

BETTER MEDICARE STARTS HERE.



SCAN RETIREE GROUP 2026 BENEFIT KIT

January 1, 2026 - December 31, 2026

San Diego City Employees Retirement System (SDCERS) (HMO)

PROUDLY NONPROFIT SINCE 1977

A BETTER MEDICARE EXPERIENCE

SCAN was founded by seniors, for seniors in 1977. Since then, we've become an award-winning Medicare Advantage plan—with a difference.

We're proud to be nonprofit. We don't have shareholders we have to please. Instead, we have members looking to us to give them a better Medicare experience. One that's based on quality, senior-focused care and award-winning service. That's our commitment to you.

We look forward to showing you the SCAN difference.

About SCAN Employer Group Plan

We're honored to be part of your group retiree health plan options. As a valued retiree, your health and well-being remain a top priority. This guide is designed to help you understand the medical benefits available to you, ensuring you have the coverage and support you need to enjoy retirement with peace of mind.

Whether you're continuing coverage or exploring new options, we're here to make the process simple, clear, and tailored to your needs. Please let us know if we can answer any questions

Inside you'll find:

1. Summary of Benefits

An easy-to-use list of the plan's benefits, coverage and any copays.

2. Extra Benefits

More information about the benefits we offer beyond Original Medicare.

3. Pharmacy Benefit

An overview of our drug coverage along with money-saving tips.

4. Enroll Now

Contact your Employer Group Sponsored Benefits Administration and fill out the form included.



IMPORTANT INFORMATION:

2025 Medicare Star Ratings

Official U.S.
Government
Medicare
Information



SCAN Health Plan - H5425

For 2025, SCAN Health Plan - H5425 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★

Health Services Rating: ★★★★★☆

Drug Services Rating: ★★★★★

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact SCAN Health Plan 7 days a week from 8:00 a.m. to 8:00 p.m. Pacific time at 888-315-7226 (toll-free) or 888-722-6889 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Pacific time. Current members please call 800-559-3500 (toll-free) or 711 (TTY).

The number of stars show how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

SCAN HEALTH PLAN 2026 BENEFIT HIGHLIGHTS

San Diego City Employees Retirement System (SDCERS) (HMO)

January 1, 2026 - December 31, 2026

Comprehensive Care	SDCERS
Maximum Out-of-Pocket (MOOP)	\$3,400
PCP Office Visits	\$10
Specialist Office Visits	\$10
Immunizations	\$0
Lab Services and X-rays	\$0
Breast Cancer Screening	\$0
Prostate Cancer Screening	\$0
Annual Wellness Exam/Visit	\$0
Medicare-Covered Chiropractic Services	\$10
Hospital and Emergency Care	SDCERS
Inpatient Hospital Care	\$0 (unlimited days)
Skilled Nursing Facility	\$0 (days 0-120)
Outpatient Surgery	\$0
Outpatient Rehabilitation Services	\$0
Worldwide Emergency Care	\$50
Worldwide Urgent Care Services	\$10
Ambulance Services	\$0

Prescription Drug Coverage		SDCERS	
Part D Deductible		\$0	
Initial Coverage Stage - SCAN Contracted Retail Pharmacies (1-month/30-day supply)			
Pharmacy Network		PREFERRED	STANDARD
Tier 1: Preferred Generic		\$5	\$10
Tier 2: Generic		\$5	\$10
Tier 3: Preferred Brand	Insulin	\$20	\$20
	Other Drugs	\$20	\$20
Tier 4: Non-Preferred Drug		\$20	\$20
Tier 5: Specialty Tier		25%	25%

Get a 3-month supply (100 days) of Tiers 1, 2, 3, and 4 drugs at either a Retail Pharmacy or SCAN Mail-Order Pharmacy and only pay for 2 months. (Not available for Tier 5 drugs).

Additional Benefits and Services	SDCERS
Routine Hearing Test	\$10 (1 per year)
Hearing Aid Allowance	\$2,000 hearing aid(s) allowance every 2 years
Routine Chiropractic Services	\$10 (up to 20 visits every year)
Routine Transportation	\$0 (unlimited trips per year)
Health Club Membership	\$0
Telehealth Services	\$0
SCAN HEALTH ^{tech}	\$0
Home-delivered Meals	\$0 Home-delivered meals are available to members with chronic conditions up to 28 days/84 meals

Independent Living Power/Long Term Services and Supports (ILP/LTSS)*

SCAN offers unique home and community-based services designed to keep you healthy and independent. These services are offered under the Independent Living Power/Long Term Services and Supports (ILP/LTSS) program.

Qualifying members are eligible for up to \$1,200 per month of these additional services. ILP/LTSS Services are only available in Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties, California. Contact Independent Living Power Call Center at 1-800-887-8695 for an assessment request.

Please Note: You must be eligible to qualify for ILP/LTSS. An initial assessment is required. Once you are enrolled with ILP/LTSS, you must agree to receive your personal care and related homemaking services from SCAN. Contact SCAN Member Services for details.

<p>Homemaker Service You are eligible to receive assistance with light cleaning, grocery shopping, laundry and meal preparation.</p>	\$15 per visit
<p>Home-delivered Meals You are covered for home delivery of meals to meet nutritional needs.</p>	\$0
<p>Personal Care Services You are covered for in-home assistance for tasks such as bathing, dressing, eating, getting in and out of bed, moving about/walking, and grooming.</p>	\$15 per visit
<p>Emergency Response System You are covered for the installation of a personal emergency response device that alerts emergency medical personnel to provide immediate help. There is no cost for installation.</p>	\$0
<p>Transportation Escort Services You are eligible to receive an escort to assist you during transportation to and from medical appointments.</p>	\$15 per visit
<p>Personal Care Coordinator SCAN staff will provide personal assistance to coordinate your Independent Living Power/Long Term Support Services.</p>	\$0
<p>Inpatient Custodial Care You are covered for up to 5 days per year for post-acute or respite support in a skilled nursing facility. You may use this service following a hospital discharge, ER visit, or for respite care purposes.</p>	\$0
<p>In-Home Caregiver Relief SCAN provides alternative caregiver services in your home when a regular caregiver can't be there.</p>	\$15 per visit

*Members who qualify for Independent Living Power/Long Term Services and Supports must meet state criteria for Nursing Home Certifiable as determined by a SCAN Specialist after enrollment in the plan. Copayments apply for most services. Limits also apply. ILP/LTSS Services available only in Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties, California.

Independent Living Power/Long Term Services and Supports (ILP/LTSS)*

Community-Based Adult Services (CBAS)- Adult Day Care SCAN covers adult day care services to provide relief for your regular caregiver while addressing the individual needs of the member for physical, social or intellectual exercises and stimulation. Criteria applies.	\$15 per visit
Incontinence Supplies Members who qualify may be eligible to receive selected incontinence supplies, such as diapers, briefs, and pads to maintain skin integrity.	\$0
Select Bathroom Safety Equipment Members may be eligible to receive selected bathroom safety equipment to assist you in performing certain daily activities. Please contact your Care Manager for further information.	\$0

*Members who qualify for Independent Living Power/Long Term Services and Supports must meet state criteria for Nursing Home Certifiable as determined by a SCAN Specialist after enrollment in the plan. Copayments apply for most services. Limits also apply. ILP/LTSS Services available only in Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties, California.



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SUMMARY OF BENEFITS



A snapshot of what matters most.

This section gives you an easy-to-use listing of the plan's benefits, coverage and any copays.

2026

Summary of Benefits

SCAN Retiree Group

San Diego City Employees Retirement System (SDCERS) (HMO)

California

January 1, 2026 – December 31, 2026

SCAN Retiree Group - SDCERS is an HMO plan with a Medicare contract. Enrollment in SCAN Health Plan depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the "Evidence of Coverage" by calling our Member Services Department at the phone number listed in this document or online at www.scanhealthplan.com.

SUMMARY OF BENEFITS

JANUARY 1, 2026 – DECEMBER 31, 2026

PREMIUM AND BENEFITS	SDCERS	WHAT YOU SHOULD KNOW
Monthly Health Plan Premium	For premium information, please contact your Plan Sponsor Benefits Administrator.	You must continue to pay your Medicare Part B premium.
Plan Deductible	\$0	This plan does not have a deductible.
Maximum Out-of-Pocket Responsibility (this does not include prescription drugs)	\$3,400 annually	The most you pay for copays and coinsurance for Medicare-covered medical services for the year.
Inpatient Hospital Coverage	\$0	Our plan covers an unlimited number of days for an inpatient hospital stay. Prior authorization rules apply.
Outpatient Hospital Services <ul style="list-style-type: none"> • Ambulatory Surgical Center • Outpatient Hospital 	\$0 \$0	Prior authorization rules apply for outpatient hospital services.
Doctor Visits <ul style="list-style-type: none"> • Primary Care • Specialists 	\$10 copay per visit \$10 copay per visit	Prior authorization rules apply for specialist visits.
Preventive Care	\$0	Any additional preventive services approved by Medicare during the contract year will be covered. Prior authorization rules apply.
Emergency Care	\$50 copay per visit	The emergency room copay will be waived if you are immediately admitted to the hospital. You are covered for worldwide emergency services.
Urgently Needed Services	\$10 copay per visit	You are covered for worldwide urgent care services.

PREMIUM AND BENEFITS	SDCERS	WHAT YOU SHOULD KNOW
<p>Diagnostic Services/Labs/Imaging</p> <ul style="list-style-type: none"> • Lab services • Diagnostic tests and procedures • Outpatient X-rays • Therapeutic radiology • Diagnostic radiology (e.g., MRI, CT) 	<p>\$0</p> <p>\$0</p> <p>\$0</p> <p>\$0</p> <p>\$0</p>	<p>Prior authorization rules apply for diagnostic, lab, and imaging services.</p>
<p>Hearing Services</p> <ul style="list-style-type: none"> • Medicare-covered diagnostic hearing and balance exam • Non-Medicare-covered (routine) hearing exam • Non-Medicare-covered (routine) hearing aid fitting/evaluation • Non-Medicare-covered (routine) hearing aids 	<p>\$10 copay per visit</p> <p>\$10 copay for up to 1 visit every 12 months</p> <p>\$10 copay within the first year of purchase</p> <p>Our plan pays up to \$2,000 for up to 2 hearing aids every 2 years</p>	<p>Prior authorization rules apply for Medicare-covered diagnostic hearing and balance exams.</p> <p>You must go to a SCAN-contracted provider to obtain a routine hearing exam and hearing aids.</p> <p>Members don't need a referral from a PCP or other doctor to use their benefit. To locate a contracted provider and to schedule your appointment, please call 1-844-244-9003.</p>
<p>Dental Services</p> <ul style="list-style-type: none"> • Medicare-covered dental services 	<p>\$0</p>	<p>Prior authorization rules apply for Medicare-covered dental services.</p>
<p>Vision Services</p> <ul style="list-style-type: none"> • Medicare-covered vision exam to diagnose/treat diseases of the eye • Medicare-covered glasses after cataract surgery 	<p>\$0</p> <p>\$0</p>	<p>Prior authorization rules apply for Medicare-covered vision exam and glasses after cataract surgery.</p>

PREMIUM AND BENEFITS	SDCERS	WHAT YOU SHOULD KNOW
Mental Health Services <ul style="list-style-type: none"> • Inpatient visit • Outpatient individual/group therapy visit • Outpatient individual/group therapy visit with a psychiatrist 	\$0 per admission \$0 \$0	<p>Prior authorization rules apply for inpatient mental health hospitalization. You are covered for up to 90 days per benefit period.*</p> <p>Prior authorization rules apply for outpatient mental health services.</p>
Skilled Nursing Facility	\$0 for days 0-120	<p>Prior authorization rules apply for skilled nursing facility services. You are covered for up to 120 days per benefit period.*</p> <p>No prior hospitalization is required.</p>
Physical Therapy	\$0	<p>Prior authorization rules apply for outpatient physical therapy services.</p>
Ambulance	\$0 per one-way trip	
Transportation (Non-Medicare-covered — routine)	\$0 for unlimited trips per year 75-mile limit applies to each one-way trip	<p>Prior authorization rules apply for routine transportation services.</p> <p>You must use a SCAN-contracted provider to obtain routine transportation services.</p>
Medicare Part B Drugs	<p>You pay no more than \$30 for a one-month supply of a Part B insulin furnished through an item of durable medical equipment, such as a medically necessary insulin pump.</p> <p>You pay \$30 for chemotherapy and other Part B drugs</p>	<p>Prior authorization rules apply to select drugs.</p>

* A benefit period begins the day you go into a hospital or SNF. The benefit period ends when you haven't received any inpatient hospital or SNF care for 60 days in a row.

OUTPATIENT PRESCRIPTION DRUGS (PART D DRUGS): San Diego City Employees Retirement System (SDCERS)

You pay the following:

Part D Deductible	\$0
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Drug Tier	Retail				Mail-Order	
	Preferred		Standard		Preferred	Standard
	30-day supply	100-day supply	30-day supply	100-day supply	100-day supply	100-day supply

Initial Coverage Stage							
Tier 1 (Preferred Generic)		\$5	\$10	\$10	\$20	\$10	\$20
Tier 2 (Generic)		\$5	\$10	\$10	\$20	\$10	\$20
Tier 3 (Preferred Brand)	Insulin	\$20	\$40	\$20	\$40	\$40	\$40
	Other Drugs	\$20	\$40	\$20	\$40	\$40	\$40
Tier 4 (Non-Preferred Drug)		\$20	\$40	\$20	\$40	\$40	\$40
Tier 5 (Specialty Tier)		25%	Not available	25%	Not available	Not available	Not available

Catastrophic Coverage Stage
You stay in the Initial Coverage Stage until your yearly out-of-pocket costs reach \$2,100. After your yearly out-of-pocket drug costs reach \$2,100, you pay \$0 for all covered prescription drugs for the remainder of the year.

You won't pay more than \$20 for a one-month supply of each insulin product covered by our plan on our "Drug List" (Formulary), no matter what cost-sharing tier it's on. You won't pay more than \$35 for a one-month supply of each insulin product covered through a coverage determination, appeal, or transition. During the Catastrophic Coverage Stage, you pay \$0 for all covered insulin products.

Most adult Part D vaccines, including shingles, tetanus and travel vaccines, are covered by our plan at no cost to you. Refer to your plan's "Drug List" (Formulary) or contact Member Services for coverage and cost-sharing details about specific vaccines.

Some of our network pharmacies have preferred cost-sharing. You may pay less for certain drugs if you use these pharmacies. Your cost-sharing may vary depending on the pharmacy you choose (e.g., Preferred Retail, Standard Retail, Preferred Mail-Order, Standard Mail-Order, Long Term Care (LTC), Home infusion, etc.) or whether you receive a one-month or a three-month supply or when you enter another phase of the Part D benefit or if you receive "Extra Help." For more information, please call our Member Services Department at the number provided in this document or access your Evidence of Coverage online. If you reside in a long-term care facility, your cost-sharing for a 31-day supply is the same as at a standard retail pharmacy for a 30-day supply. You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

ADDITIONAL BENEFITS

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

PREMIUM AND BENEFITS	SDCERS	WHAT YOU SHOULD KNOW
<p>Routine Chiropractic Services</p>	<p>\$10 copay per visit for up to 20 visits per year</p>	<p>You do not need a referral for an initial routine chiropractor visit. Any subsequent visits require prior authorization.</p>
<p>Medical Equipment/Supplies</p> <ul style="list-style-type: none"> • Durable Medical Equipment (e.g., wheelchairs, oxygen) • Prosthetics (e.g., braces, artificial limbs) • Diabetic supplies • Continuous Glucose Monitors 	<p>\$0</p> <p>\$0</p> <p>\$0</p> <p>\$0 at the pharmacy or DME provider</p>	<p>Prior authorization rules apply for covered durable medical equipment, prosthetic devices, and certain diabetic supplies.</p> <p>SCAN covers diabetic supplies such as glucose monitors, test strips, and control solution from a select manufacturer. Lancets are also covered and are available from all manufacturers.</p> <p>Freestyle Libre and Dexcom CGMs are covered at contracted pharmacies. Other CGM manufacturers are available at contracted DME providers.</p> <p>Prior authorization rules apply.</p>

PREMIUM AND BENEFITS	SDCERS	WHAT YOU SHOULD KNOW
<p>Telehealth Services</p> <ul style="list-style-type: none"> Urgent Care and Mental Health 	<p>\$0</p>	<p>Urgent Care:</p> <p>A licensed health care professional in the comfort of your own home. This benefit is for non-life threatening conditions such as, but not limited to, cough, flu, nausea, sore throat, fever and allergies.</p> <p>Visits with providers can be conducted by telephone or secure video capabilities from your computer or smart phone. Telehealth is not intended to replace your primary care doctor or specialist.</p> <p>Behavioral Health:</p> <p>This benefit allows you to connect with licensed Psychologists, Master’s level therapists, or Psychiatrists via video visits 7 days a week by appointment.</p> <p>Behavioral telehealth visits with practitioners can be conducted by secure video capabilities from your computer, tablet, or smart phone. Behavioral telehealth is not intended to replace your medical groups mental health provider.</p>
<p>Health Club Membership</p>	<p>\$0</p>	<p>You are covered for SCAN-contracted health clubs in your area.</p>
<p>HEALTH^{tech}</p>	<p>\$0</p>	<p>A technology support line to provide education and training on how to use your computer, tablet or smartphone to access health care and health care related information.</p>
<p>Home-delivered Meals</p>	<p>\$0</p>	<p>Up to 28 days/84 meals of home-delivered meals are available to members with chronic conditions.</p>

INDEPENDENT LIVING POWER/LONG TERM SERVICES AND SUPPORTS (ILP/LTSS)*

SCAN offers unique home and community-based services designed to keep you healthy and independent. These services are offered under the Independent Living Power/Long Term Services and Supports (ILP/LTSS) program.

Qualifying members are eligible for up to \$1,200 per month of these additional services. ILP/LTSS Services are only available in Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties, California. Contact Independent Living Power Call Center at 1-800-887-8695 for an assessment request.

Please Note: You must be eligible to qualify for ILP/LTSS. An initial assessment is required. Once you are enrolled with ILP/LTSS, you must agree to receive your personal care and related homemaking services from SCAN. Contact SCAN Member Services for details.

<p>Homemaker Service You are eligible to receive assistance with light cleaning, grocery shopping, laundry and meal preparation.</p>	<p>\$15 per visit</p>
<p>Home-delivered Meals You are covered for home delivery of meals to meet nutritional needs.</p>	<p>\$0</p>
<p>Personal Care Services You are covered for in-home assistance for tasks such as bathing, dressing, eating, getting in and out of bed, moving about/walking, and grooming.</p>	<p>\$15 per visit</p>
<p>Emergency Response System You are covered for the installation of a personal emergency response device that alerts emergency medical personnel to provide immediate help. There is no cost for installation.</p>	<p>\$0</p>
<p>Transportation Escort Services You are eligible to receive an escort to assist you during transportation to and from medical appointments.</p>	<p>\$15 per visit</p>
<p>Personal Care Coordinator SCAN staff will provide personal assistance to coordinate your Independent Living Power/Long Term Support Services.</p>	<p>\$0</p>
<p>Inpatient Custodial Care You are covered for up to 5 days per year for post-acute or respite support in a skilled nursing facility. You may use this service following a hospital discharge, ER visit, or for respite care purposes.</p>	<p>\$0</p>

*Members who qualify for Independent Living Power/Long Term Services and Supports must meet state criteria for Nursing Home Certifiable as determined by a SCAN Specialist after enrollment in the plan. Copayments apply for most services. Limits also apply. ILP/LTSS Services available only in Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties, California.

INDEPENDENT LIVING POWER/LONG TERM SERVICES AND SUPPORTS (ILP/LTSS)*

In-Home Caregiver Relief

SCAN provides alternative caregiver services in your home when a regular caregiver can't be there.

\$15 per visit

Community-Based Adult Services (CBAS)-Adult Day Care

SCAN covers adult day care services to provide relief for your regular caregiver while addressing the individual needs of the member for physical, social or intellectual exercises and stimulation. Criteria applies.

\$15 per visit

Incontinence Supplies

Members who qualify may be eligible to receive selected incontinence supplies, such as diapers, briefs, and pads to maintain skin integrity.

\$0

Select Bathroom Safety Equipment

Members may be eligible to receive selected bathroom safety equipment to assist you in performing certain daily activities. Please contact your Care Manager for further information.

\$0

*Members who qualify for Independent Living Power/Long Term Services and Supports must meet state criteria for Nursing Home Certifiable as determined by a SCAN Specialist after enrollment in the plan. Copayments apply for most services. Limits also apply. ILP/LTSS Services available only in Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties, California.

ADDITIONAL DETAILS AND CONTACT INFORMATION

SCAN Retiree Group - SDCERS has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

ABOUT SCAN	
Who can join?	<p>You must:</p> <ul style="list-style-type: none"> - have both Medicare Part A and Part B - live in the plan service area (Los Angeles, Orange, Riverside, San Bernardino, San Diego, Ventura, Alameda, Fresno, Kings, Madera, Placer, Sacramento, Santa Clara, San Francisco, San Joaquin, San Mateo, Stanislaus, Tulare and Yolo counties, California) - be a United States citizen or be lawfully present in the United States - not be medically determined to have end-stage renal disease (ESRD)
Phone Number (Members)	1-800-559-3500
Phone Number (Non-Members)	1-877-857-5053
	Calling this number will direct you to a licensed insurance agent.
TTY	711
Hours of Operation	<p>October 1 to March 31: 8 am to 8 pm, 7 days a week</p> <p>April 1 to September 30: 8 am to 8 pm, Monday through Friday</p> <p>Messages received on holidays and outside of our business hours will be returned within one business day.</p>
Website	www.scanhealthplan.com

To get more information about the coverage and costs of Original Medicare, look in your current **“Medicare & You”** handbook. View it online at <https://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users call 1-877-486-2048.

This information is not a complete description of benefits. Call 1-800-559-3500 (TTY: 711) for more information.

†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.

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 at 1-800-559-3500, 8 am to 8 pm, 7 days a week from October 1 to March 31. From April 1 to September 30, hours are 8 am to 8 pm Monday through Friday (messages received on holidays and outside of our business hours will be returned within one business day). TTY: 711. 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. Other pharmacies are available in our network.

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

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.

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.
- Electronically: Send an email to 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 답해 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 سوالی که ممکن است در مورد برنامه بهداشتی یا داروهای ما داشته باشید پاسخ دهیم. برای آن که مترجم دریافت کنید فقط کافیسیت 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 بخطتنا 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 ਦੁਭਾਸ਼ੀਆ ਸੇਵਾਵਾਂ ਹਨ। ਕੋਈ ਦੁਭਾਸ਼ੀਆ 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:

យើងខ្ញុំមានសេវាកម្មបកប្រែផ្ទាល់មាត់ដោយមិនគិតថ្លៃចាំឆ្លើយរាល់សំណួរដែលអ្នកអាចមានអំពីសុខភាព 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: เรามีบริการล่ามฟรีเพื่อตอบข้อสงสัยต่าง ๆ ที่คุณอาจมีเกี่ยวกับแผนสุขภาพและด้านเภสัชกรรมของเรา ขอความช่วยเหลือจากล่ามโดยโทรติดต่อเราที่หมายเลข 1-800-559-3500 เจ้าหน้าที่ในภาษาไทยจะเป็นผู้ให้บริการโดยไม่มีค่าใช้จ่ายใด ๆ

Lao: ພວກເຮົາມີການບໍລິການນາຍພາສາຟຣີ ເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບສຸຂະພາບ ຫຼື ແຜນການຢາຂອງ ພວກເຮົາ. ເພື່ອຮັບເອົານາຍພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ເບີ 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.

2 EXTRA BENEFITS

Good health goes beyond the doctor's office.

SCAN offers you benefits beyond what Original Medicare alone provides. For some of these benefits, we partner with companies that specialize in the type of care and services provided.



Scan this code with your smartphone to find more details about these extra benefits or go to scanhealthplan.com/extras26

TRANSPORTATION

SCAN provides a transportation benefit through SafeRide. Having a reliable ride service helps ensure you can get to the appointments and care you need. Each SCAN plan includes a set number of rides each year, all at no cost—and scheduling takes just one phone call.

Your SCAN transportation benefits include:

- Curb-to-curb service for rides to medical appointments and even the pharmacy
- Transportation reservations will need to be made in advance
- Taxi, rideshare, wheelchair vans and other vehicle types are available to meet your needs
- Mile limits apply to each one-way trip



HEARING AID

SCAN provides a hearing aid benefit through TruHearing®. Hearing health is important to your overall quality of life, and this benefit provides support every step of the way. From reduced-cost hearing aids to exams, adjustments and batteries.

Your SCAN hearing aid benefit includes:

- Yearly hearing exams
- Advanced and Premium model hearing aids in a variety of styles at discounted prices
- Fittings and adjustments for 1 year
- Free trial, 3-year warranty, and more

As a “self-referral” benefit, you use your hearing aid benefit without a referral from your primary care doctor. Just call TruHearing to schedule your appointment.



Benefits may vary based on plan and county. Check the plan's Summary of Benefits in this kit for details.

CHIROPRACTIC

SCAN provides coverage for chiropractic care through American Specialty Health (ASH). These are the types of services that can complement the care you get from your doctor to help manage pain, stress and other health issues.

Check the information in the benefits section of this kit to:

- See how many visits this plan covers each year
- Find your copay amount for each visit

As a “self-referral” benefit, you can see an ASH provider for an initial visit without a referral from your primary care doctor. Just call ASH to find a provider near you—or to find out if your current practitioner is part of the ASH network.

NURSE ADVICE LINE

SCAN provides a 24-hour Nurse Advice Line benefit in all our plans. It’s a great place to start when you’re not sure what to do. When you call, you’ll speak with a nurse who will listen to your questions, evaluate your symptoms, and recommend next steps—all at no cost.

The Nurse Advice Line:

- Connects you with a licensed registered nurse
- Is available 24 hours a day, 7 days a week
- Provides answer and next steps



Benefits may vary based on plan and county. Check the plan’s Summary of Benefits in this kit for details.

TELEHEALTH FOR URGENT CARE

SCAN provides a telehealth benefit for urgent care services through Doctor On Demand by Included Health. This is a great option if you have a non-emergency condition and your doctor isn't available. Think weekends, after-hours and even in the middle of the night. And there's no cost for these visits.

The telehealth benefit for urgent care:

- Connects you with a board-certified doctor or nurse practitioner specially trained to deliver care virtually
- Is available 24 hours a day, 7 days a week
- Offers appointments or on-demand care by phone or virtually (via computer or smart phone)

TELEHEALTH FOR MENTAL HEALTH SERVICES

SCAN also provides virtual mental health services through Doctor On Demand by Included Health. This benefit can help with mental and behavioral health needs, including anxiety, depression, substance abuse and stress management. You'll connect for a face-to-face visit virtually, from the comfort of your home—at no cost.

The telehealth benefit for mental health care:

- Connects you with a licensed psychiatrist, psychologist, therapist, or social worker
- Offers virtual appointment within a few days
- Is available seven days a week, including nights and weekends



Benefits may vary based on plan and county. Check the plan's Summary of Benefits in this kit for details.

HEALTHTECH

We want you to take advantage of the convenience of online and digital services. That's why SCAN provides the Health*tech* technology support benefit to all our members. Health*tech* is your no-cost tech support hotline for help using your computer, tablet or smartphone for health-related needs.

Call Health*tech* when you need to:

- Set up for a telehealth visit
- Use your medical group patient portal
- Log on to your many online SCAN benefits, from mail-order prescription services to the online programs and classes available through One Pass

FITNESS

SCAN provides a fitness benefit through One Pass, which includes a wide variety of options for your physical and social health.

The One Pass fitness benefit includes:

- Thousands of locations, including national health clubs, local favorites, and specialty fitness boutiques
- On-demand and live-streaming classes you can do from home
- Online, guided programs for specific health issues, such as osteoporosis and fall prevention
- Thousands of no-cost local social events and classes—offered online and in person through Grouper

One Pass™

Benefits may vary based on plan and county. Check the plan's Summary of Benefits in this kit for details.

INCLUDED LGBTQ+ HEALTH

We know how important it is to have a doctor who understands and is prepared to meet the needs of their LGBTQ+ patients. That's why we've teamed up with Included LGBTQ+ Health. You'll benefit from having a dedicated care coordinator who will work with you one-on-one if you need help:

- Finding an affirming, in-network provider
- Getting answers to questions about your SCAN benefits
- Finding local and community LGBTQ+ resources
- Understanding your medical bills
- Answering questions from your family or community



HOME-DELIVERED MEALS

SCAN's home-delivered meal benefit can help you recover after a hospital stay or jump start healthy eating habits if you have a chronic condition. Nutritionally balanced meals mean less grocery shopping and no cooking—they're heat, eat and enjoy!

The home-delivered meal benefit is available at no cost to members who qualify and includes:

- Health-specific menu options, such as lower-sodium, diabetic-friendly and more
- Meal delivery for up to 28 days and up to 84 meals per year
- You may qualify if you're homebound or have certain chronic conditions



Benefits may vary based on plan and county. Check the plan's Summary of Benefits in this kit for details.

EXTRA BENEFITS

Vision care, dental services and over-the-counter items all play an important role in your overall health. That's why SCAN includes extras like these—and many more—in our Medicare Advantage plans.

Find coverage details, such as copays or number of visits, in the Summary of Benefits section. And learn more about these valuable benefits on the previous pages.

Services	Vendors	Phone Number	Website
Chiropractic	American Specialty Health (ASH)	1-800-678-9133	ashlink.com/ash/scan
Fitness	One Pass	1-877-504-6830	youronepass.com
Hearing	TruHearing	1-844-255-7148	truhearing.com/scan
LGBTQ+ Health	Included LGBTQ+ Health	1-877-330-0889	scanhealthplan.com/extras2026
Technology Support	Healthtech	1-833-437-0555	scanhealthplan.com/extras2026
Telehealth	Doctor On Demand by Included Health	1-888-993-4087	doctorondemand.com/SCAN
Transportation	SafeRide	1-844-714-2218	scanhealthplan.com/extras2026



3 PHARMACY BENEFIT



Cost savings and convenience.

With SCAN, it's always easy to use your pharmacy benefit. Shop at local pharmacies, use Express Scripts® Pharmacy for home delivery, and take advantage of 3-month supplies.



Scan this code with your smartphone to see if your medications are covered by SCAN. Or go to scanhealthplan.com/findadrug

THE SCAN PHARMACY BENEFIT

We know how important it is to keep the cost of your medications low and make sure they're easy to get—either at a local pharmacy or by mail.

Easy to use with just 3 steps:

1. **Find your drugs on the SCAN Formulary.** It's important for you to know that your drugs are covered. Check our formulary (list of covered drugs) to look up your prescription medications.
2. **Decide which pharmacy to use.** SCAN works with more than 66,000 pharmacies across the country and you can fill your prescriptions at any of them.
3. **Put your benefits to work.** If you prefer to use a local pharmacy but need help getting there, many SCAN plans include a transportation benefit. Or consider using our mail-order pharmacy for your maintenance medications.



GO ONLINE TO FIND HELPFUL TOOLS

2026 SCAN Drug List (Formulary)

To find your drugs, scan the QR code with your smart phone or go to scanhealthplan.com/findadrug.

Type your medication in the search box, and then look for this information:

- What tier is the medication on? A lower tier usually means a lower cost.
- Are alternative medications on a lower tier listed? If so and they're on a lower tier, check with your doctor to see if the less expensive drug will work for you.



Pharmacies in the SCAN Network

SCAN works with most of the large pharmacies as well as many smaller, independent pharmacies.

To find the locations near you, scan the QR code with your smartphone or go to scanhealthplan.com/findapharmacy.

Use the filters to search for Preferred pharmacies, 24-hour locations, and other features.



Drug Cost Calculators

Use our Rx Cost Calculator to find out how much your drugs will cost you next year—and how soon you'll start paying \$0.¹

To use the calculator, scan the QR code with your smartphone or go to scanhealthplan.com/rx2026.

This page also includes information on the Medicare Prescription Payment Plan option, including how it could spread out the cost of your drugs, instead of paying the full amount at the pharmacy, how to enroll, and how to estimate your monthly drug costs.





SAVE MONEY ON YOUR MEDS

Tiers 1, 2, 3, and 4: Buy Two, Get One Free!

You'll pay just two copayments when you pick up a 3-month supply of prescription drugs on tiers 1, 2, 3 and 4. That means you pay for 2 months and get the 3rd month free!

You'll never pay more than \$2,100 a year for your prescription drugs.¹ And many members pay much less.

Some members may benefit from the Medicare Prescription Payment Plan. While this doesn't lower the cost of the drug, it does help spread out the cost if it's too high.² And SCAN is always here to help you find solutions like patient assistance programs or apply for "Extra Help" from Medicare.

For more information, including how to sign up for the Medicare Prescription Payment Plan, call Express Scripts at **1-866-845-1803** (TTY: 1-800-716-3231).



SAVINGS AND CONVENIENCE

Preferred Pharmacies = Lower Copayments

While you can fill your prescriptions at any of the pharmacies listed below, you may pay less at a Preferred pharmacy.

Find locations near you at scanhealthplan.com/findapharmacy.

Preferred Pharmacies

- CVS
- Costco
- Walmart/Sam's Club
- Express Scripts Pharmacy
- PillPack by Amazon
- H-E-B
- Safeway/Albertsons
- SortPak
- Many Independent Pharmacies

Standard Pharmacies

- Walgreens
- Kroger/Ralphs/Fred Meyer/Fry's/Smith's
- Medicine Shoppe
- Select Independent Pharmacies



CONTINUOUS GLUCOSE MONITORS

SCAN offers preferred Continuous Glucose Monitors (i.e., Dexcom and Freestyle Libre) at pharmacies with a prescription. Prior Authorization and other limits may apply.³



YOUR PRESCRIPTIONS—DELIVERED

Make fewer trips to the pharmacy by having a 3-month supply of your maintenance medications delivered right to you. Express Scripts® Pharmacy offers Preferred pharmacy pricing—and standard shipping is free.

Take advantage of the savings and convenience of home delivery, plus the added value of:

- Automatic Refills. Sign up for automatic refills so you never miss a dose.
- Online Tracking. Easily manage your medications on the Express Scripts website or app.
- Payment Flexibility. Payment options that work with your budget.
- Live Support. 24/7 telephone access to a pharmacist.

It's easy to get started! Just call Express Scripts at **1-866-553-4125** (TTY: 1-800-899-2114) once your membership with SCAN begins.

¹After your yearly out-of-pocket drugs costs reach \$2,100, you enter Catastrophic Coverage stage and pay \$0 for your prescription drugs for the rest of the year.

²There are no income eligibility requirements to participate in the Medicare Prescription Payment Plan (participation is voluntary). This payment option doesn't lower drug costs. For more information, including how to sign up for the Medicare Prescription Payment Plan, call Express Scripts at 1-866-845-1803 (TTY: 1-800-716-3231).

³All Continuous Glucose monitors will continue to be available through the durable medical equipment providers. Prior Authorization may apply.

The Drug List (Formulary) is subject to change. For a complete and updated Drug List, please refer to the 2026 SCAN Formulary or visit our website. Copayment/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." If you receive "Extra Help" for your prescription drug costs, the "Extra Help" program will pay all or part of your monthly plan premium and your copay/coinsurance. 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 for details. You can get prescription drugs shipped to your home through our network mail-order delivery program. Express Scripts Pharmacy is our 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 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.

4 ENROLL NOW



Ready to join SCAN?

Let's get you signed up!

There are a number of ways to enroll in SCAN:

- In person with your local SCAN representative
- By mail using the form and envelope in this kit
- Contact your Employer Group Sponsored Benefits Administration and fill out the form included.

PRE-ENROLLMENT CHECKLIST



Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at (877) 857-5053, TTY users call 711.

Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit www.scanhealthplan.com or call (877) 857-5053, TTY: 711 to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2026.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

RETIREE GROUP HEALTH PLAN ENROLLMENT REQUEST FORM



Please contact SCAN Health Plan if you need any information in another language or format. (Braille)

STEP 1: Please fill out the application completely.

STEP 2: Sign and date the application.

If you have any questions regarding this application, please call (844) 722-4424 (TTY: 711). 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. Messages received on holidays and outside of our business hours will be returned within one business day.

1 To Enroll in SCAN Health Plan, Please Provide the Following Information:

Retiree Group Number:						Group Number:					
Last Name:											
First Name:						M.I. (optional)					
Birth Date:		/		/		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female					
M M		D D		Y Y Y Y							
Phone Number: () -											
Permanent Residence Street Address (Don't enter a PO Box. Note: For individuals experiencing homelessness, a PO Box may be considered your permanent residence address.):											
City:				State:		ZIP Code:					
Mailing Address (only if different from your Permanent Address):											
Street Address:											
City:				State:		ZIP Code:					
Emergency Contact: (optional)											
Phone Number: () -						Relationship to You:					

2 Please Provide Your Medicare Insurance Information

Please take out your red, white and blue Medicare card to complete this section. <ul style="list-style-type: none"> Fill out this information as it appears on your Medicare card. 	Name (as it appears on your Medicare card):					
	Medicare Number:					
Social Security: - -						

3

Please Read and Answer These Important Questions

1.	Are you the retiree? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, retirement date (month/date/year): _____ If no, name of retiree: _____
2.	Are you covering a spouse or dependents under this employer or union plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of spouse: _____ Name(s) of dependent(s): _____ ** A separate application is required for a spouse or dependent for enrollment in SCAN Health Plan.
3.	Do you work? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your spouse work? <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Some individuals may have other drug coverage, including other private insurance, Worker's Compensation, VA benefits or state pharmaceutical assistance programs. <input type="checkbox"/> Yes <input type="checkbox"/> No Will you have other prescription drug coverage in addition to SCAN Health Plan? If "yes" please provide the following information: Name of other coverage: _____ ID # for other coverage: _____
5.	Are you a resident in a long-term care facility, such as a nursing home? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" please provide the following information: Name of Institution: _____ Address & Phone Number of Institution (number and street): _____ _____

If we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), we need to know how you would prefer to pay it. Please call SCAN Member Services at 1-800-559-3500. TTY: 711.

If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or RRB. DO NOT pay SCAN Health Plan the Part D-IRMAA. For more information about contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users call 1-800-325-0778.

4 Physician Information

Please choose a Primary Care Physician (PCP), and Medical Group.

I do not have a preferred primary care physician. Please auto assign to a contracted SCAN primary care physician. Yes No

Physician Name:

Physician ID Number:

												-		
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Medical Group Name:

Group ID Number:

--	--	--	--	--	--	--	--	--	--	--	--

Are you a current patient of this physician? Yes No

5 Answer these important questions:

The fields in this section are optional. Answering these questions is your choice. You can't be denied coverage you don't fill them out.

Email Address: _____

I want to get the following materials via email.

By providing my email address, I agree to receive my SCAN materials online rather than by U.S. Mail. I understand this would include documents such as the Part C and Part D Explanation of Benefits (EOB), Annual Notice of Change (ANOC) and I can change back to U.S. mail at any time.

Phone Number: () -

By providing my number, I agree to receive automated and/or other text messages by SCAN Health Plan for healthcare, benefits, or any other purpose. Such consent is not a condition of receipt of any service and I can opt out at any time. Message and data rates may apply.

Language Preferences:

Select one if you want us to send you information in a language other than English:

Spanish Chinese Korean Vietnamese

What is your preferred spoken language if other than English:

Spanish Cantonese Mandarin Korean Vietnamese

Select one if you want us to send you information in an accessible format: Braille Large print Audio CD Data CD

Please contact SCAN Health Plan at (844) 722-4424 (TTY: 711) if you need information in an accessible format (like audio or large print) or a language other than those listed above. 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. Messages received on holidays and outside of our business hours will be returned within one business day.

By completing this enrollment application, I agree to the following:

SCAN Health Plan is a Medicare Advantage plan and has a contract with the Federal Government. I will need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available (Example: October 15–December 7 of every year), or under certain special circumstances.

SCAN Health Plan serves a specific service area. If I move out of the area that SCAN Health Plan serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of SCAN, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from SCAN when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that beginning on the date SCAN coverage begins, I must get all of my health care from SCAN, except for emergency or urgently needed services or out-of-area dialysis services. Services authorized by SCAN and other services contained in my SCAN Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR SCAN WILL PAY FOR THE SERVICES.**

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with SCAN, he/she may be paid based on my enrollment in SCAN.

Release of Information: By joining this Medicare health plan, I acknowledge that SCAN will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that SCAN will release my information, including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the state where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that 1) this person is authorized under state law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

Signature: _____ Today's Date: _____

If you are the authorized representative, you must sign above and provide the following information:

Name: _____ Relationship to enrollee: _____

Address: _____

Phone number: (____) _____

FOR INDIVIDUALS HELPING ENROLLEE WITH COMPLETING THIS FORM ONLY

Complete this section if you are an individual (i.e. agents, brokers, SHIP counselors, family members, or other third parties) helping an enrollee fill out this form.

NAME:	RELATIONSHIP TO ENROLLEE:	SIGNATURE:
EFFECTIVE DATE OF COVERAGE: <div style="text-align: center;"> ___ ___ / ___ ___ / ___ ___ M M D D Y Y Y Y </div>	REC'D DATE:	NATIONAL PRODUCER NUMBER (NPN):

CONTINUITY OF CARE



FOR INTERNAL USE ONLY: To be completed by Sales Representative *PLEASE PRINT LEGIBLY*

Member Last Name:		Effective Date:
Member First Name:		DOB:
Phone:	Alternate Phone:	
Emergency Contact:	Emergency Contact Phone:	
EXISTING SERVICES:		
Please provide as much information as possible about the continuity of care needs expressed during the enrollment conference.		
<input type="checkbox"/> Urgent Continuity of Care Need (appointment within 1st week of effective date)		
<input type="checkbox"/> Currently Inpatient (Hosp/SNF) Facility:		Discharge Date:
Specialist Name:	Phone:	Appt:
Specialist Name:	Phone:	Appt:
Home Health:	Phone:	Schedule:
Dialysis Center:	Phone:	Schedule:
Procedure & Provider:		Phone:
Procedure Appt:		
DURABLE MEDICAL EQUIPMENT:		
<input type="checkbox"/> CPAP/Nebulizer <input type="checkbox"/> Oxygen <input type="checkbox"/> CGM <input type="checkbox"/> Hospital Bed <input type="checkbox"/> Ostomy		
<input type="checkbox"/> Other (briefly describe): _____		
MEDICATION ASSISTANCE:		
Does the member have any current medications that require prior authorization or not on the SCAN Formulary? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please enter the names(s) of the medications(s).		

ADDITIONAL NEEDS:		
<input type="checkbox"/> Housing concerns <input type="checkbox"/> Unable to afford food <input type="checkbox"/> Unable to afford medication(s)		
Requests for continuity of care are reviewed on a case-by-case basis with the goal to establish and continue care with an in-network provider. A SCAN Care Navigator will contact the member near their effective date to assist with coordinating care.		

Fax completed form to 562-552-9379

WHAT TO EXPECT NEXT



You've sent in your SCAN Health Plan® enrollment form—so now what happens?

Official Notices

Your enrollment form triggers several mailings we're required to send you:

- **Verification Letter**
To make sure you want to enroll in SCAN and that the plan was fully explained to you.
- **Approval Letter**
Tells you if your enrollment with SCAN is approved by Medicare.
- **Privacy Letter**
So you know your rights to privacy with SCAN, and how to find copies of all your plan materials.

SCAN Member ID Card + Quick Start Guide

Your member ID card and Quick Start Guide will arrive together. If you haven't received this packet within 3 weeks of joining SCAN, please call Member Services to make sure we have your correct address.

Email Welcome

If you've given us your email, we'll share ways you can find information online. Including through your SCAN online member account and with the SCAN App.

SCAN Club Newsletter

This newsletter is just one of the ways we stay in touch with plan updates, health reminders and more.

You might also receive:

A call to arrange for health services

Be sure to fill out the "Coordination of Care" form if you have ongoing care needs. Expect this call shortly before/after your membership takes effect.

An offer to help with costs

This letter tells you how to get help with your Medicare premiums and other healthcare costs (sent only to those who qualify).

Contact SCAN Member Services if you have any questions



Sign up for your online member account to send and receive secure messages:

members.scanhealthplan.com



Or call to speak with a Member Service Advocate:



1-800-559-3500 (TTY: 711)

Oct. 1 to Mar. 31: 8 am – 8 pm, 7 days a week

Apr. 1 to Sep. 30: 8 am – 8 pm, Monday – Friday

Visit scanhealthplan.com/getstarted



 www.scanhealthplan.com
 1-877-857-5053 (TTY: 711)

SCAN Retiree Group - San Diego City Employees Retirement System (SDCERS) is an HMO plan with a Medicare contract. Enrollment in SCAN Health Plan depends on contract renewal.

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