

San Diego



**BETTER  
MEDICARE  
FOR** **ME**

**SCAN Alta**  
(HMO)

**SCAN Balance**  
(HMO C-SNP)



Medicare Advantage Plan  
**2025 BENEFIT HIGHLIGHTS**

<b>Plan Details</b>	<b>SCAN Alta</b>	<b>SCAN Balance</b>
Monthly Plan Premium	\$0	\$0
Annual Plan Deductible	\$0	\$0
<b>Maximum Out-of-Pocket</b>	<b>SCAN Alta</b>	<b>SCAN Balance</b>
Annual Maximum Out-of-Pocket (MOOP)	\$500	\$500
<b>Comprehensive Care</b>	<b>SCAN Alta</b>	<b>SCAN Balance</b>
Primary Care Office Visits	\$0	\$0
Specialist Office Visits	\$0	\$0
Diabetic Self-Management Training	\$0	\$0
Diabetic Supplies (lancets, test strips, monitor)	\$0	\$0
Continuous Glucose Monitors (available through DME or at your Pharmacy)	20% of the total cost at the pharmacy or DME provider	\$0 at the pharmacy or DME provider
Durable Medical Equipment	\$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
Preventive Services (Medicare-covered screenings)	\$0	\$0
Lab Services and X-rays	\$0	\$0
Diagnostic Tests and Procedures	\$0	\$0
Outpatient Rehabilitation (e.g. PT, OT, ST)	\$0	\$0
Diagnostic Radiology (e.g. MRI, CT, ultrasound)	\$0	\$0
Outpatient Mental Health (Individual/Group)	\$0-\$20	\$0-\$20
<b>Hospital and Emergency Care</b>	<b>SCAN Alta</b>	<b>SCAN Balance</b>
Inpatient Hospital Care	\$0 per day (1-3) \$50 per day (4-7) \$0 per day (8-90+)	\$0 per day (1-3) \$50 per day (4-7) \$0 per day (8-90+)
Skilled Nursing Facility	\$0 per day (1-20) \$50 per day (21-100)	\$0 per day (1-20) \$50 per day (21-100)
Outpatient Surgery	\$0-\$50	\$0-\$50
Emergency Care	\$90 (worldwide) \$0 (if admitted immediately)	\$90 (worldwide) \$0 (if admitted immediately)
Urgent Care Services	\$0 (worldwide)	\$0 (worldwide)
Ambulance Services	\$75	\$75

Prescription Drug Coverage		SCAN Alta		SCAN Balance	
Part D Deductible		\$0		\$0	
Initial Coverage Stage - SCAN Contracted Retail Pharmacies (1-month/30-day supply)					
Pharmacy Network		PREFERRED	STANDARD	PREFERRED	STANDARD
Tier 1: Preferred Generic		\$0	\$7	\$0	\$5
Tier 2: Generic		\$0	\$15	\$0	\$9
Tier 3: Preferred Brand	Insulin	\$35	\$35	\$0	\$0
	Other Drugs	\$42	\$47	\$42	\$47
Tier 4: Non-Preferred Drug		50%	50%	50%	50%
Tier 5: Specialty Tier		33%	33%	33%	33%
Part D Out-of-Pocket Maximum		\$2,000		\$2,000	
Catastrophic Coverage Stage		\$0		\$0	

### \$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 Alta and SCAN Balance	
Dental coverage to support your overall health.	Dental Plan CAC73	PPO Dental
	These dental services are included in your plan	\$55 monthly premium
<b>DIAGNOSTIC AND PREVENTIVE DENTAL</b>		
Oral Exams (2 per year)	\$0	\$0
Dental X-rays (2 per year)	\$0	\$0
Prophylaxis (cleaning - 2 per year)	\$0	\$0
<b>COMPREHENSIVE DENTAL</b>		
Restorative Services (fillings, crowns)	\$8-\$395	\$8-\$395
Endodontics (root canals)	\$5-\$395	\$5-\$395
Periodontics (deep cleaning)	\$0-\$380	\$0-\$380
Prosthodontics (tooth replacement/dentures)	\$13-\$395	\$13-\$395
<b>PLAN COVERAGE</b>		
Annual Maximum In-Network	No Maximum	No Maximum
Annual Maximum Out-of-Network	No Maximum	\$2,000 Maximum*
Out-of-Network Cost Sharing	Not Available	50% Cost Share

\*You must cover any costs above the OON coverage limit.

# SCAN COVERS THESE VALUABLE EXTRAS

Extras that help you stay healthy and independent

Benefits	SCAN Alta	SCAN Balance
<b>Vision (routine)</b> Eye exam Coverage for eyewear	\$0 (1 every 12 months) \$325 limit allowance every year	\$0 (1 every 12 months) \$350 limit allowance every year
<b>Hearing</b>	\$550-\$850 per aid/year	\$450-\$750 per aid/year
<b>Transportation*</b> Non-medical**	\$0 (32 one-way trips per year) Not available	\$0 (32 one-way trips per year) 16 of the 32 trips
<b>Over-the-Counter (OTC)</b> Can be used at CVS locations, online or over the phone	\$150 allowance per quarter with rollover	\$150 allowance per quarter with rollover
<b>Fitness</b>	\$0 (One Pass)	\$0 (One Pass)
<b>Acupuncture and Chiropractic Services (routine)</b>	\$5 per visit (Unlimited visits)	\$0 per visit (Unlimited visits)

Extras that connect you to even more care and support

Benefits	SCAN Alta	SCAN Balance
<b>Telehealth Urgent Medical</b>	\$0	\$0
<b>Telehealth Behavioral Health</b>	\$0	\$0
<b>Nurse Advice Line</b>	\$0 (per phone visit)	\$0 (per phone visit)
<b>HealthTECH+</b>	\$0 support line or home visit	\$0 support line or home visit
<b>Personal Emergency Response System (PERS)</b>	\$0 (includes installation and monthly fees)	\$0 (includes installation and monthly fees)
<b>Respite</b>	Not covered	Up to 40 hours per year (4-hour minimum per visit)
<b>SCAN Returning to Home**</b>  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	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
<b>Home-Delivered Meals</b>	Up to 28 days of home-delivered meals are available to members with chronic conditions	Up to 28 days of home-delivered meals are available to members with chronic conditions
<b>Worldwide Care</b>	Urgent or emergency care when outside of the U.S.	Urgent or emergency care when outside of the U.S.

\*50-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 Alta	SCAN Balance
Grocery	Not covered	\$60 per quarter grocery allowance through Instacart (no rollover)
Non-Medical Transportation	Not covered	16 of the 32 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



### \$0 for the medications members use most

That's right, \$0 for drugs on Tier 1 and Tier 2 of our generous Formulary (list of covered drugs) at preferred pharmacy locations. And, for Balance plan members, formulary insulins are also \$0.



### Over-the-Counter (OTC) coverage with CVS

Use a SCAN debit card on eligible OTC items at CVS. Place an order over the phone—or shop online or at your local CVS pharmacy.



### In-home support when you need it

With Returning to Home, SCAN provides in-home care and meals after a hospital stay. Because extra help can mean all the difference in your recovery.



### Comprehensive dental with many \$0 services

Because regular dental care matters to your overall health, preventive care is \$0 and procedures are offered at deep discounts with unlimited covered services.

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](http://www.scanhealthplan.com)

1-877-870-4867

TTY: 711

SCAN Alta (HMO) and SCAN Balance (HMO C-SNP) are HMO plans with Medicare contracts. 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 Pharmacy<sup>SM</sup> 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.