

Los Angeles



BETTER
MEDICARE
FOR

SCAN Allied
(HMO)



Medicare Advantage Plan
2025 BENEFIT HIGHLIGHTS

| Plan Details | SCAN Allied |
|---|--|
| Monthly Plan Premium | \$0 |
| Annual Plan Deductible | \$0 |
| Maximum Out-of-Pocket | SCAN Allied |
| Annual Maximum Out-of-Pocket (MOOP) | \$1,000 |
| Comprehensive Care | SCAN Allied |
| Primary Care Office Visits | \$0 |
| Specialist Office Visits | \$10 |
| Diabetic Self-Management Training | \$0 |
| Diabetic Supplies (lancets, test strips, monitor) | \$0 |
| Continuous Glucose Monitors (available through DME or at your Pharmacy) | \$0 at the pharmacy or DME provider |
| 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) | \$10 |
| Hospital and Emergency Care | SCAN Allied |
| Inpatient Hospital Care | \$50 per day (1-5) \$0 per day (6-90+) |
| Skilled Nursing Facility | \$0 per day (1-100) |
| Outpatient Surgery | \$0 |
| Emergency Care | \$140 (worldwide) \$0 (if admitted immediately) |
| Urgent Care Services | \$0 (worldwide) |
| Ambulance Services | \$100 |

| Prescription Drug Coverage | | SCAN Allied | |
|--|-------------|-------------|----------|
| 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 |
| Tier 3: Preferred Brand | Insulin | \$35 | \$35 |
| | Other Drugs | \$42 | \$43 |
| Tier 4: Non-Preferred Drug | | 50% | 50% |
| Tier 5: Specialty Tier | | 33% | 33% |
| Part D Out-of-Pocket Maximum | | \$2,000 | |
| Catastrophic Coverage Stage | | \$0 | |

\$0 Prescription Drugs

Pay \$0 for Tiers 1 and 2 (up to a 100-day supply) at SCAN network pharmacies.

| Dental Services | | SCAN Allied |
|---|--|-------------------|
| Dental coverage to support your overall health. | | \$2,000 Allowance |
| DIAGNOSTIC AND PREVENTIVE DENTAL* | | |
| Oral Exams (2 per year) | | \$0 |
| Dental X-rays (1 per year) | | \$0 |
| Prophylaxis (cleaning - 2 per year) | | \$0 |
| COMPREHENSIVE DENTAL | | |
| Restorative Services (fillings, crowns) | | \$0 |
| Endodontics (root canals) | | \$0 |
| Periodontics (deep cleaning) | | \$0 |
| Prosthodontics (tooth replacement/dentures) | | Not covered |

*Services do not count towards allowance maximum

SCAN COVERS THESE VALUABLE EXTRAS

Extras that help you stay healthy and independent

| Benefits | SCAN Allied |
|---|---|
| Vision (routine) Eye exam Coverage for eyewear | \$0 (1 every 12 months) \$300 limit allowance every year |
| Hearing | \$550-\$850 per aid/year |
| Transportation* | \$0 (32 one-way trips per year) |
| Over-the-Counter (OTC) (Flexible allowance) Fitness | \$200 per quarter combined with OTC, grocery, and fitness (no rollover) |
| Acupuncture Services (routine) | \$0 per visit (Unlimited visits) |

Extras that connect you to even more care and support

| Benefits | SCAN Allied |
|-------------------------------------|--|
| Telehealth Urgent Medical | \$0 |
| Telehealth Behavioral Health | \$0 |
| HealthTECH+ | \$0 support line or home visit |
| 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. |

*50-mile limit will apply to each one-way trip.

Benefits that help you with everyday needs

| Special Supplemental Benefits for the Chronically Ill (SSBCI) | SCAN Allied |
|--|---|
| Grocery | \$200 per quarter combined with OTC, grocery, and fitness (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 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



SCAN Allied: Available to Los Angeles County residents through the following medical groups

- Allied Pacific of California IPA
- Accountable Health Care IPA

You will receive care from the many community-based physicians and other health providers through these networks.



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.



A flex card for OTC items, groceries or fitness

Your SCAN debit card is flexible: use it at local stores for over-the-counter items or even for fitness classes! Members who qualify can also spend it on groceries.



Acupuncture: All you want, all for \$0

With the Allied plan you're covered for an unlimited number of visits with an acupuncturist from the trusted Astrana network. The cost? \$0 per visit!

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 Allied (HMO) 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. Other medical groups are available in SCAN Health Plan's network.

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.