

San Mateo



**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)	\$2,200
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)	20% of the total cost at the pharmacy or DME provider
Durable Medical Equipment	\$0 for items up to \$99; 20% for items \$100 and more
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)	\$15
Hospital and Emergency Care	SCAN Allied
Inpatient Hospital Care	\$175 per day (1-5) \$0 per day (6-90+)
Skilled Nursing Facility	\$0 per day (1-20) \$75 per day (21-100)
Outpatient Surgery	\$0-\$125
Emergency Care	\$140 (worldwide) \$0 (if admitted immediately)
Urgent Care Services	\$0 (worldwide)
Ambulance Services	\$180

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) \$200 limit allowance every year
Hearing	\$550-\$850 per aid/year
Transportation*	\$0 (36 one-way trips per year)
Over-the-Counter (OTC) (Flexible allowance) Fitness	\$155 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
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	\$155 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



Available to San Mateo County residents through the following medical groups:

- All American Medical Group (AAMG)
- Access Primary Care Medical Group (APCMG)

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.