



## **SCAN Retiree Group – Newport-Mesa Unified School District (N-MUSD) (HMO) offered by SCAN Health Plan**

# **Annual Notice of Change for October 1, 2025 – September 30, 2026**

You're enrolled as a member of SCAN Retiree Group – N-MUSD.

This material describes changes to our plan's costs and benefits next year.

- **You can make changes to your Medicare coverage during your plan sponsor's open enrollment period.**
- To change to a **different plan**, visit [www.Medicare.gov](http://www.Medicare.gov) or review the list in the back of your *Medicare & You 2025 and 2026* handbooks.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at [www.scanhealthplan.com](http://www.scanhealthplan.com) or call Member Services at 1-800-559-3500 (TTY users call 711) to get a copy by mail.

### **More Resources**

- This material is available for free in Spanish and Chinese.
- Call Member Services at 1-800-559-3500 (TTY users call 711) for more information. Hours are 8 a.m. to 8 p.m., 7 days a week from October 1 to March 31. From April 1 to September 30, hours are 8 a.m. to 8 p.m., Monday through Friday. We are closed on most federal holidays. When we are closed you have an option to leave a message. Messages received on holidays and outside of our business hours will be returned within one business day. This call is free.
- We can also give you information for free in large print, braille, audio recording, or other alternate formats if you need it.

### **About SCAN Retiree Group – N-MUSD**

- SCAN Retiree Group – N-MUSD (HMO) is an HMO plan with a Medicare contract. Enrollment in SCAN Health Plan depends on contract renewal.
- When this material says "we," "us," or "our," it means SCAN Health Plan. When it says "plan" or "our plan," it means SCAN Retiree Group – N-MUSD.
- **If you do nothing by the end of the open enrollment time-frame, you'll automatically be enrolled in SCAN Retiree Group – N-MUSD.** Starting October 1, 2025, you'll get your

medical and drug coverage through SCAN Retiree Group – N-MUSD. Go to Section 3 for more information about how to change plans and deadlines for making a change.

H5425-804-116

Y0057\_SCAN\_21955\_2026\_M IA 08222025

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## Summary of Important Costs for October 1, 2025 – September 30, 2026

	2024/2025 (this year)	2025/2026 (next year)
<p><b>Monthly plan premium*</b></p> <p>* Your premium can be higher or lower than this amount. Go to Section 1 for details.</p>	Please contact your plan sponsor benefits administrator for information about your plan premium.	<b>Please contact your plan sponsor benefits administrator for information about your plan premium.</b>
<p><b>Maximum out-of-pocket amount</b></p> <p>This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)</p>	\$3,400	<b>\$3,400</b>
<p><b>Doctor office visits</b></p>	<p><b><u>Basic Plan</u></b> \$15 copayment per visit.</p> <p><b><u>Enhanced Plan</u></b> \$10 copayment per visit.</p>	<p><b><u>Basic Plan</u></b> <b>\$15 copayment per visit.</b></p> <p><b><u>Enhanced Plan</u></b> <b>\$10 copayment per visit.</b></p>
<p><b>Specialist office visits</b></p>	<p><b><u>Basic Plan</u></b> \$15 copayment per visit.</p> <p><b><u>Enhanced Plan</u></b> \$10 copayment per visit.</p>	<p><b><u>Basic Plan</u></b> <b>\$15 copayment per visit.</b></p> <p><b><u>Enhanced Plan</u></b> <b>\$10 copayment per visit.</b></p>
<p><b>Inpatient hospital stays</b></p> <p>Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.</p>	<p><b><u>Basic Plan</u></b> \$100 copayment per admission (unlimited days).</p> <p><b><u>Enhanced Plan</u></b> \$0 copayment per admission (unlimited days).</p>	<p><b><u>Basic Plan</u></b> <b>\$100 copayment per admission (unlimited days).</b></p> <p><b><u>Enhanced Plan</u></b> <b>\$0 copayment per admission (unlimited days).</b></p>
<p><b>Part D drug coverage deductible</b></p> <p>(Go to Section 1.7 for details.)</p>	\$0	<b>\$0</b>

	2024/2025 (this year)	2025/2026 (next year)
<p><b>Part D drug coverage</b>                      (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)</p>	<p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1:                              \$10 per prescription                              (<i>Standard cost-sharing 30-day supply</i>)                              \$5 per prescription                              (<i>Preferred cost-sharing 30-day supply</i>)</li> <li>• Drug Tier 2:                              \$10 per prescription                              (<i>Standard cost-sharing 30-day supply</i>)                              \$5 per prescription                              (<i>Preferred cost-sharing 30-day supply</i>)</li> </ul>	<p><b>Copayment/Coinsurance during the Initial Coverage Stage:</b></p> <ul style="list-style-type: none"> <li>• <b>Drug Tier 1:</b>  <b>\$10 per prescription</b>                              (<b><i>Standard cost-sharing 30-day supply</i></b>)  <b>\$5 per prescription</b>                              (<b><i>Preferred cost-sharing 30-day supply</i></b>)</li> <li>• <b>Drug Tier 2:</b>  <b>\$10 per prescription</b>                              (<b><i>Standard cost-sharing 30-day supply</i></b>)  <b>\$5 per prescription</b>                              (<b><i>Preferred cost-sharing 30-day supply</i></b>)</li> </ul>

	2024/2025 (this year)	2025/2026 (next year)
	<ul style="list-style-type: none"> <li>• Drug Tier 3:                      \$20 per prescription for other drugs  <i>(Standard cost-sharing 30-day supply)</i>                      You pay \$20 per month supply of each covered insulin product on this tier.  <i>(Standard cost-sharing 30-day supply)</i>                      \$20 per prescription for other drugs  <i>(Preferred cost-sharing 30-day supply)</i>                      You pay \$20 per month supply of each covered insulin product on this tier.  <i>(Preferred cost-sharing 30-day supply)</i> </li> <li>• Drug Tier 4:                      \$20 per prescription  <i>(Standard cost-sharing 30-day supply)</i>                      \$20 per prescription  <i>(Preferred cost-sharing 30-day supply)</i> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Drug Tier 3:</b>  <b>\$20 per prescription for other drugs</b>  <b><i>(Standard cost-sharing 30-day supply)</i></b>  <b>You pay \$20 per month supply of each covered insulin product on this tier.</b>  <b><i>(Standard cost-sharing 30-day supply)</i></b>  <b>\$20 per prescription for other drugs</b>  <b><i>(Preferred cost-sharing 30-day supply)</i></b>  <b>You pay \$20 per month supply of each covered insulin product on this tier.</b>  <b><i>(Preferred cost-sharing 30-day supply)</i></b> </li> <li>• <b>Drug Tier 4:</b>  <b>\$20 per prescription</b>  <b><i>(Standard cost-sharing 30-day supply)</i></b>  <b>\$20 per prescription</b>  <b><i>(Preferred cost-sharing 30-day supply)</i></b> </li> </ul>

	2024/2025 (this year)	2025/2026 (next year)
	<ul style="list-style-type: none"> <li>• Drug Tier 5: 25% of the total cost (<i>Standard cost-sharing</i> 30-day supply)</li> <li>25% of the total cost (<i>Preferred cost-sharing</i> 30-day supply)</li> <li>• Drug Tier 6: \$11 per prescription (<i>Standard cost-sharing</i> 30-day supply)</li> <li>\$11 per prescription (<i>Preferred cost-sharing</i> 30-day supply)</li> </ul> <p>Catastrophic Coverage Stage:</p> <ul style="list-style-type: none"> <li>• During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Drug Tier 5:</b> <b>25% of the total cost</b> <b>(<i>Standard cost-sharing</i> 30-day supply)</b></li> <li><b>25% of the total cost</b> <b>(<i>Preferred cost-sharing</i> 30-day supply)</b></li> <li>• <b>Drug Tier 6:</b> <b>Effective October 1, 2025, Tier 6 is not available.</b></li> </ul> <p><b>Catastrophic Coverage Stage:</b></p> <ul style="list-style-type: none"> <li>• <b>During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.</b></li> </ul>

## SECTION 1 Changes to Benefits & Costs for Next Year

### Section 1.1 Changes to the Monthly Plan Premium

	2024/2025 (this year)	2025/2026 (next year)
<b>Monthly plan premium</b>	Please contact your plan sponsor benefits administrator for information about your plan premium.	<b>Please contact your plan sponsor benefits administrator for information about your plan premium.</b>

#### Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.
- Extra Help - Your monthly plan premium will be *less* if you get Extra Help with your drug costs. Go to Section 4 for more information about Extra Help from Medicare.

### Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2024/2025 (this year)	2025/2026 (next year)
<b>Maximum out-of-pocket amount</b> Your costs for covered medical services (such as copayments) <b>count</b> toward your maximum out-of-pocket amount. Your costs for prescription drugs <b>don't count</b> toward your maximum out-of-pocket amount.	\$3,400	<b>\$3,400</b> <b>Once you've paid \$3,400 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.</b>

### **Section 1.3 Changes to the Provider Network**

Our network of providers has changed for next year. Review the 2025 and 2026 *Provider & Pharmacy Directory* at [www.scanhealthplan.com](http://www.scanhealthplan.com) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider & Pharmacy Directory*:

- Visit our website at [www.scanhealthplan.com](http://www.scanhealthplan.com).
- Call Member Services at 1-800-559-3500 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider & Pharmacy Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at 1-800-559-3500 (TTY users call 711) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

### **Section 1.4 Changes to the Pharmacy Network**

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Our network of pharmacies has changed for next year. Review the 2025 and 2026 *Provider & Pharmacy Directory* at [www.scanhealthplan.com](http://www.scanhealthplan.com) to see which pharmacies are in our network. Here's how to get an updated *Provider & Pharmacy Directory*:

- Visit our website at [www.scanhealthplan.com](http://www.scanhealthplan.com).
- Call Member Services at 1-800-559-3500 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Provider & Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at 1-800-559-3500 (TTY users call 711) for help.

## Section 1.5 Changes to Benefits & Costs for Medical Services

	2024/2025 (this year)	2025/2026 (next year)
<b>Behavioral Telehealth</b>	Behavioral Telehealth is <u>not</u> covered.	<b>\$0 copayment for each virtual doctor visit. Please see your <i>Evidence of Coverage</i> for more details.</b>
<b>Caregiver training</b>	Caregiver training is available through the health plan.	<b>Caregiver training is available through your primary care doctor's office. (Effective 1/1/2026)</b>
<b>Cognifit (Memory Fitness)</b>	\$0 copayment for Cognifit (Memory Fitness).	<b>Cognifit (Memory Fitness) is <u>not</u> covered. (Effective 1/1/2026)</b>
<b>Independent Living Power/Long Term Support Services (ILP/LTSS) limit</b>	You are covered for up to \$850 of ILP/LTSS services per month.	<b>You are covered for up to \$1,200 of ILP/LTSS services per month.</b>
<b>Learning Communities</b>	\$0 copayment for virtual and in-person health education classes/groups.	<b>Learning Communities is <u>not</u> covered. Your One Pass fitness benefit offers access to social activities in your community. Continue to check the SCAN website for other virtual and in-person classes and group events. (Effective 1/1/2026)</b>

	2024/2025 (this year)	2025/2026 (next year)
<b>Part B Drugs</b>	From 10/01/2025 to 12/31/2025: Part B Drugs are <u>not</u> subject to Step Therapy requirements.	<b>Effective 01/01/2026:</b> <b>Select Part B Drugs may be subject to Step Therapy requirements. To get more information, review Chapter 4 of your Evidence of Coverage. Step Therapy is a utilization tool that requires you to first try another drug to treat your medical condition before we'll cover the drug your physician may have initially prescribed.</b>

## Section 1.6 Changes to Part D Drug Coverage

### Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at 1-800-559-3500 (TTY users call 711) for more information.

## Section 1.7 Changes to Prescription Drug Benefits & Costs

### Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don't get this material by September 30, 2025, call Member Services at 1-800-559-3500 (TTY users call 711) and ask for the *LIS Rider*.

### Drug Payment Stages

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- **Stage 1: Yearly Deductible**

We have no deductible, so this payment stage doesn't apply to you.

- **Stage 2: Initial Coverage**

In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date out-of-pocket costs reach \$2,000.

- **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don’t count toward out-of-pocket costs.

### Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2024/2025 (this year)	2025/2026 (next year)
<b>Yearly Deductible</b>	Because we have no deductible, this payment stage doesn’t apply to you.	<b>Because we have no deductible, this payment stage doesn’t apply to you.</b>

### Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month (30-day) supply filled at a network pharmacy with standard and preferred cost sharing.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply; or at a network pharmacy that offers preferred cost sharing; or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you’ve paid \$2,000 out of pocket for covered Part D drugs, you’ll move to the next stage (the Catastrophic Coverage Stage).

	2024/2025 (this year)	2025/2026 (next year)
<b>Tier 1: Preferred Generic</b>	<p><i>Standard cost-sharing:</i> You pay \$10.</p> <p><i>Preferred cost-sharing:</i> You pay \$5.</p>	<p><b><i>Standard cost-sharing:</i></b> <b>You pay \$10.</b></p> <p><b><i>Preferred cost-sharing:</i></b> <b>You pay \$5.</b></p>
<b>Tier 2: Generic</b>	<p><i>Standard cost-sharing:</i> You pay \$10.</p> <p><i>Preferred cost-sharing:</i> You pay \$5.</p>	<p><b><i>Standard cost-sharing:</i></b> <b>You pay \$10.</b></p> <p><b><i>Preferred cost-sharing:</i></b> <b>You pay \$5.</b></p>
<b>Tier 3: Preferred Brand</b>	<p><i>Standard cost-sharing:</i> You pay \$20 for other drugs.</p> <p>You pay \$20 per month supply of each covered insulin product on this tier.</p> <p><i>Preferred cost-sharing:</i> You pay \$20 for other drugs.</p> <p>You pay \$20 per month supply of each covered insulin product on this tier.</p>	<p><b><i>Standard cost-sharing:</i></b> <b>You pay \$20 for other drugs.</b></p> <p><b>You pay \$20 per month supply of each covered insulin product on this tier.</b></p> <p><b><i>Preferred cost-sharing:</i></b> <b>You pay \$20 for other drugs.</b></p> <p><b>You pay \$20 per month supply of each covered insulin product on this tier.</b></p>
<b>Tier 4: Non-Preferred Drug</b>	<p><i>Standard cost-sharing:</i> You pay \$20.</p> <p><i>Preferred cost-sharing:</i> You pay \$20.</p>	<p><b><i>Standard cost-sharing:</i></b> <b>You pay \$20.</b></p> <p><b><i>Preferred cost-sharing:</i></b> <b>You pay \$20.</b></p>
<b>Tier 5: Specialty Tier</b>	<p><i>Standard cost-sharing:</i> You pay 25% of the total cost.</p> <p><i>Preferred cost-sharing:</i> You pay 25% of the total cost.</p>	<p><b><i>Standard cost-sharing:</i></b> <b>You pay 25% of the total cost.</b></p> <p><b><i>Preferred cost-sharing:</i></b> <b>You pay 25% of the total cost.</b></p>

	2024/2025 (this year)	2025/2026 (next year)
<b>Tier 6: Select Care Drugs</b>	<p><i>Standard cost-sharing:</i> You pay \$11.</p> <p><i>Preferred cost-sharing:</i> You pay \$11.</p>	<b>Effective October 1, 2025, Tier 6 is not available.</b>

### Changes to the Catastrophic Coverage Stage

**If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.**

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6 in your *Evidence of Coverage*.

## SECTION 2 Administrative Changes

The table below compares the administrative changes for next year:

	2025 (this year)	2026 (next year)
<b>Medicare Prescription Payment Plan</b>	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option.	<p><b>If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026.</b></p> <p><b>To learn more about this payment option, call us at 1-866-845-1803 (TTY users call 1-800-716-3231) or visit <a href="http://www.Medicare.gov">www.Medicare.gov</a>.</b></p>

## SECTION 3 How to Change Plans

**To stay in SCAN Retiree Group – N-MUSD, you don't need to do anything.** If you do nothing by the end of the open enrollment time-frame, you'll automatically be enrolled in SCAN Retiree Group – N-MUSD.

If you want to change plans for 2025/2026, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from SCAN Retiree Group – N-MUSD.
- **To change to Original Medicare with Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from SCAN Retiree Group – N-MUSD.
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll or visit our website to disenroll online at [www.scanhealthplan.com](http://www.scanhealthplan.com). Call Member Services at 1-800-559-3500 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 1.1).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit [www.Medicare.gov](http://www.Medicare.gov), check the *Medicare & You 2025 and 2026* handbooks, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227).

### Section 3.1 Deadlines for Changing Plans

**To stay in our plan, you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare, you will automatically be enrolled in our SCAN Retiree Group – N-MUSD. **You should check with your plan sponsor's benefits administrator for the open enrollment procedures.**

### Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into, or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

## **SECTION 4    Get Help Paying for Prescription Drugs**

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You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
  - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
  - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** California has a program called the Genetically Handicapped Persons Program (GHPP) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit [shiphelp.org](http://shiphelp.org), or call 1-800-MEDICARE.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Office of AIDS, Center for Infectious Diseases – California Department of Public Health, MS7700, P.O. Box 997426, Sacramento, CA 95899-7426. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call 1-844-421-7050. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan

payment option. To learn more about this payment option, call us at 1-866-845-1803 (TTY users call 1-800-716-3231) or visit [www.Medicare.gov](http://www.Medicare.gov).

## **SECTION 5    Questions?**

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### **Get Help from SCAN Retiree Group – N-MUSD**

- **Call Member Services at 1-800-559-3500. (TTY users call 711.)**

We're available for phone calls 8 a.m. to 8 p.m., 7 days a week from October 1 to March 31. From April 1 to September 30, hours are 8 a.m. to 8 p.m., Monday through Friday. We are closed on most federal holidays. When we are closed you have an option to leave a message. Messages received on holidays and outside of our business hours will be returned within one business day. Calls to these numbers are free.

- **Read your 2025/2026 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2025/2026. For details, go to the 2025/2026 *Evidence of Coverage* for SCAN Retiree Group – N-MUSD. The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at [www.scanhealthplan.com](http://www.scanhealthplan.com) or call Member Services at 1-800-559-3500 (TTY users call 711) to ask us to mail you a copy.

- **Visit [www.scanhealthplan.com](http://www.scanhealthplan.com)**

Our website has the most up-to-date information about our provider network (*Provider & Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

### **Get Free Counseling about Medicare**

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In California, the SHIP is called Health Insurance Counseling and Advocacy Program (HICAP).

Call Health Insurance Counseling and Advocacy Program (HICAP) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222. Learn more about Health Insurance Counseling and Advocacy Program (HICAP) by visiting [aging.ca.gov/hicap/](http://aging.ca.gov/hicap/).

## Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with [www.Medicare.gov](http://www.Medicare.gov)**

You can chat live at [www.Medicare.gov/talk-to-someone](http://www.Medicare.gov/talk-to-someone).

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit [www.Medicare.gov](http://www.Medicare.gov)**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2025 and 2026***

The *Medicare & You 2025 and 2026* handbooks are mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at [www.Medicare.gov](http://www.Medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

SCAN Health Plan complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of, or because of, race, color, national origin, age, disability, or sex. SCAN Health Plan provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats). SCAN Health Plan provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact SCAN Member Services.

If you believe that SCAN Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by phone, mail, or fax, at:

SCAN Member Services  
SCAN Health Plan (California) 1-800-559-3500  
SCAN Health Plan (Arizona) 1-855-650-7226  
SCAN Health Plan (New Mexico) 1-855-826-7226  
SCAN Health Plan (Nevada) 1-855-827-7226  
SCAN Health Plan (Texas) 1-855-844-7226  
SCAN Health Plan (Washington) 1-833-944-7226  
TTY: 711

Attention: Grievance and Appeals Department  
P.O. Box 22616,  
Long Beach, CA 90801-5616

Or by filling out the "File a Grievance" form on our website at:  
[www.scanhealthplan.com/Help-Center/Contact-Us/File-A-Grievance](http://www.scanhealthplan.com/Help-Center/Contact-Us/File-A-Grievance)

If you need help filing a grievance, SCAN Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019 (TTY: 1-800-537-7697)

Complaint forms are available at [www.hhs.gov/civil-rights/filing-a-complaint/index.html](http://www.hhs.gov/civil-rights/filing-a-complaint/index.html).

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call 1-916-440-7370. If you cannot speak or hear well, please call 711 (Telecommunications Relay Services).
- In writing: Fill out a complaint form or send a letter to:  
Deputy Director, Office of Civil Rights  
Department of Health Care Services  
Office of Civil Rights  
P.O. Box 997413, MS 0009  
Sacramento, CA 95899-7413  
Complaint forms are available at [www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx).
- Electronically: Send an email to [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov)

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-559-3500. Someone who speaks English can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, llame al 1-800-559-3500. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Cantonese (Traditional):** 我們提供免費的口譯服務，以解答您對我們的健康或藥物計劃可能有的任何問題。如需獲得口譯服務，請致電 1-800-559-3500 聯絡我們。我們有會說中文的工作人員可以為您提供幫助。這是一項免費服務。

**Chinese Mandarin (Simplified):** 我们提供免费的口译服务，以解答您对我们的健康或药物计划可能有的任何问题。如需获得口译服务，请致电 1-800-559-3500 联系我们。我们有会说中文的工作人员可以为您提供帮助。这是一项免费服务。

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi quý vị có thể có về chương sức khỏe và chương trình thuốc men. Để được thông dịch, chỉ cần gọi theo số 1-800-559-3500. Người nói Tiếng Việt có thể trợ giúp quý vị. Đây là dịch vụ miễn phí.

**Tagalog:** Mayroon kaming mga libreng serbisyo ng interpreter upang masagot ang anumang katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng interpreter, tawagan lamang kami sa 1-800-559-3500. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-559-3500 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Armenian:** Առողջութեան կամ դեղերի ծրագրի վերաբերյալ որևէ հարց առաջանալու դեպքում կարող եք օգտվել անվճար թարգմանչական ծառայությունից: Թարգմանչի ծառայությունից օգտվելու համար զանգահարե՛ք 1-800-559-3500 հեռախոսահամարով: Ձեզ կօգնի հայերենին տիրապետող մեր աշխատակիցը: Ծառայությունն անվճար է:

**Persian:** توجه: ما خدمات مترجم رایگان داریم تا به هر سؤالی که ممکن است در مورد برنامه بهداشتی یا داروهای ما داشته باشید پاسخ دهیم. برای آن که مترجم دریافت کنید فقط کافیسست با شماره 1-800-559-3500 تماس بگیرید. شخصی که به زبان فارسی صحبت می کند، می تواند به شما کمک کند. این یک سرویس رایگان است.

**Russian:** Если у вас возникнут вопросы относительно плана медицинского обслуживания или обеспечения лекарственными препаратами, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по номеру 1-800-559-3500. Вам окажет помощь сотрудник, который говорит на русском языке. Данная услуга бесплатная.

**Japanese:** 当社の健康保険と処方薬プランに関するご質問にお答えするために、無料の通訳サービスをご用意しています。通訳をご利用になるには、1-800-559-3500にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة لديك تتعلق بخططنا الصحية أو جدول الدواء. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على الرقم 1-800-559-3500. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه الخدمة المجانية.

**Punjabi:** ਸਾਡੀ ਸਿਹਤ ਜਾਂ ਦਵਾਈ ਯੋਜਨਾ ਬਾਰੇ ਤੁਹਾਡੇ ਕਿਸੇ ਵੀ ਸਵਾਲਾਂ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਸਾਡੇ ਕੋਲ ਮੁਫਤ ਦੁਬਾਸ਼ੀਆ ਸੇਵਾਵਾਂ ਹਨ। ਕੋਈ ਦੁਬਾਸ਼ੀਆ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ, ਬੱਸ ਸਾਨੂੰ 1-800-559-3500 'ਤੇ ਕਾਲ ਕਰੋ। ਕੋਈ ਵਿਅਕਤੀ ਜੋ ਪੰਜਾਬੀ ਬੋਲਦਾ ਹੈ, ਉਹ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਇਹ ਇੱਕ ਮੁਫਤ ਸੇਵਾ ਹੈ।

**Mon-Khmer, Cambodian:**

យើងខ្ញុំមានសេវាអ្នកបកប្រែផ្ទាល់មាត់ដោយមិនគិតថ្លៃចាំឆ្លើយរាល់សំណួរដែលអ្នកអាចមានអំពីសុខភាព ឬផែនការឱសថរបស់យើងខ្ញុំ។ ដើម្បីទទួលបានអ្នកបកប្រែ គ្រាន់តែហៅទូរស័ព្ទមកយើងខ្ញុំតាមរយៈលេខ 1-800-559-3500។ មានគេដែលនិយាយភាសាខ្មែរអាចជួយលោកអ្នកបាន។ សេវាកម្មនេះមិនគិតថ្លៃទេ។

**Hmong:** Peb muaj cov kev pab cuam txhais lus los teb koj cov lus nug uas koj muaj txog ntawm peb lub phiaj xwm kho mob thiab tshuaj kho mob. Kom tau txais tus kws txhais lus, tsuas yog hu peb ntawm 1-800-559-3500. Muaj qee tus neeg hais lus Hmoob tuaj yeem pab tau koj. Qhov no yog kev pab cuam pab dawb.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-559-3500 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Thai:** เรามีบริการล่ามฟรีเพื่อตอบสนองข้อสงสัยต่าง ๆ ที่คุณอาจมีเกี่ยวกับแผนสุขภาพและด้านเภสัชกรรมของเรา ขอความช่วยเหลือจากล่ามโดยโทรติดต่อเราที่หมายเลข 1-800-559-3500 เจ้าหน้าที่ในภาษาไทยจะเป็นผู้ให้บริการโดยไม่มีค่าใช้จ่ายใด ๆ

**Lao:** ພວກເຮົາມີການບໍລິການນາຍພາສາຟຣີ ເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບສຸຂະພາບ ຫຼື ແຜນການຢາຂອງ ພວກເຮົາ. ເພື່ອຮັບເອົານາຍພາສາ, ພາລາດໂທຫາພວກເຮົາທີ່ເບີ 1-800-559-3500. ບາງຄົນທີ່ເວົ້າພາສາລາວ ສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການຟຣີ.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-559-3500. Quelqu'un parlant français pourra vous aider. Ce service est gratuit.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihre Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-559-3500. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per usufruire di un interprete, contattare il numero 1-800-559-3500. Un nostro incaricato che parla Italiano Le fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-559-3500. Irá encontrar alguém que fale português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan sante oswa medikaman nou yo. Pou w jwenn yon entèprèt, jis rele nou nan 1-800-559-3500. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-559-3500. Ta usługa jest bezpłatna.

**Hmong-Mien:** Peb muaj kev pab cuam txhais lus pub dawb los teb cov lus nug uas koj muaj txog ntawm peb lub phiaj xwm kev noj qab haus huv los sis phiaj xwm tshuaj kho mob. Kom tau txais tus kws txhais lus, tsuas yog hu peb ntawm 1-800-559-3500. Muaj tus neeg hais lus Hmoob tuaj yeem pab tau koj. Qhov kev pab cuam no yog pab dawb xwb.

**Ukrainian:** Ми надаємо безкоштовні послуги усного перекладача, який відповість на будь-які ваші запитання щодо нашого плану медичного обслуговування або лікарського забезпечення. Щоб отримати послуги перекладача, просто зателефонуйте нам за номером 1-800-559-3500. Вам може допомогти людина, яка володіє українською мовою. Ця послуга безкоштовна.

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