

Riverside | San Bernardino



BETTER
MEDICARE
FOR

VillageHealth
(HMO-POS C-SNP)



VillageHealth
by SCAN Health Plan®

Medicare Advantage Plan
2025 BENEFIT HIGHLIGHTS

| Plan Details | VillageHealth | | |
|--|---|--|--|
| | Medicare and Full Medi-Cal (In & Out-of-Network) | Medicare ONLY (In-Network) | Medicare ONLY (Out-of-Network) |
| Monthly Plan Premium | \$0 | \$0 | \$0 |
| Annual Plan Deductible | \$0 | Medicare fee-for-service deductible | Medicare fee-for-service deductible |
| Maximum Out-of-Pocket | | | |
| Annual Maximum Out-of-Pocket (MOOP) | \$9,350 | \$9,350 | \$9,350 |
| Comprehensive Care | | | |
| Primary Care Office Visits | \$0 | \$0 | \$0 |
| Specialist Office Visits | \$0 | 20% | 20% |
| Diabetic Self-Management Training | \$0 | \$0 | \$0 |
| Diabetic Supplies (lancets, test strips, monitor) | \$0 | \$0 | \$0 |
| Continuous Glucose Monitors (available through DME or at your Pharmacy) | \$0 | \$0-20% (\$0 CGM at pharmacy or 20% at DME provider) | Not covered |
| Durable Medical Equipment | \$0 | \$0 for items up to \$99; 20% for items \$100 and more | \$0 for items up to \$99; 20% for items \$100 and more |
| Annual Physical Exam | \$0 | \$0 | \$0 |
| Preventive Services (Medicare-covered screenings) | \$0 | \$0 | \$0 |
| Lab Services and X-rays | \$0 | \$0-20% | \$0-20% |
| Diagnostic Tests and Procedures | \$0 | 20% | 20% |
| Outpatient Rehabilitation (e.g. PT, OT, ST) | \$0 | \$0 | \$0 |
| Diagnostic Radiology (e.g. MRI, CT, ultrasound) | \$0 | 20% | 20% |
| Outpatient Mental Health (Individual/Group) | \$0 | \$0 | \$0 |
| Hospital and Emergency Care | | | |
| Inpatient Hospital Care | \$0 | Medicare fee-for-service costs | Medicare fee-for-service costs |
| Skilled Nursing Facility | \$0 | Medicare fee-for-service costs | Not covered |
| Outpatient Surgery | \$0 | \$0-20% | 20% |
| Emergency Care | \$0 (U.S. only) | 20% (up to \$110 - U.S. only) \$0 (if admitted immediately) | 20% (up to \$110 - U.S. only) \$0 (if admitted immediately) |
| Urgent Care Services | \$0 (U.S. only) | \$0 (U.S. only) | \$0 (U.S. only) |
| Ambulance Services | \$0 | 20% | 20% |

| Prescription Drug Coverage | VillageHealth | | | |
|--|----------------------------|--|----------------------------|----------|
| | Medicare and Full Medi-Cal | | Medicare ONLY | |
| Part D Deductible | \$0 | | \$370 (Tiers 2-5) | |
| Initial Coverage Stage - SCAN Contracted Retail Pharmacies (1-month/30-day supply) | | | | |
| Pharmacy Network | PREFERRED | STANDARD | PREFERRED | STANDARD |
| Tier 1: Preferred Generic | \$0 | \$0 or \$1.60 or \$4.90 | \$0 | \$5 |
| Tier 2: Generic | \$0 or \$1.60 or \$2 | \$0 or \$1.60 or \$4.90 | \$2 | \$7 |
| Tier 3: Preferred Brand | Insulin | Generic drugs (including drugs that are treated like a generic): \$0 or \$1.60 or \$4.90 copay All other drugs: \$0 or \$4.80 or \$12.15 copay | \$35 | \$35 |
| | Other Drugs | | 25% of the total drug cost | |
| Tier 4: Non-Preferred Drug | | | | |
| Tier 5: Specialty Tier | | | | |
| Part D Out-of-Pocket Maximum | \$2,000 | | \$2,000 | |
| Catastrophic Coverage Stage | \$0 | | \$0 | |

| Dental Services | VillageHealth |
|---|----------------------------------|
| Dental coverage to support your overall health. | |
| Dental Plan CAD97 | DIAGNOSTIC AND PREVENTIVE DENTAL |
| Oral Exams | \$0 |
| Dental X-rays (2 per year) | \$0 |
| Prophylaxis (cleaning - 2 per year) | \$0 |
| COMPREHENSIVE DENTAL | |
| Restorative Services (fillings, crowns) | \$0-\$350 |
| Endodontics (root canals) | \$0-\$395 |
| Periodontics (deep cleaning) | \$0-\$250 |
| Prosthodontics (tooth replacement/dentures) | \$0-\$350 |

VILLAGEHEALTH COVERS THESE VALUABLE EXTRAS

Extras that help you stay healthy and independent

| Benefits | VillageHealth |
|---|---|
| Vision (routine) Eye exam Coverage for eyewear | \$0 (1 every 12 months) \$200 limit allowance every year |
| Transportation* | \$0 (50 one-way trips per year) |
| Over-the-Counter (OTC) (Flexible allowance) | \$50 allowance per month combined with OTC and grocery/utilities (no rollover) |
| Fitness | \$0 (One Pass) |

Extras that connect you to even more care and support

| Benefits | VillageHealth |
|---|--|
| Personal Emergency Response System (PERS) | \$0 (includes installation and monthly fees) |
| Respite | Up to 40 hours per year (4-hour minimum per visit) |
| Returning to Home** In-home Care Visits Home-Delivered Meals | After hospital or skilled nursing facility stay \$0 personal in-home care visits 28 hours per year/4 hour min \$0 home-delivered meals up to 28 days per year |
| Home-Delivered Meals | Up to 28 days of home-delivered meals are available to members with chronic conditions |

*75-mile limit will apply to each one-way trip. **Criteria and limitations apply.

Benefits that help you with everyday needs

| Special Supplemental Benefits for the Chronically Ill (SSBCI) | VillageHealth |
|---|--|
| Grocery/Utilities | \$50 per month allowance combined with OTC and grocery/utilities (no rollover) |

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 End-stage renal disease (ESRD), cardiovascular disorders, chronic heart failure, diabetes, cancer. Other chronic conditions may apply. Medical records will be used to establish qualifications for the benefit.

TAKE A LOOK AT THESE PLAN HIGHLIGHTS



Pharmacy benefits that are easy on your wallet

\$0 for drugs on Tier 1 of our generous Formulary (list of covered drugs) at preferred pharmacy locations.



Giving you more choices for care

The VillageHealth Care Team provides care where you live. But as a POS plan, VillageHealth also covers some services received outside of the VillageHealth network.



A flex card for OTC items, groceries, or utilities

Your VillageHealth debit card is flexible: use it at local stores for over-the-counter items and, for members who qualify, spend it on groceries or put it toward utility payments.



Generous dental coverage, including implants

This benefit includes \$0 copays for preventive care and covers procedures, including implants and dentures, at deeply discounted prices.

Please refer to your Summary of Benefits for more details about all the benefits and services you get with your Medicare Advantage Plan. If you have any questions, just call us. An authorized VillageHealth representative will be happy to help you.

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. Today SCAN is an award-winning Medicare Advantage plan. We're still non-for-profit. And we're still committed to keeping seniors healthy and independent.



www.villagehealthca.com

1-877-916-1234

TTY: 711

VillageHealth (HMO-POS C-SNP) is an HMO plan and is a Point of Service (POS) plan with a Medicare contract. Enrollment in SCAN Health Plan depends on contract renewal. You must continue to pay your Medicare Part B premium.

You won't pay more than \$35 for a one-month supply and no more than \$105 for a three-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible. Most adult Part D vaccines are covered by our plan at no cost to you. For more information, please refer to your "Drug List" (Formulary). If you have questions about the Drug List, you can also call Member Services. Prescription copay/coinsurance may vary by plan, county, pharmacy type (e.g., Preferred or Standard, etc.), day supply, Part D benefit phase, or in members who receive "Extra Help." You can fill your prescriptions at any of our network pharmacies, but you may pay less at a Preferred pharmacy. Check your Evidence of Coverage or call Member Services for details (phone numbers for Member Services are printed on the back cover of your Evidence of Coverage).

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 VillageHealth's Member Services. 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.