

Los Angeles | Riverside | San Bernardino | San Diego



SCAN Connections
(HMO D-SNP)



Medicare Advantage Plan
2025 BENEFIT HIGHLIGHTS

Plan Details	SCAN Connections
Monthly Plan Premium	\$0
Annual Plan Deductible	\$0
Maximum Out-of-Pocket	SCAN Connections
Annual Maximum Out-of-Pocket (MOOP)	\$0
Comprehensive Care	SCAN Connections
Primary Care Office Visits	\$0
Specialist Office Visits	\$0
Diabetic Self-Management Training	\$0
Diabetic Supplies (lancets, test strips, monitor)	\$0
Continuous Glucose Monitors (available through DME or at your Pharmacy)	\$0
Durable Medical Equipment	\$0
Annual Physical Exam	\$0
Preventive Services (Medicare-covered screenings)	\$0
Lab Services and X-rays	\$0
Diagnostic Tests and Procedures	\$0
Outpatient Rehabilitation (e.g. PT, OT, ST)	\$0
Diagnostic Radiology (e.g. MRI, CT, ultrasound)	\$0
Outpatient Mental Health (Individual/Group)	\$0
Hospital and Emergency Care	SCAN Connections
Inpatient Hospital Care	\$0 (unlimited days)
Skilled Nursing Facility	\$0
Outpatient Surgery	\$0
Emergency Care	\$0 (worldwide)
Urgent Care Services	\$0 (worldwide)
Ambulance Services	\$0

Prescription Drug Coverage		SCAN Connections	
Part D Deductible		\$0	
Initial Coverage Stage - SCAN Contracted Retail Pharmacies (1-month/30-day supply)			
Pharmacy Network		PREFERRED	STANDARD
Tier 1: Preferred Generic		\$0	\$0
Tier 2: Generic		\$0	\$0 or \$1
Tier 3: Preferred Brand	Insulin	For 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	For 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
	Other Drugs		
Tier 4: Non-Preferred Drug			
Tier 5: Specialty Tier			

\$0 Prescription Drugs

Pay \$0 for Tiers 1 and 2 (up to a 100-day supply) at preferred retail and Express Scripts mail-order pharmacies.

Dental Services	SCAN Connections
Dental Plan CAD97	DIAGNOSTIC AND PREVENTIVE DENTAL
Oral Exams (2 per year)	\$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

SCAN COVERS THESE VALUABLE EXTRAS

Extras that help you stay healthy and independent

Benefits	SCAN Connections
Vision (routine) Eye exam Coverage for eyewear	\$0 (1 every 12 months) \$500 limit allowance every year
Hearing	\$0 per aid/year
Transportation*	\$0 (unlimited trips/year)
Over-the-Counter (OTC) (Flexible allowance)	\$65 per month combined with OTC and grocery (no rollover)
Fitness	\$0 (One Pass)
Acupuncture and Chiropractic Services (routine)	\$0 per visit (36 Acupuncture visits per year) \$0 per visit (30 Chiropractic visits per year)

Extras that connect you to even more care and support

Benefits	SCAN Connections
Telehealth Urgent Medical	\$0
Telehealth Behavioral Health	\$0
Nurse Advice Line	\$0 (per phone visit)
HealthTECH+	\$0 support line or home visit
Personal Emergency Response System (PERS)	\$0 (includes installation and monthly fees)
Respite	Up to 40 hours per year (4-hour minimum per visit)
SCAN Returning to Home** In-home Care Visits Home-Delivered Meals	After hospital or skilled nursing facility stay \$0 personal in-home care visits 40 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
Worldwide Care	Urgent or emergency care when outside of the U.S.

*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)	SCAN Connections
Grocery	\$65 per month allowance combined with OTC and grocery (no rollover)
Non-Medical Transportation	24 one-way trips per year See Transportation above

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.

TAKE A LOOK AT THESE PLAN HIGHLIGHTS



Pharmacy benefits that are easy on your wallet

\$0 for drugs on Tier 1 and Tier 2 of our generous Formulary (list of covered drugs) at preferred pharmacy locations.



Money for Over-the-Counter (OTC) items and groceries

Use a SCAN debit card on over-the-counter items and, for those who qualify, groceries. Shop at local stores, from CVS to Safeway, Walmart and more!



Generous dental coverage, including implants

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



See clearly with your SCAN vision benefit

Have your vision checked every year at an EyeMed vision provider—then spend your allowance on your choice of prescription eyewear, whether glasses or contacts.

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 SCAN 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.scanhealthplan.com

1-877-870-4867

TTY: 711

SCAN Connections (HMO D-SNP) is an HMO 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. 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 SCAN Health Plan'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.