SCAN Retiree Group

October 1, 2024 - September 30, 2025

scan™

Medicare Advantage Plan

2024-2025 BENEFIT KIT

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

DARING TO CARE DIFFERENTLY SINCE 1977

The Senior Care Action Network (SCAN) was founded by seniors, for seniors. Their goal was to bring together the services and support they needed to age safely in their own homes.

With a range of health plan products to choose from, there's a SCAN plan that's right for you. We're here to answer any questions you might have. And we look forward to welcoming you to the SCAN family!

FAST FORWARD TO NOW

SCAN is an award-winning Medicare Advantage plan. We're still not-for-profit. And we're still committed to keeping people with Medicare healthy and independent.

INSIDE YOU'LL FIND:

Benefits Highlights
A plan highlight of the benefits offered.

Summary of Benefits
This section gives you an overview of benefits, coverage and any copays for easy comparison.

Extra Benefit Details
This section lists more information about the benefits we offer beyond Original Medicare.

Pharmacy Benefit Details
This section gives an overview of our drug coverage along with money-saving tips.

Enroll Now
Ready to join SCAN? This section has the information you'll need to complete.

IMPORTANT INFORMATION:

2025 Medicare Star Ratings

Official U.S. Government Medicare Information

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

SCAN Health Plan - H5425

For 2025, SCAN Health Plan - H5425 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★★½
Health Services Rating:	★★★★☆
Drug Services Rating:	★★★★★

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

★★★★★ EXCELLENT
★★★★☆ ABOVE AVERAGE
★★★☆☆ AVERAGE
★★☆☆☆ BELOW AVERAGE
★☆☆☆☆ POOR

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at Medicare.gov/plan-compare.

Questions about this plan?

Contact SCAN Health Plan 7 days a week from 8:00 a.m. to 8:00 p.m. Pacific time at 888-315-7226 (toll-free) or 888-722-6889 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Pacific time. Current members please call 800-559-3500 (toll-free) or 711 (TTY).

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

October 1, 2024 - September 30, 2025

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Medicare Advantage Plan

2024-2025 BENEFIT HIGHLIGHTS

Comprehensive Care	N-MUSD	
	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	**N-MUSD**	
	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		N-MUSD	
Part D Deductible		$0	
For Basic Plan and Enhanced Plan Initial Coverage Stage - SCAN Contracted Retail Pharmacies (1-month/30-day supply)			
Pharmacy Network		**PREFERRED**	**STANDARD**
Tier 1: Preferred Generic		$5	$10
Tier 2: Generic		$5	$10
Tier 3: Preferred Brand	**Insulin**	$20	$20
	Other Drugs	$20	$20
Tier 4: Non-Preferred Drug		$20	$20
Tier 5: Specialty Tier		25%	25%
Tier 6: Select Care Drugs		$11	$11

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	N-MUSD	
	Basic Plan	**Enhanced Plan**
Routine Hearing Test	$15 (1 per year)	$10 (1 per year)
Hearing Aid Fitting Evaluations	$15 (within the first year of purchase)	$10 (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)
Lenses	$20 (1 pair every 2 years)	$20 (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	N-MUSD	
	Basic Plan	Enhanced Plan
Routine Dental Services		
Office visit/exam	$0 per visit	$0 per visit
Dental cleaning	$0-$15 (2 every 12 months)	$0 (2 every 12 months)
Dental X-rays	$0 (1 every 6 months)	$0 (1 every 6 months)
Telehealth Services	$0 per virtual visit	$0 per virtual visit
Health Club Membership	$0	$0
Home-Delivered Meals	$0 Home-delivered meals are available to members with chronic conditions up to 28 days/84 meals	$0 Home-delivered meals are available to members with chronic conditions up to 28 days/84 meals
SCAN HEALTH*tech*	$0 Technology support to provide education and training on how to use your computer, tablet or smartphone to access health care and health care related information.	$0 Technology support to provide education and training on how to use your computer, tablet or smartphone to access health care and health care related information.
Nurse Advice Line	$0 Speak with a Registered Nurse (RN) for help treating symptoms and finding care.	$0 Speak with a Registered Nurse (RN) for help treating symptoms and finding care.

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 $1,200 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
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.	You pay $0
In-Home Caregiver Relief SCAN provides alternative caregiver services in your home when a regular caregiver can't be there.	You pay $15 per visit

*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)*	
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.	You pay $15 per visit
Incontinence Supplies Members who qualify may be eligible to receive selected incontinence supplies, such as diapers, briefs, and pads to maintain skin integrity.	You pay $0
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.	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

This section gives you an overview of benefits, coverage and any copays for easy comparison.

2024-2025

Summary of Benefits

SCAN Retiree Group
Newport-Mesa Unified School District (N-MUSD)(HMO)

California

October 1, 2024 - September 30, 2025

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 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.

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SUMMARY OF BENEFITS

October 1, 2024 - September 30, 2025

PREMIUM AND BENEFITS	N-MUSD		WHAT YOU SHOULD KNOW
	BASIC PLAN	ENHANCED PLAN	
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 may apply.
Outpatient Hospital Services			**Prior authorization** rules apply for outpatient hospital services.
• Ambulatory Surgical Center	You pay $0	You pay $0	
• Outpatient Hospital	You pay $0	You pay $0	
Doctor Visits			**Prior authorization** rules apply for specialist visits.
• Primary Care	You pay $15 copay per visit	You pay $10 copay per visit	
• Specialists	You pay $15 copay per visit	You pay $10 copay per visit	

PREMIUM AND BENEFITS	N-MUSD		WHAT YOU SHOULD KNOW
	BASIC PLAN	ENHANCED PLAN	
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 may 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			**Prior authorization** rules apply for diagnostic, lab, and imaging services.
• Lab services	You pay $0	You pay $0	
• Diagnostic tests and procedures	You pay $0	You pay $0	
• Outpatient X-rays	You pay $0	You pay $0	
• Therapeutic radiology	You pay $0	You pay $0	
• Diagnostic radiology (e.g., MRI, CT)	You pay $0	You pay $0	

PREMIUM AND BENEFITS	N-MUSD		WHAT YOU SHOULD KNOW
	BASIC PLAN	ENHANCED PLAN	
Hearing Services			**Prior authorization** rules apply for Medicare-covered diagnostic hearing and balance exams. Routine hearing services do not require a prior authorization. You must go to a SCAN-contracted provider to obtain a routine hearing exam and hearing aids.
• Medicare-covered diagnostic hearing and balance exam	You pay $15 copay per visit	You pay $10 copay per visit	
• Non-Medicare-covered (routine) hearing exam	You pay $15 copay for up to 1 visit per year	You pay $10 copay for up to 1 visit per year	
• Non-Medicare-covered (routine) hearing aid fitting/ evaluation	You pay $15 copay per visit within the first year of purchase	You pay $10 copay per visit within the first year of purchase	
• Non-Medicare-covered routine) hearing aids	You are covered up to $2,000 for up to 2 hearing aids every 2 years	You are covered up to $4,000 for up to 2 hearing aids every 2 years	
Dental Services			**Prior authorization** rules apply for Medicare-covered dental services. Routine dental services do not require a prior authorization. You must go to a SCAN-contracted dental provider to obtain routine dental services.
• Medicare-covered dental services	You pay $15 copay per visit	You pay $10 copay per visit	
• Non-Medicare-covered (routine) oral exam	You pay $8 copay per visit	You pay $0	
• Non-Medicare-covered (routine) dental cleanings	You pay $0 for up to 2 visits every 12 months	You pay $0 for up to 2 visits every 12 months	
• Non-Medicare-covered (routine) dental X-rays	You pay $0 for up to 1 series every 6 months	You pay $0 for up to 1 series every 6 months	

PREMIUM AND BENEFITS	N-MUSD		WHAT YOU SHOULD KNOW
	BASIC PLAN	ENHANCED PLAN	
Vision Services			**Prior authorization** rules apply for Medicare-covered vision exam and glasses after cataract surgery. Routine vision services do not require prior authorization. You must go to a SCAN-contracted vision provider to obtain routine vision services.
• Medicare-covered vision exam to diagnose/treat diseases of the eye	You pay $15 copay per visit	You pay $10 copay per visit	
• Medicare-covered glasses after cataract surgery	You pay $15 copay per visit	You pay $10 copay per visit	
• Non-Medicare-covered (routine) vision exam	You pay $15 for up to 1 visit per year	You pay $10 for up to 1 visit per year	
• Non-Medicare-covered (routine) lenses	You pay $20 every 2 years	You pay $20 every 2 years	
• Non-Medicare-covered (routine) vision coverage limit	You are covered for up to $100 for frames or up to $130 for contact lenses every 2 years	You are covered for up to $100 for frames or up to $130 for contact lenses every 2 years	
Mental Health Services			**Prior authorization** rules apply for inpatient mental health hospitalization. You are covered for up to 90 days per benefit period.*
• Inpatient visit	You pay $100 copay per admission for days 1-90	You pay $0 for days 1-90	
• Outpatient individual/group therapy visit	You pay $15 copay per visit	You pay $10 copay per visit	**Prior authorization** rules apply for outpatient individual/group therapy visits.
• Outpatient individual/group therapy visit with a psychiatrist	You pay $15 copay per visit	You pay $10 copay per visit	
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.

*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.

PREMIUM AND BENEFITS	N-MUSD		WHAT YOU SHOULD KNOW
	BASIC PLAN	ENHANCED PLAN	
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 no more than $35 for a one-month supply of a Part B insulin furnished through an item of durable medical equipment, such as a medically necessary insulin pump. You pay $40 copay for chemotherapy and other Part B drugs	You pay no more than $30 for a one-month supply of a Part B insulin furnished through an item of durable medical equipment, such as a medically necessary insulin pump. You pay $30 copay for chemotherapy and other Part B drugs	**Prior authorization** rules apply to select drugs.

OUTPATIENT PRESCRIPTION DRUGS (PART D DRUGS):
N-MUSD BASIC PLAN AND ENHANCED PLAN

You pay the following:

Part D Deductible	You pay $0

Drug Tier		**Retail**				**Mail-Order**	
		Preferred		**Standard**		**Preferred**	**Standard**
		30-day supply	**100-day supply**	**30-day supply**	**100-day supply**	**100-day supply**	**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	You pay $20
Tier 2 (Generic)		You pay $5	You pay $10	You pay $10	You pay $20	You pay $10	You pay $20
Tier 3 (Preferred Brand)	Insulin	You pay $20	You pay $40	You pay $20	You pay $40	You pay $40	You pay $40
	Other Drugs	You pay $20	You pay $40	You pay $20	You pay $40	You pay $40	You pay $40
Tier 4 (Non-Preferred Drug)		You pay $20	You pay $40	You pay $20	You pay $40	You pay $40	You pay $40
Tier 5 (Specialty Tier)		You pay 25%	Not available	You pay 25%	Not available	Not available	Not available
Tier 6 (Select Care Drugs)		You pay $11	You pay $33	You pay $11	You pay $33	You pay $33	You pay $33

Catastrophic Coverage Stage

Effective 10/01/2024 to 12/31/2024:
You stay in the Initial Coverage Stage until your yearly out-of-pocket costs reach $8,000. After your yearly out-of-pocket drug costs reach $8,000, you pay $0 for all covered prescription drugs for the remainder of the year.

Effective 01/01/2025 to 09/30/2025:
You stay in the Initial Coverage Stage until your yearly out-of-pocket costs reach $2,000. After your yearly out-of-pocket drug costs reach $2,000, you pay $0 for all covered prescription drugs for the remainder of the year.

Effective January 1st, 2025, there are important changes that may help you manage your drug costs and keep them lower:

You will never pay more than $2,000 in out-of-pocket for your prescription drugs, but you may pay even less.

Some members may benefit from the new Medicare Prescription Payment Plan option that helps spread out your out-of-pocket cost for a drug if it is too high. And SCAN is always here to help find solutions like patient assistance programs or apply for "Extra Help" from Medicare.

You won't pay more than $20 for a one-month supply of each insulin product covered by our plan on our "Drug List" (Formulary), no matter what cost-sharing tier it's on. You won't pay more than $35 for a one-month supply of each insulin product covered through a coverage determination, appeal, or transition. During the Catastrophic Coverage Stage, you pay $0 for all covered insulin products.

Most adult Part D vaccines, including shingles, tetanus and travel vaccines, are covered by our plan at no cost to you. Refer to your plan's "Drug List" (Formulary) or contact Member Services for coverage and cost-sharing details about specific vaccines.

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

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

PREMIUM AND BENEFITS	N-MUSD		WHAT YOU SHOULD KNOW
	BASIC PLAN	ENHANCED PLAN	
Medical Equipment/ Supplies • Durable Medical Equipment (e.g., wheelchairs, oxygen)	You pay $0	You pay $0	**Prior authorization** rules apply for covered durable medical equipment, prosthetic devices, and certain diabetic supplies.
• Prosthetics (e.g., braces, artificial limbs)	You pay $0	You pay $0	
• Diabetic supplies	You pay $0	You pay $0	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.
• Continuous Glucose Monitors (CGMs)	You pay $0 at the pharmacy or DME provider	You pay $0 at the pharmacy or DME provider	Freestyle Libre and Dexcom CGMs are covered at contracted pharmacies. Other CGM manufacturers are available at contracted DME providers. **Prior authorization** rules apply.
Telehealth Services	You pay $0	You pay $0	A visit with a doctor in the comfort of your own home. This benefit is for nonlife threatening conditions such as, but not limited to, cough, flu, nausea, sore throat, fever, and allergies. Visits with doctors can be conducted by secure video capabilities from your computer, tablet, or smart phone.

PREMIUM AND BENEFITS	N-MUSD		WHAT YOU SHOULD KNOW
	BASIC PLAN	ENHANCED PLAN	
Health Club Membership	You pay $0	You pay $0	You are covered for SCAN-contracted health clubs in your area.
Home-delivered meals	You pay $0	You pay $0	Up to 28 days/84 meals of home-delivered meals are available to members with chronic conditions.
HEALTH*tech*	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.
Nurse Advice Line	You pay $0	You pay $0	The Nurse Advice Line benefit allows you to seek advice from a nurse based on current symptoms, 24 hours a day, 7 days a week. Qualified nurses can help manage your symptoms and help you decide where and how to seek medical care. The Nurse Advice Line can be accessed by telephone or smart phone.

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 $1,200 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)*	
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.	You pay $0
In-Home Caregiver Relief SCAN provides alternative caregiver services in your home when a regular caregiver can't be there.	You pay $15 per visit
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.	You pay $15 per visit
Incontinence Supplies Members who qualify may be eligible to receive selected incontinence supplies, such as diapers, briefs, and pads to maintain skin integrity.	You pay $0
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.	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.

ADDITIONAL DETAILS AND CONTACT INFORMATION

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 area (Los Angeles, Orange, Riverside, San Bernardino, San Diego, Ventura, Alameda, Fresno, Madera, Santa Clara, San Francisco, San Mateo and Stanislaus counties, California) – be a United States citizen or be lawfully present in the United States – not be medically determined to have end-stage renal disease (ESRD)
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 am to 8 pm, 7 days a week **April 1 to September 30:** 8 am to 8 pm, Monday through Friday Messages received on holidays and outside of our business hours will be returned within one business day.
Website	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 https://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.

This information is not a complete description of benefits. Call 1-800-559-3500 (TTY: 711) for more information.

You can get prescription drugs shipped to your home through our network mail-order delivery program. Express Scripts Pharmacy℠ 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 am to 8 pm, 7 days a week from October 1 to March 31. From April 1 to September 30, hours are 8 am to 8 pm 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 users call 711

October 1 to March 31
8 am to 8 pm, 7 days a week

April 1 to September 30
8 am to 8 pm, Monday through Friday

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

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. 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.
- ☐ Review the Formulary to make sure your drugs are covered.

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, 2025.
- ☐ 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).
- ☐ This plan is a chronic condition special needs plan (C-SNP). Your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition.

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 1-800-559-3500. 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 1-800-559-3500. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Cantonese (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 1-800-559-3500 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 Mandarin (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 1-800-559-3500 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 1-800-559-3500. 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 1-800-559-3500. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-559-3500 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 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 1-800-559-3500 հեռախոսահամարով: Ձեզ կօգնի հայերենին տիրապետող մեր աշխատակիցը: Ծառայությունն անվճար է:

Persian: ترجمه: 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 شماره1-800-559-3500 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 1-800-559-3500. 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、1-800-559-3500 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: اتصل بنا 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 الرقم1-800-559-3500. 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 ਮੁਫ਼ਤ ਦੁਭਾਸ਼ੀਆ ਸੇਵਾਵਾਂ ਹਨ। ਕੋਈ ਦੁਭਾਸ਼ੀਆ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ, ਬੱਸ ਸਾਨੂੰ 1-800-559-3500 'ਤੇ ਕਾਲ ਕਰੋ। ਕੋਈ ਵਿਅਕਤੀ ਜੋ ਪੰਜਾਬੀ ਬੋਲਦਾ ਹੈ, ਉਹ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਇਹ ਇੱਕ ਮੁਫ਼ਤ ਸੇਵਾ ਹੈ।

Mon-Khmer, Cambodian:
យើងខ្ញុំមានសេវាអ្នកបកប្រែផ្តាល់មាត់ដោយមិនគិតថ្លៃចាំឆ្លើយរាល់សំណួរដែលអ្នកអាចមានអំពីសុខភាព ឬផែនការឱសថរបស់យើងខ្ញុំ។ ដើម្បីទទួលបានអ្នកបកប្រែ គ្រាន់តែហៅទូរស័ព្ទមកយើងខ្ញុំតាមរយៈលេខ 1-800-559-3500។ 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 1-800-559-3500. 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 1-800-559-3500 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Thai: เรามีบริการล่ามฟรีเพื่อตอบข้อสงสัยต่าง ๆ ที่คุณอาจมีเกี่ยวกับแผนสุขภาพและด้านเภสัชกรรมของเรา ขอความช่วยเหลือจากล่ามโดยโทรติดต่อเราที่หมายเลข 1-800-559-3500 เจ้าหน้าที่ในภาษาไทยจะเป็นผู้ให้บริการโดยไม่มีค่าใช้จ่ายใด ๆ

Lao: ພວກເຮົາມີການບໍລິການນາຍພາສາຟຣີ ເພື່ອຕອບຄຳຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບສຸຂະພາບ ຫຼື ແຜນການຢາຂອງ ພວກເຮົາ. ເພື່ອຮັບເອົານາຍພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ເບີ 1-800-559-3500. ບາງຄົນທີ່ເວົ້າພາສາລາວ ສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການຟຣີ.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-559-3500. Quelqu'un parlant français pourra vous aider. Ce service est gratuit.

German: Unser kostenloser Dolmetscherservice beantwortet Ihre Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-559-3500. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per usufruire di un interprete, contattare il numero 1-800-559-3500. Un nostro incaricato che parla Italiano Le fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-559-3500. Irá encontrar alguém que fale português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan sante oswa medikaman nou yo. Pou w jwenn yon entèprèt, jis rele nou nan 1-800-559-3500. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-559-3500. Ta usługa jest bezpłatna.

Notes

EXTRA BENEFIT DETAILS

This section lists more information about the benefits we offer beyond Original Medicare.

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:

Services	Vendor	Phone Number	Website
Chiropractic	American Specialty Health (ASH)	1-800-678-9133	ashlink.com/ash/scan
Dental	Delta Dental of California	1-855-830-6583	deltadentalins.com/scan
Fitness	One Pass	1-877-504-6830	youronepass.com
Hearing	TruHearing	1-844-255-7148	truhearing.com/scan
LGBTQ+ Health	Included LGBTQ+ Health	1-877-330-0889	scanhealthplan.com/extras2025
Nurse Advice Line	Included Health	1-844-431-5537	scanhealthplan.com/extras2025
Technology Support	Health-*tech*	1-833-437-0555	scanhealthplan.com/extras2025
Telehealth	Doctor On Demand by Included Health	1-888-993-4087	doctorondemand.com/SCAN
Transportation	SafeRide	1-844-714-2218	scanhealthplan.com/extras2025
Vision	EyeMed Vision Care	1-844-226-2850	eyemedvisioncare.com/locator

scan™

*Special Supplemental Benefits for the Chronically Ill (SSBCI):
Eligibility for this benefit is not based solely on chronic conditions. All applicable eligibility requirements must be met before the benefit is provided. Qualifying chronic condition(s) required to be eligible for the SSBCI benefit include cardiovascular disorders, chronic heart failure, diabetes, cancer, chronic lung disorders. Other chronic conditions may apply. Medical records will be used to establish qualifications for the benefit.

SCAN Retiree Group - N-MUSD (HMO) is an HMO plan with a Medicare contract. Enrollment in SCAN Health Plan depends on contract renewal. Other providers are available in SCAN Health Plan's network.

VISION CARE

SCAN offers a routine vision care benefit through EyeMed®. Making sure you can get your eyesight checked regularly—and can afford the eyewear you need to see clearly—is key to staying healthy and independent. Your SCAN vision care benefit includes:

- Yearly routine eye exam
- Eyewear allowance to spend on frames and lenses or contacts
- Choice of vision providers from the national EyeMed Select network

As a "self-referral" benefit, you can see your EyeMed vision provider without a referral from your primary care doctor. Learn more at **scanhealthplan.com/vision**.

DENTAL

Most SCAN plans include a Dental Benefit, while others give you the option to add coverage for a monthly premium as low as $6. Check the information in the benefits section of this kit to see what your dental options are.

Dental Benefits with SCAN include:

- Coverage for hundreds of procedures with no annual maximum
- Set copayments with no deductibles or hidden costs
- Low or, on some plans, no copays for preventive services, such as cleanings and exams
- Choice of high-quality dentists from Delta Dental's large network

Learn more at **deltadentalins.com/scan**.

TRANSPORTATION

SCAN offers a transportation benefit through SafeRide. Having a reliable ride service helps ensure you can get to the appointments and care you need. Each SCAN plan includes a set number of rides each year, all at no cost—and scheduling takes just one phone call. Your SCAN transportation benefit includes:

- Curb-to-curb service for rides to medical appointments and even the pharmacy
- Transportation reservations will need to be made at least 24-48 hours in advance
- Taxi, rideshare, wheelchair vans and other vehicle types are available to meet your needs
- 75-mile limit applies to each one-way trip

Some SCAN plans even cover rides to the grocery store, senior center or gym for members with certain chronic conditions. Learn more at **scanhealthplan.com/extras2025**.

Offering may vary based on plan and county. Check the plan's Evidence of Coverage for details.

CHIROPRACTIC

American Specialty Health

SCAN offers coverage for chiropractic care through American Specialty Health (ASH). These are the types of services that can complement the care you get from your doctor to help manage pain, stress and other health issues.

Check the information in the benefits section of this kit to:

- See how many visits this plan covers each year
- Find out your copay amount for each visit

As a "self-referral" benefit, you can see an ASH provider without a referral from your primary care doctor. Just call ASH to find a provider near you—or to find out if your current practitioner is part of the ASH network. Learn more at **scanhealthplan.com/ASH**.

NURSE ADVICE LINE

Included HEALTH

SCAN offers a 24-hour Nurse Advice Line benefit in all our plans. It's a great place to start when you're not sure what to do. When you call, you'll speak with a nurse who will listen to your questions, evaluate your symptoms, and recommend next steps—all at no cost.

The Nurse Advice Line:

- Connects you with a licensed registered nurse
- Is available 24 hours a day, 7 days a week
- Provides answers and next steps

Learn more at **scanhealthplan.com/extras2025**.

HEARING AID

TruHearing®

SCAN offers a hearing aid benefit through TruHearing®. Hearing health is important to your overall quality of life, and this benefit provides support every step of the way. From reduced-cost hearing aids to exams, adjustments and batteries. Your SCAN hearing aid benefit includes:

- Yearly hearing exams
- Advanced and Premium model hearing aids in a variety of styles at discounted prices
- Fittings and adjustments for 1 year
- Free trial, 3-year warranty, and more

As a "self-referral" benefit, you can use your hearing aid benefit without a referral from your primary care doctor. Just call TruHearing to schedule your appointment. Learn more at **scanhealthplan.com/hearing**.

Offering may vary based on plan and county. Check the plan's Evidence of Coverage for details.

TELEHEALTH FOR URGENT CARE

dr. on demand by Included Health

SCAN offers a telehealth benefit for urgent care services through Doctor On Demand by Included Health. This is a great option if you have a non-emergency condition and your doctor is not available. Think weekends, after-hours and even in the middle of the night. And, there's no cost for these visits.

The telehealth benefit for urgent care:

- Connects you with a board-certified doctor or nurse practitioner specially trained to deliver care virtually
- Is available 24 hours a day, 7 days a week
- Offers appointments or on-demand care by phone or virtually (via computer or smart phone)

Learn more at **doctorondemand.com/scan**.

HEALTHTECH

SCAN offers the Health*tech* technology support benefit to all our members. We're all doing more things online, and we want you to take advantage of the convenience of online and digital services. Health*tech* is your no-cost tech support hotline for help using your computer, tablet or smartphone for health-related needs.

Call Health*tech* when you need to:

- Set up for a telehealth visit
- Use your medical group patient portal
- Log on to your many online SCAN benefits, from mail-order prescription services to the online programs and classes available through One Pass

Learn more at **scanhealthplan.com/h-tech**.

FITNESS

One Pass™

SCAN offers a fitness benefit through One Pass®. Because overall wellness is about more than just physical fitness, One Pass includes a wide variety of options for your physical, mental and social health.

The One Pass fitness benefit includes:

- Thousands of locations, including national health clubs, local favorites, and specialty fitness boutiques
- On-demand and live-streaming classes you can do from home
- Online, guided programs for specific health issues, such as osteoporosis, fall prevention, and brain health
- Over 25,000 no-cost social events and classes—offered online and in person

Learn more at **youronepass.com**.

Offering may vary based on plan and county. Check the plan's Evidence of Coverage for details.

INCLUDED LGBTQ+ HEALTH

We know how important it is to have a doctor who understands and is prepared to meet the needs of their LGBTQ+ patients. That's why we've teamed up with Included LGBTQ+ Health. You'll benefit from having a dedicated care coordinator who will work with you one-on-one if you need help:

- Finding an affirming, in-network provider
- Getting answers to questions about your SCAN benefits
- Finding local and community LGBTQ+ resources
- Understanding your medical bills
- Answering questions from your family or community

Learn more at **scanhealthplan.com/extras2025**.

HOME-DELIVERED MEAL

SCAN's home-delivered meal benefit can help you recover after a hospital stay or jump start healthy eating habits if you have a chronic condition. Nutritionally balanced meals mean less grocery shopping and no cooking—they're heat, eat and enjoy!

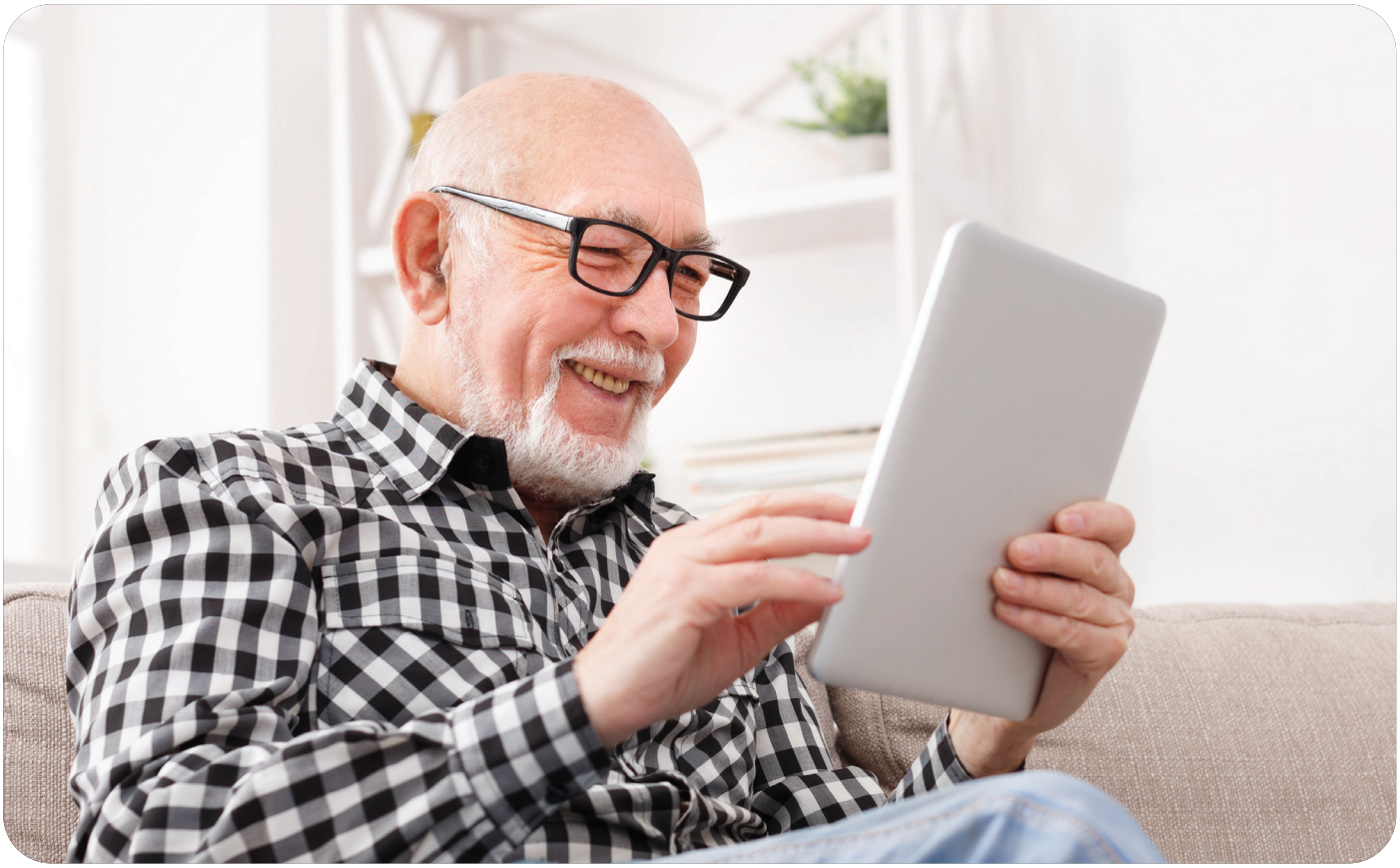
The home-delivered meal benefit is available at no cost to members who qualify and includes:

- Health-specific menu options, such as lower-sodium, diabetic-friendly and more
- Meal delivery for up to 28 days and up to 84 meals per year
- You may qualify if you're homebound or have certain chronic conditions

Learn more at **scanhealthplan.com/extras2025**.

PHARMACY BENEFIT DETAILS

This section gives an overview of our drug coverage along with money-saving tips.



COST SAVINGS AND CONVENIENCE:

The SCAN Pharmacy Benefit

One of the many reasons to choose a SCAN Medicare Advantage plan is our easy-to-use pharmacy benefit. We know how important it is to keep the cost of your medications low.

We have over 66,000 network pharmacies across the country; offer home delivery through Express Scripts Pharmacy℠; provide a formulary tool to help you search for your drugs; and much more.

The following pages include information on how to get the most from your medications and save!

SAVE MONEY ON YOUR MEDICATION

Make it mail-order from express scripts Pharmacy℠

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

The lowest prices are available through SCAN Preferred Pharmacies

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
- Express Scripts Pharmacy
- Rite Aid
- Costco
- Walmart/Sam's Club
- Safeway/Albertsons
- H-E-B
- SortPak
- Many Independent Pharmacies

Standard Pharmacies

- Walgreens
- Medicine Shoppe
- Select Independent Pharmacies

3-MONTH SUPPLY

Save time by getting a 3-month supply of the medications you take on an ongoing basis. Specialty tier (Tier 5) drugs are not available for a 3-month supply.

NEW FOR 2025

You will never pay more than $2,000 in out-of-pocket for your prescription drugs, but you may pay even less.

Some members may benefit from the new Medicare Prescription Payment Plan option that helps spread out your out-of-pocket cost for a drug if it is too high. And SCAN is always here to help find solutions like patient assistance programs or apply for "Extra Help" from Medicare.

ENROLL NOW

Ready to join SCAN?

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 Number:	Group Number:
Last Name:	
First Name:	M.I. (optional)
Birth Date: M M / D D / Y Y Y Y	Sex: ☐ Male ☐ Female
Phone Number: ( ) -	
Permanent Residence Street Address (Don't enter a PO Box. Note: For individuals experiencing homelessness, a PO Box may be considered your permanent residence address.):	
City: State: ZIP Code:	
Mailing Address (only if different from your Permanent Address):	
Street Address:	
City: State: ZIP Code:	
Emergency Contact: (optional)	
Phone Number: ( ) -	Relationship to You:

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:
Social Security: _ _	

3 Please Read and Answer These Important Questions

1.	Are you the retiree? If yes, retirement date (month/date/year): _____ If no, name of retiree:_____	☐ Yes ☐ No
2.	Are you covering a spouse or dependents under this employer or union plan? 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.	☐ Yes ☐ No
3.	Do you work? Does your spouse work?	☐ Yes ☐ No ☐ Yes ☐ No
4.	Some individuals may have other drug coverage, including other private insurance, Worker's Compensation, VA benefits or state pharmaceutical assistance programs. 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: _____	☐ Yes ☐ No
5.	Are you a resident in a long-term care facility, such as a nursing home? If "yes" please provide the following information: Name of Institution:_____ Address & Phone Number of Institution (number and street): _____ _____	☐ Yes ☐ No

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.

4 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

5 Answer these important questions:

The fields in this section are optional. Answering these questions is your choice. You can't be denied coverage you don't fill them out.

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

- ☐ No, not of Hispanic, Latino/a, or Spanish origin
- ☐ Yes, Mexican, Mexican American, Chicano/a
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, another Hispanic, Latino/a, or Spanish origin
- ☐ I choose not to answer.

What's your race? Select all that apply.

- ☐ American Indian or Alaska Native
- ☐ Asian Indian
- ☐ Black or African American
- ☐ Chinese
- ☐ Cambodian
- ☐ Guamanian or Chamorro
- ☐ Japanese
- ☐ Filipino
- ☐ Native Hawaiian
- ☐ Other Asian
- ☐ Korean
- ☐ Samoan
- ☐ Vietnamese
- ☐ Other Pacific Islander
- ☐ Mixed Race
- ☐ **I choose not to answer.**
- ☐ White
- ☐ Unknown

What's your gender identity? Select one.

- ☐ Male
- ☐ Female
- ☐ Transgender Male
- ☐ Transgender Female
- ☐ A gender that's not listed _____
- ☐ Not sure
- ☐ **I choose not to answer.**

What's your sexual orientation? Select one.

- ☐ Lesbian
- ☐ Gay
- ☐ Straight - Heterosexual
- ☐ Bisexual
- ☐ A sexual orientation that's not listed _____
- ☐ Not sure
- ☐ **I choose not to answer.**

What are your pronouns? Select one.

- ☐ He/Him
- ☐ She/Her
- ☐ They/Them
- ☐ Other _____
- ☐ **I choose not to answer.**

Email Opt-In: Email Address: _____

I want to get the following materials via email:

☐ By providing my email address, I agree to receive my SCAN materials online rather than by U.S. Mail. I understand this would include documents such as the Part C and Part D Explanation of Benefits (EOB), Annual Notice of Change (ANOC) and I can change back to U.S. mail at any time.

Texting Opt-in: Mobile Number: ( ) -

* By providing my number, I agree to receive automated and/or other text messages by SCAN Health Plan for healthcare, benefits, or any other purpose. Such consent is not a condition of receipt of any service and I can opt out at any time. Msg and data rates may apply.

Language Preferences:

Select one if you want us to send you information in a language other than English:
☐ Spanish ☐ Chinese ☐ Korean ☐ Vietnamese

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 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.

6 Please Read and Sign Below

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: (____)_____

FOR INDIVIDUALS HELPING ENROLLEE WITH COMPLETING THIS FORM ONLY

Complete this section if your an individual (i.e. agents, brokers, SHIP counselors, family members, or other third parties) helping an enrollee fill out this form.

NAME:	RELATIONSHIP TO ENROLLEE:	SIGNATURE:
EFFECTIVE DATE OF COVERAGE: ___ ___ /___ ___ /___ ___ ___ ___ (MM DD YYYY)	REC'D DATE:	NATIONAL PRODUCER NUMBER (NPN):

FOR INTERNAL USE ONLY: To be completed by Sales Representative

CONTINUITY OF CARE

PLEASE PRINT LEGIBLY

Member Last Name:		Effective Date:
Member First Name:		DOB:
Phone:	Alternate Phone:	
Emergency Contact:	Emergency Contact Phone:	

EXISTING SERVICES:

Please provide as much information as possible about the continuity of care needs expressed during the enrollment conference.

☐ Urgent Continuity of Care Need (appointment within 1st week of effective date)

☐ Currently Inpatient (Hosp/SNF) Facility:	Discharge Date:

Specialist Name:	Phone:	Appt:
Specialist Name:	Phone:	Appt:
Home Health:	Phone:	Schedule:
Dialysis Center:	Phone:	Schedule:
Procedure & Provider:		Phone:
Procedure Appt:		

DURABLE MEDICAL EQUIPMENT:

☐ CPAP/Nebulizer ☐ Oxygen ☐ CGM ☐ Hospital Bed ☐ Ostomy

☐ Other (briefly describe): _____

MEDICATION ASSISTANCE:

Does the member have any current medications that require **prior authorization** or **not on the SCAN Formulary**? ☐ Yes ☐ No

If **Yes**, please enter the names(s) of the medications(s).

_____

_____

ADDITIONAL NEEDS:

☐ Housing concerns ☐ Unable to afford food ☐ Unable to afford medication(s)

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. A SCAN Care Navigator will contact the member near their effective date to assist with coordinating care.

Fax completed form to 562-552-9379

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 + QUICK START GUIDE

Your member ID card and Quick Start Guide will arrive together.

The Quick Start Guide is filled with information to help you get your membership started off right. Note: If you haven't received this packet within 3 weeks of joining SCAN, please call Member Services to make sure we have your correct address.

WELCOME CALL

In your first few months of membership,you may receive a welcome call and/or an invitation to join an informational conference call. Both are designed to help you get the most out of your new health plan.

SCAN CLUB NEWSLETTER

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

YOU MIGHT ALSO RECEIVE:

A Call To Arrange For Health Services

Be sure to fill out the "Coordination of Care" form if you have ongoing care needs.

Expect this call shortly before/after your membership takes effect.

An offer to help with costs

This letter tells you how to get help with your Medicare premiums and other healthcare costs (sent only to those who qualify).

Contact SCAN Member Services if you have any questions

Sign up for your SCAN online member account to send and receive secure messages:

scanhealthplan.com/register

Or call to speak with a Member Service Advocate:

1-800-559-3500 (TTY: 711)

Oct. 1 to Mar. 31: 8 am – 8 pm, 7 days a week | **Apr. 1 to Sep. 30**: 8 am – 8 pm, Mon. – Fri.
Messages received on holidays or outside of business hours will be returned within one business day.

scan™

Visit scanhealthplan.com/getstarted

EG-CA-WTE

www.scanhealthplan.com

1-877-791- 7226
TTY: 711

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

08/24 25EG-CASKB116