p>You pay \$0 for up to 1 series every 6 months</p>	<p>Prior authorization rules apply for Medicare-covered dental services.</p> <p>Routine dental services do not require a prior authorization.</p> <p>You must go to a SCAN-contracted dental provider to obtain routine dental services.</p>

PREMIUM AND BENEFITS	BASIC PLAN	ENHANCED PLAN	WHAT YOU SHOULD KNOW
Vision Services <ul style="list-style-type: none"> • Medicare-covered vision exam to diagnose/treat diseases of the eye • Medicare-covered glasses after cataract surgery • Non-Medicare-covered (routine) vision exam • Non-Medicare-covered (routine) glasses or contact lenses • Non-Medicare-covered (routine) vision coverage limit 	<p>You pay \$15 copay per visit</p> <p>You pay \$15 copay per pair</p> <p>You pay \$15 copay for up to 1 visit per year</p> <p>You pay \$0 every 2 years</p> <p>You are covered for up to \$100 for frames or up to \$130 for contact lenses every 2 years</p>	<p>You pay \$10 copay per visit</p> <p>You pay \$10 copay per visit</p> <p>You pay \$10 copay for up to 1 visit per year</p> <p>You pay \$0 every 2 years</p> <p>You are covered for up to \$100 for frames or up to \$130 for contact lenses every 2 years</p>	<p>Prior authorization rules apply for Medicare-covered vision exams and glasses after cataract surgery.</p> <p>Routine vision services do not require a prior authorization.</p> <p>You must go to a SCAN-contracted vision provider to obtain routine vision services.</p>
Mental Health Services <ul style="list-style-type: none"> • Inpatient visit • Outpatient individual/group therapy visit • Outpatient individual/group therapy visit with a psychiatrist 	<p>You pay \$100 copay per admission for days 1-90</p> <p>You pay \$15 copay per visit</p> <p>You pay \$15 copay per visit</p>	<p>You pay \$0 for days 1-90</p> <p>You pay \$10 copay per visit</p> <p>You pay \$10 copay per visit</p>	<p>Prior authorization rules apply for inpatient mental health hospitalization. You are covered for up to 90 days per benefit period.*</p> <p>Prior authorization rules apply for outpatient mental health services.</p>

PREMIUM AND BENEFITS	BASIC PLAN	ENHANCED PLAN	WHAT YOU SHOULD KNOW
Skilled Nursing Facility	You pay \$100 copay per admission for days 1-100	You pay \$0 for days 1-100	Prior authorization rules apply for skilled nursing facility services. You are covered for up to 100 days per benefit period.* No prior hospitalization is required.
Physical Therapy	You pay \$5 copay per visit	You pay \$0	Prior authorization rules apply for outpatient physical therapy services.
Ambulance	You pay \$0 per one-way trip	You pay \$0 per one-way trip	
Transportation (Non-Medicare-covered - routine)	You pay \$0 for unlimited one-way trips per year 75-mile limit applies to each one-way trip	You pay \$0 for unlimited one-way trips per year 75-mile limit applies to each one-way trip	Prior authorization rules apply for routine transportation services. You must use a SCAN-contracted provider to obtain routine transportation services.
Medicare Part B Drugs	You pay \$40 copay for chemotherapy and other Part B drugs	You pay \$30 copay for chemotherapy and other Part B drugs	Prior authorization rules apply to select drugs.

* A benefit period begins the day you go into a hospital or SNF. The benefit period ends when you haven't received any inpatient hospital or SNF care for 60 days in a row.

Outpatient Prescription Drugs (PART D DRUGS):

You pay the following:

N-MUSD BASIC PLAN AND ENHANCED PLAN

	Preferred Retail & Mail-Order (in-network) (30-day supply)	Standard Retail & Mail-Order (in-network) (30-day supply)	Preferred Retail (in-network) (100-day supply)	Standard Retail & Mail-Order (in-network) (100-day supply)	Preferred Mail-Order (in-network) (100-day supply)
Initial Coverage Stage					
Tier 1 (Preferred Generic)	You pay \$5	You pay \$10	You pay \$10	You pay \$20	You pay \$10
Tier 2 (Generic)	You pay \$5	You pay \$10	You pay \$10	You pay \$20	You pay \$10
Tier 3 (Preferred Brand)	You pay \$20	You pay \$20	You pay \$40	You pay \$40	You pay \$40
Tier 4 (Non-Preferred Drug)	You pay \$20	You pay \$20	You pay \$40	You pay \$40	You pay \$40
Tier 5 (Specialty Tier)	You pay 25%	You pay 25%	Not available	Not available	Not available

Catastrophic Coverage Stage

You stay in the Initial Coverage Stage until your yearly out-of-pocket costs reach \$7,050. After your yearly out-of-pocket drug costs reach \$7,050, you pay whichever is the larger amount:

- 5% of the cost, or
- \$3.95 copay for generic (including drugs that are treated like a generic) and \$9.85 copay for all other drugs.

Some of our network pharmacies have preferred cost-sharing. You may pay less for certain drugs if you use these pharmacies. Your cost-sharing may vary depending on the pharmacy you choose (e.g., Preferred Retail, Standard Retail, Preferred Mail-Order, Standard Mail-Order, Long Term Care (LTC), Home infusion, etc.) or whether you receive a one-month or a three-month supply or when you enter another phase of the Part D benefit or if you receive “Extra Help”. For more information, please call our Member Services Department at the number provided in this document or access your Evidence of Coverage online. If you reside in a long-term care facility, your cost-sharing for a 31-day supply is the same as at a standard retail pharmacy for a 30-day supply. You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

Additional Benefits

PREMIUM AND BENEFITS	BASIC PLAN	ENHANCED PLAN	WHAT YOU SHOULD KNOW
Medical Equipment/Supplies <ul style="list-style-type: none"> Durable medical equipment (e.g., wheelchairs, oxygen) Prosthetics (e.g., braces, artificial limbs) Diabetic supplies 	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p>	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p>	<p>Prior authorization rules apply for covered durable medical equipment, prosthetic devices, and certain diabetic supplies.</p> <p>SCAN covers diabetic supplies such as glucose monitors, test strips, and control solution from a select manufacturer. Lancets are also covered and are available from all manufacturers.</p>
Telehealth Services	You pay \$0	You pay \$0	<p>A visit with a doctor in the comfort of your own home. This benefit is for non-life threatening conditions such as, but not limited to, cough, flu, nausea, sore throat, fever, and allergies.</p> <p>Visits with doctors can be conducted by secure video capabilities from your computer, tablet, or smart phone.</p>
Solutions for Healthy Living <ul style="list-style-type: none"> Health club membership BrainHQ 	<p>You pay \$0</p> <p>You pay \$0</p>	<p>You pay \$0</p> <p>You pay \$0</p>	<p>You are covered for SCAN-contracted health clubs in your area.</p> <p>Online games to keep your brain healthy and active.</p>

PREMIUM AND BENEFITS	BASIC PLAN	ENHANCED PLAN	WHAT YOU SHOULD KNOW
Solutions for Virtual Care Access <ul style="list-style-type: none"> HEALTH<i>tech</i> 	You pay \$0	You pay \$0	A technology support line to provide education and training on how to use your computer, tablet or smartphone to access health care and health care related information.
<ul style="list-style-type: none"> Abridge 	You pay \$0	You pay \$0	Technology enabled app to help remember important health conversations.
Solutions for Togetherness <ul style="list-style-type: none"> Headspace 	You pay \$0	You pay \$0	Headspace is a mindfulness and meditation app that can help counteract the negative effects of loneliness, stress and anxiety and guide you to better health.
<ul style="list-style-type: none"> SCAN Learning Communities 	You pay \$0	You pay \$0	Learning Communities brings like-minded people together for in-person health education classes to maintain good mental and physical health.
Solutions for Caregivers <ul style="list-style-type: none"> Caregiver training and support 	You pay \$0	You pay \$0	This series of classes provides information, skills training and support for caregivers.
<ul style="list-style-type: none"> Home-delivered meals 	You pay \$0	You pay \$0	Up to 28 days of home-delivered meals are available to members with chronic conditions.

Independent Living Power/Long Term Services and Supports (ILP/LTSS)*

SCAN offers unique home and community-based services designed to keep you healthy and independent. These services are offered under the Independent Living Power/Long Term Services and Supports (ILP/LTSS) program.

Qualifying members are eligible for up to \$650 per month of these additional services. ILP/LTSS Services are only available in Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties, California. Contact Independent Living Power Call Center at 1-800-887-8695 for an assessment request.

Please Note: You must be eligible to qualify for ILP/LTSS. An initial assessment is required. Once you are enrolled with ILP/LTSS, you must agree to receive your personal care and related homemaking services from SCAN. Contact SCAN Member Services for details.

Homemaker Service You are eligible to receive assistance with light cleaning, grocery shopping, laundry and meal preparation.	You pay \$15 per visit
Home Delivered Meals You are covered for home delivery of meals to meet nutritional needs.	You pay \$0
Personal Care Services You are covered for in-home assistance for tasks such as bathing, dressing, eating, getting in and out of bed, moving about/walking, and grooming.	You pay \$15 per visit
Emergency Response System You are covered for the installation of a personal emergency response device that alerts emergency medical personnel to provide immediate help. There is no cost for installation.	You pay \$0
Transportation Escort Services You are eligible to receive an escort to assist you during transportation to and from medical appointments.	You pay \$15 per visit
Personal Care Coordinator SCAN staff will provide personal assistance to coordinate your Independent Living Power/Long Term Support Services.	You pay \$0

*Members who qualify for Independent Living Power/Long Term Services and Supports must meet state criteria for Nursing Home Certifiable as determined by a SCAN Specialist after enrollment in the plan. Copayments apply for most services. Limits also apply. ILP/LTSS Services available only in Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties, California.

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<p>In-Home Caregiver Relief SCAN provides alternative caregiver services in your home when a regular caregiver can't be there.</p>	You pay \$15 per visit
<p>Community-Based Adult Services (CBAS)-Adult Day Care SCAN covers adult day care services to provide relief for your regular caregiver while addressing the individual needs of the member for physical, social or intellectual exercises and stimulation. Criteria applies.</p>	You pay \$15 per visit
<p>Incontinence Supplies Members who qualify may be eligible to receive selected incontinence supplies, such as diapers, briefs, and pads to maintain skin integrity.</p>	You pay \$0
<p>Select Bathroom Safety Equipment Members may be eligible to receive selected bathroom safety equipment to assist you in performing certain daily activities. Please contact your Care Manager for further information.</p>	You pay \$0

*Members who qualify for Independent Living Power/Long Term Services and Supports must meet state criteria for Nursing Home Certifiable as determined by a SCAN Specialist after enrollment in the plan. Copayments apply for most services. Limits also apply. ILP/LTSS Services available only in Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties, California.

SCAN Retiree Group - N-MUSD has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

About SCAN

Who can join?

You must:

- have both Medicare Part A and Part B
- live in the plan service areas (Los Angeles, Orange, Riverside, San Bernardino, San Diego, Ventura, Alameda, Santa Clara, San Francisco, San Mateo, Napa, Sonoma, and Stanislaus counties, California)
- be a United States citizen or be lawfully present in the United States

Phone Number (Members)

1-800-559-3500

Phone Number (Non-Members)

1-877-791-7226

Calling this number will direct you to a licensed insurance agent.

TTY

711

Hours of Operation

October 1 to March 31:

8 A.M. to 8 P.M., 7 days a week

April 1 to September 30:

8 A.M. to 8 P.M., Monday through Friday

Messages received on holidays and outside of our business hours will be returned within one business day.

Website

www.scanhealthplan.com

To get more information about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users call 1-877-486-2048.

You can get prescription drugs shipped to your home through our network mail-order delivery program. Express Scripts PharmacySM is our Preferred mail-order pharmacy. While you can fill your prescription medications at any of our network mail-order pharmacies, you may pay less at the Preferred mail-order pharmacy. Typically, you should expect to receive your prescription drugs within 14 days from the time that Express Scripts mail-order pharmacy receives the order. If you do not receive your prescription drug(s) within this time, please contact SCAN Health Plan's Member Services at 1-800-559-3500, 8 A.M. to 8 P.M., 7 days a week from October 1 to March 31. From April 1 to September 30, hours are 8 A.M. to 8 P.M. Monday through Friday (messages received on holidays and outside of our business hours will be returned within one business day). TTY: 711. For your mail-order prescriptions, you have the option to sign up for an automatic refill program by contacting Express Scripts Pharmacy at 1-866-553-4125, 24 hours a day, 7 days a week. TTY users call 711. You may opt out of automatic deliveries at any time. Other pharmacies are available in our network.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-877-791-7226 (TTY: 711). Hours are 8 A.M. to 8 P.M., 7 days a week from October 1 to March 31. From April 1 to September 30 hours are 8 A.M. to 8 P.M., Monday through Friday. Messages received on holidays and outside of our business hours will be returned within one business day.

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit www.scanhealthplan.com or call 1-877-791-7226 to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on October 1, 2023.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

SCAN Health Plan and SCAN Desert Health Plan comply with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of, or because of, race, color, national origin, age, disability, or sex. SCAN Health Plan and SCAN Desert Health Plan provide free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats). SCAN Health Plan and SCAN Desert Health Plan provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact SCAN Member Services.

If you believe that SCAN Health Plan or SCAN Desert Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by phone, mail, or fax, at:

SCAN Member Services

Attention: Grievance and Appeals Department

P.O. Box 22616, Long Beach, CA 90801-5616

SCAN Health Plan, California 1-800-559-3500 FAX: 1-562-989-0958

SCAN Health Plan, Nevada 1-855-827-7226 FAX: 1-562-989-0958

SCAN Health Plan, Texas 1-855-844-7226 FAX: 1-562-989-0958

SCAN Desert Health Plan, Arizona 1-855-650-7226 FAX: 1-562-989-0958

TTY: 711

Or by filling out the “File a Grievance” form on our website at:

<https://www.scanhealthplan.com/contact-us/file-a-grievance>

If you need help filing a grievance, SCAN Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019 (TTY: 1-800-537-7697)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call 1-916-440-7370. If you cannot speak or hear well, please call 711 (Telecommunications Relay Services).
- In writing: Fill out a complaint form or send a letter to:
Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413
Complaint forms are available at http://www.dhcs.ca.gov/Pages/Language_Access.aspx.
- Electronically: Send an email to CivilRights@dhcs.ca.gov

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at (CA: 1-800-559-3500)(AZ: 1-855-650-7226)(NV: 1-855-827-7226)(TX: 1-855-844-7226). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, llame al (CA: 1-800-559-3500)(AZ: 1-855-650-7226)(NV: 1-855-827-7226)(TX: 1-855-844-7226). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Traditional: 我們提供免費的口譯服務，以解答您對我們的健康或藥物計劃可能有的任何問題。如需獲得口譯服務，請致電 (CA: 1-800-559-3500)(AZ: 1-855-650-7226)(NV: 1-855-827-7226)(TX: 1-855-844-7226) 聯絡我們。我們有會說中文的工作人員可以為您提供幫助。這是一項免費服務。

Chinese Simplified: 我们提供免费的口译服务，以解答您对我们的健康或药物计划可能有的任何问题。如需获得口译服务，请致电 (CA: 1-800-559-3500)(AZ: 1-855-650-7226)(NV: 1-855-827-7226)(TX: 1-855-844-7226) 联系我们。我们有会说中文的工作人员可以为您提供帮助。这是一项免费服务。

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi quý vị có thể có về chương sức khỏe và chương trình thuốc men. Để được thông dịch, chỉ cần gọi theo số (CA: 1-800-559-3500)(AZ: 1-855-650-7226)(NV: 1-855-827-7226)(TX: 1-855-844-7226). Người nói Tiếng Việt có thể trợ giúp quý vị. Đây là dịch vụ miễn phí.

Tagalog: Mayroon kaming mga libreng serbisyo ng interpreter upang masagot ang anumang katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng interpreter, tawagan lamang kami sa (CA: 1-800-559-3500)(AZ: 1-855-650-7226)(NV: 1-855-827-7226)(TX: 1-855-844-7226). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 (CA: 1-800-559-3500)(AZ: 1-855-650-7226)(NV: 1-855-827-7226)(TX: 1-855-844-7226)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Armenian: Առողջության կամ դեղերի ծրագրի վերաբերյալ որևէ հարց առաջանալու դեպքում կարող եք օգտվել անվճար թարգմանչական ծառայությունից: Թարգմանչի ծառայությունից օգտվելու համար զանգահարե՛ք (CA: 1-800-559-3500)(AZ: 1-855-650-7226)(NV: 1-855-827-7226)(TX: 1-855-844-7226) հեռախոսահամարով: Ձեզ կօգնի հայերենին տիրապետող մեր աշխատակիցը: Ծառայությունն անվճար է:

Persian: توجه: ما خدمات مترجم رایگان داریم تا به هر سؤالی که ممکن است در مورد برنامه بهداشتی یا داروهای ما داشته باشید پاسخ دهیم. برای آن که مترجم دریافت کنید فقط کافیست با شماره (CA: 1-800-559-3500)(AZ: 1-855-650-7226)(NV: 1-855-827-7226)(TX: 1-855-844-7226) تماس بگیرید. شخصی که به زبان فارسی صحبت می کند، می تواند به شما کمک کند. این یک سرویس رایگان است.

Russian: Если у вас возникнут вопросы относительно плана медицинского обслуживания или обеспечения лекарственными препаратами, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по номеру (CA: 1-800-559-3500)(AZ: 1-855-650-7226)(NV: 1-855-827-7226)(TX: 1-855-844-7226). Вам окажет помощь сотрудник, который говорит на русском языке. Данная услуга бесплатная.

Japanese: 当社の健康保険と処方薬プランに関するご質問にお答えするため に、無料の通訳サービスをご用意しています。通訳をご利用になるには、(CA: 1-800-559-3500)(AZ: 1-855-650-7226)(NV: 1-855-827-7226)(TX: 1-855-844-7226)にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة لديك تتعلق بخطتنا الصحية أو جدول الدواء. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على الرقم (CA: 1-800-559-3500)(AZ: 1-855-650-7226)(NV: 1-855-827-7226)(TX: 1-855-844-7226). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه الخدمة المجانية.

Punjabi: ਸਾਡੀ ਸਿਹਤ ਜਾਂ ਦਵਾਈ ਯੋਜਨਾ ਬਾਰੇ ਤੁਹਾਡੇ ਕਿਸੇ ਵੀ ਸਵਾਲਾਂ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਸਾਡੇ ਕੋਲ ਮੁਫਤ ਦੁਆਸ਼ੀਆ ਸੇਵਾਵਾਂ ਹਨ। ਕੋਈ ਦੁਆਸ਼ੀਆ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ, ਬਸ ਸਾਨੂੰ (CA: 1-800-559-3500)(AZ: 1-855-650-7226)(NV: 1-855-827-7226)(TX: 1-855-844-7226) 'ਤੇ ਕਾਲ ਕਰੋ। ਕੋਈ ਵਿਅਕਤੀ ਜੋ ਪੰਜਾਬੀ ਬੋਲਦਾ ਹੈ, ਉਹ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਇਹ ਇੱਕ ਮੁਫਤ ਸੇਵਾ ਹੈ।

Mon-Khmer, Cambodian: យើងខ្ញុំមានសេវាអ្នកបកប្រែផ្ទាល់មាត់ដោយមិនគិតថ្លៃចាំឆ្លើយរាល់សំណួរដែលអ្នកអាចមានអំពីសុខភាព ឬផែនការឱសថរបស់យើងខ្ញុំ។ ដើម្បីទទួលបានអ្នកបកប្រែ គ្រាន់តែហៅទូរស័ព្ទមកយើងខ្ញុំតាមរយៈលេខ (CA: 1-800-559-3500)(AZ: 1-855-650-7226)(NV: 1-855-827-7226)(TX: 1-855-844-7226)។ មានគេដែលនិយាយភាសាខ្មែរអាចជួយលោកអ្នកបាន។ សេវាកម្មនេះមិនគិតថ្លៃទេ។

Hmong: Peb muaj cov kev pab cuam txhais lus los teb koj cov lus nug uas koj muaj txog ntawm peb lub phiaj xwm kho mob thiab tshuaj kho mob. Kom tau txais tus kws txhais lus, tsuas yog hu peb ntawm (CA: 1-800-559-3500)(AZ: 1-855-650-7226)(NV: 1-855-827-7226)(TX: 1-855-844-7226). Muaj qee tus neeg hais lus Hmoob tuaj yeem pab tau koj. Qhov no yog kev pab cuam pab dawb.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें (CA: 1-800-559-3500)(AZ: 1-855-650-7226)(NV: 1-855-827-7226)(TX: 1-855-844-7226) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Thai: เรามีบริการล่ามฟรีเพื่อตอบข้อสงสัยต่าง ๆ ที่คุณอาจมีเกี่ยวกับแผนสุขภาพและด้านเภสัชกรรมของเรา ขอความช่วยเหลือจากล่ามโดยโทรติดต่อเราที่หมายเลข (CA: 1-800-559-3500)(AZ: 1-855-650-7226)(NV: 1-855-827-7226)(TX: 1-855-844-7226) เจ้าหน้าที่ในภาษาไทยจะเป็นผู้ให้บริการโดยไม่มีค่าใช้จ่ายใด ๆ

Lao: ພວກເຮົາມີການບໍລິການນາຍພາສາພຣີ ເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບສຸຂະພາບ ຫຼື ແຜນການຢາຂອງພວກເຮົາ. ເພື່ອຮັບເອົານາຍພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ເບີ (CA: 1-800-559-3500)(AZ: 1-855-650-7226)(NV: 1-855-827-7226)(TX: 1-855-844-7226). ບາງຄົນທີ່ເວົ້າພາສາລາວ ສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການພຣີ.

Additional Plan Information



Benefits Beyond

Original Medicare



Good health goes beyond the doctor's office.

SCAN offers you benefits beyond what Original Medicare alone provides. For some of these benefits, we partner with companies that specialize in the type of care and services provided.

Your SCAN benefits may include coverage for these services – and more:



Routine Vision



Routine Dental



Routine Transportation



Routine Chiropractic



Telehealth & Technology



Routine Hearing



Travel Assurance



SCAN On-the-Go



Meal Delivery

Check out your “more than original Medicare” benefits on the following pages.

For more information:

- Contact the companies directly
- Visit scanhealthplan.com/extras
- Call SCAN at **1-800-559-3500 (TTY: 711)**

These program offerings may vary based on plan and county. Check the plans Evidence of Coverage for details.

SCAN Health Plan is an HMO plan with a Medicare contract. Enrollment in SCAN Health Plan depends on contract renewal.

Core Extras

Vision Services (routine)



SCAN offers routine vision care services through the EyeMed Select optometry provider network:

- Routine eye exam, limited to one every calendar year
- An eyewear allowance to apply towards the cost of standard frames or lenses
- Access to a large network of independent and retail locations

Please note SCAN members are part of the EyeMed “SELECT” network when searching for a provider.

EyeMed Vision Care

To find an optometrist or optician near you, call:

1-844-226-2850

or go to:

eyemedvisioncare.com/locator

October 1–March 31

5 a.m.–8 p.m. PT, seven days a week

April 1–September 30

5 a.m.–8 p.m. PT, Monday–Saturday

8 a.m.–5 p.m. PT, Sunday

Dental Services (routine)



Please note SCAN members are part of the “DeltaCare® USA” network when searching for a provider.

- Offers routine dental coverage
- Low out-of-pocket costs for many diagnostic and preventive services (such as professional cleanings and regular dental exams)

Delta Dental of California

To find a dentist near you, call:

1-855-830-6583

5 a.m.–6 p.m. PT,
Monday–Friday

Or go to:

deltadentalins.com/scan

Transportation Services (routine)

- Curb-to-curb transportation to medical appointments, pharmacies, and dentists. Some plans may offer rides for non-medical purposes such as fitness locations.
- Taxi, wheelchair vans and other vehicle types to meet people's physical needs
- 75-mile limit applies to each one-way trip



To schedule a ride or check on ride status:

1-844-714-2218

7 a.m.–6 p.m. PT,
Monday–Friday

Chiropractic Services (routine)



- Access to routine chiropractic services
- Large network of providers
- Call a participating provider to schedule an initial examination



American Specialty Health (ASH)

To find a provider near you, call:

1-800-678-9133

5 a.m.–6 p.m. PT,
Monday–Friday

Or go to:

ashlink.com/ash/scan

Hearing Services (routine)



- Initial Hearing Exam
- High-quality hearing aids
- Hearing aids in a variety of colors and styles
- Access to a network of local professional care providers
- Financing options available



TruHearing

1-844-255-7148 (TTY 711)

5 a.m.–5 p.m. PT,
Monday–Friday

Or go to:

truhearing.com

SCAN Travel Assurance Worldwide Coverage



With SCAN you can travel with confidence, knowing your SCAN coverage travels with you anywhere you go. Members will have access to resources that facilitate the reimbursement of approved claims.

The SCAN Travel Assurance Kit includes some helpful information like what to do if you see a doctor while traveling, holds your SCAN ID card and even provides a claim form for you to use when you return from your trip.

To request a SCAN Travel Assurance kit, call SCAN Member Services 1-800-559-3500



SCAN *on the go*



SCAN goes where you go

Life can take you many places, so SCAN goes where you go. Whether you're out of town, across the country, or on another continent, you can count on SCAN to be there, too, with benefits to help you stay healthy and safe. And if you need care, we're there with coverage you can count on.

Benefits available on the go include urgent care, CVS Minute Clinic, fitness, telehealth and more... At home or on the go, we've got you covered.

To request a SCAN on the go kit, call SCAN Member Services 1-800-559-3500



Solutions for Virtual Care Access

Telehealth – MDLive



When it's not an emergency, you don't have an appointment to see your primary care physician (PCP) or when you just want a convenient alternative to an urgent care center, your telehealth benefit offers care 24 hours a day, 7 days a week, 365 days a year.

- The doctor can diagnose your non-emergency symptoms and send medically necessary prescriptions to your SCAN network pharmacy
- Speak with a licensed medical doctor in the comfort of your own home for non-life-threatening conditions
- The visit can be conducted either by telephone or secure video capabilities from your computer, tablet, or smart phone

Request a telehealth visit today.

**Call 1-888-993-4087
(TTY: 1-800-770-5531)**

24 hours a day, 7 days a week

Or go to:
scanhealthplan.com
for more information

HEALTH^{tech} Technology Support Assistance



A technology support line to provide education and training on how to use your computer, tablet or smartphone to access health care and health care related information.

Areas where Health^{tech} can help you

- Skype/Zoom/FaceTime training for physician visits
- Telehealth visit overview, setup on personal equipment (phone, tablet, or computer)
- Prescription delivery setup
- Email account creation for health care communication
- Setting up your medical group's online portal access
- SCAN Member Portal registration

To access technology support assistance call:

**1-833-437-0555
(TTY: 711)**

24 hours a day, 7 days a week



Abridge – Smartphone-Based Application



Stay on top of your health with Abridge, a smartphone app that helps you remember your doctor's advice.

Securely record your doctors' visits in Abridge, and afterwards you'll get an interactive transcript of the medical parts of your conversation. Quickly skip around to key moments, get definitions of medical terms, or review any medication instructions.

- Abridge is offered at no cost to SCAN members
- You can decide with your health professional what to record
- If your family wasn't able to attend the visit, you can securely share a conversation to keep everyone on the same page
- Abridge uses HIPAA-compliant servers and products to protect your privacy and abides by HIPAA security principles to safeguard your data

For more information about Abridge go to:

abridge.com/scan

For additional questions, email:
scansupport@abridge.com

or call SCAN Member Services:
1-800-559-3500

Solutions For Healthy Living

Health Club Membership



SilverSneakers® is a health and fitness program that provides gym access, fitness classes and programs.

SilverSneakers members:

- Have access to a no cost gym membership with access to all basic amenities
- Thousands of gyms, community centers, and other participating fitness locations across the nation
- Exercise classes designed for seniors of all fitness levels and led by trained instructors
- Access to SilverSneakers Live virtual classes and hundreds of On-Demand classes at silversneakers.com

SilverSneakers Fitness Program

To find a SilverSneakers location or get your SilverSneakers ID Number, call:

1-888-423-4632

5 a.m.–5 p.m. PT,
Monday–Friday

Or go to:

silversneakers.com

BrainHQ



Exercise your mind with BrainHQ, an online brain health program.

Keeping your mind “physically fit” is important. Brain fitness helps strengthen connections in order to maintain important brain functions. Exercising the brain should be on every adult’s daily to-do list.

BrainHQ is offered at no-cost to SCAN members.

Features include:

- Mental games that focus on attention, memory, brain speed, intelligence, navigation, and people skills exercises
- A useful and meaningful workout tailored to your unique brain. Using a special method, each exercise adapts in difficulty as you use it so you’re always working at your optimum level—where you are most likely to improve your performance

To start using BrainHQ, go to:

scan.brainhq.com

For additional questions you can call:

1-888-844-6598 (TTY: 711)

7:30 a.m.–4 p.m.
Monday–Friday

Solutions for Togetherness

SCAN Learning Communities



SCAN Learning Communities brings like-minded people together for in-person health education classes to maintain good mental and physical health.

To access this benefit, call
SCAN Member Services
1-800-559-3500



Headspace



Mindfulness has been shown to help people stress less, increase focus, and sleep more soundly, and Headspace is your personal guide.

With hundreds of exercises for meditation, sleep, focus, and movement, they'll help you start and end your day feeling like your best self.

To join Headspace, go to:

[headspace.com/
scanhealthplan](https://headspace.com/scanhealthplan)

Need help?

You can send an email to
teamsupport@headspace.com
or call SCAN Member Services
1-800-559-3500

Solutions for Caregivers

Caregiver Training/Support



Virtual and in-person skill training and support for caregivers. The 4-week series is designed to fit into a busy schedule and is offered several times throughout the year.

To access this benefit, call
SCAN Member Services
1-800-559-3500



Home-Delivered Meals



Home-delivered meals help members maintain a nutritionally balanced lifestyle, recover after a hospital stay and provide a jump start to healthy eating for chronic conditions.

Fully prepared meals delivered to your doorstep.

- Health specific menu options (nine health support menus, e.g. lower sodium, diabetic-friendly, etc.)
- Criteria apply, please call SCAN Member Services for details

To access this benefit, call
SCAN Member Services
1-800-559-3500

Save Money on Your Medications¹

Make it Mail-Order From Express Scripts PharmacySM

The easy way to fill your maintenance medications. Make fewer trips to the pharmacy by having your 3-month supply delivered right to you and right on time. And standard shipping is free! Having more medication on hand can also help make sure that you don't run out of these important medications.



Tiers 1, 2, 3, and 4: Buy two, get one free!

You'll pay just two copayments when you pick up a 3-month supply of prescription drugs on tiers 1, 2, 3 and 4. That means you pay for 2 months and get the 3rd month free!

Take advantage of the savings and convenience of home delivery, plus the added benefits of:



Automatic Refills

Sign up for automatic refills with Express Scripts Pharmacy, they'll remember so you don't have to.



Online Tracking

Easily manage your medications on the Express Scripts website or app.



Payment Flexibility

Express Scripts Pharmacy offers payment options that work with your budget.



Have Questions?

24/7 telephone access to a pharmacist at 1-866-553-4125 (TTY: 711).

Make the Switch

Once your SCAN membership begins, contact:

- Express Scripts Personal Enrollment Specialist at 1-877-842-9792 (TTY: 711)

OR

- Your doctor's office and ask about home delivery for your maintenance medications. They can send your 3-month prescriptions right to Express Scripts Pharmacy

Keeping Prescription Medications Affordable

We know how important it is to keep the cost of medications low. Here are even more ways to save with SCAN Health Plan.



Preferred Pharmacies = Lower Copayments!

If you prefer to fill your prescriptions at a local pharmacy but still want to save money, we have you covered. Just use a SCAN Preferred pharmacy. These are pharmacies in the SCAN network that generally offer lower copayments than Standard pharmacies for most drugs.

While you can fill your prescriptions at any of the pharmacies listed below, you may pay less at a Preferred pharmacy.

Preferred Pharmacies

CVS	Costco	Safeway
Express Scripts Pharmacy	Walmart	Albertsons
Rite Aid	Ralphs/Kroger/Fry's	Many Independent Pharmacies

Standard Pharmacies

Walgreens	Medicine Shoppe	Select independent pharmacies
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3-Month Supply = Savings

Save money and time by getting a 3-month supply of the medications you take on an ongoing basis. The amount you save will depend on the tier your medication is on and what pharmacy you use (e.g., Preferred or Standard). Specialty tier (Tier 5) drugs are not available for a 3-month supply.

Enrollment Forms



Retiree Group Health Plan Enrollment Request Form



Please contact SCAN Health Plan® if you need any information in another language or format. (Braille)

Step 1: Please fill out the application completely. Use a ballpoint pen and press hard to make two copies.

Step 2: Sign and date the application.

Step 3: Keep the **BOTTOM** copy for your file.

If you have any questions regarding this application, please call 1-877-212-7654 (TTY: 711). Hours are 8 A.M. to 8 P.M., 7 days a week from October 1 to March 31. From April 1 to September 30 hours are 8 A.M. to 8 P.M., Monday through Friday. Messages received on holidays and outside of our business hours will be returned within one business day.

1

To Enroll in SCAN Health Plan, Please Provide the Following Information:

Retiree Group Name:

Group Number:

Last Name: _____ First Name: _____ M.I.: _____

Birth Date: ____/____/____
MM DD YYYY

Sex: ☐ Male ☐ Female

Phone #: (____) _____ Email Address: _____

Please choose how you want to receive plan information:

- ☐ Check here to get your Part C Explanation of Benefits (EOB) and Annual Notice of Change (ANOC) online, rather than by U.S. mail. You will receive an e-mail each time one of these documents is available. You can change back to U.S. mail at any time.

Permanent Residence Street Address (PO Box is not allowed):

City: _____ State: _____ Zip Code: _____

Mailing Address, (PO Box is allowed) (only if different from your Permanent Residence Address):

Street Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact (optional): _____

Phone Number: (____) _____ Relationship to You: _____

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

- | | |
|---|---|
| <input type="checkbox"/> No, not of Hispanic, Latino/a, or Spanish origin | <input type="checkbox"/> Yes, Cuban |
| <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano/a | <input type="checkbox"/> Yes, another Hispanic, Latino/a, or Spanish origin |
| <input type="checkbox"/> Yes, Puerto Rican | <input type="checkbox"/> I choose not to answer. |

What's your race? Select all that apply.

- | | | |
|---|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Filipino | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Other Asian | <input type="checkbox"/> Korean | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Mixed Race |
| <input type="checkbox"/> I choose not to answer. | <input type="checkbox"/> White | <input type="checkbox"/> Unknown |

Language Preferences:

What is your preferred spoken language if other than English:

☐ Spanish ☐ Cantonese ☐ Mandarin ☐ Korean ☐ Vietnamese

Select one if you want us to send you information in a language other than English:

☐ Spanish ☐ Chinese ☐ Korean ☐ Vietnamese

1 To Enroll in SCAN Health Plan, Please Provide the Following Information: (continues)

Select one if you want us to send you information in an accessible format: ☐ Braille ☐ Large print ☐ Audio CD

Please contact SCAN Health Plan at 1-877-212-7654 (TTY: 711) if you need information in an accessible format (like audio or large print) or a language other than those listed above. Hours are 8 A.M. to 8 P.M., 7 days a week from October 1 to March 31. From April 1 to September 30 hours are 8 A.M. to 8 P.M., Monday through Friday. Messages received on holidays and outside of our business hours will be returned within one business day.

Social Security: - -

2 Please Provide Your Medicare Insurance Information

Please take out your red, white and blue Medicare card to complete this section.

- Fill out this information as it appears on your Medicare card.

Name (as it appears on your Medicare card):

Medicare Number:

3 Physician Information

Please choose a Primary Care Physician (PCP), and Medical Group.

I do not have a preferred primary care physician. Please auto assign to a contracted SCAN primary care physician. ☐ Yes ☐ No

Physician Name:

Physician ID Number:

Medical Group Name:

Group ID Number:

Are you a current patient of this physician? ☐ Yes ☐ No

4 Please Read and Answer These Important Questions

1. Are you the retiree? ☐ Yes ☐ No

If yes, retirement date (month/date/year): _____

If no, name of retiree: _____

2. Are you covering a spouse or dependents under this employer or union plan? ☐ Yes ☐ No

If yes, name of spouse: _____

Name(s) of dependent(s): _____

** A separate application is required for a spouse or dependent for enrollment in SCAN Health Plan.

3. Do you work? ☐ Yes ☐ No

Does your spouse work? ☐ Yes ☐ No

4. Do you have end stage renal disease (ESRD)? ☐ Yes ☐ No

If you have had a successful kidney transplant and/or you don't need regular dialysis any more, please attach a note or records from your doctor showing you have had a successful kidney transplant or you don't need dialysis, otherwise we may need to contact you to obtain additional information.

5. Some individuals may have other drug coverage, including other private insurance, Worker's Compensation, VA benefits or state pharmaceutical assistance programs. ☐ Yes ☐ No

Will you have other prescription drug coverage in addition to SCAN Health Plan?

If "yes" please provide the following information:

Name of other coverage: _____

ID # for other coverage: _____

If we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), we need to know how you would prefer to pay it. Please call SCAN Member Services at 1-800-559-3500. TTY: 711.

If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or RRB. DO NOT pay SCAN Health Plan the Part D-IRMAA. For more information about contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users call 1-800-325-0778.

By completing this enrollment application, I agree to the following:

SCAN Health Plan is a Medicare Advantage plan and has a contract with the Federal Government. I will need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available (Example: October 15 – December 7 of every year), or under certain special circumstances.

SCAN Health Plan serves a specific service area. If I move out of the area that SCAN Health Plan serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of SCAN, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from SCAN when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that beginning on the date SCAN coverage begins, I must get all of my health care from SCAN, except for emergency or urgently needed services or out-of-area dialysis services. Services authorized by SCAN and other services contained in my SCAN Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR SCAN WILL PAY FOR THE SERVICES.**

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with SCAN, he/she may be paid based on my enrollment in SCAN.

Release of Information: By joining this Medicare health plan, I acknowledge that SCAN will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that SCAN will release my information, including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the state where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that 1) this person is authorized under state law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

Signature: _____ Today's Date: _____

If you are the authorized representative, you must sign above and provide the following information:

Name: _____ Relationship to enrollee: _____

Address: _____

Phone number: (____) _____

OFFICE USE ONLY

NAME OF STAFF MEMBER/AGENT/BROKER (if assisted in enrollment):

NATIONAL PRODUCER NUMBER (NPN):

EFFECTIVE DATE OF COVERAGE

____ / ____ / ____
M M D D Y Y Y Y

REC'D DATE:

3800 Kilroy Airport Way, Suite 100, Long Beach, CA 90806



Member last name		Effective date	
First name		D.O.B.	
Phone		Emergency phone	
Marital status	<input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Prefer not to answer		
Is enrollee a Connections enrollee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Employer Group enrollee, does the enrollee have an immediate need for services? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Current MG/IPA (prior to enrolling with SCAN):	Is enrollee staying with this MG/IPA? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Current PCP (prior to enrolling with SCAN):	Is enrollee staying with the same PCP? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Current PCP phone number:		
Enrollee's preferred spoken language:			
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean	<input type="checkbox"/> Japanese <input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin <input type="checkbox"/> Arabic <input type="checkbox"/> Armenian	<input type="checkbox"/> Farsi (Persian) <input type="checkbox"/> Thai <input type="checkbox"/> Russian <input type="checkbox"/> Cambodian	<input type="checkbox"/> American Sign Language/Braille <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____ <input type="checkbox"/> Decline to state
Race/ethnicity:			
<input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian	<input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Mixed Race	<input type="checkbox"/> Other _____ <input type="checkbox"/> Decline to state
The enrollee is currently receiving the following services/equipment which will be needed <i>after the effective enrollment date</i> (check all that apply): <input type="checkbox"/> In a hospital or a skilled nursing facility Provider: _____ <input type="checkbox"/> Home health (e.g., nursing care and/or in-home physical therapy) Provider: _____ <input type="checkbox"/> Rented medical equipment or supplies (oxygen, wheelchair, nebulizer/breathing treatment device, ostomy supplies, hospital bed, etc.) Provider: _____	The enrollee is currently scheduled to receive the following treatment <i>after the effective enrollment date</i> (check all that apply): <input type="checkbox"/> Scheduled surgeries or procedures within 30 days of effective date Date: / / <input type="checkbox"/> Specialist appointment within 30 days of effective date Specialty:_____ Date: / / <input type="checkbox"/> Dialysis treatment Provider:_____ Date: / / <input type="checkbox"/> Chemotherapy/radiation Provider:_____ Date: / /		
Please indicate if the enrollee has difficulty in the following areas: <input type="checkbox"/> Unable to obtain food <input type="checkbox"/> Unable to meet housing needs/homeless <input type="checkbox"/> Unable to afford medications			

Requests for continuity of care are reviewed on a case by case basis, with the goal to establish and continue care with an in-network provider. SCAN Health Plan is an HMO plan with a Medicare contract. Enrollment in SCAN Health Plan depends on contract renewal.

<input type="checkbox"/> Electronic enrollment completed <input type="checkbox"/> Completed paper enrollment – sent separately	<input type="checkbox"/> Fax completed form to Enrollment Dept. Fax number: 562-989-5243
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What to Expect Next

You've sent in your SCAN Health Plan® enrollment form—so now what happens?



Verification Letter. This letter is required by Medicare to make sure the SCAN plan was fully explained to you and to confirm that you want to enroll in SCAN.



Approval Letter. This letter will let you know if your enrollment with SCAN has been approved by Medicare.



SCAN Member ID Card. Put your ID card in your wallet or purse so you have it when you go to the doctor, hospital or pharmacy.



SCAN Welcome Kit. This packet is filled with helpful information, including the complete Evidence of Coverage brochure. You will receive this in the mail, even if you signed up to receive future plan materials online.



SCAN Club Newsletter. This newsletter is just one of the ways we stay in touch with plan updates, health reminders and more.



Total Health Questionnaire. You may be contacted to complete a total health questionnaire. This questionnaire is important because your answers will help to make sure that you're getting the care you need. The questionnaire is optional—your benefits won't be affected in any way whether you participate or not—but when you get the call, we hope you'll say "Yes."



You might also receive:

- **A call to arrange for health services**
(if you filled out the "Coordination of Services" form). Expect this call shortly before/after your membership takes effect.

Once you receive your ID card, you can contact SCAN Member Services with any questions about your new plan.

✉ MemberServices@scanhealthplan.com

☎ 1-800-559-3500 (TTY: 711)

Oct. 1 - Mar. 31: 8 a.m. to 8 p.m., 7 days a week

Apr. 1 - Sept. 30: 8 a.m. to 8 p.m., Mon. - Fri.

Messages received on holidays or outside of business hours will be returned within one business day.

Visit **scanhealthplan.com/getstarted**
to get a head start on your new health plan!





Contact an authorized SCAN
representative today:

1-877-791-7226



Or visit:

www.scanhealthplan.com

TTY users: 711

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