## Bernalillo | Sandoval



SCAN Classic (HMO)



Medicare Advantage Plan **2025 BENEFIT HIGHLIGHTS** 

Plan Details	SCAN Classic	
Monthly Plan Premium	\$0	
Annual Plan Deductible	\$0	
Maximum Out-of-Pocket	SCAN Classic	
Annual Maximum Out-of-Pocket (MOOP)	\$2,800	
Comprehensive Care	SCAN Classic	
Primary Care Office Visits	\$0	
Specialist Office Visits	\$20	
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	20%	
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)	\$20	
<b>Diagnostic Radiology</b> (e.g. MRI, CT, ultrasound)	\$0-\$175	
Outpatient Mental Health (Individual/Group)	\$0	
Hospital and Emergency Care	SCAN Classic	
Inpatient Hospital Care	\$150 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-\$175	
Emergency Care	\$90 (worldwide) \$0 (if admitted immediately)	
Urgent Care Services	\$10 (worldwide)	
Ambulance Services	\$250	

Prescription Dr	ug Coverage	SCAN Classic		
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-Poo	cket Maximum	ximum \$2,000		
Catastrophic Cov	phic Coverage Stage \$0		0	

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

Dental Services	SCAN Classic	
Dental coverage to support your overall health.	Dental Plan NMC44+EPO	Essential Dental
	These dental services are included in your plan	\$30 monthly premium
DIAGNOSTIC AND PREVENTIVE DENTAL		
Oral Exams (2 per year)	\$0	\$0
Dental X-rays (2 per year)	\$0	\$0
Prophylaxis (cleaning - 2 per year)	\$0	\$0
COMPREHENSIVE DENTAL		
Restorative Services (fillings, crowns)	Not covered	\$8-\$390
Endodontics (root canals)	Not covered	\$5-\$395
Periodontics (deep cleaning)	\$0	\$0-\$380
Prosthodontics (tooth replacement/dentures)	Not covered	\$13-\$440

## **SCAN COVERS THESE VALUABLE EXTRAS**

#### Extras that help you stay healthy and independent

Benefits	SCAN Classic
Vision (routine)	
Eye exam	\$0 (1 every 12 months)
Coverage for eyewear	\$250 limit allowance every year
Hearing	\$450-\$750 per aid/year
Transportation*	\$0 (28 one-way trips per year)
Over-the-Counter (OTC)  Can be used at CVS locations, online or over the phone	\$60 allowance per quarter with rollover
Fitness	\$0 (One Pass)
Acupuncture and Chiropractic Services (routine)	\$15 per visit (20 visits/year combined)

#### Extras that connect you to even more care and support

Benefits	SCAN Classic
Telehealth Urgent Medical	\$0
Telehealth Behavioral Health	\$0
Nurse Advice Line	\$0 (per phone visit)
HealthTECH	\$0 support line
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	After hospital or skilled nursing facility stay \$0 personal in-home care visits 40 hours per year/4 hour min
Home-Delivered Meals	\$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.

<sup>\*50-</sup>mile limit will apply to each one-way trip. \*\*Criteria and limitations apply.

## 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.



#### 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.



#### Good dental health starts with preventive care

That's why preventive services like cleanings and even deep cleanings are included for \$0. You have the option to add more coverage for a low monthly premium.



# 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 not-for-profit. And we're still committed to keeping seniors healthy and independent.

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.



### www.scanhealthplan.com

1-888-445-2037 TTY: 711

SCAN Classic (HMO) is an HMO plan with a Medicare contract. Enrollment in SCAN Health Plan New Mexico 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 New Mexico'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.