



Medicare Advantage Plan  
2024 Benefit Highlights

**Better  
Medicare for**



**SCAN Embrace**  
(HMO-POS I-SNP)

**Maricopa County**  
**Pima County**

| Plan Details           | SCAN Embrace        |                         |
|------------------------|---------------------|-------------------------|
|                        | In-Network Services | Out-of-Network Services |
| Monthly Plan Premium   | \$0                 | \$0                     |
| Annual Plan Deductible | \$0                 | \$0                     |

| Comprehensive Care                                   | SCAN Embrace   |                         |
|--|--|-------------------------|
|  | In-Network Services  | Out-of-Network Services |
| Primary Care Office Visits                           | \$0  | Not covered             |
| Specialist Office Visits                             | \$0  | \$10                    |
| Diabetic Self-Management Training                    | \$0  | Not covered             |
| Diabetic Supplies<br>(lancets, test strips, monitor) | \$0  | Not covered             |
| Annual Physical Exam                                 | \$0  | Not covered             |
| Preventive Services<br>(Medicare-covered screenings) | \$0  | Not covered             |
| Lab Services and X-rays                              | \$0  | \$0                     |
| Diagnostic Tests and Procedures                      | \$0  | \$0                     |
| Outpatient Rehabilitation<br>(e.g. PT, OT, ST)       | \$0  | Not covered             |
| Diagnostic Radiology<br>(e.g. MRI, CT, ultrasound)   | \$0-\$125  | \$0-\$125               |
| Durable Medical Equipment                            | \$0 for items up to \$499;<br>20% for items \$500 and more | Not covered             |
| Outpatient Mental Health<br>(Individual/Group)       | \$0  | \$10                    |

| Hospital and<br>Emergency Care | SCAN Embrace   |                         |
|--------------------------------|--|-------------------------|
|                                | In-Network Services                                  | Out-of-Network Services |
| Inpatient Hospital Care        | \$150 per day (days 1-5)<br>\$0 per day (days 6-90+) | Not covered             |
| Skilled Nursing Facility       | \$0 per day (days 1-100)                             | Not covered             |
| Outpatient Surgery             | \$50-\$100   | Not covered             |
| Emergency Care                 | \$120 (worldwide)<br>\$0 (if admitted immediately)   | Not covered             |
| Urgent Care Services           | \$0 (within U.S.)<br>\$120 (worldwide)               | Not covered             |
| Ambulance Services             | \$200  | Not covered             |

| Maximum<br>Out-of-Pocket               | SCAN Embrace        |                         |
|--|---------------------|-------------------------|
|  | In-Network Services | Out-of-Network Services |
| Annual Maximum Out-of-Pocket<br>(MOOP) | \$1,500             | \$1,500                 |

| Prescription Drug Coverage   |             | SCAN Embrace                              |   |
|--|-------------|---|---|
| PHARMACY NETWORK   |             | PREFERRED                                 | STANDARD                                  |
| Part D Deductible  |             | \$0                                       | \$0                                       |
| Initial Coverage Stage – SCAN Contracted Retail Pharmacies (1-month/30-day supply) |             |   |   |
| TIER 1: Preferred Generic  |             | \$0                                       | \$0                                       |
| TIER 2: Generic  |             | \$0                                       | \$0                                       |
| TIER 3:<br>Preferred Brand   | Insulin     | \$0                                       | \$0                                       |
|  | Other Drugs | \$37                                      | \$37                                      |
| TIER 4: Non-Preferred Drug   |             | \$99                                      | \$100                                     |
| TIER 5: Specialty Tier   |             | 33%                                       | 33%                                       |
| TIER 6: Select Care Drugs  |             | \$11                                      | \$11                                      |
| Coverage Gap   |             | Tiers 1 and 2<br>Tier 3<br>(insulin only) | Tiers 1 and 2<br>Tier 3<br>(insulin only) |

### Check out the BIG SAVINGS on your medications!

If you take Eliquis, Xarelto, Entresto, Januvia, Tradjenta, Jardiance, Farxiga, or other drugs on new Tier 6, SCAN is the Plan for you! With SCAN, you pay just \$11 per month for these drugs.\* In addition, you pay \$0 for Tiers 1 and 2 at SCAN network pharmacies.\*

\*The copay/coinsurance may vary by plan and may change during Coverage Gap.

| Dental Services   | SCAN Embrace                            |
|---|---|
| Dental benefit with unlimited covered services. Coverage lasts all year long. |   |
| PREVENTIVE  |   |
| Oral Exam & Cleaning<br>(2 per year)  | \$0                                     |
| X-Ray (2 per year)  | \$0                                     |
| Deep Cleaning<br>(4 quadrants per year)                                       | \$0                                     |
| COMPREHENSIVE   |   |
| Diagnostic (screenings, x-rays)   | \$0-\$5                                 |
| Restorative (fillings, crowns)  | \$8-\$395                               |
| Endodontics (root canals)   | \$5-\$395                               |
| Prosthodontics<br>(tooth replacement/dentures)                                | \$13-\$395                              |
| In-Network  | You have a large network to choose from |
| Annual Maximum  | No max for in-network services          |

# Included extras you get with SCAN

| Core Extras  | SCAN Embrace   |
|--|--|
| <b>Vision Services</b> (routine)<br>Eye exam<br>Coverage for eyewear   | \$0 (1 every 12 months)<br>\$300 limit every year  |
| <b>Transportation</b> (routine)*<br>Non-medical**                      | \$0 (56 one-way trips per year)<br>28 of the 56 trips  |
| <b>Acupuncture and Chiropractic Services</b> (routine)                 | \$10 per visit (20 visits/year combined)   |
| <b>Podiatry Services</b> (routine)                                     | \$0 (6 visits per year)  |
| <b>Hearing Services</b> (routine)<br>Hearing exam<br>Hearing aid copay | \$0 (1 every 12 months)<br>You pay \$450 copay per aid for a TruHearing Advanced hearing aid or \$750 copay per aid for a TruHearing Premium hearing aid |
| <b>SCAN Travel Assurance Kit</b>                                       | Urgent or emergency care when outside of the U.S.  |

## Solutions for Virtual Care Access

|  |                            |
|--|----------------------------|
| <b>Telehealth</b><br>Urgent Medical<br>Behavioral Health | \$0<br>\$0                 |
| <b>HEALTHtech</b>  | \$0 support line           |
| <b>Abridge Mobile App</b>                                | \$0 to capture care visits |

## Solutions for Healthy Living

|                               |   |
|-------------------------------|---|
| <b>Health Club Membership</b> | \$0 (One Pass)                            |
| <b>Over-the-Counter</b> (OTC) | \$190 allowance per quarter with rollover |
| <b>Brain Fitness</b>          | \$0 online brain games                    |

\*75-mile limit will apply to each one-way trip. \*\*Trips to: health club, grocery store, or senior center. This benefit is a part of a special supplemental program for the chronically ill. Not all members may qualify.

**SCAN is committed to offering the comprehensive and affordable care you need to stay at your healthiest.**

Please refer to your Summary of Benefits for more details about all the benefits and services you get with your Medicare Advantage Plan. If you have any questions, just call us. An authorized SCAN representative will be happy to help you.

**1-877-814-7226**  
**(TTY: 888-SCAN-TTY)**

October 1 to March 31:  
8 a.m. to 8 p.m., 7 days a week  
April 1 to September 30:  
8 a.m. to 8 p.m., Monday through Friday

# About SCAN

SCAN has been keeping seniors healthy and independent for more than 45 years. With quality, low-cost benefits—plus award-winning service when you need it—you can count on SCAN to help you stay healthy, vibrant and connected for years to come.

## Solutions for Independence

For members who need a little more support at home, we're pleased to offer these special benefits.

### SCAN Returning to Home\*

Extra help at home after a hospital stay can mean all the difference in your recovery. SCAN is there for you with:

- \$0 personal in-home care visits (bathing/dressing, etc.) up to 120 hours per year – 4-hour minimum per visit

### Emergency Response System

Personal emergency response system that enables members to remain at home, living safely and independently.

- \$0 (includes installation and monthly fees)

\*Criteria and limitations apply.



# Contact a SCAN representative today



Call  
**1-877-814-7226**

Or visit:  
**[www.scandeserthealthplan.com](http://www.scandeserthealthplan.com)**

## TTY users: 888-SCAN-TTY

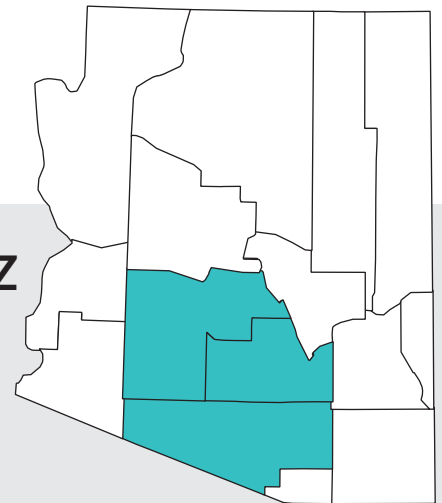
October 1 to March 31  
8 am - 8 pm  
7 days a week

April 1 to September 30  
8 am - 8 pm  
Monday through Friday

## You can find us in:



**AZ**



SCAN Embrace (HMO-POS I-SNP) is an HMO plan and is a Point of Service (POS) plan with a Medicare contract. Enrollment in SCAN Health Plan and SCAN Desert Health Plan depends on contract renewal. You must continue to pay your Medicare Part B premium.

You won't pay more than \$35 for a one-month supply and no more than \$105 for a three-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on. Most adult Part D vaccines are covered by our plan at no cost to you. For more information, please refer to your "Drug List" (Formulary). If you have questions about the Drug List, you can also call Member Services. Prescription copay/coinsurance may vary by plan, county, pharmacy type (e.g., Preferred or Standard, etc.), day supply, Part D benefit phase, or in members who receive "Extra Help." You can fill your prescriptions at any of our network pharmacies, but you may pay less at a Preferred pharmacy. Check your Evidence of Coverage or call Member Services for details (phone numbers for Member Services are printed on the back cover of your Evidence of Coverage).

You can get prescription drugs shipped to your home through our network mail-order delivery program. Express Scripts Pharmacy<sup>SM</sup> is our Preferred mail-order pharmacy. While you can fill your prescription medications at any of our network mail-order pharmacies, you may pay less at the Preferred mail-order pharmacy. Typically, you should expect to receive your prescription drugs within 14 days from the time that Express Scripts mail-order pharmacy receives the order. If you do not receive your prescription drug(s) within this time, please contact SCAN Desert Health Plan's Member Services. For your mail-order prescriptions, you have the option to sign up for an automatic refill program by contacting Express Scripts Pharmacy at 1-866-553-4125, 24 hours a day, 7 days a week. TTY users call 711. You may opt out of automatic deliveries at any time.